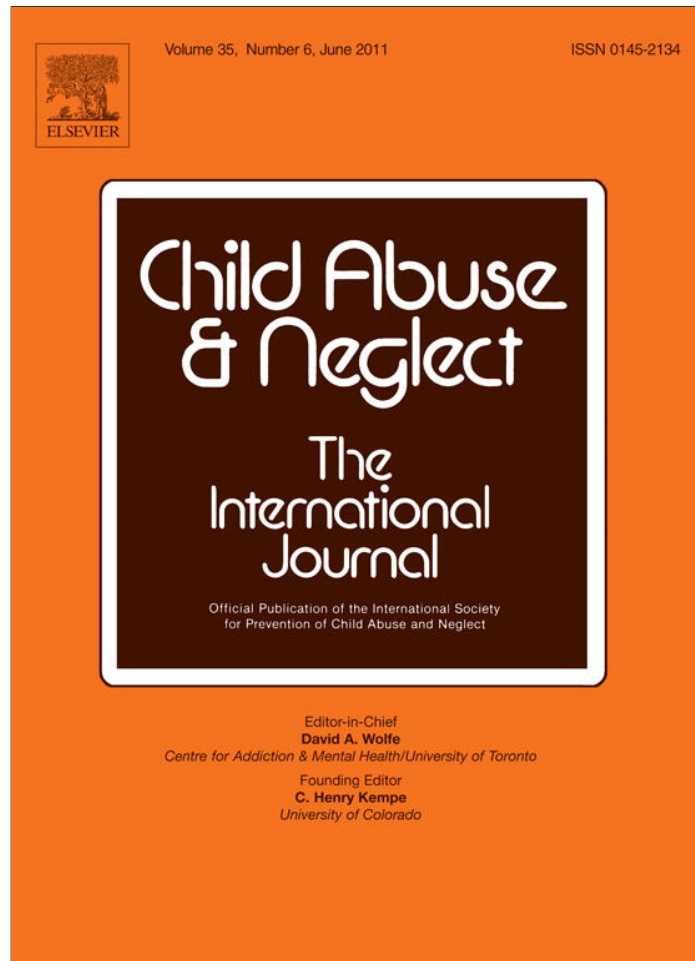


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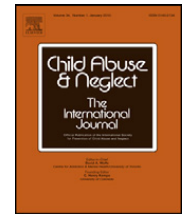
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Child Abuse & Neglect



Letter to the Editor

Being bullied in childhood and disruptive behaviors in the medical setting in adulthood

Studies indicate that victims of bullying may be prone to a number of psychological and somatic symptoms (Sansone & Sansone, 2010) as well as aggressive behavior (e.g., Anda et al., 2006; Liang, Flisher, & Lombard, 2007; Nansel, Overpeck, Haynie, Ruan, & Scheidt, 2003; Rosenbach, 1997; Sansone & Sansone, 2010). In the following study, we examined one unique form of adult aggressive behavior not previously studied—disruptive behaviors in the medical setting and possible relationships with being bullied in childhood.

Participants were males and females, ages 18 years or older, being seen for non-emergent medical care at an internal medicine outpatient clinic staffed primarily by resident providers. We excluded individuals with compromising medical (e.g., severe pain), intellectual (e.g., mental retardation), cognitive (e.g., dementia), or psychiatric symptoms (e.g., psychotic)—that is, symptoms that would preclude the candidate's ability to successfully complete a survey.

At the outset, 441 individuals were approached and 401 agreed to participate (90.9%). Of these, 393 completed the relevant study measures, with 64.4% being female and 35.6% being male, ranging in age from 18 to 92 years ($M=53.51$, $SD=16.30$). Most were White/Caucasian (89.6%) with 6.6% being African-American, 1.5% Asian, 1.3% Hispanic, 0.5% Native American, and 0.3% Other; 0.3% had missing data. All but 7.4% had at least graduated high school while 26.2% had earned at least a bachelor's degree.

During clinic hours, one of the authors (S.F.) solicited consecutive patients in the lobby of the outpatient clinic and informally assessed exclusion criteria. Each participant was asked to complete a 4-page survey, which took about 10 min. The survey consisted of 3 sections. In the first section, we asked participants about demographic information. In the second section, we asked participants "When you were growing up, were you ever a victim of bullying?" If so, respondents were asked to indicate the approximate duration of bullying (in years). In the third section, using an author-developed questionnaire, we asked participants about 17 disruptive behaviors related to the medical setting. With yes/no response options, participants were asked, "In dealing with medical personnel (office staff, assistants, nurses, doctors), either in an inpatient or outpatient medical (non-psychiatric) setting, have you ever," with items such as, "Yelled or screamed at medical personnel," "Cussed at medical personnel," "Verbally threatened medical personnel," and "Threatened to hit or strike medical personnel." The Disruptive Behaviors Survey is located at www.MindingtheMind.com/disruptivebehaviors.pdf. This project was approved by an institutional review board and completion of the survey was implied consent (clarified on the cover page of the survey).

We created a score for disruptive behaviors in the medical setting by summing the number of different such behaviors each respondent endorsed. Possible scores ranged from 0 to 17, but actual scores ranged from 0 to 11 ($M=1.25$, $SD=1.63$). A slight majority (51.2%) of respondents denied having engaged in any of the 17 forms of disruptive behavior; 150 (38.2%) of the respondents indicated a history of being bullied, lasting from 1 to 12 years ($M=4.20$, $SD=2.99$).

Compared to respondents who denied a history being bullied, those who endorsed a history reported a greater number of different forms of disruptive behaviors in the medical setting: $M=0.87$, $SD=1.26$ vs. $M=1.87$, $SD=1.96$, respectively, $F(1,391)=38.00$, $p<.001$. However, among the bullied, the correlation between number of years of bullying and the number of different forms of disruptive behavior endorsed was statistically non-significant: $r=.13$, $p<.12$.

The potential limitations of this study include the use of self-report data as well as the vicissitudes of recollection. However, findings suggest that being bullied, or aggressed upon, in childhood is associated with externalized aggressive behavior in adulthood in the form of disruptive behaviors in the medical setting—an entirely new finding in the literature.

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