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Position Paper - bullying and cyber-bullying

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Bullying and cyber-bullying

the issue

Bullying is intentional and repeated intimidating behaviour by an individual or group against another person or group, in the context of ongoing social relationships. Bullying can have a major impact on mental health and wellbeing and is significantly associated with the development of mental health problems.

Bullying takes many forms and can occur in a 'real' or virtual environment. Bullying that occurs face-to-face can be verbal, physical, relational/social, and indirect (involving a third party) [1]. Cyber-bullying involves intimidating behaviour or degradation via technological resources such as mobile phone text messages, email, chat rooms/discussion groups, and online social networking sites. Methods of bullying tend to overlap, so that young people who are cyber-bullied also tend to be bullied face-to-face [2].

evidence

The prevalence of bullying is not well established, and differing definitions and study methods make the comparison of studies a particular challenge. Australian data reveal that 1 in 8 young people have experienced verbal bullying (teasing or nasty things being said) over the past school term [3] and half of year 8 students reported being victimised in a large-scale Victorian survey [4]. Around 10 per cent of Australian students (Years 4 to 8) have reported that they have been cyber-bullied [5].

Bullying is a major concern of young people. In 2010, it was ranked the third highest issue of concern for 11 to 14 year olds. Over a quarter of this age group indicated it was a major concern, compared with 20 per cent of 15-19 year olds and 16 per cent of 20-24 year olds [6].

The consequences of victimisation are many and can be very serious and some young people are more at risk of being bullied than others [7]. Being a victim of bullying in childhood is associated with poorer mental health outcomes, such as depression and anxiety, poorer functioning in social and occupational roles and greater likelihood of repeatedly thinking about suicide in adulthood [8, 9]. Importantly, bullying is associated with increased suicide risk [10]. A meta-analysis of 18 longitudinal studies of approximately 14,000 participants revealed a two-way relationship between internalising problems, such as depression and anxiety, and being bullied; that is, that children who have internalising problems are more likely to be bullied and children who are bullied are more likely to report internalising problems [11]. The experience of severe bullying in childhood has been shown to have an association with psychotic symptoms in early adolescence [12].

Primary school aged children who are being bullied, or who are both a bully and a victim of bullying, are more likely to have physical health symptoms such as repeated sore throats, colds and coughs, and greater psychosomatic health problems, such as headaches, stomach aches, not sleeping well [13], poor appetite, and worrying about attending school, compared to those who have not been bullied. 'Pure' bullies who have never been victimised reported the least health problems [14].

An individual may at different times be a perpetrator, victim or witness to a bullying event. Witnessing bullying, as either a passive watcher or actively supporting/reinforcing the victim or perpetrator, may itself have some detrimental effects on mental well-being [15].

A systematic review of school based programs from over 25 years of research from around the world [16] found that:

- Overall, school based programs can be effective in reducing bullying and being bullied (on average bullying decreased by 20-23 per cent and victimisation by 17-20 per cent).
- The most important program elements that were associated with a decrease in bullying were: parent training/meetings, improved playground supervision, disciplinary methods, classroom management, teacher training, classroom rules, whole-school anti-bullying policy, school conferences, information for parents, and cooperative group work amongst school teachers/staff. Important components of reducing victimisation were disciplinary methods, parent training/meetings, videos and cooperative group work amongst school teachers/staff.
- Engagement of peers in tackling bullying had no positive effect on reducing bullying behaviour and was associated with an increase in victimisation. Direct individual work with bullies or victims within schools was not found to have significant effect.
- Programs of a greater duration and made up of a greater number of components were the most effective in reducing both bullying and victimisation.

Warm and positive family relationships, including both parental and sibling relationships, can help to buffer children from the negative consequences of being bullied [17], with children who are bullied or who are bullies with high parental support reporting fewer symptoms of depression [18].

position statements

- Bullying is not simply 'part of growing up'. It is a destructive issue that can have serious effects on a young person's physical and mental health.
- Cyber-bullying can be even more debilitating than direct bullying, with victims feeling like there is no escape.
- Young people who have been bullied or victimised by their peers should be screened for mental health problems and suicidality.
- Parents and carers can assist their child by looking out for the signs of victimisation (such as cuts and bruises, becoming withdrawn, having nightmares, losing or having damaged possessions, not wanting to go to school), by developing their skills to respond to bullying behaviour, and by helping them build resilience and broader social skills.
- School-based bullying prevention programs can be effective.
- Bullying is part of a wider social issue, and a coordinated effort that engages both schools and the wider community to say 'no' to bullying and peer victimisation is needed.

headspace recommends

- All schools have a clearly stated bullying policy that provides a comprehensive and preventative approach to school bullying and violence, including improving the capacity of schools to deal with the underlying causes of bullying behaviour.
- Parents and carers are aware of the bullying policy at their child's school, as well as the signs of victimisation and the ways they can help (see [19]).
- Further evaluation and research into the effectiveness of school anti-bullying policies and programs to develop a stronger, best practice approach.
- Prioritising educating children and young people regarding safe online behaviour (see [20]).
- The creation of stronger relationships between schools, workplaces, and mental health services (including **headspace** centres, local primary care centres and area mental health services) to ensure both victims and perpetrators are identified and supported.
- Development of a systematic approach to bullying within the workplace, where more research is needed to identify the rates and effects of bullying in workplaces and to evaluate the effectiveness of interventions. Workplaces need to take a more active role in addressing the issue of bullying, including; the development of bullying policies, staff training and providing staff with access to services for support and advice when needed.

headspace will

work to highlight the importance of addressing bullying in schools, workplaces and the community, and ensure that young people who have been bullied are provided with appropriate support and services.

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