

CHILDHOOD VICTIMISATION AND PSYCHOPATHOLOGY

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Abstract. Childhood bullying, both in traditional and cyber forms, is a widespread public health issue with profound implications. Victimization is a significant risk factor for the development of internalising problems (e.g., anxiety, depression, PTSD, somatic symptoms) and externalising problems (e.g., aggression, conduct issues) that can persist into adulthood. Suicidal ideation and behavior are identified as severe outcomes, with cyberbullying posing a particularly heightened risk. The relationship is notably bidirectional: children with pre-existing psychopathological conditions, such as autism spectrum disorder (ASD), attention-deficit/hyperactivity disorder (ADHD), anxiety, or depression, are at significantly greater risk of being targeted, creating a vicious cycle that exacerbates their symptoms. This review analyses the complex, bidirectional relationship between childhood victimisation (bullying) and psychopathology, examining its forms, prevalence, and long-term mental health consequences.

Key words: victimisation, autism spectrum disorder (ASD), attention/hyperactivity disorder (ADHD), anxiety, depression, PTSD

There is a consensus that bullying is an intentional hostile behaviour directed towards a particular individual. Smith (2016) suggested that bullying revolves around two critical indicators: repetition and power imbalance. Bullying has mainly two forms, such as traditional and cyberbullying. Traditional bullying involves insulting, name-calling, exclusion from activities on purpose, spitting, beating etc. Cyberbullying on the other hand, is based on causing embarrassment or humiliation by sending or sharing harmful information about someone. Bullying is particularly common in childhood due to still-maturing emotional regulation and dynamics, where power imbalances are likely to emerge (Arseneault et al., 2010). And children may experience both traditional and cyberbullying during school years, sometimes even simultaneously. According to the Office for National Statistics (2024), approximately 34.9% of children aged between 10-15 years went through traditional bullying, while 19.1% were subjected to cyberbullying behaviour. Notably, about half of these children did not inform either a parent or a guardian, with 14.7% not sharing traditional bullying and 18.1% staying silent about online bullying. Bullying involves three predominant domains: bullies, victims, and bully/victims. Sometimes bullying becomes a cycle, where the bullied becomes the bully. Hence, the name bully/victim. Undeniably, experiencing bullying during early neurodevelopmental years, while the brain is maturing, can lead to a range of mental health challenges. For example, a cross-sectional study conducted by Källmén and Hallgren (2021) found that adolescents who go through bullying at school are more likely to suffer from psychological problems, reporting it is more prevalent among girls. This likelihood is slightly contradicted by another notable finding that boys are more subjected to harmful effects of bullying than girls, where boys who had been bullied reported four times higher occurrence of mental health issues than the non-bullied ones. In comparison to the girls who had not been bullied, the numbers for bullied girls were 2.5 times higher (Källmén & Hallgren, 2021). Overall, children who experience bullying are more vulnerable to academic, psychosocial (Yoon et al., 2022), and even psychopathological challenges, such as anxiety and depression. In severe cases, this may even lead to suicidal thoughts and actions (Li et al., 2024). Therefore, the objective of this essay is to review prior studies and analyse the factors affecting the relationship between childhood bullying and psychopathological issues later in life.

Bullying is a worldwide issue in children and adolescents due to its long-lasting consequences on mental health. These consequences are often expressed by internalising and externalising factors. Internalising problems include anxiety, withdrawal, and depression when victims internalise their distress, leading to emotional frustration. Studies have shown that these internalising problems can

negatively impact self-esteem and lead to feelings of worthlessness and helplessness (Reijntjes et al., 2010). This statement is also supported by a study conducted by Bowes (2015), where adolescent bullying has been associated with an increased risk of depression in adulthood. Furthermore, bullied children are at an increased risk of developing post-traumatic stress disorder (PTSD), particularly if the bullying is prolonged or severe. As importantly, a longitudinal study also found a strong link between childhood victimisation and depressive and psychotic symptoms in 29-year-old adults (Sourander et al., 2016). The chronic stress resulting from bullying can also lead to somatic symptoms, such as headaches and stomachaches, which further complicate their mental health challenges. On the other hand, externalizing problems refer to outwardly directed behaviours that can occur in response to bullying. Bullying victims may exhibit increased aggression, delinquency, disruptive and impulse-control behaviours can arise as children and adolescents attempt to cope with their bullies. These behaviours can disrupt their academic performance, peer relationships, and overall development (Arseneault et al., 2010). These behaviours are often a cry for help and an attempt to regain some control over their environment. More recent studies have further highlighted the association between bullying and externalizing problems. For instance, Sigurdson et al., (2021) found that bullying is strongly associated with externalizing problems, including conduct issues and substance use. Additionally, Trompeter et al. (2023) demonstrated that both adverse childhood experiences (ACEs) and bullying victimization independently contribute to higher levels of externalizing behaviours in early adolescents. Suicidal behaviour is one of the extreme consequences of victimisation. Both traditional and cyberbullying can be linked to suicidal ideation and actual suicide attempts. Evidence suggests that cyber victimisation leads to more increased vulnerability to suicidal thoughts, self-harm, and suicide attempts than traditional bullying, even though the numbers of conventional bullying victims were twice that of cyberbullying victims (Li et al., 2024). However, the cause of this probability was not mentioned. Interestingly, school is not the only place where children and adolescents are bullied. Sibling bullying is also reported to be a frequent yet overlooked form of childhood victimization (Dantchev et al, 2019). Defined as repeated aggressive behaviour between siblings intended to inflict harm, it can be physical, psychological, or social. The impact of sibling bullying can be profound, leading to long-term mental health issues such as anxiety, depression, and low self-esteem. Victims often feel isolated and powerless, struggling to cope with the emotional and psychological trauma inflicted by their siblings. Sibling bullying can also damage the possibility of a healthy relationship between siblings, doubling the risk of the victim experiencing depression and self-harm in adulthood. This notion is supported by a study conducted by Dantchev et al. (2019), where those who experienced sibling and peer bullying were twice as high at risk for clinical depression and three times more vulnerable to self-harm and have suicidal ideation in adulthood.

Even though it is well-established that childhood bullying, whether traditional or cyberbullying, significantly increases the risk of psychosocial and psychopathological challenges, the reverse can be true as well. Children and adolescents with pre-existing psychopathological conditions are particularly susceptible to bullying, often due to the very symptoms and behaviours associated with their conditions. These individuals may exhibit atypical behaviours, social awkwardness, or emotional volatility, which can make them stand out and become targets for bullies. For instance, it is highlighted that children with psychological conditions, such as autistic spectrum disorder (ASD) are more likely to get bullied than those who do not have any conditions (Hwang et al., 2018; Toseeb et al., 2018). This evidence points that children with autism spectrum disorder (ASD) often struggle with social communication and may unintentionally violate social norms, making them vulnerable to bullying and exclusion. Interestingly, Hwang et al. (2018) also stated that children with ASD are involved in bullying more often, both as victims and as perpetrators. However, they are much less prone to experience bullying as perpetrators. The emotional and psychological toll of bullying can be overwhelming for these children, who may already be struggling with the challenges of their condition. Research has indicated that children with ASD who are bullied are more likely to develop severe psychopathological conditions, including post-traumatic stress disorder (PTSD) and suicidal ideation. Furthermore, children with anxiety disorders may appear overly timid or fearful, making them easy prey for bullies seeking to assert dominance (Weinreich et al., 2023). Those with attention-

deficit hyperactivity disorder (ADHD) or conduct disorders might display impulsive or disruptive behaviours that peers find annoying or difficult to tolerate, leading to social ostracism and bullying (Sigurdson et al., 2021). The symptoms of ADHD, like interrupting others, fidgeting, and having a hard time waiting their turn, can be misinterpreted as intentional misbehaviour, leading to negative peer reactions and increased vulnerability to bullying. The constant negative feedback and rejection they experience can exacerbate their symptoms, leading to a vicious cycle of increased impulsivity and emotional outbursts. This not only affects their academic performance but also their self-esteem and mental health, increasing the risk of anxiety, depression, and other psychopathological issues. Similarly, victimisation was found to be more prevalent among children with depression and ADHD (Zablotskiy et al., 2013). The bullying of these children not only worsens their existing psychopathological conditions but also creates a cycle where the stress and trauma of being bullied further intensify their symptoms, leading to more pronounced behavioural and emotional issues lasting till their adulthood.

In conclusion, bullying, whether in the form of conventional or cyberbullying, is a pervasive issue with far-reaching consequences for children, adolescents, and even when they become adults. The simultaneous occurrence of both traditional and cyberbullying can amplify the victim's struggles, leading to serious psychosocial and psychopathological issues, and even suicidal thoughts and behaviours. The opposite occurrence is also prevalent. Children and adolescents with psychological conditions and disabilities can be vulnerable target class for bullies due to those exact mental health conditions. Consequentially, the victimisation of these children may lead to more intense mental and behavioural problems. Needless to say, bullying causes long-lasting emotional turmoil, regardless of the existence of psychological conditions in children and adolescents. Although this essay aimed to critically analyse the relationship between early victimisation and later psychopathology, highlighting the influencing factors, limitations still exist. As the topic of sibling bullying is often overlooked, the number of empirical studies targeting this issue are limited as well. Future studies should be conducted addressing this problem on a broader scale and context.

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