# **Bullying Statistics**

#### Students are:

- more than one out of every five (20.8%) students report being bullied.
- the Federal Government began collecting data on school bullying in 2005, when the prevalence of bullying was around 28 percent.
- rates of bullying vary across studies (from 9% to 98%). A meta-analysis of 80 studies
  analyzing bullying involvement rates (for both bullying others and being bullied) for 12-18
  year old students reported a mean prevalence rate of 35% for traditional bullying involvement
  and 15% for cyberbullying involvement.
- 64% of children who were bullied did not report it; only 36% reported the bullying.
- more than half of bullying situations (57%) stop when a peer intervenes on behalf of the student being bullied.
- school-based bullying prevention programs decrease bullying by up to 25%.
- the reasons for being bullied reported most often by students were looks (55%), body shape (37%), and race (16%).

### Students with Disabilities are:

- only 10 United States studies have been conducted on the connection between bullying and developmental disabilities, but all of these studies found that children with disabilities were two to three times more likely to be bullied than their nondisabled peers.
- researchers discovered that students with disabilities were more worried about school safety and being injured or harassed by other peers compared to students without a disability.
- the National Autistic Society (NAS) reports that 40% of children with autism and 60% of children with Asperger's Syndrome have experienced bullying.
- when reporting bullying youth in special education were told not to tattle almost twice as often as youth not in special education.
- students with disabilities or special education needs are twice as likely to be identified as bullied targets and as bullies when compared to peers without disabilities.

### Students of Color are:

- 24.7% of African-American students, 17.2% of Hispanic students, and 9% of Asian students report being bullied at school (National Center for Educational Statistics, 2015).
- More than one third of adolescents reporting bullying report bias-based school bullying (Russell, Sinclair, Poteat, & Koenig, 2012).
- Bias-based bullying is more strongly associated with compromised health than general bullying (Russell, Sinclair, Poteat, & Koenig, 2012).
- Race-related bullying is significantly associated with negative emotional and physical health effects (Rosenthal et al, 2013).

Students who Identify or are Perceived as Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ):

 74.1% of LGBT students were verbally bullied (e.g., called names, threatened) in the past year because of their sexual orientation and 55.2% because of their gender expression (National School Climate Survey, 2013).

- 36.2% of LGBT students were physically bullied (e.g., pushed, shoved) in the past year because of their sexual orientation and 22.7% because of their gender expression (National School Climate Survey, 2013).
- 49% of LGBT students experienced cyberbullying in the past year (National School Climate Survey, 2013).
  - Peer victimization of all youth was less likely to occur in schools with bullying policies that are inclusive of LGBTQ students (Hatzenbuehler & Keyes, 2012).
- 55.5% of LGBT students feel unsafe at school because of their sexual orientation, and 37.8% because of their gender expression (National School Climate Survey, 2013).
- 30.3% of LGBT students missed at least one entire day at school in the past month because they felt unsafe or uncomfortable, and 10.6% missed four or more days in the past month (National School Climate Survey, 2013).

### Weight-Based Bullying is:

- 64% of students enrolled in weight-loss programs reported experiencing weight-based victimization (Puhl, Peterson, & Luedick e, 2012).
- One third of girls and one fourth of boys report weight-based teasing from peers, but prevalence rates increase to approximately 60% among the heaviest students (Puhl, Luedicke, & Heuer, 2011).
- 84% of students observed students perceived as overweight being called names or getting teased during physical activities (Puhl, Luedicke, & Heuer, 2011).

# **Bullying Effects**

### Students who:

- experience bullying are at increased risk for poor school adjustment, sleep difficulties, anxiety, and depression
  - Center for Disease Control, 2015
- engage in bullying behavior are at increased risk for academic problems, substance use, and violent behavior later in adolescence and adulthood Center for Disease Control, 2015
- who are both targets of bullying and engage in bullying behavior are at greater risk for both mental health and behavior problems than students who only bully or are only bullied Center for Disease Control, 2015
- who experience bullying are twice as likely as non-bullied peers to experience negative health effects such as headaches and stomachaches
   Gini and Pozzoli, 2013
- who self-blame and conclude they deserved to be bullied are more likely to face negative outcomes, such as depression, prolonged victimization, and maladjustment Perren, Ettakal, and Ladd, 2013; Shelley and Craig, 2010.

## Cyberbullying

### Middle school students:

- 24% are cyberbullied
- 45% are bullied on school property Center for Disease Control, 2015

### High school students:

- 15.5% are cyberbullied
- 20.2% are bullied on school property Center for Disease Control, 2015

The percentages of individuals who have experienced cyberbullying at some point in their lifetimes have nearly doubled 18% to 34% from 2007-2016 Patchin and Hinduja, 2016

Ninety percent of teens who report being cyberbullied have also been bullied offline Seven Fears and the Science of How Mobile Technologies May Be Influencing Adolescents in the Digital Age, George and Odgers, 2015

# **Bullying and Suicide**

There is a strong association between bullying and suicide-related behaviors, but this relationship is often mediated by other factors, including depression, violent behavior, and substance abuse (Reed, Nugent, & Cooper, 2015).

Students who bully others, are bullied, or witness bullying are more likely to report high levels of suicide-related behavior than students who report no involvement in bullying (Center for Disease Control, 2014).

A meta-analysis found that students facing peer victimization are 2.2 times more likely to have suicide ideation and 2.6 times more likely to attempt suicide than students not facing victimization (Gini & Espelage, 2014).

Students who are both bullied and engage in bullying behavior are the highest risk group for adverse outcomes (Espelage and Holt, 2013).

Suicide is not a natural response to being bullied. This myth has the dangerous potential to normalize suicide behavior in response to suicide and thereby create copycat behavior among students (Center for Disease Control, 2014).

### Interventions

Bullied youth were most likely to report that actions that accessed support from others made a positive difference (Davis & Nixon, 2010).

Actions aimed at changing the behavior of the bullying youth (fighting, getting back at them, telling them to stop, etc.) were rated as more likely to make things worse (Davis & Nixon, 2010).

Students reported that the most helpful things teachers can do are: listen to the student, check in with them afterwards to see if the bullying stopped, and give the student advice (Davis & Nixon, 2010).

Students reported that the most harmful things teachers can do are: tell the student to solve the problem themselves, tell the student that the bullying wouldn't happen if they acted differently, ignored what was going on, or tell the student to stop tattling (Davis & Nixon, 2010).

As reported by students who have been bullied, the self-actions that had some of the most negative impacts (telling the person to stop/how I feel, walking away, pretending it doesn't bother me) are often used by youth and often recommended to youth (Davis & Nixon, 2010).

## **Bystanders**

Bystanders' beliefs in their social self-efficacy were positively associated with defending behavior and negatively associated with passive behavior from bystanders – i.e. if students believe they can make a difference, they're more likely to act (Thornberg et al, 2012).

Students who experience bullying report that allying and supportive actions from their peers (such as spending time with the student, talking to him/her, helping him/her get away, or giving advice) were the most helpful actions from bystanders (Davis & Nixon, 2010).

Students who experience bullying are more likely to find peer actions helpful than educator or self-actions (Davis & Nixon, 2010).

### References

Bullying: A guide for parents

National Autistic Society

<u>Understanding Bullying</u>

Center for Disease Control, National Center for Injury Prevention and Control (2015).

The Youth Voice Project: Victimization and Strategies

Davis, S., & Nixon, C. (2010).

Suicidal Ideation and School Bullying Experiences After Controlling for Depression and

Delinquency Espelage, D. L., & Holt, M. K. (2013) Journal of Adolescent Health, 53

Peer Victimization, Cyberbullying, and Suicide Risk in Children and Adolescents

Gini, G., & Espelage, D. D. (2014), JAMA Pediatrics, 312, 545-546

Bullied Children and Psychosomatic Problems: A Meta-analysis

Gini, G., & Pozzoli, T. (2013), Pediatrics

The 2013 National School Climate Survey

Gay, Lesbian & Straight Education Network (GLSEN) (2013)

Inclusive Anti-Bullying Policies and Reduced Risk of Suicide Attempts in Lesbian and Gay Youth

Hatzenbuehler, M. L., & Keyes, K. M. (2012), Journal of Adolescent Health, 53, 21-26

Naturalistic observations of peer interventions in bullying

Hawkins, D. L., Pepler, D. J., & Craig, W. M. (2001), Social Development, 10(4), 512-527

Youth Risk Behavior Surveillance - United States, 2013

Kann, L., Kinchen, S., & Shanklin, S. (2014), Center for Disease Control and Prevention

Disabilities: Insights from across fields and around the world (Vol. 1-3)

Marshall, C., Kendall, E., Banks, M., & Gover, R. (2009), Westport, CT: Praeger Perspectives

Student Bullying: Overview of Research, Federal Initiatives, and Legal Issues

McCallion, G., & Feder, J. (2013), Congressional Research Service

Bullying Prevalence Across Contexts: A Meta-analysis Measuring Cyber and Traditional Bullying

Modecki, K. L., Minchin, J., Harbaugh, A. G., Guerra, N. G., & Runions, K. C. (2014), Journal of Adolescent Health, 55, 602-611

Indicators of School Crime and Safety

National Center for Education Statistics (2016), U.S. Department of Education

Summary of Our Cyberbullying Research (2004-2016)

Patchin, J. W., & Hinduja, S. (2016), Cyberbullying Research Center

What characteristics of bullying, bullying victims, and schools are associated with increased reporting of bullying to school officials?

Petrosino, A., Guckenburg, S., DeVoe, J., & Hanson, T. (2010), National Center for Education Evaluation and Regional Assistance

The impact of peer victimization on later maladjustment: Mediating and moderating effects of hostile and self-blaming attributions

Perren, S., Ettekal, I., & Ladd, G. (2013), Child Psychology and Psychiatry, 54, 46-55

Weight-based victimization toward overweight adolescents: Observations and reactions of peers Puhl, R. M., Luedicke, J., & Heuer, C. (2011), Journal of School Health, 81(11), 696-703

<u>Strategies to Address Weight-Based Victimization: Youths' Preferred Support Interventions from Classmates, Teachers, and Parents</u>

Puhl, R. M., Peterson, J. L., & Luedicke, J. (2012), Journal of Youth and Adolescence, 42(3), 315-327

Testing a path model of relationships between gender, age, and bullying victimization and violent behavior, substance abuse, depression, suicidal ideation, and suicide attempts in adolescents.

Reed, K. P., Nugent, W., & Cooper, R. L. (2015), Children and Youth Services Review, 55, 125-137

<u>Bullying Perpetration and Victimization in Special Education: A Review of the Literature</u>
Rose, C. A., Monda-Amaya, L. E., & Espelage, D. L. (2011), Remedial and Special Education, 32, 114-130

Weight- and race-based bullying: Health associations among urban adolescents

Rosenthal, L., Earnshaw, V. A., Carroll-Scott, A., Henderson, K. E., Peters, S. M., McCaslin, C., & Ickovics, J. R. (2013), Journal of Health Psychology

Adolescent health and harassment based on discriminatory bias.

Russell, S. T., Sinclair, K., Poteat, P., & Koenig, B. (2012)., American Journal of Public Health, 102(3), 493-495

Perceived bullying and social support students accessing special inclusion programming

Saylor, C.F. & Leach, J.B. (2009), Journal of Developmental and Physical Disabilities. 21, 69-80

Attributions and Coping Styles in Reducing Victimization

Shelley, D., & Craig, W. M. (2010), Canadian Journal of School Psychology, 25, 84-100

Bystander Motivation in Bullying Incidents: To Intervene or Not to Intervene?

Thornberg, T., Tenenbaum, L., Varjas, K., Meyers, J., Jungert, T., & Vanegas, G. (2012), Western Journal of Emergency Medicine, 8(3), 247-252

New Data Show a Decline in School-based Bullying

U.S. Department of Education, (2015)

Student Reports of Bullying and Cyberbullying: Results from the 2013 School Crime Supplement to the National Victimization Survey

National Center for Educational Statistics, (2015) US Department of Education

Bullying of LGBT Youth and School Climate for LGBT Educators

Wright, T., & Smith, N. (2013), GEMS (Gender, Education, Music, & Society), 6(1).

Trends in the Prevalence of Behaviors that Contribute to Violence

Youth Risk Behavior Survey. (2015), Centers for Disease Control

Middle School Youth Risk Behavior Survey (YRBS)

Youth Risk Behavior Survey (2015), Centers for Disease Control and Prevention