



COMMUNITY

Bullying is a public health problem.

Bullying has long been tolerated by many people as a rite of passage among children and teens. But bullying is not a normal part of childhood. It is a serious public health problem. ***Bullying harms the child who is bullied, the child who is the bully, and the bystanders.***

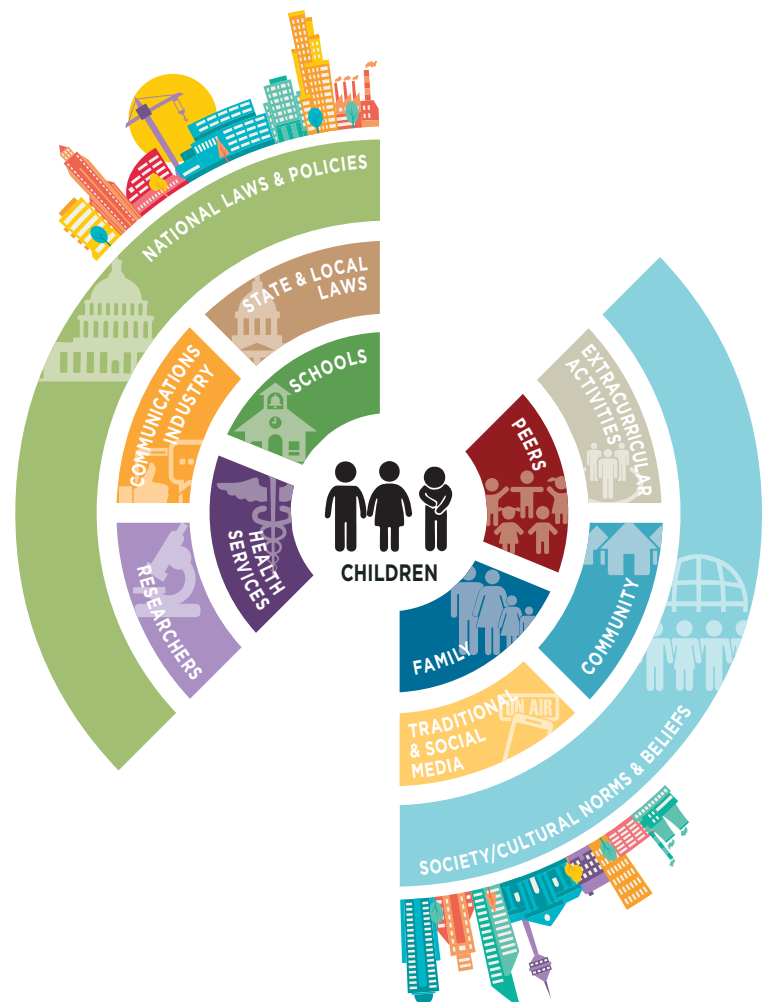
There are four main types of bullying:

1. **Physical bullying** involves the use of physical force (such as shoving, hitting, spitting, pushing, and tripping).
2. **Verbal bullying** involves words or writing that cause harm (such as taunting, name calling, offensive notes or hand gestures, verbal threats).
3. **Relational bullying** is behavior designed to harm the reputation and relationships of the targeted youth (such as social isolation, rumor-spreading, posting mean comments or pictures online).
4. **Damage to property** is theft or damaging of the target youth's property by the bully in order to cause harm.

Cyberbullying is not a separate type of bullying, but a way in which some types of bullying can happen. For example, verbal bullying and relational bullying can happen online.

Bullying can happen as early as preschool, but bullying is most likely to happen during middle school. It can happen in many different settings—in classrooms, in school gyms and cafeterias, on school buses, and online.

THE LANDSCAPE OF BULLYING





Bullying affects a large number of children and youth.

School-based bullying probably affects between 18 and 31 percent of children and youth, and cyberbullying probably affects about 7 to 15 percent of youth. Some young people are more likely to be bullied: youth with disabilities, obese youth, and lesbian, gay, bisexual, and transgender (LGBT) youth.

The harm caused by bullying can last a long time.

Bullying can have long-lasting effects on youth who are bullied, for youth who bully others, and for youth who witness bullying. These consequences include poor school performance, anxiety, depression, and future delinquent and aggressive behavior. The harmful results of being bullied can last into adulthood.

Bullying can have long-lasting consequences for those who are bullied:

- Children and youth who have been bullied can experience problems such as sleeping problems, headaches, stomachaches, and bedwetting.
- Psychological problems are also common after being bullied, and can include depression, anxiety, and especially for girls, self-harming behavior. Anger, aggression, use of alcohol, and conduct problems are common, especially for boys.
- Children and youth who have been bullied can suffer academic problems such as poor grades or test scores.
- The harmful consequences of being bullied can last into adulthood.
- Children and youth who both bully others and are bullied themselves are at even greater risk of experiencing harm as a result.
- Individuals who are bullied or who bully others—or both—are much more likely to consider or attempt suicide, compared to children who are not involved in bullying.

Bullying CAN Be Prevented.

Reducing the presence and impact of bullying will require many groups working together: families and schools, communities, health care workers, the media and social media, and federal and state governments and agencies.

Community-based leaders can help prevent and address bullying.

Although bullying has been mostly studied within the school context, community-based leaders can play a critical role in creating a climate of support and empathy outside of the classroom. Community-based leaders may be implementers of programs and frontline interveners in bullying situations.

- Recognize symptoms related to engagement in bullying behavior. Children who have been bullied are at increased risk of mental, emotional, and behavioral problems, especially problems directed within the child, such as depression, anxiety, fear, and withdrawal from social contacts.
- Physical health consequences of bullying can be immediate, such as physical injury, or they can involve long-term effects, such as headaches, sleep disturbances, or other physical symptoms that aren't fully explained by a known medical condition.
- Psychological problems are common after being bullied, and can include depression, anxiety, self-harming behavior (common for girls) and anger, aggression, and engagement in risky and impulsive behavior (more common for boys). Children's grades or test scores may be negatively impacted as well.
- Children who are both perpetrators and targets of bullying have the poorest psychosocial profile among individuals with any involvement in bullying behavior, including psychosocial maladjustment, poor peer relationships, health problems, and aggression.



- Some children and youth are more vulnerable to being bullied:
 - **LGBT Youth:** The prevalence of being bullied is double that of heterosexual youth
 - **Youth with Disabilities:** They are over-represented in bullying dynamic and are up to 1.5 times more likely to be bullied than youth without disabilities
 - **Obese Youth:** At increased risk but difficult to attribute to a single physical attribute; often co-exists with other factors
- Professionals and volunteers who work directly with children and youth on a regular basis can benefit from training that occurs on an ongoing basis to ensure retention of information and to sustain competence; to account for turnover of personnel; and to promote high quality implementation of evidence-informed bullying prevention practices. Teachers and other professionals need a more consistent, intentional, and evidence-based system of training to support their efforts to prevent bullying.
- Connectedness to others has been shown to be a significant buffer for developing adjustment problems among bullied youth. For example, having at least one trusted and supportive adult at school can help buffer LGBT youth who are bullied from displaying suicidal behaviors.
- Bullying prevention programs should include efforts to enhance resilience and positive behaviors and not just focus on reductions in bullying perpetration. See Chapter 5 in this report for an overview of programs.
- Community-based leaders should be aware of anti-bullying laws and policies in their states and localities. In the past 15 years, all fifty states and the District of Columbia have adopted or revised laws on bullying. There are significant differences in the content of these laws. Emerging evidence suggests that anti-bullying laws and policies can have a positive impact on reducing bullying and on protecting groups that are disproportionately vulnerable to bullying, such as gay and lesbian youth. See Chapter 6 of this report for detailed descriptions of programs.

Community-based leaders should be aware of bullying prevention strategies that have no evidence of effectiveness:

- Suspension and related exclusionary techniques. These approaches do not appear to be effective and may actually result in increased academic and behavioral problems for youth.
- There is little evidence that widely used zero-tolerance policies have curbed bullying or made schools safer.
- Encouraging youth to fight back when bullied. This suggests that aggression is an effective way to respond to being a target of bullying and may perpetuate the cycle of violence
- Some peer-led approaches
Peer mediation, peer-led conflict resolution, forced apologies, and peer mentoring may not be appropriate or effective in bullying prevention.
- Conflict resolution approaches, even when facilitated by adults, are not typically recommended in situations of bullying, as they suggest a disagreement between two peers of equal status or power, rather than an instance of peer abuse.
- Grouping youth who bully together may reinforce their aggressive behaviors and result in higher rates of bullying.
- Short-term awareness raising events or brief assemblies, particularly those that focus on youth suicide, have little evidence that they are effective at changing a climate of bullying or producing sustainable effects on bullying behavior.



Federal Resources for Community-based Leaders:

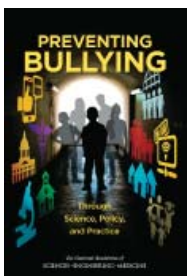
Centers for Disease Control and Prevention

- School Violence: Prevention Tools and Resources
<http://www.cdc.gov/violenceprevention/youthviolence/schoolviolence/tools.html>
- Electronic Media and Youth Violence: A CDC Issue Brief for Educators and Caregivers
<http://www.cdc.gov/violenceprevention/pdf/ea-brief-a.pdf>
- School Connectedness: Strategies for Increasing Protective Factors Among Youth
<http://www.cdc.gov/healthyyouth/protective/pdf/connectedness.pdf>
- Measuring Bullying Victimization, Perpetration, and Bystander Experiences: A Compendium of Assessment Tools
<http://www.cdc.gov/violenceprevention/pdf/bullying-compendium-a.pdf>
- Bullying Surveillance Among Youths: Uniform Definitions for Public Health and Recommended Data Elements
<http://www.cdc.gov/violenceprevention/pdf/bullying-definitions-final-a.pdf>

Substance Abuse and Mental Health Services Administration

- Bullying Conversation Starter Cards for Parents
<http://store.samhsa.gov/product/15-Make-Time-To-Listen-Take-Time-To-Talk-About-Bullying-Conversation-Starter-Cards/SMA08-4321>
- Know Bullying App
<http://store.samhsa.gov/product/KnowBullying-Put-the-power-to-prevent-bullying-in-your-hand/PEP14-KNOWBULLYAPP>

United States Department of Education (stopbullying.gov)



www.nas.edu/ScienceOnBullying