HEALTH BASICS

Bullying

Bullying is repeated harmful behaviour involving a real or perceived power imbalance.

WHAT IT IS
Repeated aggression involving a real or perceived power imbalance

WHERE IT COMES UP
At school, work, social groups, and online

WHY IT MATTERS
Can affect safety, mental health, sleep, and daily life

WHAT IT IS NOT
Not a disease or a diagnosis

WHO TO ASK
Safeguarding staff, workplace services, or a healthcare professional

HOW IT IS CHECKED
Conversation and incident records; no medical test

Overview

Bullying is harmful behaviour that involves a real or perceived difference in power. It is repeated, or could easily be repeated. Power may come from physical strength, popularity, authority, access to private information, or control within a group.

Bullying is not a disease or a medical diagnosis. There is no blood test, scan, or checklist that can prove it happened. It is identified by understanding the behaviour, the power imbalance, and the circumstances.

Bullying can include:

Cyberbullying happens through messages, games, social media, group chats, or other digital services. One post may be copied and shared many times, so a single upload can create repeated harm.

Bullying can affect children, teenagers, and adults. It may happen at school, in sports or social groups, at work, in care settings, or online. Definitions and reporting procedures may differ between schools, workplaces, and countries.

- Verbal behaviour, such as threats, insults, or humiliating remarks
- Social behaviour, such as exclusion or spreading rumours

- Physical behaviour, such as hitting, pushing, or damaging property
- Online behaviour, such as abusive messages or sharing private material

How it works

Bullying is different from an ordinary disagreement between people with similar power. Arguments can still be upsetting or harmful, but bullying usually includes an imbalance that makes it difficult for one person to stop the behaviour or defend themselves.

The power difference may be obvious, such as a larger student threatening a smaller student. It may also be less visible. A person might control access to a friendship group, have authority at work, know embarrassing information, or be able to reach a large online audience.

Several people may be involved. One person may lead the behaviour, while others join in, encourage it, share content, or remain silent. Bystanders can also feel frightened or unsure about what to do.

Online bullying can continue outside school or work hours. Digital material can spread quickly and may be hard to remove completely. Anonymous accounts can make it difficult to identify who is involved, although platforms, schools, employers, or law enforcement may sometimes be able to investigate.

Not every unkind act meets a formal definition of bullying. However, threats, assault, sexual harassment, stalking, discrimination, or sharing intimate images may need action even if they happen only once.

Why it matters for your health

Bullying can affect emotional and physical well-being. Research has found links between being bullied and anxiety, depression, sleep problems, headaches, stomach pain, difficulty concentrating, and avoiding school or work. These effects are not inevitable, and they can have other causes.

Bullying may also affect appetite, confidence, relationships, attendance, and performance. Physical bullying can cause injuries. Online harassment may lead someone to withdraw from devices or social contact, while also feeling unable to escape what is happening.

People who bully others may also have emotional, behavioural, family, school, or social difficulties that need attention. This does not excuse harmful behaviour. It means a response should address safety and accountability while also looking at why the behaviour is happening.

Witnesses can be affected as well. They may worry that they will become a target or feel guilty about not intervening.

A healthcare professional cannot confirm bullying with a medical test. They can listen, document injuries or health concerns, and assess for conditions that may be related, such as anxiety, depression, or a sleep disorder.

What can go wrong

Bullying may be connected with several health and safety situations. These include physical injury, school or workplace avoidance, anxiety disorders, depression, sleep disorders, eating difficulties, self-harm, and suicidal thoughts. An assessment is needed before any condition can be diagnosed.

Some behaviour described as bullying may also be assault, abuse, stalking, extortion, sexual harassment, discrimination, or a hate-related incident. These situations may require safeguarding procedures or a report to the relevant organization or authorities.

Arrange prompt support if bullying is causing repeated absence, major sleep or eating changes, ongoing pain, panic, severe distress, or a clear decline in everyday functioning. A healthcare professional can assess the health effects, while a school or workplace service can address the setting where the behaviour occurs.

Seek emergency help if there is immediate danger, a serious injury, a weapon, a credible threat of violence, or concern that someone may harm themselves or another person. Contact local emergency services or an appropriate crisis service. Do not leave a person alone if they say they cannot stay safe.

What you can do

If bullying may be happening, start by listening without blame. Ask what happened, where it happened, who was involved, and whether the person feels safe now. Avoid promising complete secrecy, especially when a child or vulnerable adult may be at risk.

Practical steps can include:

Do not forward abusive material more widely. If it includes sexual images of someone under 18, do not download, copy, or redistribute it. Report it through appropriate safeguarding or law-enforcement channels.

Telling someone simply to ignore bullying may leave them feeling unsupported. Encourage

them to stay near trusted people, use safer routes or spaces, and identify whom they can contact quickly. Avoid urging them to fight back, as this may increase danger or lead to disciplinary consequences.

Routine follow-up is useful after a report. Keep notes of responses, agreed actions, and whether the behaviour continues. Ask for the reporting or complaints policy in writing. If the first contact does not respond, use the organization's escalation process.

There is nothing useful to test in someone who is well and has no concern about bullying. Medical care becomes relevant when there is an injury, distress, a change in daily functioning, or a need to assess related health conditions.

- Record dates, places, witnesses, messages, and actions already taken
- Save screenshots or links before blocking or reporting an account
- Report concerns through the school, workplace, club, or platform process
- Ask who will investigate, what safety steps are available, and when follow-up occurs
- Review privacy, location-sharing, passwords, and account security
- Speak with a healthcare professional about injuries or health changes

Common questions

Is teasing always bullying?

No. Friendly teasing is usually mutual and stops when someone is uncomfortable. Teasing may be bullying when it is unwanted, repeated or likely to recur, and involves a power imbalance.

Can one online post count as bullying?

It can contribute to bullying if it is shared, viewed, commented on, or used repeatedly. A single post may also be serious harassment or abuse even when it does not meet a formal bullying definition.

Should I confront the person involved?

Direct confrontation is not always safe or helpful. Use the reporting process for the school, workplace, organization, or platform. If there are threats or a risk of violence, seek help rather than arranging a private meeting.

What if my child may be bullying someone else?

Ask calmly what happened and listen to each account. Be clear that harmful behaviour must stop. Work with the school or relevant organization on supervision, accountability, repairing harm where appropriate, and any emotional or behavioural support needed.

Is bullying illegal?

Bullying itself is not a single criminal offence in every location. Specific acts may be illegal, including assault, stalking, threats, extortion, discrimination, or sharing intimate images. Local laws and organizational duties differ.

Can a clinician write down what happened?

Yes. A clinician can document what you report, record injuries, and assess related health concerns. That medical record does not by itself determine who was responsible or replace an investigation.

Sources

- Centers for Disease Control and Prevention. "Bullying." Youth Violence Prevention
- StopBullying.gov. "What Is Bullying?" U.S. Department of Health and Human Services
- StopBullying.gov. "What Is Cyberbullying?" U.S. Department of Health and Human Services
- National Academies of Sciences, Engineering, and Medicine. Preventing Bullying Through Science, Policy, and Practice . 2016
- Moore SE, Norman RE, Suetani S, Thomas HJ, Sly PD, Scott JG. "Consequences of bullying victimization in childhood and adolescence: A systematic review and meta-analysis." World Journal of Psychiatry . 2017;7(1):60-76
- UNESCO. Behind the Numbers: Ending School Violence and Bullying . 2019