

# **Bullying: Health Consequences and Role of the Health Care Provider**

**Hosted by:**

**National Health Collaborative  
on Violence and Abuse**

# Speakers

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# Who has joined us?

Please indicate if you are a:

- a. Health Care provider
- b. Other public health professional
- c. Bullying prevention advocate
- d. Other

# An Overview of Bullying

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# What is In-Person Bullying?

- ❑ Acts inflicted onto another in order to **intentionally** cause injury or discomfort
- ❑ Acts occur **repeatedly** over time against the same person
- ❑ **Power imbalance** between victim and perpetrator – real or perceived

Olweus D (1999). Sweden. In P.K. Smith et al. (Eds.), *The nature of school bullying: A cross-national perspective* (pp. 7-27). New York: Routledge.

# Different Types of Bullying

- ❑ Physical: punching, shoving, hair-pulling, tripping<sup>1</sup>
- ❑ Verbal: calling hurtful names, teasing, threatening<sup>1</sup>
- ❑ Indirect: rejection, rumor spreading, humiliation, isolation, manipulation of friendships, exclusion<sup>1</sup>
- ❑ Electronic: any kind of aggression perpetrated through technology (teasing, telling lies, making fun of someone, making rude or mean comments, spreading rumors, or making threatening or aggressive comments, posting pictures or videos)<sup>2</sup>

1 Espelage DL. An ecological perspective to school-based bullying prevention. *The Prevention Researcher* 2004;11(3):3-6.

2 David-Ferdon C, Hertz MF. Electronic media, violence, and adolescents: An emerging public health problem. *J Adolesc Health* 2007;41(6 Suppl 1):S1-S5.

# Prevalence of Bullying

True or False?

National studies show that bullying impacts no more than 5% of boys and girls today

True

False





## Specific Types of Bullying Experienced<sup>1</sup>

	Males Bullied		Females Bullied	
	Ever*	Frequent*	Ever	Frequent
Belittled about religion or race	28%	9%	24%	7%
Belittled about looks or speech	58%	20%	65%	21%
Hit, slapped, or pushed	66%	18%	44%	11%
Subjects of rumors	55%	17%	65%	17%
Subjects of sexual comments or gestures	47%	18%	57%	21%

\*"Ever" includes all those reporting the behavior "once or twice." "Frequent" includes those reporting the behavior "once a week" or "several times a week."

<sup>1</sup> Nansel TR, Overpeck MD, Pilla RS, et al. Bullying behaviors among US youth: Prevalence and association with psychosocial adjustment. *JAMA*. 2001;285(16):2094-2100.

# GLBTQ Youth: Experiences with Violence

- ❑ **Nationally representative study of adolescents in grades 7–12<sup>1</sup>**
  - LGB youth more than twice as likely to have attempted suicide than their heterosexual peers
- ❑ **National longitudinal cohort study of participants ages 14-21. Percent experiencing bullying victimization by sexual orientation<sup>2</sup>**
  - ❑ 26% heterosexual
  - ❑ 36% bi-sexual
  - ❑ 44% gay or lesbian

- 1 Russell ST, Joyner K. Adolescent sexual orientation and suicide risk: Evidence from a national study. *American Journal of Public Health* 2001;91:1276-1281.
- 2 Berlan ED, Corliss HL, Field AE, Goodman E, Austin SB. Sexual orientation and bullying among adolescents in the growing up today study. *Journal of Adolescent Health* 2010;46: 366–371.

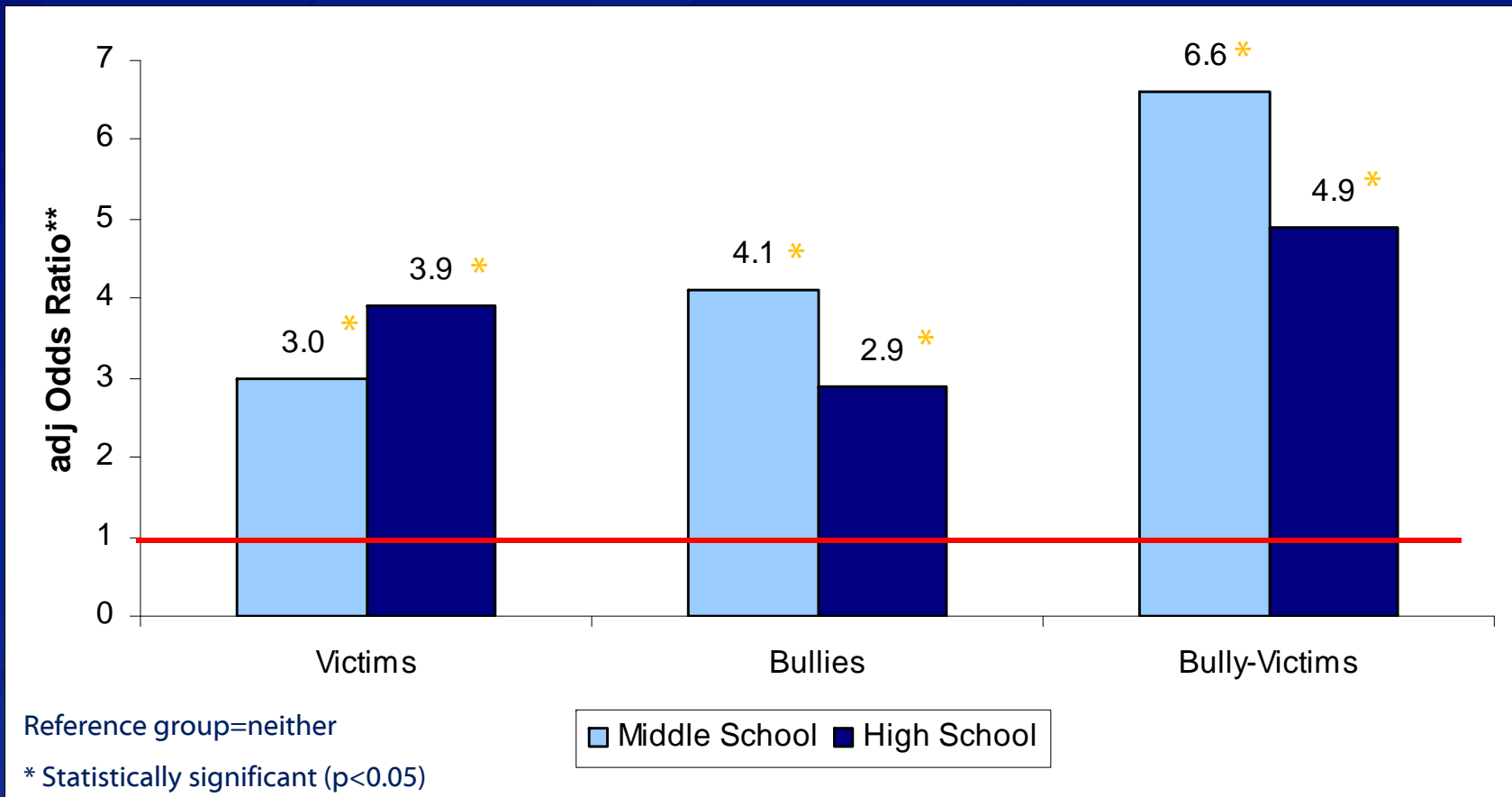
# Bullying and Body Mass Index (BMI)<sup>1</sup>

- **Nationally representative survey of students in grades 6-10:**
  - **Underweight boys** more likely than normal weight boys to be victims of **physical bullying**
  - **Underweight girls** more likely than normal weight girls to be victims of **relational bullying**
  - **Overweight boys and obese girls** were more likely to be **verbal victims**
  - No association between self-reported BMI and electronic victimization

<sup>1</sup> Wang J, Iannotti RJ, Luk JW. Bullying victimization among underweight and overweight US youth: Differential associations for boys and girls. *Journal of Adolescent Health* 2010;47:99-101.

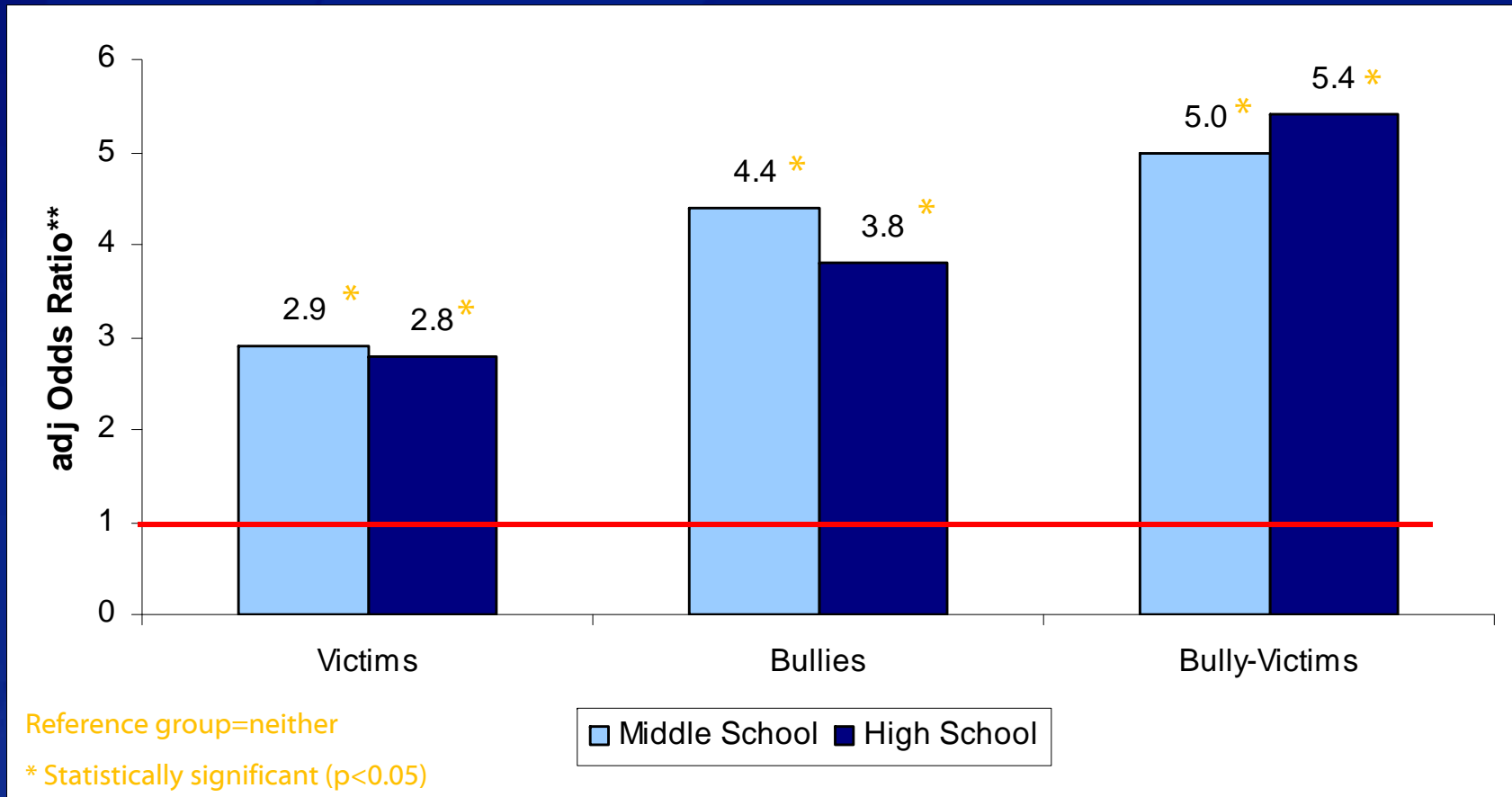
# **ASSOCIATIONS BETWEEN BULLYING AND OTHER BEHAVIORS**

# Association Between Bullying and Suicidal Ideation



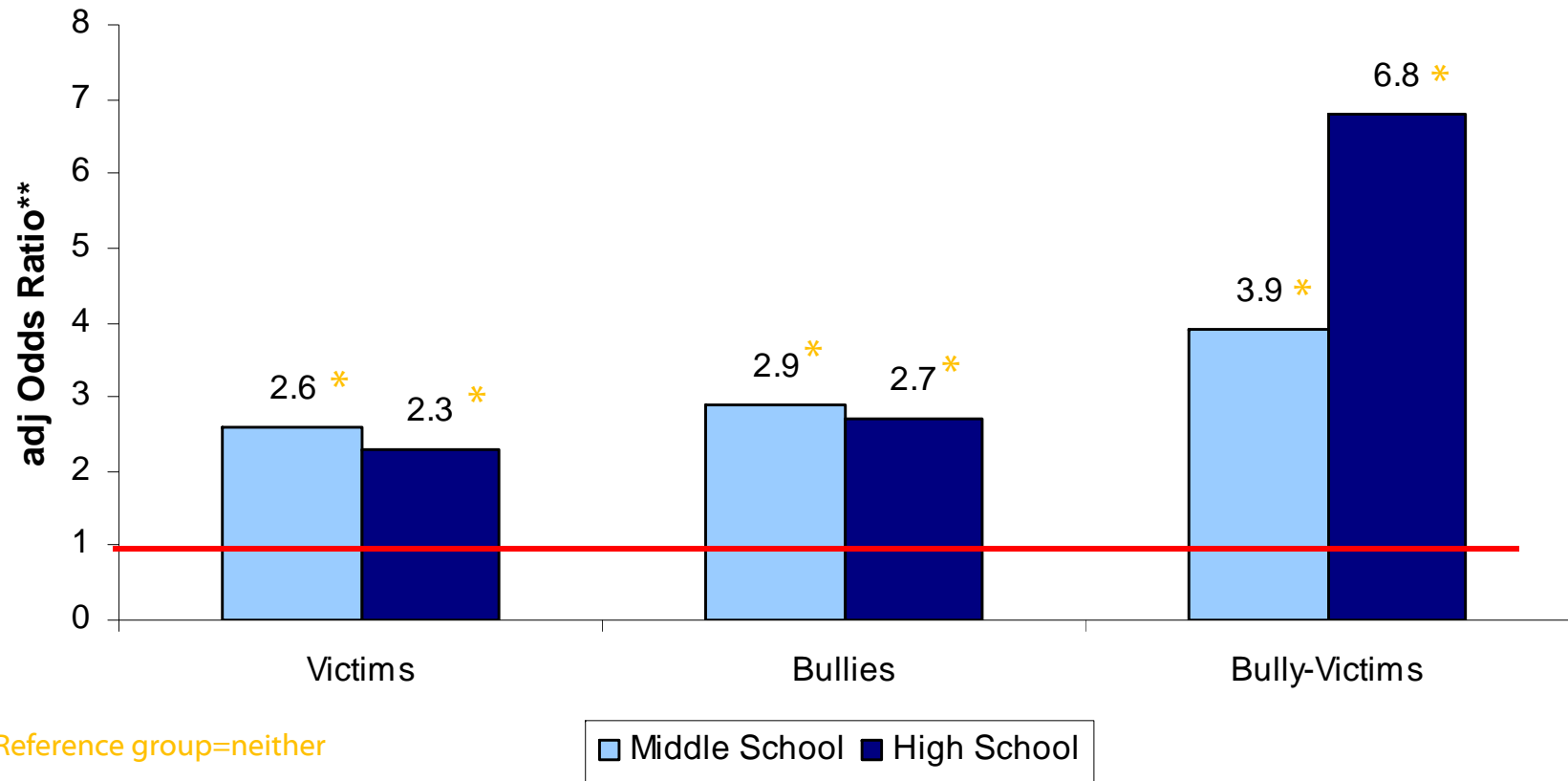
\*\*Odds ratios adjusted by age, gender and race/ethnicity

# Association Between Bullying and Being Physically Hurt by a Family Member



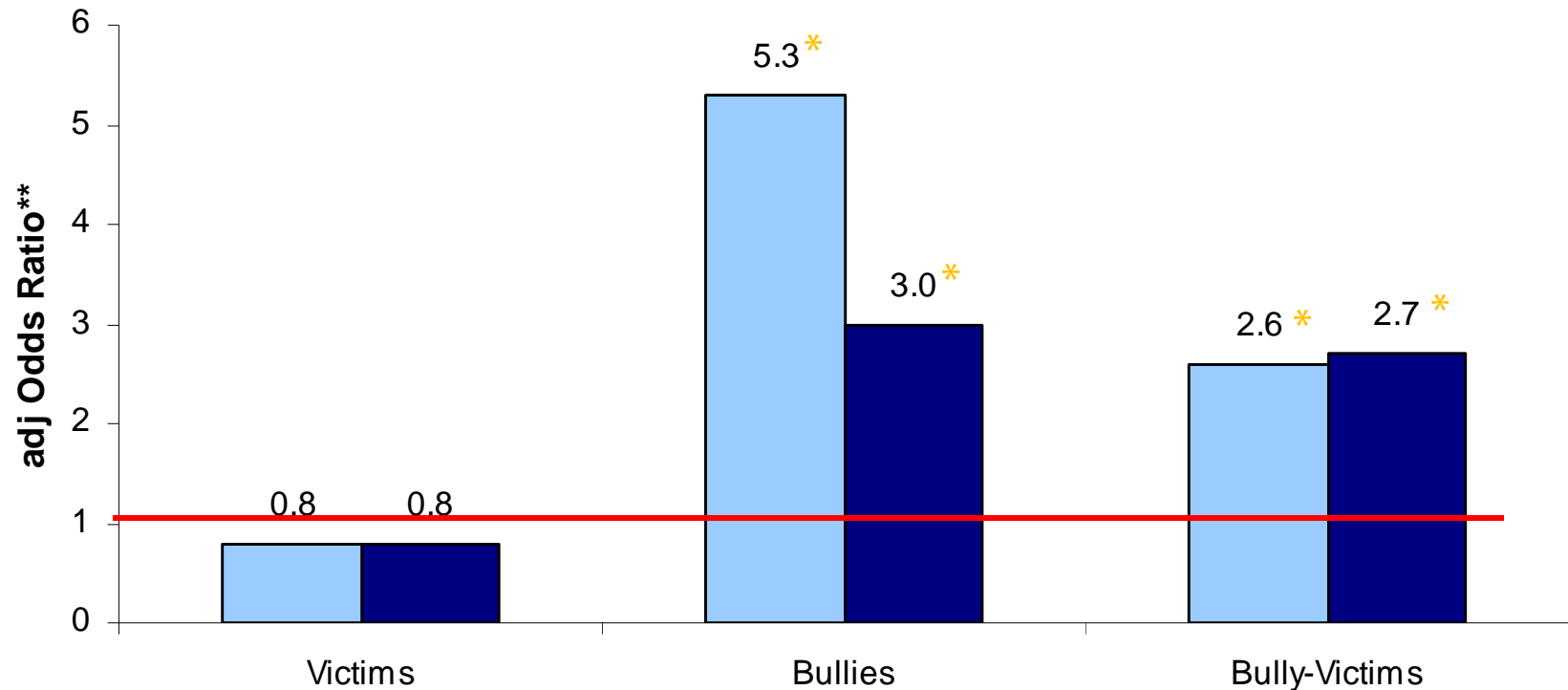
\*\*Odds ratios adjusted by age, gender and race/ethnicity

# Association Between Bullying and Witnessing Family Violence



\*\*Odds ratios adjusted by age, gender and race/ethnicity

# Association Between Bullying and Current Alcohol Use



Reference group=neither

□ Middle School ■ High School

\* Statistically significant ( $p < 0.05$ )

\*\*Odds ratios adjusted by age, gender and race/ethnicity



# Massachusetts Data Suggests

- ❑ Bullies, victims and bully-victims are at increased risk of being physically hurt by a family member or witnessing family violence
  - Underscores the association between bullying and events outside of the school
  
- ❑ The need for researchers, practitioners, and policymakers to work collaboratively to develop, implement, and evaluate a comprehensive approach to violence prevention that encompasses health and mental health professionals, school officials, students, and their families



**HEALTH AND MENTAL HEALTH  
BEHAVIORS ASSOCIATED WITH  
BULLYING**

# Associations Between Bullying and Other Health and Mental Health Outcomes

## ❑ Victims

- ❑ Headaches, stomach-aches, sleep problems<sup>1</sup>
- ❑ Medicine use<sup>1</sup>
- ❑ Higher chance of developing new psychosomatic and psychosocial problems<sup>2</sup>
- ❑ Depression and suicide ideation<sup>3</sup>

## ❑ Perpetrators

- ❑ Drop out of school<sup>4</sup>
- ❑ Carry a weapon<sup>4</sup>
- ❑ Start dating earlier and to report physical and social aggression with their romantic partners<sup>5</sup>

1 Due P, Hansen EH, Merlo J, Andersen A, Holstein BE. Pediatrics 2007;120:110-117.

2 Fekkes M, Pijpers FI, Fedriks AM, Vogels T, Verloove-Vanhorick SP. Pediatrics 2006;117:1568-1574.

3 Kaltiala-Heino R, Rimpela M, Marttunen M, Rimpela A, Rantanen P. BMJ 1999;319:348-51.

4 Arch Pediatr Adolesc Med 2003;157:1134.

5 Connolly J, Pepler D, Craig W, Taradash A. Child Maltreatment 2000; 5(4):299-210.

## True or False?

Youth bullies are more likely to use violence as adults

True?

False?

# Youth Bullying Perpetration and Subsequent Violence<sup>1</sup>

- ❑ Bullying at age 14 predicts:
  - ❑ violent convictions between ages 15 and 20
  - ❑ self-reported violence at age 15–18
  - ❑ low job status at age 18
  - ❑ drug use at age 27–32
  - ❑ unsuccessful life at age 48

<sup>1</sup> Farrington DF, Ttofti M. Bullying as a predictor of offending, violence and later life outcomes. *Criminal Behavior and Mental Health* 2011, 21: 90–98.

# Behavioral and Academic Effects: In-Person Bullying

- ❑ **Bully victims:**
  - ❑ Poor academic performance<sup>1</sup>
- ❑ **Bully victims, perpetrators, and bully/victims more likely than uninvolved youth to <sup>1,2:</sup>**
  - ❑ be suspended or expelled
  - ❑ feel unsafe, sad, and like they didn't belong at school
  - ❑ endorse cheating if they could get away with it



1 Due P, Hansen EH, Merlo J, Andersen A, Holstein BE. Is victimization from bullying associated with medicine use among adolescents? A nationally representative cross-sectional survey in Denmark. *Pediatrics* 2007;120:110-117.

2 Fekkes M, Pijpers FI, Fedriks AM, Vogels T, Verloove-Vanhorick SP. Do bullied children get ill, or do ill children get bullied? A prospective cohort study on the relationship between bullying and health-related symptoms. *Pediatrics* 2006;117:1568-1574.

## **Based upon this evidence: Bullying is a public health problem**

### **❑ High prevalence**

- Higher than getting into a physical fight on school property or carrying a weapon anywhere

### **❑ Significant effects or associations with health and mental health problems**

### **❑ Future Needs**

- Standardize definition of bullying (in process)
- Continue to build the evidence-base of violence prevention programs related to bullying outcomes
- Assess the bullying prevention policies and their relationship to bullying behaviors
- Examine relationship between bullying and other health risk behaviors (in process)
- Identify protocols for screening for bullying in clinical settings

**Questions?**  
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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

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