



Bullying

What is bullying?

Bullying can be described as the intentional hurting of a person or people by another person or group on a regular basis, resulting in the creation of a one-sided power relationship. Bullying can take many forms, including physical violence, verbal abuse and psychological abuse. Bullying can be done in-person, or via other means, e.g. on social media or the internet (known as cyberbullying). Cyberbullying takes bullying out of the classroom or the school playground and follows the victim home, resulting in 24-hour-a-day abuse.

Although a lot of research focuses on school children, it is important to remember that bullying is not unique to children. Adults can be bullied and bullies to adults or children. In some cases, a person may not realise they are being a bully, e.g. a teacher singling out a student in class may be considered a bully, and may inspire further bullying from others. Whilst we will tend to focus on research into younger adults and children in this brochure, we have also included a section showing statistics on adult bullying in the workplace.

First, let's address the various roles a person can play in bullying:

- A bully is obviously the person who conducts the abuse, which may be physical, verbal or a combination of the two.
- The victim is the person who is the subject of bullying. Victims may be individuals or groups.
- A bystander is somebody who is aware bullying is taking place but does nothing to stop it. They can unintentionally play a significant role in bullying if they join in with laughing at the victim.
- A bully-victim is a less well-known term. This is someone who is a victim in one situation, and a bully in another (often in response to the fact that they are bullied). These people are unlikely to be socially popular and may be more impulsive and aggressive than others.

When talking about bullying, the focus is often, understandably, on the victims; they're the people who need the most support. However, some research has considered why people become bullies. While many people may choose not to disclose (or not understand) what motivates their bullying behaviour, it has been suggested that bullying may be a reaction to emotional distress, a means of self-preservation, or the result of mental health problems. This highlights the need for support, not solely punishment, to be given to bullies to help resolve the problems they are experiencing, and hopefully reduce their bullying behaviour in future.



How common is bullying?

Bullying in children and adolescents is unfortunately a significant problem. Whilst we acknowledge that there are difficulties in obtaining nationwide bullying statistics in many countries, we will discuss some study findings here. The studies that have been conducted do show that bullying is not limited to one country, and is a global problem.

Studies out of the UK do not paint a favourable picture of bullying in the school system, with estimates for experiencing bullying in a lifetime ranging from 45% to a startling 66%.

Whilst the yearly occurrence of bullying was lower, at approximately 29% of the school population, it is already

clear that the UK has a substantial problem with bullying. The figures are the highest of all the countries we looked at.

Australia has a much higher yearly occurrence of bullying however, with almost half of their school population (46.8%) experiencing bullying within a year; with 20% of males and 15% of females experiencing bullying on a weekly basis.

The North American continent does not fare much better. Canada is ranked as the 9th worst country for bullying on a ranking of 35 countries, with a lifetime prevalence rate of 33%. Some studies put the United States of America at a lower prevalence, ranging from 19.6% to 27.8% annually; with 9% of these people being subjected to cyberbullying.

Unsurprisingly, bullying has been shown to limit the educational potential of many people. Estimates suggest that in the UK, 16,000 children permanently stay home from school to avoid bullying. It is important to remember that these figures are likely to be substantially unrepresentative. Evidence suggests that instances of victimisation are less likely to be reported as a person ages, with one study finding that 85% of their 19-year old male sample had experienced cyberbullying, but not reported it.

The statistics we do have tend to focus on the number of people being victimised, but we do also need to know how many people are bullying others. This is a harder statistic to find; many people will not admit to being a bully, and consequently the estimates are likely to be a lot lower than reality. One study that looked at 1420 children in North Carolina over a number of years found that 7% confessed to being a bully and almost 7% confessed to being a bully-victim. Other more nationally-based statistics suggest that there are currently 2.1 million bullies in the American school system.

Risk factors for bullying

It can be difficult to highlight the factors that increase a person's likelihood of being a bullying victim. This is especially the case with mental health, and it's agreed that there is a somewhat cyclical relationship between bullying and mental health. By this we mean that it is often difficult to determine whether a mental health problem was the cause of bullying, or the result of bullying. As bullying progresses, mental health deteriorates, and it becomes harder to distinguish what came first. Keeping this in mind, researchers have highlighted that some mental health symptoms may make a person more prone to being the victim of bullying. Those who exhibit anxious symptoms and who are more socially withdrawn are at an increased risk of being bullied, or becoming a bully-victim. Those who are perceived as different, or weak, are often targeted. Unfortunately, this can lead people to be targeted on the basis of their religion, sexuality or disability.

It has also been found that those children who shown signs of behavioural problems are more likely to become bullies. This is again a cyclical relationship, as the behaviours that promote bullying behaviour are likely to be exacerbated once these behaviours begin.



In highlighting groups of society that may be more at risk, this section serves as reference for helping to identify people who may be affected. But, this does not mean that people who exhibit any of these behaviours will automatically become involved in bully behaviour, or that bully behaviour is exclusive to the groups we have mentioned.

Vulnerable groups

As with the above section, we have included this section for reference. We certainly don't mean to imply that any member of a group mentioned here will be affected by bullying behaviour, just that they are more vulnerable to it.

As we have mentioned, there are certain characteristics of a person that can make them more at risk of being a victim of bullying. These characteristics are sometimes the societal groups that people are put into. Unfortunately such groups include the LGBT+ community and those suffering with disabilities and illnesses. If you have visited our website, you may have seen our brochures focusing on these societal groups highlighting their higher risk of mental health problems. So it is an added concern that these groups are also vulnerable to bullying which, as this leaflet will show, can detrimentally affect a person's mental health.

When looking at just how vulnerable these groups are, we find that 55% of those students who identify as lesbian, gay or bisexual in the UK have been bullied, with much of the bullying centred around homophobia.

This problem is not limited to the UK, with bullying being three times higher in Canadian students who identify as LGBTQ+ than those who identify as heterosexual. Additionally, 81.9% of LGBTQ students in the USA are being bullied each year.

When looking at children with disabilities in the UK, researchers find that these children are two-to-three times more likely to be bullied than their able-bodied peers. Again, this is not a problem unique to the UK. Australian researchers focusing on autism spectrum disorders have found that more than 62% of these students reported being bullied at least once a week. Not only is this an upsettingly high number, it is significantly more than the estimates of 1-in-5 to 1-in-7 Australian students without a disorder who report being bullied.

What effects does bullying have on life and mental health?

Studies have found that being involved in bullying in any way can have a detrimental impact on the person's current and future life, with some effects being felt well into adulthood. These effects have been seen to impact all aspects

of adult life, such as finances and health. In some cases it can be difficult to establish whether the disorder or the bullying activity came first, due to the bidirectional relationship we have previously discussed, but the behaviours are likely to manifest each other. For example, one USA-based study found that bullies were four-times more likely to develop an antisocial personality disorder than those who were

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not involved in bullying. (Although one may argue that this disorder was already present and had an impact on the person choosing to bully.)

Many studies have found that being bullied or being a bully can greatly damage a child's mental state which subsequently impacts their ability to study and socialise; leaving them sad, withdrawn and anxious, which are all characteristics associated with mental health problems.

Being bullied can greatly impact the victim's self-confidence and self-esteem, with those who are victimised registering much lower ratings of these attributes. This is especially the case when a person is bullied for a specific feature or disability, leading the victim to experience negative self-perceptions of the targeted feature. This is particularly problematic as it may lead to long-term obsessions regarding this feature. With regard to physical features, it can be the basis for the development of body dysmorphic disorder.

Unsurprisingly, school achievement and the overall school experience are likely to be greatly diminished due to bullying. Victims who are able to contain their emotions are unlikely to be able to concentrate on their school work and may become disruptive as a result. Bullying can also cause a loss of sleep which will again impact the victim's ability to study and focus, often resulting in



physical symptoms, with victims having twice the risk of headaches and stomach aches. This all contributes to a very poor academic outcome for those who are bullied. Sadly, failing academic achievement may limit the life opportunities people can seek, and may lead to a less financially stable existence. In turn, this increases stress and impacts mental health. It all highlights how bullying can both directly and indirectly impact the victim's mental health for decades after the initial incidents. Those who engage in bullying behaviour also have a negative academic outlook, with those who are bully-victims having the biggest risk of poor academic results.

Finnish researchers have found that at one local mental health hospital, 20% of those who were bullies in their study needed treatment as a teen or young adult, compared to 23% of those who were bullied frequently. Those in their study who were bully-victims were most at risk, with 31% requiring treatment. When it comes to commonly occurring mental health conditions associated with bullying, there are four main disorders and behaviours; anxiety disorders, depression, psychotic disorders and, self-harm and suicide. We will discuss these four areas briefly below.

Anxiety

Anxiety, and the commonly occurring anxiety-depression combination, is a common side effect of bullying. Anxiety can manifest in a variety of ways. When looking specifically at school children, symptoms may include difficulty maintaining relationships, and a change in appearance. Unfortunately, having anxiety can make a person more vulnerable to further bullying.

There have been a number of studies that have looked into the prevalence of anxiety and more specific anxiety-related disorders, with the findings showing those involved with bullying are substantially more at risk. One Dutch study of 2700 school children found that, whilst those who were not bullied had a rate

of anxiety around 10%, those who were bullied had a 28% prevalence, and those who were bully-victims had a rate of 23%. Those in the study who bullied children reported a rate of 10% which is comparable to not being involved in bullying at all, suggesting that being a bully does not increase a person's risk of anxiety-related disorders.

A UK study supports the Dutch study above, finding that whilst their non-bullied participants had an anxiety prevalence of 6%, those who had been bullied occasionally had a rate of 11%, and those who were frequently bullied had a higher rate of 15%. This highlights that those who are regularly bullied are at an increased risk of anxiety and anxiety-related disorders. When looking at specific disorders, one study out of the USA has found that, compared to people who were not bullied, those who were bullied were four-times more likely to develop agoraphobia, generalised anxiety, and panic disorders in adulthood. This same study found bully-victims were 14-times more likely to develop panic disorder than the general population.

Depression

As with anxiety, depression can manifest itself in a number of ways, in some cases showing symptoms that can also be characteristic of anxiety. When looking specifically at school children, depression may lead to a child skipping school, or becoming more withdrawn from friends and family, as well as showing a sustained low mood.

Unfortunately, one UK-study has found that being the victim of bullying does increase the risk of severe depressive symptoms; with more frequent and sustained bullying leading to more negative outlooks. Other UK-based studies have suggested that 55% of bullied children will go on to develop depression in adulthood. Another longitudinal study found that, in their sample, 5.5% of 18 year olds who were not bullied suffered with depression, whilst 7.1% of people who had been victimised in their childhood had depressive symptoms. Of those who were bullied frequently, 14.8% suffered from depression at the age of 18 – that's over twice the rate of those who were bullied occasionally, and substantially more than those who were not bullied. This highlights the detrimental effect of frequent abuse.

There is still debate as to whether being a bully increases the risk of depression in later life, but one USA-based study did find that bully-victims were at five times the risk of depressive disorders compared with non-bullied peers.

The effects of depression are not only felt by those who are bullied face-to-face. In fact, some research out of the USA is now suggesting that those who are cyberbullied are at even more of a risk of depression. This is unsurprising, as cyberbullying is likely to be more frequently occurring and harder to escape from.

Psychosis

Unfortunately, there is now evidence to suggest that more severe disorders, such as psychosis, may be the result of bullying. Psychosis can have very noticeable symptoms, such as delusions, and can greatly impede a person's day-to-day life. In some cases psychosis may require a hospital stay. The symptoms of psychosis and the subsequent absences from school for treatment may also make the sufferer more of a target for bullies on their return.

One study has found that in their sample of 6000 adolescents who were bullied at age eight, 14% had shown some signs of psychosis in the six months prior to the study. This figure rose substantially to 22% for those who were frequently bullied, which is a great deal higher than both those who were bullied

occasionally and those who were not bullied, who had a rate of 11%. A meta-analysis has found this number may be higher, suggesting those who are bullied are three-times more likely to develop psychosis than non-victims. There is also evidence out of the UK that being a bully increases the likelihood of developing a psychotic disorder.

Self-harm and suicide

If you are reading this and are contemplating suicide, then we implore you to seek help straightaway. If you have already taken steps to end your life then please contact a medical professional immediately.

Unfortunately, findings show that being bullied leads to an increased risk of both self-harm, and of suicide. One commonly occurring self-harm behaviour is cutting, and this behaviour may become apparent if a child starts to wear more concealing clothing, such as long sleeve shirts in weather where this would not usually be appropriate. In cases of self-harm and suicide, those suffering are likely to become more secluded from family and friends, with increasing levels of isolation.

One UK-study has found that children who have been bullied at 12 years old are three times more likely to engage in self-harm behaviours than those who have not been victimised. Another UK-based study found an even bigger risk; finding that 2% of non-victims engaged in self-harm behaviours at 15 years old, compared with 9% of those who had been bullied. Others have continued to find this increased level of risk, suggesting that half of self-harming twelve year olds had been bullied.

When looking at suicide and suicide ideation, there has been found to be a clear increased risk. Interestingly, a meta-analysis of 37 studies has found that this increased risk of suicide applies to not only victims but also bully-victims and bullies. Another study of 6000 UK school children confirmed this, finding that victims and bully-victims were 2-to-3 times more likely to exhibit suicidal thoughts and behaviours than their peers, with bullies being three times as likely. Research out of the USA also supports these findings with one study finding bully-victims to be ten times more likely to experience suicidal thoughts and behaviours than their non-involved peers. Further USA-based research looked at ideation separately to suicide attempts, and found that those who were victimised were 2.4 times more likely to have suicidal thoughts and 3.3 times more likely to attempt suicide than their non-victimised peers.

The overall picture is bleak, with estimates finding that 80% of youth suicide in 2013 was related to victimisation and bullying. We should also note here that vulnerable groups are exceptionally vulnerable, with one UK-study finding that 41% of LGBT youth had attempted suicide or considered suicide as a direct result of bullying.

Interventions to reduce bullying

When bullying and mental health problems occur in schools we often rely on the teachers to help solve the problem. Unfortunately, in the UK, studies show that 70% of teachers feel they are not equipped to handle mental health issues related to bullying. Young people echo this concern, with 40% who were bullied saying that access to a trained teacher would have made a difference. This is not to lay blame on the teachers, especially as over half of teachers in the UK have said they would value more training. Instead we show these statistics to highlight the need for better training and interventions.

With interventions being shown to reduce bullying by up to 25% we suggest that schools should look to implement changes as soon as possible. Researchers suggest interventions should involve the whole school and focus on three areas: communication, prevention and response. This means implementing whole-

school approaches to actions including the use of derogatory mental health terms such as 'crazy'. By ruling out the use of terms like these, schools can change what is seen as normal behaviour and can also improve understanding of mental wellbeing and mental illness. Implementing bullying policies that incorporate at-risk groups, such as the LGBT community, have also been found to have more success than non-inclusive approaches.

This training and intervention approach should also train teachers on the advice they give students and what not to say. Research that focused on the views of the bullied youth found that there was advice given to them that they felt was harmful. For instance, suggestions that a student solve the problem on their own, should stop telling tales, or change how they acted, were all seen as negative advice.

What children did find helpful was being listened to, and having the teacher follow up at a later date to see if the bullying had stopped. Advice suggesting retaliation was only seen as making the situation worse. Obviously we understand that each establishment is different, and will already have their own policies in place, but these are just some changes that can be made to reduce bullying and subsequently improve the mental health of students.

What to do if you are the victim of bullying

Being the victim of bullying is understandably a very stressful and upsetting time in which you may be suffering from a number of the conditions we've mentioned above. If you are currently a victim of bullying, then it is important to remember that it is not your fault. Being bullied is not something you deserve. Everybody is different and everyone should be allowed to celebrate their differences, not be abused because of them. As much as you may want to change some of your behaviours you must remember that bullying is a result of the bully's behaviours and not your own.



If you are suffering, it is important to tell somebody as soon as possible, especially if you feel your mental health is being negatively affected. This may be a close friend, a teacher or a parent. Whilst it can be difficult to tell somebody, it has been found that the earlier you share your problem, the easier it is to talk about. Whilst it is likely your bully will move on to another victim, telling a teacher or parent may ensure that interventions are put in place to protect you much more quickly. You can discuss any of the interventions mentioned above with a parent or teacher to help you find a suitable solution. If you do not feel comfortable discussing your problem with a close friend or relative, then there are a number of free help services available via telephone and online that allow you to discuss your experiences and ensure you are not left isolated and alone.

What to do if you know someone who is being bullied

It can be a difficult situation knowing that somebody is being bullied, as you may not know how to respond. You may want to get involved to help the victim, but may be fearful of any retribution you may face. This is a completely normal reaction but it is important to do something such as reporting the behaviour to somebody in a position of power so they can act on your behalf. At school this may be a teacher or counsellor. It is also important to make sure you are not unintentionally supporting the bully's behaviours. Whilst you may not intend to

do this, standing and watching whilst doing nothing, laughing at the person being bullied, or liking negative social media posts about the victim will all contribute to their negative experience, and will encourage the bully to continue.

If a friend of yours is being bullied then you will want to be there to support them. Again, you may not feel comfortable confronting their bully head-on, but you can still have a positive impact on their mental health. Being bullied can be incredibly isolating, so simply being there for your friend to talk to can be incredibly positive. You can talk about their current situation and reassure them that they are not alone, it is not their fault and it will not last forever. You may also be able to monitor their safety and their mental health, and contact people to help them if they are unable to do so themselves. In these situations, it is important to be mindful of the person's feelings, if they do not want to discuss their current situation, then you will need to be respectful of this, so as to not make them feel worse.

Bullying in adults

It is an unfortunate fact that, whilst we tend to think of bullying taking place in the schoolyard, many people suffer bullying in their adult lives; with many bullies in childhood continuing these behaviours into adulthood. Whilst bullied children receive compassion and sympathy, it has been found that adults who are bullied are often not given the same courtesy. This leaves people isolated and unhappy, leading them to be more prone to the mental health conditions discussed earlier in this brochure.

Due to the nature of many work environments and the time spent there, workplace bullying is where a lot of adult bullying takes place. This can be from co-workers or from managers and bosses, and can leave people feeling the need to search for work elsewhere. Depending on the country you live in, there are likely to be laws that protect against workplace bullying, and many workplaces will have a policy that outlines exactly what is classified as bullying – and what the process is to deal with it, e.g. launching a formal complaint.

In many countries, having to leave your job due to workplace bullying can mean you are entitled to compensation, although each case should be discussed with a solicitor. It is an unfortunate fact that workplace bullying is not a small problem and is not unique to one country; in fact, it is thought that instances of workplace bullying go largely unreported, meaning estimates are under-representative.

Australia is thought to have the highest workplace bullying rates across the globe with \$693 million being lost annually to sicknesses and lost productivity directly related to bullying. In 2011/12, workplace bullying as a reason for workplace compensation claims was the second highest work pressure related claim, second only to mental stress, with claims for females being three times higher than males. Another study corroborated the poor situation in Australia, finding 6.8% of workers had reported being bullied at work in the six months prior to the 2012 survey; with 3.5% experiencing problems for longer than six months.

This problem is not unique to Australia, being seen commonly in North America. In fact estimates suggest that 40% of Canadian workers experience bullying on a weekly basis with American studies finding 27% of workers in the USA had directly experienced abusive conduct. Unfortunately, 20% of American employers do not take action to stop bullying.

So these numbers highlight how much of a problem bullying is in the adult workplace, raising the need for further awareness and workplace interventions.

Further Information

As this leaflet shows, bullying is rampant. It takes a huge toll on the lives and the mental health of people all over the world. Something clearly needs to be done to improve the situation. The long-lasting effects of bullying on mental health mean that early interventions are vital in leading improvements in the lives of people all around the world.

For more information on the mental health conditions mentioned here, on living with mental health problems, and for a host of mental-health related resources, please visit our website: www.shawmind.org



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