Fact Sheet for Virginia’s Parents
Bullying Behavior and Mental Health/Behavioral Issues

Definition of Bullying

The PACER National Bullying Prevention Center notes that bullying is defined differently by school and by state, but that most definitions include the following:

- Behavior that hurts or harms another person physically or emotionally,
- An inability for the target to stop the behavior and defend themselves,
- An imbalance of power that occurs when the student doing the bullying has more physical, emotional, or social power than the target, and
- Repetitive behavior—however, bullying can occur in a single incident if that incident is either very severe or arises from a pattern of behavior.

Types of Bullying

- **Verbal** – includes teasing, name calling, taunting, threatening.
- **Social** – includes spreading rumors, embarrassing someone, leaving someone out on purpose or telling children not to be friends with a person.
- **Physical** – includes hitting, pushing, spitting, taking someone’s things, spitting.
- **Sexual** – includes sexual comments and jokes, inappropriate looks, inappropriate physical contact.
- **Cyber (On-Line)** – includes sending threatening, embarrassing emails, or texts, hate speech, ridiculing someone, posting lies rumors or gossips online.

Behavior/Mental Health Issues in Children who Bully

Children may start exhibiting bullying behavior at a very young age or during teenage years. Stopbullying.gov reports that children who bully are likely to engage in violent and risky behaviors into adulthood. They are more likely to abuse alcohol and drugs; get into fights and drop out of school; engage in early sexual activity; be abusive to romantic partners, spouses, or children and engage in criminal activity as adults. The Centers for Disease Control found that students who are both targets of bullying and engage in bullying are at greater risk of mental health and behavior problems. There are bullies who are reactive to a situation (responding to an immediate or perceived threat, and those who are proactive aggressors who gain personal validation by...
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dominating and threatening others. **Common characteristics** of bullies include, impulsivity, anger management problems, tries to control others, easily frustrated, lacks empathy, blames the victim, doesn’t follow rules or respect authority, views violence in a positive way, is physically stronger (boys), is perceived as popular (girls).

Many bullies have mental health issues and/or may have been abused or traumatized themselves. While bullies have common traits as noted above, *Very Well Family* describes different types of bullies by unique traits. They include **bully victims** (have been bullied themselves), **popular bullies** (have big egos, a sense of entitlement, and thrive on physical power and control); **relational bullies** (like to decide who is accepted and who isn’t; use rumors, gossip, and name calling), **serial bullies** (appear charming but like to inflict emotional pain on victims over a long period of time and are manipulative), **group bullies** (have a pack mentality and follow the leader); and **indifferent bullies** (lack empathy and have very little remorse—often have significant psychological problems).

**Addressing the Behavioral/Mental Health Issues of Children who Bully**

While it is critical to protect the victims of bullying, the only way to prevent bullying is to effectively intervene with the bully. This includes addressing possible **mental health issues in bullies** that may include anxiety, oppositional defiant behavior disorder, ADHD, depression, narcissistic personality disorder, and other diagnoses.

Parents whose children are displaying bullying behavior may wish to pursue a mental health evaluation and/or counseling for their child. It is important to identify the route of the child’s anger and aggression and to seek help and treatment so that alternative, acceptable behaviors can be learned. Seeking treatment as soon as possible may stop the behavior from becoming entrenched. This may not happen quickly and will require work by the individual and the family. In addition to standard types of counseling, behavioral/cognitive therapies are evidence-based treatments that can focus on such goals as changing the way someone acts, feels, and thinks.

**PEATC does not have medical expertise and does not recommend specific therapies. Be sure to check the credentials and licensing status of professionals working with your child.**

**Statistics on Bullying**

The National Center for Educational Statistics, 2016 found that:

- **Nearly 21% of students report being bullied.** Of these, 33% stated that it occurred at least once or twice a month
- **43% of bullied students reported notifying an adult at school.**
- The most reported reasons for bullying include physical appearance, race/ethnicity, gender, disability, religion, sexual orientation.
- **Students with disabilities report higher levels of victimization than their peers without disabilities and were more worried about school safety and harassment.** The greatest prevalence was for students with behavioral or emotional disorders (35.9%) and students with autism (33.9%).

The U.S. Centers for Disease Control found that in 2017 more than **15% of high school students reported being cyberbullied.**

PEATC’s mission focuses on building positive futures for Virginia’s children by working collaboratively with families, schools, and communities to improve opportunities for excellence in education and success in school and community life.

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