Bullying: Health Consequences and Role of the Health Care Provider

Hosted by:
National Health Collaborative on Violence and Abuse
Speakers

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Stop Bullying Now Campaign
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

Different Types of Bullying

- **Physical:** punching, shoving, hair-pulling, tripping

- **Verbal:** calling hurtful names, teasing, threatening

- **Indirect:** rejection, rumor spreading, humiliation, isolation, manipulation of friendships, exclusion

- **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)

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Prevalence of Bullying

True or False?

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

True
False
Bullying Prevalence

- **Youth Risk Behavior Survey (grades 9-12, ~ages 14-18)**
  - Boys: 18.7%  Girls: 21.2%

- **School Crime Supplement (ages 12-18)**
  - Boys: 30.3%  Girls: 33.2%

- **National Children’s Exposure to Violence (ages 0-17)**
  - Physical: 13.2%  Emotional: 19.7%  Harassed: 5.6%

- **Health & Behavior of School-Age Children (grades 6-10)**
  - Boys:
    - Physical: Boys: 17.8%  Girls: 8.8%
    - Verbal: Boys: 38.5%  Girls: 35.5%
    - Exclusion: Boys: 24.0%  Girls: 27.6%
    - Rumor Spreading: Boys: 27.6%  Girls: 36.3%
    - Cyber: Boys: 9/9%  Girls: 10.4%
**Specific Types of Bullying Experienced\(^1\)**

<table>
<thead>
<tr>
<th></th>
<th>Males Bullied</th>
<th>Females Bullied</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ever*</td>
<td>Frequent*</td>
</tr>
<tr>
<td>Belittled about religion or race</td>
<td>28%</td>
<td>9%</td>
</tr>
<tr>
<td>Belittled about looks or speech</td>
<td>58%</td>
<td>20%</td>
</tr>
<tr>
<td>Hit, slapped, or pushed</td>
<td>66%</td>
<td>18%</td>
</tr>
<tr>
<td>Subjects of rumors</td>
<td>55%</td>
<td>17%</td>
</tr>
<tr>
<td>Subjects of sexual comments or gestures</td>
<td>47%</td>
<td>18%</td>
</tr>
</tbody>
</table>

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

GLBTQ Youth: Experiences with Violence

- Nationally representative study of adolescents in grades 7–12\(^1\)
  - 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\(^2\)
  - 26% heterosexual
  - 36% bi-sexual
  - 44% gay or lesbian

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Bullying and Body Mass Index (BMI)\textsuperscript{1}

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

ASSOCIATIONS BETWEEN BULLYING AND OTHER BEHAVIORS
Association Between Bullying and Suicidal Ideation

Reference group=neither
* Statistically significant (p<0.05)

**Odds ratios adjusted by age, gender and race/ethnicity
Association Between Bullying and Being Physically Hurt by a Family Member

Reference group=neither

* Statistically significant (p<0.05)

**Odds ratios adjusted by age, gender and race/ethnicity
Association Between Bullying and Witnessing Family Violence

Reference group=neither
* Statistically significant (p<0.05)

**Odds ratios adjusted by age, gender and race/ethnicity
Association Between Bullying and Current Alcohol Use

Reference group = neither

* 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\(^1\)
  - Medicine use\(^1\)
  - Higher chance of developing new psychosomatic and psychosocial problems\(^2\)
  - Depression and suicide ideation\(^3\)

- **Perpetrators**
  - Drop out of school\(^4\)
  - Carry a weapon\(^4\)
  - Start dating earlier and to report physical and social aggression with their romantic partners\(^5\)

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True or False?

Youth bullies are more likely to use violence as adults

True?
False?
Youth Bullying Perpetration and Subsequent Violence

- 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

1 Farrington DF, Ttoft 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
  - Bully victims, perpetrators, and bully/victims more likely than uninvolved youth to:
    - be suspended or expelled
    - feel unsafe, sad, and like they didn’t belong at school
    - endorse cheating if they could get away with it

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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