Listening 1

Kind: captions >> Copeland: Obviously bullying behavior has gone on since the beginning of time. We can observe it in other cultures and certainly in animal groups as well. Research into it has really just kind of started in the 1980s. There were three boys in Norway that committed suicide and they each left notes that kind of described some of the bullying that they experienced at school and that generated a lot of interest, a national study in Norway, and that's kind of continued from there. Where our study kind of fits in is we kind of got a group of kids that we followed up over time for two decades so we could look at how they were doing as adults. Based upon the interviews that we did with our kids when they were children, ages 9 to 16, we were able to categorize them as either victims only, bullies only, bullies and victims, and neither. And then we followed them up into young adulthood, ages 19, 21, and 25, to see—to look—at their emotional/behavioral functioning. And what we saw is that the pure victims had elevated rates of anxiety disorders, things like agoraphobia, panic disorder, and generalized anxiety. The bully/victims really seemed to be the worst off. They had about five times higher risk of depression and five times higher risk of suicidal thoughts and behavior, as well as risks for some anxiety disorders too. The bullies did not have any kind of emotional problems in adulthood but they did still have some behavioral problems, suggesting that they might still be engaging in some kind of bullying—perhaps at work or home or elsewhere. >>Sarampote: So one of the things that we know about the kids that are bullying that they're at greater risk for depression and anxiety. They may be more sad, lonely, have low self-esteem, have problems with disruptive sleep, disruptive eating. They may have problems, loss of pleasure, having fun, engaging in activities that they once thought were fun. We know they can have physical consequences. Kids who were bullied report all sorts of psychosomatic symptoms. They might report more headaches, more tummy aches, those kinds of things. And actually there's an interesting body of literature, some supported by NIMH, suggesting that immune system functioning is affected by peer victimization and trauma, so that there may be actual physical real outcomes and immune system functioning can affect a wide of everything from not only your ability to handle colds and to fight off and viruses and things—it can also affect your cognitive development and emotional development as well. There are all sorts of academic outcomes. Kids who are bullied may avoid school, they may do poorly in school, they tend to be more truant and drop out more often. >>Copeland: A lot of this is about raising awareness that bullying is not a harmless rite of passage. This is something I think that people are starting to understand. I think we still kind of look at it as something that is kind of bad but maybe short-term kind of bad. Part of what we are learning from this study is that these kids, the victims and the bully/victims, are continuing to have trouble a decade after the bullying has stopped. >>Sarampote: SAMHSA (Substance Abuse and Mental Health Services Administration, actually has a registry of prevention programs that are available to schools and to policymakers that includes online resources around bullying prevention. So that's a resource. Also a great resource put out by the Department of Health and Human Services is www.stopbullying.gov, which is a great resource for parents, for teachers, to identify what bullying is, the signs of bullying, the effects, and what one can do to prevent the bullying itself and the long-lasting effects of it.