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Crime Victims' Institute
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The Long-Term Health Consequences of Bullying Victimization

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Bullying consists of repeated acts of intimidation and/or abuse over a period of time and is a growing issue both nationally and globally, with serious implications for both the victims and the bullies (Glew et al., 2000; Marsh et al., 2001; Mayer & Cornell, 2010). Largely affecting school-aged children and teenagers, the health effects of bullying may be long lasting. Links have been established between bullying and physical and psychological health issues, violent behavior, alcoholism and substance abuse, sleeping problems, and even suicide (Britt, 2001; Fekkes et al., 2004; Hershberger & D'Augelli, 1995; Menard, 2002; Ttofi & Farrington, 2008; Van der Wal et al., 2003).

This research brief provides a summary of results from a recent study designed to examine the relationship between bullying and physical and mental health, health care access and utilization, and health risk behaviors. The full study will be published in a special issue of *Justice Quarterly*, titled "Criminology, Criminal Justice, and Public Health Studies."

Sample

The current study draws from the National Longitudinal Survey of Youth (NLSY), 1997, which is a nationally representative sample of U.S. residents born between 1980 and 1984. Results presented here focus on those participants who were between the ages of 12 and 14 when first interviewed in 1997. The initial interview was administered to 4,834 12-14 year-olds. Just over half of the respondents (51.4%) were male, and 59.7 percent were White.

During the initial interview in 1997, participants were asked if they had experienced repeated bullying before the age of 12. Nineteen percent of respondents indicated they had been a victim of repeated bullying during early childhood. A follow-up interview addressing health issues occurred five years later, between 2002 and 2003, when respondents were between 18 and 21 years of age.

At the follow-up interview in 2002, respondents were asked a variety of questions about physical health, including access to and utilization of health care, mental health, and involvement in health risk behaviors. The Centers for Disease Control (CDC) defines health risk behaviors as "behaviors that contribute to the leading causes of morbidity and mortality among youth and adults" (Eaton et al., 2010, p. 1). These include tobacco and alcohol use, risky sexual behavior, and other behaviors that contribute to unintentional injuries/violence.

Bullying and Physical Health

In assessing physical health, the current study examines the respondents' self-assessment of their general health. Respondents were asked to report their current health on a scale of excellent, very good, good, fair, and poor. Individuals who were victims of bullying in early childhood were more likely to report only fair or poor health compared to those who had not been bullied (10.2% of victims compared to only 6.2% of non-victims).

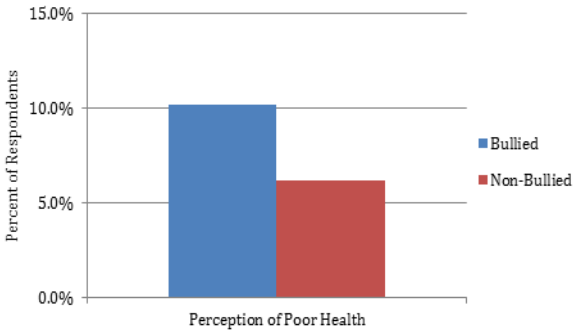

Figure 1: Bullying and General Health

There was no difference between victims and non-victims in terms of whether they had health care coverage. While nearly three-quarters of each group reported having health insurance coverage, there were important differences between groups in the utilization of health care, which included questions about when and how often respondents visited a doctor. Respondents were first asked how long it had been since their most recent routine checkup. Victims of bullying had not seen the doctor as recently as non-victims. While 16.5% of victims had gone more than two years without a routine checkup, only 12.1% of non-victims had gone that long without seeing a doctor. Respondents were also asked how many times in the previous year they had been injured or ill enough to miss work or other activities but had not visited a doctor. Of the bullying victims, 31.9% reported having been injured or ill without going to the doctor at least twice in the previous year as compared to 29.5% of non-victims.

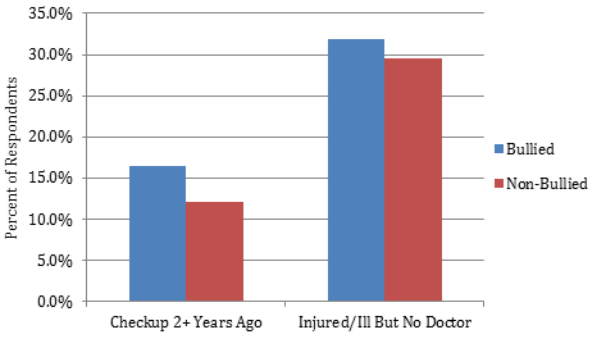

Figure 2: Bullying and Health Care Utilization

Bullying and Health Risk Behaviors

Health risk behaviors include alcohol and tobacco use, risky sexual behavior, and other behaviors that contribute to unintentional injuries/violence. In this study, alcohol consumption was measured in a variety of ways. To capture more problematic alcohol consumption, respondents were asked how many alcoholic drinks per day they had consumed and whether they had engaged in binge-drinking (consuming five or more alcoholic beverages in one occasion) during the previous month. Victims of bullying reported drinking an average of 3.16 drinks per day compared to 2.59 drinks per day among those who had not experienced bullying. Also, a greater percentage of victims had engaged in binge-drinking (32.8%) compared to non-victims (28.6%).

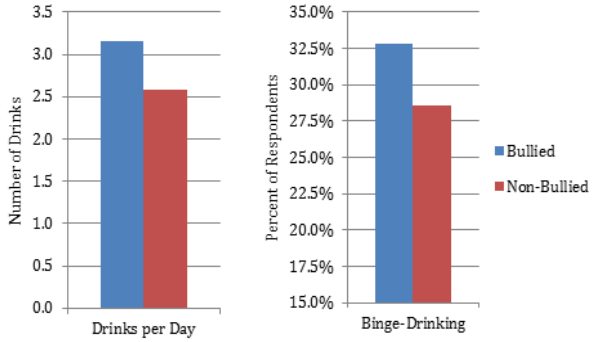

Figure 3: Bullying and Alcohol Use

To assess tobacco use, respondents were asked if they had smoked cigarettes during the previous year. Almost fifty percent (49.6%) of victims reported smoking, while only 39.0% of non-victims had smoked.

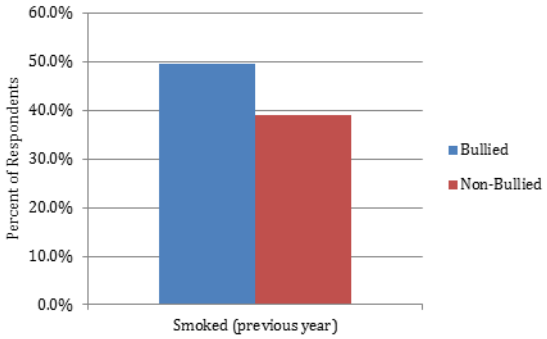

Figure 4: Bullying and Tobacco Use

In addition to tobacco and alcohol use, respondents were asked whether they had been the victim of violence within the previous five years (i.e., between the initial and follow-up interviews). Victims of bullying were more than twice as likely to report experiencing subsequent violent victimization (10.2% for victims compared to 4.6% for non-victims).

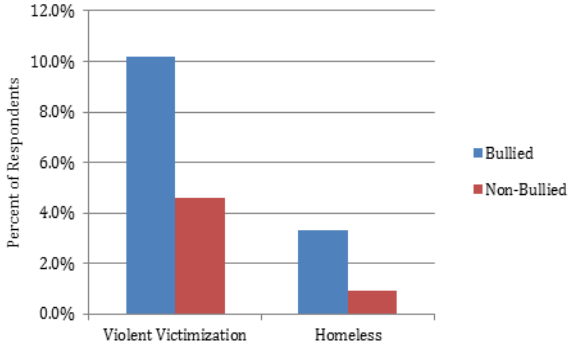

Figure 5: Bullying and Public Health

Finally, respondents were asked whether they had been homeless or had spent two or more nights at a time in a homeless shelter during the previous five years. More than three times as many bullying victims reported being homeless compared to non-victims (3.3% compared to 0.9%).

Bullying and Mental Health

At the follow-up interview in early adulthood, respondents were also asked about their mental health. In particular, respondents rated how often in the previous month they had experienced a variety of feelings/emotional states, including feeling nervous, being calm or peaceful, being down or blue, feeling happy, and being depressed. These items were then combined into an overall negative mental health scale. On average, victims of bullying in early childhood reported more negative mental health (an overall score of 10.31) compared to those who did not experience bullying victimization (an overall score of 9.73).

Respondents were then asked whether they suffered from various emotional or mental conditions that interfered with school or employment. In particular, nearly twice as many victims of bullying reported suffering from an emotional or mental condition compared to those who had not been bullied (3.4% vs. 1.8%). Victims of bullying were also more likely to report having had an eating disorder compared to those who were not victims (1.4% vs. 0.5%).

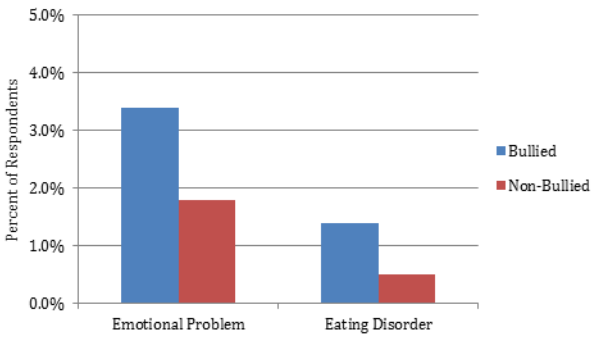

Figure 6: Bullying and Mental Health

Conclusion

The results presented here generally indicate that there are important consequences of being a victim of childhood bullying for later physical and mental health. In particular, this study demonstrated a number of significant and substantive long-term health consequences of bullying victimization. Having experienced early repeated bullying was associated with more negative perceptions of general health and mental health, higher rates of emotional/mental or behavior problems that interfered with school or work, and having an eating disorder. Victims of repeated bullying were more likely to smoke and to experience subsequent violent victimization and homelessness. While these are adverse consequences themselves, they may also serve as intermediate mechanisms for even more long-term health issues, such as cancer, alcoholism, depression, and other serious problems. Multiple victimization experiences and homelessness are both public health concerns in their own right, as well as being potential conduits to further adverse physical and mental health outcomes. The cumulative trauma of additional victimization may produce much more serious health outcomes. Research also indicates that homelessness is associated with substance use, lack of health insurance, and mental health issues (Fischer et al., 1986; Folsom et al., 2005).

What is apparent from these results is that bullying victimization that occurs early in life may have significant and substantial consequences for those victims later in life. Thus, the adverse health consequences of victimization are much more far-reaching than just immediate injury and trauma. Understanding these long-term consequences is important to assessing the true toll of crime on its victims and on society as well as to responding to crime victims more effectively. Investing in victim services and effective prevention programs, like the Olweus Bullying Prevention Program (see additional resources), is crucial to efforts to ameliorate the immediate trauma, both physical and emotional, that victims experience. This type of investment may also have the added benefit of reducing the long-term deleterious effects identified in this and other studies, thus reducing the high cost of victimization borne by the victims themselves, the health care system, and society in general.

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Resources on Bullying:

Olweus Bullying Prevention Program (www.violencepreventionworks.org)
A school-based bullying prevention program that has been recognized as a Blueprints Model Program for violence prevention (http://www.colorado.edu/cspv/blueprints/)

U.S. Department of Health & Human Services Bullying Website (www.stopbullying.gov)

PACER's National Bullying Prevention Center (www.pacer.org/bullying)

Stomp Out Bullying (www.stompoutbullying.org)

Trevor Helpline for Gay, Lesbian, and Bisexual Youth (www.thetrevorproject.org)

Texas Education Agency (TEA), Coordinated School Health – Bullying and Cyber-bullying (http://www.tea.state.tx.us/CSH_Bullying.html)