

Bullying Facts and Statistics

Prevalence

Almost 30% of youth in the United States (or over 5.7 million) are estimated to be involved in bullying as either a bully, a target of bullying, or both. In a recent national survey of students in grades 6-10, 13% reported bullying others, 11% reported being the target of bullies, and another 6% said that they bullied others and were bullied themselves.^[1]

Male vs. Female

Bullying takes on different forms in male and female youth. While both male and female youth say that others bully them by making fun of the way they look or talk, males are more likely to report being hit, slapped, or pushed. Female youth are more likely than males to report being the targets of rumors and sexual comments.^[2] While male youth target both boys and girls, female youth most often bully other girls, using more subtle and indirect forms of aggression than boys. For example, instead of physically harming others, they are more likely to spread gossip or encourage others to reject or exclude another girl.^[3]

Risk Factors for Bullying Behavior

While many people believe that bullies act tough in order to hide feelings of insecurity and self-loathing, in fact, bullies tend to be confident, with high self-esteem.^[4] ^[5] They are generally physically aggressive, with pro-violence attitudes, and are typically hot-tempered, easily angered, and impulsive, with a low tolerance for frustration. Bullies have a strong need to dominate others and usually have little empathy for their targets. Male bullies are often physically bigger and stronger than their peers.^[6] Bullies tend to get in trouble more often, and to dislike and do more poorly in school, than teens who do not bully others. They are also more likely to fight, drink and smoke than their peers.^[7]

Children and teens that come from homes where parents provide little emotional support for their children, fail to monitor their activities, or have little involvement in their lives, are at greater risk for engaging in bullying behavior. Parents' discipline styles are also related to bullying behavior: an extremely permissive or excessively harsh approach to discipline can increase the risk of teenage bullying.^[8]

Surprisingly, bullies appear to have little difficulty in making friends. Their friends typically share their pro-violence attitudes and problem behaviors (such as drinking and smoking) and may be involved in bullying as well.^[9] These friends are often followers that do not initiate bullying, but participate in it.^[10]

Risk Factors for Being Targeted by Bullies

Children and youth who are bullied are typically anxious, insecure, and cautious and suffer from low self-esteem, rarely defending themselves or retaliating when confronted by students who bully them.^[11] They are often socially isolated and lack social skills.^[12] One study found that the most frequent reason cited by youth for persons being bullied is that they "didn't fit in."^[13] Males who are bullied tend to be physically weaker than their peers.^[14] ^[15] Long-term Impact on Youth

There appears to be a strong relationship between bullying other students and experiencing later legal and criminal problems as an adult. In one study, 60% of those characterized as bullies in grades 6-9 had at least one criminal conviction by age 24.^[16] Chronic bullies seem to maintain their behaviors into adulthood, negatively influencing their ability to develop and maintain positive relationships.^[17]

Bullying can lead the children and youth that are the target of bullying to feel tense, anxious, and afraid. It can affect their concentration in school, and can lead them to avoid school in some cases. If bullying continues for some time, it can begin to affect children and youth's self-esteem and feelings of self-worth. It also can increase their social isolation, leading them to become withdrawn and depressed, anxious and insecure. In extreme cases, bullying can be devastating for children and youth, with long-term consequences. Researchers have found that years later, long after the bullying

has stopped, adults who were bullied as youth have higher levels of depression and poorer self-esteem than other adults.^[18]

Effective Programs

Effective programs have been developed to reduce bullying in schools. Research has found that bullying is most likely to occur in schools where there is a lack of adult supervision during breaks, where teachers and students are indifferent to or accept bullying behavior, and where rules against bullying are not consistently enforced.^[19]

While approaches that simply crack down on individual bullies are seldom effective, when there is a school-wide commitment to end bullying, it can be reduced by up to 50%. One approach that has been shown to be effective focuses on changing school and classroom climates by: raising awareness about bullying, increasing teacher and parent involvement and supervision, forming clear rules and strong social norms against bullying, and providing support and protection for all students. This approach involves teachers, principals, students, and everyone associated with the school, including janitors, cafeteria workers, and crossing guards. Adults become aware of the extent of bullying at the school, and they involve themselves in changing the situation, rather than looking the other way. Students pledge not to bully other students, to help students who are bullied, and to make a point to include students who are left out.^[20]

Helping a Youth Who Bullies Others

When evaluating a child or adolescent who has been bullying others, it is helpful to understand the context in which the child or adolescent acted. It is also important to screen children who bully for ADHD, depression, suicidality, bipolar disorder, child maltreatment, and substance abuse disorders. Ask the child or adolescent about exposure to violence in his/her home, neighborhood, and school, and through the media.

Talk to family members whenever possible, in order to assess family functioning and any parental symptoms and distress (e.g., substance/alcohol abuse problems, mood disorders, and/or marital conflict). If parents are having difficulties, encourage them to seek outside support (e.g., from relatives, parent support groups, faith-based communities, mental health services) and make appropriate referrals.

A useful first step in addressing bullying is to provide guidance to parents or other caregivers:

- Discuss the seriousness of bullying behavior.
- Help parents or caregivers to develop reasonable expectations for their child or adolescent.
- Educate them about the negative effects of physical punishment.
- Help them to develop strategies to set limits, to monitor and closely supervise their child's behavior, and to effectively discipline their child or adolescent.
- Encourage parents and other caregivers to communicate and collaborate with staff at their school in order to develop a consistent approach to their child's bullying behavior.

When the bullying problem is severe, a combined intervention with both the child or adolescent and the family may be required, addressing the child's or adolescent's functioning in the areas of family life, relationship with peers, and school. Primary care health professionals need to determine when mental health referrals for the child or adolescent and/or the family are appropriate and when social service and/or legal agencies should be involved.

For more information, see:

Oppositional and Aggressive Behaviors - Bright Futures in Practice: Mental Health (2002) - Maternal and Child Health Bureau, U.S. Department of Health and Human Services. Provides

suggestions for assessment and intervention by primary care health professionals, as well as guidelines for referral.

School Bullying Prevention

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Treating a Bullying Victim

- Tell the child or adolescent that you care and are concerned. Ask the child to tell you what is going on and provide an opportunity for the child to talk to you openly. Explain that telling is not tattling and that you need the information in order to help. When the child begins to talk, respond in an accepting and positive way. Make it clear that the bullying is not the child's fault, and that telling you was the right thing to do.
- Gather a complete violence history from the child or adolescent that addresses exposure to violence, safety issues, stressors in school, family, and community.
- Talk to the child's parents/caregivers about bullying and its seriousness. Address any myths they might hold about bullying. Some parents may believe that bullying is a normal part of childhood and that children are best left to work it out among themselves. Some believe that fighting back is the best way to stop bullying.
- Provide the child's parents with information about bullying and how to help their child respond to bullying.
- Provide the child or adolescent with information on bullying.
- Encourage the child's school to implement a comprehensive violence prevention plan that includes an anti-bullying component.

Above information found at www.safeyouth.org