



Safe Communities ~ Safe Schools

FACT SHEET

FS-SC07

2001

An Overview of Bullying

What is Bullying?

A student is bullied or victimized when he or she is exposed, repeatedly and over time, to negative actions on the part of one or more other students. Bullying is characterized by three criteria:

1. It is aggressive behavior or intentional "harmdoing;"
2. It is carried out repeatedly and overtime; and
3. It occurs within an interpersonal relationship characterized by an imbalance of power.

Types of Bullying

Direct bullying is a relatively open attack on a victim. It can be physical or verbal in nature:

- Physical Attacks: hitting, kicking, pushing, choking
- Verbal Attacks or Harassment: name calling, threatening, taunting, malicious teasing, rumor spreading, slandering

Indirect bullying is more subtle and may be more difficult to detect:

- Social isolation, intentional exclusion, making faces, obscene gestures, manipulating friendship relationships

Risk Factors for Bullying Peers

There are individual, familial, peer, and school factors that can place a youth at risk for participating in bullying behavior. Generally, boys are much more likely to engage in bullying behavior than girls. Girls who bully are less likely to be physically abusive than boys are. Although most bullying occurs between students in the same grade, older students sometimes bully younger students.

Individual Risk Factors:

- impulsive, hot-headed, dominant personality lacking empathy
- difficulty conforming to rules and low frustration tolerance
- positive attitudes toward violence
- physically aggressive
- gradually decreasing interest in school (achievement)

Family Risk Factors:

- lack of parental warmth and involvement
- overly-permissive or excessively harsh discipline/physical punishment by parents
- lack of parental supervision

Peer Risk Factors:

- friends/peers with positive attitudes toward violence
- exposure to models of bullying

School Risk Factors:

- lack of supervision during breaks (e.g., lunchrooms, playgrounds, hallways, locker rooms, and bathrooms)
- unsupervised interactions between different grade levels during breaks
- indifferent or accepting teacher attitudes toward bullying
- indifferent or accepting student attitudes toward bullying
- inconsistent enforcement of the rules

Risk Factors for Being Bullied by Peers

There are individual, familial, peer, and school factors that can place a youth at risk for being bullied. Both boys and girls are most likely to be victimized by boys. Younger and weaker students are most likely to be bullied.

Individual Risk Factors:

- cautious, sensitive, insecure personality
- difficulty asserting themselves among peers
- physical weakness (particularly in boys)

Family Risk Factors:

- over-protection by parents (possibly)

Peer Risk Factors:

- lack of close friends

School Risk Factors:

- presence of aggressive students in same or slightly higher grade
- lack of supervision during breaks
- indifferent or accepting teacher attitudes toward bullying
- indifferent or accepting student attitudes toward bullying
- uneven, inconsistent enforcement of the rules

Where Bullying Occurs

Bullying takes place in the classroom, on the playground, in hallways, in gyms, in locker rooms, and in bathrooms. Bullying is two to three times more likely to occur at school as on the way to and from school.

Why Should We Attempt to Prevent/Reduce Bullying?

Short-term effects on the victims:

- Painful and humiliating experiences can cause young victims to be unhappy, distressed, and confused.
- Victims lose self-esteem and become anxious and insecure.
- Physical injury or threats of physical injury may affect concentration and learning and result in a refusal to attend school.
- Victims may feel stupid, ashamed, and unattractive, and may start to view themselves as failures.
- Victims may develop psychosomatic symptoms such as stomach and headaches.
- Constant devaluation of themselves may lead to depression and suicide.

Long-term effects on the victims:

- Former victims tend to be more depressed and have poorer self-esteem than their nonvictimized peers.

Long-term effects on bullies:

- Students (particularly boys) who bully are more likely to engage in other antisocial/delinquent behavior (e.g., vandalism, shoplifting, truancy, and drug use) into adulthood.
- Bullies are four times as likely as non-bullies to be convicted of crimes by age 24.
- Physical bullying is a moderate risk factor for serious violence at ages 15-25.

Effects on school social climate:

- Students tend to feel less safe and are less satisfied with school life in schools where bully/victim problems occur.
- In schools where bully/victim problems are ignored, students may start to regard bullying behavior as acceptable. This may result in more bullying behavior as well as other, possibly more severe, problems.

Four Basic Principles for Prevention/Intervention in Bully/Victim Problems

- Awareness and warm, positive involvement of adults (e.g., teachers, principals, school counselors, parents);
- Set and stick to firm limits as to what behavior is unacceptable (i.e., Bullying is not accepted in our school);
- Consistently apply non-hostile, nonphysical negative consequences for rule violation and unacceptable behavior; and
- Encourage adults to act as authorities and positive role models in students' academic learning and social relationships in school.

References

Olweus, D. (1993). *Bullying at School: What We Know and What We Can Do*. Cambridge, MA: Blackwell Publishers, Inc.

Olweus, D., Limber, S. & Mihalic, S.F. (1999). *Bullying Prevention Program: Blueprints for Violence Prevention, Book Nine*. Blueprints for Violence Prevention Series (D.S. Elliott, Series Editor). Boulder, CO: Center for the Study and Prevention of Violence, Institute of Behavioral Science, University of Colorado.

U.S. Department of Health and Human Services. (2001). *Youth Violence: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; Substance Abuse and Mental Health Services Administration, Center for Mental Health Services; and National Institutes of Health, National Institute of Mental Health.