Bullying In Children and Youth

2 CE Hours

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Learning objectives

This workshop is designed to help you:

- Describe bullying as it applies to children and youth.
- Assess the characteristics of child and youth bullies.
- Analyze the various forms of and settings where bullying occurs.
- Describe the characteristic symptoms of a child or youth who is being bullied.
- Facilitate prevention and intervention efforts to assist children, youth and families when they've experienced bullying.

Introduction

I shall remember and will never forget
Monday: my money was taken.
Tuesday: names called.
Wednesday: my uniform torn,
Thursday: my body pouring with blood.
Friday: it's ended.
Saturday: freedom...

These words are from the final pages of a diary written by a 13-year-old boy, a victim of bullying who was found dead hanging from the banister railing at his home on the Sunday after he made his final entry (Taken from the book “Bullycide, Death at Playtime: An expose of Child Suicide Caused by Bullying,” Harper/Collins 2003).

Bullying in children and youth has become excessively widespread and aggressive in the 21st century. Bullying behavior causes a harmful social, physical, psychological and academic impact on personal well-being in very young children to older teenagers. Furthermore, through their own actions and inaction of others who hold responsible roles, bullies learn that antisocial behavior and exerting control over others is acceptable and that it works. Bullying creates an atmosphere that is unhealthy for everyone. It interferes with child and youth development and can lead to suicide and school violence.

The consequences of being either a victim or perpetrator of bullying are severe. Victims have suffered life-long depression and even committed suicide. In addition, the National Crime Prevention Council (2014) states that one of their studies indicates that 60 percent of those who were bullies had committed at least one criminal act by the time they were 24 years old. Clearly, early intervention is a must for both victims and bullies.

The most common forms of bullying in middle and high school are related to physical appearance, disabilities, perceived sexual orientation or gender expression, and exhibiting perceived or true lesbian, gay, bisexual or transgender-related characteristics (Survey, 2008).

Bullying occurs in all geographic regions and all types of schools. It involves large numbers of children and youth from the United States in all socioeconomic backgrounds, in racial groups that have been studied and in areas of different population density (urban, suburban and rural settings). Whereas social stereotypes may convey the impression that certain ethnic or socioeconomic groups are more likely to bully and perpetrate violence, research reveals no significant racial differences in the rates of bullying (Nasel, 2001).

Most students report that when they are bullied, adults do not notice.

In a 2001, study by Kaiser Foundation in conjunction with Nickelodeon TV network and Children Now, 86 percent of children ages 12-15 interviewed said they get teased or bullied at school; making bullying more prevalent than smoking, alcohol, drugs or sex among this age group.

New bullying statistics for 2010 revealed about one in seven students in grades kindergarten through 12th grade is either a bully or has been a victim of bullying (National Crime Prevention Council, 2014).

A reported 61 percent of students said they believe students shoot others at school because they have been victims of physical violence at home or at school. This is a true indicator that bullying can occur in all forms by other students, children, teens as well as adults.

According to various bullying studies, many teens and children act out violently on their peers through acts of bullying because they are abused at home.

Other bullying statistics:

- Over half, about 56 percent, of all students have witnesses a bullying crime take place while at school.
- A reported 15 percent of all students who don’t show up for school report it to being out of fear of being bullied while at school.
- There are about 71 percent of students that report bullying as an on-going problem.
- Along that same vein, about one out of every 10 students drops out or changes schools because of repeated bullying.
- One out of every 20 students has seen a student with a gun at school.
- Some of the top years for bullying include 4th through 8th graders in which 90 percent were reported as victims of some kind of bullying.
- Other recent bullying statistics reveal that 54 percent of students reported that witnessing physical abuse at home can lead to violence in school.
- Among students of all ages, homicide perpetrators were found to be twice as likely as homicide victims to have been bullied previously by their peers.
- There are about 282,000 students that are reportedly attacked in high schools throughout the nation each month.

With recent advancements in technology, bullying has taken on a whole new approach. We will explore the elements of cyber bullying and the impact it has on youth. A 2010 study by the Henry J. Kaiser
Family Foundation found that technology access among children has skyrocketed since 1999. Today, 93 percent of children ages 8 to 18 have computers at home, 66 percent have personal cell phones (on which they are more likely to text than talk), and 76 percent own another multimedia device, such as an iPod.

These tools give them access to a dizzying array of social media. Some of them, such as Twitter and Facebook, are well known among parents and teachers. But others, such as Formspring, fly well below the radar of most adults. Yet it’s sites like Formspring that can create the biggest headaches. Formspring offers its users total anonymity. That makes it at once a huge draw for curious teenagers and a nearly perfect medium for cyberbullies.

The mental health professional’s responsibility

The most horrifying and damaging effect of bullying is child or adolescent suicide. Because suicidal ideation and suicide occurs among young bullying victims, it is essential for mental health providers to help caregivers to identify and intervene on behalf of their bullied children. It is also essential that mental health professionals help caregivers to identify the key gatekeepers, those people who regularly encounter individuals or families in distress, and who can identify and refer children and youth at risk for suicide. Key gatekeepers include teachers and school staff, school health personnel, clergy, natural community helpers, extended family and emergency health care personnel.

While suicide is an outcome at the end of the bullying spectrum, bullying can also have a life-long effect on the emotional well-being of victims, affecting them on many levels, including long-term psychological and physical well-being.

In addition, while mental health providers must pay attention to supporting children, youth and families when they experience bullying, it is also important for practitioners to facilitate healing in bullies, the perpetrators, as well as in environments where bullying begins and thrives.

This course will define bullying and its effects on children, youth and families, as well as populations most vulnerable to being bullied, and settings in which it most often occurs. In addition, it will discuss interventions that mental health professionals can use to prevent and heal bullying.

Bullying

Bullying is a behavior linked to child development, relationship formation and psychological well-being. Bullying is a learned behavior. According to the American Psychological Association (2014), bullying is a form of aggressive behavior in which someone intentionally and repeatedly causes another person injury or discomfort. Bullying can take the form of physical contact, words or more subtle actions.

Bullying is commonly characterized as aggressive behavior that:

- Is intended to cause distress or harm.
- Involves an imbalance of power or strength between the aggressor and the victim.
- Commonly occurs repeatedly over time.

In its 2004 Resolution on Bullying Among Children and Youth, the APA described bullying as taking many forms, including physical bullying; teasing or name-calling; social exclusion; peer sexual harassment; bullying about race, ethnicity, religion, disability, sexual orientation and gender identity; and cyber bullying.

Bullying could also be defined as “actualized arrogance.” It is abusive behavior by one or more person(s) against a victim or victims. While bullying can be a direct attack such as teasing, taunting, threatening, stalking, name-calling, hitting, making threats, coercion and stealing, it can also be subtler through malicious gossiping, spreading rumors and intentional exclusion. All forms of bullying result in victims becoming socially rejected and isolated because of physical or psychological intimidation that occurs repeatedly over time to create an ongoing pattern of harassment and abuse.

Power and bullying

Webster’s New World College Dictionary (Macmillan, fourth edition, 1999) provides various definitions of power. The definition most closely associated with bullying states, “The ability to control others, sway, influence. Power denotes the inherent ability or the admitted right to rule, govern and determine. Authority refers to the power, because of rank or office to give commands, enforce obedience and make decisions.”

Authors, Suellen and Paul Fried, in their book, “Bullies and Victims: Helping Your Child Through the Schoolyard Battlefield,” (New York: M. Evans and Company, Inc, 1996), include six factors that further identify bullying:

1. Intent to harm – The perpetrator finds pleasure in the taunting and continues even when the victim’s distress is obvious.
2. Intensity and duration – The teasing continues over a long period, and the degree of taunting is damaging to the self-esteem of the victim.
3. Power of the abuser – The abuser maintains power because of age, strength, size or gender.
4. Vulnerability of the victim – The victim is more sensitive to teasing, cannot adequately defend him- or herself and has physical or psychological qualities that make him or her more prone to vulnerability.
5. Lack of support – The victim feels isolated and exposed. Often, the victim is afraid to report the abuse for fear of retaliation.
6. Consequences – The damage to self-concept is long lasting, and the impact on the victim leads to behavior marked by either withdrawal or aggression.

Children and youth who bully look for potential targets and often search for potential bystanders. Once targeted, the victim is debilitated by bullying and simply have not learned how to self-nurture, assert themselves or regulate their emotions when stressed. A child may never suffer from bullying until the family moves to a new school where the values and environment are dramatically different from what they’ve known. Because of new stressor, a child’s self-confidence can plummet. Jackson is an example of such a child.

Victims

Victims of bullying are likely to be anxious, insecure, cautious, and suffer from low self-esteem, rarely defending themselves or retaliating when confronted by bullies. They may lack social skills and, for many reasons, tend to be isolated. They may appear physically, mentally, emotionally or sexually oriented differently than their peers. Depending on their family dynamics, they may or may not have overly protective parents. They may have been victims of parental neglect or sibling bullying and simply have not learned how to self-nurture, assert themselves or regulate their emotions when stressed. A child may never suffer from bullying until the family moves to a new school where the values and environment are dramatically different from what they’ve known. Because of new stressor, a child’s self-confidence can plummet. Jackson is an example of such a child.

Jackson’s story

Jackson was raised by his single mom in a small, rural community in Upper Michigan. His classmates knew Jackson all his life and were happy to play with this little boy who had a slight speech impediment. When Jackson was in the sixth grade, his mother met a man on a business trip and subsequently moved Jackson to Detroit when she and the man were married.

Jackson was suddenly thrust into an environment where there were more children in his middle school class than there were in his entire school up north. The kids dressed differently and there was much confusion every time they changed classes during the school day. Sensing his wide-eyed, frightened insecurity, a girl his age decided to help him. Unfortunately, she’d been the target for teasing because she had physically developed earlier than other girls. Noticing the girl paying attention to Jackson prompted taunting from her bullies, and Jackson was drawn into her victimized world. In addition, they noticed Jackson’s speech and began to taunt him as well.

As time passed, Jackson became their target. Jackson was miserable and begged his mother to move back “home.” His mother, caught up in her new world and relationship, told her son to avoid these kids, and his stepfather told him to stand his ground and learn to fight “like a man.” Jackson felt psychologically abandoned by his caregivers, and the school officials were too busy with their “more urgent issues” to address the bullying at Jackson’s school.

When children and youth are bullied

Bullying causes negative psychosocial functioning in victims. Problems that occur because of bullying (APA, 2004) include:
- Lowered self-esteem.
- Higher rates of depression.
- Anxiety.
- Feelings of loneliness.
- Suicidal ideation.
- Higher rates of school absenteeism.

A child may show few or many signs of bullying. For example, warning signs that a child is bullied at school include:
- An abrupt lack of interest in school or refusal to go to school.
- Takes an unusual route to school.
- Suffers a drop in grades.

Few or no friends.
- Withdraws from family and school activities.
- Is sad, sullen or angry after receiving a phone call or e-mail.
- Uses derogatory or demeaning language when talking about peers.
- Stops talking about peers and everyday activities.
- Disheveled, torn or missing clothing.
- Physical injuries.
- Unable to sleep, sleeps too much, or is exhausted.

The victim feels helpless and can develop severe depression and rage. He is angry at himself, at observers, and at adults who didn’t intervene as well as at the bully. He may suffer academically, develop psychosomatic complaints, withdraw from family and friends, and fantasize about revenge.

A tragic story

South Hadley, Mass., is a place where severe bullying ended in death for one young student in 2010. Nine students were charged in connection with the death of Phoebe Prince, a 15-year-old teenager formerly from Ireland, who killed herself after having been harassed by girls at her high school. Six of the bullies were charged with felonies and three more were also charged, but as juveniles.

Massachusetts district attorney Elizabeth Scheibel charged the group with “relationship aggression,” which included three months of verbal insults and physical threats. Phoebe, with a history of depression, was also targeted electronically on Facebook where she received messages urging her to kill herself. In addition, the young victim was also targeted in the library, hallways, shoved into lockers and taunted walking home from school. According to some students, teachers observed a few of the incidents. And on the day she died, the bullying was extremely intense when South Hadley students followed her home, calling her offensive names while throwing a large drink in her direction.

Surprisingly, students interviewed following her death didn’t see her bullying as a serious problem, calling it “normal girl drama.” As the case drew nationwide attention and outrage, the question became, “Where were the adults?” The South Hadley High School principal said: “There were instances of name-calling with Phoebe the week before she died. These were brought to our attention, and we dealt with those kids right away. We also talked to her, we had her working with a school counselor, we talked to her mom.” (Pytel, 2010). This begs the question: Could the school have done anything else to prevent Phoebe’s suicide?

Experts remain divided on whether legal action was the right choice. They wonder whether children should be judged solely on group behavior, or did taking legal action finally bring the issue to light?
Bullying, trauma and post-traumatic stress disorder

Bullying has been linked to creating trauma in children and youth. And trauma can create acute stress disorder and in more severe cases post-traumatic stress disorder. The latter, known as PTSD, is marked by clear physiological changes that occur because of exposure to life-threatening events and impairs physical, cognitive, social, emotional, self-regulation and relational daily functioning. Children and youth who may be more vulnerable to acquire acute stress or post-traumatic stress disorders are likely to:

- Have had prior vulnerability factors that included early trauma, no functional social support, concurrent stress and genetic makeup.
- Report greater perceived threat or danger, suffering, terror and horror, or fear.
- Have exposure to social environments that promote self-hatred, shame, guilt and stigmatization.
- Have experienced greater stressors with regard to unpredictability, uncontrollability, sexual victimization, betrayal, and real or perceived responsibility.

Indicators that bullied kids may have acquired acute stress or PTSD include:

1. Persistently re-experiencing the trauma through images, thoughts, or perceptions as recurrent and intrusive distressing recollections of the traumatic event; recurring distressing dreams of the event; acting or feeling as if the traumatic event were recurring; intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event; and physiological reactivity on exposure to internal or external cues that symbolize or resemble aspects of the traumatic event.

2. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness not present before the trauma including efforts to avoid thoughts or feelings of conversations associated with the trauma; avoiding activities, places or people that arouse recollections of the trauma; inability to recall an important aspect of the trauma; markedly diminished interest or participation in significant activities; feeling detachment or estrangement from others; and restricted range of affect.

3. Persistent symptoms of increased arousal that include difficulty falling or staying asleep; irritability or outbursts of anger; difficulty concentrating; hyper-vigilance; and exaggerated startle response (Brohl, 2008).

Post-traumatic stress disorder and depression contribute to intense anxiety that prompts high-risk behaviors in children and youth. Both are often present in young victims of bullying. Suicide is an action taken at the end of the depression spectrum and has been attempted by too many victims. When young traumatized victims suffer from depression and bullying, they can become intensely distraught and hyper-reactive and become more vulnerable to experiencing suicide ideation and attempting suicide. Hyper-reactivity is one PTSD and acute stress symptom.

Anthony is someone who at an early age developed post-traumatic stress disorder and was also bullied.

**Anthony**

Anthony suffered from emotional developmental disruptions when he was removed from his home and placed in foster care because of sexual abuse by his mother’s boyfriend at age 5. Anthony also suffered from learning disabilities and was frequently teased by his young schoolmates. As he grew older, he also grew more and more oppositional and was moved to other out-of-home placements. At age 12, he was obese, temperamental and sad. His mother’s parental rights had been terminated, and there was little hope of locating his biological father. Different case managers came in and out of his life, but he was moved to a therapeutic foster home where he met new loving foster parents with grown children. At the same time, he was introduced to a young therapist who quickly diagnosed him with PTSD, and once again, Anthony became acquainted with yet another mental health professional.

His new foster parents knew he was vulnerable at his new school because of his prior academic struggles and were prepared for handling Anthony’s explosive temper. It didn’t take long, because bullies at school picked up on his vulnerability. They even devised a plan to pose as his friend and later verbally and physically harm him. For a brief week, they included him in their group and made him an “honorary member.” The youth beamed. The group was about to attack him on a Friday afternoon when a teacher happened to see their suspicious activity in a secluded part of the gym. He was able to intercede before the boys could do real harm, but Anthony was devastated by their behavior. He spent the weekend sleeping and eating. His foster parents were caught off guard by his depression and bullying, especially when Anthony began to talk about dying. They asked him if he intended to hurt himself, and the boy replied that it had been on his mind for a while. “He just didn’t see the point.” If it had not been for his foster parents’ quick and insightful actions as well as his therapist’s intensive intervention, Anthony might have attempted to take his life.

Different types of victims

According to researcher Olweus (2001), there are three types of bullying victims:

1. **Passive victims** – Representing the largest group, passive victims do not directly provoke bullies; they may appear to be physically or emotionally weaker and do not defend themselves. They may have few or no friends and can be overly protected by their parents. Heather is an example.

   **Heather**

   Heather was adopted at birth and cherished by her adoptive parents. She was dressed in beautiful clothes and exposed to many privileges, such as exotic vacations and learning opportunities. As Heather grew older, she spent more time in her parents’ company than she did playing with other children. They were overly cautious of Heather’s safety and often worried when she was out of their purview. When Heather became older, she asked her parents to take her out of private school and place her in public school. When she entered public school for the first time, at age 11, she asked some of the students where she could find the bottled water machine and told some of her new “friends” about her family and the fun time they all had in France the previous summer. Her classmates soon erroneously labeled Heather “a spoiled rich girl” and began to taunt her at school. Heather was surprised and hurt by their comments and didn’t understand why she’d been targeted. She didn’t know how to defend herself and simply remained silent during her abuse. The taunts grew, and eventually Heather’s parents and school officials intervened when other students began to throw food at her in the cafeteria.

2. **Provocative victims** – These youths represent a smaller group than passive victims and are actually aggressive themselves, especially toward others who appear weaker than they. They may
lack anger management skills and are not liked by peers. They may react negatively to conflict or losing. Jim is an example.

**Jim**

Jim, age 14, loves sports. He was always eager to join a neighborhood game of touch football, but became very upset when he lost a game or made a bad play. The neighborhood kids would avoid Jim sometimes when they set up a game simply because Jim often lost his temper when they were just trying to have fun. When Jim began his freshman year in high school, he joined the junior varsity basketball team and was thrilled to practice, but got easily angered when he wasn’t thrown the ball or when he fouled out of the game. The other players soon excluded Jim from their social activities and began to call him derogatory names while “accidentally” elbowing him during practices.

3. **Bully-victims** – These people represent a small percentage of bullies and have experienced bullying themselves. They are typically physically weaker than their bullies, but are stronger than those they bully. Mary is an example.

**Mary**

Mary was the oldest of seven children and a surrogate mother to many of them, especially when her parents drank. She was also on the front line when it came to her father’s temper, because she was the one he struck when he lost his temper. His size and strength overwhelmed Mary, while her mother stood silently by when her husband went on a rampage. Mary grew up being bullied by her father – the person who should have protected her. As they prepared to walk to the corner bar on Friday evenings, Mary’s parents always directed her to watch her younger brothers and sisters. At age 12, she towered over the little ones and was much stronger than her closest sibling. But instead of being sensitive to their needs, Mary simply used her strength and power to bully them. When they needed help getting ready for bed, Mary slapped and shouted at them. She called them names and frightened them by saying she’d call the police to take them away if they didn’t behave.

**Settings where bullying occurs**

High-risk areas for bullying are places where there is no adult supervision, inadequate adult supervision or lack of structure; areas where children have nothing to do or are free to do as they wish.

Bullying occurs while children travel to and from school, but it is most likely to happen on school property (Beane, 2008). Almost 10 percent of students are bullied at school (Pawlik-Kienlen, 2007). Some of the school-related places include bus stops, bathrooms, buses, hallways, cafeterias, playgrounds, locker rooms, gyms, parking lots, stairwells, between buildings and even classrooms. Sports activities can set the stage for bullying to occur as well. While not discussed very openly, sports bullying occurs when violence, taunting and humiliation is often viewed as normal behavior and assigned as just a place where it’s okay to have a “competitive edge.” The adults in charge of school sports programs most often set the tone for bullying to occur. Sometimes these adults can contribute to bullying through their excessive aggressive behavior and unreasonable expectations of their players. Coaches have been known to publicly humiliate and verbally abuse their students, in addition to encouraging bullying behavior in their team members toward rival team members. At the same time, parents overlook these behaviors and encourage their kids to “suck it up.”

**Factors that contribute to school bullying include:**

- No anti-bullying policy.
- Crowded locker rooms.
- Inconsistent discipline.
- Inconsistent behavior standards.
- High teacher turnover.
- Low staff morale.
- Narrow, isolated or unmonitored areas.
- Lack of policies that pertain to student transitions to and from class and before or after school.
- Lack of support for students with special needs.

**Cyber bullying**

Cyber bullying is becoming a serious problem among children and youth, and yet fewer than 30 percent of the victims know their bullies. Cyber bullying is any harassment that occurs via the Internet. Name calling in chat rooms, posting fake profiles on websites, vicious forum posts and cruel e-mail messages are different forms of cyber bullying. In addition, school bulletin boards can be spammed with hateful rumors directed toward a specific student, and fictitious profiles on a social networking site can prompt a victim to falsely engage with someone who appears to be someone else. Cyber bullying affects many adolescents and teens on a daily basis. Cyber bullying involves using technology, like cell phones and the Internet to bully or harass another person.

Cyber bullying can take many forms:

- Sending mean messages or threats to a person’s e-mail account or cell phone.
- Spreading rumors online or through texts.
- Posting hurtful or threatening messages on social networking sites or web pages.
- Stealing a person’s account information to break into their account and send damaging messages.
- Pretending to be someone else online to hurt another person.
- Taking unflattering pictures of a person and spreading them through cell phones or the Internet.
- Sexting, or circulating sexually suggestive pictures or messages about a person.
- Encourage teens to have times when they turn off the technology, since things posted electronically may not be secure.
- Try blocking the person sending the messages. It may be necessary to get a new phone number or e-mail address and to be more cautious about giving out the new number or address.
- Teens should never tell their password to anyone except a parent, and should not write it down in a place where it could be found by others.
- Teens should not share anything through text or instant messaging on their cell phone or the Internet that they would not want to be made public - remind teens that the person they are talking to in messages or online may not be who they think they are, and that things posted electronically may not be secure.
- Encourage teens never to share personal information online or to meet someone they only know online.
- Keep the computer in a shared space like the family room, and do not allow children/teens to have Internet access in their own rooms.
- Encourage teens to have times when they turn off the technology, such as at family meals or after a certain time at night.
- Parents may want to wait until high school to allow their teens to have their own e-mail and cell phone accounts, and even then parents should still have access to the accounts.

The most common forms of offending were posting online information about another person to make others laugh, and getting an upsetting e-mail from someone victims know (Net Family News, 2010).

Cyber bullying can be very damaging to adolescents and teens. It can lead to anxiety, depression, and even suicide. Also, once things are circulated on the Internet, they may never disappear, resurfacing at later times to renew the pain of cyber bullying.

Many cyber bullies think that bullying others online is funny. Cyber bullies may not realize the consequences for themselves of cyberbullying. The things teens post online may reflect badly on them later when they apply for college or a job. Cyber bullies can lose their cell phone or online accounts for cyber bullying. Also, cyber bullies and their parents may face legal charges for cyber bullying, and if the cyber bullying was sexual in nature or involved sexting, the results can include being registered as a sex offender. Teens may think that if they use a fake name they won’t get caught, but there are many ways to track someone who is cyber bullying.

**Cyber bullying statistics**

Despite the potential damage of cyber bullying, it is alarmingly common among adolescents and teens. According to Cyber bullying statistics from the i-SAFE foundation (2014):

- Over half of adolescents and teens have been bullied online, and about the same number have engaged in cyber bullying.
- More than 1 in 3 young people have experienced cyber-threats online.
- Over 25 percent of adolescents and teens have been bullied repeatedly through their cell phones or the Internet.
- Well over half of young people do not tell their parents when cyber bullying occurs.

The Cyberbullying Research Center (2010) also did a series of surveys which indicated these cyber bullying statistics:

- Over 80 percent of teens use a cell phone regularly, making it the most popular form of technology and a common medium for cyber bullying.
- About half of young people have experienced some form of cyber bullying, and 10 to 20 percent experience it regularly.
- Mean, hurtful comments and spreading rumors are the most common type of cyber bullying.
- Girls are at least as likely as boys to be cyber bullies or their victims.
- Boys are more likely to be threatened by cyber bullies than girls.
- Cyber bullying affects all races.
- Cyber bullying victims are more likely to have low self-esteem and to consider suicide.

According to www.dosomething.org, a website for teens that addresses social issues, nearly 43 percent of all kids have been bullied online, 1 in 4 has had it happen more than once and only 1 in 10 victims will inform a parent or trusted adult of their abuse. Most disturbing, as reported on this same website, those being cyberbullied are 2 to 9 times more likely to consider committing suicide.

**Preventing cyber bullying**

Parents and teens can do some things that help reduce the cyber bullying statistics:

- Talks to teens about cyber bullying, explaining that it is wrong and can have serious consequences. Make a rule that teens may not send mean or damaging messages, even if someone else started it, or suggestive pictures or messages or they will lose their cell phone and computer privileges for a time.
- Encourage teens to tell an adult if cyber bullying is occurring. Tell them if they are the victims they will not be punished, and reassure them that being bullied is not their fault.
- Teens should keep cyber bullying messages as proof that the cyber bullying is occurring. The teens’ parents may want to talk to the parents of the cyber bully, to the bully’s Internet or cell phone provider, and/or to the police about the messages, especially if they are threatening or sexual in nature.
- Try blocking the person sending the messages. It may be necessary to get a new phone number or e-mail address and to be more cautious about giving out the new number or address.
- Teens should never tell their password to anyone except a parent, and should not write it down in a place where it could be found by others.
- Teens should not share anything through text or instant messaging on their cell phone or the Internet that they would not want to be made public - remind teens that the person they are talking to in messages or online may not be who they think they are, and that things posted electronically may not be secure.
- Encourage teens never to share personal information online or to meet someone they only know online.
- Keep the computer in a shared space like the family room, and do not allow children/teens to have Internet access in their own rooms.
- Encourage teens to have times when they turn off the technology, such as at family meals or after a certain time at night.
- Parents may want to wait until high school to allow their teens to have their own e-mail and cell phone accounts, and even then parents should still have access to the accounts.

If teens have been the victims or perpetrators of cyber bullying they may need to talk to a counselor or therapist to overcome depression or other harmful effects of cyber bullying.

**Megan’s story**

A middle-aged Missouri woman was charged with cyber bullying 13-year-old Megan Meier, a youth suffering from depression and attention deficit hyperactivity disorder. Megan took her own life after receiving harassing e-mails from the woman, who was posing as a young boy interested in Megan.

The woman was convicted of three minor offenses after federal prosecutors were able to charge her with conspiring to violate the fine print in MySpace’s agreement that addresses creating fictitious identity and harassment.

Cyber bullying creates the same effects as other types of bullying. Victims feel overwhelmed and helpless. Bullies can remain somewhat anonymous and may be more apt to bully because of their anonymity. It can prompt behavior that normally would not occur because it is convenient and detached.

**Warning signs when a child is being cyberbullied include:**
- There are large cell phone charges from the same number.
- The child appears secretive about using the computer.
- The child sends and receives coded messages.
- A child visits websites that promote negative messages.
- A child becomes upset, irritable and emotional after spending time texting or on the computer.
- A child has personal photos posted without his/her permission.
- A child spends excessive time using chat rooms.
Author Allan L. Beane, Ph.D., outlines several “Cyber Rules.” They include:
- Never provide personal information of an intimate nature that should be discussed only with parents, family, close friends or professionals.
- Never give out any passwords to anyone other than parents.
- Never give out personal contact information.
- Never use inappropriate language and never write anything that you wouldn’t mind the world reading.

Never upload or download photos, music or videos without parent’s permission.
Treat others online the way you want to be treated.
Internet time should be limited and agreed upon with parents

Do not participate in gossip or spreading rumors. Simply stop communicating.

A sample list of cyber bullying and Internet websites created to prevent bullying, support victims and halt bullying is included here:
- www.wiredsafety.org.

Reporting cyber bullying

When children and youth are threatened, make racist remarks, or spread malicious gossip to attempt slander online or otherwise, they should be reported to the police. It is important to maintain a record of threats. However, printouts, are generally not considered admissible evidence. The author suggests using a monitoring software program that collects and preserves electronic evidence. The author also cautions victims or their caregivers not to install or remove any programs or take other remedial action on the computer or communication device during this process, because it will adversely affect the investigation.

Bullying behavior has many layers

There are several layers to bullying. Complex bullying combines different levels and types of aggression as bullies grow to intimate and harm their victims over time. Psychological, verbal and physical bullying often occur at the same time, and many times begin with just one act and escalate to the point of multiple acts by multiple bullies. For example, teasing can lead to taunting, but teasing is not the same as taunting. Teasing is supposedly a “fun” thing to do with friends, but taunting is a choice to bully someone for whom you have contempt. Author Barbara Coloroso defines teasing and taunting differently:

Teasing:
1. Allows the teaser and person teased to swap roles with ease.
2. Isn’t intended to hurt the other person.
3. Maintains the basic dignity of everyone involved.
4. Pokes fun in a lighthearted, clever and benign way.
5. Is meant to get both parties to laugh.
6. Is only a small part of the activities shared by kids who have something in common.
7. Is innocent in motive.
8. Is discontinued when the person teased becomes upset or objects to the teasing.

Taunting:
1. Is based on an imbalance of power and is one-sided: the bully taunts while the bullied child is taunted.
2. Is intended to harm.
3. Involves humiliating, cruel, demeaning, or bigoted comments thinly disguised as jokes.
4. Includes laughter directed at the target, not with the target.
5. Is meant to diminish the sense of self-worth of the target.
6. Induces fear of further taunting or can be a prelude to physical bullying.

Psychological, social and relational bullying

Bullying isn’t limited to pushes and verbal attacks. Psychological bullying is behavior that intentionally harms another person by using social manipulation that includes:
- Ostracizing or ignoring peers.
- Not inviting peers to join groups or activities.
- Spreading lies or rumors.
- Name-calling.
- Teasing hurtfully.

Psychological bullying has effects for victims that include feeling helpless, out of control, low self-esteem, and at the end of the spectrum, experiencing acute stress and long-term symptoms of post-traumatic stress disorder (Brohl, 2008).

Victims may experience insomnia, anxiety and depression.

Tied closely to psychological bullying is social and relational bullying. This type of bullying causes negative feelings in victims
and encourages social isolation and exclusion. Social and relational bullying often interfaces with psychological bullying and can include:

- Passing hurtful notes on to other children and youth, or using graffiti to send pejorative messages about a particular person.
- Embarrassment and humiliation, such as making lewd noises when someone begins to speak in class.

### Sexual bullying

Sexual bullying is commonly defined as “any bullying behavior, whether physical or non-physical, that is based on a person’s sexuality or gender. Physical, verbal and psychological bullying frequently targets a child or youth’s sexuality. Questionnaire responses from a study conducted by the American Association of University Women Educational Foundation (“Hostile Hallways” study, 1993) from over 1,600 students from eighth through 11th grade provided some unsettling information:

- 86 percent of girls reported being sexually harassed by their peers.
- 25 percent of girls reported being sexually harassed by school staff.
- 85 percent of girls and 76 percent of boys reported having experienced sexual harassment.
- 65 percent of girls reported being touched, grabbed or pinched in a sexual way.
- 13 percent of girls and 9 percent of boys reported being forced to do something sexual other than kissing.
- 24 percent of girls stayed home from school or cut classes to avoid sexual harassment.
- One third reported experiencing sexual bullying in sixth grade or earlier.
- The youth reported that they’d experienced sexual harassment in the school hallways (73 percent), classroom (63 percent), school grounds (48 percent) and in the cafeteria (34 percent).

Girls who mature early and boys who mature late are at high risk for being sexually bullied. The study also pointed to a serious educational consequence as well as significant threats to the physical and emotional well-being of targeted kids.

While author Coloroso defines teasing and taunting differently, she also defines flirting and verbal sexual bullying differently as well. When she defines “flirting,” she states:

- **Flirting…**
  - Allows and invites both persons to swap roles with ease.
  - Isn’t intended to hurt the other person; is an expression of desire.
  - Maintains the basic dignity of both persons.
  - Is meant to be flattering and complimentary.
  - Is an invitation to have fun together and enjoy each other’s company.
  - Invites sexual attention.
  - Is intended to make the other person feel wanted, attractive and in control.
  - Is discontinued when the person who is being flirted with becomes upset, objects to the flirting or is not interested.
  - Is playful.

### Physical bullying

Common bullying behaviors involve physical contact, including:

- Pinching.
- Pushing, shoving and tripping.
- Kicking.
- Hitting, slapping, elbowing and shouldering (slamming).
- Restraining.
- Flushing someone’s head in the toilet (swirling).
- Forcing someone into small spaces such as lockers or closets.
- Spitting, throwing objects – even food.
- Threatening body language.

Many physical forms of bullying are completed without adult notice. It can be humiliating and embarrassing to be pushed and shoved in front of friends, especially when bullied victims fall down or are some way physically put in the position of appearing even more vulnerable.

Restraining someone against their will can also be extremely harmful to victims. As author Allen Beane reports in his book, “Protect Your Child From Bullying,” it creates multilevels of bullying. He states, “One 16-year-old girl was held down on the floor by a group of girls who then marked all over her face with a permanent marker. You can imagine how hurt she was emotionally.”

- Threatening gestures and behaviors toward victims.
- Social rejection and isolation through group exclusion.
- Spreading nasty and malicious rumors and lies.
- Destroying and manipulating relationships.

**Whereas, verbal sexual bullying …**

- Is based on an imbalance of power and is one-sided: the bully sexually taunts, and the victim is demeaned and degraded.
- Is intended to harm and exploit.
- Is invasive and intended to assert the status of the bully.
- Is intended to be degrading or demeaning.
- Is intended to express control and domination.
- Is intended to violate the boundaries of the target.
- Is intended to make the other person feel rejected, ugly, degraded, powerless, or uncomfortable.
- Continues, especially when victim becomes distressed or objects to the sexually charged comment.

In sexual bullying, there is no invitation – just an attack. The victim is embarrassed, humiliated and shamed and tends to feel powerless. If the victim protests, she or he is assigned a pejorative name such as “bitch,” “queer” or “loser.”

> “Can you espouse the values of fairness and respect, and at the same time discriminate and injure? Sexist and sexually harassing behaviors are dissatisfaction and therefore undesirable actions that hurt people and are unworthy of people of intelligence and integrity.”

-Peter Minor, Sexual Respect Curriculum

Sexual bullying can include staring at genital areas, leering or making obscene gestures, and shunning someone because of their sexual orientation. In addition, it includes displaying sexually explicit material intended to humiliate or degrade another person, sexually explicit graffiti and displaying sexually explicit material that targets victims, such as graffiti in bathrooms.

Physical sexual bullying can include pinching, bra snapping, pulling down pants or pulling up a skirt, brushing against the body in a sexual manner, sexual touching or grabbing or sexual assault (Criminal activity can include sexual bullying).

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**Miranda’s story**

Miranda killed herself when she was just 14 years old. When she was 12, she had reported being raped by a prominent 16-year-old athlete in her rural community. The young man pleaded guilty and was placed on probation.

The school backlash included calling her terrible names and blaming her for the rape. In one lawsuit, her parents stated that a teacher forced her to stand next to the rapist, even though there had been a restraining order against him (Coloroso, 2008).
Populations of children and youth most often targeted

Both males and females are victims of bullying and range in age as young as toddlers and as old as young adults in college. An 8-year-old, thought to be the youngest child to die from bullying in England, hung herself with her jump rope because of the intolerable bullying she experienced at school (Coloroso, 2008). Females represent a larger percentage of victims who suffer from sexual bullying, in particular. Yet, there are sub-group child and youth populations that been historically targeted for bullying.

Teenage bullying

Teenage bullying is a serious issue that can lead to mental health problems and devastating consequences in victims. The Columbine High School shooters, for example, had been long-time victims of bullying. Eric Harris and Dylan Klebold killed 12 classmates and one teacher, and injured 18 other students before they took their own lives. These two youth had been relentlessly taunted at school over a period of time. At one point, they were surrounded and squirted with ketchup packets while teachers observed. Eric’s suicide note mentioned that in their minds, it was “payback time.”

Gay, lesbian bisexual and transgender teens (GLBT)

Bullying can begin at an early age for children who are, erroneously or not, identified or self-identified as gay, lesbian, bisexual or transgender. One victim reported that taunts were targeted at him when he entered kindergarten. The boys in his class called him a “stupid girl” because he preferred dolls and tried on dress-up clothes during free play.

According to Bart (1998), a significant study shows that 31 percent of gay youth had been threatened or injured at school in the past year.

Other statistics include:

- Gay, lesbian and bisexual youth are two to three times more likely to attempt suicide than their heterosexual counterparts (HHS 1989).
- Gay teens in the U.S. schools are often subjected to such intense bullying that they’re unable to receive an adequate education (Chase, 2001).
- GLBT students are more apt to skip school because of the fear, threats and property vandalism directed at them. Twenty-two percent of gay respondents had skipped school in the past month because they felt unsafe there (Ibid).
- 28 percent of gay students will drop out of school, more than three times the national average for heterosexual students (Chase, 2001).
- GLBT youth feel they have nowhere to turn. Four out of five gay and lesbian students say they don’t know one supportive adult at school (Washington Post, 2001).

According to the gay bullying statistics from the lesbian, gay, bisexual and transgender (LGBT) community, about one fourth of all students from elementary age through high school are the victims of bullying and harassment while on school property because of their race, ethnicity, gender, disability, religion or sexual orientation. Unfortunately the primary reason for bullying is due to something that may set them apart from the norm, and that includes sexual orientation.

According to recent gay bullying statistics, gay and lesbian teens are two to three times more likely to commit teen suicide than other youths. About 30 percent of all completed suicides have been related to sexual identity crisis. Students who also fall into the gay, bisexual, lesbian or transgendered identity groups report being five times as likely to miss school because they feel unsafe after being bullied due to their sexual orientation. About 28 percent out of those groups feel forced to drop out of school altogether. Although more and more schools are working to crack down on problems with bullying, teens are still continuing to bully each other due to sexual orientation and other factors.

In a 2005 survey about gay bullying statistics, teens reported that the number two reason they are bullied is because of their actual or perceived sexual orientation or gender expression. The number one reason reported was because of appearance. Teens are at a pivotal point in their young adult lives when they are trying to find out who they are and who they are about to become as adults. This is why being teased, bullied and harassed is something that could negatively affect a person’s self-esteem and view of themselves for the rest of their life.

In fact, about 9 out of 10 LGBT teens have reported being bullied at school within the past year because of their sexual orientation, according to the most recent gay bullying statistics. Out of those numbers, almost half have reported being physically harassed followed by another quarter who reported actually being physically assaulted. Unfortunately most teens who experience bullying of any kind are reluctant to share their experience or report the incident to a teacher or trusted adult. Even more unfortunate are the gay statistics that report a lack of response among those teachers and school administration. According to a recent statistic, out of the students that did report a harassment or bullying situation because of their sexuality, about one third of the school staff didn’t do anything to resolve the issue.

Bullying Prevention:

When it comes to bullying prevention, it is important to remember that these gay bullying statistics will never go down if action isn’t taken. This is why it is important for teens to report incidents they are victims of, or even if they witness a bullying event take place. Even if it seems that the adults will be unresponsive to take action, there are always other members of the school board or administration that can be addressed. It is important not to give up or the bullying cycle will continue.

Schools and other community environments where children and youth gather should be safe for all kids. For every GLBT youth who reported being targeted for anti-gay harassment, four heterosexual youths reported harassment or violence for being perceived as gay or lesbian. Kids who reported there was a supportive faculty with an openly gay staff were more likely to feel as if they belonged in their school.
Obese children and youth

Being obese by itself appears to increase the likelihood of being a victim of bullying. Researchers report that 17 percent of children ages 6-11 were estimated to be obese between 2003 and 2006, and parents of these children report that they rate bullying as their top health concern for their kids. In a study conducted by the Eunice Kennedy Shriver National Institute of Child Health and Development, obese children in the early grades of school are more likely to be bullied than thinner kids, contributing to depression, anxiety and loneliness. The study found that children ages 8-11 were more likely to be bullied than children who weren’t overweight, regardless of sex, race or other factors. It found that children were bullied whether they were rich or poor, made better or worse grades and that race didn’t seem to be a factor (Pediatrics, 2010).

In addition, in a study of children ages 11 to 16, researchers found that overweight and obese girls were more likely than normal weight peers to be teased or to be made fun of and to experience relational bullying (socially excluded). Overweight and obese girls were also more likely to be physically bullied (Janssen, Craig, Boyce and Pickett, 2004).

Children and youth with disabilities and special needs

There is a small but growing amount of research literature on bullying among children with disabilities and special needs. This research indicates that these children may be at particular risk of being bullied by their peers. For example, research tells us that:

- Children with learning disabilities (LD) are at greater risk of being teased and physically bullied (Thompson, Whitney and Smith, 1994).
- Children with attention deficit hyperactivity disorder (ADHD) are more likely than other children to be bullied. They are also somewhat more likely than others to bully their peers (Unnever & Cornell, 2003).
- Children with medical conditions that affect their appearance, such as cerebral palsy, muscular dystrophy and spina bifida, are more likely to be victimized by peers. Frequently, these children report being called names related to their disability (Dawkins, 1996).
- Children with hemiplegia or paralysis of one side of their body are more likely than other children their age to be victimized by peers and to have fewer friends than other children (Yude, Goodman & McConachie, 1998).
- Children with diabetes and who are dependent on insulin may be especially vulnerable to peer bullying (Storch, et al, 2004).
- Children who stutter may be more likely than their peers to be bullied. In one study, 83 percent of adults who had problems with stammering as children said that they had been teased or bullied; 71 percent of those who had been bullied said it happened at least once a week (Hugh-Jones & Smith, 1999).

Usually children are able to identify when their peers are bullying them. Sometimes, however, children with disabilities do not realize they are being targeted. They may believe, for example, that they have a new friend, when in fact this “friend” is making fun of them.

Can bullying a child or youth with disabilities be illegal?

Yes! Bullying behavior may cross the line to become “disability harassment,” which is illegal under Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act of 1990. According to the U.S. Department of Education, disability harassment is “intimidation or abusive behavior toward a student based on disability that creates a hostile environment by interfering with or denying a student’s participation in or receipt of benefits services, or opportunities in the institution’s program” (U.S. Department of Education, 2013). When a school discovers that harassment may have occurred, staff must investigate the incident(s) promptly and respond appropriately. This behavior can take different forms, including verbal harassment, physical threats and threatening written statements.

The bully

Bullying is related to feeling contempt for someone considered to be worthless, inferior or undeserving of respect. Bullying does not appear to be about anger or conflict. Contempt relates most closely to how the bully views his target.

Further, contempt is a strong feeling of dislike toward someone considered to be worthless, inferior or undeserving of respect. Contempt can range from disregard to scorn to hate. Bias or prejudice related to race, gender, sexual orientation, physical attributes, mental capacities and religion can be fertile ground bullies use to prey on their victims. Psychological advantages occur for children or youth that express contempt through bullying. They include:

- Power to exclude, isolate, segregate or bar the victim who is viewed as worthless.
- The feeling of entitlement and privilege to control, dominate and subjugate, and otherwise abuse another human being.
- Intolerance toward differences – believes “different” means inferior and thus not worthy of respect.

In his book, author Allan Beane states that some experts believe that aggression is a basic, inherent human trait, and that certain factors could increase levels of aggression beyond acceptable norms. High levels of testosterone in men, for example, can encourage aggressive behavior that inflicts harm and leads to antisocial behaviors. Higher levels of testosterone have been found even in some preschool bullies.

In addition, a University of Michigan study by Michelle Wirth and Olivier Schultheiss (2007) appears to have found that the human brain may have a built-in mechanism that detects and responds to emotions perceived in the faces of others. Participants in the study with high levels of testosterone seemed to enjoy or be rewarded by an annoyed look or angry face that was prompted by mistreatment. It was surmised that bullies feel rewarded for mistreating others (Wirth and Schultheiss, 2007).

According to the U.S. Department of Health and Human Services, there is no one single cause of bullying among children and youth. Rather, individual, family, peer, school and community factors can place a child or youth at risk for bullying his or her peers. Beane describes some of these factors, and they include:

- **Temperament** – Child and youth temperament is significant factor in bullying (Begsag, 1989). Temperament is a combination of qualities that make up personality. An impulsive child with a more volatile temper may be more likely to become a bully.
- **Jealousy** – When children are motivated to bully out of jealousy, they have been threatened in some way by another child’s perceived success with grades, wealth, popularity, attractiveness and so on.
- **Fear** – When children bully out of fear, they have projected their insecurities and fears onto another person. Some children fear rejection from other kids or losing status in the eyes of someone they want to impress, such as a boyfriend or girlfriend. They may fear loss of social status or being laughed at. Many times bullies fear losing what they have already, such as intermittent praise from a popular peer or mentor. They want to protect their self-image and restrict their range of contacts with the kids who appear most
vulnerable. Kids will bully someone else when they fear being exposed for real or perceived weaknesses as well.

- **Self-perception that incorporates a sense of “superiority” toward others** – This perception folds into the earlier discussion regarding contempt that bullies feel for their victims, when someone is thought to be underserving of one’s respect. Most cultures, including faith-based and ethnic, over centuries promoted their own specialness and even superiority of other cultures. If one was not of a particular caste, religion or color, he or she could easily become a victim of bullying. Parents are very powerful role models. One former bully remarked that his father often told his children how special and superior they were because of their birth-given societal roles.

- **Desire for attention** – Some children through parental abuse and neglect or parent overindulgence desire attention and have difficulty understanding that their actions will impact others. Some children and youth simply lack sensitivity and have been raised to believe that they are extraordinarily special. Parents go a long way in demonstrating tolerance or intolerance as well as compassion. If caregivers are lacking in sensitivity, they provide strong role modeling for repeated behavior in their children.

- **Response to tension environments** – Multiple tension environments that include peer pressure, cultural oppression, academic stress, volatile teachers or parents, and economic worry contribute to unregulated bullying behavior as well.

- **Prejudice** – One well-known family therapist said, “There is tyranny in prescribing only one right way.” Bullies develop within environments where children are brought up to believe that it is “bad” to be different. Prejudice can begin early and become the reason why children or youth who behave, look or speak differently are persecuted.

- **Mimicking a culture of media violence** – TV, online games and other media violence can contribute to an increase in a child’s aggression. A study conducted in 2003 by the Kaiser Family Foundation found that nearly half of parents with children between the ages of 4 and 6 reported that their children imitated aggressive behaviors on television. (The foundation also found that 87 percent of kids mimic positive behaviors observed on TV.)

- **Revenge** – Bullies who were mistreated at some time in their lives may grow into victim bullies (discussed earlier in this course). Because of those earlier experiences, they may feel inadequate and helpless. To compensate, they attempt to gain some “control” through overwhelming and over-powering their victims. They may seek revenge on those who bullied them or, in the case of the Columbine High School shooters, they may attempt to make a larger statement to “the world” by retaliating with innocent bystanders.

- **Social influences** – They are very powerful, especially in the adolescent population. Wanting to accommodate or “fit in” is a natural part of this life cycle, and occurs even in younger children. Peer pressure prompted by cultural and societal norms plays a huge role in how others are perceived as socially acceptable in faith communities, schools or other social and cultural settings.

Bullies can be impulsive and mistreat others without thinking of the consequences to their actions. Some bullies have experienced or observed abuse at home or have been overly disciplined. In addition, their caregivers may have been lax in their attention to providing guidelines and character development in their children. Yet two major peer risk factors for bullying have been identified and are:

- Bullies are more likely to have friends that bully.
- Bullies share positive attitudes toward violence.

Bullies are typically aggressive toward adults as well as peers. Bullies are often impulsive and they demonstrate a need to dominate, are typically lacking in empathy and are often more willing to resolve conflict through violence. They are more likely than other children to be convicted of a crime in adulthood (Olweus, 1993).

Warning signs that children or youth are engaging in bullying behavior include: (Commonwealth of Massachusetts, 2010)

- Lacking in empathy.
- Viewing violence more favorable than most kids.
- Being aggressive toward adults, parents and teachers.
- Demonstrating a hot temper, being impulsive and intolerant of obstacles or delays.
- Finding it difficult to fit in with rules.
- Needing to dominate and suppress others, asserting him- or herself by means of force and threats, and getting his or her own way.

A common myth about children and youth who bully is that they are “loners.” In fact, research indicates that most bullies are not socially isolated. Bullies report having an easier time making friends than children and youth who do not bully. Children and youth who bully usually have at least a small group of friends who support or encourage their bullying.

An additional myth is that children and youth who bully have low self-esteem. In fact, they have average or above-average self-esteem. Interventions that focus on building the self-esteem of children and youth who bully probably will be ineffective in stopping bullying behavior (www.stopbullyingnow.hrsa.gov, 2010).

According to Olweus, there are three different types of bullies:

1. **Aggressive bully** – One who tends to be physically strong, impulsive, hot tempered, belligerent, fearless, coercive, confident and lacking in empathy.
2. **Passive bully** – One who tends to be insecure and is much less popular than aggressive bullies, with low-self-esteem and few likable qualities, and is often unhappy at home.
3. **Bully-victim** – This type includes a small percentage of bullies who have experienced bullying themselves. They are typically physically weaker than their bullies, but are stronger than those they bully.

Dieter Wolke from the University of Hertfordshire in England identified a fourth group of bullies called “pure bullies” According to Wolke, this group appear to be healthy individuals who enjoy school and use bullying to obtain dominance. Pure bullies just seem to enjoy bullying others.

**Girls and bullying**

“Them” – the junior caps who run the social underground in these rustic gulags. They are the bully-princesses who have always abounded in Grade 6 female society. Their hair is perfect, their clothes ditto, and They decide who is in and who is condemned to the outer darkness, the subject of ridicule, whispers, and ostracism.

I knew instinctively on which side of the great divide I would fall. … I had a gut instinct that books were not highly regarded as a suitable pastime and that bookish kids came just after rabies-riddled raccoons in the pecking order. Oh yes … I was an odd child indeed.” (Taken from “What I Didn’t Do at Summer Camp” by Alexandra Shea; Glove and Mail, May 28, 2001.)

The tactics used by girls who bully are distorted versions of some normal mechanisms of social development. According to research by Lagerspetz, Bjorqvist and Peltonen at the University of Miami, when girls bully, they use things like alienation, ostracism, deliberate and calculated random exclusions, and spreading of rumors to harass their peers. Specific behaviors can include:
Encouraging other kids to ignore or pick on a specific child.
Playing jokes or tricks designed to embarrass and humiliate.
Anonymous prank phone calls or harassing e-mails from dummy accounts.
Inciting others to act out violently or aggressively.
Deliberate exclusion of other kids with the intent to make them feel left out.
Name calling, rumor spreading and other malicious verbal interactions.
Being friends one week and then turning against a peer the next week with no incident or reason for the alienation.
Whispering in front of other kids with the intent to make them feel left out.

Family risk factors for bullying

Children and youth who bully are more likely than their non-bullying peers to live in homes where there is:
- A lack of warmth and involvement on the part of parents.
- Overly permissive parenting (including a lack of limits for children’s behavior).
- A lack of supervision by parents.
- Harsh, physical discipline.
- A model for bullying behavior.

Bullying and other violent or antisocial behaviors

Bullying can be a sign of other serious or violent behavior. Children and youth who frequently bully their peers are more likely than others to:
- Get into frequent fights.
- Be injured in a fight.
- Vandalize property.
- Steal property.
- Drink alcohol.
- Smoke.
- Be truant from school.
- Drop out of school.
- Carry a weapon.

Young bullies are more likely to report that they own guns for risky reasons, such as to gain respect or frighten others. And boys who were identified as bullies in middle school were four times as likely as their non-bullying peers to have more than one criminal conviction by age 24 (www.stopbullyingnow.hrsa.gov, 2010).

Both boys and girls can develop into bullies. Victims are both male and female as well, and methods of bullying may vary by gender. Experts are not sure now whether boys bully more than girls. While boys are more overt in their bullying, girls are more subtle and used bullying more frequently to gain social control.

There are gender differences in the types of bullying that children experience, such that boys are more likely than girls to report being physically bullied by their peers, and girls are more likely than boys to report being targets of rumor-spreading and sexual comments (Harris, Petrie and Willoughby, 2002, Nasel, 2001). Girls report being bullied by boys and girls, while boys report being bullied primarily by other boys (Melton, 1998, Olweus, 1993).

Bystanders

A bystander’s story

Looking back at her years in high school, one young woman retells how she witnessed several instances where bullying occurred in the girls’ bathroom at her school. She vividly remembers one incident when she and a friend were combing their hair in the bathroom and she witnessed her friend being bullied by older students.

“Louise and I were standing in front of the sink talking and laughing as we brushed our hair. Louise was very attractive, and the boys at school really liked her. As we were standing there, two senior girls came into the bathroom, and seeing Louise, roughly elbowed her into a corner. When she protested, one girl in particular slapped Louise and told her not to even look at the

Senior girl’s boyfriend. Louise cried out while I just stood there frozen, wanting to help Louise but literally unable to move. The senior girl calmly walked out of the bathroom with her friend, knowing she’d get the fear of God in both of us.

“I felt ashamed, useless, and a terrible friend. I helped Louise gather herself together and when I asked if we should report the incident to the principal, she said she didn’t want to get into more trouble. Can you believe that? She thought she would be in trouble with the school. But things like that happened all the time, and no one reported it. People were afraid they’d get into trouble with the school or get picked on even more by the bullies.”

Researchers Pepler and Craig (1995) examined the roles of peers in bullying episodes observed in urban school playgrounds in Toronto, Ontario. Their work revealed that:
- Peers intervened in only 13 percent of the episodes at which they were present.
- Peers were active participants in 48 percent of the episodes.
- Peers were involved in some capacity in 85 percent of the bullying episodes.

Peers reinforced the bullying in 81 percent of the episodes.
Peers were more respectful and friendly toward the bullies than the victims.

Only 15 percent of girls who see bullying or who are stuck in the middle of bullying episodes speak up and say that it is not okay (National Crime Council, 2010).
Reasons why children and youth do not intervene when bullying occurs include:
- The bystander does not know what to do and hasn’t been taught ways to intervene, to report the bullying or to help the target. Just as bullying is a learned behavior, so children must be taught ways to stop it.

Witness rationale

Some of the excuses shared by child and youth bystanders who have witnessed bullying include:
- “I don’t want to think about it. It’s too much to have to deal with.”
- “He deserved it and knew it was coming.”
- “He’s not my friend.”
- “I’m friends with the person who spit on her.”
- “It’s just part of school drama.”
- “Why would I say something? I don’t tell on other people.”
- “Why would I want to invite trouble?”
- “She’s a total loser.”
- “He doesn’t know what he’s talking about. Maybe this will shut him up.”
- “It’s not my problem!”

Standing by and observing bullying is a form of betrayal and abandonment to those bullied. In addition, there are times when bystanders become active participants, described by researcher Olweus as “henchmen/followers who take an active part but do not start the bullying.” Olweus also describes some bystanders as “passive bullies” who support the bullying but do not take an active part; and “passive supporters,” who like the bullying but do not display open support.

Bully prevention and intervention

As of August 2013 all US states, except for Montana, have anti-bullying laws. Some mandated school policies require disciplinary procedures while others mandate that schools track and report every incident. A growing number of states also require schools to employ someone trained in anti-bullying education. Despite widespread attention to the issue, anti-bullying advocates worry that many of the new laws don’t provide adequate funding to implement anti-bullying strategies, particularly those calling for training teachers, counselors or administrators. With state budgets facing huge shortfalls in recent years, lawmakers have been cutting education funding, including for bullying prevention, leading some school districts to resist anti-bullying mandates.

There are many signs, listed earlier in this course, that a child or youth is being bullied. Many of these signs relate to school attendance or academic performance, in addition to other mood or behavior changes that a child or youth experiences in the home or elsewhere. In review, they include:
- Abrupt lack of interest in school or refusal to go to school.
- Takes an unusual route to school.
- Suffers a drop in grades.
- Has few or no friends.

Bullying and role of mental health practitioners

Mental health professionals can begin to address bullying by being role models themselves by how they comport themselves in the therapy setting. By demonstrating appropriate boundary and limit setting, remaining respectful and reliable, and facilitating psychological growth and resilience in clients, mental health practitioners demonstrate healthy interaction and provide a safe emotional environment for their clients.

Mental health professionals are in a unique position to help individuals, families and communities understand what causes bullying in order to address the problem. Because families are the first line of defense when it pertains to children developing into bullies, mental health professionals can help parents reexamine conventional erroneous thinking or behavior that promotes bullying.

Through a parallel process between mental health practitioners and parents, parents can then guide their own children toward identifying, negotiating and practicing new thinking and behaviors.

When addressing family dynamics in families where bullying exists or has occurred, the therapist can also work on individual self-exploration, expression, problem solving and positive family engagement. However, adults and children also need to be instructed...
that self-expression does not exist through hurting another person. Clear, loving and consistent limits are highly recommended by practitioners with families where children bully other children.

At times, therapist-client psychotherapy timelines are short term, and facilitating “good enough parenting” is a very realistic goal. Promoting “good enough” parenting is solution-focused with a timeline, but it does teach and promote enough skills in parents to help their children begin to feel emotionally and physically safe within their home. In working toward that goal, mental health professionals encourage family caregivers to convey these basic messages:

- I believe in you.
- I love you.
- I will create a safe place for you to live.
- I will role-model respect, resiliency and optimism.
- I will set reasonable and developmentally appropriate limits and guidelines for you.
- I will help you learn how to handle life situations.
- I will listen to you.
- I will care for you.
- You are important to me.
- I will not allow you to bully others.

Mental health practitioners can help caregivers identify and intercede when they see bullying occur. For example, parents more easily see bullying in their children through sibling interaction. Allowing their own children to intimidate, terrify, shun, ridicule or physically harm one another in the home sets the stage for them to practice the same behavior out in the world.

And yet, shaming or physically punishing young bullies for their behavior isn’t the answer. Studies of bullies’ backgrounds report that physical punishment played a big role in their lives. Isolation (including neglect), humiliation, shaming and emotional abandonment are also not useful coping tools in responding to sibling bullying. Instead, the mental health professional should discuss with adult parents “common sense” behaviors that must be consistently repeated. These include:

- Immediate intervention and zero tolerance for bullying behavior.
- Examining with children the root of their behavior. What happened?
- Teaching and demonstrating that arms are “for hugging.”
- Demonstrating and practicing with children self-regulation.
- Nurturing empathy.
- Creating opportunities to “do well.”
- Asking children to identify and use language to express themselves.
- Teaching children how to dislodge and cope with physical and emotional stress.
- Role-modeling friendship skills.
- Redirecting activities.

**Reporting bullying**

Mental health professionals can support parents in reporting bullying to the police and other public oversight authorities such as school administrators. Encourage parents to take photos of all injuries to their children. (Let them know to hold a ruler next to the injuries to identify their sizes.) In addition, mental health practitioners can ask parents to keep a record of all medical treatment, medical expenses and all related travel expenses and let them know to include counseling expenses as well to their expense list. Encourage parents to date the photos and code them in a way that will link them back to their written record. Children and youth bullies also need to know that any threats or physical assaults on their part will be reported to people in authority.

**Engaging families in bullying prevention activities**

Mental health professionals can also promote respectful family engagement by assigning their families “homework” that includes:

- **Practicing democratic engagement.** For example, when children are given choices about planning their activities and arranging chores and schedules, they practice problem solving while, at the same time, feeling respected. As children grow into responsibility and as their decision-making capacities grow, their ability to forecast problems and outcomes and make good choices increases. As homework, mental health professionals can ask families to create a chore board together and come up with chore assignments and timelines.

- **Identifying and creating safe physical spaces within the home environment.** Mental health professionals can prompt families to discuss what helps children within the family to feel safe and what parents can do to help their children feel safe. This practice can extend to providing safe handling of pets as well. Mental health professionals can ask parents to create a checklist of safety questions for their children and ask these questions during routine moments during the day or evening. For example, as parents drive their kids to and from school, they can have a conversation about what or who helps their children feel safe or what do their children keep with them that help them feel safe.

- **Safe play.** When it pertains to bullying, safe play ensures that children do not harm others while they’re engaged in play activities. For instance, while it is normal to enact certain aspects of villain versus hero themes, it is not normal to hurt others during the process of the game. In addition, safe play ensures that children are not exposed to potential bullying if their play is left unsupervised or they are otherwise exposed to older or more dominant potential bullies. Even playing board games can be an exercise where families engage with one another without name-calling and taunting. Practicing safe play while tickling children and wrestling is an important part of teaching safe play. In addition, mental health professionals can ask their clients to choose and organize a special time during the day to engage in play with their children.

- **Philanthropy, good works and helpfulness.** Teaching empathy and compassion is an important parenting role. As a homework assignment, mental health professionals can ask families to choose a volunteer activity or decide where they would like to donate and share their resources, such as canned goods or clothing. In addition, professionals can consistently pose the question: “Who helps whom in this family?”

- **Clear and consistent discipline and guidance.** Clear, consistent, loving guidance takes time and poses a challenge to parents when both work and timelines are tight. Consistent and loving discipline guidance also takes thoughtful self-regulation at times for parents when they’re also coping with multi-leveled stress and their own particular upbringing. Mental health professionals can ask parents to practice a specific type of behavior in response to their children’s misbehavior and consistently check in with parents for a) consistency
and b) outcome. At all times, professionals should express a zero tolerance for bullying among siblings or with other children.

- **Character discussion.** According to James Hillman, author of the “The Force of Character,” an individual who demonstrates little character is someone “with little insight … is simply one who does not imagine who he is – in short, an innocent. Innocence has no guiding governance but ignorance and denial.” (Hillman, 1999). Hillman’s description could very easily be describing a bully. When addressing the topic of resiliency, mental health professionals can begin by asking parents and children what they believe good character to be, and what qualities constitute good character? Practitioners can assign homework to families that includes developing a list of people they know who they believe have good character. For example, would the list include people that demonstrate empathy, honesty, trust and self-control? Do people with character stand up to bullies or do they tell an adult in a position to help? Does someone with good character know when to act and or retreat? And do people with good character know when to retreat from dysfunctional behavior? Even small children can engage in this type of discussion.

- **Second opportunities.** Giving parents’ permission to give their children second chances when they make mistakes is an important message for mental health professionals to send to their clients. Mental health practitioners have opportunities to role model this behavior when parents forget appointments or make an error in parental judgment. A homework assignment could include asking parents to strategize with their children about how to handle mistakes, missteps and ill-timed behavior within the family. In addition, further discussion can occur around mistakes that occur outside of the home through sports, theater or shopping activities.

- **Cooperation and negotiation.** Children and youth take their cooperation and negotiating skills into the larger community as they enter school and begin to participate in the larger community. Learning self-regulation is a major social/emotional milestone for children and youth, particularly during times of stress or frustration. Mental health practitioners can suggest homework that includes simple and flexible tasks or time to complete those tasks. Family participation in board games and outdoor physical activities such as volleyball or badminton also provide cooperation and negotiation opportunities for parents to teach their children about these very important social and emotional skills. How do parents role-model planning for extended family or faith and social engagement with friends or business associates? Finally, how do parents negotiate time with their own children?

- **Resiliency building.** Resilience is the act of rebounding or springing back after being stretched or pressed, or recovering strength, spirit and good humor. It is associated with being able to adapt to negative life experiences not merely by surviving but by thriving and benefitting from handling or experiencing difficult times. When children and youth have been bullied, their resiliency skills or lack of skills are tested.

- **Self-awareness.** Supporting the development of language skills in parents and children that prompt them to identify and express personal feelings is another important task for mental health professionals. When people have the ability to assess their personal feelings and consider their likes and dislikes, they’re building their aptitude for self-awareness. Practitioners can ask their families as part of a homework assignment to take two to five minutes alone each day for one week to think about and write down what helps them feel safe. Other questions professionals may want to pose are what qualities do family members most value within themselves and with each other?

### Working with parents when their children bully others

It is not uncommon for parents to be in denial or somewhat defensive when their own children have been caught bullying other kids. Mental health professionals must walk a fine line between being clear about the inappropriateness of the behavior itself and implying the character of their kids is less than sterling. In fact, parents may tend to take a clinician’s message further and misinterpret it to mean that they are less than sterling as parents themselves. As noted earlier, studies of the background of bullies conclude that physical punishment played a big role in their lives. So mental health practitioners must also be mindful not to encourage excessive parental response in the form of verbal or physical behavior with their children either.

Professionals should remind parents that while they are responsible for their children’s actions, they are not necessarily to blame for them either. Remind parents that bullying that is stopped early is positive and that to stop bullying in children as early as possible prevents them from being labeled or stereotyped as bullies. It is also helpful to remind parents that because their children were capable of being bullies, they are probably also capable of being sensitive to the needs of others.

Strongly reinforce with parents that they must intervene immediately with discipline, not punishment, when their children bully others. Let them know that discipline, rather than punishment, takes time but is more constructive and responsive to the needs of their children. Time taken, though, is well worth it as children begin to recognize that actions have intended and unintended outcomes. Using discipline instead of punishment includes four steps.

**Discipline steps**

1. Be clear with the bully about what he or she has done.
2. Place the responsibility of the bullying on the shoulders of the young bully.
3. Require that the child or youth fix the problem. The child must solve the problem he or she created through some type of apology, restitution, reconciliation or resolution.
4. Leave the child’s or youth’s dignity intact.

### Helping to heal victims

Ensuring ongoing victim safety, helping child and youth victims work through their grief, addressing trauma when it has occurred, reframing or reprocessing the bullying experience with victims to facilitate their resolution and their empowerment, and supporting family members through the recovery process are essential tasks for mental health professionals. The immediate and ongoing safety of the child is the primary focus when working with bullying victims. Mental health practitioners must continue to inquire about the child or youth’s further protection as well. Asking questions to parents and even children such as “What steps have been taken to further ensure your child’s safety?” or “Has there been a plan put in place to ensure that this child will not be further abused?” is very important. Mental health professionals should inquire about what family, school or social support systems are in place to protect this child. A protection/safety plan should be discussed with family, and when appropriate, with school officials and even law enforcement. Steps should be taken to ensure that further exposure to the bully, without a restitution plan generated from the bully and his/her family, should be prevented.
Depending on their circumstances, some victims may feel guilty or blame themselves for being bullied, excusing their perpetrator’s behavior for any number of reasons. They may be fearful of retaliation, and their fears often are well founded. In addition, young victims may experience grief because of their loss of innocence, social standing or hope. Their worldview or perspective may have been changed, and they may repeat to themselves negative messages that pertain to trusting others.

It is important that practitioners repeatedly let their young clients know that they are not bad because of bad things that happen to them.

Use of metaphor to heal victims

Mental health professionals can help heal the wounds caused by bullying in children and youth through the use of metaphorical storytelling. Metaphorical or symbolic stories are extremely helpful because they speak to an individual’s unconscious world while bypassing normal conscious resistance, as well as draw upon associations presented in a story related to problem solving and recovery. Stories address the victim’s experience without direct discussion of it.

Mental health practitioners can contrive or borrow stories that indirectly address the victim’s worries, problems, self-perceptions or anxieties that grew from their bullying experiences. Professionals can also use personal references when they approach a story or chose to use symbols more relevant and topical to the victim. In either case, mental health professionals must know their victims’ likes, dislikes, story of victimization and understand the victims’ symptoms in order to formulate and share a story. Embedded within a story should be some key words or prompts that help victims to come up with a solution or resolution to what has happened to them. In general, practitioners share a parallel story to the victim’s personal experience and mask the protagonist (the victim) as the central character, through using a positive symbol.

Working with schools

Mental health professionals are called in at times to help school administrators sort through the issue of school bullying and help them build a bullying prevention program. Mental health professionals can begin by asking school officials, teachers and students what bullying means and to talk about signs that it could have occurred at their own school. Role-play can be used, and is often a fun way to demonstrate and teach assertive behavior. This can be accomplished with young children through puppetry or dolls within the classroom setting as well. It can also help to suggest ways for children to compromise or to express their feelings in a positive way. Consultants can demonstrate how children can resolve problems firmly and fairly. And it can be helpful to teach children about how to ignore routine teasing and that not all provocative behavior must be acknowledged.

Teaching children the value, too, of making and keeping new friends is another instructional tool and helps them to understand courtesy skills. Students also look for ways to respond to bullies; mental health professionals can help them identify acts of aggression, bossiness or discrimination while encouraging them to trust and value their own feelings. Mental health consultants can also help teachers recognize bullying and its many forms and learn how to intercede immediately and to call upon other teachers for help when needed. Consultants can also help them understand that ignoring or overlooking the problem does not make it go away; instead it increases the chances that bullying will escalate.

Many schools have used existing anti-bullying school curriculums or adapted them to meet their particular school need. And many of them incorporate student peer support groups and zero-tolerance policies. Parent-teacher associations have become a part of the policy-setting groups as well.

Canada is the largest national community to incorporate an anti-bullying campaign, called Pink Shirt Day. Normally held in February, Pink Shirt Day is an innovative, widespread campaign to increase awareness of and attention to the issue of bullying in schools and in society at large. In 2007, David Shepherd and Travis Price in Nova Scotia took a stand against bullies in their school. After hearing a student was called a homosexual and threatened for wearing pink, the two youths went to a nearby discount store and bought 50 pink shirts, including tank tops, to wear to school the next day. “I just figured enough was enough,” Shepherd was quoted as saying. The next day, through word spread online, hundreds of students showed up in pink clothing and little was heard from the bullies again.

Mental health professionals and the larger community

Most professional mental health associations’ code of ethics discuss good citizenship as part of their mental health professional values. As a professional community, mental health practitioners need to stand together with other organizations to reinforce the message that bullying will not be tolerated in any society. Part of this mission should include:

- Discussion about what bullying means at its most subtle levels.
- A zero tolerance for bullying by a professional organization, network, club or office.
- Support of local bullying prevention programs.
- Using one’s time and talents to volunteer where there is need to increase awareness of bullying in the community and in schools, such as classroom visits with students or donating time at a church to talk about the effects of bullying.
- Urging and reinforcing non-bullying behaviors and a zero tolerance in youth organizations or child and youth sports leagues.
- Demonstrating and teaching tolerance and empathy for difference.
- Exploring diversity by attending different ethnic professional affiliations.
- Being a mentor to children and youth through a volunteer organization such as the Big Brother or Big Sister programs.
Summary

Bullying is commonly characterized by aggressive behavior that is intended to cause distress or harm, and involves an imbalance of power or strength between the aggressor and the victim. Victims typically are vulnerable, and when there is a lack of support for them, feel isolated and exposed, which can lead to damage to their self-concept and behavior marked by either withdrawal or aggression. Bullying commonly occurs where there is little or no adult supervision, inadequate adult supervision or a lack of structure — areas where children have nothing to do or are free to do as they wish. Bullying can be physical, verbal, emotional and relational or sexual, and can occur over the Internet. The bullying relationship affirms the power needs of the abuser and takes advantage of the vulnerability of the victim.

There are several ways that bullying can take place including verbal, physical, cyberbullying and indirect bullying. Physically being bullied usually entails some sort of physical assault or attack, or can also include having one’s personal property destroyed or stolen. Verbal bullying arises from name calling that may be done because of a person’s gender, sexual orientation, minority status, race, religious, etc. Indirect bullying is one of the most common types of bullying is the type of bullying that many people may do without even realizing it. Indirect bullying includes spreading stories and rumors about a person behind his or her back as well as exclusion from social groups. Cyber bullying can also fall into the category of indirect bullying, but includes bullying that is done over any type of electronic medium like text messaging, e-mail, pictures sent via text or e-mail, websites, blogs, message boards, chat-rooms and instant messaging.

Victims can acquire acute stress or post-traumatic stress disorder as a result of being bullied. Children and youth who may be more vulnerable to acquiring these conditions are likely to have had prior vulnerability factors, report greater perceived threat or danger, have exposure to social environments that promote self-hatred, shame, guilt and stigmatization, and have experienced greater stressors with regard to unpredictability, uncontrolability, sexual victimization, betrayal, and real or perceived responsibility. Researchers have discovered that there are three different victim types: provocative victims, bully-victims and passive victims. Dieter Wolke says another type of bully is the pure bully.

Bullying does not appear to be about anger or conflict. Instead, it appears to relate to feeling contempt for someone considered to be worthless, inferior or undeserving of respect.

Mental health professionals become guardians for the safety of bullied children and youth by facilitating bullying prevention and intervention strategies with families and victims, schools and communities. Working with parents in a parallel process to guide their children to identify bullying behaviors or to defend themselves against bullying, advocating for bullied victims and reporting bullying are other functions of mental health professionals. Working with child or youth victims to help them grieve, reframe and reprocess their abuse and work toward full recovery to becoming resilient against further abuse are other essential tasks for the mental health professional.

Victim support – References

Books for children and adolescents:

Books for parents and school personnel:

Support organizations and hotlines:
- Covenant House Youth Crisis Hotline, 800-999-9999.
- National Runaway Switchboard. 800-621-4000.
- The Trevor Project. 800-969-6642.
- National Runaway Switchboard. 800-621-4000.
- National Victim Center. 800-621-4000.
- Trevor Helpline for Gay, Lesbian and Bisexual Youth. Thetrevorproject.org 800-850-8078.

Online Support
- www.bullybeware.com
- www.bullying.org
- www.cfchildren.org
- www.familyfun.com
- www.GLSEN.org National organization to fight anti-gay bias in K-12 schools.
- www.healthyplace.com
- www.home-school.com
- www.kidshelp.org
BIBLIOGRAPHY

1. Bullying behavior causes a harmful social, physical, psychological and _______ impact on personal well-being in very young children to older teenagers.
   a. Financial.
   b. Familial.
   c. Academic.
   d. Testing ability.

2. The National Crime Prevention Council (2014) states that one of their studies indicates that 60 percent of those who were bullies had _______ by the time they were 24 years old.
   a. Lower IQs than victims.
   b. Committed at least one criminal act.
   c. Been fired from one or more jobs.
   d. Apologized to their victim.

3. According to various bullying studies, many teens and children act out violently on their peers through acts of bullying because they are:
   a. Struggling educationally.
   b. Mean tempered.
   c. Abused at home.
   d. Socially impaired.

4. Bullying is an imbalance in real or perceived _______ that exists between the bully and the victim.
   a. Problem.
   b. Hatred.
   c. Issue.
   d. Power.

5. Victims of bullying are likely to be anxious, insecure, cautious, and suffer from:
   a. Mental illness.
   b. Low self-esteem.
   c. Medical conditions.
   d. Sleep disorders.

6. Persistent symptoms of increased arousal that include difficulty falling or staying asleep; irritability or outbursts of anger; difficulty concentrating; hyper-vigilance; and exaggerated startle response may be a sign that a child has developed:
   a. Anxiety Disorder.
   b. Depression.
   c. Post-Traumatic Stress Disorder.
   d. Oppositional Defiant Disorder.

7. Representing the largest group of victims, _______ do not directly provoke bullies; they may appear to be physically or emotionally weaker and do not defend themselves.
   a. Passive victims.
   b. Provocative victims.
   c. Bully-victims.
   d. Inactive victims.

8. While not discussed very openly, _______ occurs when violence, taunting and humiliation is often viewed as normal behavior and assigned as just a place where it’s okay to have a “competitive edge.”
   a. Sports bullying.
   b. Competitive bullying.
   c. Team bullying.
   d. Squad bullying.
9. Name calling in chat rooms, posting fake profiles on websites, vicious forum posts and cruel e-mail messages are different forms of:
   a. Internet bullying.
   b. Cyber bullying.
   c. Squad bullying.
   d. Computer bullying.

10. As a prevention method, parents are encouraged to keep computers:
    a. Inaccessible to children/teens.
    b. Limited to educational activities.
    c. In a shared space like the family room.
    d. In each child’s bedroom.

11. When children and youth are threatened, make racist remarks, or spread malicious gossip to attempt slander online or otherwise, they should be:
    a. Reported to the police.
    b. Expelled from school.
    c. Disciplined.
    d. Issued a strong warning.

12. Teasing is supposedly a “fun” thing to do with friends, but ________ is a choice to bully someone for whom you have contempt.
    a. Bullying.
    b. Bantering.
    c. Taunting.
    d. Jeering.

13. Psychological bullying is behavior that intentionally harms another person by using ________.
    a. Threatening behavior.
    b. Social manipulation.
    c. Confidential information.
    d. Fear based tactics.

14. ________ bullying is commonly defined as “any bullying behavior, whether physical or non-physical, that is based on a person’s sexuality or gender”.
    a. Gender.
    b. Identity.
    c. Social manipulation.
    d. Character.

15. According to Bart (1998), a significant study shows that ________ of gay youth had been threatened or injured at school in the past year.
    a. 12 percent.
    b. 27 percent.
    c. 31 percent.
    d. 45 percent.

16. Being ________ by itself appears to increase the likelihood of being a victim of bullying.
    a. A single child.
    b. The oldest sibling.
    c. Obese.
    d. Creative.

17. Bullying behavior may cross the line to become “_______”, which is illegal under Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act of 1990.
    a. Disability harassment.
    b. Sexual harassment.
    c. Rehabilitation bullying.
    d. Disability bullying.

18. ________ is a combination of qualities that make up personality.
    a. Character.
    b. Personal quality.
    c. Temperament.
    d. Personality.

19. Multiple ________ that include peer pressure, cultural oppression, academic stress, volatile teachers or parents, and economic worry contribute to unregulated bullying behavior as well.
    a. Situational elements.
    b. Stress indicators.
    c. Stress environments.
    d. Tension environments.

20. A common myth about children and youth who bully is that they are:
    a. Loners.
    b. Academically challenged.
    c. Mentally challenged.
    d. Malicious.

21. Young bullies are more likely to report that they:
    a. Engage in high risk hobbies.
    b. Own guns.
    c. Take psychotropic medications.
    d. Lack friends.

22. Because ________ are the first line of defense when it pertains to children developing into bullies, mental health professionals can help parents reexamine conventional erroneous thinking or behavior that promotes bullying.
    a. School officials.
    b. Families.
    c. Friends.
    d. Police officers.

23. When children are given choices about planning their activities and arranging chores and schedules, they practice problem solving while, at the same time, feeling respected, this is an example of:
    a. Democratic engagement.
    b. Family engagement.
    c. Character building.
    d. Family building.

24. The immediate and ongoing ________ of the child is the primary focus when working with bullying victims.
    a. Permanency.
    b. Well-being.
    c. Safety.
    d. Educational needs.

25. Most professional mental health associations’ code of ethics discuss good ________ as part of their mental health professional values.
    a. Citizenship.
    b. Partnership.
    c. Family values.
    d. Decision making.