

# Bullying



Bullying is a common experience for many children and adolescents and is increasingly becoming a serious public health problem. While many think of bullying as physical or verbal intimidation that occurs in the school yard, more and more it is occurring through technology, such as online chats, text messages, email, and social networking websites. No matter its form, bullying can not only cause a child's school performance to suffer, but can also significantly impact a child's physical and mental health.

## The Facts

Surveys indicate that as many as half of all children are bullied at some time during their school years, and at least 10% are bullied on a regular basis.

- An estimated 14% of children in grades 6-10 have been the victim of cyber-bullying within the previous two months.<sup>1</sup>
- Whether they are the victim or the perpetrator, bullying behavior can lead to serious consequences, including poor social-emotional adjustment, depression, psychotic symptoms, and even suicide.<sup>2,3</sup>
- Suicide was the 3rd leading cause of death for individuals ages 15-24 in the U.S. in 2006.<sup>4</sup>
- Bullies identified by age 8 are six times more likely to be convicted of a crime by age 24, and five times more likely to end up with serious criminal records by age 30, if there is no intervention.<sup>5</sup>
- Schools that have a lack of adult supervision during classroom breaks and do not consistently enforce anti-bullying rules are more likely to have bullying incidents.<sup>6</sup>
- When communities and schools implement programs that deal specifically with aggression toward others, bullying and delinquency markedly decline. Studies of one bullying prevention program found a 45% decrease in bullying incidents after four years of implementation<sup>7</sup> and a significant decrease in student report of involvement in delinquency, theft, vandalism and school behavior.<sup>8</sup>

## Take Action

While forty-nine states currently have anti-bullying or school safety laws, they vary significantly in their definition of bullying, the scope of their coverage, and the support

they provide to implement high-quality bullying prevention and intervention programs. Additionally, there is no federal law that prohibits and prevents bullying and harassment for children and adolescents. AACAP advocates for public policy and legislation that addresses:

- Promotion of public awareness about the nature, impact, and prevention of bullying;
- Development of safe schools through evidence-based prevention and intervention bullying programs that enhance mutual respect, sensitivity and support of others, tolerance to diversity, and disapproval of bullying;
- Fostering the necessity to report incidents of bullying to school authorities, with safeguards against any threat of retaliation or liability for those who report;
- Monitoring and detecting ongoing bullying incidents, including oversight to ensure the bully is accountable for his/her actions;
- Providing school intervention through school counselors or nurses to protect and support students who are being bullied, as well as counseling for perpetrators about the harm inflicted, respect, empathy, tolerance and sensitivity to others; and
- Referral for victims and perpetrators who experience physical and psychological symptoms linked to bullying for medical evaluation and treatment.

June 2011

<sup>1</sup> Wang J, Iannotti RJ, Nansel TR. School bullying among adolescents in the United States: physical, verbal, relational, and cyber. *J Adolesc Health*. 2009; 45(4):368- 75.

<sup>2</sup> Klomek AB, Marrocco F, Kleinman M, et. al. Peer victimization, depression, and suicidality in adolescents. *Suicide Life Threat Behav*. 2008; 38(2): 166-80.

<sup>3</sup> Schreier A, Wolke D, Thomas, K, Horwood, J, Hollis, C, Gunnell D, Lewis G, Thompson A, Zammit S, Duffy L, Salvi G, Harrison G. Prospective study of peer victimization in childhood and psychotic symptoms in a nonclinical population at age 12 years. *Arch Gen Psychiatry*. 2009; 66(5): 527-536.

<sup>4</sup> National Center for Health Statistics. VitalStats. Atlanta, GA: Centers for Disease Control and Prevention; 2006. <http://www.cdc.gov/nchs/vitalstats.htm>, Accessed August 16, 2010.

<sup>5</sup> Olweus D. *Bullying at School: What We Know and What We Can Do*. Cambridge, MA: Blackwell; 1993: 384 437.

<sup>6</sup> Olweus D, Limber S, Mihalic S. *Blueprints for Violence Prevention, Book Nine*. Boulder, CO: Center for the Study and Prevention of Violence; 1999.

<sup>7</sup> Black S, Jackson E. Using bullying incident density to evaluate the Olweus Bullying Prevention Programme. *School Psychology International*. 2007; 28: 623-638.

<sup>8</sup> Melton GB, Limber SP, Cunningham P, Osgood DW, Chambers J, Flerx V, Henggeler S, Nation M; Office of Juvenile Justice and Delinquency Prevention. Violence among rural youth. <http://www.ncjrs.gov/App/Publications/abstract.aspx?ID=180334>. Published 1998. Accessed August 16, 2010.