

Physical Health Problems and Bullying

Bullying leads to an increased risk of physical health problems. Not only do the students who are victimized potentially suffer physical injuries from the act of bullying itself, but they may also experience physical health difficulties that endure long after the bullying has subsided. Those who bully may also experience physical health problems.

Key Research Findings

- Children and adolescents involved in bullying are at greater risk of physical health difficulties than those who are uninvolved.^{1,2,3}
- Compared to uninvolved children:
 - **Children who are victimized** are 3 times more likely to have headaches, sleeping difficulties, stomach pains, and bed wetting, as well as 2 times as likely to have a poor appetite.⁴
 - **Children who bully** are 2 times more likely to have headaches and 2.5 times more likely to have difficulties with bed wetting.⁵
 - **Children who bully and are victimized** are 6 times more likely to experience bed wetting, almost 4 times more likely to have a poor appetite, and 3 times more likely to have stomach pain.⁶
- Adolescents who are victimized by bullying and experience physical health difficulties are more likely than other youth to use medicine in excess to address these problems.⁷
- Children and youth with chronic health problems such as asthma, hearing, vision or speech difficulties, epilepsy, obesity, or gastrointestinal problems are at greater risk of victimization, and their physical health difficulties may also be exacerbated by the victimization.⁸
- Girls in middle and high school who have been experienced sexual harassment exhibit more physical health problems than those who had not been harassed.⁹
- Greater severity or frequency of victimization is related to more severe physical health difficulties.¹⁰

Key Themes

- Children and youth involved in bullying and/or victimization are at risk of physical health problems, and these problems may become more severe with development.
- Physical problems may be intensified for children and adolescents who experience chronic health difficulties and for children who experience more severe or frequent victimization.

Implications

Education

- Parents, school staff, physicians and other health care professionals need to be educated about bullying and associated physical symptoms to raise awareness about the link between bullying and unexplained physical symptoms.

Assessment

- Assessment measures of bullying and victimization should include items that index physical health problems, as well as physical reactions (e.g., upset stomach or headache) to bullying incidents.

Prevention and Intervention

- Prevention and intervention programs must begin early in childhood to reduce bullying and victimization, as well as the related physical health consequences and the individual and social costs of chronic physical health problems.

Policy

- The physical suffering of children and adolescents, as well as the associated individual and social costs, make early intervention essential. Government legislators for education need to establish board-wide, in-school policies to ensure that prevention and intervention programs are instituted as early as possible (i.e., during primary school) and are maintained as children grow, to prevent physical health difficulties from developing or worsening among students as a result of bullying involvement.

¹ Due, P., Holstein, B. E., Lynch, J., Diderichsen, F., Gabhain, S. N., Scheidt, P., Currie, C. & The Health Behaviour in School-aged Children Bullying Working Group. (2005). Bullying and symptoms among school-aged children: International comparative cross sectional study in 28 countries. *European Journal of Public Health, 15*(2), 128-132.

² Fekkes, M., Pijpers, F. I. M., & Verloove-Vanhorick, S. P. (2004). Bullying behavior and associations with psychosomatic complaints and depression in victims. *Journal of Pediatrics, 144*(1), 17-22.

³ Kshirsagar, V. Y., Agarwal, R., & Bavdekar, S. B. (2007). Bullying in schools: Prevalence and short-term impact. *Indian Pediatrics, 44*(1), 25-28.

⁴ See note 2 above.

⁵ See note 2 above.

⁶ See note 2 above.

⁷ Due, P., Hansen, E. H., Merlo, J., Andersen, A., & Holstein, B. E. (2007). Is victimization from bullying associated with medicine use among adolescents? A nationally representative cross-sectional survey in Denmark. *Pediatrics, 120*(1), 110-117.

⁸ Nordhagen, R., Nielsen, A., Stigum, H., & Köhler, L. (2005). Parental reported bullying among nordic children: A population-based study. *Child: Care, Health and Development, 31*(6), 693-701.

⁹ Gruber, J. E., & Fineran, S. (2007). The impact of bullying and sexual harassment on middle and high school girls. *Violence Against Women, 13*(6), 627-643.

¹⁰ See note 2 above.