FACT SHEET

Bullying as an Adverse Childhood Experience (ACE)

ACE, or adverse childhood experience, is a potentially traumatic event that can have negative, lasting effects on a person. For children and youth in situations of prolonged and repeated abuse – like bullying and cyberbullying – the impact can affect their development, the way they interact with others, and how they perform in school. It may also affect mental and physical health.

ACEs and Health

The Adverse Childhood Experiences Study, or ACE Study, asked people to complete a confidential survey during their routine physical exam. The questionnaire asked about childhood experiences and current health and behaviors. The study looked at the effect of adverse experiences on a child, across the lifespan. The study showed that people who had multiple ACEs were, on average, at a much higher risk for serious health issues and a shorter life expectancy – sometimes by decades. This may be due to coping behaviors to ease emotional pain – like substance use and self-injury – that can compromise health. Because of the repeated nature of bullying, it may be experienced as ACEs for those who are bullied. We also know that bullying can cause anxiety, depression, or other mental health concerns that may be treated with medications, even as these drugs can also affect overall health or cause other symptoms or side effects.

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A child who is bullied may experience negative mental health effects – there may be feelings of sadness, loneliness, and isolation. Physical health can also be affected—sleep disturbance, heart disease, eating disorders and other ailments can last into adulthood. Academic performance and participation may slump and some may retaliate with violence. Bullying is also a risk factor for youth suicide.

Violence is an ACE from any perspective. Children and youth who bully have a higher prevalence of violent fighting, vandalism, and criminal activity. In addition, those who witness others being bullied may experience this as an ACE. Witnesses of bullying have a higher rate of tobacco, alcohol, and drug use. Exposure to physical and emotional violence can result in myriad negative mental health and physical health consequences.

Cyberbullying brings added injury and stress due its immediate, indefinite, viral, and permanent nature. The emotional injury can affect children’s view of the world, how they related to people, and where they feel safe and understood.
Addressing ACEs and Preventing Bullying

The effects of trauma are cumulative and can affect health across the lifespan. Some strategies to address ACEs and prevent bullying that are used by schools and other programs can be applied to the public health arena:

**Trauma-Sensitive Schools** – This approach ensures that all school staff – from the principal to the janitor – understands the nature and impact of trauma. A student’s behavior can be a sign that they have been exposed to trauma. This approach recognizes the trauma, responds with compassion and intervention, and avoids certain responses that do more harm than good (such as isolation and suspension). Public health entities can apply this approach with their own staff.

**Social-Emotional Learning** – Social-emotional learning, or SEL, teaches children at a young age how to name and recognize their feelings and builds skills to manage emotions. This approach provides children the opportunity to work together, understand each other, take responsibility, and to resolve disagreements peacefully. By understanding each other personally, children are less likely to bully or do other unkind acts to each other. If bullying does occur, SEL approaches can be helpful to name what is happening, identify the feelings behind the actions, and to resolve. Healthcare providers can infuse these skills whenever they interact with children.

**Mindfulness** – Many schools are seeing the benefits of teaching mindfulness – or the skill to become aware of thoughts, emotions, and behavior – to children. Mindfulness is usually goal oriented and guided by teachers. Mindfulness can be a useful skill to students who may be inclined to act out or who have bullied in the past, where they can identify escalating feelings before acting on them. Public health agencies can offer resources on mindfulness to children and families.

**Circle Discussions** – This approach is used to draw out open discussion, build understanding, and bring about justice when there is unrest. Circles were developed as a means to shift away from punishment to a more collaborative approach to respond to the question: What can we do to make things right? Guided by community-building questions, all children and youth in the class or group are asked to participate, but can decline if they do not want to participate. If bullying occurs, circle discussions can bring the group together to focus on supportive, collaborative, and healthy actions.

**Restorative Justice** – Restorative Justice programs focus on restoring the relationships and repairing harm. Schools are also using restorative justice as a way to bring all parties together to repair the harm that was done. Like circle discussions, restorative justice moves away from individual punishment to community learning. This approach can be very helpful for children and youth to understand bullying from the perspective of the person being bullied, the person bullying another, and the witnesses. Restorative Justice programs are led by adults who have had considerable professional training and are not a form of peer mediation. Peer mediation or conflict resolution are not recommended to deal with bullying.

While many of these efforts occur in school, they can happen in other places where children and youth come together. Efforts to help children and youth heal, understand, and to work together needs to happen through State and community collaborations, looking beyond education to after school programs, sport activities, summer camps, and social media platforms.

The ACE Study is just one of many examples that underscore the importance of prevention and action. Bullying can be an ACE for children and can have long-lasting effects. State and community collaboration is essential to the health and future of children. By building empathy, social-emotional skills, and trauma-informed communities, bullying can be identified and addressed immediately. Having these preventive practices in place should make bullying less frequent, while affording children and youth skills that they can use throughout life.

Source and Research Limitations

The information discussed in this fact sheet is based on the comprehensive review of bullying research presented in the National Academies of Sciences, Engineering, and Medicine’s report entitled *Preventing Bullying Through Science, Policy, and Practice*.

This report includes the most up to date research on bullying, but it is important to note that this research has several important limitations. Most of the research is cross-sectional, which means it took place at one point in time. This type of research shows us what things are related to each other at that time, but cannot tell us which thing came first or if one of those things caused the other to occur.

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