Psychosocial Problems and Bullying

Involvement in bullying and victimization can have devastating and even life-threatening psychological, behavioral, mental and physical health, academic, and social consequences. Children who have been identified as having a dual status, meaning that they both bully others and are victimized, tend to have the most severe psychosocial problems.[1,2] The direction of influence can be cyclical with involvement in bullying resulting in negative psychosocial impacts, and these impacts increasing the risk that the child will again become involved with bullying.[3,4,5]

Key Research Findings

Psychosocial Impact	Bullying Others	Being Victimized	Dual Status (Both bullying others and being victimized)
Psychological / Behavioral	Psychological distress[6,7]	Psychological distress[8,9,10] Poor psychological functioning[11] Internalizing [12,13] Externalizing[14] Poor self-esteem[15,16]	Psychological distress[17] Internalizing[18,19] Externalizing[20] Self-injurious behavior[21]
Emotion / Mood	Felt sad[22]	Poor emotional adjustment[23] Felt sad[24, 25, 26] Felt frustrated[27] Felt angry[28, 29] Stress is higher for victims who feel isolated [30]	Poor emotional adjustment[31] Felt angry[32]
Mental Health	Depressive symptoms[33] Alcohol abuse[34] Substance use[35]	Depressive symptoms [36, 37, 38, 39, 40] Major depression[41] Anxiety[42, 43, 44, 45] Suicidality (gay male youth)[46] Suicidality[47] Substance use[48, 49] Trauma symptoms[50, 51] Vulnerability to psychosis[52]	Depression [53] Anxiety[54] Suicidal behavior[55] Suicidal ideation[56] Substance use[57] Alcohol abuse[58] Self-injurious behavior[59]
Physical Health[1]	Headaches[60] Bedwetting[61]	Unspecified[62] Vomiting[63], Sleep disturbances[64, 65] Bed wetting[66] Abdominal Pains[67, 68] Head ache[69] Poor thriving[70] High medication use[71]	Bed wetting[72] Sleep disturbances[73] Fatigue[74] Abdominal pains[75] Headaches[76]

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[1] For more detail see fact sheet "Bullying and Physical Health Problems"

Academic	School absenteeism[77] Negative school attitude[78] Poor school adjustment[79] Failing grades[80]	School absenteeism [81] Negative school attitude[82] Poor school achievement[83] School phobia[84, 85] Detention, suspension[86]	Negative school attitude[87] Poor school adjustment[88] Poor school achievement[89]
Antisocial Behavior	Aggression[90] Rule breaking[91] Delinquency[92] Alcohol abuse[93] Substance use[94] Antisocial personality[95]	Delinquent behavior[96] Weapons carrying[97] Substance Use[98, 99]	Relational, physical, sexual aggression[100] Weapons carrying[101] Substance Use[102] Alcohol abuse[103] Antisocial personality[104]
Social / Relational		Social isolation[105,106] Poor peer relationships[107]	Relational, physical, sexual aggression[108] Delinquent Peers[109] Poor emotional bond with caregiver[110] Poor peer relationships[111]

Key Themes

- Impact is diverse and significant.
- Impact is universal – negative impacts occur across countries.[112]
- Impact occurs across the lifespan – involvement in bullying and the impacts of that involvement exist at all ages from as young as 2 years to adulthood.[113,114,115,116,117,118]
- Impact can differ by gender – the severity of impacts can be different for boys and girls.[119,120,121]
- Impacts and involvement can be cyclical – the impacts themselves can increase the risks of continued involvement in bullying. For example, children with psychiatric symptoms such as depression or anxiety are more likely to be victimized [122,123] as well as more likely to perpetrate bullying[124] and being victimized or bullying others is associated with increased risk of depression and anxiety.[125,126,127,128,129]

Implications

Education
- All adults who work with children need to be educated about the psychosocial impacts of involvement with bullying.
    - Post-secondary education and professional development should educate aspiring and established professionals about the impacts of bullying and victimization. Relevant professional disciplines include psychology, mental health and addiction, education, medicine, public health, police, corrections/justice, social work.

Assessment

- Early assessment is essential to preventing the diverse and significant negative impacts of involvement in bullying in every country and at every age level.
- When children show any evidence of involvement in bullying, assessment should be done for any potential known negative psychological/behavioral, emotional, mental health, physical health, academic, antisocial, and relational impacts.

Prevention & Intervention

- Bullying prevention and intervention programs should address the psychosocial impacts of bullying involvement because these impacts can increase a child's risk for continued involvement with bullying and poor developmental outcomes.
- Prevention and early intervention have broad potential to prevent the many diverse and significant impacts of bulling involvement.
- Because the impacts of involvement in bullying occur across the lifespan, interventions that focus on older youth and adults should address the impacts of bullying at an earlier age.

Policy

- Intervene early. The social and financial burden of bullying to society is significant. There are costs associated with increased mental health problems, antisocial behavior, and poor academic achievement. The negative consequences associated with involvement in bullying at an early age can persist throughout life and may lead to continued involvement in unhealthy relationships. The economic costs suggest intervening early is preventing long-term costs.
- School policy needs to address the impacts of bullying.
  - Policies should mandate the assessment, prevention, and early intervention of bullying in all schools.
  - Schools should have policies recommending a minimum number of staff to help students deal with the diverse impacts of bullying and victimization (i.e., mental health and addiction counselors, social workers, nurses, academic counselors).
- Youth justice system policies should reflect the role that involvement in bullying and victimization can have on delinquent behavior and should strive to prevent future involvement with bullying while also addressing the diverse impacts that may have resulted from past involvement.
- Public health policy needs to reflect the link between the relationship problem of bullying/victimization and the negative impacts on mental and social health across the lifespan.

Recommended Reviews of Relevant Literature

- Smokowski, P. R. & Kopasz, K. H. (2005). Bullying in school: An overview of types, effects, family characteristics, and intervention strategies. *Children & Schools, 27*(2), 101-110.
- Whitted, K. S. & Dupper, D. R. (2005). Best practices for preventing or reducing bullying in schools. *Children & Schools, 27*(3), 167-174.

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[92] See note 33 above.

[93] See note 23 above.

[94] See note 1 above.

[95] See note 42 above.

[96] See note 36 above.

[97] See note 86 above.

[98] See note 36 above.

[99] See note 11 above.

[100] See note 1 above.

[101] See note 2 above.
[102] See note 1 above.
[103] See note 23 above.
[104] See note 42 above.
[105] See note 11 above.
[106] See note 65 above.
[107] See note 23 above.
[108] See note 1 above.
[109] See note 1 above.
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[125] See note 36 above.
[126] See note 37 above.
[127] See note 38 above.
[128] See note 3 above.
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