

Jeff Susman, MD  
Editor-in-Chief



## A problem we can't ignore

I remember the day I was suspended from elementary school.

The neighborhood bully decided my white socks were a fashion faux pas—or maybe it was my nerdy glasses. Whatever the reason, his sucker punch and the subsequent scuffle landed us both in the principal's office and ended with an unscheduled trip home. My parents wrote this off as one of the typical traumas of grade school—behavior that was, if not commendable, certainly not a cause for alarm.

Today, we are aware of the link between bullying and school violence (including the tragedy at Columbine), low self-esteem, posttraumatic stress disorder (PTSD), and even suicide. Indeed, bullying exacts a toll on the bullied, the bully, and society itself.

Bullying is not confined to school, and can occur in the workplace, home, or even online. Recent high-profile cases have included instances of cyber-bullying, ranging from distribution of revealing photos to cyber-vigilantism.

The case of 13-year-old Megan Meier is particularly disturbing. Megan met a friend, "Josh," on a social networking site. It was later revealed that Josh was fictitious, and the product of the mother of one of Megan's friends. After an alleged slight to her daughter, the mother sought to befriend and then humiliate Megan. Shortly after Josh broke off communication—weeks before her 14th birthday—Megan committed suicide.

**We need to be on the lookout for victims of bullying—children who are gifted, disabled, or overweight.**

The effects on the bullied are far ranging and may include PTSD, failing grades, and substance abuse, as well as depression and suicide. Sadly, as with many other types of abuse, those who are bullied often perpetuate the cycle of abuse themselves. Bullies suffer, too, from high rates of psychiatric and personality disorders, substance abuse, and incarceration, and are at risk for a lifetime of dysfunctional relationships.

Bullying is an important public health issue, not a minor problem to be ignored. Intervention requires a concerted, multidisciplinary effort—and the help of family physicians. We need to be on the lookout for victims of bullying (children who are "different" are frequent targets, including those who are developmentally disabled, gifted, overweight, or mentally ill). We can ask parents and young patients about changes in school performance and investigate underlying causes of behavioral and mental health problems. We can support school-based and community programs that help children develop resilience and work to create social environments that discourage bullying—and, ultimately, prevent it.

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