• Centers for Disease Control and Prevention (CDC)
• Eunice Kennedy Shriver National Institute of Child Health & Human Development
• Health Resources and Services Administration
• National Institute of Justice
• Robert Wood Johnson Foundation
• Substance Abuse and Mental Health Services Administration
• The Semi J. and Ruth W. Begun Foundation
• Highmark Foundation
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INTERDISCIPLINARY COMMITTEE WITH BROAD PERSPECTIVE

COMMITTEE EXPERTISE

- Neuroscience Development
- Criminology
- Communication Technology
- School Administration
- Clinical & Developmental Psychology
- Law & Policy
- Mental Health
- Pediatrics
- Education
Bullying, long tolerated as just a part of “growing up,” is now recognized as a major and preventable public health problem.

Growing concerns about bullying and its short and long-term consequences.
New communal avenues for bullying — chat rooms, instant messaging, social media sites — are near universally accessed by youth.

<table>
<thead>
<tr>
<th>Social Media Site</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facebook</td>
<td>71%</td>
</tr>
<tr>
<td>Instagram</td>
<td>52%</td>
</tr>
<tr>
<td>Snapchat</td>
<td>41%</td>
</tr>
<tr>
<td>Twitter</td>
<td>33%</td>
</tr>
<tr>
<td>Google+</td>
<td>33%</td>
</tr>
<tr>
<td>Vine</td>
<td>24%</td>
</tr>
<tr>
<td>Tumblr</td>
<td>14%</td>
</tr>
<tr>
<td>Different social media site</td>
<td>11%</td>
</tr>
</tbody>
</table>

Facebook, Instagram and Snapchat top social media platforms for teens (n=1,060 teens ages 13 to 17).

Source: Adapted from Lenhart (2015, p. 2).
STATEMENT OF TASK

- The Board on Children, Youth, and Families in conjunction with the Committee on Law and Justice, of the National Academies convened a committee of experts to:
  
  conduct a consensus study and produce a comprehensive report on the state of the science on:

  1) the biological and psychosocial consequences of peer victimization and
  2) the risk and protective factors that either increase or decrease peer victimization behavior and consequences.

- A particular focus on children who are most at risk of peer victimization—those with high risk factors in combination with few protective factors—such as children with disabilities, LGBT youth, poly-victims, and children living in poverty were included in the study.
THE FOLLOWING QUESTIONS WERE OF PARTICULAR INTEREST TO THE COMMITTEE:

- What is known about physiological and psychosocial consequences of bullying (both perpetrator and target)?
- What factors contribute to resilient outcomes of youth exposed to and involved in bullying?
- What is the state of the research on neurobiological, mental and behavioral health effects of bullying?
- How are individual and other characteristics related to the dynamic between perpetrator and target? Short and long-term outcomes for both?
STUDY METHODOLOGY

• Extensive review of literature pertaining to bullying and peer victimization

• Held two public information-gathering sessions

• Four focus groups were conducted during a site visit in a northeastern city with:
  
  o School personnel

  o Community-based organization representatives

  o Philanthropic community representatives

  o Young adults between the ages of 18-26 who had been exposed to bullying in their schools, communities, or on-line when they were younger
Breadth of literature assessed: extensive review of available research on bullying and relevant literature in peer victimization and harassment

Definition of Bullying: varying definitions; no set standard used universally

Cyberbullying and its relationship to the overall definition
Bullying is any unwanted aggressive behavior(s) by another youth or groups of youths who are not siblings or current dating partners that involves an observed or perceived power imbalance and is repeated multiple times or is highly likely to be repeated. Bullying may inflict harm or distress on the targeted youth including physical, psychological, social or educational harm. — 2011
WHERE CYBERBULLYING IS AND IS NOT ALIGNED WITH CDC DEFINITION

<table>
<thead>
<tr>
<th>Aligned</th>
<th>Shared risk factors, shared negative consequences and interventions work on both cyberbullying and traditional bullying.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Aligned</td>
<td>In online context, there are different power differentials, different perceptions of communication and differences in repetition.</td>
</tr>
<tr>
<td>Therefore</td>
<td>Although cyberbullying may not fit the traditional bullying description, it should be considered within the overall context of bullying, rather than as a separate entity.</td>
</tr>
<tr>
<td>Committee</td>
<td>Determined…</td>
</tr>
</tbody>
</table>

PREVENTING BULLYING THROUGH SCIENCE, POLICY, AND PRACTICE 13
HIGHLIGHTS OF CONCLUSIONS & RECOMMENDATIONS FROM COMMITTEE
CONCLUSIONS AND RECOMMENDATIONS
FOCUSED IN THESE KEY AREAS

Clarifying the Scope of Problem: Prevalence of Bullying

Social Context and Bullying including the Role of Stigma

Biological & Psychological Consequences

The Role of Prevention Programs & Policies
National surveys show bullying behavior is a significant problem that affects a large number of youth:

- **Cyberbullying**: 7-15%
- **School-based bullying**: 18-31%
## CURRENT NATIONAL DATA SOURCES WITH DIFFERENT PREVALENCE RATES

<table>
<thead>
<tr>
<th>Funding organization</th>
<th>National Crime Victimization Survey</th>
<th>School-based Youth Risk Behavior Survey</th>
<th>Health Behavior in School-aged Children Survey</th>
<th>National Survey of Children's Exposure to Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>U.S. Department of Education</td>
<td>CDC and state and large urban school district school-based YRBSs conducted by state and local education health agencies</td>
<td>World Health Organization (WHO-Euro)</td>
<td>U.S. Department of Justice and CDC</td>
</tr>
<tr>
<td>Estimate of school bullying from most recent report</td>
<td>21.5%</td>
<td>19.6%</td>
<td>30.9%</td>
<td>17.9% (for assault by a non-sibling peer)</td>
</tr>
<tr>
<td>Estimate of electronic bullying from most recent report</td>
<td>6.9%</td>
<td>14.9%</td>
<td>14.8%</td>
<td>9.0% (for Internet/cell phone harassment)</td>
</tr>
</tbody>
</table>

Definitional and measurement inconsistencies make it difficult to assign one prevalence rate.

Data sets focus predominantly on children who are bullied.

Much less is known about perpetrators.

None of the national data sets assess exposure as a bystander.

There is a lack of nationally representative data on groups most at-risk of bullying.
TRENDS IN STUDENTS WHO ARE BULLIED OVER TIME

PREVENTING BULLYING THROUGH SCIENCE, POLICY, AND PRACTICE
TRENDS IN CYBERBULLYING OVER TIME

Percentage of Students Cyberbullied (%)

Year
2006 2007 2008 2009 2010 2011 2013

23.7 20.0 18.0 16.2 14.8 14.8 6.9

SCS / NCVS: School Crime Supplement of the National Crime Victimization Survey
YRBS: School-Based Youth Risk Behavior Survey
HBSC: The Health Behavior in School-Aged Children Survey
NatSCEV II: National Survey of Children’s Exposure to Violence
RECOMMENDATION

**Actors:**
US Departments of: Education, Health & Human Services, Justice, Agriculture, Defense and Federal Trade Commission

**Actions:**
Foster use of a consistent definition of bullying

**Goal:**
Consistent definition used in research and practice
US Departments of Health & Human Services, Education, Justice, Federal Partners in Bullying Prevention

Gather longitudinal surveillance data on prevalence of all forms of bullying: physical, verbal, relational, property, cyber and bias-based.

Gather longitudinal data on the prevalence of individuals involved in bullying: perpetrators, targets and bystanders

Have more uniform and accurate prevalence estimates
GROUPS VULNERABLE TO BULLYING

Prevalence increases for subgroups of children—particularly those that are most vulnerable:

- **LGBT Youth**: Prevalence is double that of heterosexual youth
  - ✓ 25.6% - 43.6%

- **Youth with Disabilities**: Over-represented in bullying dynamic.
  - ✓ 1.5 times as much
  - ✓ Wide range in literature stem from measurement & definition, disability identification, comparative groups

- **Obese Youth**: At increased risk but difficult to attribute to a single physical attribute; often co-exists with other factors
RISK FACTORS REQUIRING MORE RESEARCH IN RELATION TO BULLYING

- **Socioeconomic Status**
  - ✔ Conflicting studies

- **Immigration Status**
  - ✔ Inconsistencies in studies

- **Minority Religious Affiliations**
  - ✔ Hypothesis only; need empirical documentation to assess link

- **Youth with Multiple Stigmatized Statuses**
  - ✔ Largely unknown area

- **Urban Youth vs Rural Youth**
  - ✔ Rural vs urban inconsistencies in literature
FIGURE 3-2
BRONFENBRENNER'S ECOLOGICAL THEORY OF DEVELOPMENT.
SOURCE: Adapted from Bronfenbrenner (1979).
Composition of peer groups, shifting demographics, changing societal norms, and modern technology are factors that must be considered to understand and effectively react to bullying in the United States.

Research on bullying is largely descriptive, which generally fails to fully address contextual factors that affect bullying.

Community norms, neighborhood and acculturation serve as important moderators of bullying outcomes.

Individual variables such as age, gender, personality, and social status, as well as classroom norms favoring the bully or victim affect roles in bullying situations.

Bully is a group phenomenon, with multiple peers taking on roles other than perpetrator and target. Peers are a critical factor because they influence group norms, attitudes, and behavior.
STIGMA AND BULLYING

Stigma is a characteristic or social identity that is devalued in the eyes of others

The role of stigma is evident in youth that are expressly targeted for bullying

Stigma is apparent in specific types of bullying that some youth face

Role of stigma and its consequences are evident in discrimination research, and less in bullying research

There should be increased cross-fertilization between the empirical literatures on school bullying and discrimination due to social stigma

PREVENTING BULLYING THROUGH SCIENCE, POLICY, AND PRACTICE 27
U.S. Departments of: Education, Health and Human Services, and Justice

Promote the evaluation of the role of stigma and bias in bullying behavior, and sponsor the development, implementation, and evaluation of evidence-based programs to address stigma.

To address stigma- and bias-based bullying behavior, including the stereotypes and prejudice that may underlie such behavior.
ONLINE CONTEXT FOR BULLYING

Single bullying event can go “viral”

Potential for anonymity

24/7 “inescapable experience”
Social media companies, Federal Partners for Bullying Prevention

Adopt, implement, and evaluate on an ongoing basis social media policies and programs, and publish anti-bullying policies on their websites.

Preventing, identifying, and responding to bullying on social media platforms
Evidence suggests children who are bullied experience a range of somatic disturbances, including sleep disturbances, gastrointestinal concerns, and headaches. Bullying can affect changes in stress response systems that increase risk for mental health problems, cognitive problems, and emotional dysregulation. Being bullied during childhood and adolescence has been linked to depression, anxiety, and alcohol/drug abuse in adulthood.
The Evidence Shows:

• Bullying has significant short and long-term psychological consequences for involved children.

• Individuals who are involved in bullying in any capacity are more likely to contemplate or attempt suicide.

• High-status bullies have been found to rank high on assets and competencies, but have also been found to rank low on psychopathology.

There is not enough evidence to conclude that bullying is a causal factor for youth suicides or a causal factor in school shootings. Data are unclear on the role of bullying as one of the precipitating factors in school shootings.

Individuals who both bully others and are bullied are at the greatest risk for poor psycho-social outcomes however, contextual factors can affect this risk.
Existing evidence suggests both social-cognitive and emotion regulation processes may mediate the relation between bullying and adverse mental health outcomes.

- Early Abuse and Trauma
- Chronically Activated Stress System
- Child’s Support System
- Length of Bullying Experience
U.S. Department of Health and Human Services and the U.S. Department of Education

Support the development, implementation, and evaluation of evidence-informed bullying prevention training for individuals, who work directly with children and adolescents on a regular basis

To increase knowledge and awareness of bullying among those on the front lines
PREVENTATION PROGRAMS AND POLICIES: SCHOOL BASED

Universal prevention programs
Reduce risks and strengthen skills for all youth within a defined community or school setting

Selective preventative interventions
Target youth who are at risk for engaging in bullying or at risk of becoming a bullying target

Indicated preventative interventions
Tailored to meet the youth’s needs, of greater intensity, for those who are already displaying bullying behavior or are being bullied
• Vast majority of bullying prevention research has focused on universal school-based programs

• Effects of these programs appear to be modest

• Multi-component programs are most effective at reducing bullying

• Positive relationships with teachers, parents and peers appear to be a protective factor against bullying
PREVENTION PROGRAMS AND POLICIES:
SCHOOL BASED

Limited research on selective and indicated models for bullying prevention programming

There are relatively few developed and tested programs for subgroups of youth who are at risk for involvement in bullying

Suspension and “zero tolerance” policies appear to be ineffective

Further research is needed to determine the extent to which peer-led programs are effective

School climate, positive behavior support, social and emotional learning, and youth violence prevention programming may also be effective
U.S. Departments of: Education, Health and Human Services, and Justice

Sponsor the development, implementation, and evaluation of evidence-based programs

To address bullying behavior
All 50 states and the District of Columbia have adopted laws to address bullying.

49 states and the District of Columbia include laws about electronic forms of bullying.

Law and policy have the potential to strengthen state and local efforts to prevent, identify and respond to bullying.

Development of anti-bullying laws should be evidence-based.

Evidenced-based research on the consequences of bullying can help inform litigation efforts in case discovery and planning, pleadings and trial.

Few studies examine the effects of existing laws and policies in reducing bullying behavior.
RECOMMENDATION

**Actors:**
U.S. Department of Education’s Office of Civil Rights, State Attorneys General, and local education agencies

**Actions:**
- Partner with researchers to collect data on an ongoing basis on the efficacy and implementation of anti-bullying laws and policies
- Convene a multi-disciplinary annual meeting in which collaborations around anti-bullying laws and policies can be more effectively facilitated, and in which research on relevant laws and policies can be reviewed
- Report research findings on an annual basis to both Congress and the state legislatures

**Goal:**
To strengthen anti-bullying laws and policies and be informed by evidence-based research
IN SUMMARY

Prevalence Rates Notable, Particularly Among the Most Vulnerable

Need for Consistent Definitions and Research Approaches to Further the Science

Need for Evidence Based Policies and Practices to Address the Problem
FINAL REMARKS

To learn more about the Committee or to access the report, please visit our website: www.nas.edu/scienceonbullying

Help us spread the word on social media: #ScienceOnBullying, #BullyingPrevention

Look for us at the following conferences to hear more about the Report:
Society for Prevention Research conference in San Francisco & International Bullying Prevention Association conference in New Orleans