

School Safety and Crisis

Supporting Victims and Perpetrators of Bullying **Guidelines for Parents and Educators**

Bullying is a serious issue that can produce long lasting and very negative effects. It is important that parents and educators recognize the possible harmful consequences, risk factors, and warning signs of bullying and are equipped to prevent or intervene to stop the behavior as early as possible. Victims, perpetrators, and bystanders (other students exposed to the behavior) can all require interventions and supports.

- **Physical.** Youth who are victims of bullying may suffer from increased bodily harm (i.e., scrapes, bruises, cuts), stomachaches, headaches, chronic pain, or somatization (McDougall & Vaillancourt, 2015). In addition, both victims and perpetrators of bullying are at increased risks for suicidal ideation and suicidal behaviors—although this relationship is not linear (Espelage & Holt, 2013). Youth who are victimized are also at an increased risk for smoking in adulthood (Mersky, Janczewski, & Topitzes, 2017).
- **Psychological.** Both victims and perpetrators of bullying suffer from increased rates of internalizing disorders, higher depressive symptomology, difficulties with sleeping, and increased stress (Espelage & Holt, 2013; McDougall & Vaillancourt, 2015; Read & Mayne, 2017). In addition, youth who experience peer victimization are at an increased risk for chronic stress into adulthood (Mersky et al., 2017). Youth who are bullied also demonstrate lower subjective well-being (i.e., an important factor found to mitigate the negative effects of bullying; Greenspoon & Saklofske, 2001) and lower overall satisfaction with life (Flashpohler, Elfstrom, Vanderzee, Sink, & Birchmeier, 2009; Moore, Huebner, & Hills, 2012)
- Social. Youth who are victimized may feel ostracized from their peers and lack the prosocial skills necessary to make relationships (Over & Carpenter, 2009a, 2009b). Students who are victimized report lower belief-in-self and in others as well as lower social problem solving (Cassidy & Taylor, 2005; Fullchange & Furlong, 2016). These deficits may undermine effective and important coping skills.
- Educational. Being a victim of bullying has been linked to lower academic performance from primary school into high school (McDougall & Vaillancourt, 2015). Youth who are victims of bullying have decreased school attendance, which may further compound the issue of decreased academic achievement (McDougall & Vaillancourt, 2015).

Risk factors. Although there are not specific factors that predetermine who will be a victim of bullying, there are many factors that increase the potential risk of becoming a victim of bullying. In general, students who may be perceived as different from their peers or as weak or powerless are at an increased risk for being victims of bullying. In particular, students who have a higher likelihood of being a victim of bullying include (U. S. Department of Health and Human Services, 2018):

- Students who identify as lesbian, gay, bisexual, transgender, questioning, intersex, and two-spirit (LGBTQI2-S)
- Students who have a physical, mental, or intellectual disability—this includes students who suffer from depression, anxiety, or who have low self-esteem.
- Students who are perceived as being different based on weight, clothing, or social status
- Students who are considered weak or unable to defend themselves

Warning signs that a child might be bullied. There are many signs that a youth might display that could severely affect their ability to function both at school and at home. If these symptoms persist over time, it may be best to seek professional mental health support (U.S. Department of Health and Human Services, 2018a):

- Unexplainable injuries
- Lost or destroyed possessions or property (e.g., jewelry, clothing, books, or electronics)
- Frequent headaches or illnesses—these headaches or illnesses may be faked in order to avoid situations where they are being victimized
- Unexplainable changes in eating habits (e.g., binge eating, restricted eating, or being unusually hungry from skipping lunch)
- Difficulties with falling or staying asleep or increased nightmares that interrupt sleep
- Increased frequency of school absences
- Declining grades or a loss of interest in schoolwork
- Sudden, and potentially unexplainable, loss of friends
- Frequent avoidance of social situations
- Feelings of helplessness or decreased self-esteem
- Self-destructive behaviors including negative self-talk, self-injurious behaviors, running away from home, or talking about suicide

Warning signs that a youth might be bullying others. In addition to victims of bullying, perpetrators require support as they may suffer from many negative consequences (i.e., increased violent and delinquent behaviors and internalizing symptoms; Farrington, Loeber, Stallings, & Ttofi, 2011; Hemphill et al., 2011). If many of the following signs or symptoms persist over time, it may be necessary to address these behaviors and/or seek professional mental health support (U.S. Department of Health and Human Services, 2018b):

- Frequently being involved with physical altercations or verbal fights
- Having friends that are involved in bullying
- Becoming increasingly aggressive
- Frequently getting in trouble at school or receiving detentions or office discipline referrals
- Being unable to explain extra money or new belongings
- Frequently blaming others for problems that they are involved in
- Not accepting responsibility for their actions
- Being overly competitive or worrying about their reputation or popularity

RECOMMENDATIONS TO ADDRESS BULLYING AND SUPPORT VICTIMS

Students involved with bullying need support from adults in order to potentially mitigate the negative effects. Supporting both victims and perpetrators should occur both at home and at school. Programs that address bullying were found to be most effective when they were intense, systematic, included firm but proportional discipline, and had frequent communication with the parents (Ttofi & Farrington, 2011). In addition, it is important to address bullying in the following ways.

- Teach respectful behaviors. Begin teaching respectful behaviors at an early age, and continue teaching and reinforcing these behaviors in a developmentally appropriate and culturally sensitive manner.
- Create and enforce antibullying rules and procedures. Create rules in school and at home that specifically identify and prohibit bullying behaviors, as this helps to create safe and respectful school and home

environments.

- Recognize the impact of bullying on mental health and relationships. As previously described, bullying is associated with many negative outcomes for both victims and perpetrators. In addition, bullying behaviors are inconsistent with having healthy relationships. Recognizing that bullying produces mental health and relationship issues may be the first step in addressing this issue.
- **Teach and reinforce responsible use of technology.** Cyberbullying affects approximately 15% of students and can be difficult for parents and educators to detect (Modecki et al., 2014). Defining, teaching, modeling, and reinforcing responsible and respectful communication online may be helpful.
- Address the needs of marginalized or powerless youth. Since bullying involves an imbalance of power between the victim(s) and the perpetrator(s), youth who are different or who are at risk for being identified as different based on real or perceived factors (e.g., sexual orientation, socioeconomic status, religious background, size) may feel safer and more included by participating in school or extracurricular clubs (e.g., Gay-Straight Alliances or multicultural clubs) and programming.
- Encourage youth to be "upstanders" rather than bystanders. Unfortunately, youth who witness bullying are in a powerful position to stop bullying but often do not intervene in the situation (Polanin, Espelage, & Pigott, 2012). Similar to teaching youth respectful behaviors, teach explicit behaviors (e.g., reporting to an adult, intervening directly if safe to do so, comforting or befriending the target) and encourage their use.

SUMMARY

Bullying has consistently been shown to produce negative outcomes in perpetrators, victims, and bystanders. It is important to address the needs of all involved in bullying by being aware of the signs of symptoms of bullying, providing support for their mental and physical health, and teaching and reinforcing acceptable behaviors.

REFERENCES

- Cassidy, T., & Taylor, L. (2005). Coping and psychological distress as a function of the bully victim dichotomy in older children. Social Psychology of Education, 8, 249–262. doi:10.1007/s11218-005-3021-y
- Espelage, D. L., & Holt, M. K. (2013). Suicidal ideation and school bullying experiences after controlling for depression and delinquency. Journal of Adolescent Health, 53, S27-S31. doi:10.1016/j.jadohealth.2012.09.017
- Farrington, D. P., Loeber, R., Stallings, R., & Ttofi, M. (2011). Bullying perpetration and victimization as predictors of delinquency and depression in the Pittsburgh Youth Study. Journal of Aggression, Conflict and Peace Research, 3(2). 74-81. doi: 10.1108/17596591111132882
- Flashpohler, P. D., Elfstrom, J. L., Vanderzee, K. L., Sink, H. E., & Birchmeier, Z. (2009). Stand by me: The effects of peer and teacher support in mitigating the impact of bullying on quality of life. Psychology in the Schools, 46, 636–649. doi:10.1002/pits
- Fullchange, A., & Furlong, M. J. (2016). An exploration of effects of bullying victimization from a complete mental health perspective. SAGE Open, 6(1), 1–12. doi:10.1177/2158244015623593
- Greenspoon, P. J. & Saklofske, D. H. (2001). Toward and integration of subjective well-being and psychopathology. Social Indicators Research, 54, 81–108. doi:10.1023/A:1007219227883
- Hemphil, S. A., Kotevski, A., Herrenkohl, T., Bond, L., Kim, M., Toumbourou, J., & Catalano, R. (2011). Longitudinal consequences of adolescent bullying perpetration and victimization: A study of students in Victoria, Australia. Criminal Behavior and Mental Health, 21(2). 107-116. doi:10.1002/cbm.802.
- McDougall, P., & Vaillancourt, T. (2015). Long-term adult outcomes of peer victimization in childhood and adolescence. American Psychologist, 70(4). 300-310. doi:10.1037/a0039174
- Mersky, J. P., Janczewski, C. E., & Topitzes, J. (2017). Rethinking the measurement of adversity: Moving toward second-generation research on adverse childhood experiences. Child Maltreatment, 22(1), 58-68. doi:10.1177/1077559516679513

- Modecki, K. L., Minchin, J., Harbaugh, A. G., Guerra, N. G., & Runions, K. C. (2014). Bullying prevalence across contexts: A meta-analysis measuring cyber and traditional bullying. Journal of Adolescent Health, 55, 602-611. doi:10.1016/j.jadohealth.2014.06.007.
- Moore, P. M., Huebner, E. S., & Hills, K. J. (2012). Electronic bullying and victimization and life satisfaction in middle school students. Social Indicators Research, 107, 429-447. doi:10.1007/s11205-011-9856-z
- Over, H., & Carpenter, M. (2009a). Eighteen-month-old infants show increased helping following priming with affiliation. Association for Psychological Science, 20(10), 1189-1993. doi:10.1111/j.1467-9280.2009.02419.x
- Over, H., & Carpenter, M. (2009b). Priming third-party ostracism increases affiliative imitation in children. Developmental Science, 12(3), 1–8. doi:10.1111/j.1467-7687.2008.00820.x
- Polanin, J. R., Espelage, D. L., & Pigott, T. D. (2012). A meta-analysis of school-based bulling prevention programs' effects on bystander intervention behavior. School Psychology Review, 41, 47–65.
- Read, J., & Mayne, R. (2017). Understanding the long-term effects of childhood adversities: beyond diagnosis and abuse. Journal of Child and Adolescent Trauma, 10, 289-297. doi:10.1007/s40653-017-0137-0
- Ttofi, M., & Farrington, D. (2011). Effectiveness of school-based programs to reduce bullying: A systematic and meta-analytic review. Journal of Experimental Criminology, 7. 27–56. doi:10.1007/s11292-010-9109-1
- U.S. Department of Health and Human Services. (2018a). Who is at risk? Risk factors. Retrieved from http://www.stopbullying.gov/at-risk/factors/index.html
- U.S. Department of Health and Human Services. (2018b). Warning signs for bullying. Retrieved from https://www.stopbullying.gov/at-risk/warning-signs/index.html

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