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**WITNESSES TO BULLYING MAY FACE MORE MENTAL HEALTH RISKS
THAN BULLIES AND VICTIMS, STUDY FINDS**

**Psychological problems present even when witnesses had never been
victims**

WASHINGTON – Students who watch as their peers endure the verbal or physical abuses of another student could become as psychologically distressed, if not more so, by the events than the victims themselves, new research suggests.

Bullies and bystanders may also be more likely to take drugs and drink alcohol, according to the findings, which are reported in the December issue of *School Psychology Quarterly*, published by the American Psychological Association.

“It’s well documented that children and adolescents who are exposed to violence within their families or outside of school are at a greater risk for mental health problems than those children who are not exposed to any violence,” said the study’s lead author, Ian Rivers, PhD. “It should not be a surprise that violence at school will pose the same kind of risk.”

Researchers surveyed 2,002 students ages 12 to 16 at 14 public schools in England. The students were presented with a list of numerous bullying behaviors, such as name-calling, kicking, hitting, spreading rumors and threatening violence. The students indicated whether they had committed, witnessed or been the victim of any of these behaviors during the previous nine-week school term

and, if so, how often. The majority, 63 percent, said they witnessed peers being bullied. 34 percent of respondents said they had been victims and 20 percent said they had been perpetrators. Approximately 28 percent said they were completely uninvolved in any bullying episodes. Girls reported seeing bullying more than boys.

The students also answered whether they experienced certain symptoms of psychological distress, such as feelings of depression, anxiety, hostility and inferiority. They also were asked if they had ever tried or used cigarettes, alcohol and other drugs.

Students who witnessed acts of bullying were more likely to report greater psychological distress than those students who were bullies or victims, according to the results. This was the case even for students who had not been victims themselves, although being both a witness and a victim did also significantly predict mental health problems.

“It is possible that those students who had been victimized at different times may be experiencing it all over again psychologically,” said Rivers. “Meanwhile, those who are witnesses may worry that they, too, will be the bully’s target sometime in the future and that causes great distress and anxiety.”

Previous research has shown that students who witness acts of bullying, but are not directly involved, feel guilty for not interceding on the victim’s behalf, which may help explain the higher levels of mental distress.

Rivers, along with his co-author Paul Poteat, PhD, of Boston College, hope this study will encourage schools to be more aware of the possible impact simply witnessing acts of bullying can have upon the mental health of their students. “School psychologists can help students realize that they don’t have to be a bystander. They can be a defender,” added Rivers.

Article: "Observing Bullying at School: The Mental Health Implications of Witness Status," Ian Rivers, PhD, Brunel University; V. Paul Poteat, PhD, Boston College; Nathalie Noret, PhD, York St. John University; Nigel Ashurst, PhD, Kent and Medway NHS and Social Care Partnership Trust; *School Psychology Quarterly*, Vol. 24, No. 4.

(Full text of the article is available from the APA Public Affairs Office)

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