

Statement by Jerry Wiener, M.D., Past President, American Academy of Child and Adolescent Psychiatry

**Congressional Children's Caucus Briefing on Bullying
June 26, 2001, 10 a.m., Room 2325 Rayburn House Office Building**

I would like to thank Representative Jackson-Lee for holding this important briefing calling attention to the issue of bullying. The AACAP applauds Rep. Jackson-Lee for her work with the Children's Caucus and for introducing the Give a Kid a Chance Omnibus Mental Health Services Act, which would expand mental health services for children and adolescents in schools and communities. The expansion of these services is critical to helping schools eliminate bullying, which, for the victim, causes emotional trauma, and for the bully, usually turns out to be a cry for help.

Remember the cartoon demonstrating the 97-pound weakling and the bully who kicked sand in his face? Body building advertisements promised Rocky-like biceps implying that you, too, could become a bully. A recent study by Nansel et al, reported in the April *Journal of the American Medical Association* found that bullying is increasingly being recognized as an important problem affecting well-being and social functioning. Bullying is defined as an act of physical aggression by a person against someone who is weaker, smaller, less popular, or less secure. Although bullying is a common experience for many children and adolescents, it is rarely a problem children can work out on their own. As in the cartoon, children bullied when young often become bullies themselves as they grow older. Bullies and victims alike need help from parents, teachers, and therapists.

Children who are bullied experience real suffering that can interfere with their social and emotional development, as well as their academic performance. The Nansel study, titled "The Health Behavior of School-Age Children," was part of a collaborative cross-national research project involving 30 countries and was coordinated by the World Health Organization. The investigators noted that bullying was more prevalent among males than females and occurred with greater frequency among middle school aged children than high school youth.

Males tended to use both physical and verbal assaults while females used verbal behavior such as name calling, spreading rumors, and teasing.

The study team that examined characteristics of youth involved in bullying has consistently found that both bullies and those bullied demonstrate poorer psycho-social functioning than their non-involved peers. Youths who bully others tend to demonstrate higher levels of conduct problems and dislike of school, whereas youth who are bullied generally show higher levels of insecurity, anxiety, depression, loneliness, unhappiness, physical and mental symptoms, and low self esteem. Constant victimization by a bully is a major distraction from the entire educational process. The Department of Justice and the National Association of School Psychologists have estimated that 160,000 children miss school each day because of fear.

Every day approximately 100,000 children carry guns to school. As many as 6,250 teachers are threatened each day, and of those about 260 are actually attacked. School violence is multidetermined and not solely the result of bullying. However, what is bullying behavior in elementary school can easily turn into violence by middle and high school. Two-thirds of the teenagers involved in deadly shootings in schools say they were seriously bullied. According to research from the National Institute on Child Health and Human Development, bullies identified by age 8 are six times more likely to be convicted of a crime by age 24, and five times more likely to end up with serious criminal records by age 30, if there is no intervention. The good news is that bullying can be stopped. A child and adolescent psychiatrist or other mental health professionals can provide treatment for children and adolescents who bully others or are victims of bullies themselves.

Bullying can have serious effects on the health of children and adolescent victims, especially as a precipitating factor in the development of serious psychiatric illnesses in children and adolescents. One of the most common psychiatric disorders found in children and adolescents who are bullied is depression, an illness which, if untreated, can interfere with a child's ability to function. According to the Nansel study, individuals formerly bullied had higher levels of depression and low self-

esteem at the age of 23 years, despite the fact that, as adults, they were no more harassed or socially isolated than comparison adults. The behavior of depressed children and adolescents may differ from the behavior of depressed adults which is why child and adolescent psychiatrists advise parents to be very aware of the signs of depression. These signs include:

- Frequent sadness, tearfulness or crying
- Decreased interest in activities or inability to enjoy previously favorite activities
- Persistent boredom, low energy
- Increased irritability, anger or hostility
- Frequent complaints of physical illnesses such as headaches or stomachaches.

The leading danger of untreated depression is suicide. Over the last several decades, the suicide rate in young people has increased dramatically. According to *The Surgeon General's Call to Action to Prevent Suicide*, from 1980-1996, the rate of suicide among persons aged 15-19 years increased by 14% and among persons aged 10-14 years by 100%. Suicidal feelings among children and adolescents who are bullied are common which is why parents, teachers and all adults must be vigilant in identifying and eliminating bullying. A recent Human Rights Watch report showed that gay adolescents are at significant risk for suicide due to chronic bullying. The report also criticized school officials for failing to address this problem effectively, or in some cases, at all.

Other psychiatric disorders which may indicate that a child or adolescent is a victim of bullying are eating disorders, post-traumatic stress disorder and anxiety disorder, all of which have serious lifelong effects. If you suspect your child may be the victim of bullying ask him or her to tell you what's going on. You can help by providing lots of opportunities to talk with you in an open and honest way. It's also important to respond in a positive and accepting manner. Let your child know it's not his or her fault, and that he or she did the right thing by telling you.

In general, a bully in school is a victim at home. Children and adolescents who bully thrive on controlling or dominating others because they often have been the victims

of physical abuse or bullying themselves. The parents of bullies are often aggressive and act out their frustrations, frequently with violence. Discipline is usually physical, and the child learns that that violence and threats are acceptable means of getting what they want. Bullying can also result from a child's "lashing out" against sudden unpleasant changes at home, like a new caregiver, a new baby in the home, or a change in schools. If you suspect your child is bullying others, it's important to seek help for him or her as soon as possible. Past age 8, aggressive behavior becomes difficult to change. Talk to your child's pediatrician, teacher, principal, school counselor, or family physician. If the bullying continues, a comprehensive evaluation by a child and adolescent psychiatrist or other mental health professional should be arranged. The evaluation can help the parent and child understand what is causing the bullying, and help them develop a plan to stop the destructive behavior.

Bullying is often a manifestation of a number of psychiatric disorders that are treatable. Children and adolescents who seek to intimidate others through bullying may have any of the following disorders:

1. **Conduct disorder.** Children and adolescents with conduct disorder have great difficulty following rules and behaving in a socially acceptable way. They are often described as delinquent, rather than mentally ill. Although these children usually have low self-esteem, they often project an image of toughness. Many children with a conduct disorder may also have coexisting conditions including mood disorders, anxiety, PTSD, ADHD or learning problems.
2. **Oppositional Defiant Disorder.** In children with Oppositional Defiant Disorder (ODD), there is an ongoing pattern of uncooperative, defiant, and hostile behavior toward authority figures that seriously interferes with the youngster's daily functioning. Research shows that youngsters with conduct and oppositional defiant disorders are likely to have ongoing problems adjusting to adulthood if they and their families do not receive early and comprehensive treatment.
3. **Depression.** Children who bully are often suffering from depression themselves. Children under stress, who experience loss, or who have attentional, learning,

conduct or anxiety disorders are at a higher risk for depression. Depression also tends to run in families.

What can be done about the ubiquitous problem of bullying? In school programs that deal specifically with aggression toward others, bullying markedly declines. School-based mental health services can be a line of defense against the emotional disorders that impede children's learning. They can catch problems that potentially lead to aggression or suicide. Two excellent training manuals address school violence in a practical, programmatic way that I have found extremely valuable. *Bully-Proofing Your School-A Comprehensive Approach For Elementary Schools* by Garrity, Jens et. al and a second volume, subtitled *A Comprehensive Approach for Middle Schools* by Bonds and Stoker have demonstrated success in dealing with bullying behavior. These manuals provide teacher training and classroom interventions that offer problem-solving techniques as well as anger management skills. Family involvement is greatly encouraged. I found the two books to be an invaluable aid for all those working in on-site school mental health programs, and I encourage the development of such training manuals in other community settings.

There are a number of existing programs to prevent school violence, but few have been evaluated. Exceptions include a randomized study validating the effect of *Second Step: A Violence Prevention Curriculum*, on elementary school children, in which persistent decreases in physical aggression were found, and Norwegian professor Dan Olweus's study of 42 schools in Norway, in which a 50% decrease in violence due to pathological bullying, primarily in grades 4 through 7, was reported. Olweus's program has been adapted for North America, so far with limited success.

Our schools are full of troubled kids. While there is clearly a need for more research on the causes and effects of bullying on children and adolescents, we do know that bullying is a societal problem that must be addressed.

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