

Bullying: From Insults to Injury
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The 6 pm news flash: Amanda, a young 15 year old High School student committed suicide by hanging herself at a local school playground today. This followed weeks of hostile Facebook tagging of Internet photos by cyber-bullies. Friends say this kind of “internet trashing’ happens all the time.” Her family laments, “I never knew why my daughter was so anxious. She was such a wonderful child.” Local school administrators declare, “This is a tragedy that we don’t want repeated.”

If you haven’t noticed, bullying – or at least awareness of bullying – is on the rise!

Defined as “aggressive behavior perpetrated by those who hold and/or try to maintain a dominant position over others with premeditated intent to cause mental or physical harm or suffering to another,” research suggests that 28-47% of US students have experienced bullying and most (70-80%) have been affected either as victims, bullies, or bystanders. Commonly thought to be just a problem among playgrounders, facts show differently. Among 3rd graders, 35% of boys and 40% of girls have reported being bullied; among high schoolers, as many as 53% of boys and 50% of girls report being bullied. While, with maturation from childhood to adolescence, bullying becomes less physical, more insidious forms – verbal aggression, taunts, name-calling, or laughing at victims – replace it.

At all ages, bullying is dangerous and can have significant negative impact that persists into adulthood. Bullying increases risk for major mental disorders, including depression, anxiety, panic, post-traumatic stress, alcohol or drug abuse, eating disorders, ADHD, agoraphobia, dissociative disorders, and personality disorders. Consequences of bullying include lower esteem, school absenteeism, academic problems, and physical and/or psychosomatic conditions. Bullying can be particularly damaging for individuals from vulnerable populations, for example LGBTQ youth, who are at greater risk for suicide and more likely to be unable to function at school; youth with disabilities, who experience more severe forms of bullying; and children from Latino or African American communities, who are more likely to suffer academically.

Bullying does not only affect victims. Bullies themselves are more likely to have been abused or to have lived in homes with domestic violence. As adults, they can grow up into abusers and are more likely to be convicted of a crime. They are also vulnerable to anxiety and depression. Children who are both bullies and victims – identifiable as early as first grade – have the most serious psychological problems: they are three to four times more likely to report suicidal ideation than non-bullied children. Bystanders also report distress, hopelessness, and are at elevated risk for depression, anxiety, and substance abuse. When bullying is allowed to persist, everyone suffers.

Unfortunately, bullying often goes unreported. Victims of verbal bullying, like name-calling or other forms of social exclusion, are the least likely to disclose bullying. Younger children may inform adults about their problems, but older children may associate talking to adults about bullying with “snitching.” These difficulties talking about bullying make it essential that clinicians, adults, teachers and administrators demonstrate interest and make inquiries to detect bullying. Early screening and prevention are essential.

Simple questions can help: (BORRIS) Have you been **bullied** or **bullied** anyone? Have you **observed** bullying going on? How did you **respond**? Do you feel like you are **repetitively** singled out as a bully or a victim? Have you sent or received things over the **Internet** that you think may represent bullying? Do you feel **stuck** in bullying situations?

For parents: (WART) Have you **witnessed** or heard about your child being picked on or picking on other kids? Have there been any recent changes in your child’s **attitude** attention and concentration at school, grades, behavior, mood, socializing? What are the “**rules**” in your school/town/sports team/home regarding bullying/intimidation/hazing? Has your child **talked** with you about getting picked on at school, or seeing other kids being bullied?

Effective interventions for bullying address both individual and environmental dimensions. Most evidence-based bullying programs are based in schools, including social and emotional skills curriculums, peer norming programs, and other whole-school interventions for bullies, victims, bystanders, families, and teachers. In many cases, multiple interventions may be required to curtail and reshape aggressive behavior into more pro-social modes of communicating or problem solving.

No account of bullying would be complete without mention of cyber-bullying. In 2011, 16% of high school students reported bullying over the Internet, cell phones or other electronic media. This can occur 24 hours a day 7 days a week. It is important for parents to monitor their children’s Internet use and to have rules about online activity. If children are being harassed, parents should not respond nor repost on the Internet, instead, it is recommended to document and report the incident to the online service provider, police, or the school. Many schools now have policies to combat cyber-bullying. For information, go to www.stopbullying.gov.

We are not Pollyannaish to believe that bullying—like teen alcohol use—will completely disappear. Indeed, bullying becomes more dangerous when the negative power of technology leverages our ready access to weapons. Yet, at the same time, we have witnessed, and research substantiates, that bullying and hazing in our communities, scout troops, youth sports teams, and our children’s schools can be curtailed when parents, teachers and other responsible adults and students unite to create an environment grounded in zero-tolerance for violence and bullying.

Equally powerful as the will to dominate is the desire to be loved and to belong.
Adult role models and youth peer support for good civil behaviors are powerful!

Reference

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