



THE NORWEGIAN CENTER FOR
CHILD BEHAVIORAL DEVELOPMENT

Å sikre bærekraftige miljø: Hvordan forstå og bekjempe negative prosesser og mobbing

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Thormod Idsøe & Frode Heiestad

NUBU – Nasjonalt utviklingscenter for barn og unge



Sosial smerte – «Jeg får ikke være med»

- «I feel like, emotionally, they've been beating me with a stick for 42 years»
- Robin Tomlin, bullied in high school



Sosial smerte vs fysisk smerte

- Sosial smerte gjenoppleves lettere og mer intenst enn fysisk smerte
- Dårligere prestasjoner på kognitivt krevende oppgaver etter å ha gjenopplevd sosial smerte enn fysisk smerte

Chen, Z., Williams, K. D., Fitness, J., & Newton, N. C. (2008). When hurt will not heal: Exploring the capacity to relive social and physical pain. *Psychological science*, 19(8), 789-795.

PSYCHOLOGICAL SCIENCE

Research Article

When Hurt Will Not Heal

Exploring the Capacity to Relive Social and Physical Pain

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ABSTRACT—Recent discoveries suggest that social pain is as real and intense as physical pain, and that the social-pain system may have piggybacked on the brain structure that had evolved earlier for physical pain. The present study examined an important distinction between social and physical pain: Individuals can relive and reexperience social pain more easily and more intensely than physical pain. Studies 1 and 2 showed that people reported higher levels of pain after reliving a past socially painful event than after reliving a past physically painful event. Studies 3 and 4 found, in addition, that people performed worse on cognitively demanding tasks after they relived social rather than physical pain. Implications for research on social pain and theories about social pain are discussed.

agonizingly intense, physical pain is typically short-lived, whereas social pain may last forever. The importance of this distinction is twofold: First, we propose that the groundswell of support for the notion that social pain is inherently similar to, or even derived from, physical pain needs to be reined in, to acknowledge that there are important distinctions between the two types of pain. Second, we argue that theorists who test their propositions regarding the distinctive impact of social exclusion or mortality salience by employing control conditions of physical pain (e.g., broken bones, dental pain) are insufficiently controlling for current pain levels.

Pain is, by definition, unpleasant, but it serves an evolutionarily crucial function. Pain gets people's attention, alerts them to a threat to their well-being, and motivates them to take remedial action (e.g., escape; see Eccleston & Crombez, 1999).



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Mobbing er ofte sosial smerte



- “Mobbing bør i en del tilfeller betraktes som overgrep mot barn på linje med fysisk misbruk og omsorgssvikt” (Arseneault, 2018)

Annual Research Review: The persistent and pervasive impact of being bullied in childhood and adolescence: implications for policy and practice

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Background: We have known for some time that being bullied was associated with children's and adolescents' adjustment difficulties and well-being. In recent years, we have come to recognise that the impact of childhood bullying victimisation on the development of mental health problems is more complex. This paper aims to review the evidence for an independent contribution of childhood bullying victimisation to the development of poor outcomes throughout the life span, including mental, physical and socioeconomic outcomes, and discuss the implications for policy and practice. **Findings:** Existing research indicates that (a) being bullied in childhood is associated with distress and symptoms of mental health problems. This large body of evidence supports actions aimed at reducing the occurrence of bullying behaviours; (b) the consequences of childhood bullying victimisation can persist up to midlife and, in addition to mental health, can impact physical and socioeconomic outcomes. These new findings indicate that interventions should also focus on supporting victims of bullying and helping them build resilience; (c) research has identified some factors that predispose children to be targeted by bullying behaviours. These studies suggest that public health interventions could aim at preventing children from becoming the target of bullying behaviours from an early age. **Conclusions:** It is a truism to emphasise that further work is needed to understand why and how young people's aspirations are often cut short by this all too common adverse social experience. In parallel, we must develop effective strategies to tackle this form of abuse and its consequences for the victims. Addressing bullying in childhood could not only reduce children's and adolescents' mental health symptoms but also prevent psychiatric and socioeconomic difficulties up to adulthood and reduce considerable costs for society. **Keywords:** Bullying victimisation; mental health; physical health; socioeconomic outcomes; development; children; adolescents; life course.



- Forskningen viser at mobbing/bli mobbet er karakterisert av heterogene subgrupper (Ettekal & Ladd, 2017)

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Developmental Continuity and Change in Physical, Verbal, and Relational Aggression and Peer Victimization From Childhood to Adolescence

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Gary W. Ladd
Arizona State University

To investigate the developmental course of aggression and peer victimization in childhood and adolescence, distinct subgroups of children were identified based on similarities and differences in their physical, verbal and relational aggression, and victimization. Developmental continuity and change were assessed by examining transitions within and between subgroups from Grades 1 to 11. This longitudinal study consisted of 482 children (50% females) and was based on peer report data on multiple forms of aggression and peer victimization. Using person-centered methods including latent profile and latent transition analyses, most of the identified subgroups were distinguishable by their frequencies (i.e., levels) of aggression and victimization, rather than forms (physical, verbal, and relational), with the exception of 1 group that appeared to be more form-specific. Across subgroups, multiple developmental patterns emerged characterized as early and late-onset, social interactional continuity, desistance, and heterotypic pathways. Collectively, these pathways support the perspective that the development of aggression and peer victimization in childhood and adolescence is characterized by heterogeneity.

Keywords: aggression, relational aggression, peer victimization, bullying, latent transition analysis



- Subgrupper kan ha ulike årsaksforhold (Bettencourt & Farrell, 2013)
-som igjen kan indikere at man bør skreddersy intervensjoner i forhold til spesifikke barn (Nylund et al, 2007)

J Youth Adolescence (2013) 42:285–302
DOI 10.1007/s10964-012-9854-8

EMPIRICAL RESEARCH

Individual and Contextual Factors Associated with Patterns of Aggression and Peer Victimization During Middle School

Amie F. Bettencourt · Albert D. Farrell

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Subtypes, Severity, and Structural Stability of Peer Victimization: What Does Latent Class Analysis Say?

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University of California, Los Angeles

This study uses latent class analysis (LCA) to empirically identify victimization groups during middle school. Approximately 2,000 urban, public middle school students (mean age in sixth grade = 11.57) reported on their peer victimization during the Fall and Spring semesters of their sixth, seventh, and eighth grades. Independent LCA analyses at each semester yielded 3 victim classes based on victimization degree rather than type (e.g., physical vs. relational). The most victimized class always represented the smallest proportion of the sample, decreasing from 20% in sixth grade to 6% by the end of eighth grade. This victimized class also always reported feeling less safe at school concurrently and more depressed than others 1 semester later, illustrating the validity of the LCA approach.



- For noen barn akkumuleres det å utsettes for overgrep i ulike kontekster – kalt polyviktisering (Finkelhor et al 2009)

Pathways to Poly-Victimization

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Richard Ormrod
Heather Turner
Melissa Holt
University of New Hampshire

Child Maltreatment
Volume 14 Number 4
November 2009 316-329
© 2009 The Author(s)
10.1177/1077559509347012
<http://cm.sagepub.com>

Some children, whom we have labeled poly-victims, experience very high levels of victimizations of different types. This article finds support for a conceptual model suggesting that there may be four distinct pathways to becoming such a poly-victim: (a) residing in a dangerous community, (b) living in a dangerous family, (c) having a chaotic, multiproblem family environment, or (d) having emotional problems that increase risk behavior, engender antagonism, and compromise the capacity to protect oneself. It uses three waves of the Developmental Victimization Survey, a nationally representative sample of children aged 2–17 years. All four hypothesized pathways showed significant independent association with poly-victim onset. For the younger children, the symptom score representing emotional problems was the only significant predictor. For the older children, the other three pathway variables were significant predictors—dangerous communities, dangerous families, and problem families—but not symptom score. Poly-victimization onset was also disproportionately likely to occur in the year prior to children’s 7th and 15th birthday, corresponding roughly to the entry into elementary school and high school. The identification of such pathways and the ages of high onset should help practitioners design programs for preventing vulnerable children from becoming poly-victims.

Keywords: *child abuse; child maltreatment; peer victimization; exposure to violence; bullying*



- Barn fra lavinntektsfamilier som hadde hatt kontakt med barnevernet var 2 til 3 ganger mer involvert i mobbing enn andre barn (NB! Forbehold knyttet til utvalgsstørrelse) (Rønning, 2012)
- Data hentet fra NOVA's longitudinelle studie av barns levekår i lavinntektsfamilier

Ungdom i lavinntektsfamilier

Mobbing blant ungdommer som lever med lav inntekt i familien

Maria Ebbesvik Rønning



MASTEROPPGAVE

Master i barnevern

Vår 2012

Det psykologiske fakultet
HEMIL – Senteret



Bullying and trauma

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Vi vet at mobbing har sammenheng med emosjonelle faktorer:

- Depresjon
- Ensomhet
- Angst
- Selvmordstanker/selvmordsforsøk
- *Selvmord*

e.g. (Arseneault et al. 2010)

Bullying victimization in youths and mental health problems: ‘Much ado about nothing’?

L. Arseneault*, L. Bowes and S. Shakoor

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Bullying victimization is a topic of concern for youths, parents, school staff and mental health practitioners. Children and adolescents who are victimized by bullies show signs of distress and adjustment problems. However, it is not clear whether bullying is the source of these difficulties. This paper reviews empirical evidence to determine whether bullying victimization is a significant risk factor for psychopathology and should be the target of intervention and prevention strategies. Research indicates that being the victim of bullying (1) is not a random event and can be predicted by individual characteristics and family factors; (2) can be stable across ages; (3) is associated with severe symptoms of mental health problems, including self-harm, violent behaviour and psychotic symptoms; (4) has long-lasting effects that can persist until late adolescence; and (5) contributes independently to children's mental health problems. This body of evidence suggests that efforts aimed at reducing bullying victimization in childhood and adolescence should be strongly supported. In addition, research on explanatory mechanisms involved in the development of mental health problems in bullied youths is needed.

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Key words: Adolescents, bullying victimization, children, mental health.

Annual Research Review: The persistent and pervasive impact of being bullied in childhood and adolescence: implications for policy and practice

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Background: We have known for some time that being bullied was associated with children's and adolescents' adjustment difficulties and well-being. In recent years, we have come to recognise that the impact of childhood bullying victimisation on the development of mental health problems is more complex. This paper aims to review the evidence for an independent contribution of childhood bullying victimisation to the development of poor outcomes throughout the life span, including mental, physical and socioeconomic outcomes, and discuss the implications for policy and practice. **Findings:** Existing research indicates that (a) being bullied in childhood is associated with distress and symptoms of mental health problems. This large body of evidence supports actions aimed at reducing the occurrence of bullying behaviours; (b) the consequences of childhood bullying victimisation can persist up to midlife and, in addition to mental health, can impact physical and socioeconomic outcomes. These new findings indicate that interventions should also focus on supporting victims of bullying and helping them build resilience; (c) research has identified some factors that predispose children to be targeted by bullying behaviours. These studies suggest that public health interventions could aim at preventing children from becoming the target of bullying behaviours from an early age. **Conclusions:** It is a truism to emphasise that further work is needed to understand why and how young people's aspirations are often cut short by this all too common adverse social experience. In parallel, we must develop effective strategies to tackle this form of abuse and its consequences for the victims. Addressing bullying in childhood could not only reduce children's and adolescents' mental health symptoms but also prevent psychiatric and socioeconomic difficulties up to adulthood and reduce considerable costs for society. **Keywords:** Bullying victimisation; mental health; physical health; socioeconomic outcomes; development; children; adolescents; life course.



Men mobbing har også sammenheng med:

1. Akademiske prestasjoner

(Beran, 2009; Buhs, Ladd & Herald, 2006; Fite et al 2014; Liu, Bullock & Coplan, 2014)

2. Atferd (reaktivitet, impulsivitet, mer aggresjon, vansker med å gjenkjenne og regulere emosjoner, tilbaketrekking, ulydighet)

3. Relasjoner (dårlig selv-bilde, tror at de fortjener smerte, de fortjener ikke å bli elsket, dårlige relasjoner med skolens personale, problemer i relasjoner med venner, dårlige sosiale egenskaper, trekke seg tilbake sosialt, bli avvist/utstøtt av venner)



- Det varierer hvor mye «det går innpå» de som blir mobbet
 - Har sammenheng med tidligere livserfaringer/genetikk/individuelle ulikheter
 - Ulik sårbarhet – noen er mer robuste
- Noen er mer utsatt for å bli mobbet
 - F.eks. stille og innadvendte barn
- Vekselvirkninger



PTSD (Post-traumatisk stressforstyrrelse) og mobbing

- Ikke evidens hittil for at mobbing kan gi PTSD
- Men – symptomene er tilstede blant personer som er utsatt for mobbing



1 - Intrusjon

- Påtrengende minner (bilder, stemmer, lukt, berøring) gjenopplevelser - ”*flashbacks*”
- Utløses/trigges av påminnere
- Tidsforskyvning
- Vansker med søvn/drømmer



2 - Unnvikelse

- Situasjoner som minner om traume
- Tanker knyttet til traume
- Følelser knyttet til traume



3 – Kroppslig aktivering

- I beredskap
- Urolig
- Irritabel
- Problem med oppmerksomhet og konsentrasjon
- Søvnvansker



Relasjoner mellom mobbing i arbeidslivet og PTSD symptomer

- 66 mobbeofre (helse- og sosialarbeidere) rapporterte mobbing over en to-årsperiode. **44% av disse skårer høyt på PTSD symptomer** (Tehrani, 2004).
- I en studie gjennomført av Mikkelsen & Einarsen (2002) **rapporterer 76% av de som er mobbet på jobben** (n = 118, age 20-64) **PTSD symptomer**.



Bullying and PTSD Symptoms

Thormod Idsoe · Atle Dyregrov · Ella Cosmovici Idsoe

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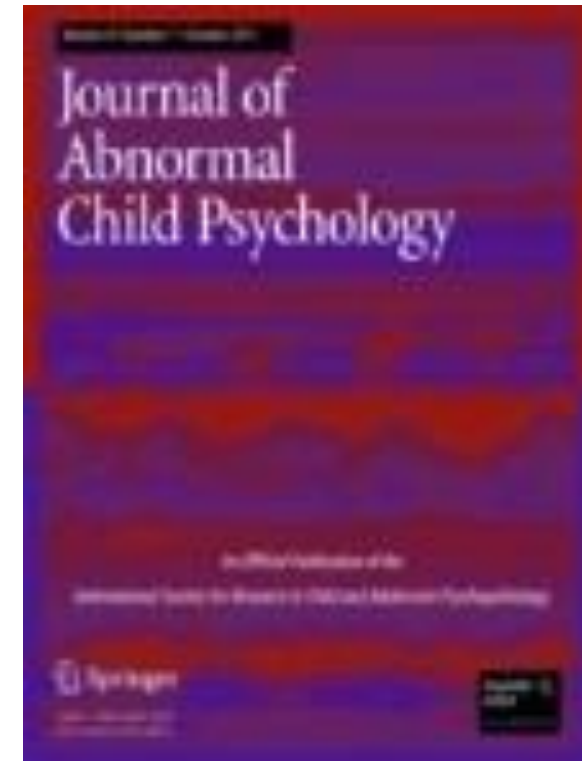
Abstract PTSD symptoms related to school bullying have rarely been investigated, and never in national samples. We used data from a national survey to investigate this among students from grades 8 and 9 ($n=963$). The prevalence estimates of exposure to bullying were within the range of earlier research findings. Multinomial logistic regression showed that boys were 2.27 times more likely to be exposed to frequent bullying than girls. A latent variable second-order model demonstrated an association between frequency of bullying exposure and PTSD symptoms ($\beta=0.49$). This relationship was not moderated by gender. However, the average levels of PTSD symptoms as well as clinical range symptoms were higher for girls. For all bullied students, 27.6% of the boys and 40.5% of the girls had scores within the clinical range. A mimic model showed that youth who identify as being both a bully and a victim of bullying were more troubled than those who were victims only. Our findings support the idea that exposure to bullying is a potential risk factor for PTSD symptoms among students. Future research could investigate whether the same holds for PTSD through diagnostic procedures, but this will depend on whether or not bullying is decided to comply with the DSM-IV classification of trauma required for diagnosis. Results are discussed with regard to their implications for school interventions.

Keywords Bullying · Victimization · PTSD symptoms · School

Even though there has been discussion whether exposure to bullying complies with the classification of trauma required for diagnosis of Posttraumatic Stress Disorder (PTSD) as defined within the DSM-IV-TR (APA 2000), practitioners often report PTSD symptoms in victims of bullying (Scott and Stradling 1992; Weaver 2000). Research focusing on workplace bullying has established a relationship with PTSD symptoms that appears to be quite strong (Björkqvist et al. 1994; Leymann and Gustafsson 1996; Matthiesen and Einarsen 2004; Mikkelsen and Einarsen 2002). Few studies have investigated this in relation to school bullying (McKenney et al. 2005; Mynard et al. 2000), and none in national samples. The aim of our study was to examine the relationship between being bullied and PTSD symptoms in a representative sample of Norwegian pupils.

Bullying

Bullying is regarded as a subtype of aggressive behavior





- 27.6% av guttene og 40.5% jentene som ble mobbet skåret over klinisk cut-off på skalaen
- Jo oftere man ble mobbet, jo høyere nivå på symptomer
- De som mobber andre i tillegg til selv å bli mobbet hadde mest problemer

(Idsoe, Dyregrov & Idsoe, 2012)



TC



Contents lists available at ScienceDirect

Aggression and Violent Behavior



Post-traumatic stress disorder as a consequence of bullying at work and at school. A literature review and meta-analysis



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^g Department of Occupational Medicine, Haukeland University Hospital, Bergen, Norway

- 23 studier
- 57% skårer over klinisk cut-off
- Korrelasjon = .40



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Hvorfor får vi traumesymptomer ?



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CHILD BEHAVIORAL DEVELOPMENT

Kunnskapsoversikter over skadevirkninger og tiltak for de som blir utsatt for mobbing fra Læringsmiljøsentretet og RKBU-Vest i 2017



Barn og unge som har vært utsatt for mobbing, får i dag ikke systematisk oppfølging, og en mangler oversikt over kunnskapsgrunnlaget for en slik oppfølging.



Idsoe, T., Dyregrov, A., Idsoe, E.C., & Nielsen, M.B. (2016). Bullying and PTSD symptoms in children and Adolescents. In C. Martin, V. Preedy & V.B. Patel (Eds.), *Comprehensive Guide to Post-Traumatic Stress Disorder*. New York: Springer Publishing Company.
<http://www.springer.com/psychology/health+and+behavior/book/978-3-319-08358-2>

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Editors: C. R. Martin, V. R. Preedy,
V. B. Patel

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Comprehensive Guide to Post-Traumatic Stress Disorder
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Bullying and PTSD Symptoms in Children and Adolescents

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Abstract

Bullying among children and adolescents is a frequent form of victimization that has been linked to a range of psychological outcomes. Findings indicate that exposure to bullying contributes uniquely to children's mental health. Extending findings on associations with mental health research have investigated the associations between bullying and PTSD among children and adolescents and have found quite strong associations between exposure to bullying and PTSD symptoms. Some studies show that more than 30 % of the bullied children scored within the clinical range for PTSD symptoms. No existing studies give absolute evidence for or against bullying as causing the diagnosis of PTSD. However, in accordance with findings related to PTSD in general, bullied children demonstrate dysregulations of the hypothalamic-pituitary-adrenal (HPA) axis. Children who are maltreated by caregivers have higher risk of being bullied by peers. Future studies should therefore examine the association between exposure to bullying and PTSD symptoms within a developmental framework with a specific attention to possible multiple victimization. Schools should create trauma-sensitive environments where a supportive culture allows bullied children to feel physically and emotionally safe.



Barns sosiale utvikling

SLEDE - Socioeconomic risk, learning and development from infancy through early adolescence

- * Fortsettelse av longitudinell studie som har pågått v/NUBU siden 2006 (n = 1157)
- * Finansiert av Norges Forskningsråd gjennom FINNUT (program for utdanningsforskning)
- * Den nye perioden 2018 – 2023 (mellomtrinn og ungdomstrinn)
- * En av hovedproblemstillingene er sammenhengen mellom mobbing og symptomer over tid, og hva som eventuelt kan forklare dette