

Running head: Incidence, Impact, and Interventions

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Douglas J. Boyle, J.D., Ph.D.
Research Administrator
Violence Institute of New Jersey at the
University of Medicine and Dentistry of New Jersey
Newark, New Jersey 07103-1709

Youth Bullying: Incidence, Impact, and Interventions

While most research on bullying has been conducted in European countries, American researchers have recently turned their attention to this subject. Researchers conducting the first nationally representative survey in the U.S. estimated that nearly six million children (or roughly 30%) in grades 6 through 10 were involved in moderate or frequent bullying (i.e., as target, bully, or both) during the school term in which they were surveyed (Nansel et al., 2001). Bullying is generally defined as repeated negative actions (i.e., physical, verbal, and/or psychological) directed at a target over time, where there is a power differential (either real or perceived) between the target and the bully/bullies (Olweus, 1993; Olweus, Limber, & Mihalic, 1999).

The widespread and chronic nature of bullying suggests that the impact on children both short and long-term can be considerable. Psychologists, given their skills and expertise in matters of human behavior, are uniquely qualified to work with school systems to implement research-based prevention programs, and with individual clients to address the adverse impact of bullying on both targets and bullies.

In this paper, I further describe the incidence of bullying, including gender differences, as well as characteristics of targets and bullies. Next, an outline of the short and long-term impact of bullying is provided. Finally, I discuss assessment issues, and effective interventions, both at the systems and individual levels. This article is intended to be an introduction to the subject with particular focus on issues of concern to psychologists. Therefore, many issues which could be discussed in much greater detail will only be briefly outlined with references to allow the reader to further explore a subject.

Incidence and Characteristics

Boys are generally more likely to be involved in bullying as both bullies and targets, and are more likely to both engage in and be subjected to physical violence (Nansel et al., 2001; Olweus, 1993). Alternatively, girls are more likely to use indirect or relational bullying which can involve, for example, social isolation of the target and spreading rumors about the target. (The topic of relational bullying is discussed in greater detail in the article by Carlson-Gotz and Berry in this special issue).

Characteristics of Targets

There are two types of targets identified in the bullying literature (Olweus, 1993). The first, and by far the larger subgroup, are passive targets. These children are generally characterized as anxious, insecure, and unassertive. There is, of course, a reciprocal relationship between these characteristics and being bullied. That is, for example, these individuals may be insecure and anxious before being targeted, and these characteristics are likely to increase as a result of the bullying.

A second, smaller subgroup of targets labeled “provocative” targets are characterized by both anxious and aggressive behavior (Olweus, 1993). These children may also be characterized as hyperactive. Frequently, they are bullied by and disliked by an entire classroom of their peers. Provocative targets also often in turn bully other children. Thus, they can be both targets and bullies.

Characteristics of Bullies

Contrary to popular belief, bullies are not more likely to have low-esteem, and are not unpopular with their peers (Olweus, et al., 1999). They are, however, more likely to

have positive beliefs about the use of violence, use alcohol and other drugs, have lax parents, and have abuse histories (Limber, 2002; Olweus, et al., 1999).

Short and Long-Term Impact

Impact on Targets

Targets of bullying often experience internalizing (e.g., sadness, distress, anxiety) and somatic (e.g., stomach aches, headaches) symptoms, as well as physical injuries. Targets may also experience confusion, anger, lowered self-esteem, and feelings of insecurity (Olweus, et al., 1999). These students may also suffer academically, as they may avoid attending school, or their psychological symptoms may negatively impact their ability to learn while at school (e.g., due to decreased ability to concentrate resulting from anxiety and/or depressive symptoms). In extreme cases, students may experience suicidal ideation, and may in fact attempt suicide, if they do not receive support and treatment (Olweus, 1993).

Targets may also suffer long-term consequences of persistent bullying. Olweus (1993) followed up with boys targeted by bullies from grades six through nine, and reassessed them at age 23. He found that as adults, these individuals were more likely to experience depressive symptoms and poorer self-esteem when compared to peers who had not been bullied.

Impact on Bullies

When bullies are allowed to engage in aggressive behavior at a young age, without effective intervention from parents and/or the school system, they are at significantly greater risk for negative outcomes later in life. In addition, the bullying behavior is often accompanied by other conduct disordered behaviors. In fact, Olweus

(1993) has found that bullies were more likely than non-bullies to engage in vandalism, shoplifting, truancy, and substance abuse. This behavior pattern during childhood and adolescence greatly increases the likelihood that these individuals will engage in antisocial behavior as adults. This assertion is supported by one of the most consistent findings of longitudinal research: aggressive and antisocial behaviors are among the most stable behaviors across the lifespan (Eron, 1994; Eron, 1997; Huesmann, Eron, Lefkowitz, & Walder, 1984; Olweus, 1979). Furthermore, Olweus (1993) has found that individuals who bullied during grades six through nine, were significantly more likely to have criminal convictions at age 23, when compared to individuals who had no involvement in bullying.

Assessment and Interventions

When doing clinical assessments with children who are targets of bullying, it is important to keep in mind that they are often reluctant to report what is happening because of concerns that adults will only make the situation worse, and because of feelings of embarrassment for being targeted (Limber, 2002; Olweus, et al., 1999). In particular, older children and boys are least likely to report being bullied. Psychologists, parents, and others need to be aware of this and specifically ask about the child's experiences, since if we do not ask, children often will not spontaneously report it.

The presence of some indicators suggests the need for further assessment for bullying victimization. These include: torn, damaged, or missing belongings; unexplained cuts, bruises, or other injuries; social isolation; fearfulness of going to, and avoidance of school; loss of interest in school work; decrease in academic performance; somatic complaints such as headaches and stomach aches; difficulty sleeping and/or

nightmares; depressive symptoms; anxiety and/or low self-esteem; and passivity (Limber, 2002). The presence of any or all of these factors should be followed by a more thorough assessment for bullying victimization.

There are also instruments designed for use in assessing involvement in bullying, either as witness, target, or bully. These include: the Revised Olweus Bully/Victim Questionnaire (Olweus, 1994; Solberg & Olweus 2003); the Bullying-Behaviour Scale (Austin & Joseph, 1996); and the Participant Role Questionnaire (Salmivalli, Lagerspetz, Bjorkqvist, Osterman, & Kaukiainen, 1996). Information about these scales and others, including descriptions of the scales, constructs assessed, psychometric properties, references, and author contact information are available on the Violence Institute's website at <http://www.umdj.edu/vinjweb/>, at the link for the *Inventory for Aggression Assessment*.

Interventions

Since bullying takes place within a social system (one in which students are mandated to attend), interventions need to focus not just on individuals, but also on the system. That is, because students often lack freedom to control their environment (e.g., whom to associate with and when), systemic interventions are needed to provide a safe environment for all children.

System-Level. At the system-level, the most widely studied and empirically validated program is the Olweus Bullying Prevention Program (Olweus, et al., 1999). This program entails increased positive involvement (e.g., increasing awareness of the extent of bullying, increased monitoring and supervision of students) by adults (both teachers and parents) in the school system; limits to unacceptable behavior (e.g., clearly

communicated rules against bullying); consistent negative consequences for rule violation; and positive adult role models. The Olweus program focuses on both prevention (for students not currently involved in bullying) as well as intervention to reduce or eliminate current bullying.

While there is no shortage of bullying prevention programs, only the Olweus program has been recognized as a national model and a Blueprint Violence Prevention Program by the Center for the Study and Prevention of Violence at the University of Colorado, and as an Exemplary Program by the Center for Substance Abuse Prevention (U.S. Department of Health and Human Services). It has been found to significantly reduce bullying behavior in replication studies in Europe, and in the United States (Olweus, et al., 1999).

Individual-level treatments for targets. For treatment purposes, it is necessary to distinguish between passive versus provocative subtypes, though there are some treatments from which both will benefit. Both will likely benefit from assertiveness training. In particular, provocative targets should be taught to generate appropriately assertive (as opposed to aggressive) responses to frustrations and perceived provocations.

Both may also benefit from social skills training. Again, provocative targets may be particularly in need of such training as they often provoke hostile reactions from entire classrooms of children. Additionally, both groups may require treatment focusing on depressive and anxious symptoms.

Individual-level treatments for bullies. Individual-level treatments for bullies should include working with the bully, but also importantly with his/her parents. Bullies

may engage in a range of conduct disordered behaviors, and these may need to be addressed as well.

A key area for intervention with bullies is to focus on their positive attitudes toward the use of violence. Cognitive restructuring should be employed to challenge these dysfunctional thoughts. There should also be an emphasis on developing empathy toward others generally, and for particular targets.

Work with parents should begin initially with education about the importance of changing the bully's behavior in order to prevent development of a long-term pattern of antisocial behavior. Parent skills training and increased parental monitoring are important elements. It is necessary to get support from parents and the school system since bullies get rewards (at times including material rewards, e.g., by taking lunch money from targets) from their negative behavior. However, since some bullies have abuse histories, competent parental support may not be available.

Treatments that do not work for bullies. Given recent findings regarding the potential for peer contagion, it would seem that group treatment for bullies is not advisable (Dishion, 2004). That is, group treatment for antisocial behavior often results in participants learning to more effectively engage in negative behaviors, since interactions between participants allow for new negative learning experiences.

Similarly, treating low self-esteem for bullies is not recommended, especially since bullies do not generally suffer from low self-esteem. Such treatment may only lead to more confident bullies (Limber, 2002; Olweus, 1993). Finally, mediation between targets and bullies is also not recommended since it implies equality in power between parties, which by definition does not exist in bullying (Limber, 2002). Employing

mediation also suggests that the target shares blame for being bullied, since it frames the issue as a conflict to be resolved. This sends the wrong message to both targets and bullies in that it appears to lessen the responsibility of bullies for their aggressive behavior.

Concluding Comments

Bullying is a pervasive problem in U.S. schools, affecting almost a third of students in grades 6 through 10. Because of the significant negative consequences of this behavior for all involved, it should not be viewed as just a normal part of growing up. To be addressed effectively, both individual and system-level interventions are required. Psychologists should provide appropriate individual and family therapy. In addition, psychologists should be advocates for evidence-based approaches in their communities. There are literally dozens of programs that claim to prevent or reduce bullying, but very few with any research support.

Developmental models (e.g., social-learning, and social-cognitive theory) are supported by longitudinal research, which indicates that early intervention is critically important in preventing the development of aggressive and antisocial behavior patterns. If we do not intervene with bullies, we not only place targets at risk for physical injury, depression, anxiety, and low self esteem, but also significantly increase the likelihood that bullies will develop into antisocial adults.

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