

Does Bullying Cause Psychiatric Disorders?

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Bullying is a major public health problem in the US and other developed countries.

Bullying is defined as on-going, unwanted aggressive behaviour between school-aged children involving a power imbalance. Types of bullying include: 1) verbal bullying 2) social bullying and 3) physical bullying. Verbal bullying refers to saying or writing mean things by taunting, threatening to harm, teasing, name-calling, or making inappropriate sexual comments. Social bullying involves hurting someone's relationships or reputation by embarrassing them in public, spreading rumours, purposely excluding them, or telling others not to be friends with them. Physical bullying involves hurting someone's body or possessions by hitting, kicking, pinching, spitting, tripping, or breaking their things.

Both victims and perpetrators of bullying have higher rates of psychiatric disorders than do those uninvolved in bullying. Victims of bullying have higher rates of depressive disorders, anxiety disorders, bedwetting, and sleep problems. Perpetrators of bullying have higher rates of depression and antisocial behaviour. Individuals who are both victims and perpetrators (victim-perpetrators) of bullying appear to be at highest risk of psychiatric disorders. In a longitudinal study, 30% of victim-perpetrators at age 8 had psychiatric disorders as young adults. These victim-perpetrators had **seven times** the risk of antisocial personality disorder compared to 8-year-olds uninvolved in bullying.

One study found that victims of bullying at ages 8 and 10 had a higher risk for psychosis at age 12. The more intense and frequent the bullying, the greater the risk of psychosis. This does NOT mean that bullying CAUSES psychosis. It may be that children who are already at high risk for psychosis display behavioural traits that make them more vulnerable to bullying.

A number of recent high-profile cases followed extensively in the media suggest that bullying leads to completed suicide. Recent studies suggest that BOTH victims and perpetrators of bullying are at higher suicide risk than those uninvolved in bullying. Also, victim-perpetrators appear to be at the highest risk of suicide. It appears that victim-perpetrators may have more genetic and environmental risk factors including ADHD, impulsivity, emotional dysregulation, family dysfunction, and a family psychiatric history, causing them to be more vulnerable to the psychological effects of bullying.

Bullying is a type of childhood maltreatment. Childhood maltreatment is one of the most robust risk factors for adult psychopathology. Only recently have we begun to understand the toxicity of childhood maltreatment and its effects on childhood social, emotional, and brain development. It is useful to consider bullying as one of a number of important psychosocial risk factors that increase the likelihood of psychiatric disorder development. In the presence of an intact, supportive family, social supports, individual resilience and coping, the effects of bullying may be significantly less toxic than in an individual with early onset psychiatric problems, poor coping, and no family support.

Questions about bullying should be integrated into all mental health assessments. Early intervention and prevention of bullying programs are robustly effective.



References:

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School bullying has long-lasting effects, from the Harvard Mental Health Letter

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The road to psychopathy? Why bullying in children affects us all

<http://www.parentingscience.com/bullying-in-children.html>

What Is Bullying?

<http://www.stopbullying.gov>