



# Addressing the Mental Health Consequences of Bullying

27 October 2017



# Professor Louise Arseneault

---

- Appointed by ESRC as the Mental Health Leadership Fellow
- Three year fellowship to provide leadership and advice on how social science research can address the challenges that mental health poses for our society, communities and individuals.
- Professor of Developmental Psychology at the Institute of Psychiatry, Psychology & Neuroscience (IoPPN) at King's College London
- Research interests include loneliness, violence victimization, mental disorders and antisocial behaviours and their development



# Structure of this briefing pack

---

- Background and overarching question for the Policy Lab
- Aims and agenda of the Policy Lab
- Information and frameworks to inform the Policy Lab discussions



**The Policy Institute at King's**

# **Background and overarching question for the Policy Lab**

## SITUATION

1. Bullying is distressing to children in the short-term
2. It also has significant longer-term negative outcomes for their mental health, the extent of which is now becoming clearer
3. Existing interventions tend to focus on stopping bullying behaviour

## COMPLICATON

4. Existing interventions are not able to eradicate bullying entirely
5. This leaves some children vulnerable to bullying and the short- and long-term mental health impacts that result from this
6. One idea to minimize these mental health impacts is to increase the focus on victims and potential victims

## QUESTION

Is it valuable, feasible and acceptable to develop interventions that focus on reducing and preventing mental health problems among victims and potential victims?



# **Aims and agenda of the Policy Lab**

## Aims of the Policy Lab

---

The workshop will bring together a small group of representatives from universities, schools, charities and the policy world to discuss how best to reduce or prevent the mental health problems that result from bullying behaviour.

The overarching question for the Policy Lab to address is:

*Is it valuable, feasible and acceptable to develop interventions that focus on reducing and preventing mental health problems among victims and potential victims?*

Our aim is to think as broadly as possible about the issues, the various factors that result in bullying and the actions that can be taken to prevent victims from suffering mental health impacts.



**The Policy Institute at King's**

# Style and content of the Policy Lab

---

The Policy Lab will be fast-paced and interactive to make the most of the range of experience within the group.

A mix of plenary and group work discussions will build the thinking around three principle elements:

## Value

What are the benefits of investing resources in helping the victims and potential victims of bullying avoid longer-term mental health issues?

## Feasibility

What actions could realistically be undertaken to prevent mental health problems in victims and potential victims arising?

## Acceptability

Is it ethically and societally acceptable to aim interventions at victims and potential victims of bullying?



## Outputs from the Policy Lab

---

Following the workshop, discussions will be summarised in a concise briefing note, setting out some of the options discussed.

This will be shared amongst the workshop participants.

Any views of individuals expressed at the Policy Lab will not be included in a way that would make them identifiable.



**The Policy Institute at King's**

# Agenda for the Policy Lab

---

- 10:00 Welcome and introduction
- Understanding the current situation and impact on people
  - Identifying a 'long list' of possible preventative interventions
  - Assessing the value and feasibility of these interventions
- 13:00 Lunch
- 13:40 Assessing the acceptability of the suggested interventions
- Developing proposals for policies and actions
- 16:00 Close



**The Policy Institute at King's**

# **Information and frameworks to inform the policy lab**

# **Bullying: what, when, where and how much**

# What is bullying?

---

-  Bullying is “the **repeated** occurrence of abuse between people from the **same age group** where an **imbalance of power** makes it difficult for the victims to defend themselves.”<sup>1</sup>
-  Imbalance of power can be based on
  - Size/Strength
  - Number
  - Other individual factors such as popularity, intelligence or disabilities
  - Environmental factors such as being new to the school
-  Bullying is often persistent across time – Of children who are frequently bullied in primary school 43% of boys and 40% of girls will go on to be bullied in secondary school.<sup>2</sup>
-  Bullying can take various forms. It can be verbal such as threatening, taunting, spreading rumours, or it can refer to physical actions including pushing and kicking.

# Contexts for bullying

- Bullying is widespread across different settings. It most commonly takes place in the school environment but bullying can also occur in other contexts, including in the neighborhood or at home between siblings.
- New technologies and social media platforms, easily accessible via mobile phones or the internet, provide countless and easy opportunities for children who bully others to attack or damage the reputations of their victims, in front of large crowds of witnesses including some people who can exacerbate the abuse



# Prevalence of bullying

---

- Bullying is common worldwide among children and adolescents
- Approximately 13% of 11 year olds worldwide are bullied<sup>1</sup>
- In the UK bullying is the most prevalent form of abuse across all age groups up to 24 years<sup>2</sup>
- About 1 in 5 people in the UK will be bullied at some point, and this figure has changed very little since research began in the 1960s.



**The Policy Institute at King's**

# Some factors put children at higher risk of being bullied

While there is no such thing as a profile for a typical victim of bullying, the evidence suggests that a range of factors put children at a higher risk of being bullied.

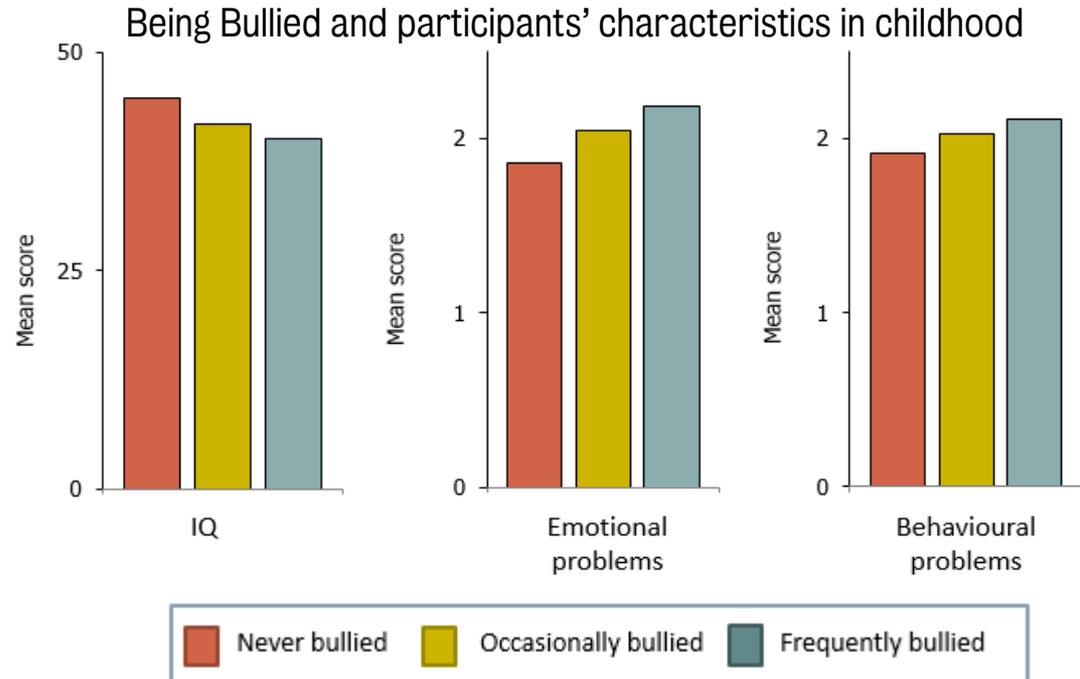
## Individual Factors

Male gender

Young age

Low social competence

Early emotional and behavioural problems



This graph comes from a study using data from the National Child Development Study, which follows all the children born in Great Britain during one week in 1958 (n=18,558).

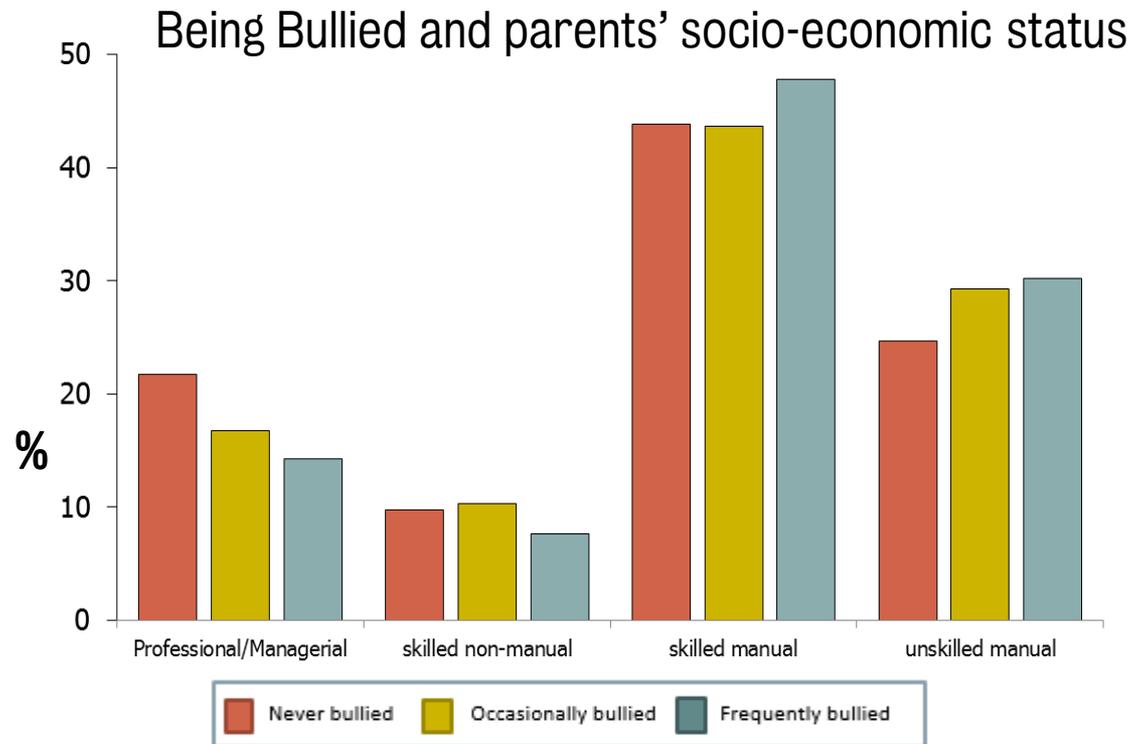
Parents were asked about bullying of their children at age 7 and 11. IQ, emotional and behavioural problems were measured at the same time using standardised scales.

## Some factors put children at higher risk of being bullied

While there is no such thing as a profile for a typical victim of bullying, the evidence suggests that a range of factors put children at a higher risk of being bullied.

### Contextual Factors

- High number of children in the school
- High number of children in school receiving free school meals
- Parents from a low socio-economic background
- Being in care
- Negative parenting



This graph comes from a study using data from the National Child Development Study, which follows all the children born in Great Britain during one week in 1958 (n=18,558).

Parents were asked about bullying of their children at age 7 and 11.

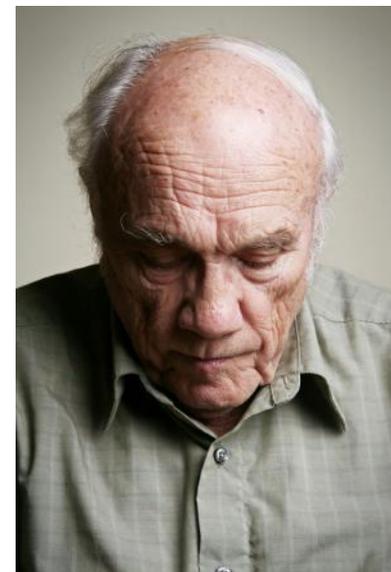
# **The short and long-term consequences of bullying**

# Evidence dispels the myth that bullying is a harmless 'Rite of Passage'

---

We have increasingly good evidence that being bullied contributes to

- Adverse mental health outcomes in adolescence
- Adverse mental and physical health, social and economic outcomes in later life, as far as middle age



# Bullying contributes to the development of mental health problems later on in childhood and adolescence

---

Several studies have linked childhood bullying with increased risk of later childhood and adolescence experience of anxiety and depression, self harm, and psychotic experiences.<sup>1</sup>



Three studies have examined the effect of childhood bullying using identical twins. These studies are especially strong because they control for all genetic, and most environmental factors.

They find that bullied twins are more likely to have **emotional problems, social anxiety and separation anxiety** in childhood, and are three times more likely to report **suicidal ideation** in young adulthood.<sup>2</sup>

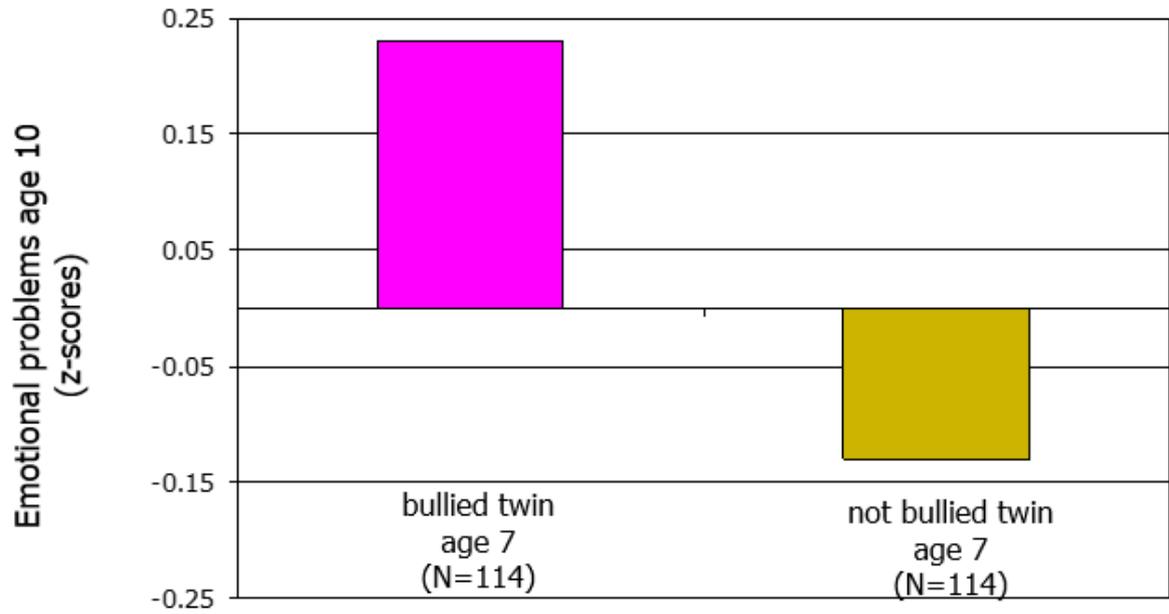


**The Policy Institute at King's**

# Twin research shows that being bullied leads to children's emotional problems, over and above the effect of family-wide factors including genes

On this graph scores on a measure of emotional problems have been standardised so that a score of 0 is the average population score.

Thus scores above 0 indicate higher than average emotional problems, and scores below 0 indicate lower than average emotional problems



The Policy Institute at King's

# Being bullied in childhood is associated with mental health problems in adulthood

Four separate studies have concluded that childhood bullying victimisation is associated with negative mental health outcomes well into adulthood, and as far as age 50.

**Finland**  
Brunstein Klomek et al., (2009) found that the experience of bullying aged 8 was associated with increased rates of **suicide attempts and completed suicides** at age 25

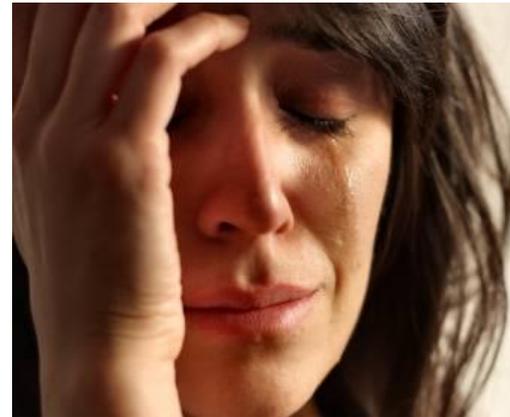


# Being bullied in childhood is associated with mental health problems in adulthood

---

## USA

Copeland et al., (2013) found that childhood bullying was associated with increased rates of psychiatric disorders including **agoraphobia, depression, anxiety and panic disorders** in the early to mid 20s.



# Being bullied in childhood is associated with mental health problems in adulthood

---

## New Zealand

Gibb et al., (2011) found that victims of bullying had increased risk of **anxiety disorders** at age 30



# Being bullied in childhood is associated with mental health problems in adulthood

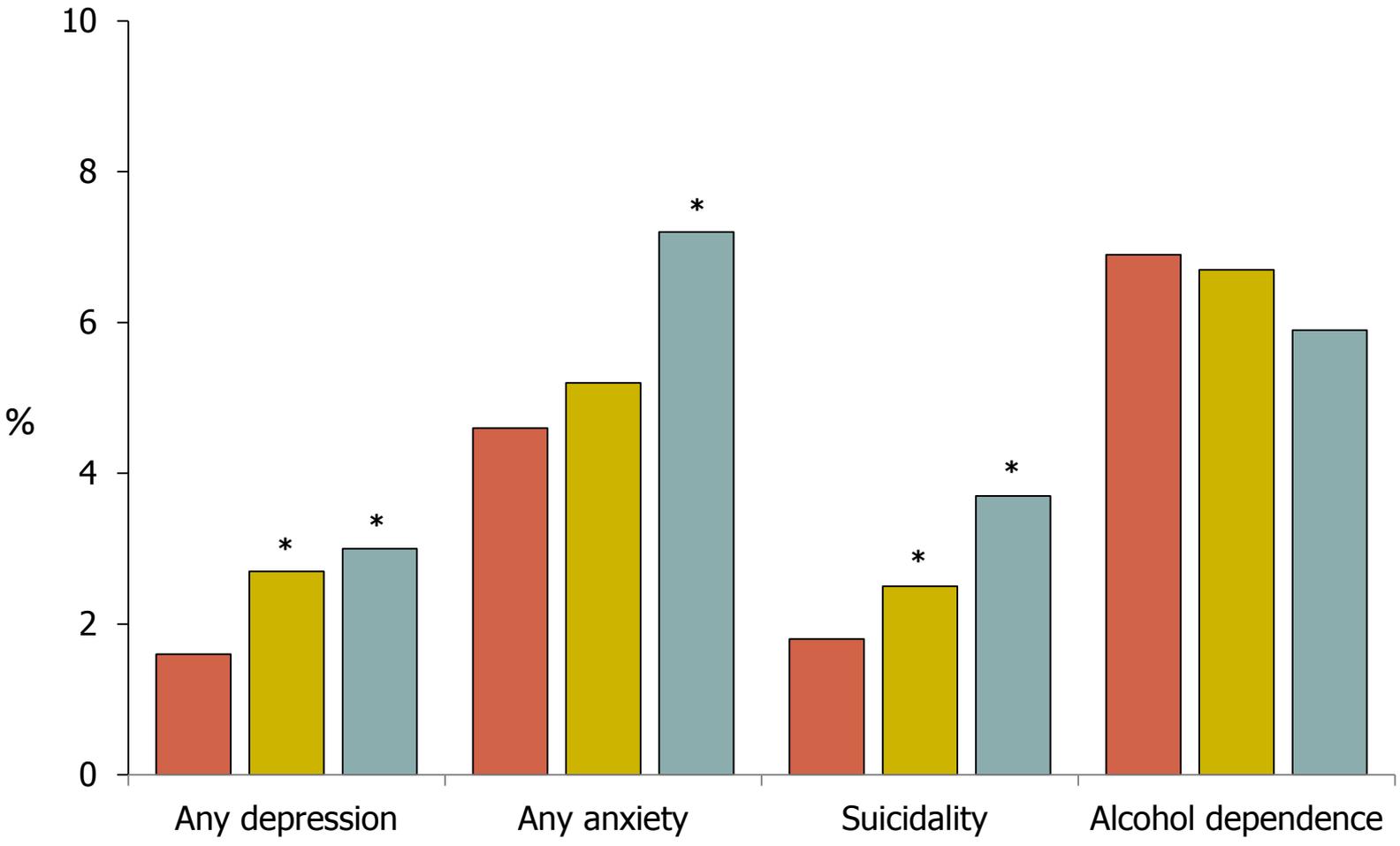
---

## UK

Takizawa, Maughan & Arseneault (2014) found that victims of childhood bullying reported higher levels of **psychological distress**, including **depression, anxiety and suicide**, at age 23, and age 50. The effect was similar to have being placed in care at age 11.



# Being bullied and psychiatric outcomes age 45



\* Part of same study as previous

Legend: Never bullied (red), Occasionally bullied (yellow), Frequently bullied (teal)

## Bullying can also have a long term impact on other outcomes

---

Studies have also demonstrated a link between bullying and long term negative effects on physical health, socio-economic outcomes and well being.

### Physical Health

Being bullied in childhood is associated with self-ratings of poor general health at age 50<sup>1</sup> and obesity aged 18<sup>2</sup> and aged 50.<sup>3</sup>

### Economic Outcomes

Bullying victims have more difficulty keeping jobs in young adulthood<sup>4</sup>, and are less likely to be employed and have lower educational levels at midlife.<sup>5,6</sup>

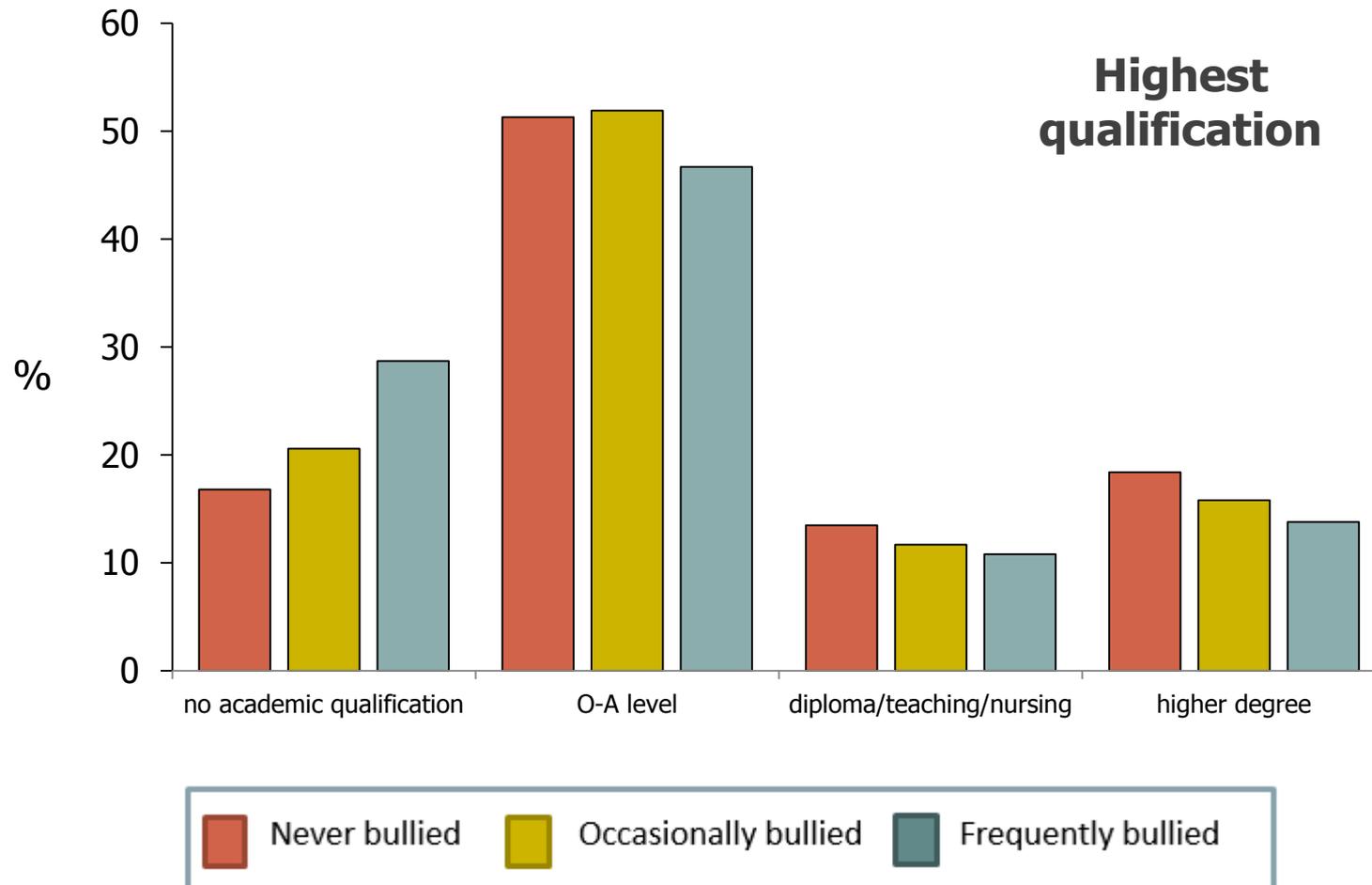
### Social Outcomes

Bullying victims have problems making or keeping friends in their late 20s<sup>7</sup>, an increased risk of living without a partner age 50, and are less likely to have met up with friends in the recent past.<sup>8</sup>

### Wellbeing

Being bullied is associated with a lower perceived quality of life at age 50, lower life satisfaction so far and less anticipation of life satisfaction in the future.<sup>9</sup>

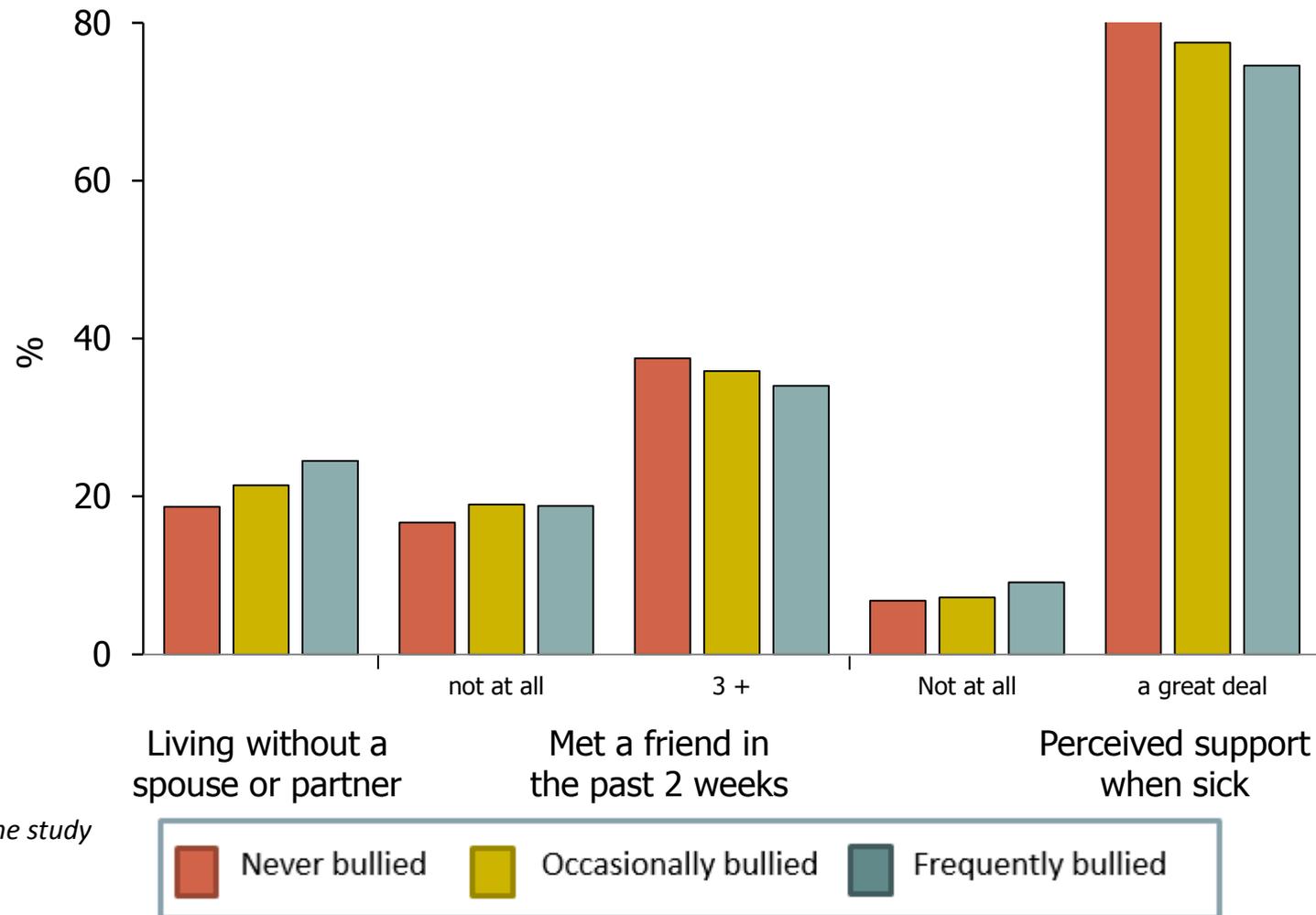
# Being bullied and socio-economic outcomes in adulthood



\* Part of same study as previous

## Being bullied and social relationships in adulthood

Participants who were frequently bullied in childhood are less likely to live with a spouse or partner, to visit or be visited by a friend or expect support if sick.



\* Part of same study as previous

Taken together these findings emphasise the serious negative consequences of bullying and suggest that the impact of bullying on young victims may persist long after the bullying itself has stopped

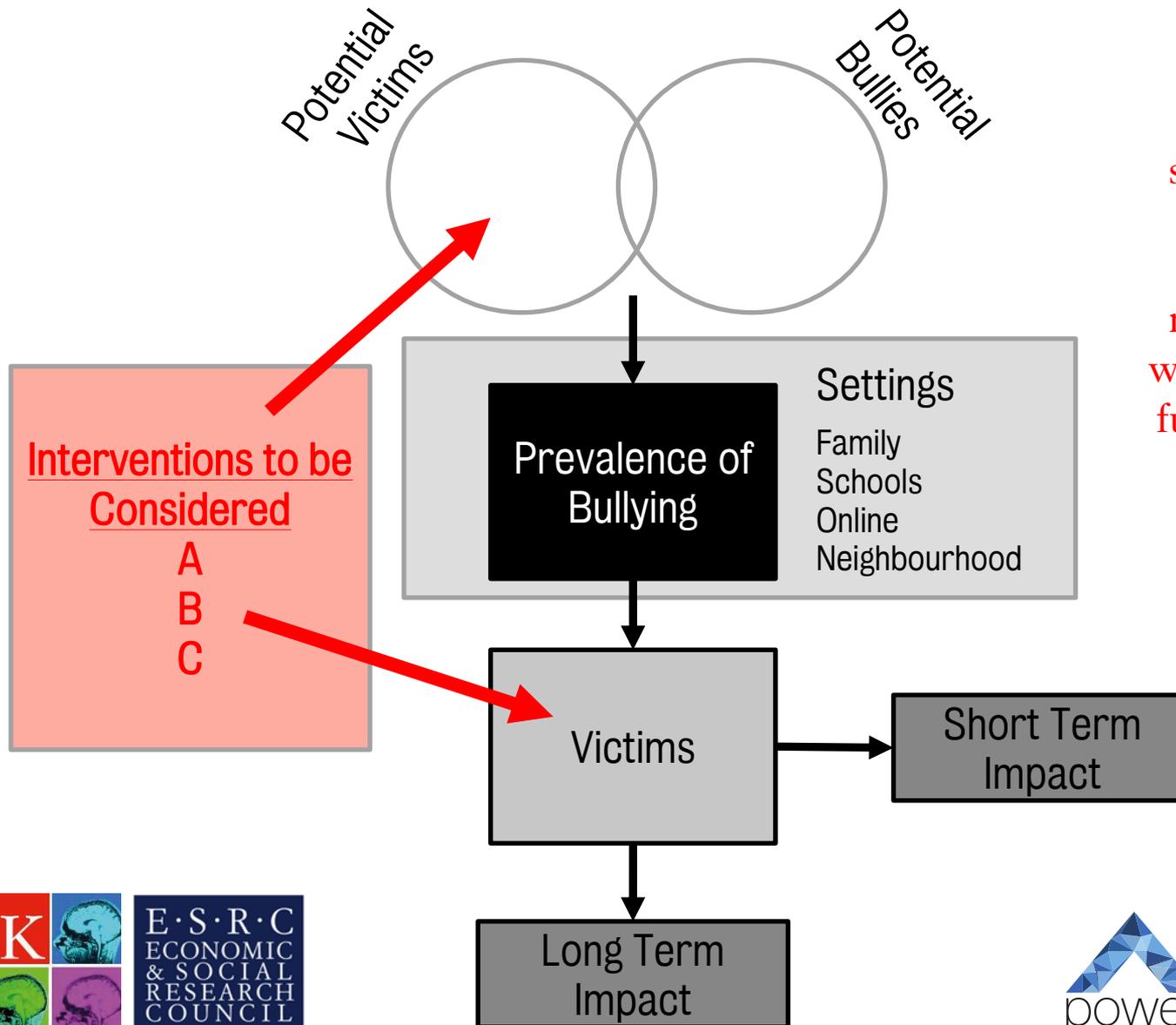
Childhood bullying is not only linked to individual suffering but also to considerable costs to society given its impact on physical and socioeconomic outcomes



**The Policy Institute at King's**

**What can we do about it?**

# A framework for considering points of intervention



This framework is suggested as a way of thinking about how new interventions might be focused and will be introduced more fully at the Policy Lab.

# Most current interventions target bullying behaviour but are unable to eradicate it entirely

---

Numerous prevention and intervention programmes have been developed with the aim of reducing bullying behaviour.

E.g. videotapes, lectures and discussions on the topic of bullying, training teachers in conflict resolution.



Evaluations of anti-bullying programmes suggest that the likelihood of eradicating bullying behaviour is modest and so despite these invaluable programmes, a considerable proportion of young people will continue to be bullied.

Overall school based anti-bullying programmes reduce bullying victimisation on average by 17-20%, but do not eliminate it entirely<sup>1</sup>.



**The Policy Institute at King's**

# However we know that some factors put children at higher risk of being bullied

---

While there is no such thing as a profile for a typical victim of bullying, the evidence suggests that a range of factors put children at a higher risk of being bullied.

## Individual Factors

Male gender

Young age

Low social competence

Early emotional and behavioural problems

## Contextual Factors

High number of children in the school

High number of children in school receiving free school meals

Parents from a low socio-economic background

Being in care

Negative parenting



**The Policy Institute at King's**

# So a different approach might be target interventions at victims or potential victims of bullying

Interventions could be

- Universal
- Targeted at those most at risk



## Individual Factors

- Male gender
- Young age
- Low social competence
- Early emotional and behavioural problems

## Contextual Factors

- High number of children in the school
- High number of children in school receiving free school meals
- Parents from a low socio-economic background
- Being in care
- Negative parenting

The could take the form of

- Resilience Building** - Teaching skills to build resilience among victims or potential victims. Where resilience is 'positive adaptation within the context of diversity'
- Social networks** – helping children to make and keep friends



The Policy Institute at King's

# References

## Slide 13:

- Olweus, D. (1993). *Bullying at school: What we know and what we can do*. Oxford: Blackwell.
- Scholte, R.H.J., Engels, R.C.M.E., Overbeek, G., de Kemp, R.A.T., & Haselager, G.J.T. (2007). Stability in bullying and victimization and its association with social adjustment in childhood and adolescence. *Journal of Abnormal Child Psychology*, 35, 217-228.

## Slide 15:

- World Health Organisation. (2012). Risk behaviours. In Currie C et al. (Ed.), *Social determinants of health and well-being among young people*. Health Behaviour in School-aged Children (HBSC) study: international report from the 2009/2010 survey [E-reader version] (pp. 191-200). Retrieved from [http://www.euro.who.int/\\_data/assets/pdf\\_file/0003/163857/Social-determinants-of-health-and-well-being-among-young-people.pdf](http://www.euro.who.int/_data/assets/pdf_file/0003/163857/Social-determinants-of-health-and-well-being-among-young-people.pdf)
- Radford, L., Corral, S., Bradley, C., & Fisher, H.L. (2013). The prevalence and impact of child maltreatment and other types of victimization in the UK: Findings from a population survey of caregivers, children and young people and young adults. *Child Abuse and Neglect*, 37, 801-813.

## Slide 16 & 17:

- Takizawa, R., Maughan, B., & Arseneault, L. (2014). Adult health outcomes of childhood bullying victimization: Evidence from a 5-decade longitudinal British cohort. *American Journal of Psychiatry*, 171, 777-784

## Slide 20 (ref 1):

- Arseneault, L., Milne, B.J., Taylor, A., Adams, F., Delgado, K., Caspi, A., & Moffitt, T.E. (2008). Being bullied as an environmentally mediated contributing factor to children's internalizing problems: A study of twins discordant for victimization. *Archives of Pediatrics & Adolescent Medicine*, 162, 145-150.
- Silberg, J.L., Copeland, W., Linker, J., Moore, A.A., Roberson-Nay, R., & York, T.P. (2016). Psychiatric outcomes of bullying victimization: A study of discordant monozygotic twins. *Psychological Medicine*, 46, 1875-1883.
- Singham, T., Viding, E., Schoeler, T., Arseneault, L., Ronald, A., Cecil, C.M., ... & Pingault, J-B. (in press). Concurrent and longitudinal impact of peer victimisation on mental health: A tale of vulnerability and resilience. *JAMA Psychiatry*. (doi:10.1001/jamapsychiatry.2017.2678)

## Slide 20 (ref 2):

- Arseneault, L., Cannon, M., Fisher, H.L., Polanczyk, G., Moffitt, T.E., & Caspi, A. (2011). Childhood trauma and children's emerging psychotic symptoms: A genetically sensitive longitudinal cohort study. *American Journal of Psychiatry*, 168, 65-72. ;
- Arseneault, L., Walsh, E., Trzesniewski, K., Newcombe, R., Caspi, A., & Moffitt, T.E. (2006). Bullying victimization uniquely contributes to adjustment problems in young children: A nationally representative cohort study. *Pediatrics*, 118, 130-138.;
- Bowes, L., Joinson, C., Wolke, D., & Lewis, G. (2015). Peer victimisation during adolescence and its impact on depression in early adulthood: Prospective cohort study in the United Kingdom. *British Medical Journal*, 350, L2469.;
- Kelleher, I., Keeley, H., Corcoran, P., Ramsay, H., Wasserman, C., Carli, V., ... & Cannon, M. (2013). Childhood trauma and psychosis in a prospective cohort study: Cause, effect, and directionality. *American Journal of Psychiatry*, 170, 734-741
- Kim, Y.S., Leventhal, B.L., Koh, Y.-J., Hubbard, A., & Boyce, T.W. (2006). School bullying and youth violence: Causes or consequences of psychopathologic behavior? *Archives of General Psychiatry*, 63, 1035-1041.;
- Mackie, C.J., Castellanos-Ryan, N., & Conrod, P.J. (2011). Developmental trajectories of psychotic-like experiences across adolescence: Impact of victimization and substance use. *Psychological Medicine*, 41, 47-58.;
- Schreier, A., Wolke, D., Thomas, K., Horwood, J., Hollis, C., Gunnell, D., ... & Harrison, G. (2009). Prospective study of peer victimization in childhood and psychotic symptoms in a nonclinical population at age 12 years. *Archives of General Psychiatry*, 66, 527-536.;
- Stapinski, L.A., Bowes, L., Wolke, D., Pearson, R.M., Mahedy, L., Button, K.S., ... & Araya, R. (2014). Peer victimization during adolescence and risk for anxiety disorders in adulthood: A prospective cohort study. *Depression and Anxiety*, 31, 574-582.
- Zwierynska, K., Wolke, D., & Leraya, T. (2013). Peer victimization in childhood and internalizing problems in adolescence: A prospective longitudinal study. *Journal of Abnormal Child Psychology*, 41, 309-323.;



# References

---

- Slide 21:
- Arseneault, L., Milne, B.J., Taylor, A., Adams, F., Delgado, K., Caspi, A., & Moffitt, T.E. (2008). Being bullied as an environmentally mediated contributing factor to children's internalizing problems: A study of twins discordant for victimization. *Archives of Pediatrics & Adolescent Medicine*, 162, 145-150.
- Slide 22:
- Brunstein Klomek, A., Sourander, A., Niemelä, S., Kumpulainen, K., Piha, J., Tamminen, T., ... & Gould, M.S. (2009). Childhood bullying behaviors as a risk for suicide attempts and completed suicides: A population-based birth cohort study. *Journal of the American Academy of Child and Adolescent Psychiatry*, 48, 254-261.
- Slide 23:
- Copeland, W.E., Wolke, D., Angold, A., & Costello, J.E. (2013). Adult psychiatric outcomes of bullying and being bullied by peers in childhood and adolescence. *JAMA Psychiatry*, 70, 419-426.
- Slide 24:
- Gibb, S.J., Horwood, J.L., & Fergusson, D.M. (2011). Bullying victimization/perpetration in childhood and later adjustment: Findings from a 30 year longitudinal study. *Journal of Aggression, Conflict, and Peace Research*, 3, 82-88.
- Slide 25:
- Takizawa, R., Maughan, B., & Arseneault, L. (2014). Adult health outcomes of childhood bullying victimization: Evidence from a 5-decade longitudinal British cohort. *American Journal of Psychiatry*, 171, 777-784
- Slide 27:
- Takizawa, R., Maughan, B., & Arseneault, L. (2014). Adult health outcomes of childhood bullying victimization: Evidence from a 5-decade longitudinal British cohort. *American Journal of Psychiatry*, 171, 777-784.
  - Copeland Copeland, W.E., Wolke, D., Leraya, T., Shanahan, L., Worthman, C., & Costello, J.E. (2014). Childhood bullying involvement predicts low-grade systemic inflammation into adulthood. *Proceedings of the National Academy of Science*, 111, 7570-7575.
  - Takizawa, R., Danese, A., Maughan, B., & Arseneault, L. (2015). Bullying victimization in childhood predicts mid-life risks for cardiovascular disease: A 5-decade birth cohort study. *Psychological Medicine*, 45, 2705-2715.
  - Wolke, D., Copeland, W.E., Angold, A., & Costello, J.E. (2013). Impact of bullying in childhood on adult health, wealth, crime, and social outcomes. *Psychological Science*, 24, 1958-1970
- Slide 33:
- Ttofi, M.M., & Farrington, D.P. (2011). Effectiveness of school-based programs to reduce bullying: A systematic and meta-analytic review. *Journal of Experimental Criminology*, 7, 27-56.

# Addressing the Mental Health Consequences of Bullying

Friday 27<sup>th</sup> October, 10:00 – 16:00

The Policy Institute at King's  
1<sup>st</sup> Floor, Virginia Woolf Building  
22 Kingsway  
London, WC2B 6LE

[Link to Google Maps](#)

