

Joint AACAP and APA Position Statement on Prevention of Bullying-Related Morbidity and Mortality

Approved by the Board, March 2011

"Policy documents are approved by the APA Assembly and Board of Trustees...These are...position statements that define APA official policy on specific subjects..." – *APA Operations Manual*.

The American Academy of Child and Adolescent Psychiatry (AACAP) and the American Psychiatric Association (APA) recognize the evolving scientific evidence highlighting the serious psychiatric, medical, and public health risks associated with bullying. Bullying is a serious form of mistreatment manifested by the repeated exposure of one person to physical and/or relational aggression where the victim is hurt with teasing, name calling, mockery, threats, harassment, taunting, social exclusion or rumors.

Bullying is prevalent on a global scale, across the lifespan, and it can be simultaneously present in different social settings both in and beyond the school milieu. It occurs in schools, "after school" programs, in the neighborhood, over the internet and cellular phones, at home between siblings, in dating relationships, at summer camps, and in organized athletic activities.

The developmental link between school bullying and its occurrence in adulthood has challenged health practitioners to extend the range of responsibility for bullying prevention programs through college and into the workplace.

All individuals involved in bullying, as victims, perpetrators and/or bystanders, are at significantly increased risk for multiple problems when compared to their uninvolved peers. Children involved in bullying suffer from a wide spectrum of physical and emotional symptoms, including depression, irritability, anxiety, sleeping difficulties, headaches and/or stomachaches. Furthermore the consequences of bullying increasingly include such serious problems as eating disorders, school absenteeism, running away, alcohol and drug abuse and, above all, self-inflicted, accidental injuries and suicidal behavior.

AACAP and APA support concerted and coordinated efforts by health-care providers, policymakers, educators, public and community agencies, and families to develop strategies for the prevention of bullying and its related morbidity and mortality.

AACAP and APA advocate for public policy and legislation that addresses:

1. Promotion of public awareness about the nature, impact, and prevention of bullying;
2. Development of safe schools through evidence-based prevention and intervention bullying programs that

enhance mutual respect, sensitivity and support of others, tolerance to diversity, and disapproval of bullying;

3. Fostering the necessity to report incidents of bullying to school authorities, with safeguards against any threat of retaliation or liability for those who report;
4. Monitoring and detecting ongoing bullying incidents;
5. Providing school intervention through school counselors or nurses to protect and support students who are being bullied, as well as counseling for perpetrators about the harm inflicted, respect, empathy, tolerance and sensitivity to others; and
6. Referral for victims and perpetrators who experience physical and psychological symptoms linked to bullying for medical evaluation and treatment.

References

- Srabstein J, McCarter RJ, Shao C, et al Morbidities associated with bullying behaviors in adolescents. School based study of American adolescents. *Int J Adolesc Med Health*. 2006 Oct-Dec; 18(4):587-96.
- Srabstein J. Ensuring Student Cybersafety, Testimony before the House Education and Labor Committee, Subcommittee on Healthy Families and Communities, June 24, 2010. <http://www.childrensnational.org/files/PDF/advocacy/OnCapitolHill/testimonyoncyberbullyingsrabstein.pdf> last accessed 2/22/11.
- Kandersteg Declaration Against Bullying, European Society for Developmental Psychology, <http://www.esdp.info/Kandersteg-Declaration-Against.376.0.html> last accessed January, 3, 2011
- Srabstein J, Piazza T. Public health, safety and educational risks associated with bullying behaviors in American adolescents. *Int J Adolesc Med Health*. 2008 Apr-Jun; 20(2):223-33.
- Kim YS, Leventhal BL, Koh YJ, Boyce WT. Bullying increased suicide risk: prospective study of Korean adolescents. *Arch Suicide Res*. 2009; 13(1):15-30.
- Klomek AB, Sourander A, Niemelä S et al Childhood Bullying Behaviors as a Risk for Suicide Attempts and Completed Suicides: A Population-Based Birth Cohort Study. *J Am Acad Child Adolesc Psychiatry*. 2009 Mar; 48(3):254-61.
- Sourander A, Jensen P, Rönning JA et al. What is the early adulthood outcome of boys who bully or are bullied in childhood? The Finnish "From a boy to a man" study. *Pediatrics* 2007; 120(2):397-404.
- Srabstein, J Leventhal B Prevention of Bullying Related Morbidity and Mortality: A Call for Public Health Policies, Editorial, *Bull World Health Organ* 2010; 88:403. <http://www.who.int/bulletin/volumes/88/6/10-077123/en/index.html>
- Ybarra ML. Linkages between depressive symptomatology and Internet harassment among young regular Internet users. *Cyberpsychol Behav* 2004;7(2):247-57
- Due P, Holstein BE, Soc MS. Bullying victimization among 13 to 15-year-old school children: results from two comparative studies in 66 countries and regions. *Int J Adolesc Med Health*. 2008 Apr-Jun; 20(2):209-21.

This statement was drafted by the AACAP Task Force for the Prevention of Bullying: Jorge Srabstein, M.D., Chair, Paramjit Joshi, M.D., Young Shin Kim, M.D., Bennett Leventhal, M.D., Scott Sandage, M.D., Louis Kraus, M.D., APA Liaison.