



HEALTH CARE

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.***

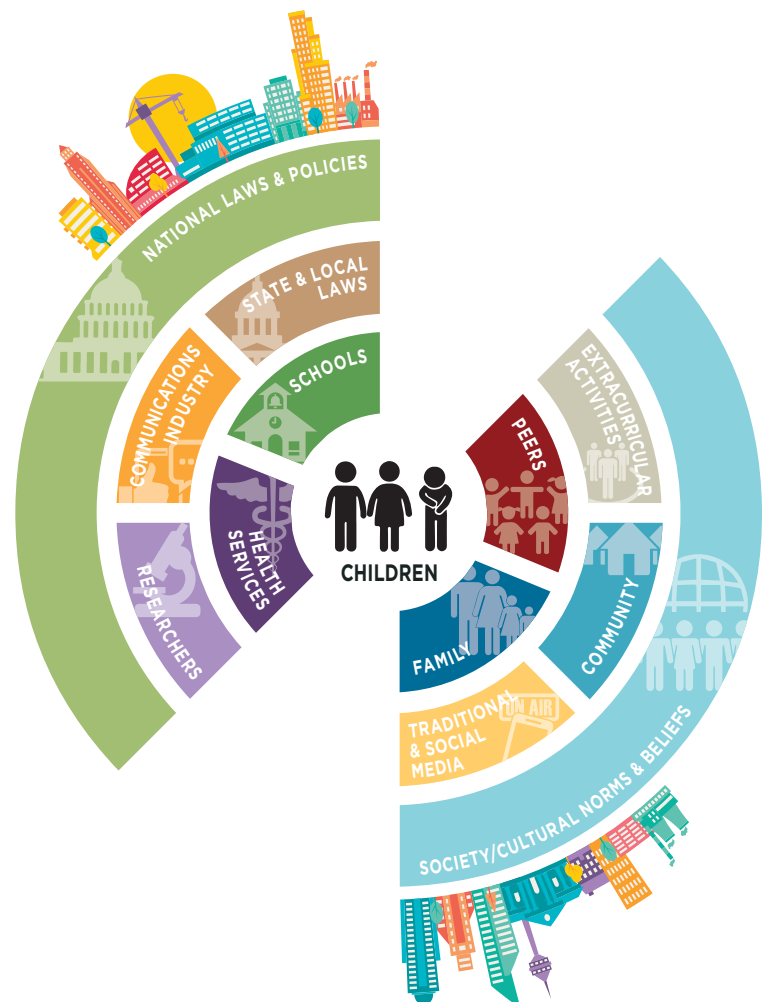
There are four main types of bullying:

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.

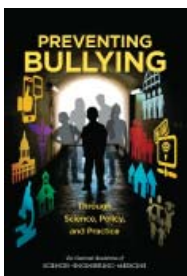
Bullying can have long-lasting effects on youth who are bullied, for youth who bully others, and for youth who witness bullying. These consequences include poor school performance, anxiety, depression, and future delinquent and aggressive behavior. The harmful results of being bullied can last into adulthood.

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.



www.nas.edu/ScienceOnBullying



Healthcare providers can help address and prevent bullying.

Health care clinicians, including mental and behavioral health experts, can be important players in bullying prevention, especially when they can collaborate with teachers and other education professionals. Evidence of the physical, mental, and behavioral health issues of children who bully, are bullied, or observe bullying incidents provides child health and mental health clinicians in community and acute care settings with knowledge to engage in bullying prevention interventions.

- Clinicians in schools, clinics, primary care practices, schools, and school-based health centers have opportunities to discuss bullying during visits for well-child care, annual school or sports exams, and routine acute care.
- Children who bully may have specific health care needs. They might have family situations that are characterized by violence, abuse, neglect, low socioeconomic status, or other stressful issues. Perpetrating bullying might be the manifestation of other underlying issues such as mental or behavioral health problems, alienation, homelessness, or undetected learning disabilities.
- Because some children internalize victimization or emotional difficulties, the physical or emotional impacts of bullying on children who bully, have been bullied, or have been bystanders to bullying might not be readily apparent to family members, educators, or health care professionals. Therefore, during child health encounters, clinicians might inquire about changes in behavior, appetite, and sleep, and about children's attitudes toward school as ways of screening for involvement with bullying.
- Health care professionals might also consider protective factors for youth involved with bullying and could provide guidance to parents and children about the importance of certain supports, including parents, friends, and nonparental adults.
- Because most bullying occurs at school, school nurses are often on the frontlines of caring for children and youth involved in bullying. They might be the first health care professional involved with children and youth who have been bullied in school settings, especially some groups of children who are particularly at risk. Clinicians should inquire about bullying, even when the youth presents with symptoms that seem consistent with other mental health problems, as bullying may be a contributing factor.
- Bullying prevention and intervention presents inherent challenges to pediatric health care providers. If a health care professional suspects or identifies a child who has been involved with bullying, effective mechanisms for referral and collaboration with education and other professionals are typically lacking. Organizations such as the American Academy of Pediatrics and the National Association of School Nurses have issued statements on the bullying prevention role of their respective members. Pediatricians, school nurses, and school counselors should be among the school personnel who are trained on the implementation of evidence-informed bullying prevention.

Federal Resources for Health Care Providers

www.stopbullying.gov

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>