



ELSEVIER

## EDITOR'S MESSAGE

# An eye on bullying

In April 1999, 2 young men in trench coats walked into their high school in Littleton, Colorado, and opened fire. Although there will never be a satisfying answer for the many anguished voices asking “why?”, one of the possible explanations kept coming up again and again: these boys had been harassed, marginalized, and isolated by their peers. The humiliation and viciousness they endured were probably not the only influences which led them to a crusade of violence; however, it probably was a significant reason that the chosen targets were other children within the same school.

Despite a consequent surge of media attention on the subject of bullying, and numerous public service endeavors aimed at reducing the permissive school environments that allowed it to continue, this did not save the lives of the 4 young people in 2011, who lived in different parts of the country but killed themselves within 4 days of each other. All were in high school. All were assumed by their peers to be gay. All died rather than endure the further taunting they were receiving at the hands of those same schoolmates.

President Obama spoke out about these deaths, and radio show host Dan Savage launched the “It Gets Better” campaign, a program that links alienated youth to YouTube videos recorded by adults who also survived bullying in childhood. The goal was that hearing from people who had moved through and past the nightmare of peer victimization might provide a lifeline to kids who were still in the midst of it.

Unfortunately, anyone who has children or knows children also realizes that bullying has not gone away, and that the psychological and physical effect may reach well into adulthood. We all have examples, less dramatic than Columbine but no less telling. I know a man in his 40s who was unable to join a community concert band because he could not enter the room where they rehearsed without becoming prohibitively nauseated. The rehearsal room was in his former junior high school, and setting foot in that building created too alarming of a connection to the social traumas he endured almost 30 years before.

One could make the argument that curing the societal ills of a community is more the purview of a parent, a politician, or a minister than it is of the osteopathic family physician. We are, after all, here to manage the physical well-being of our patients, not serve as the moral compass.

However, even in the unlikely event that there are osteopathic physicians out there who think so narrowly that they are unable to recognize the importance of an integrative treatment approach, data support that we do not have a choice. In 1995, Kaiser Permanente initiated the earliest arm of the Adverse Childhood Experiences study, a large and longitudinal data collection that links emotional traumas to health outcomes. Some are self-evident: those who are exposed to personal or family distress when young are more likely to develop problems with alcohol dependence, depression, or intimate partner violence. Some are less predictable: they are also more likely to experience COPD, ischemic heart disease, and early death.

In this issue of OFP, we will be hearing from a national expert on the subject of bullying, Jennifer Caudle, DO. We will also receive a patient education resource from Editorial Committee Chair Peter Zajac, DO, FACOFP who will describe how a parent might handle it when their child is the bully.

If we had a young patient with factors that strongly predicted early diabetes, a seizure disorder, or a hypercoagulable state, we would screen for it. We would educate the parents for warning signs. We would push the vaccines, the home-safety interventions, write a note to the school nurse and the athletics coach. We would not be preventing all cases of those adverse outcomes, but we would be adding to the milieu. We would be doing our job. We can do no less with regard to this other very significant childhood risk factor. Please enjoy this issue of OFP, and we hope you find some new resources for prevention and public education. There is no such thing as an innocent bystander.

Merideth Norris, DO, FACOFP  
*Editor-in-Chief*