

ABSTRACT

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A STUDY EXAMINING THE IMPACT OF CHILDHOOD BULLYING AND THE DEVELOPMENT OF ANXIETY DISORDERS

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Bullying is the cause of lifelong emotional and psychological challenges from childhood to adulthood. However, many in our society view bullying as a normal part of childhood, when in fact the impact of bullying is parallel to the effects of post-traumatic stress disorders of soldiers who have participated in war. Finding ways to mitigate the adverse effects of bullying during adolescence may reduce the development of disorders relating to anxiety for adults. The purpose of this study was to examine the direct correlation between students who are bullied and their risk of developing an anxiety disorder. Data was gathered using published articles and literature which highlighted elements of psychological and social behaviors supporting, denying, and relating to the effects of bullying behaviors on adolescences and its evolution into anxiety disorders in adulthood.

A STUDY EXAMINING THE IMPACT OF CHILDHOOD BULLYING AND THE
DEVELOPMENT OF ANXIETY DISORDERS

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CHAPTER I

INTRODUCTION

At the age of 5, most children in the United States start attending primary school. These children spend the following 12 years attending primary school, middle school and they culminate their school attendance in high school. Throughout the 12 years of school, students associate with thousands of student peers with whom they are expected to befriend and socialize. The challenge for many of these students is that socialization with the other students may result in some students bullying other students while other students are victims of bullying.

Bullying used to be viewed as a rite of passage, as stated by many adults, who were bullied while in their formative years. These adults, after having children of their own, feel it their parental duty to tell their children, who are victims of bullying, that it is simply part of being a student or simply playground pranks. Bullying is no longer just a playground problem, it happens every day to children, adolescents, and adults, affecting their relationships with profound emotional and economic consequences for those involved. Within the last ten years, bullying has become a hot topic issue in the U.S Department of Education (Smokowski & Kopasz, 2005). Due to the increase of bullied victims committing suicide, acts of violence like school shootings, and forming maladaptive behaviors, there is a greater focus by professionals on the connection between bullying and student's mental health (Smokowski & Kopasz, 2005). There are approximately 2.1 million students classified as bullies and 2.7million students classified as victims of bullying, per Aluede (2006).

Statement of the Issue

Bullying has been viewed as a normal part of a student's school experience, but with the boom of social media, and news reports of school shootings and suicides, educational systems have given greater attention and demand for action by the educational system to look at how bullying is affecting its victims has ensued. Per research, a correlation exists between students who are bullied and the development of childhood anxiety disorders. The American Society for the Positive Care of Children (American SPCC), the 2013 Indicators of School Crime and Safety report issued by the Bureau of Justice Statistics (BJS), and National Center for Education Statistics Institute of Education Sciences (IES) report that approximately 28 percent of students 12–18 years old reported being bullied at school during the school year (American SPCC, 2016).

Per the 2013 CDC's Youth Risk Behavior Surveillance, a report that contained a survey from 39 US states of student personal safety concerns, 7.2% (range: 3.6% – 13.1%) of students admitted missing school due to personal safety concerns (Center for Disease Control and Prevention , 2016). Many dread the verbal and physical aggression of their peers, while many more attend school in a chronic state of depression and anxiety. It is reported that 70.6% of young people say they have seen bullying in their schools. While bullying can result in reluctance to go to school and truancy, headaches and stomach pains, shame, reduced appetite, irritability, anxiety, aggression and depression are also frequent effects (Center for Disease Control and Prevention , 2016).

Purpose of the Study

The focus of the study is to examine the direct correlation between students that are bullied, and their risk of developing an anxiety disorder. Specifically, the study aims to show that children who are bullied in their formative school years of elementary and middle school, will later be diagnosed as having an anxiety disorder. This study aims to highlight research which suggests that by implementing school wide bullying intervention programs at the elementary and middle school level, there will be less children reporting being bullied, and will thus have a less likely chance of developing an anxiety disorder. This study aims to show that without anti-bullying interventions and programs, victims of bullying who develop anxiety disorders, go on to have a perceived lower quality of life.

Significance of the Study

This study is significant because it will show the risk of victims of bullying developing an anxiety disorder, and possibly having a perceived lower quality of life. With the success of anti-bullying intervention and programs in elementary and middle schools, less children are reporting being bullied thus resulting in fewer children developing anxiety disorders. Social workers, school administrators, teachers and school counselors, can use this study as a guide to understanding and preventing bullying and the long-term negative affects it has on its victims. By treating bullying as a long term, life changing event, school staff and treatment providers will realize the need for anti-bullying interventions and programs.

CHAPTER II

REVIEW OF THE LITERATURE

A comprehensive review of the historical perspective of bullying in childhood, the age of awareness of bullying, and long term mental health effects. The chapter will examine two study issues on bullying and its link to anxiety disorders.

Historical Perspective

Bullying is not a new phenomenon among school children, it is often viewed as a normal stage of adolescence that all school children have to learn to deal with. Research on bullying began in the 1970s when Dan Olweus, a Norwegian research professor of psychology, created the Olweus Bullying Prevention Program (OBPP). At the time, the topic of bullying in Scandinavia, was a hot button issue and Olweus' research led to the understanding of the underlying problem of bullying. Olweus research brought awareness to the professional community and local schools resulting in the development of anti-bullying programs, as well as a clear and expanded definition of bullying (Patricia Bolton Allanson, 2015). Olweus defined bullying to include not only physical and psychological attributes, but also the imbalance of strength, mental and/or physical unprovoked and deliberate infliction of harm on others (Patricia Bolton Allanson, 2015).

Prior to the 1980's, bullying in America was viewed as a normal rite of passage for students in school, but with the rise of violence in school, suicides, and mental health issues, bullying started to be viewed as a major problem in the school system that needed immediate attention. Despite the amount of bullying awareness and research conducted in

the 1980s, bullying continued to be an ignored issue within the American education system. In 1999, two students described as gifted, walked into their school and changed the conversation of bullying forever. The previously identified gifted students, armed with 50 bombs and an arsenal of machine guns took the lives of 13 students and wounded countless others before taking their own lives. During the time of the incident, bullying was believed to be the root cause of the attack and vengeance was believed to be the result. This attack led to public awareness of the long-term effect of bullying on a student's mental health and led to a public outcry for change and demand for new initiatives to address at-risk bullied youth. Many of the solutions at the time appeared to be knee jerk reactions to bullying, instead of fully understanding the root cause and implementing bullying prevention methods (Danielle T. Guzick, 2004). By 2004, US schools began to adopt anti-bullying programs while 16 states passed anti-bullying legislation leading to a trend that flowed throughout the country. The US federal government began collecting data on victims of bullying in 2005 and by 2015 data indicated a declined prevalence of bullying among students 12 to 18 years old dropping to a rate of 22 percent after remaining around 28 percent for the previous decade according to the U.S. Department of Education's National Center for Education Statistics (NCES).

First Study Issue: Anxiety Disorders in Children Who Are Victims of Bullying

The primary study issue is the correlation between anxiety disorders in children who are victims of bullying. The DSM-IV (American Psychiatric Association, 2013) defines anxiety disorders as excessive fear and anxiety related to behavioral disturbances. Anxiety differs from *fear* since anxiety is caused by a possible future threat, real or

perceived as real. According to the DSM-IV (2013) panic attacks are a response to the building of anxiety. Anxiety disorders are categorized in the DSM-IV to include; specific phobia, social anxiety disorder, generalized anxiety disorder and, panic disorder agoraphobia (American Psychiatric Association, 2013).

The U.S Department of Health and Human Services (2015) defines bullying as “unwanted, aggressive behavior among school aged children that involves a real or perceived power imbalance, and is repeated over a period of time.” This definition was first coined by Dr. Dan Olweus, in his first version of the *Olweus Bullying Prevention* in 1973. Olweus’ definition of bullying focused on the bullied victim experiencing repeated negative actions by either one or more persons. Negative actions are when a person purposefully seeks out to inflict or tries to inflict injury or discomfort on the victim. These negative actions include both verbal (threats, degrading, teasing) and non-verbal (physical violence, vandalizing, rude gestures) and provide a perceived power struggle between the victim and the bully (Oyaziwo Aluede, 2008). With the expansion of the internet and social media, bullying is now not just a problem on school grounds. Cyberbullying has made the nightmare of being bullied, unescapable. Technology, today with its ease of usage and privacy capabilities, has empowered and emboldened bullies. Social media sites such as Yik Yak, Twitter, Instagram, Facebook, My Space, Google+, and Snap Chat to name a few are sites where youth can have instant communication with each other via the internet. The internet sites afford individuals and groups the freedoms, sometimes secrecy, bravery, , and the choice to exhibit assaultive behavior, where normal face-to-face interaction would not lend itself to such actions at such a highly abusive level (Subrahmanyam & Greenfield, 2008). Per a study by Pew Research Center, 75

percent of individuals between the age of 12 and 17 communicate via a cell phone, up from 45 percent in 2004 (Patricia Bolton Allanson, 2015).

Second Study Issue: Long-Term effects of Bullying

The second study issue focuses on the long term mental health effects, that bullying has throughout a victim's lifetime. Research suggests there is a longitudinal relationship between anxiety disorders in adults with a reported history of bullying who have not been involved in school based bullying interventions or programs (Nevarez, 2016). Those that are long term survivors of bullying describe experiencing long term mental health effects, similar to those who are survivors of childhood abuse (Rofes, 2007). Several studies attempt to make the connection between the long-term effects of bullying. Idsoe, Dyregrov, & Idsoe (2012) provide strong support to establish the link between the long term traumatic effects of bullying with PTSD (post-traumatic stress disorder) generally associated with the long-term effects of soldier's participating in military warfare and their transition to non-war environments. Research conducted by Matheison & Elinarsen (2010) examine the cursory connections between long term effects of bullying in adolescence with the recurrence of the bullying victimization into adulthood. Matheison & Elinarsen (2010) highlighted the long term traumatic effects resulted from exposure too persistent or recurrent oppressive, offensive, abusive behavior. Additionally, the works of Terranova, Boxer, & Morris (2009) highlighted the long-term effects of bullying and its possible connection to PTSD by conducting longitudinal research on bullying pre-and post-hurricane Katrina to observe the long-term effects on the victimization of the bullied youth. The evidence supports the idea that

military warfare and their transition to non-war environments. Research conducted by Matheison & Elinarsen (2010) examine the cursory connections between long term effects of bullying in adolescence with the recurrence of the bullying victimization into adulthood. Matheison & Elinarsen (2010) highlighted the long term traumatic effects resulted from exposure too persistent or recurrent oppressive, offensive, abusive behavior. Additionally, the works of Terranova, Boxer, & Morris (2009) highlighted the long-term effects of bullying and its possible connection to PTSD by conducting longitudinal research on bullying pre-and post hurricane Katrina to observe the long term effects on the victimization of the bullied youth. The evidence supports the idea that adolescents who are the victims are bullying suffer long term psychological trauma and may become victims well past their adolescent years.

Without anti bullying intervention and anti-bullying programs, the long-term effects of bullying can persist throughout the victim's lifetime. Although there has been little work done on the long-term effects of childhood bullying and adult psychopathology, several non-clinical works find a connection between memories of childhood teasing and increased levels of depression, trait anxiety, social anxiety and anxiety sensitivity in adulthood (Randi E. McCabe, 2003). Prevalence of elementary school bullying is estimated to be twice the rate of secondary schools thus increasing the need for school-wide anti-bullying prevention and intervention programs. Evidence suggest that if left untreated, elementary school bullying lays the foundation for victimization that can continue through high school (Nevarez, 2016).

originating geographical location, along with its corresponding fluctuations, to considers the diversity, dynamism, and gesticulation of the phenomena. The investigator must know where he or she is standing in the process. (c) The Afrocentric method examines etymological uses of words and terms to identify the location of an author's geographical location. This allows and amalgamation of ideas with actions and actions with ideas based on pejorative and ineffective political and economic levels. (d) The Afrocentric method exposes falsehoods of power, privilege, and position to reveal the perception of societal place or hierarchy. (e) The Afrocentric method locates through events, ideology, networks, and institutions the inventive socio-economic governmental structures, cultural norms, written dialogues, and expressions that define the Phenom. (Asante, 1980). Using this model, those in power would be the persons who are implementing the bullying behavior. By implementing programs for those that have been bullied, we are giving power back to the victim. Historically both through social and cultural norms bullying has been viewed as a writ of passage for adolescent children. Using this model, those in power would be exposed as persons exploiting their power on others through bullying behavior and the social and cultural norms regarding bullying may be altered. Thereby empowering victims of bullying through anti bullying programs.

Theoretical Framework

The Social-Ecological Perspective theory developed by Urie Bronfenbrenner (1979) highlighted five contexts or systems that influence childhood development. The systems have a symbiotic relationship with the social-ecological theory where the child resides in the center of the systems that influence their development over time. The systems contained within the social-ecological perspective theory, which

impact childhood development, include; (a) micro-system, (b) meso-system, (c) exo-system, (d) macro-system, and (e) chrono-system. The micro-system includes close family relationships of the child including their family, peers, and school. The meso-system describes the most influential relationships for the child, primarily parent-child and parent-school relationships. The exo-system includes the indirect influence of the child's community on the behaviors for both the child and the child's parent. The macro-system describes the environmental relationships for the child including cultural values, economic conditions, political systems, and other laws that are weaved into the child's societal beliefs. The chrono-system includes the experiential influences where the child's personal experiences influence the child's future behavior. Bronfenbrenner & Ceci (1994) and Bronfenbrenner (2001) expanded the social ecological perspective theory to include biological systems as an additional influential system for childhood development

Research from Espelage and Swearer (2003), founded on Bronfenbrenner's Social-Ecological Perspective theory, define bullying as a pervasive phenomenon, which results from interplay both within and among individual variables. Espelage and Swearer found that both the macro-system; family, peers, & schools, and the exo-system; community, influenced the individual variables of bullying. Following this model everyone has their own social-ecology system and is a part of a system of teachers, peers, the school and parents. The meso-system consist of the influences that affect a child directly, such as parents and home life. By having parents involved in the adolescent's victimization, they can be more prepared to provide support for the adolescent and be more proactive with in the school that the victim attends. The ecosystem includes community as a factor when addressing bullying and peer victimization. Schools and

teachers play a big role when intervening in peer victimization. Low et al. (2013) argued that a major problem affecting the implementation of school programs is subset of the ecological system that the school is located in. Complexity of developing bullying programs, can be affected by funding, high student turnover, resources, class time, teacher's level of support and teacher's level of training. If the community doesn't have what it needs to implement affective bullying prevention programs, then peer victimization will continue to happen. The macro-system of the social-ecological perspective for bullying will involve the government and large scale bullying prevention laws and programs implemented for the country.

Due to the recent trends of cyberbullying and school shootings, the government has put several laws into place for each state addressing bullying and peer victimization. Per stopbullying.gov (2016), laws to prevent bullying and protect children include both local and state legislation. The method and policies introduced through state and local legislation include enforcement within the state educational rules and regulations and local school district policies and procedures. The legislative enforcements, meant to address bullying, vary by state and at times by school district. Many of the laws designed to address bullying, cyberbullying, and related behaviors are addressed across multiple pieces of legislation. It is up to parents, teachers, and other concerned persons to locate the legislation which addresses and enforces deterrents to these behaviors. There are instances where bullying, cyberbullying, and other similar behaviors are enforced in state criminal legislation that may affect minor children and or juveniles. The last system in the social-ecological perspective is the Chrono-system and it includes the child's biological factors and personal history. Since a child's biological factors and social

history has been shown to not affect the outcome of peer victimization on adulthood, programs to address such needs have not been developed or implemented.

CHAPTER III

METHODOLOGY

This chapter explains the methods that were used to explore childhood bullying and its link to anxiety disorders and long-term mental health effects on its victims.

Methods of the Study

The method of study included a systematic review process of literature collected from social work and psychological scholarly journals and bullying prevention resources. A literature review is a systematic collection of resources that have been published on the topic of adolescent bullying and the possible link to developing adult anxiety disorders. The purpose of the literature review is to present current research and information revolving around the knowledge and ideas of the present topic by using tools such as information seeking and critical appraisal techniques to scan literature effectively and to use principles of analysis to identify valid and trustworthy materials (Dena Taylor, 2014). Information was collected by using Google Scholar and other online social work based research engines. For each article that was used, information was collected, paraphrased and transformed into the author's version of dialogue and presentation.

A combination of social work and psychological journals were utilized in conducting research on the presented topic. Most resources were provided by scholar reviewed psychological journals, creating a total of 15 sources. The others 8 sources were a mix scholarly reviewed social work journals and articles. The reason for using scholarly reviewed journals and articles, is to guarantee that all information is based on performed research and attested theories and guidelines. Key words such as: peer victimization,

bullying, anxiety, peer reviewed, scholarly, valid, long term effects and prevention were used when researching information. Information that was conducted within the last ten to twenty years, were the most useful, because they are based on the most recent information and research. Research that did not contain long term effects of bullying, were not utilized.

Most the research that was found, only provided short term effects of bullying behavior. The research provided current mental health symptoms of bullying and early adult hood symptoms. It is unknown if bullying can have lifelong affects to an individual's mental health and possible anxiety disorder.

Limitations to the Study

Limitations are intangible issues with the researcher or research participants that may affect the research outcome (Yin, 2011). Researchers identify limitations in research to mitigate the effect of researcher bias or participant restrictions (Yin, 2011). Taking additional steps to avoid biases and errors and increase levels of transparencies within the overall research process preserves the integrity of the accumulated research data and integrity of the findings.

Within this project the researcher encountered several limitations. The limitations of this study included limited available research on bullying and the connection to adult anxiety disorders. The available literature primarily focused on anxiety disorders in adolescence and adulthood, however failed to include correlation data on bullying.

Additionally, the study was limited because the study topic lacked longitudinal research on the long-term effects of bullying on an individual's mental health. Existing

research on bullying and its long-term effects were limited to a few researchers and within those articles the correlations to long-term anxiety disorders was minimally developed. Existing researchers would make connections to post traumatic stress disorders in children and adults independently. The existing research failed in its attempt to make the correlation between adult anxiety disorders and victims of adolescent bullying.

CHAPTER IV

PRESENTATION OF FINDINGS

In this chapter, the results of multiple studies on childhood bullying and anxiety disorders are examined, compared and discussed. The qualitative studies were found to be consistent and comparative to recent data.

Findings of the First Study Issue

In a study conducted by Bond, Carlin, Thomas, Rubin and Patton (2001), 2,680 participants were assessed twice in grade year 8 (age 13) and once in grade year 9. Participants were categorized based on either reported victimization or non-reported victimization. Victimization in the study included: teasing, having rumors spread about them, being deliberately excluded, or experiencing physical threats or violence. In the study, 857 participants reported recurrent victimization, 853 reported being victimized at one-time point, and 849 reported no victimization in grade 8. Students that reported recurrent victimization in grade 8 also reported recurrent victimization in grade 9. Self-reported anxiety and depression were measured within the three categories of the level of victimization (recurrent, one-time, or no victimization). Self-reported symptoms of anxiety and depression reported in grade 9 were related to those that reported recurrent victimization in grade 8. The study found a strong relationship between recurrent victimization and the prevalence of anxiety disorders in grade 9. In a different study, Takizawa, Maughan and Arseneault (2014), did a 50-year ordinal logistic and linear regression on 7,771 participants born during a specific week in the year 1958. Parents of the participants reported bullying exposure at ages 7 and 11 and the participants were assessed assessments at age 23 and 50.

Frequency of victimization can affect a study to determine the rate of anxiety in adolescents that report victimization. Per the finding of Stapinski et al. (2014) out of a sample of 3,363 adolescents, 1,116 were classified as being frequently victimized by their peers. Among the adolescents that reported victimization at the age of 13, 15 % later developed anxiety disorders as compared to 11% of adolescents that reported some victimization and 6 % of adolescents who were not victimized at all. The study concluded that a dose-response pattern was evident compared to non-victimized adolescents.

Adolescents that reported occasional victimization were two times as likely to be diagnosed with an anxiety disorder at the age of 18. Frequent victimization resulted in a three time increase rate of having an anxiety disorder. In an earlier study conducted by McCabe, Miller, Laugesen, Antony and Young (2010), adults who reported having social anxiety disorder (SAD), obsessive compulsive disorder (OCD) or panic disorder without agoraphobia (PD), related their current mental health to being victimized in childhood.

The Teasing Questionnaire- Revised (TQ-R) was used to measure teasing frequency by categories about what the participant was bullied for and how often. The five subscales for the TQ-R included: performance (teased for doing poorly in school), appearance (I was teased for being overweight), social (I feared doing things with my peers), family (my family makes less money) or academic (I was teased for doing well in school). The sample consisted of 377 participants 'male and female, who were between the ages of 15 and 73 who were attending an outpatient anxiety clinic. The study found that participants that reported frequent teasing likely diagnosed with a SAD than adults within the OCD or PD groups. Teasing frequency was positively correlated with other measures of other psychological maladjustments. Results presented in this study support

previous findings linking peer victimization to social anxiety in nonclinical and clinical populations using cross-sectional, prospective, and retrospective reports. It seems plausible to suggest that social anxiety may be the result of exposure to anxiety-provoking peer interactions in childhood (McCabe, Miller, Laugesen, Antony and Young, 2010). Both studies found a direct link between the frequency of childhood victimization and the severity of their future mental health status. Both studies found that the more often a child is victimized the greater risk they have of developing a form of an anxiety disorder. Family hardships is another factor that may affect the outcome of long term victimization.

Cyberbullying is a new form of bullying affecting middle and high school students across the United States. This form of bullying is new and research is scarce on the long term affects that it has on mental health. Traditional bullying typically occurs during the day and is more likely to occur only at school. Traditional bullying is likely to affect adolescents that are overweight, disabled, and physically weak or considered unpopular. With cyberbullying, a certain level of anonymity is involved which increases adolescences at risk of being victimized for any number of reasons. Cyberbullying allows bullies the opportunity to access victims 24 hours using computers and cell phones. This creates a greater fear of vulnerability for the adolescent that is being targeted (Bulent, 2009). Research done by Sourander et al. (2010) was a population- based cross- sectional study on 2,215 Finnish adolescents between the age of 13 and 16 years old. Only 4.8% self-reported being a cyberbully victim, 7.4% self-reported being a cyberbully and 5.4% self-reported being a cyberbully or cyberbully-victim. Participants had to report to being involved with cyberbullying within the last 6 months and defined cyberbullying to

include; bullying over social media, email or text messages. Traditional bullying was assessed within the last 6 months and included bullying that did not involve the use of technology. The study found that those that reported cyberbullying reported a greater fear for their safety possibly since cyberbullying can be accessible up to 24 hours a day and traditional bullying is conducted mostly on school grounds. Cyberbullying was found to be associated with substance abuse, fear for safety, conduct problems, hyperactivity and headaches. A study by Goebert, Else, Matsu, Chung-Do and Chang (2010) allocates the presence of cyberbullying to be more damaging due to the anonymity that technology provides and the ability to reach a larger audience through mass distribution. Their study was conducted using several participants from different ethnic groups and found that cyberbullying can result in emotional distress, anxiety, suicidality and depression in participants between 9-12 grades.

Cyberbullying and traditional bullying seem to have the same impact on psychosomatic development per the finding of Beckman (2013). Beckman (2013) used a quantitative questionnaire collected three times between the years of 2009 and 2010. The sample consisted of 3,800 participants between the ages of 13 and 15. A logistic and linear regression was used to associate bullying and mental health. The study found there to be psychosomatic response for those who are bullied victims and those who were both a bully and a victim. The study also found that the results were the same whether the participant listed cyberbullying or traditional bullying. A third study conducted by Perren, Dooley, and Shaw and Cross (2010) found that students who reported cyberbullying had higher rates of self-reported depression and anxiety across the board. The study investigated the adverse effects of both traditional bullying and cyberbullying

and whether one yielded greater results for self-reported depression and anxiety. In the conclusion of the study cyberbullying had a greater adverse effect on the participant's mental health. All three studies, found that participants that are traditionally bullied or cyberbullied are at a greater risk of developing poor mental health. As technology and society continues to change, the opportunities and type of bullying will continue to change as well. Cyberbullying can produce the same mental health adversities as traditional bullying and will change the way that bullying is handled in our society. The rate of cyberbullying is continuing to grow as technology continues to become more advanced and readily available to large populations (Patricia Bolton Allanson, 2015). As technology continues to change and the generations first raised with accessible technology continue to mature, will the trend change to show a difference between mental health of those who experienced traditional bullying and cyberbullying?

Findings on the Second Study Issue

The study found that participants that were bullied in childhood had increased levels of psychological distress between the ages 23 and 50. Victims who had a higher rate of bullying had higher rates of depression and anxiety disorders than their non-victimized peers. The study concluded that childhood bullying/victimization was associated with economic hardship, lack of social relationships and poor perceived quality of life by the age of 50. Both studies show a link between bullying or peer victimization and its long-term effects on mental health. The first study by Bond, Carlin, Thomas, Rubin and Patton (2001), showed the progression of peer victimization, following participants from one grade to the next; a short-term study that may later predict the possibility of childhood anxiety disorders leading into adulthood. The study

conducted by Takizawa, Maughan and Arseneault (2014), concluded that childhood victimization led to adult anxiety and depression up to the age of 50, leading to a perceived lower quality of life by its participants. Bellenger et al (2007) argued that anxiety disorders in early adulthood are associated with internalizing and externalizing disorders in childhood. The Bellenger et.al (2007) study conducted with data from a biomedical survey of the 1958 British Birth Cohort, a 45-year longitudinal study of 98% of births in one week in 1958. The study included 9,297 participants from England, Scotland and Wales. The study found that internalizing and externalizing disorders at age 7, 11, and 16 years of age were associated with a two-time risk of having anxiety in midlife. Psychology ill health at ages 23, 33 and 42 found a 7-fold increase in risk for a midlife disorder. Studies have found that peer victimized students are more likely to have an anxiety disorder during adolescence and into adulthood. The study from Bellenger et al (2007) confirm that anxiety in adolescence can be a long-term diagnosis well into midlife adulthood. When studying whether involvement in school bullying is associated with adult general health and psychosocial health, studies have found that adolescents involved in bullying were less likely to have a healthy adult life (Sigurdson, Wallander and Sund, 2014). The study found that adolescents that reported bullying involvement between the ages of 14-15 years of age, self-reported poor psychological adjustment at age 26-27. With the advancement of technology, the methods of bullying are changing, making it easier for those who are bullies to remain anonymous. Cyberbullying is a relatively new phenomenon that is affecting children and adolescents in daily life and exacerbating the long-term psychological effects of bullying.

CHAPTER V

SUMMARY AND DISCUSSION

Summary

Using the Afrocentric Perspective and the Social-Ecological Perspective this study sought to: (1) show the relationship between childhood bullying and its link to the development of anxiety disorders, and (2) the possible long-term effects of bullying, if proper interventions are not implemented.

Discussion

The findings to the first study show a direct correlation between victims of bullying and the development of anxiety disorders. Without implementing anti-bullying programs and interventions, the victim may experience long-term mental health symptoms, directly related to their history of childhood bullying. Social workers in the school system need to be aware of the short-term and long-term mental health effects of bullying, and to be able to identify the students who need anti-bullying interventions. By including social responsibility into the elementary and middle school curriculum, the number of victims of bullying will decrease, thus promoting a healthy school environment for all students.

Implications for Social Work

Social workers must be aware of the negative implications of bullying and the direct link between victims of bullying and the development of anxiety disorders. Armed with this information, social workers will understand the seriousness of bullying and

possible long term mental health effects. With Elementary school bullying being the most prevalent, developing anti-bullying programs in elementary school, sets a positive student social interaction, that can last throughout the child's school experience and into adulthood.

Social workers must help develop and implement not only anti-bullying programs, but intervention strategies to help the victim process their experience with bullying, and help to combat anxiety disorders. Alternatively, social workers can teach the victims, how to deal with the symptoms of an anxiety disorder thus hopefully decreasing the risk of the victims having a diagnosis of anxiety disorders into adulthood.

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