

Complexities in the Association Between Bullying Victimization and Weapon Carrying

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Cross-sectional and longitudinal research have documented that involvement in bullying as a bully, victim, or bully-victim can compromise functioning in multiple domains.¹⁻⁴ In the case of bullying victimization, studies have highlighted relations to internalizing symptoms, such as depression, anxiety, psychosomatic symptoms, suicidal ideation, and suicide attempts.^{1,5-7} A smaller body of research has explored links between bullying victimization and externalizing or violent behaviors or those that might predict violence. Findings from these studies indicate that bullied youth are at risk for aggressive, antisocial, and illegal behaviors both during adolescence and in adulthood.^{8,9} Moreover, cross-sectional research has found that victims of bullying are more likely than their nonvictimized peers to bring weapons, such as knives and guns, to school.¹⁰⁻¹² Researchers in some of these studies have taken other factors into account, including risk-taking and antisocial behaviors as well as other types of violence.¹⁰ However, to date, researchers have not comprehensively assessed whether particular individual or contextual factors increase the likelihood that bullied youth will bring weapons to school.

In this issue, Pham et al¹³ add to this body of literature through their more nuanced consideration of the association between bullying victimization and weapon carrying. In particular, they highlight the salient role of 3 additional risk factors that are indicative of peer-aggression

experiences: fighting at school, being threatened or injured at school, and skipping school because of fear for one's safety. Each individual factor increased the risk of weapon carrying among victims, with the odds of weapon carrying increasing with the number of risk factors. Notably, victims who did not report the other risk factors studied were just as likely to carry weapons to school as nonvictims. As the authors discuss, this points to the salience of understanding the broader profiles of youth who have been victimized to identify youth who might be more likely to bring a weapon to school. Critically, as the authors note, a key study limitation is that bullying perpetration was not assessed, and other studies on weapon carrying have found that bully-victims and bullies have a greater likelihood of weapon carrying than non-bully victims.^{8,10} As such, it might be that bully-victims in this study were more likely than targets of bullying to engage in the other 3 risk factors assessed, and in turn, this could have artificially inflated the association between bullying victimization and weapon carrying.

Pham et al¹³ illustrate a broader necessity to determine complexities in the association between bullying victimization and functioning. At inception, researchers who study bullying overly emphasized bivariate associations, but more recent researchers have sought to clarify such associations and identify mediators and moderators at the individual and contextual levels. For

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instance, researchers have identified delinquency, substance use, and violent behaviors as salient factors to consider with respect to the relation between bullying victimization and suicidality.^{14,15} Furthermore, researchers are increasingly focusing on how the social context may exacerbate or, conversely, lessen the negative consequences of bullying victimization experiences. Specifically, some youth seem to be more resilient than others against negative life experiences, such as being victimized by peers, because they are situated in protective communities. Recognized protective social factors for youth who have experienced bullying victimization include, for example, parental and peer support, positive relationships with teachers, attachment to the school, and sense of belonging.¹⁶

There are a number of implications for practice based on findings from Pham et al,¹³ perhaps most saliently with respect to screening. In contexts in which screenings occur, such as pediatricians' offices, mental health clinics, and schools, additional screening questions on risk factors would elucidate critical information about which adolescents might be more likely to bring a weapon to school.¹⁷ In turn, a more targeted conversation could occur with these youth, and as needed, additional supports and interventions could be put into place. For example, a recent systematic review and meta-analysis found that in contrast to bullies, who have an increased likelihood of weapon carrying both inside and outside of school contexts, victims of bullying are more likely than uninvolved youth to carry weapons only at school.¹⁸ By enhancing the sense of safety among bullied youth, they might no longer feel the need to engage in weapon carrying at school. Indeed, 1 study found that a sense of school safety mediated the association between peer victimization and weapon carrying,¹⁹ highlighting its salience.

In sum, there is substantial evidence that bullying victimization and weapon carrying are related, and to best identify youth who are at the greatest risk for weapon carrying, additional peer-aggression indicators should be taken into account. Notably, preliminary evidence also suggests a longitudinal association between bullying victimization and weapon carrying,¹⁸ although additional studies are needed to confirm this relation. Practitioners who are working with youth should carefully screen for bullying victimization and related factors and provide youth with or refer them to tailored services based on the individual's broader constellation of risk and protective factors.

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