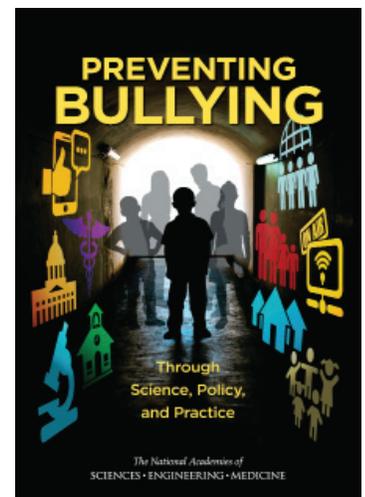


Preventing Bullying Through Science, Policy, and Practice

Bullying has long been tolerated by many as a rite of passage among children and adolescents. But bullying is not a normal part of childhood and is now appropriately considered to be a serious public health problem. Recognizing this, a group of federal agencies and private foundations asked the National Academies of Sciences, Engineering, and Medicine to appoint a committee of experts to undertake a study of what is known and what needs to be known to reduce bullying behavior and its consequences. The committee presents its findings and recommendations in its report *Preventing Bullying Through Science, Policy, and Practice* (2016).

Among the report's key findings and recommendations:

- Bullying is associated with harmful short- and long-term consequences both for youths who are bullied and for those who do the bullying. Individuals who are both perpetrators and targets of bullying appear to be at greatest risk for poor psychological and social outcomes.
- While research on bullying prevention programs is limited, emerging research indicates that some widely used approaches such as zero-tolerance policies are not effective at reducing bullying. School-based programs with multiple components that both involve all students and offer targeted interventions for those at high risk for bullying are more likely to be effective.
- Agencies and other stakeholders should use common definitions of bullying and gather surveillance data among different groups nationally in order to fill gaps in understanding of bullying and the youths involved. They should also foster the development, implementation, and evaluation of evidence-based bullying prevention and intervention programs.
- Although further research is needed on their effectiveness, law and policy have the potential to play a significant role in strengthening state and local efforts to prevent, identify, and respond to bullying.



BULLYING AND ITS CHANGING CONTEXT

In undertaking its study, the committee chose to use a current definition of bullying developed by the Centers for Disease Control and Prevention (CDC):

Bullying is any unwanted aggressive behavior(s) by another youth or group of youths who are not siblings or current dating partners that involves an observed or perceived power imbalance and is repeated multiple times or is highly likely to be repeated. Bullying may inflict harm or distress on the targeted youth, including physical, psychological, social, or educational harm.

Although bullying behavior has endured through generations, the milieu in which it occurs is changing. Historically, bullying has occurred at school or other physical settings where children play, congregate, and form peer groups. In recent years, however, technology has allowed for an additional type of aggression—cyberbullying—which takes place through social media, instant messaging, and other forms of digital communication.

In addition, the demographics of cities and towns in the United States are in flux, with resulting major changes in the ethnic and racial composition of schools across the country. Ethnic groups that are numerical minorities appear to be at greater risk for being targets of bullying because they have fewer same-ethnicity peers to help ward off potential bullies. Ethnically diverse schools may reduce actual rates of bullying because the numerical balance of power is shared among many groups.

THE SCOPE OF THE PROBLEM

It has been difficult for researchers to determine the extent of bullying in the United States. The data available indicate that school-based bullying likely affects between 18 percent and 31 percent of children and youths, and that the prevalence of cyber victimization ranges from 7 percent to 15 percent of youths. These numbers are even higher for some subgroups of youths who are particularly vulnerable, such as youths who are LGBT and youths with disabilities. Although these are ranges, they show that bullying is a real problem that affects a large number of young people.

The existing national datasets focus mainly on the children who are bullied; they contain considerably less about the perpetrators, and nothing about bystanders. There is also a lack of nationally representative data for some groups that are at higher risk of being bullied, such as LGBT youths and those with disabilities.

THE CONSEQUENCES OF BULLYING

Bullying has short- and long-term consequences and cannot simply be ignored or discounted as unimportant. Existing evidence suggests that children and youth who are bullied experience a range of physical problems, including sleep disturbances, gastrointestinal concerns, and headaches. Emerging research shows that bullying also affects the brain. Although these consequences are not yet fully understood, there are changes in stress response systems and in the brain associated with being bullied that increase the risk of mental health problems, as well as affecting cognitive function and self-regulation. Being bullied during childhood and adolescence has been linked to long-term psychological effects, such as depression, anxiety, and alcohol and drug abuse into adulthood.

Research shows that perpetrators can experience long-term effects as well. Children and youths who bully others are more likely to be depressed, engage in high-risk activities such as theft and vandalism, and have adverse outcomes later in life compared to those who do not bully. (However, some youths whose bullying are motivated by establishing status within their peer group do not evidence negative outcomes.) Individuals who both bully others and are themselves bullied appear to be at greatest risk for poor psychological and social outcomes.

Youths who are involved in bullying as either perpetrators or targets are statistically significantly more likely to contemplate or attempt suicide, compared to children who are not involved in bullying. So far, however, there is not enough evidence to date to conclude that bullying is a causal factor, or the main causal factor, in youth suicides. The epidemiology of suicide is extremely complex and generally associated more directly with mental health concerns such as anxiety and depression. Bullying could serve as a risk factor for youths who are also experiencing mental health concerns.

The committee also examined the relationship between bullying and school shootings, concluding that the data are unclear on the role of bullying as a precipitating cause of these shootings.

PREVENTING AND RESPONDING TO BULLYING

Reducing the prevalence of bullying and minimizing the harm it imparts can have a dramatic impact on children's well-being and development. Many programs and policies have been developed, but more needs to be known about what types of programs will be most effective, and how this effectiveness differs among various groups of youths.

The vast majority of research has focused on universal, school-based programs that involve all students, regardless of their risk for bullying or being bullied. Such programs might teach social–emotional lessons in the classroom, for example, or have counselors come into classrooms to model strategies for responding to bullying. However, the effects of those programs within the United States appear to be relatively modest.

Multicomponent schoolwide programs, which combine elements of these universal programs along with more targeted interventions for youths at risk of bullying or being bullied—for example, teaching more intensive social–emotional skills or de-escalation approaches—appears to be most effective at reducing bullying.

Research has also revealed some approaches that do not appear to be effective. There is little evidence that widely used zero-tolerance policies have curbed bullying or made schools safer. Moreover, these policies may lead to the underreporting of bullying incidents because the consequence imposed—typically suspension or expulsion—is perceived as too harsh or punitive, as well as being counterproductive and harmful to the students involved. Zero-tolerance policies should be discontinued, with the resources directed to evidence-based policies and programs.

RECOMMENDATIONS

After considering the evidence, the committee makes seven recommendations devoted to filling gaps in understanding of bullying and the effectiveness of existing programs, and also to fostering the development, implementation, and evaluation of evidence-based policies and programs.

Recommendation: The U.S. Departments of Education, Health and Human Services, Justice, Agriculture, Defense, and the Federal Trade Commission that are engaged in the Federal Partners in Bullying Prevention (FPBP) interagency group should foster use of a consistent definition of bullying.

Recommendation: The U.S. Departments of Health and Human Services, Education, and Justice and other agencies engaged in the Federal Partners in Bullying Prevention (FPBP) interagency group should gather longitudinal surveillance data on the prevalence of all forms of bullying, including physical, verbal, relational, property, cyber, and bias-based bullying, and the prevalence of individuals involved in bullying,

including perpetrators, targets and bystanders, in order to have more uniform and accurate prevalence estimates.

Recommendation: The U.S. Department of Education’s Office of Civil Rights, the state attorneys general, and local education agencies together should (1) partner with researchers to collect data on an ongoing basis on the efficacy and implementation of anti-bullying laws and policies, (2) convene an annual meeting in which collaborations between social scientists, legislative members, and practitioners responsible for creating, implementing, enforcing, and evaluating anti-bullying laws and policies can be more effectively facilitated and in which research on anti-bullying laws and policies can be reviewed, and (3) report research findings on an annual basis to both Congress and the state legislatures so that anti-bullying laws and policies can be strengthened and informed by evidence-based research.

Recommendation: The U.S. Departments of Education, Health and Human Services, and Justice, working with other relevant stakeholders, should sponsor the development, implementation, and evaluation of evidence-based programs to address bullying behavior.

Recommendation: The U.S. Departments of Education, Health and Human Services, and Justice, working with other relevant stakeholders, should promote the evaluation of the role of stigma and bias in bullying behavior, and sponsor the development, implementation, and evaluation of evidence-based programs to address stigma- and bias-based bullying behavior, including the stereotypes and prejudice that may underlie such behavior.

Recommendation: The U.S. Department of Health and Human Services and the U.S. Department of Education, working with other partners, should support the development, implementation, and evaluation of evidence-informed bullying prevention training for individuals, both professionals and volunteers, who work directly with children and adolescents on a regular basis.

Recommendation: Social media companies, in partnership with the Federal Partners for Bullying Prevention (FPBP) Steering Committee, should adopt, implement, and evaluate on an ongoing basis policies and programs for preventing, identifying, and responding to bullying on their platforms and should publish their anti-bullying policies on their websites.

COMMITTEE ON THE BIOLOGICAL AND PSYCHOSOCIAL EFFECTS OF PEER VICTIMIZATION: LESSONS FOR BULLYING PREVENTION

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For More Information . . . This brief was prepared by the Board on Children, Youth, and Families (BCYF) based on the report *Preventing Bullying Through Science, Policy, and Practice* (2016). This activity was sponsored by the Centers for Disease Control and Prevention; Eunice Kennedy Shriver National Institute of Child Health and Human Development; Health Resources and Services Administration of the U.S. Department of Health and Human Services; Highmark Foundation; National Institute of Justice of the U.S. Department of Justice; Robert Wood Johnson Foundation; the Semi J. and Ruth W. Begun Foundation, and Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services. Any opinions, findings, conclusions, or recommendations expressed in this publication do not necessarily reflect the views of any organization or agency that provided support for the project. Copies of the report are available from the National Academies Press, (800) 624-6242; <http://www.nap.edu> or via the BCYF Web page at <http://nas.edu/ScienceOnBullying>.

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