



Children Who Are Bullied

Bullying among children is aggressive behavior that is intentional and that involves an imbalance of power or strength. Bullying can take many different forms, such as hitting, kicking, threatening another, teasing, name-calling, exclusion from a group, or sending insulting messages over the internet or through cell phones (cyber bullying).

Children who are bullied fall into one of two categories: (1) those who are bullied and who bully others (often referred to as provocative victims or aggressive victims), and (2) those who are bullied but who don't bully others (often referred to as "passive victims"). These terms are often used by researchers to understand the different behaviors and reactions, but the labels should never be used in a negative way or to blame children for being bullied.

Experiences of bullied children

Children who are bullied may experience problems associated with their health, well-being, and academic work. Children who are bullied are more likely than their non-bullied peers to feel lonely,¹ anxious, depressed,² have low self-esteem,³ feel unsafe at school, and feel they don't belong at school.⁴

Children who are bullied also are more likely to experience a number of psychosomatic problems, such as headache, backache, abdominal pain, sleeping problems, poor appetite, and bed-wetting.⁵

Researchers have asked the question: Do bullied children get ill, or do ill children get bullied?

They have concluded that bullied children can, in fact, become ill as a result of the bullying they have experienced. Children are more likely to develop new symptoms of depression, anxiety, stomach pain, sleep problems, headaches, tension, bedwetting, fatigue, and poor appetite after having been bullied. Researchers also have found that children who are depressed and anxious are more likely than other children to become bullied.⁶

Bullied children are more likely than their peers to say they want to avoid attending school,⁷ have higher absenteeism rates,⁸ dislike school, and say that they receive poorer grades.⁹ Although these findings indicate that there is a relationship between bullying and some academic problems, they do not necessarily imply that bullying causes these academic problems.

However, a recent study that followed children from kindergarten through 5th grade¹⁰ found that:

- Children who are rejected by peers (e.g., classmates say they don't like to play with a child) in kindergarten are more likely to be excluded by their peers from activities and also abused by them in grades K through 5.
- Abuse by peers (for example being picked on or verbally bullied) in turn leads children to want to avoid school; and
- Exclusion by peers leads children to participate less in class, which in turn leads to lower academic achievement.

Lasting effects of bullying

Fewer studies have examined possible lasting effects of bullying. However, researchers have found that adults who were bullied as children were more likely than non-bullied adults to be depressed and have low self-esteem.¹¹ Teasing in childhood has also been associated with anxiety in young adulthood.¹²

Children at particular risk of being bullied

Although any child may be bullied, some children may be at particular risk:

- Children and youth who are depressed and anxious;¹³
- Boys who are physically weaker than other boys;¹⁴
- Youth who are (or who are perceived to be) gay, lesbian, bisexual, or who are questioning their sexual orientation;¹⁵
- Children and youth who are overweight or obese; boys who are underweight;¹⁶
- Children and youth with learning disabilities;¹⁷
- Those who have attention deficit hyperactivity disorder (ADHD);¹⁸
- Children and youth with autism spectrum disorder (ASD);¹⁹

- Children who stutter;²⁰
- Children with particular medical conditions that affect their appearance and/or behavior (cerebral palsy, muscular dystrophy, spina bifida, epilepsy);²¹ and,
- Children with diabetes who are dependent on insulin.²²

Experiences of children who are bullied and who bully others

There is particular reason to be concerned about children who are bullied and who also bully others. Research shows that these children tend to have some of the social and emotional problems of bullied children and the behavioral problems of children who bully. For example, they are more likely than other children to:

- Have poor relationships with classmates;
- Smoke;
- Be involved in fights;
- Report lower academic achievement;
- Be lonely;²³
- Be depressed;²⁴
- Have suicidal thoughts;²⁵ and,
- Be rated by their teachers as unpopular and be disengaged in school.²⁶

References and Resources

- ¹ **Hawker, D. S. J., & Boulton, M. J.** (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.
- ² **Fekkes, M., Pijpers, F. I. M., & Verloove-Vanhorick, S. P.** (2004). Bullying behavior and associations with psychosomatic complaints and depression in victims. *Journal of Pediatrics*, 144, 17-22.
- ³ **Eagan, S. K., & Perry, D. G.** (1998). Does low self-regard invite victimization? *Developmental Psychology*, 34, 299-309; Hawker & Boulton, 2000 (see endnote 1 for full citation); Rigby, K., & Slee, P. T. (1993). Dimensions of interpersonal relations among Australian school children and their implications for psychological well-being. *Journal of Social Psychology*, 133, 33-42.
- ⁴ **Glew, G. M., Fan, M. Y., Katon, W., & Rivara, F. P.** (2008). Bullying and school safety. *Journal of Pediatrics*, 152, 123-128.
- ⁵ **Gini, G., & Pozzoli, T.** (2009). Association between bullying and psychosomatic problems: A meta-analysis. *Pediatrics*, 123, 1059-1065.
- ⁶ **Fekkes, Pijpers, Fredriks, Vogels, & Verloove-Vanhorick** (2006). Do bullied children get ill, or do ill children get bullied? A prospective cohort study on the relationship between bullying and health-related symptoms. *Pediatrics*, 117, 1568-1574.
- ⁷ **Kochenderfer, B. J., & Ladd, G. W.** (1996). Peer victimization: Cause or consequence of school maladjustment? *Child Development*, 67, 1305-1317.
- ⁸ **Smith, P. K., Talamelli, L., Cowie, H., Naylor, P., & Chauhan, P.** (2004). Profiles of non-victims, escaped victims, continuing victims and new victims of school bullying (2004). *British Journal of Educational Psychology*, 74, 565-581.
- ⁹ **Eisenberg, M. E., Neumark-Sztainer, D., & Perry, C.** (2003). Peer harassment, school connectedness, and academic achievement. *Journal of School Health*, 73, 311-316.
- ¹⁰ **Buhs, E. S., Ladd, G. W., & Herald-Brown, S. L.** (2010). Victimization and exclusion: Links to peer rejection, classroom engagement, and achievement. In S. R. Jimerson, S. M. Swearer, & D. L. Espelage (Eds.), *Handbook of bullying in schools* (pp. 163-172). New York: Routledge.
- ¹¹ **Olweus, D.** (1993). Victimization by peers: Antecedents and long-term outcomes. In K. H. Rubin & J. B. Assendorf (Eds.), *Social withdrawal, inhibition, and shyness* (pp. 315-341). Hillsdale, NJ: Lawrence Erlbaum.
- ¹² **Roth, D. A., Coles, M. E., & Heimberg, R. G.** (2002). The relationship between memories of childhood teasing and anxiety and depression in adulthood. *Journal of Anxiety Disorders*, 16, 149-164.
- ¹³ **Fekkes et al.**, 2006. See endnote 6 for full citation.
- ¹⁴ **Olweus, 1993.** *Bullying at school: What we know and what we can do*. New York: Blackwell.
- ¹⁵ **Garofalo, R., Wolf, R. C., Kessel, S., Palfrey, S. J., & DuRant, R. H.** (1998). The association between health risk behaviors and sexual orientation among a school-based sample of adolescents. *Pediatrics*, 101, 895-902.
- ¹⁶ **Wang, J., Iannotti, R. J., & Luk, J. W.** (2010). Bullying victimization among underweight and overweight U.S. youth: Differential associations for boys and girls. *Journal of Adolescent Health*, 47, 99-101
- ¹⁷ **Mishna, F.** (2003). Learning disabilities and bullying: Double jeopardy. *Journal of Learning Disabilities*, 36, 1-15; Twyman, K. A., Saylor, C. F., Saia, D., Macias, M. M., Taylor, L. A., & Spratt, E. (2010). Bullying and ostracism experiences in children with special health care needs. *Journal of Developmental Behavioral Pediatrics*, 31, 1-8.
- ¹⁸ **Twyman et al.** (2010) (See endnote 17 for full citation); Weiner, J. & Mak, M. (2009). Peer victimization in children with attention-deficit/hyperactivity disorder. *Psychology in the Schools*, 46, 116-131
- ¹⁹ **Twyman et al.** (2010). See endnote 17 for full citation.
- ²⁰ **Blood, G. W., & Blood, I. M.** (2007). Preliminary study of self-reported experience of physical aggression and bullying of boys who stutter: relation to increased anxiety. *Perceptual and Motor Skills*, 104, 1060-1066.
- ²¹ **Dawkins, J. L.** (1996). Bullying, physical disability, and the paediatric patient. *Developmental Medicine and Child Neurology*, 38, 603-612; **Hamiwka, L. D., Yu, C. G., Hamiwka, L. A., Sherman, E. M. S., Anderson, B., & Wirrell, E.** (2009). Are children with epilepsy at greater risk for bullying than their peers? *Epilepsy & Behavior*, 15, 500-505
- ²² **Storch, E. A., Lewin, A. B., Silerstein, J. H., Heidgerken, A. D., Strawser, M. S., Baumeister, A., et al.** (2004). Peer victimization and psychosocial adjustment in children with type 1 diabetes. *Clinical Pediatrics*, 43, 467-471.
- ²³ **Nansel, T. R., Overpeck, M. D., Pilla, R. S., Ruan, W. J., Simmons-Morton, B., & Scheidt, P.** (2001). Bullying behavior among U.S. youth: Prevalence and association with psychosocial adjustment. *Journal of the American Medical Association*, 285, 2094-2100.
- ²⁴ **Haynie, D. L., Nansel, T., Eitel, P., Crump, A. D., Saylor, K., Yu, K., et al.** (2001). Bullies, victims, and bully/victims: Distinct groups of at-risk youth. *Journal of Early Adolescence*, 21, 29-49.
- ²⁵ **Kim, Y. S., Koh, Y., & Leventhal, B.** (2005). School bullying and suicidal risk in Korean middle school students. *Pediatrics*, 115, 357-363.
- ²⁶ **Juvonen, J., Graham, S., & Schuster, M. A.** (2003). Bullying among young adolescents: The strong, the weak, and the troubled. *Pediatrics*, 112, 1231-1237.

