BULLYING | *for Mental Health Professionals*

Bullying is a significant problem for many children, youth, and adults worldwide. Many individuals will be involved in bullying at some point during their school years or in the workplace, either as a perpetrator, a target, a witness, or involved in multiple roles (i.e., both as a perpetrator and a target; a target and a witness, etc.). It is important to distinguish bullying from teasing and other forms of aggression. An aggressive interaction is considered bullying when it is:

- Purposeful, aggressive, mean behavior
- Repeated over time, or repeated electronically
- Characterized by an imbalance of power between the perpetrator and the target

This means that not all aggressive behaviors are bullying. It is only bullying when the behavior is a pattern of aggression in which the bully perpetrator has an advantage (whether it be physical, social, intellectual, or psychological) over the victim(s). The power imbalance is important in the bullying dynamic. While isolated incidents of aggression are also important, bullying must be addressed in a different manner, taking into account developmental factors and the complex social structure that influences bullying.

What Does Bullying Look Like?

Bullying is a subset of aggression and typically covers four types:

1. Physical Bullying – includes punching, kicking, shoving, destroying objects, stealing objects, and other physical actions
2. Verbal Bullying – includes name calling, threats, and intimidation
3. Relational Bullying – includes spreading rumors and exclusion from a group
4. Electronic Bullying – includes any form of bullying that occurs online, over the phone, or via video games

When males are involved in bullying, it is most likely to be physical bullying. When females are involved in bullying, it is most likely to be relational bullying. However, both genders can be involved in any kind of bullying, and most bullying often involves multiple kinds of bullying behaviors (e.g., physical and verbal, electronic and relational).

The Bully-Victim Continuum

Bullying is often incorrectly characterized as a problem between a single bully and a single victim. Bullying is better thought of as a group phenomenon in which individuals may be involved in multiple roles:

- Perpetrator – engages in bullying others
- Victim – targeted by bullying
- Bystander – witnesses bullying
- Bully/Victim – an individual who engages in bullying others is victimized by others

What Is Cognitive Behavior Therapy?

Behavior Therapy and Cognitive Behavior Therapy are types of treatment that are based firmly on research findings. These approaches aid people in achieving specific changes or goals.

Changes or goals might involve:

- **A way of acting,** like trying not to shout at others.
- **A way of thinking**, like understanding that most situations aren't catastrophic.
- **A way of coping,** like training people to see the cause of their anger before becoming angry and to accept the sometimes negative reality of life.

Behavior Therapists and Cognitive Behavior Therapists usually focus more on the current situation and its solution, rather than the past. They concentrate on a person's views and beliefs about their life, not on personality traits. Behavior Therapists and Cognitive Behavior Therapists treat individuals, parents, children, couples, and families. Replacing ways of living that do not work well with ways of living that work, and giving people more control over their lives, are common goals of behavior and cognitive behavior therapy.

HOW TO GET HELP: If you are looking for help with bullying, either for yourself or someone else, you may be tempted to call someone who advertises in a local publication or who comes up from a search of the Internet. You may, or may not, find a competent therapist in this manner. It is wise to check on the credentials of a psychotherapist. It is expected that competent therapists hold advanced academic degrees and are trained in techniques for treating anger management. They should be listed as members of professional organizations, such as the Association for Behavioral and Cognitive Therapies or the American Psychological Association. Of course, they should be licensed to practice in your state. You can find competent specialists who are affiliated with local universities or mental health facilities or who are listed on the websites of professional organizations. You may, of course, visit our website (www.abct.org) and click on "Find a CBT Therapist."

The Association for Behavioral and Cognitive Therapies (ABCT) is an interdisciplinary organization committed to the advancement of a scientific approach to the understanding and amelioration of problems of the human condition. These aims are achieved through the investigation and application of behavioral, cognitive, and other evidence-based principles to assessment, prevention, and treatment.

• Uninvolved – not involved in bullying situations

These roles are dynamic. That is, individuals move in and out of roles across situations and over time. For example, an individual student may bully others in elementary school, be victimized in middle school, and be a bystander in high school. Another student may be victimized at home but be uninvolved in bullying at school or a youth might be bullied at home and then bullies others at school. Sometimes students are involved in bullying when their peer group supports bullying. It is therefore important to treat bullying as a changeable behavior that is influenced by the peer group, the school environment, and the family environment, rather than an unchangeable part of a student's personality.

Contributing Factors that Support Bullying Behaviors

Bullying behaviors occur within a variety of social and environmental contexts (e.g., home, school, community). Children's attitudes and behaviors related to bullying are often influenced and shaped by the interactions among individual, peers, family, school, and community contexts; this is known as the social-ecological model of bullying (Swearer & Doll, 2001; Swearer & Espelage, 2004).

• At the *individual level*, involvement in bullying can be related to factors such as impulsivity; less empathy towards others; desire for popularity; depression; lowered self-esteem; poor social skills; and aggressive and oppositional behavior.

• At the *peer level*, involvement in bullying may be related to peer group preference; aggression as a normative, functional behavior within the peer group; peer group pressure; desire for social status; and need to affiliate.

• At the *family level*, involvement in bullying can be related to factors such as limited access to positive adult role models and modeling of prosocial behaviors; limited adult supervision; sibling bullying; poor problem solving; witnessing family aggression; coercive family processes; and family conflict.

• At the *school level*, involvement in bullying can be related to factors such as lack of adult supervision; ineffective or negative school policies that do not promote positive change; overreliance on zero tolerance policies; apathetic or unaware adult attitudes; and negative school climate that is marked by bullying and promotes bullying behaviors.

• At the *community level*, involvement in bullying can be related to factors such as lack of community cohesiveness; limited resources that can be used towards violence prevention; limited participation in community organizations or activities; disorganized and dangerous neighborhoods; and workplace bullying (www.workplacebullying.org).

The Effects of Bullying

Bullying significantly impacts the mental and physical health of the students involved (Copeland, Wolke, Angold, & Costello, 2013; Rigby, 2008). In general, these involved students often experience heightened depression and anxiety; however, specific involvement either as a perpetrator, target, combination of both, or witness has unique mental and physical health outcomes. Physical health difficulties include psychosomatic complaints, stomach aches, headaches, and frequent absenteeism due to stress.

Individuals who are perpetrators of bullying are at risk for developing con-

duct disorder, additional aggressive behaviors, and future problems with the law. Additionally, perpetual aggression towards other students has been shown to lead to risk for developing long-term mental health impairments, such as significant inattention and depression (Campbell, Spieker, Burchinal, & Poe, 2006). Gender differences have emerged as well; girls who are perpetrators of bullying have a higher risk of experiencing depression than boys who are perpetrators of bullying (Klomek, Marrocco, Kleinman, Schonfeld, & Gould, 2007).

Targets of bullying are at risk for developing depression, anxiety disorders, and experiencing suicidal ideation. The frequency to which students are victimized can also impact the development of a depressive disorder. Klomek et al. (2007) found that students who were frequently victimized were seven times more likely to be depressed as compared to nonvictimized peers, whereas students who were infrequently victimized were three times more likely to be depressed as compared to nonvictimized peers. Targets of bullying are also at risk of experiencing a negative school climate, which could impact their ability to learn and, subsequently, their academic engagement and academic achievement.

Individuals who are both perpetrators and targets of bullying (bully-victims) are the most affected as they tend to experience the adverse effects that both bullies and victims experience. Generally, bully-victims are more susceptible to depression and anxiety than peers uninvolved in bullying situations. Bully-victims tend to take on similar symptomology as victims do, but to an exacerbated degree; bully-victims have been found twice as likely to experience anxiety, and three times as likely to experience depression (Fekkes, Pijpers, & Verloove-Vanhorick, 2004). Additionally, bully victims are at risk for feeling reduced social support from their peers (Holt & Espelage, 2007).

Witnesses of bullying can experience negative mental health effects as well. Simply by observing bullying, bystanders are more likely to experience increased feelings of vulnerability (Glover, Gough, Johnson, & Cartwright, 2000), which may prohibit them from feeling able to intervene during bullying situations. Depending on the frequency and severity of bullying situations in the school context, bystanders may also have a negative perception of the school's climate. Bystanders may feel fearful of coming into contact with aggressive peers in school, and could therefore experience heightened anxiety as opposed to students who are not involved in bullying.

What Can We Do to Reduce Bullying?

Efforts that school personnel and mental health professionals can take on to help reduce bullying:

1. Create an antibullying committee that includes members from the following groups: administrators, teachers, parents, coaches, students, nurses, and mental health professionals. An effective committee must represent the diverse voices in a given school.

2. Develop and follow an antibullying policy that emphasizes the use of assessment and intervention, as opposed to strictly punitive measures (e.g., suspension and/or expulsion).

3. Increse awareness of the negative consequences associated with bullying through the use of videos, books, and classroom presentations.

4. Conduct, collect, and analyze survey data to assess school climate, social relationships, locations where bullying occurs, and the severity and forms of bullying

that are happening in school and to and from school.

> • To best assess bullying, multiple measures should be used (i.e., self-report and observations), and students, teachers, and parents should all complete the assessments in order to accurately capture what is happening within the school

5. Use data-based decision-making to address the school's specific needs related to bullying and continue to conduct, collect, and analyze data annually because bullying behaviors may change from year to year.

> • To best utilize the data collected, classroom presentations should be conducted by the school's antibullying committee. It is important to share the findings with students and teachers, as well as with parents via Parent Teacher Organization meetings to maintain strong lines of communication and a common understanding of the specific bullying issues at school

6. Use data to create or select evidence-based interventions for bullying that best address the bullying reported by students, teachers, and parents. Some examples of evidence-based bullying prevention and interventions are:

> • **Steps to Respect** (www.cfchildren.org)
> • **Second Step** (www.cfchildren.org)
> • **Bully Busters** (https://www.researchpress.com/books/455/bully-busters)
> • **Bully Proofing Your School** (http://www.soprislearning.com/school-climate/bully-proofing-series)
> • **Peaceful Schools Project** (http://www.backoffbully.com/Pages/peacefulSchools.html)
> • **The Olweus Bullying Prevention Program** (http://www.hazelden.org/web/public/olweus.page?gclid=CNqFgtz0zLUCFShgMg0dFT0A9A)

7. Develop a way to document bullying incidents and a confidential system where students and staff can feel comfortable reporting bullying situations (i.e., H&H Publishing, www.bullysurvey.com).

8. Avoid common pitfalls in bullying prevention and intervention, such as use of group treatment for perpetrators of bullying or peer mediation between the perpetrator and target of a bullying situation; these types of interventions have been found ineffective and may in fact be damaging.

Efforts That Adults Can Take to Help Create Resilient Youth and to Reduce Bullying

1. Model kind and respectful behaviors, as well as prosocial skills. Think before you speak!

2. Establish rules within the home to address bullying that occurs either at school and/or at home.

3. Teach children how to be a positive bystander by helping and supporting students who are bullied (www.stopbullying.gov).

4. Learn about cyberbullying and communicate with children how to appropriately use social networking sites in a safe and respectful manner (www.cyberbullying.us).

5. Monitor your child's use of social networking (i.e., Facebook, Twitter, Tumblr, Instagram, online gaming, etc.).

6. Encourage children to develop their strengths and acknowledge their positive aspects (www.braverytips.org).

7. Advise children to stick with a friend throughout the school day across various settings (e.g., playground, cafeteria, hallway, walking to and from school).

8. Help children learn how to positively and assertively resolve conflicts.

9. Develop and maintain clear, consistent, and positive communication with school personnel, the administration, and teachers.

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