

The Long-Term Effects of Bullying: A Personal Narrative

By Ariel Miller

I vividly recall a time in sixth grade when my peers alienated me. In class, a group of girls were reading a book together and I wanted to join. While these girls were not ever kind to me, I thought that perhaps their rude remarks and exclusion of me the last four years were due to my silence. So, that day, I decided to speak up and ask to join them, hoping that for the first time they would accept me. When I asked to participate, they immediately started speaking gibberish, clearly signaling that they did not want me to associate with them. This kind of social bullying (i.e. exclusion, spreading damaging rumors etc.) continued throughout my high school years as well, leaving me alone with no friends (stopbullying.gov, 2019). I have also experienced verbal bullying (name-calling, threats, taunts etc.) (stopbullying.gov, 2019). Oftentimes, victims are uncomfortable speaking up in fear of retribution and schools may be unable to provide the necessary support and interventions. I experienced severe bullying from elementary through high school, continuing to some degree in college. Walking through the hallways, I felt invisible. Bullying is not only detrimental to one's psyche, but also leaves an enduring imprint on the victim's mind of the torment and isolation. Bullying and ostracism have harmful consequences, affecting one's relationships and interactions with others. Not only does bullying cause trauma in childhood-adolescence, but also it is long-lasting, impacting mental health and well-being, potentially persisting into adulthood.

A 2013 longitudinal study of 1,420 subjects published in JAMA revealed that the risk of psychiatric issues from childhood bullying continues into adulthood and is particularly elevated among youths who were bully-victims (Louis, 2013). Bully-victims constitute those who were both victims of bullying as well as the perpetrators (Rose & Gage, 2016). Dr. William E.

Copeland, who authored this study, asserts, “Bullying is not a harmless rite of passage, but inflicts lasting psychiatric damage on a par with certain family dysfunctions. The pattern we are seeing is similar to patterns we see when a child is abused or maltreated or treated very harshly within the family setting.” This statement shows that bullying needs to be handled seriously and with urgency (Louis, 2013). As shown in figure 1, bullying has significant mental health consequences for victims, bully-victims, and bullies.

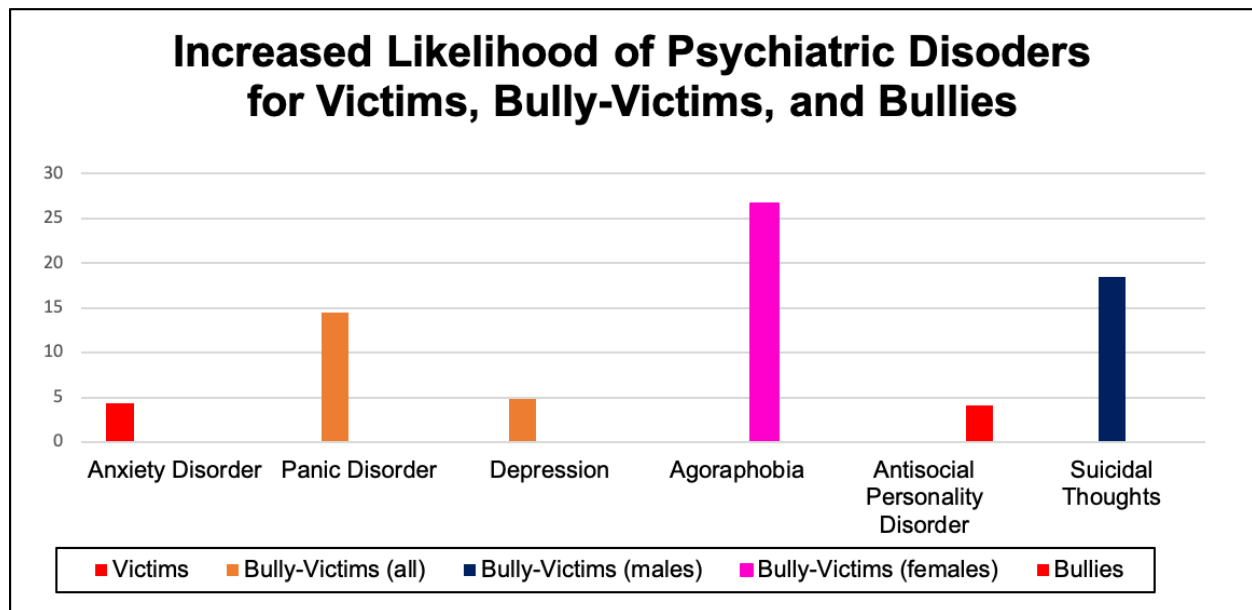


Figure 1 (Copeland, Wolke, & Costello, 2013)

Not only are there adverse psychological impacts from bullying, but there are also physiological repercussions (Bakalar, 2016). Dr. Copeland and his colleagues also used their dataset from the study discussed above to determine the levels of C-reactive protein (CRP) in victims of bullying (Baklalar, 2016). CRP is a marker found in the blood, of “systemic inflammation and a risk factor for cardiovascular and other diseases” (Baklalar, 2016). As shown in Figure 2, researchers found that the levels of CRP in victims were directly proportionate to the amount of times they had experienced bullying (Baklalar, 2016). In contrast,

bullies had low levels of CRP, even lower than children who had no involvement in bullying (Baklalar, 2016).

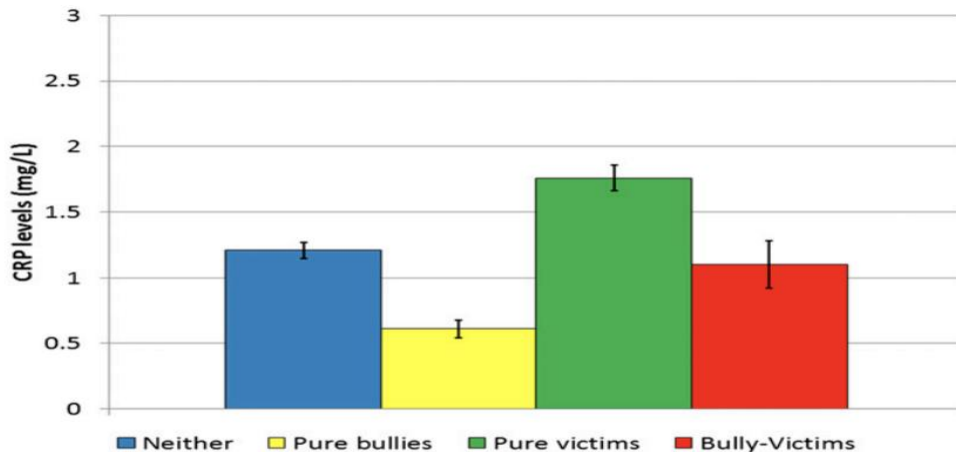


Fig. 2. Adjusted mean young adult CRP levels (milligrams per liter) based on childhood/adolescent bullying status. These values are adjusted for baseline CRP levels as well as other CRP-related covariates. All analyses used robust SEs to account for repeated observations.

My experience throughout middle school and high school reflects the long-term deleterious effects of bullying. During middle school and high school, my experience with bullying did not improve. I avoided most social interactions, eating my lunch alone. No one ever approached me to sit with them. Instead, they walked past me as if I were a shadow and sat with their clique. Though I blocked out much of my elementary to high school experiences, I remember other students poking fun at me. Oftentimes, they would laugh at me or make taunts. To circumvent the bullies, each day, I would bury my head in my schoolwork, evading social contact. Students would hang out, smiling and laughing, while I was constantly alone. Seeing other students happily mingle with their friends while I was clearly distressed contributed to my depression and consequential trauma. Some days, I even avoided school to hide from the people who terrorized me. As the laughingstock of my grade, I felt small, unnoticed, and unwanted,

which added to my already severe social anxiety. At my lowest point, I even thought of taking my own life, as reflected in Figure 3.

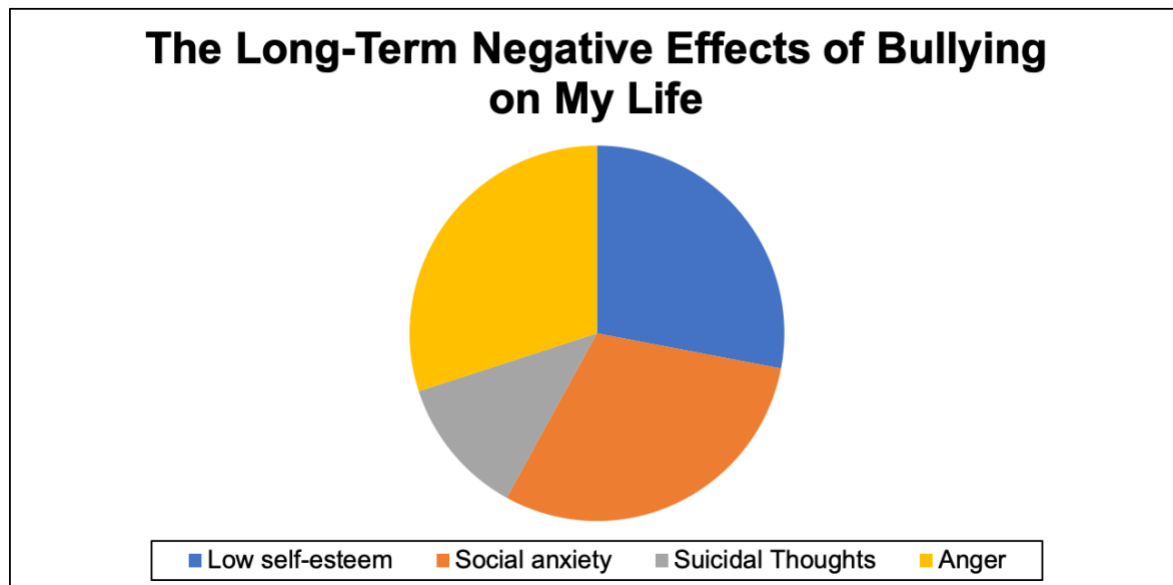


Fig 3 (Copeland et al., 2013)

My response to group settings reflects the emotional wounds I still harbor as an adult a decade after my earlier trauma. My negative school experience has also given rise to deep-seated resentment and low self-esteem (see Figure 3). My social anxiety persists to this day, especially when I am among groups (see Figure 3). My birthright trip to Israel a few years ago triggered past trauma from bullying. On the first day, after an Israeli soldier complimented my singing, other girls started to snicker. I knew that they were laughing at me. That moment provoked feelings of anger and loneliness, reminding me of the isolation and rejection I experienced throughout primary school. My eyes welled up with tears until the point I was inconsolable. Just like I had been throughout elementary to high school, I was rebuffed. My isolation continued during the rest of the trip. The lasting anguish one endures from bullying speaks to the need for effective interventions and resources. Every student deserves to be safe

and supported in their schools. Some resources on bullying include PACER's National Bullying Prevention Center, stopbullying.gov, and stompoutbullying.org.

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