



“Psychology Works” Fact Sheet: Bullying among Children and Youth

What is bullying?

Bullying among children and youth is defined as repeated, unwanted aggressive behaviour(s) by a youth or group of youths. It involves an observed or perceived power imbalance. It can result in physical, social, or educational harm or distress for the targeted youth.¹

- The power imbalance may be based on differences in size, strength, ability, popularity, appearance/body size, race/ethnicity, culture, religion, class, sexual orientation, gender identity/expression, or any other difference.
- Bullying is a relationship problem. Over time, the person who is bullying feels more and more powerful and the person who is being bullied feels more and more helpless, shamed, and trapped.
- Bullying requires relationship solutions, that is, solutions that create safety and social-emotional growth for those who bully, those who are bullied, and those who witness it.
- Bullying happens most often when few adults are around (e.g., school playgrounds, hallways, cyberspace).
- At least 1/3 of bullying is experienced beyond school boundaries (e.g., recreation settings, online).

Forms of bullying

- **Physical bullying** (physical aggression or threat, taking or harming property)
- **Verbal bullying** (teasing, name calling, put-downs, shaming, threatening)
- **Social bullying** (also known as indirect or relational bullying - excluding, damaging friendships, negative gossiping, spreading rumours etc.)
- **Cyber bullying** is the use of electronic communication technology to bully others. The technology itself creates a power imbalance. It reaches youth anywhere and at any time, messaging is instantaneous, the audience can be huge, and the messages can be permanent.

How common is bullying?²

In 2010, a large and representative sample of Canadian youth in grades 6 through 10 were asked whether they have been involved in bullying over the last two months.

- *75% of the sample reported they had been involved in bullying at least once over this time period.*
 - 12% bullied others
 - 22% were bullied
 - 41 % reported they both bullied others and were bullied

¹ Centers for Disease Control and Prevention (2014). Retrieved from http://www.cdc.gov/violenceprevention/pdf/bullying_factsheet.pdf.

² Craig, W., & Edge, H. M. (2010) The Health of Canada's Young People: a mental health focus. Bullying and Fighting. Public Health Agency of Canada, retrieved from <http://www.phac-aspc.gc.ca/hp-ps/dca-dea/publications/hbsc-mental-mentale/bullying-intimidation-eng.php>



- Teasing is the most common form of bullying for both boys and girls.
- More boys than girls reported bullying others.
- More girls than boys reported being bullied – especially true of social bullying and cyberbullying.
- More boys than girls reported being physically bullied.

Bullying – The role of peers

Observational research of elementary school children showed that bullying incidents occurred every 7 minutes on the playground and bystanders were present for 85% of these incidents.³

- During bullying incidents, bystanders spent 75% of the time watching the person who was bullying.
- This peer attention provides positive reinforcement to the person who is bullying and sends the message that bullying is acceptable. The bigger the audience the longer the bullying incident lasts.⁴
- Although bystanders rarely stepped in (25% of the incidents), when they did the bullying stopped within 10 seconds in 57% of observed incidents.⁵
- Bystanders need guidance to stand up for those who are bullied.

Who is at risk?

of being bullied?

- Those with few friends who are seen as unable to defend themselves
- Those with a disability, neurodevelopmental difference, special healthcare need, intellectual exceptionality (both gifted and learning disability)
- Overweight children and youth
- LGBTQ children and youth report being bullied significantly more and more severely than other students⁶

of bullying others?

- Children and youth who believe that bullying is normal
- Those who have friends who bully

³ Craig, W. & Pepler, D. (1997). Observations of bullying and victimization in the schoolyard. *Canadian Journal of School Psychology, 2*, 41-60. For a downloadable research summary of this article, see:

<http://www.prevnet.ca/sites/prevnet.ca/files/research/PREV-Craig-Pepler-1997-Communique-peers.pdf>

⁴ O’Connell, P., Pepler, D., & Craig, W. (1999) Peer involvement in bullying: Issues and challenges for intervention. *Journal of Adolescence, 22*, 437-452.

⁵ Hawkins, D.L., Pepler, D., & Craig, W. (2001). Peer interventions in playground bullying. *Social Development, 10*, 512-527. For a downloadable research summary of this article, see:

<http://www.prevnet.ca/sites/prevnet.ca/files/research/PREV-Hawkins-et-al-2001-Communique-peer-intervention.pdf>

⁶ Taylor, C. & Peter, T., with McMinn, T.L., Schachter, K., Beldom, S., Ferry, A., Gross, Z., & Paquin, S. (2011). Every class in every school: The first national climate survey on homophobia, biphobia, and transphobia in Canadian schools. Final report. Toronto, ON: Egale Canada Human Rights Trust. Retrieved from:

<http://egale.ca/wp-content/uploads/2011/05/EgaleFinalReport-web.pdf>



- Not all children and youth who bully are alike. Some are popular and socially skilled, while others have behaviour problems and few friends.

Dangers and psychological impacts

Bullying is a health issue. It is linked to both short and long-term mental and physical health problems and academic under-achievement.⁷ Strong and supportive relationships with parents, a caring and responsive school environment, and positive relationships with family and friends can all help protect against long-term harm. The harm related to bullying is related to:

- Severity and frequency of the bullying behaviour
- Pervasiveness of involvement in bullying (e.g., is bullying happening in just one relationship or place, or in many relationships and places?)
- Chronicity of involvement in bullying (how long has the bullying gone on? Have there been other bullying problems in the past?)

Children and youth whose bullying involvement has been severe/frequent and/or pervasive, and/or chronic require the most intensive and focused support.

Research has documented many immediate and long-term negative impacts of bullying involvement⁸:

- Negative impacts of bullying are significant and have been found across all cultures.
- For some individuals, the impacts can last throughout life.
- Lessons learned about the abuse of power in relationships from bullying may carry over to: sexual harassment, dating aggression, intimate partner violence, workplace harassment, child and elder abuse.
- Children and youth who both bully others and are bullied tend to have the most severe and enduring problems, including the negative impacts in both lists below.

Negative impacts linked to bullying others⁹

- Depression
- Substance abuse
- Aggression and anti-social behaviour
- Sexual harassment and dating aggression
- Academic problems and increased school dropout rate
- Delinquency and criminal behaviour

⁷ Hymel, S. & Swearer, S. (2015). Four decades of research on school bullying. *American Psychologist*, 70, 293-299.

⁸ Hymel, S. & Swearer, S. (2015). Four decades of research on school bullying. *American Psychologist*, 70, 293-299.

See also: Ozdemir, M., & Stafttin, H. (2011). Bullies, victims, and bully-victims: A longitudinal examination of the effects of bullying victimization experiences on youth well-being. *Journal of Aggression, Conflict and Peace Research*, 3, 97-102.

⁹ Farrington, D.P. & Toffi, M. M. (2011). Bullying as a predictor of offending, violence, and later life outcomes. *Criminal Behaviour and Mental Health* (21)2, 90-98.

See also: Fergusson, D. M., Boden, J. M., & Horwood, L. J. (2014). Bullying in childhood, externalizing behaviors, and adult offending: Evidence from a 30-year study. *Journal of school violence*, 13(1), 146-164.



Negative impacts linked to being bullied¹⁰

- Depression, anxiety, mood disorders
- Substance abuse
- Low self-esteem and social confidence
- Isolation and loneliness
- Poor peer relationships
- Stomach aches, headaches
- "Toxic stress" or enduring low grade systemic inflammation which is linked to disease¹¹
- School absenteeism and learning problems
- Contemplating, attempting, or committing suicide

How can psychologists help?

In Schools?

- Provide training for staff members on how to promote healthy relationships and social climates, and to identify and address bullying issues.
 - After training, teachers report feeling more supportive toward children who are bullied and more confident handling bullying issues.
- Recommend school policies that address prevention, intervention and evaluation.
- Develop intervention strategies for children who are involved in bullying problems that develop social-emotional capacity and skills. Counsel students and families dealing with impacts of bullying and victimization.

Those who bully others?

- Help them recognize and understand the negative impacts of their bullying on others and on themselves.
- Support understanding of human rights to safety, respect, and dignity.
- Help develop the ability to control behaviour, resist peer pressure, and use problem solving strategies.
- Help find ways to use their power in a positive way (e.g., identify leadership roles).
- Find opportunities to engage in positive social experiences with a diverse mix of peers where the focus is on making a contribution to the greater good (e.g., peer mentoring, or peer mediation)

¹⁰ Bowes, L., Maughan, B., Ball, H., Shakoor, S., Ouellet-Morin, I., Caspi, A., Moffitt, T.E., and Arseneault, L. (2013). Chronic bullying victimization across school transitions: The role of genetic and environmental influences. *Development and Psychopathology*, 25, pp 333-346.

¹¹ Copeland, W. E., Wolke, D., Lereya, S. T., Shanahan, L., Worthman, C., & Costello, E. J. (2014). Childhood bullying involvement predicts low-grade systemic inflammation into adulthood. *Proceedings of the National Academy of Sciences*, 111(21), 7570-7575.

See also: Rueger, S. Y. & Jenkins, L. N. (2014). Effects of peer victimization on psychological and academic adjustment in early adolescence. *School Psychology Quarterly*, 29, 77-88.

See also: Vaillancourt, T., Hymel, S., & McDougall, P. (2013). The biological underpinnings of peer victimization: Understanding why and how the effects of bullying can last a lifetime. *Theory into Practice*, 52(4), 241-248.



Those who are bullied?

- Help develop an immediate plan of safety so they can feel comfortable attending school and participating in community activities.
- Listen, empathize, and reduce shame and self-blame.
- Help them understand and assert their human rights to safety, respect, and dignity.
- Help find ways to build self-esteem, confidence and healthy interests.
- Find opportunities to form positive friendships with peers.

Bystanders?

- Support understanding of human rights and healthy relationships.
- Educate about bullying and its impacts on health and well-being.
- Use role-play and scripts to teach bystanders how to stand up to bullying instead of being passive or joining in.
- Run workshops to build assertive communication skills and problem solving skills, and peer pressure resistance.

Where can I get more information?

Additional information about bullying can be found at www.prevnet.ca. For downloadable resources, see Factsheets and Tools for Schools at <http://www.prevnet.ca/resources/bullying-prevention-facts-and-tools-for-schools>

You can consult with a registered psychologist to find out if psychological interventions might be of help to you. Provincial, territorial, and some municipal associations of psychology often maintain referral services. For the names and coordinates of provincial and territorial associations of psychology, please visit: <http://www.cpa.ca/public/whatisapsychologist/PTassociations>

This fact sheet has been prepared for the Canadian Psychological Association by Anny Tang, Dr. Joanne Cummings, Dr. Debra Pepler, and Kelly Petrunka, PREVNet.

November 2015

Your opinion matters! Please contact us with any questions or comments about any of the *Psychology Works* Fact Sheets: factsheets@cpa.ca

Canadian Psychological Association
141 Laurier Avenue West, Suite 702
Ottawa, Ontario K1P 5J3
Tel: 613-237-2144
Toll free (in Canada): 1-888-472-0657