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Pain that Lasts: The Long-Term Mental Health Implications of Childhood Bullying

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Abstract

The immediate effects of childhood bullying have been extensively researched and are relatively well-understood among the scientific community and within the public sphere. However, the long-term mental health effects of bullying are less understood and have only recently begun to be researched. Such implications require more attention from the scientific field to better recognize the effects of childhood bullying throughout a person's lifespan. Recent research has shown that childhood bullying can lead to depression (Farrington, Loeber, Stallings, & Ttofi, 2011), anxiety (Heretick, 2012), symptoms of post-traumatic stress disorder (PTSD) (Dewey, 2015), and social isolation (Schafer et al., 2004) in adulthood. Furthermore, being at a higher risk of developing these mental illnesses in adulthood may seriously hinder one's ability to function in society, specifically in environments such as work, family, and other social settings (Zlomke, Jeter, & Cook, 2016). Understanding the long-term mental health implications of childhood bullying can help parents, teachers, and professionals take greater action to create programs and initiatives that better confront the issue of bullying in schools.

Keywords: bullying, long-term, depression, anxiety, PTSD, social isolation

Pain that Lasts: The Long-Term Mental Health Implications of Childhood Bullying

At the center of controversy regarding cyber-bullying among youth are several smart-phone apps, which are being accused by parents and teachers of creating channels for inappropriate behavior. One such app, called “Sayat.me,” was blamed for causing the suicide of a 15-year-old school boy in Yorkshire, England. This app allows its users to anonymously send comments and messages to their friends. Such anonymity allows youth to bully their peers with ease over a mobile network. The boy was allegedly bullied and abused on the app, thus implying that the app was the alleged cause of his suicide (Turner, 2017). This story does not stand alone: 17% of American students are bullied two to three times a month during the school year (Strauss, 2010). These statistics are so troubling that experts are calling bullying a “serious public health problem” (Kerr, 2016, para. 1).

With such stories becoming commonplace around the world, considerable research has been done on bullying, teasing, and harassing, and how these behaviors affect children’s overall functioning. One study found that bullying negatively affected children’s mental health, physical health, academic performance, and inclusion in social interactions (Steele, 2017). Conclusions have been clear in stating that bullying has adverse effects on both the bully and the victim and thus is a serious issue that requires innovative interventions in schools and communities around the world. Another recent study found that not only does bullying affect children in their youth, but it also has negative repercussions into the adult years (Sigurdson, Undheim, Wallander, Lyndersen, & Sund, 2015). Such implications, though still not fully understood, are continually being researched in the scientific field because of the seriousness of the issues and their effects on society as a whole.

Because the long-term effects of childhood bullying have only recently begun to be researched, great strides still need to be made in recognizing the importance and severity of the claims stating that bullying has adverse, long-term effects. In contrast to research indicating that effects of bullying are persistent, Singham et al. (2017) found that the effects of bullying dissipated over time and that victims could expect to eventually overcome traumatic childhood experiences. Their claims emphasized the trait of resilience (the ability to recover quickly from adversity) but disregarded the fact that many victims experience serial bullying and do not exhibit resilience (Singham et al., 2017). A larger body of research has found that a clinically significant proportion of childhood bullying victims suffer from mental illness throughout their lifespans (Sigurdson, Undheim, Wallander, Lyndersen, & Sund, 2015). Furthermore, Singham's findings are incomplete in providing evidence that bullying does not have lasting effects on the victim, because many of these victims show declines in resilience over time. This is due to the fact that self-esteem, as well as feelings of self-efficacy and confidence, is damaged and lead to further feelings of defeat.

Furthermore, with bullying often comes feelings of low self-esteem and social isolation. Social isolation is the fear and avoidance of social interactions and can exist at various levels towards different people (Radwan, 2017). For example, someone might decide not to go to a party due to an irrational fear that they would be ridiculed in front of their peers. Negative experiences at childhood parties can make this situation a reality for adult partygoers, because they recall being made fun of at social events earlier in their lifetimes. Other reasons for social isolation stem from feelings of insecurity or not feeling wanted and valued (Radwan, 2017). Ultimately these feelings lead to loneliness and avoidance of social interactions.

With bullying appearing to be an ever-increasing issue throughout the world, it is necessary to recognize all of the resultant implications and take appropriate action to better eradicate this problem. Programs and initiatives continue to arise each year within different school systems across the country, but is it enough? When the focus is narrowed on bullying being a short-term problem, the importance is also minimized, and thus efforts are less rigorous. It is therefore important to recognize the long-term effects of bullying as well. Although the acute effects of childhood bullying are relatively well-understood, increased loneliness and lowered self-esteem may persist across one's lifespan, because those who were bullied as children are at greater risk of developing depression and anxiety, symptoms of post-traumatic stress disorder (PTSD), and social isolation in their adult years.

Bullying Leading to Depression in Adulthood

Being bullied as a child makes one more susceptible to developing depression in adulthood. Lund et al. (2008) not only confirmed this claim but further expanded it by reporting that those in their study who reported being bullied as children were at significantly greater risk of being diagnosed with depression between the ages of 31 and 51. Although the researchers admit there may be confounding variables in these findings, such as parental mental health and recollection of bullying, they maintained that those whose bullying experiences were of high duration and intensity were at a much greater risk of developing depression despite such possible confounding variables (Lund et al., 2008). Similarly, Farrington, Loeber, Stallings, and Ttofi (2011) found that bully victimization was a key determinant for depression later in life, even controlling for other risk factors. These findings show that although other circumstances may be involved in determining the risk of developing depression in adulthood, bully victimization is still found to be a critical factor that cannot be ignored. Thus, the link between childhood

bullying experiences and depression in adulthood becomes a crucial element in understanding the social implications in relationships, work environment, and other aspects of life.

Interpersonal Theory of Depression

Furthermore, the link between childhood bullying and depression in adulthood supports the interpersonal theory of depression (the theory that depression develops from dysfunctional interpersonal relationships), which allows researchers to conclude that the negative relational incidents that happen in childhood can lead to the manifestation of clinical depression later in life (Sourander et al., 2016). With bullying being defined as “the [verbal or physical] abuse and mistreatment of someone vulnerable by someone stronger” (“Bullying,” 2017, para. 1), it is clear that bullying can be considered a negative relational incident and can thus increase the risk of developing depression in adulthood. Recognizing this link between bullying and later depression is an important step to considering more seriously the social implications of childhood bullying in adulthood.

Bullying Leading to Anxiety in Adulthood

Similarly, research has shown that childhood bullying can also lead to an increased risk of developing social anxiety in adulthood. Social anxiety is the fear of social interactions with other people and includes avoiding such situations for fear of being negatively judged and examined (Richards, 2017). Researchers have found that a specific type of bullying called relational aggression, which is the verbal abuse directed at someone to bring down their reputation or social status (Gonzalez, 2017), is strongly associated with developing social phobia and social anxiety later in life (Heretick, 2012). Implications such as this illustrate the need to recognize how different types of bullying affect victims in different ways, such as physical versus relational aggression.

Researchers confirmed the need to understand the development of social anxiety in adulthood from those who were bullied as children (see Table 1; Sigurdson et al., 2015). This importance is illustrated in the fact that bullying can be defined as a peer-relationship issue (Sigurdson et al., 2015). Hence, being involved in unhealthy social relationships with peers can lead to lack of social functioning immediately as well as later in life. These negative experiences can have serious repercussions on victims in their adult years, because adjustment to social interactions later in life is greatly hindered (Sigurdson et al., 2015). Because the nature of interpersonal interactions changes as one gets older, social anxiety can impede one's ability to adjust to these changes (Sigurdson et al., 2015). For example, a child who was verbally bullied because of their appearance may experience high levels of social anxiety in adult settings, such as a work environment, because of the continuous fear of receiving negative evaluation from coworkers or customers (Zlomke, Jeter, & Cook, 2016). Social anxiety such as this can manifest itself in a variety of settings, thus greatly impeding one's ability to interact and communicate effectively with those around them.

Bullying Leading to Symptoms of PTSD in Adulthood

Being bullied as a child can lead to a greater risk of developing symptoms similar to those of PTSD in adulthood. Bullying has been found as a far greater predictor of development of PTSD symptoms than other childhood victimization experiences (Mebane, 2010). PTSD symptoms stem from the victim either experiencing or witnessing a traumatic event and can lead to feelings of despair, anxiety, and terror (MacDonald & Jensen-Campbell, 2011). Many people who are the victims of childhood bullying can experience similar symptoms, such as nightmares, invasive thoughts, emotional suffering from reliving traumatic events. They are also at an increased risk of engaging in risky behavior (Campbell, 2016). When unresolved, these

symptoms can persist throughout the lifespan and thus seriously interfere with normal day-to-day functioning and ability. For instance, in order to avoid the emotional suffering that can come from reliving childhood bullying experiences, victims will often revert back to childish ways of handling difficulties because it feels safer (Campbell, 2016). This can cause impairments in social interactions, work environments, and family relationships due to the lack of understanding of more appropriate ways to handle stress.

PTSD Symptoms Developing from Type and Severity of Bullying in Childhood

Research has found that those who were physically bullied (which includes hitting, kicking, biting, punching, etc.) as opposed to verbally bullied (which includes name-calling, exploiting, and putting down through spreading of rumors) were those who were at greatest risk of developing symptoms of PTSD in adulthood (Dewey, 2015). This may be because physical bullying is a more outward manifestation of victimization and can thus be a greater determinant of the victim's reliving of traumatic experiences. This is not to say that verbal bullying cannot lead to symptoms of PTSD; however, physical bullying has been found to lead to a greater risk than verbal (Dewey, 2015). Similarly, research has found that those who underwent more extreme methods of bullying, such as physical bullying, were at far greater risk of demonstrating symptoms of PTSD later in life (MacDonald & Jensen-Campbell, 2011). Understanding that typically more violent bullying is associated with later development of PTSD symptoms can help parents, school systems, and clinicians to better focus on the issue and resolve conflicts. Understanding specific populations can also help in this area.

Special Populations and PTSD Symptom Development

Recognizing the specific populations of childhood bullying victims who are at greatest risk of developing symptoms of PTSD is key to further understanding childhood bullying and its

long-term effects. Those who reported being openly gay, lesbian, or bisexual while in elementary, middle, or high school were found to be at significantly higher risk of developing symptoms of PTSD in adulthood (Rivers, 2004). Researchers found that 26% of participants (who were part of this aforementioned population) showed symptoms of PTSD by recalling experiences of being bullied in school because of their open sexual orientation (Rivers, 2004). Such victimization (against those who declare themselves as openly gay, lesbian, or bisexual) may also be referred to as *homophobic bullying*. Accordingly, most participants experienced psychological distress when they encountered situations that reminded them of being victimized while in school; although less so, others experienced nightmares and flashbacks of being bullied in school (Rivers, 2004). All of these symptoms can clearly be recognized as symptoms of PTSD, thus showing the reality of such implications for this population. Furthermore, those who identified themselves as gay, lesbian, or bisexual and were bullied as children were found to be at a far greater risk of continued victimization throughout their lifespans (Greene, Britton, & Fitts, 2014). While the LGBTQ population has been known to suffer from victimization in many different arenas, understanding the long-term effects of victimization, in school particularly, is especially important, because it points to an opportunity for early intervention.

Gender differences also exist in the development of PTSD symptoms from childhood bullying. According to Dewey (2015), females are more likely than males to suffer from PTSD symptoms later in life as a result of childhood bullying. The researcher attributes this to the evidence that females typically experience higher levels of psychological trauma as a result of bullying than males do (Dewey, 2015). This could also be due to the type of bullying experienced as well as the symptoms typically tied to that particular type. Similar to the previous claims, understanding

the gender differences allows society to better take preventative measures to avert the long-term effects of childhood bullying.

Bullying Leading to Social Isolation in Adulthood

Childhood bullying can lead to social isolation and exclusion in adulthood. The implications of such a claim are important to note, because social isolation is often a gateway to many other more serious psychological and relational issues. An example would be social evasion, which is the event when one becomes less interested in social interactions and more concerned about self-preservation (Olien, 2013). This assertion can be tied back to the previously mentioned mental illnesses, as social isolation can often be the result of depression, anxiety, or PTSD (Radwan, 2017). However, it is essential to consider the issue of social isolation on its own because of the many resulting interpersonal and relational problems that can occur throughout the lifespan.

Social Isolation and Severe Loneliness

Being bullied as a child can affect the adult's perception of self and ability to relate to others in social interactions, thus increasing the risk of loneliness and isolation due to avoidance of interpersonal relationships (Schafer et al., 2004). Takizawa, Maughan, and Arseneault (2014) found that those who were bullied as children were at greater risk of living alone (without a spouse or partner) at the age of 50, were not as likely to have met up with friends in the recent past, and were less likely to have easy access to social support if they were unwell or sick. Furthermore, childhood bullying victims may, without noticing, limit interpersonal relationships that could help change their distorted perceptions of self, strengthen relational skills, and improve self-esteem (Zlomke et al., 2016). Thus, it appears that when those who are suffering from social isolation exclude others from their life, they also close off all sources of help to get

them through their struggles. Such findings are significant as they demonstrate the implications of childhood bullying in real life scenarios and are found in direct connection with the essential human need of social relationships and connectedness.

Interpersonal Rejection and Fear of Negative Evaluation

Difficulties in maintaining essential human relationships can greatly hinder the social well-being of child bullying victims when they reach adulthood. Zlomke et al. (2016) found that those who were bullied as children were at a higher risk of intensifying interpersonal rejection sensitivity (the fear of being rejected in social interactions) as well as fear of negative evaluation, thus limiting social interactions with friends and family. Childhood bullying victims may also suffer from low self-confidence when it comes to romantic relationships (Mebane, 2010). These implications can, in turn, lead to a continuous cycle of loneliness and social isolation because of the lack of interpersonal interactions with others, including close family and friends, and the limited potential for romantic partnership. Social isolation has also been shown to increase the risk of developing other health risks, including arthritis, type II diabetes, and heart disease (Olien, 2013). It can also lead to suicide ideation and realization (Endo et al., 2017). Thus, the seriousness of such an issue must be recognized and addressed in order for greater change to occur. As seen from such claims, more research must be done on the reality of childhood bullying leading to social isolation in adulthood because of the severity of its implications.

Conclusion

For years, bullying has infiltrated interpersonal relationships, schools, and social networks across the world. Recently, bullying was called a “public health issue” (Kerr, 2016) by a well-known news station to emphasize the extent to which it has spread among today’s youth. Victims of bullying often fall behind academically and suffer from low levels of self-esteem,

depression, anxiety, and interpersonal relationship difficulties (Steele, 2017). While extensive research on the immediate effects of childhood bullying is relatively well-understood within society, recognizing that there are also long-term effects can be just as important in creating effective interventions to eradicate bullying victimization. As such, childhood bullying has been found to increase a person's risk of acquiring mental illnesses later in life, thus showing that bullying may have larger implications than previously thought.

With such serious implications, interventions and programs must be implemented to better address the problem of bullying in school across the nation. Interventions should focus on accessibility to mental health services as well as peer support groups. As childhood bullying has been found to lead to social isolation in adulthood (Schafer et al., 2004), peer support groups would be especially important as it would allow youth to experience the emotional benefits that come from having valuable and empowering interpersonal relationships. Peer support groups would also help as they can act as a counter to the negative relational issues that are commonly associated with bullying (Sourander et al., 2016).

Research has found that childhood bullying can lead to serious mental health implications in adulthood, including depression (Farrington et al., 2011), anxiety (Heretick, 2012), PTSD symptoms (Dewey, 2015), and social isolation (Schafer et al., 2004). As seen from such claims, childhood bullying can lead to many harmful effects that may last throughout the lifespan. Some effects are so serious, in fact, that having a clearer understanding of these claims may save lives. Therefore, a greater recognition and understanding of the long-term mental health implications of childhood bullying can help parents, teachers, professionals, and community members to create better, more effective interventions that can help eradicate the issue of bullying within schools across the nation. Not only will these efforts likely create a safer environment for

children within the school system, but it may also prevent victims from acquiring various mental illnesses throughout the lifespan.

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Appendix

Effects of Bullying on Overall Functioning

Table 1

Comparing Bullied and Non-Bullied Adolescent Groups with the Outcome of Psychosocial Functioning in Young Adulthood

Non-involved vs.	Being Bullied (n = 158)		
	OR ^a	95 CI	P value
Reduced functioning	1.69	1.21-2.36	0.002
Reduced leisure activities	1.76	1.06-2.94	0.029
Absence from school/work	1.31	0.85-2.03	0.224
Affected interpersonal relations	1.27	0.82-1.95	0.285

Note: Adapted from “The Long-Term Effects of Being Bullied or a Bully in Adolescence on Externalizing and Internalizing Mental Health Problems in Adulthood,” by J. F. Sigurdson, A. M. Undheim, J. L. Wallander, S. Lydersen, and A. M. Sund, 2015, *Child and Adolescent Psychiatry and Mental Health*, 9, p. 8.

^aOdds Ratio (OR) scores indicate the likelihood of suffering from reduced functioning, reduced leisure activities, absence from school/work, and affected interpersonal relations when compared to those who were not involved with bullying.

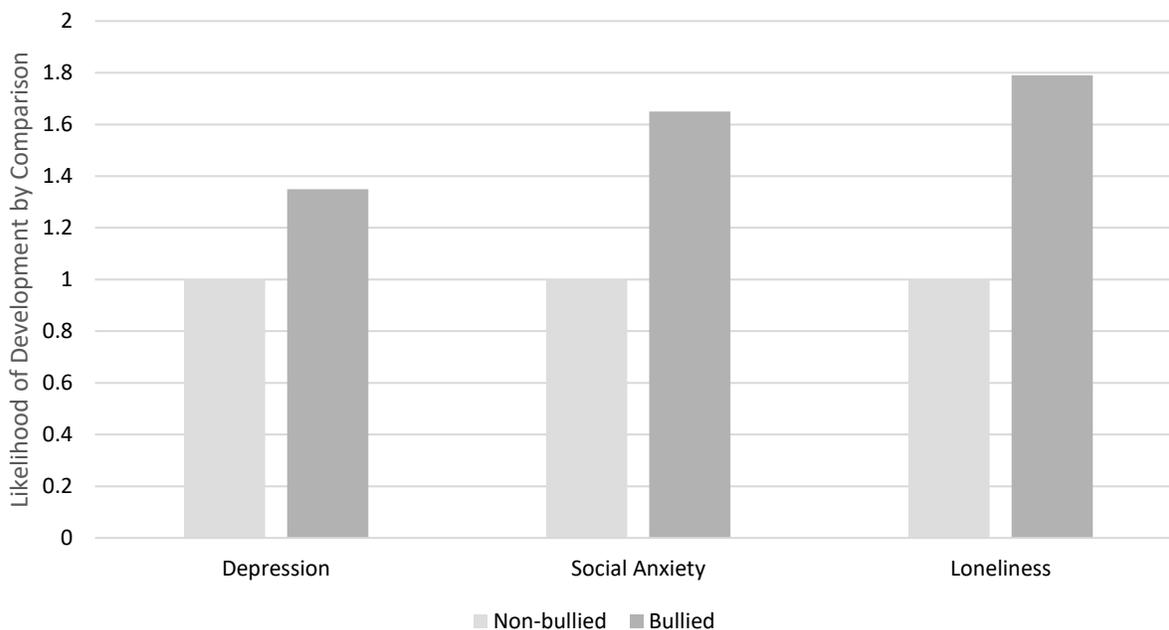


Figure 1. Development of mental-illnesses in adulthood: Comparing bullied victims with non-bullied. The graph depicts the likelihood of bullied children acquiring depression, social anxiety, and loneliness in adulthood, compared to those who were not bullied. For example, those who were bullied as children are 1.38 times as likely to acquire depression in adulthood than those who were not bullied. Adapted from “Adult Health Outcomes of Childhood Bullying Victimization: Evidence From a Five-Decade Longitudinal British Birth Cohort,” by R. Takizawa, B. Maughan, and L. Arseneault, 2014, *The American Journal of Psychiatry*, 171, p. 780; “Exposure to Bullying at School and Depression in Adulthood: A Study of Danish Men Born in 1953,” by R. Lund, K. K. Nielsen, D. H. Hansen, M. Kriegbaum, D. Molbo, P. Due, and U. Christensen, 2009, *European Journal of Public Health*, 19, p. 113; “Lonely in the Crowd: Recollections of Bullying,” by M. Schafer, S. Korn, P. K. Smith, S. C. Hunter, J. Mora-Merchan, M. M. Singer, and D. M. Van, 2004, *British Journal of Developmental Psychology*, 22, p. 388.