Adolescent Bullying and Depression

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Learning objectives

After completing this course, mental health professionals will be able to:
• Explain the unique aspects of brain growth during adolescence that contribute to bullying.
• Define adolescent bullying.
• Discuss bullying statistics among youth.
• Identify youth bullying populations.
• Describe the warning signs of targeted victims.
• Discover how depression is tied to adolescent bullying.
• Identify bullying behaviors.
• Discuss various causes behind bully behavior.
• Explain adolescent bullying prevention and intervention with youth, parents and schools.

Introduction

A Senseless Death
For nearly a year, authorities say that as many as 15 girls ganged up on 12-year-old, Rebecca Ann. They bombarded her with online messages, such as “You should die,” and “Why don’t you go kill yourself?”

And then, Rebecca couldn’t take it anymore. She changed one of her online screen names to “That Dead Girl.” She messaged a boy in North Carolina: “I’m jumping.” And then the girl went to an abandoned concrete plant, climbed a tower and jumped.

“The bullying started over a ‘boyfriend issue’ at her middle school,” the sheriff stated. “Rebecca was suspended at one point for fighting with a girl who had once been her friend.”

According to authorities, Rebecca had been “terrorized” by the other girls. Detectives found some of her diaries at her home, and she talked of how depressed she was about the situation. “Her writings would break your heart,” the sheriff said.

This case has illustrated, once more, the ways in which youngsters are using the Internet to torment others.

“There is a lot of digital drama. Middle-school kids are horrible to each other, especially girls,” said Perry Aftab, a New Jersey-based lawyer and expert on cyberbullying.

Rebecca was hospitalized for three days after cutting her wrists because of what she said, was bullying. Later, after Rebecca complained that she had been pushed in the hallway and that another girl wanted to fight her, Rebecca’s mother began home-schooling her.

The next fall Rebecca started at a new school, and reportedly loved it. But, the bullying continued online.

“She put on a perfect, happy face. She never told me,” Rebecca’s mother stated. “I never had a clue. I mean, she told me last year when she was being bullied, but not this year, and I have no idea why.”

After Rebecca’s suicide, police looked at her computer and found search queries such as, “what is overweight for a 13-year-old girl?”, “how to get blades out of razors,” and “how many over-the-counter drugs do you take to die.” One of her screensavers also showed Rebecca with her head resting on a railroad track.

Police said that she had met the North Carolina boy at an airport and that they had remained friends online. The 12-year-old boy didn’t tell anyone about the “I’m jumping, I can’t take it anymore” message he received from her shortly before her suicide, authorities said.

Florida, where Rebecca lived, has a bullying law but it leaves punishment to schools, not police. Legal experts said that it is difficult to bring charges against someone accused of driving a person to suicide.

“We’ve had so many suicides that are related to digital harassment. But we also have free-speech laws in this country,” Aftab said.

In a review of news articles, The Associated Press found about a dozen suicides in the U.S. since October, 2010 that were attributed, at least in part, to cyberbullying. Aftab said that she believes the real number, is at least, twice that.

“In 2006, 13-year-old Megan Meier hanged herself in Missouri after she was dumped online by a fictitious teenage boy, created in part by an adult neighbor,” authorities said. A jury found the neighbor guilty of three federal misdemeanors, but a judge threw out the verdicts and acquitted her.

Florida’s law, the Jeffrey Johnston Stand Up for All Students Act, was named after a teenager who killed himself after being harassed by classmates. The law was amended July 1, 2013 to cover cyberbullying. David Tirella, a Florida attorney who lobbied for the law and has handled dozens of cyberbullying cases, said law enforcement can also seek more traditional charges. “The truth is, even without these school bullying laws, there’s battery, there’s stalking,” he said. (Lush, T. September 13, 2013, Associated Press)

According to statistics from Family First Aid, about 30 percent of adolescents in the U.S. have been involved in bullying, either as a bully or as a victim of teenage bullying. Data suggests teenage bullying is more common among younger youth, than it is among older teens. However, it may be that young teens are more prone to physical bullying, which is easier to identify, and that older adolescents are more sophisticated in methods of bullying which are not always, exactly identified as such.

Various reports and studies have established that approximately 15 percent of students are either bullied regularly or are initiators of bullying behavior (Olweus, 1993). Direct bullying seems to increase through the elementary years, peak in the middle school/junior high school years, and decline during the high school years. However, while direct physical assault seems to decrease with age, verbal abuse appears to remain constant. School size, racial composition, and school
setting (rural, suburban, or urban) do not seem to be distinguishing factors in predicting the occurrence of bullying.

Boys engage in bullying behavior and are victims of bullies more frequently than girls (Batsche & Knoff, 1994; Nolin, Davies, & Chandler, 1995; Olweus, 1993; Whitney & Smith, 1993). There are a number of effects that come with teenage bullying. First of all, there are the obvious physical problems and injuries that can result from physical bullying. However, emotional, verbal, and cyber bullying can deeply affect youth, as well. These activities can lead to depression (and even suicide), drug use, and stunted social development. These are problems that can affect a person well into adulthood.

Many people retain terrible memories of high school, in large part due to the bullying they experienced. Teenage bullying is a very real problem. There are many different types of bullying, including verbal and emotional bullying. These types of bullying, though more subtle than physical bullying, can still have a large impact on an adolescent. In addition, with the Internet now becoming a huge part of many youths’ lives, it is no surprise that cyber bullying is seeing an increase.

Other statistics:
- Over half, about 56 percent, of all adolescents have witnessed a bullying crime take place while at school.
- A reported 15 percent of all youth who don’t show up for school report it to being out of fear of being bullied while at school.

### Changes in the brain during adolescence contribute to bully behavior

As mental health professionals know, the brain is still well under way in the development process, through the teen years into their twenties. Decisions today can affect the way their brains develop and particularly how adolescents respond to stress, social pressures, and another’s feelings.

Puberty and adolescence mark the metamorphosis of the child into the adult. Biologists have typically viewed puberty from an endocrine perspective because the overt signs of reproductive maturation are driven by hormonal changes occurring during this period of development. Over the past four decades, an appreciation for the neural control of hormone secretion and a gradual awareness of extensive brain remodeling during adolescence, have shifted the emphasis to a neural basis for reproductive maturation. Neuroscientists wish to answer two main questions about puberty: how is it timed and what are the underlying neural mechanisms.

The terms puberty and adolescence are often used interchangeably. To specialists, however, puberty refers to the activation of the hypothalamic-pituitary-gonadal axis that culminates in gonadal maturation. Adolescence refers to the maturation of adult social and cognitive behaviors. These nuances of terminology capture the two essential elements of adulthood: production of gametes and a behavioral means for bringing male and female gametes together. The central position of this review is that gonadal maturation and behavioral maturation are two distinct brain-driven processes with separate timing and neurobiological mechanisms, but they are intimately coupled through iterative interactions between the nervous system and gonadal steroid hormones. The collective endpoint of these two processes is the reproductively mature adult.

The adolescent years are an important time for brain development. The thinking, memory, and feeling parts are all changing during this time, and even alcohol can interfere with these important changes and actually shrink the thinking and memory parts. Research shows that drinking lots of alcohol during adolescence can make an area of the brain called the frontal lobes, smaller. The frontal lobes help us make decisions, think about things, and pay attention. Youth who drink a lot have problems in these areas. Alcohol also can shrink the hippocampus, the brain area that helps with learning and memory. For weeks and months after a teen stops drinking heavily, these parts of the brain still struggle to work correctly.

Because the prefrontal cortex is one of the last areas of the brain to mature, adolescents tend to use other areas of the brain – in this case emotional areas – when making decisions. For example, brain activity shows that when judging emotion represented on a face, a teenager’s amygdala is activated. Activity in the amygdala during this task likely reflects more of a gut reaction than a reasoned one. In contrast, the prefrontal cortex, involved in reasoning and reflection is activated in the adult brain.

Why do adults seem to blame “raging hormones” for many things youth do? Beyond causing acne and a sudden interest in dating, are hormones responsible for changes in behavior or emotional response? The answer is yes. The hormones that change around puberty—starting between ages 8 and 14 years—and last until the early 20s, when adolescence ends, may affect them in more ways than they realize. NIDA defines a “hormone” as “a chemical substance formed in glands in the body and carried in the blood to organs and tissues, where it influences function, structure, and behavior.”

In preteen and teen years, many new chemicals move around inside the body, transforming children to adolescents and eventually, to adults. During puberty, the brain releases various hormones that help the body to mature by producing testosterone (in boys) and estrogen (in girls). Resulting changes can go beyond physical development to include emotional and mood changes.

Other important hormones also come into play in the adolescent years. Melatonin is a hormone that helps one’s body regulate sleep cycles by making youth feel sleepy after the sun goes down. Melatonin levels in adolescents don’t start to rise until about 10:30 p.m., which might explain why many teens want to stay up late despite their parents’ wishes. Research shows that for adolescents, melatonin levels remain high, even after they wake up, which is why teens may feel sleepy in the morning.

Our bodies also release something called “stress hormones,” such as cortisol. The stress hormone cortisol governs how well someone responds to or recovers from stressful experiences. Increased stresses in adolescence can cause cortisol levels to rise, which can affect teens’ ability to function calmly and reasonably.
Developing empathy—being able to read someone else’s feelings and relate them to one’s own—depends to some extent on brain development. It may also be hard for adolescents to have empathy because their brains aren’t yet hard-wired for it. Brain imaging studies show that teens and adults may use different mental strategies for figuring out someone’s intentions or motives for doing something. The ability to understand what others are feeling is important in forming close relationships, tolerating differing points of view, and keeping us from hurting others because of misunderstandings.

Even more, some people seem to be inherently better at empathizing than others. Dr. Abigail Marsh, a researcher at Georgetown University, studies empathy—or the lack of it—in youth. Dr. Marsh measures this quality by using brain imaging technology to look at activity in the brain’s amygdala while showing both groups of teens pictures of fearful faces. She theorizes that “exposure to and correct interpretation of certain distress cues may predict the likelihood” of developing behaviors like empathy.

According to Dr. Marsh, one can aid the development of empathy by practicing the following three ways of tuning into others’ feelings. Mental health professionals can focus on these essential messages with youth:

1. **Put yourself in someone else’s shoes.** Is it possible that it hurt your friend’s feelings when you said her choice of birthday presents “sucked”? Can you share in your sister’s excitement for acing her physics exam?

2. **Recognize others’ emotions if you have felt them yourself.** How do you feel when someone makes you mad? Have you ever noticed when something you said out of anger or frustration had that effect on someone else?

3. **Pay attention.** Are you too busy tuning into how no one “gets you” to notice the needs of other people around you? Other people may need your understanding as much as you need theirs.

There are good reasons why persons need to be 16 to get a driver’s license or 18 to vote or 21 to legally drink alcohol. It’s partly because the brain is not ready to take on these responsibilities, since the brain is still forming—like the prefrontal cortex, which allows people to weigh the pros and cons of situations instead of acting on impulse. This is one reason why teens are generally more likely to take risks than adults.

For example, with alcohol, teens may be less able to judge when to stop drinking. The Centers for Disease Control and Prevention (CDC) states that each year, more than 4,600 alcohol-related deaths occur among those less than 21 years old—that is way too many. Research shows that alcohol and other drugs change the brain’s structure and how it works in the short and long term. In the short term, drugs affect one’s brain’s judgment and decision-making abilities, while long-term use causes brain changes that can set people up for addiction and other problems.

In other words, mental health professionals understand that adolescents are predisposed to being impulsive, can lack empathy, and may not be responsible when they attend to social issues with friends and family. Nighttime can be prime hours for impulsively texting, e-mailing, or otherwise cyber-texting friends or bullying targets. Their inability at times to understand empathy can prompt them to not understand, or “the big deal” by a comment or text message to someone they’re temporarily angry with. Their tempers may flare as they walk down the school hallway and a less strong student lingers. Instead of passively going around the student they might impulsively shove the weaker student out of the way without apology.

It’s important, when understanding and dealing with bullying, that mental health professionals message this information to teachers, parents and, carefully, with adolescents themselves. Brain changes during the adolescent years do not excuse bad behavior, but it does explain some of the tendencies inherent in bullying behavior. Mental health professionals can educate and encourage parents, to talk to their children about bullying to ensure they can recognize, prevent or manage bullying.

This course will define adolescent bullying describe targeted victims, bullies, bully behaviors, bully causes, as well as intervention and prevention. The adolescent years routinely covering twelve (12) through seventeen (17) are critical as a young person recognizes and develops social and emotional skills built upon their earlier childhood experiences. Adolescence, by its very nature can also be fraught with self-doubt, anxiety and social conflict particularly when adolescent brains are changing as well.

### Bullying

Bullying is a behavior linked to child development, relationship formation and psychological wellbeing. Bullying is a learned behavior. According to the American Psychological Association (APA), “Bullying is commonly characterized as aggressive behavior that:

a. Is intended to cause distress or harm
b. Involves an imbalance of power or strength between the aggressor and the victim,

c. Commonly occurs repeatedly over time.” (APA, 2004)

In their 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 target(s). While bullying can be a direct attack such as teasing, taunting, threatening, stalking, and 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 and as a result of physical or psychological intimidation that occurs repeatedly over time to create an ongoing pattern of harassment and abuse.

Mentioned above, bullying is an imbalance in real or perceived power, which must exist between the bully and the victim/target. (US Department of Education, 2010) When defining bullying, other sources often include the words “repeated”, “ongoing” and “exposed overtime”, in addition to intentionally inflicting or attempting to inflict injury or discomfort on another (Olweus, 2001). Bullying intensity can range from mild, to moderate to severe. In addition, harm to the victim, is not intentionally provoked by the victim himself.

Middle school is the age when bullying is most common, with almost all middle school students being affected directly or indirectly by bullying. This is an age where young people want more to fit in with their peers, making some students more likely to bully or condone bullying to fit in, while those who don’t fit in stand out more as victims.

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**Bulicide:** Suicide continues to be one of the leading causes of death among children under the age of 14. *Bulicide* is a term used to describe suicide as the result of bullying. New bullying statistics 2010 are reporting that there is a strong connection between bullying, being bullied and suicide, according to a new study from the Yale School of Medicine. Suicide rates are continuing to grow among adolescents, and have grown more than 50 percent in the past 30 years.
Bullying takes on many forms

Bullying includes behaviors that focus on making someone else feel inadequate, or focus on belittling someone else. Bullying includes harassment, physical harm, repeatedly demeaning speech and efforts to ostracize another person. Bullying is active, and is done with ill intent.

Bullying can include various types of behavior from physical attacks, to destroying one’s personal property or clothing, verbal abuse, starting rumors, name calling, verbal attacks online as well as other forms of cyberbullying.

There are several ways that bullying can take place including verbal, physical, cyberbullying and indirect bullying. 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 forms 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.

**Physical bullying**

This is the most obvious form of bullying. In this type of bullying, the instigator attempts to physically dominate another teen. This usually includes kicking, punching and other physically harmful activities, designed to instill fear in the one bullied, and possible coerce him or her to do something.

Physical bullying is the most traditional form of bullying and occurs when the victim is injured physically with pushing, shoving, punching, kicking, burning, etc. It also occurs when the bully steals the victim’s personal belongings, destroys personal belongings, clothes, etc.

Physical bullying usually entails some sort of physical assault or attack, or can also include having one’s personal property destroyed or stolen. Physical bullying occurs most often at school, though it can also occur on the way to and from school and after school.

Physical bullying is more likely to occur among males, though females may also be the perpetrators or victims of physical bullying. Bullies may have any number of reasons for bullying others, such as wanting more control over others, and wanting to fit in. There are many types of negative physical interactions that can occur between young people, including fighting, practical jokes, stealing, and sexual harassment.

These things are not considered physical bullying unless:

- The same victim is targeted repeatedly.
- The bully or bullies intend to hurt, embarrass, or intimidate the victim.
- The actions occur in a situation with a real or perceived imbalance of power, such as when the bully is stronger than the victim, or has a higher social standing.

In this context, physical bullying can include:

- Hitting.
- Pushing.
- Tripping.
- Slapping.
- Spitting.
- Stealing or destroying possessions, including books, clothing, or lunch money.

Physical bullying can also include more than just hitting, punching, kicking or otherwise injuring another person. It can also include stealing from another person or damaging their personal property. Types of hazing, by forcing others to do something embarrassing or harmful to themselves or others, is physical bullying. While males typically take the blame for such behaviors, females can also have just as much a devastating impact on their peers.

School bullying statistics also reveal that adolescents, ages 12-17 years, believe they have seen violence increase at their schools. In fact, these numbers show that the most violent altercations between students are more likely to occur on school grounds other than on the way to school for many of these teens.

**Verbal bullying**

When someone verbally bullies another, he or she uses demeaning language to tear down another’s self-image. Bullies use verbal techniques to excessively tease others, say belittling things, and use a great deal of sarcasm with the intent to hurt the other person’s feelings or humiliate the other teen in front of others.

When it comes to verbal bullying, this type of bullying is the most common type with about 77 percent of all students being bullied verbally, in some way or another, including mental bullying or even verbal abuse. This type of bullying can include spreading rumors, yelling obscenities, or other derogatory terms based on an individual’s race, gender, sexual orientation, religion, etc.

Verbal bullying is a very common type of bullying. Simple name calling may not be considered a big deal, but it is still a type of bullying. Verbal bullying, whether it is said face-to-face, behind someone’s back, or over the Internet, can still be devastating to those who are targeted.

When it comes to name calling, many adolescents may not understand that name calling is also bullying. They might start out by joking, but calling someone a name with the intent of hurting them is not okay.

**Emotional bullying**

This is even more subtle than verbal bullying. Adolescent bullying that includes emotional methods, aims at getting someone else to feel isolated, alone and may even prompt depression. This type of bullying is designed to get others to ostracize the person being bullied. Emotional bullying occurs when rumors are started about someone or a group of individuals. It also happens when malicious or defamatory statements are made about a person or group with the intent to hurt the feelings and emotional stability of the target. Emotional bullying can occur in various forms including face-to-face, behind one’s back, or anonymously via the Internet and social networking sites.

**Sexual bullying**

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, from over 1600 students from eighth grade through eleventh 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) (“Hostile Hallways” Study, 1993).

Physical bullying may also cross the line into sexual harassment or sexual assault.
Girls who mature early and boys who mature late are at high risk for being sexually bullied. The study pointed out serious educational consequences, as well as significant threats, to the physical and emotional wellbeing 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.
- Is intended to violate the boundaries of the target.
- Maintains the basic dignity of both person.
- 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.

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, shamed, and tends to feel powerless. When the victim protests, they are assigned a pejorative name such as “bitch,” “queer,” or “loser.”

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).

Gay, lesbian bi-sexual 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, bi-sexual 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 one study 31 percent of gay youth had been threatened or injured at school in the past year. (Bart, 1998). 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 due to the fear, threats, and property vandalism directed at them. 22 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 and there is 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 recent gay bullying statistics, gay and lesbian teens are two to three times as 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 more likely to miss school because they feel unsafe after being bullied due to their sexual orientation. About 28 percent 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.
- 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 harassment or bullying situation because of their sexuality, about one third of the school staff didn’t do anything to resolve the issue.

Obese youth

Being obese by itself appears to increase the likelihood of being a victim of bullying. In a study of children aged 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 & Pickett, 2004)

Youth with disabilities and special needs

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

- Youth with learning disabilities (LD) are at greater risk of being teased and physically bullied. (Thompson, Whitney & 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;
Cyber bullying

Electronic bullying is becoming a very real problem for youth. This type of bullying uses instant messaging, cell phone text messages and online social networks to humiliate and embarrass others. This can be especially devastating to the people being bullied, since they cannot even find a safe place in the virtual world. Cyberbullying can occur in the form of emotional bullying, but takes place online via e-mail, social networking sites, blogs and more. Often times, cyberbullying is done anonymously and may include the victim becoming ganged up on in a series of bashing and hurtful statements. Many of these rumors and offenses are lies or extensions of the truth but are targeted at the victim because of jealousy or the intent to hurt.

Cyberbullying is when a child or teenager is harassed, humiliated, embarrassed, threatened or tormented using digital technology. This is not limited to the Internet; cyber bullying also encompasses bullying done through such things as text messages using cell phones. It is important to note that cyber bullying can only happen between minors. When an adult is harassing children or teenagers, it is known as cyber harassment or cyber stalking.

Cyber bullying is often a systemic attempt to get another child or teen to feel bad about him or herself through electronic communication. It usually happens more than once, and includes leaving demeaning messages on someone's Facebook page, uploading embarrassing photos, or spreading gossip or rumors through instant messaging and text messaging. There are a number of ways to humiliate and threaten children online. And because the damage is often psychological, and carries over into the real world, the threats posed by cyber bullying can be very real. There have been cases where cyber bullying has led to severe depression, self-harm and even suicide.

While some of the traits of cyber bullies are similar to more traditional bullies, it is important to note that there are some differences. Some cyber bullies are victims of real word bullying, and go online and bully others to feel powerful. Others are bullies offline, and want to extend their sphere of influence and power to the online world. Other cyber bullies just want to show that they can do certain things online to show off.

As social networking and online social interaction becomes more and more popular with sites like Facebook and Twitter, cyberbullying has become one of the most prevalent types of bullying that occurs between teens. About 80 percent of all high school students have encountered being bullied in some fashion online. These growing numbers are being attributed to youth violence including both homicide and suicide. While school shootings across the country are becoming more and more common, most teens that say they have considered becoming violent toward their peers, wish to do so because they want to get back at those who have bullied them online. About 35 percent of teens have been actually threatened online. About half of all teens admit they have said something mean or hurtful to another teen online. Most have done it more than once.

A cyberbully can use the following forums to bully victims. They include:

- **Blogs (web logs).** Blogs provide users with the tools to publish personal content online about a range of subjects. These topic areas connect children and youth with similar interests.
- **Chat rooms.** Chat rooms are virtual meeting places where users find people to communicate with online. Chat rooms can accommodate many users simultaneously.
- **Instant messaging (IM).** Two or more kids can communicate online and IM users create contact lists.
- **Message boards.** Kids with like interests discuss them online.
- **Short message service (SMS).** Text messages can be sent with cell phones.
- **E-mail (electronic mail).** A service provider can send messages from one person to another.
- **Discussion groups (news groups).** Group forums are devoted to one topic and messages are posted in bulletin forum and remain on a server, rather than being e-mailed.

In a survey of randomly selected middle schoolers, in one of the US’s largest school districts, researchers Patchin and Hinduja found that cyberbullying victims were 1.9 times more likely, and cyberbullying offenders were 1.5 times more likely, to have attempted suicide than those who were not cyberbullying victims or offenders. The authors concluded that suicide prevention and intervention should to be included in schools’ bullying and cyberbullying response program.

The most common form of offending was posting online information about another person to make others laugh and receiving an upsetting e-mail from someone victims know. (NetFamilyNews.org. 2010)

Text bullying, much like cyber bullying, is fairly new. Due to advancements in technology, teens are able to bully others in more creative ways. Bullies are no longer limited to verbal or physical bullying. Text bullying can have devastating consequences and parents may not even know it is occurring. Parents can play an important role in preventing text bullying and helping teens who have been the victim of a text bully.

Text bullying is sending mean, embarrassing, untrue, or hurtful message to or about someone using cell phone text messaging. This can also include sexting, or sending sexually suggestive text messages to someone or about someone.

Many kids get cell phones when they are in middle school which is when bullying, including text bullying, is most common. Almost 9 out of 10 teens have a cell phone, and about 1 in 5 will be victims of a text bully. About 1 in 10 teens engage in text bullying. Text bullying has become more common than traditional bullying, especially among girls.

There are several factors that can make text bullying more damaging than traditional bullying for both the victim and the bully:

- It can happen 24 hours a day, even at home, which is usually a refuge from bullying, so it can feel inescapable.
- Text bullies are often much crueller because they don’t have to see their victims.
- The victims may not know who is sending the messages, which can be frightening.
- Teens may think text bullying is anonymous and that they cannot get caught. They also may use someone else’s phone to send the messages. Text bullying can often be traced, however, and the bully, as well as his or her parents, can face criminal penalties as a result.
- Victims often respond by sending malicious messages back to the bully, becoming bullies themselves.

 Sexting is against the law and can result in child pornography charges for the sender or senders, even if they are minors.

Text bullying does not necessarily go away. It may get passed around and it can end up where someone, such as a potential boss, will see it in the future. This can harm the victim further, and can be even more damaging for the bully, who may miss out on job opportunities because of the text messages they sent.

Text bullying can have many negative repercussions for the victim and may cause:

- Depression.
- Anxiety.
- Social withdrawal.
- Violence.
- Suicide.

When an adolescent is being cyberbullied, some of the warning signs may be:
There are large cell phone charges from the same number.
The youth appears secretive about using the computer.
The youth sends and receives coded messages.
A youth visits web sites that promote negative messages.
A youth becomes upset, irritable and emotional after spending time
texting or on the computer.
A youth has personal photos posted without his/her permission.
A youth spends excessive time using chat rooms.

Parents may be tempted to take away a teen’s cell phone to prevent
him or her from being a text bullying victim, or if he or she is already
a victim. When parents take away a teen’s cell phone, this deprives the
teen of social connections that are very important to them and feels
like a punishment for something that isn’t their fault. Fear of losing
their cell phones is a major reason why teens don’t report text bullying.

No One Is Immune

Courtesty was stressed at A.E. Wright Middle School. Caring was the
recent “trait of the month,” the focus of the school’s website, and the
theme of an “anti-bullying” assembly. Even the sign alongside the
carpool loop reminds parents to “Please Be Patient and Drive Slowly. Courtesty Is Always Expected.”

That’s why the fallout from “Kick a Ginger Day” hit the campus like a
bomb. Kids were invited via a widely circulated Facebook message
to “kick a ginger,” which is a redhead. At the school, the kicking,
shoving and taunting by small groups of marauding boys left several
girls in tears, one boy with his arm in a sling, and a trio of 12- and
13-year-olds arrested on charges of assault and cyber-bullying. It was
“disappointing,” said the Principal Kimmarie Taylor, who’s “Note
From the Principal” was devoted to the damaging effects of “unkind
words, actions or deeds.” The educators who run the middle school
campus, though, stated that it is a predictable bump on the road from
childhood to adolescence.

Middle-schoolers “make bad choices because they’re not thinking
beyond the moment,” said Principal Taylor. “They didn’t set out to
hurt someone. . . . They think saying ‘I’m sorry,’ or ‘We’re friends,’ or
‘I was just joking’ excuses the behavior. And it doesn’t.”

On Ask.fm, millions of American teens talk about their hookups,
struggles to get good grades and wild weekend parties with no
parents or adults to peer over their shoulders. Some also use the
social network to anonymously torment other teens. With its
popularity soaring in middle schools and high schools across the
U.S., Ask.fm is coming under attack from parents, politicians
and privacy watchdog groups. It has been linked to the suicides of four
teens in Britain and Ireland and one in the United States. (Guynn
and Stobart, August 20, 2013)

Gender and bullying

Physical bullying is more common among adolescent boys, and girls
often favor verbal and emotional bullying. While boys report that they
are more likely to be involved in physical altercations, girls report that
they are often the targets of nasty rumors - especially involving sexual
gossip. In addition, girls are more likely to use exclusion as a teenage
bullying technique than boys.

With cases of bullying on the rise, it is becoming more apparent
than ever that female bullying is just as common as bullying with
males. It is a common misconception that boys and teen males are the
most dominant types of bullies. In fact, girls can be just as ruthless,
especially when it comes to the type of bullying that is not as physical.
Types of bullying like cyberbullying are often spearheaded by
adolescent girls placing an attack on their peers, verbally. However,
harsh words, lies and rumors can be just as devastating to a child or
teen as being physically attacked.

In recent news headlines, there have been cases of female bullying
where adolescent girls will physically gang up on one another and
attack. This type of behavior has been happening for decades and
likely, even before that. However, now that bullying is becoming more
and more recognized, cases of female bullying have increased.

School related bullying

Bullying can be a policy issue – it harms learning and can lower a
school’s test scores. U.S. schools are increasingly under pressure to
bring up scores and to show regular improvements.

In 2012, the National Institute of Health (NIH) found that more than
20 percent of all U.S. adolescents in school had been bullied physically
at least once in the last two months, 53 percent were bullied verbally,
51 percent bullied socially by being excluded or ostracized and 13.6
percent were bullied electronically. (Reuters, 2013)

In a recent SAFE survey, teens in grades sixth through tenth grade
are the most likely to be involved in activities related to bullying.
About thirty percent of students in the United States are involved in
bullying on a regular basis either as a victim, bully, or both. These
school bullying statistics show what a problem bullying, of all kinds,
in the United States has become. The recent school bullying statistics
show that cyber bullying is becoming increasingly prevalent on school
property as well as involving students, even when they are not at

school. Because of this growing number of kids affected by bullying,
more and more schools throughout the country are cracking down on
the measures taken to stop bullying.

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 a place where it’s okay to
have a “competitive edge.”

There are different categories of school bullying, and some of the
categories overlap. Here are some of the most important categories that
are frequently discussed:
Bully numbers:
- Pack bullying is bullying undertaken by a group. The 2009 Wesley Report on bullying prepared by an Australia-based group, found that pack bullying was more prominent in high schools and characteristically lasted longer that bullying undertaken by individuals. Pack bullying may be physical bullying or emotional bullying and be perpetrated in person or in cyberspace. In person, it can take place in schoolyards, school hallways, sports fields and gymnasiums, classrooms, and on the school bus.
- Individual bullying is one-on-one bullying that may take place either in person or online, as well as being physical bullying or emotional bullying. The Wesley Report found it to be more prevalent in elementary schools. It can take place everywhere that pack bullying can, and also in smaller areas into which a pack can’t fit, such as bathrooms.

Mode of school bullying:
- Physical bullying is bullying that takes the form of physical abuse, such as pushing, shoving, hitting, fighting, spitting, and tripping. Threats of physical harm and attempts to force people to act in ways they would prefer not to, are also included.
- Emotional bullying is bullying that involves factors other than physical interaction, such as insults, derogatory remarks, name calling, and teasing. Also included are attempts to ostracize the victim, such as being left out or ignored, which is sometimes referred to as social bullying, as distinguished from verbal bullying. Emotional bullying could also take the form of purposely misplacing or hiding someone’s belongings. Emotional bullying can be done in person or through cyberbullying.

Medium of school bullying includes:
- Face-to-face bullying is when students confront each other in person.
- Cyber bullying takes place online, through either e-mail, chat rooms, social networking services, text messages, instant messages, website postings, blogs, or a combination of means. Cyberbullies may conceal their identity so that their victim experiences an anonymous attack.

The content of cyberbullying can consist of all of the types of content mentioned in emotional bullying above, including:
- Posting insulting and derogatory comments about someone or sending such comments to someone.
- Sending mean or threatening messages.
- Gossiping about someone online including posting sensitive or private information.
- Impersonating someone in order to cast that person in a bad light; and excluding someone from an online page or group.
- Unwanted contact, also known as harassment, is another form of cyberbullying.

Specific bullying targets include:
- Homophobic bullying is sometimes distinguished because it has a particular target population.
- Bullying of students with disabilities is another type of bullying with a focused target population.
- Racist bullying is a third type of focused bullying that targets people of a specific race or cultural background.
- Religious bullying targets people who have specific religious beliefs.

The NCES report reveals that:
- There is noticeably more bullying in middle school (grades 6, 7, and 8) than in senior high school.
- Emotional bullying is the most prevalent type of bullying with pushing/shoving/tripping/spitting on someone being second type most prevalent.
- Cyberbullying is - for the middle grade levels - the least prominent type of bullying, but it is greater in the last three years of high school than in grades 6th - 9th.
- Most school bullying occurs inside the school, a lesser amount on school property, and even less on the school bus. The least occurs in other areas.
- Middle school students, and particularly 6th graders, were most likely to be bullied on the bus.
- Sixth graders were the most likely students to sustain an injury from bullying, with middle school students more likely to be injured than high school students and the percentage going down every grade from 6th to 12th.
- Victims of bullying display a range of responses, even many years later, such as:
  - Low self-esteem.
  - Difficulty in trusting others.
  - Lack of assertiveness.
  - Aggression.
  - Difficulty controlling anger.
  - Isolation.

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 towards a rival team. At the same time, parents overlook these behaviors and encourage their kids to “suck it up.”

One of the most unfortunate parts of these school bullying statistics is that in about 85 percent of bullying cases, no intervention or effort is made by a teacher or administration member of the school to stop the bullying from taking place. However, now that more and more schools are taking an active approach to cut down on the number of students that live in fear of being bullied, the numbers will go down.

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.
- Public humiliation from adult supervisors.
- Overlooking signs of bullying and discouraging disclosure (Stephenson and Smith, 1994).

Outside of school
Malls, theatres and other public places are settings where bullying also occurs. One latency age young lady reported, “I was waiting for my sister to meet me at the food court in the mall, and all of a sudden, a group of about five boys around my age sat down near my table. They began to laugh and when I turned around they were making nasty gestures at me. I felt humiliated and walked quickly toward the mall bathroom. I could hear them laughing and shouting comments such as, ‘look at that fat b. She’s asking for it.’”

Adolescents are also bullied at the workplace and the effects include loss of productivity and high absenteeism rates. Sara states, “I don’t know why the guys at work give me such a hard time. I really need this job and they goof off. When I’m serious, they just make fun of me and call me all kinds of names behind my boss’s back. I get so nervous before going to work that sometimes I’ve had to call in sick. The problem is I know they’d take it out on me if I reported them.”
Sibling bullying

Sibling aggression can be as damaging as other sorts of bullying, and it can be linked to poorer mental health, according to a study published in the journal issue of Pediatrics.

Sibling aggression is “too often dismissed as benign,” the researchers wrote. “In fact, it’s often considered helpful to children as a way to develop an ability to handle aggression.”

“Comparison of sibling versus peer aggression generally showed that sibling and peer aggression independently and uniquely predicted worsened mental health,” the researchers from the University of New Hampshire wrote.

In other words, being bullied by a brother or a sister is not better than being bullied by a classmate or neighbor.

The scientists looked at 3,599 people 17 years old and younger, interviewing them or their caregivers. The sample was taken from the National Survey of Children’s Exposure to Violence. Three types of aggression were considered: physical, property and psychological. There are subcategories as well, such as property taken by force, or something broken or ruined.

The scientists measured mental health using the Trauma Symptom Checklist, assessing such conditions as anger, depression and anxiety, and found that being a victim of sibling aggression in the previous year, was associated with significantly worse mental health for children and adolescents.

Thirty-two percent of the children and adolescents reported experiencing at least one type of sibling victimization in the last year; 8 percent reported being the victim of two or more types.

“Although mental health distress was greater for children than for adolescents who experienced mild sibling physical assault, children and adolescents were similarly affected by other forms of sibling aggression,” the researchers wrote.

Targets

Victims or targets 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 also 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 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 they move to a new school where the values and environment are dramatically different from what they’ve known. As a result of new stressors, their self-confidence can plummet.

Target risk

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. Victims of physical bullying are usually physically weaker than the bullies, and also may be socially marginalized for some reason, including weight, ethnicity, or other characteristics that make it harder for them to fit in. Bullying can have serious consequences for the victim, leading to low self-esteem, depression, trouble at school, and sometimes even violent behavior.

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

According to researcher, Olweus, 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 are socially withdrawn, often seem anxious, depressed, and fearful, and have very poor concepts. They may have few or no friends, can be nervous in new situations, and may be overly protected by their parents.

2. Provocative victims – represent a smaller group that often behave in ways that arouse negative responses. They are likely to disrupt a classroom and lead to social rejection by peers. They may actually be aggressive, themselves; especially toward others who appear weaker than they. They may lack anger management skills. They may react negatively to conflict or losing.

- Bully-victims – 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. They are easily aroused and sometimes provoke others who are clearly weaker than they are. Bully-victims are generally unpopular with their peers, and they are more likely than other types of bullies to be both anxious and depressed.

Effects of adolescent bullying on targets

Out of the 77 percent of those bullied, 14 percent have a severe or bad reaction to the abuse, according to recent school bullying statistics in the U.S. These numbers make up the students that experience poor self-esteem, depression, anxiety about going to school, and even suicidal thoughts (bullycide), as a result of being bullied by their peers.

Some signs that a student may be a victim of physical bullying include:

- Coming home from school with bruises, cuts, or other unexplained injuries.
- Having damaged clothing, books, or possessions.
- Often “losing” things that they take to school.
- Complaining of frequently not feeling well before school or during school activities.
- Skipping certain classes.
- Wanting to avoid going to school or going to school a certain way, such as taking strange routes home from school or not wanting to ride the bus.
- Acting sad or depressed.
- Withdrawing from others.
- Saying they feel picked on.
- Displaying low self-esteem.
- Mood swings, including anger or sadness.
- Wanting to run away.
- Trying to take a weapon to school.
- Talking about suicide or violence against others.

Researchers have discovered a strong link between bullying and depression. Depression is an illness that is not totally understood, and may have a variety of causes, but it is clear that it can have a relationship to bullying. Both bullies and their victims are more likely to suffer from depression than youth who are not involved in bullying. This connection can be long-lasting; people who are bullied as children are more likely to suffer from depression as an adult than children not involved in bullying.
Bullying causes negative psychosocial functioning in victims. Problems that occur as a result of bullying include:

- Lowered self-esteem.
- Higher rates of depression.
- Anxiety.
- Feelings of loneliness.
- Suicidal ideation.
- Higher rates of school absenteeism.

(APA, 2004)

Youth who commit suicide often suffer from depression. Experts hesitate to say that bullying is a direct cause of suicide, but it may be a factor in a teen’s depression.

The relationship between bullying and depression is not limited to face-to-face bullying. The Cyberbullying Research Center found that victims of cyber bullying were more likely to suffer from low self-esteem and suicidal thoughts. They suggest further research needs to be done to see if low self-esteem is a result of being cyber bullied or if it makes a person more likely to be a target of cyber bullying. A recent study by the U.S. National Institutes of Health (NIH), reported by Reuters, found that victims of cyber bullying showed more signs of depression than other bullying victims. This may be because cyber bullying can be more relentless and more frightening or discouraging, especially if the bully is anonymous.

Parents, friends, and other concerned people should be on the lookout for signs of depression in children and teens, especially those who have been bullies or bully victims. Some signs of depression can include:
- Long lasting sadness or irritability, including unexplained outbursts of crying or anger.
- Sudden loss of interest in activities the person usually enjoys.
- Withdrawal from others.
- Changes in sleep patterns, either sleeping a lot or not being able to sleep.
- Sudden changes in appetite or eating habits.
- Always feeling tired or slow.
- Being restless, anxious, or worried.
- Not being able to concentrate or think clearly.
- Feeling worthless, guilty, helpless, or hopeless.
- Aches and pains with no obvious physical cause.

Bullying, Trauma and Posttraumatic Stress Disorder

Bullying has been linked to trauma in youth. And trauma can create Acute Stress Disorder and in more severe cases Posttraumatic Stress Disorder (PTSD). PTSD (following one month of symptom persistence) is marked by clear physiological changes that occur as a result of exposure to life-threatening events, and impairs physical, cognitive, social, emotional, self-regulation and relational daily functioning. Adolescents that may be more vulnerable to acquire Acute Stress or Posttraumatic Stress Disorders are likely to:

- Have had prior vulnerability factors that included early trauma, no functional support, 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:

- 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.
- Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness not present before the trauma, that includes 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.
- 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).

Posttraumatic stress disorder and depression contribute to intense anxiety which prompts high-risk behaviors in youth. Suicide is an action taken at the end of the depression spectrum and has been attempted by too many victims/targets. When young traumatized victims suffer from bullying, they can become so distraught and hyper-reactive, in addition to depressed, that they become more vulnerable to experiencing suicide ideation and attempting suicide. Hyper-reactivity is one PTSD and Acute Stress symptom.
Bullying doesn’t end in the school yard, but casts a shadow across adulthood, when victims are far more likely to have emotional, behavioral, financial and health problems, a new study suggests.

Those who were both victim and perpetrator as schoolchildren fared the worst as adults: they were more than six times more likely to be diagnosed with a serious illness or psychiatric disorder, and to smoke regularly, according to the study published Monday in the journal Psychological Science.

The poor results for victims and victim-perpetrators prevailed even when such factors as family hardship and childhood psychiatric disorders were statistically controlled.

Victim-perpetrators are “the most socially defeated because they actually do try to fight back but they’re unsuccessful,” said Dieter Wolke, a University of Warwick psychologist and lead author of the study.

Bullies tended to enter adulthood with similar problems as their victims, but few of those adult outcomes were strongly correlated with bullying itself, the study found. Those correlations tended to wash out once other factors were taken into account, said Wolke. Bullies tended to engage in more risky behavior and to have criminal records.

The result for bullies is supported by previous work, which suggests they are strong and healthy, competent in emotional recognition and adept at manipulating others. Victims aside, bullies tend to have more acquaintances and social status, previous studies have shown.

“If you look at it evolutionarily, it’s a strategy for getting access to resources,” Wolke said of bullying. “And it gets stronger in adolescence because another resource is, for example, having a relationship with someone of the opposite sex.”

Previous work by the Duke-Warwick team showed bullies and bully-victims tended to come from families with harsh parenting, while victims tended to have overprotective “helicopter parents.”

“All children need some conflict sometime,” Wolke said. “But that’s usually between friends and you argue and come to a solution. Bullying is different because it’s systematic abuse by someone who is stronger and it’s done repeatedly.”

More than a third of those who had been bullied were chronic victims, according to the study, which also found that the more subjects were bullied; the more likely they were to have social problems.

The study did not address why bully victims turned that behavior on others, or which came first. But the authors and previous studies suggest that victims resort to bullying behavior when they are from deprived families, have poor emotional regulation or have mental health problems, among them poor coping strategies for stress.

The study looked at data collected from 1,420 children beginning in 1992, when they were 9 to 13 years old, and continuing until they were in their early 20s. All were participants in the broader Great Smoky Mountains Study of children in the Appalachian region, conducted through Duke University’s medical school. The study includes more Native Americans and fewer African Americans than the general population, although reported levels of bullying and victimization closely matched those of the wider population. (Mohand, August 19, 2013)

Bullies

About one in five students admitted they are responsible for bullying their peers. Almost half of all students fear harassment or bullying in the bathroom at school, according to certain school bullying statistics. As a result of this fear and anxiety of being bullied, many students will make excuses or find ways around going to school.

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

Another problem can be that of retaliation. In some cases, bullied teens have violent fantasies of attacking their tormentors. There are instances in which these teens become violent, turning on their classmates in order to get revenge.

Bullies are often physically stronger than their victims and have friends who condone their behavior. Students who bully others often have trouble with self-control, following rules, and caring for others, and they have a higher risk for problems later in life: such as violence, criminal behavior, or failure in relationships, or career.

Mental health professionals should recognize bullying within groups and be aware when youth are behaving in rude ways through their interactions. If youth show signs of resentment or engage in a power struggle, they might have issues with bullying.

More and more, unlikely suspects are also becoming the bully themselves. For years, many thought the actions of these bullies were just the classic case of cruel youth in the hallway, the ones that would push you and say something malicious. However, times have changed and bullies are coming out of the wood work and are becoming nastier than ever.

There are a few different types of bullies, ranging from the mean kid on the block, to the vindictive teen girl, behind the computer screen. Bullying groups also have a range. Some of these bullies can be parents, teachers, coaches and other authority figures.

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. Some of the causes can be described as follows:

- **Temperament** – Child and youth temperament is a 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; through grades, wealth, popularity, attractiveness, etc…

- **Fear** – When children bully out of fear, they project 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 to 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 undeserving of one’s respect. Most cultures, including faith based or 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 him and his siblings 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, also.

- **Prejudice** – One well-known family therapist stated, “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, on-line 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 the parents with children between the ages of four and six 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 may have been mistreated at some time in their lives and as an outcome of being bullied grow to become victim bullies (reported earlier in this course). Due to their 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 hurting innocent bystanders.

- **Social Influences** – Social influences 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 of 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:

1. **Bullies are more likely to have friends that bully.**
2. **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:

- 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 others.
- Needing to dominate and suppress others, asserting him or her by means of force and threats, and getting his or her own way. (Commonwealth of Massachusetts, 2010)

Research shows bullying can be a sign of other stressful 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 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)

A common myth about children and youth who bully is they are “loners”. In fact, research indicates 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.

Another myth is 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** – They tend to be physically strong, impulsive, hot tempered, belligerent, fearless, coercive, confident and lacking in empathy.
2. **Passive bully** – They tend to be insecure and they are much less popular than aggressive bullies, with low-self-esteem, few likable qualities, and are often unhappy at home.
3. **Bully-victims** – They 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.

Dieter Wolke, from the University of Hertfordshire in England, identified a fourth group of bullies called “pure bullies.” This is in addition to Olweus’s stated bullying types. According to Wolke, this group appears to be healthy individuals who enjoy school and who use bullying to obtain dominance. Pure bullies just seem to enjoy bullying others.

Family risk factors for bullying:

- 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.
- Parent modeling of bullying behavior.
- Victimization by older brothers.

Peer risk factors for bullying:

- Friends who bully.
- Friends who have positive attitudes about violence.
- Some aggressive children who take on high status roles may use bullying as a way to enhance their social power and protect their prestige with peers.
- Some children with low social status may use bullying as a way to deflect taunting and aggression that is directed towards them, or to enhance their social position with higher status peers.
Other Factors:
- Bullying thrives in schools where faculty and staff do not address bullying, where there is no policy against bullying, and where there is little supervision of students—especially during lunch, bathroom breaks, and recess.
- Models of bullying behavior are prevalent throughout society, especially in television, movies, and video games.
- When children are aggregated together, they associate with others who are similar to them or who have qualities or characteristics that in some way support their own behaviors.
- For teenage girls, social aggression can be a way of creating excitement or alleviating boredom. It is also used as a method of gaining attention from other girls in order to secure friendships. Unfortunately bullying is becoming more and more of an issue as the types of bullying expand to new areas.

Other reasons for bully behavior
Some bullies are looking for attention. They might think bullying is a way to be popular or to get what they want. Most bullies are trying to make themselves feel more important. When they pick on someone else, it can make them feel big and powerful.

Some bullies come from inherently angry homes. They may think that being angry, calling names, and pushing people around is a normal way to act. Some bullies are copying what they have seen someone else do. Some have been bullied themselves.

What happens to bullies?
In the end, most bullies wind up in trouble. Some youth who bully blame others. But, every adolescent has a choice about how to act. Some kids who bully realize they do not get the respect they want by threatening others. They may have thought bullying would make them popular, but they soon find out other kids just think of them as trouble-making losers.

Bystanders
Researchers, Pepler and Craig (1995), examined the roles of peers in bullying episodes observed in urban school playgrounds in Toronto, Ontario. Their work revealed the following:
- 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)

Bullying and the role of mental health practitioners
Mental health professionals can begin to address bullying by being role models themselves, as it pertains how they comport themselves in the treatment 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.

With regard to preventing bullying, mental health professionals are in a unique position to help individuals, families and communities understand what causes bullying in order to understand and address the problem. Because families are the first line of defense when it pertains to children developing into bullies, mental health professionals can guide parents to re-examine conventional and perhaps erroneous thinking/behavior that promotes bullying. Through a parallel guiding 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 limit setting is highly recommended by practitioners with families whereby youth bully youth.

Psychoanalyst, D.W. Winnicott coined the term, “good enough” mothering or parenting to provide a realistic perspective on what parents can hope to provide for their children. “Good enough” parenting reflects the physical and emotional care given to the child, in thoughtful response to what the individual child needs. (Winnicott 1989) 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 and time-lined, 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 need to 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 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 adolescents 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 their background 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 discusses 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 in order to identify size.) In addition, mental health practitioners can ask parents to keep a record of all medical treatment, medical expenses, 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 any threats or physical assaults on their part will be reported to people in authority.

Physical assaults and serious harassment should be reported to the school when applicable and to the police when it poses serious harm. Police response will vary according to the state law. In some instances, parents will need to file a complaint with a court designated professional and/or speak to a juvenile court representative. An officer will, more likely, interview the victim and alleged perpetrator in the presence of other adults, which could possibly include parents.

One principal dealt with the bullying at his school by negotiating an agreement with local law enforcement to have officers respond, as soon as possible, to his bullying reports. He stated that it had a large effect on the students when a police officer explained the possible legal consequences to the alleged bullies and their caregivers.

**Rebecca’s bullies – from earlier in this course:** Police in Florida had been investigating the death of 12-year-old Rebecca, who climbed a tower at an abandoned concrete plant and hurled herself to her death. Authorities said, as many as 15 girls may have bullied her. Two of the female bullies were identified and arrested by the County Sheriff. He stated, of one of the girls, “We decided that we can’t leave her out there. Who else is she going to torment, who else is she going to harass?” Both girls were charged as juveniles with third-degree felony aggravated stalking. If convicted, it’s not clear how much time, if any at all, the girls would spend in juvenile detention because they have not had any previous criminal history. The sheriff continued, “Time may not be the best trainer here. We’ve got to change this behavior.” In response to his daughter’s arrest, one of the accused father’s stated, “My daughter’s a good girl and I’m 100 percent sure that whatever they’re saying about my daughter is not true.” His neighbor said he had never interacted personally with the girl but noticed her playing roughly with other children on the street. “Kids getting beat up, kids crying,” he said. The girls were arrested and immediately returned to their parent’s custody. “The 14 year old appeared to have no emotion,” reported the sheriff. The younger of the two girls had been Rebecca’s best friend, but the older adolescent turned her and others against Rebecca, with threats of bullying them as well. (Kay, 10/13/13, Associated Press)

**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 younger 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 adolescents 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. As homework assignments, mental health professionals can ask parents to create a checklist around safety questions for their youth 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 youth 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 are 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 who grow into youth 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 wresting is an important part of teaching safe play when they are younger. 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 adolescents.

- **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 are 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 that 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) Dr. 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, theatre, or shopping activities.

- **Cooperation and negotiation.** 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 and/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. In addition, how do parents role-model how they negotiate around planning for extended-family or faith activities in addition to social engagement with friends or business associates? And, 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 benefiting from handling or experiencing difficult times. When children and youth have been bullied, their resiliency skills or lack of skills are tested.**

Researchers have identified two major resiliency factors present in resilient youth. They include individual as well as environmental factors and emphasize the power of a consistently supportive person in the life of a child. Mentioned earlier in this course experiencing depression is one of the outcomes of being bullied. Research has focused on people who seem naturally resilient, but plenty of other young people grow to be resilient because they are supported by their caregivers to rebound from challenges and enjoy their lives and continue to thrive.

Mental health professionals can help parents effectively communicate with their adolescents about ways they can learn from negative life experiences. In the last century, during the Civil Rights Movement, families communicated to their children that racism was more about the people who were bullying and being oppressive with others, than about the youth victims themselves. “It’s not about you honey,” one woman reports her mother having said at the time. “It’s about them. They’re just foolish and their parents haven’t taught them how to behave yet.”

- **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 child is less than “sterling”. In fact, parents may tend to take a clinician’s message further and misinterpret it to mean they are less than sterling, as parents themselves. As mentioned earlier, studies on 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 youth as early as possible prevents them from being labeled or stereotyped as bullies. It is also helpful to remind parents that, as their children were capable of being bullies; they are probably also capable of being sensitive to the needs of others.
Helping to heal victim targets

Some essential tasks for mental health professionals are ensuring consistent victim safety, helping children 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.

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 insure 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 often their fears are well founded. In addition, young victims may experience grief due to their loss of innocence, social standing, or hope. Their world-view 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, they are not “bad” because of bad things that happen to them.

Parents and the mental health practitioner must ensure that if the victim internalizes his/her experience in a self-diminished way, they need to help the child to reprocess or reframe the experience to ensure that the child/youth is empowered to understand that he or she is not responsible for being bullied, and to speak out and recognize when there may be danger present for further bullying. Another role of the mental health professional is to support young victims by helping them find meaning in their experiences, be resilient, and recover their enjoyment of life.

Use of metaphor to heal targets

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 and/ 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 the mental health professional must know their victim’s likes, dislikes, story of victimization and understand the victim’s symptoms pretty well 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 and/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.

Advice to give adolescent targets

- Preventing a bully confrontation:
  - Don’t give the bully a chance. Avoid the bully as much as you can. The adolescent cannot go into hiding or skip class, of course. But, if they can take a different route to avoid the bully, it is wise to do so.
  - Stand tall and be brave. When an adolescent is scared of another person, they are probably not feeling very brave. But, sometimes just acting brave is enough to stop a bully. How does a brave person look and act? Stand tall and send the message: “Don’t mess with me.” It is easier to feel brave when they feel good about themselves. See the next tip!
  - Feel good. Nobody’s perfect, but what can someone do, to look and feel their best? Maybe they would like to be more fit. If so, maybe they can decide to get more exercise, watch less TV, and eat healthier snacks. Or maybe they feel they look best when they shower in the morning, before school. If so, they can decide to get up a little earlier so they can be clean and refreshed for the school day.
  - Get a buddy (and be a buddy). Two is better than one if someone is trying to avoid being bullied. Have them make a plan to walk with a friend, or two, on the way to school, recess, lunch, or wherever they think they may meet the bully. Have them offer to do the same if a friend is having bully trouble. They could get involved if they see bullying going on in their school by telling an adult, sticking up for the kid being bullied, and telling the bully to stop.

- If the bully says or does something to an adolescent.
  - Ignore the bully. Explain it would be best to ignore the bully’s threats. Direct them to pretend they do not hear the bully and quickly, walk away to a place of safety. Bullies want a big reaction to their teasing and meanness. So, for them acting as if they do not notice and do not care is giving no reaction at all, and this just might stop a bully’s behavior.
  - Stand up for themselves. Have them pretend to feel really brave and confident. Tell the bully “No! Stop it!” in a loud voice. Then, have them walk away, or run if they have to. Kids also can stand up for each other by telling a bully to stop teasing or scaring someone else, and then walk away together. If a bully wants them to do something they don’t want to do – say “no!” and walk away. If they do what a bully says to do, they will likely keep bullying them. Bullies tend to bully those who don’t stick up for themselves.
  - Do not bully back. Explain they should not hit, kick, or push back to deal with someone bullying them or their friends. Fighting back just satisfies a bully and it’s dangerous, too, because someone could get hurt. Everyone is also likely to get in trouble. It’s best to stay with others, stay safe, and get help from an adult.
  - Do not show feelings. Have them plan ahead. How can they stop from getting angry or showing they are upset? They can try distracting themselves (counting backwards from 100, spelling the word “turtle” backwards, etc.) to keep their mind.
Working with schools

Mental health professionals are called at times to help school administrators sort through the issue of school bullying and/or help them build a bullying prevention program. Mental health professionals can begin by asking school officials, teachers and students to define bullying and to talk about ways that it can occur 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 adolescents the value too, of making and keeping new friends is another instructional tool, as well as helping them to understand courtesy skills. Students also look for ways to respond to bullies and so 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 additionally assist teachers in recognizing bullying and its many forms, as well as how to intervene immediately, and to call upon other teachers for help, when needed.

Mental health professionals and the larger community

Most, if not all, professional mental health association’s 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 around what bullying means, at its most subtle levels.
- A zero tolerance for bullying within 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 grow awareness regarding bullying in the community and in

More professional advice for parents and schools

It is very difficult to prevent and even address adolescent bullying. However, there are some things that can help discourage bullying situations. Youth should be encouraged to seek friends, in person and online, who are supportive and kind. They should try to move in groups, if possible, since bullies most often single out those who are alone.

Also, it is important to have teachers and other adult authorities present the topic, when possible, to discourage bullying behavior. Adults can also talk to bullies about more appropriate behavior and hope they are willing to listen.

In the end, it is difficult to totally prevent teenage bullying - especially if it is verbal, emotional or cyber bullying. Mental health professionals should encourage good efforts to reduce bullying, and let victims notice that you are involved in these efforts. The best thing adults can do is be encouraging to bullying victims and try to help them get through this tough time as unscathed, as possible.

For youth who feel they are being bullied, advise them it is important to address the matter with a parent or teacher, right away. It may feel

Mental health consultants can also help them understand that ignoring or over-looking the problem does not have it go away; instead it increases the chances of bullying escalating.

Many schools have used and or edited, existing anti-bullying school curriculums to meet their particular school need. Many of them incorporate student peer support groups and zero tolerance policies. Parent-teacher associations 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. Pink Shirt Day, normally held in February, is an innovative, widespread campaign to increase awareness and attention on 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 youth 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 on-line, hundreds of students showed up in pink clothing and little was heard from the bullies, again.

schools, such as classroom visits with students or donating time to one’s church to talk about the effects of bullying.
- Reinforcing non-bullying behaviors and consistently demonstrating a zero tolerance in youth organizations or child and youth sports leagues.
- Demonstrating and teaching tolerance and empathy.
- Exploring diversity by attending various ethnic professional affiliations.
- Being a mentor to children and youth through a volunteer organization such as the Big Brother or Big Sister programs.

Sometimes bullies stop as soon as a teacher finds out because they’re afraid that they will be punished by parents. Inform the adolescent that this is not reporting on someone who has done something small — bullying is wrong and it helps if everyone who gets bullied or sees someone being bullied speaks up.
Talk to their kids about text bullying and why it is wrong. Ask parents to tell them if they ever are the victim that it is not their fault and they will not be punished. They should not respond to the bullying, but instead should wait and report it to a parent. If the message is sexual or threatening in nature, they can report it to the police, who can trace it and take legal action against the bully.

Consider having a cell phone usage contract with your adolescent which forbids text bullying, including forwarding cruel messages, even if someone else starts it. Take away the cell phone for a set period of time if their youth does text bully anyone. They can also limit the times when their child can use their cell phones, such as requiring them to turn it off at night, and reserve the right to ask questions about whom the teen is texting and what they are texting about.

If their child does not have a cell phone, you may want to wait until they are in high school to allow it.

Encourage their child’s school to ban cell phones, during school hours.

Teach adolescents not to accept calls from someone they do not know.

Encourage them to think before sending messages, and not to send a message they wouldn’t want everyone else to see since they do not know if the person they send a message to may forward it to others, or if they are even texting the person they think they are.

Help adolescents block numbers that are sending mean text messages.

Tell their youth not to let anyone else use their phone to send messages.

If the text bullying is serious, contact the cell phone company to get the teen a new phone number and have their child be very careful about who they give it to.

If the adolescent knows who the bully is, let the bully’s parents know what they are doing. If the text bullying doesn’t stop, make the parents aware that they may face legal action if it doesn’t stop, and be prepared to consult an attorney if necessary.

Again, it is important for targeted adolescents to know that they should not blame themselves for it, and that you care about them and think they are worthwhile regardless of what the bully says.

Other types of bully prevention: A review of bullying prevention.

When it comes to bullying prevention, it is also important to remember bullying statistics will never go down if action is not taken. This is why it is important for youth to report these incidents even if they witness a bullying event take place. When 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.

- Talking to our youth is the best way to find out if they are having issues with bullying at school, after school or online. Keeping this line of communication open is important because it helps their child to know they can come to for help.
- Build their child’s self-esteem. Youth with higher self-esteem and more friends are less likely to become the victims of bullying.

Unfortunately, there are still many cases of bullying occurring. Bullycide occurs when teens or children commit suicide as a result of bullying attacks. It is up to parents, teachers and other authority figures to put a stop to bullying before it begins so these unfortunate and tragic cases no longer occur.

- Parents should talk to their children often about what goes on at school, including their friends and if they ever see or experience bullying. Parents should encourage their children not to support bullying, even by watching it, and to report it, if it’s happening. Depending on the situation, the student may be able to stand up to the bully, show support for the victim, or at least walk away from the bullying and report it to an adult.
- Parents of victims or of bullies can also encourage schools to have stronger anti-bullying measures, like anti-bullying campaigns, careful adult supervision of students, zero-tolerance policies, and counseling for students involved in bullying.

Summary

Bullying behavior is linked to child development, relationship formation, and psychological wellbeing. Bullying is a learned behavior. According to the American Psychological Association (APA), Bullying is commonly characterized as aggressive behavior that:

a. Is intended to cause distress or harm.
b. Involves an imbalance of power or strength between the aggressor and the victim.
c. Commonly occurs, repeatedly, over time," (APA, 2004).

According to statistics from Family First Aid, about 30 percent of adolescents in the U.S. have been involved in bullying, either as a bully or as a victim of teenage bullying. Data suggests teenage bullying is more common among younger youth, than it is among older teens. However, it may be that young teens are more prone to physical bullying, which is easier to identify, and that older adolescents are more sophisticated in methods of bullying that are not always exactly identified as such.
Mental health professionals are now actively involved in the bullying crisis as more parents and youth are seeking help for this issue. And, professionals understand this issue is even more complex due to the physiological nature of the adolescent brain. The period of brain growth during this time significantly impacts behavior and attitudes, including the tendency toward impulsiveness and lack of empathy. Sleep is distorted during these years, as well, adding to the fact that much cyberbullying is done during the evening or later hours by our youth.

As mental health professionals know, the brain is still well under way in its development process through the teen years and into the 20’s. Decisions, today, can affect the way their brains develop, and particularly how adolescents respond to stress, social pressures, and another’s feelings.

Mental health professionals understand adolescents are predisposed to being impulsive, can lack empathy, and may not be responsible when they attend to social issues with friends and family. Nighttime can be prime hours for impulsively texting, e-mailing, or otherwise cyber-texting friends or bullying targets. Their inability to understand empathy can prompt them to not understand, or what “the big deal is,” by a comment or text message to someone they are temporarily angry with. Instead of passively going around the student, they might impulsively shove the weaker student out of the way, without apology. Bullying includes behaviors that focus on making someone else feel inadequate, or focus on belittling someone else. Bullying includes harassment, physical harm, repeatedly demeaning verbal language and efforts to ostracize the other person. Bullying is active, and is done with ill intent. Bullying can include various types of behavior from physical attacks, to destroying one’s personal property or clothing, verbal abuse, starting rumors, name-calling, verbal attacks, online as well as other forms of cyberbullying.

There are several ways bullying can take place Verbal bullying arises from name calling that may be done because of a person’s gender, sexual orientation, minority status, race, religion, etc. Indirect bullying is one of the most common forms of bullying 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. Cyberbullying 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, chatrooms and instant messaging.

**Bullicide** is a term used to describe suicide as the result of bullying. New bullying statistics are reporting there is a strong connection between bullying, being bullied, and suicide, according to a new study from the Yale School of Medicine. Suicide rates continue to grow among adolescents, and have grown more than 50 percent in the past 30 years. Researchers have discovered a strong link between bullying and depression. Depression may have a variety of causes, but it is clear it can have a relationship to bullying. Both bullies and their victims are more likely to suffer from depression, than youth who are not involved in bullying. This connection can be long-lasting; people who are bullied as children are more likely to suffer from depression as an adult, than children not involved in bullying.

Those who were both victim and perpetrator as schoolchildren fared the worst as adults: they were more than six times more likely to be diagnosed with a serious illness or psychiatric disorder, and to smoke regularly, according to a study published in the journal, Psychological Science.

Mental health professionals can begin to address bullying by being role models themselves. By demonstrating appropriate boundaries, remaining respectful and reliable, and facilitating psychological growth and resilience in clients. Mental health practitioners should demonstrate healthy interactions and provide a safe emotional environment for their clients.

With regard to preventing bullying, mental health professionals are in a unique position to help individuals, families and communities understand what causes bullying, in order to understand and address the problem. Because families are the first line of defense when it pertains to children developing into bullies, mental health professionals can guide parents to re-examine conventional erroneous thinking/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.

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ADOLESCENT BULLYING AND DEPRESSION

Final Examination Questions

Select the best answer for each question and proceed to www.EliteCME.com to complete your final examination.

1. __________ is a term used to describe suicide as the result of bullying.
   b. Death wishing.
   c. Homicide.
   d. Bullycide.

2. Bullying could also be defined as _________________.
   a. “Premeditated abuse.”
   b. “Intent to shame.”
   c. “Repeated projection.”
   d. “Actualized arrogance.”

3. A warning sign that an adolescent is being cyberbullied is when:
   a. There are large cell phone charges from the same number.
   b. There is an excessive amount of hang up calls.
   c. Several people text at the same time.
   d. Parents sense something is wrong.

4. Researchers have discovered a strong link between:
   a. Brain growth and passivity.
   b. Bullying and depression.
   c. Male and female parents of bullies.
   d. Childhood bullying and fear of closed spaces.

5. According to the U.S. Department of Health and Human Services:
   a. There is no single cause of bullying among children and youth.
   b. Bullying is caused by people with low self-esteem.
   c. There is one primary cause of bullying among youth.
   d. Bullying is difficult to articulate.

6. One warning sign that youth are engaging in bullying behavior includes:
   a. They are inattentive.
   b. They are lacking in empathy.
   c. They are physically larger than their peers.
   d. They have problems with language.

7. Mental health professionals should encourage parents, when their child has been physically bullied, to:
   a. Step away from interfering in their youth’s life.
   b. Consult with extended family.
   c. Let their youth use their friends for support.
   d. Take photos of all injuries to their youth.

8. Mental health professionals can also promote respectful family engagement by assigning their families “homework” that includes practicing:
   a. Taking time outs.
   b. Lowering their voices.
   c. Democratic engagement.
   d. Managing one another’s schedules.

9. Mental health professionals can guide caregivers to:
   a. Place the responsibility of the bullying on the shoulders of the bully.
   b. Pull back from blaming others.
   c. Withhold gifts as a way to bring awareness to their bullying youth.
   d. Think of all youth as equal and having problems.

10. Mental health professionals can help heal the wounds caused by bullying in youth through the use of:
    a. Daily inspirational sayings.
    b. Role-models.
    c. Metaphorical storytelling.
    d. Batakas.