

Bullying

YOUTH EXPERIENCING UNWANTED, AGGRESSIVE BEHAVIOR FROM PEERS

Why It's Important

Bullying is increasingly recognized as a significant social problem facing our youth. These behaviors are typically repetitive and often inflict distress or harm on the adolescent's health including psychological, social, and/or educational harm.¹ An individual can be considered a perpetrator, a victim, or both - a "bully-victim". There are three types of bullying considered to be the most common – physical, emotional, and social. Physical bullying includes hitting, kicking, punching, spitting, tripping, or pushing. Emotional bullying includes teasing, name calling, inappropriate sexual comments, or verbal or written threats. Social bullying includes excluding someone, spreading rumors, or making embarrassing comments.

In 2017, nearly one out of five Minnesota students reported being bullied or harassed weekly.²

Bullying is linked to numerous negative health outcomes including depression, anxiety, involvement in interpersonal or sexual violence, substance abuse, poor social functioning, and poor school performance.^{3,4,5,6,7} Compared to 8th, 9th, and 11th graders who report no bullying victimization in the previous month, students who were bullied were 1.8 times more likely to report alcohol use; 1.9 times more likely to report tobacco use; 1.7 times more likely to report marijuana use; and 2.5 times more likely to report prescription drug misuse.² Additionally, victims of bullying report lower self-esteem and isolation, lack of friends at school, negative view of school, and increased psychosomatic problems like headaches, stomachaches, and sleeping problems.^{7,8} Evidence also suggests that bully-victims exhibit the poorest function compared to those who identify as being exclusively bullied or perpetrating bullying.⁹ These effects can extend long past childhood and into adulthood. Bullying in childhood is associated with psychiatric problems later in early adulthood, again having the worst effects for those who are bully-victims.¹⁰

"...no tolerance for bully-type behavior." – Needs Assessment Discovery Survey Respondent

Focus on Health Equity

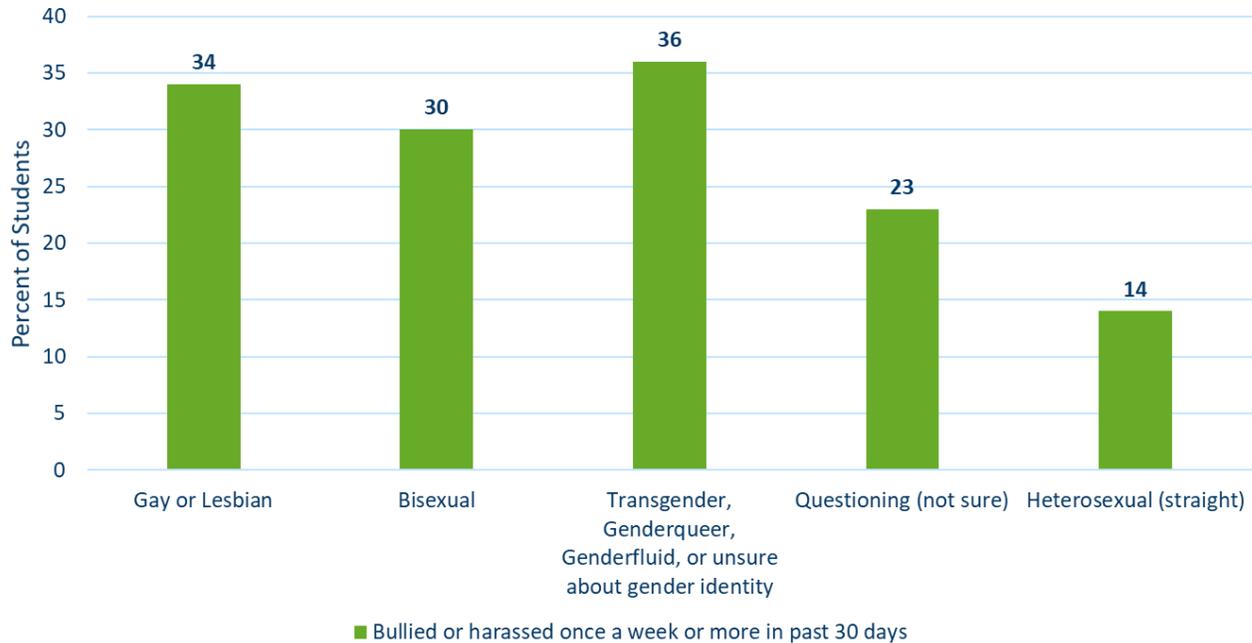
Evidence consistently suggests that there are certain groups of youth that are more vulnerable to bullying, both as victims and perpetrators, specifically LGBTQ youth, youth with disabilities, and overweight youth.^{11,12} According to Minnesota Student Survey (MSS) data, LGBTQ youth were significantly more likely to experience peer harassment on every indicator – race, religion, gender, disability, physical appearance, and sexual orientation – compared to straight students.¹³

LGB students were three times more likely to report daily bullying than their straight peers.

Over half of lesbian/gay students reported being bullied in the past 30 days because they were gay or thought to be gay. 75 percent of transgender youth feel unsafe at school. Transgender youth that feel unsafe at school are more likely to suffer academically and are less likely to continue on to further education.¹⁴

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Figure 1. Minnesota 9th and 11th graders that report being bullied or harassed frequently by LGBTQ, 2016



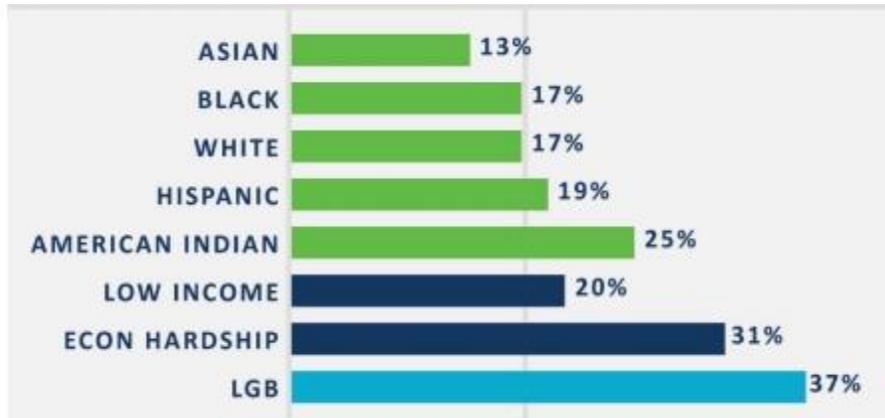
Source: Minnesota Student Survey

While LGBTQ students experience the highest rate of bullying and harassments, students experiencing economic hardship are the second most likely to report bullying or harassment at least once a week or more with 31 percent of these students experiencing bullying victimization. Schools with the greatest disparities in household wealth experience higher rates of bullying.¹⁵ There is a well-known association between food insecurity and low socioeconomic status perception of different social status among students is a risk factor for bullying.¹⁵ Food insecurity is associated with bully victimization and bullying among students in Minnesota with 37 percent of students that are bullied and 41 percent of students that bully others reporting having to skip meals.¹⁶ Students that are eligible for free or reduced price meals will at times skip meals out of fear of being bullied, thus negatively impacting their food security and nutrition.¹⁷ Schools that offer universal free and reduced price meals have been shown to reduce the frequency of bullying behavior between children of differing socioeconomic statuses by reducing the identification of low socioeconomic status among students.¹⁷

Race and ethnicity is associated with bully victimization as well. American Indian students living in Minnesota are most likely to report being bullied or harassed in the past week (Figure 2). Racism and stereotyping of students have color have been associated with more frequent experiences of being disciplined within schools, which can itself be a risk factor for bully victimization. Additionally, discipline for bullying behaviors has not been shown to be effective in addressing the root causes of bullying which are varied and can include but are not limited to minority racial or ethnic identity, experiencing financial hardship, exposure to violence in the home, sexual identity, and disability. Unfortunately in Minnesota, students of color are more likely than white students to be living in poverty and are therefore at an increased risk of experiencing bullying due to their race and ethnicity and household socioeconomic status.

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Figure 2. Minnesota 9th Grade Students bullied or harassed once a week or more, 2016



Source: Minnesota Student Survey

Additional Considerations

Social Media & Bullying

Cyberbullying, bullying or harassment that occurs online via social media or messaging platforms, is a challenge facing today's youth with the average teenager spending an average of 9 hours per day online.¹⁸ A national survey found that 59 percent of teenagers in the United States have experienced some form of abusive online behavior such as name-calling, threatening messages, or receiving explicit images that were not asked for.¹⁹ According to the Minnesota Student survey, female students in 9th and 11th Minnesota are more likely to report being cyberbullied than male students with 32 percent of females versus 17 percent of males reporting experiencing bullying online at least once in the past month.² Policies and practices to reduce and prevent cyberbullying involve anti-cyberbullying interventions with youth and collaboration between parents, school officials, and social media platforms to address this issue.¹⁹

The Minnesota Student Survey is a voluntary survey that asks students about their activities, opinions, behaviors and experiences, including bullying. Questions related to bullying have only been asked in 2013 and 2016. Results show that overall bullying decreased from 43 percent to 40 percent for eleventh graders but increased from 24 percent to 29 percent for fifth graders.² To truly ascertain an accurate trend in bullying behaviors, the results from the 2019 survey are necessary.

Important Note on Equity and Intersectionality

The Minnesota Department of Health's Title V Needs Assessment team acknowledges that generational structural (social, economic, political and environmental) inequities result in poor health outcomes. They have a greater influence on health outcomes than individual choices or one's ability to access health care, and not all communities are impacted the same way.

All people living in Minnesota benefit when we reduce health disparities through policies, practices and organizational systems.

We also acknowledge "there is no such thing as a single-issue struggle because we do not live single issue lives." The need addressed in this brief does not exist in isolation— which is important to remember

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when we start thinking about how we might approach solutions. In addition to the needs themselves being intersectional, we also recognize the intersecting processes by which power and inequity are produced, reproduced, and actively resisted.

Citations

1. Centers for Disease Control and Prevention. (2019). Preventing Bullying | Violence Prevention | Injury Center | CDC. Retrieved May 31, 2019, from <https://www.cdc.gov/violenceprevention/youthviolence/bullyingresearch/fastfact.html>.
2. Minnesota Department of Education. (2016). Minnesota student survey. Roseville, MN: Author. Retrieved from <http://education.state.mn.us/MDE/dse/health/mss/>.
3. Bond, L., Carlin, J., Thomas, L., Rubin, K., & Patton, G. (2001). Does bullying cause emotional problems? A prospective study of young teenagers. *British Medical Journal*, 323, 480-484.
4. Gladstone, G., Parker, G., & Malhi, G. (2006). Do bullied children become anxious and depressed adults?: A cross-sectional investigation of the correlates of bullying and anxious depression. *Journal of Nervous and Mental Disease*, 194, 201-208.
5. Hawker, D., & Boulton, M. (2000). Twenty years' research on peer victimization and psychosocial maladjustment: A meta-analytic review of cross-sectional studies. *Journal of Child Psychology and Psychiatry*, 41, 441-455.
6. Klomek, A., Marrocco, F., Kleinman, M., Schonfeld, I., & Gould, M. (2007). Bullying, depression, and suicidality in adolescents. *Journal of the American Academy of Child Psychology*, 46, 40-49.
7. Nansel, T., Craig, W., & Overpeck, M. (2004). The Health Behaviour in School-aged Children Bullying Analysis Working Group. Cross-national consistency in the relationship between bullying behaviors and psychosocial adjustment. *Archives of Pediatric and Adolescent Medicine*, 158, 730-736.
8. Gini, G., & Pozzoli, T. (2009). Association between bullying and psychosomatic problems: A meta-analysis. *Pediatrics*, 123, 1059-1065.
9. Haynie, D. L., Nansel, T., Eitel, P., Crump, A. D., Saylor, K., Yu, K., & Simons-Morton, B. (2001) Bullies, Victims, and Bully/ Victims: Distinct Groups of At-Risk Youth. *The Journal of Early Adolescence*, 21, 29-49.
10. Copeland, W. E., Wolke, D., Angold, A., & Costello, E. J. (2013). Adult Psychiatric Outcomes of Bullying and Being Bullied by Peers in Childhood and Adolescence. *JAMA Psychiatry*, 70(4), 419. doi:10.1001/jamapsychiatry.2013.504
11. Eisenberg, M. E., Gower, A. L., Mcmorris, B. J., & Bucchianeri, M. M. (2015). Vulnerable Bullies: Perpetration of Peer Harassment Among Youths Across Sexual Orientation, Weight, and Disability Status. *American Journal of Public Health*, 105(9), 1784-1791. doi:10.2105/ajph.2015.302704
12. Hatzenbuehler, M. L., Flores, J. E., Cavanaugh, J. E., Onwuachi-Willig, A., & Ramirez, M. R. (2017). Anti-bullying Policies and Disparities in Bullying: A State-Level Analysis. *American Journal of Preventive Medicine*, 53(2), 184-191. doi:10.1016/j.amepre.2017.02.004
13. Hanson, B. (2015, October). INVISIBLE YOUTH. Retrieved from https://www.justushealth.mn/sites/default/files/inline-files/Oct_23_MSS_Report.pdf
14. Kosciw, J. G., Greytak, E. A., Giga, N. M., Villenas, C. & Danischewski, D. J. (2016). The 2015 National School Climate Survey: The experiences of lesbian, gay, bisexual, transgender, and queer youth in our nation's schools. New York: GLSEN.
15. Tippett, N., & Wolke, D. (2014). Socioeconomic Status and Bullying: A Meta-Analysis. *American Journal of Public Health* 104(6), e48–e59.
16. Minnesota Department of Health. (2019, February). 2017 Minnesota Statewide Health Assessment. Retrieved from <https://www.health.state.mn.us/communities/practice/healthymnpartnership/docs/2017MNSStatewideHealthAssessment.pdf>.
17. Long, H. (2017, May 10). School lunch shaming: Inside America's hidden debt crisis. CNN. Retrieved from <https://money.cnn.com/2017/05/09/news/economy/school-lunch-shaming-debt-crisis/index.html>.

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18. Common Sense Media. (2015, November 3). Landmark Report: U.S. Teens Use an Average of Nine Hours of Media Per Day, Tweens use Six Hours." Retrieved from <https://www.commonsensemedia.org/about-us/news/press-releases/landmark-report-us-teens-use-an-average-of-nine-hours-of-media-per-day>.
19. Pew Research Center. (2018, September 27). A Majority of Teens Have Experienced Some Form of Cyberbullying." Retrieved from <https://www.pewinternet.org/2018/09/27/a-majority-of-teens-have-experienced-some-form-of-cyberbullying/>.

Child and Family Health Division
Title V Maternal and Child Health Needs Assessment
Minnesota Department of Health
PO Box 64975
St. Paul, MN 55164-0975
651-201-3589
health.cfhcommunications@state.mn.us
www.health.state.mn.us



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