

# Study highlights power of family resilience to protect children from bullying

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**Table 1. Prevalence of Bullying in Subsets of Children Ages 6-17 Years Defined by Number of Adverse Childhood Experiences and Family Resilience, 2016-2017 NSCH (n=70825)**

Number of ACEs	N	% Bullied Others		aOR <sup>a,b</sup> (95% CI)	% Bullied by Others		aOR <sup>a,c</sup> (95% CI)
		Non-Resilient	Resilient		Non-Resilient	Resilient	
No ACE	42225	7.14	3.28	0.44 (0.30, 0.63)	19.70	13.65	0.64 (0.53, 0.77)
1 or more ACE	28600	12.50	6.50	0.48 (0.38, 0.60)	33.13	26.78	0.72 (0.62, 0.83)
2 or more ACE	12982	15.73	8.82	0.50 (0.38, 0.65)	37.50	32.57	0.78 (0.65, 0.93)
3 or more ACE	6620	18.99	12.08	0.55 (0.40, 0.77)	41.31	38.72	0.88 (0.69, 1.11)
4 or more ACE	3559	21.16	17.48	0.73 (0.48, 1.10)	41.99	44.53	1.07 (0.79, 1.45)

<sup>a</sup>Adjusted for sex, age, race/ethnicity, and family income.

<sup>b</sup>aOR for bullying others.

<sup>c</sup>aOR for being bullied by others.

**Table 2. Prevalence of Bullying in Children Ages 6-17 Years Across Several Demographics in the United States, 2016-2017 NSCH (n=70825)**

	Weighted % Bullied Others (95% CI)	aOR <sup>a,b</sup> (95% CI)	Weighted % Bullied by Others (95% CI)	aOR <sup>a,c</sup> (95% CI)
<b>Sex</b>				
Male	6.8 (6.1, 7.6)	ref	21.7 (20.6, 22.8)	ref
Female	5.2 (4.5, 5.8)	0.75 (0.63, 0.90)	21.6 (20.4, 22.9)	0.98 (0.89, 1.09)
<b>Age, y</b>				
6 to 8	6.6 (5.4, 7.8)	ref	20.1 (18.3, 21.9)	ref
9 to 11	7.1 (6.0, 8.3)	1.04 (0.80, 1.35)	24.7 (22.8, 26.6)	1.27 (1.10, 1.48)
12 to 14	5.4 (4.6, 6.1)	0.85 (0.76, 0.96)	23.6 (22.0, 25.3)	1.08 (1.00, 1.16)
15 to 17	4.9 (4.0, 5.8)	0.86 (0.79, 0.95)	18.3 (16.9, 19.6)	0.93 (0.89, 0.98)
<b>Race/Ethnicity</b>				
White, non-Hispanic	5.6 (5.1, 6.1)	ref	22.2 (21.3, 23.0)	ref
Black, non-Hispanic	6.6 (5.2, 7.9)	0.85 (0.65, 1.11)	22.2 (19.5, 24.9)	0.72 (0.61, 0.85)
Hispanic	6.2 (4.8, 7.5)	0.91 (0.70, 1.19)	20.6 (18.3, 22.8)	0.78 (0.67, 0.90)
Multi-racial/Other, non-Hispanic	6.7 (5.1, 8.4)	1.09 (0.81, 1.46)	21.3 (19.1, 23.6)	0.90 (0.78, 1.04)
<b>Income, % Federal Poverty Level</b>				
0-99	8.5 (7.1, 9.8)	ref	26.9 (24.4, 29.4)	ref
100-199	6.5 (5.2, 7.8)	0.82 (0.67, 1.01)	23.4 (21.3, 25.4)	0.90 (0.80, 1.02)
200-399	5.2 (4.4, 6.0)	0.72 (0.59, 0.88)	20.4 (19.1, 21.7)	0.83 (0.75, 0.93)
>400	4.6 (4.0, 5.2)	0.74 (0.60, 0.90)	17.9 (16.9, 18.9)	0.84 (0.75, 0.94)
<b>Family Resilience<sup>d</sup></b>				
Not Resilient	10.6 (9.2, 12.0)	ref	28.8 (26.8, 30.8)	ref
Resilient	4.8 (4.2, 5.3)	0.47 (0.39, 0.57)	19.7 (18.8, 20.6)	0.70 (0.62, 0.78)
<b>Adverse Childhood Experiences</b>				
None	3.9 (3.3, 4.4)	ref	14.6 (13.7, 15.6)	ref
1 or more	8.2 (7.4, 9.1)	1.96 (1.59, 2.41)	28.6 (27.3, 29.9)	2.23 (1.99, 2.49)

<sup>a</sup>Adjusted for all other variables shown.

<sup>b</sup>aOR for bullying relative to reference group.

<sup>c</sup>aOR for being bullied relative to reference group.

<sup>d</sup>Composite variable defined in the NSCH, with scores ranging from 0 to 4, depending on responses to four prompts.

Family Resilience on Bullying in U.S. Children with Adverse Childhood," will be presented on Sunday, Oct. 27, at the Hilton New Orleans Riverside.

"Bullying is a widespread problem, especially among [children](#) experiencing other forms of trauma," said the abstract's presenting author and principal investigator Elizabeth Li, a researcher in the Department of Pediatrics at Steven & Alexandra Cohen Children's Medical Center of New York. "It can lead to [mental health problems](#) later on, affecting those who are bullied, those who do the bullying, and those witnessing it."

For the study, the research team analyzed responses to the 2016-2017 National Survey of Children's Health (NSCH), which asks parents of U.S. children ages 6 to 17 about a child's physical and mental health, access to quality health care, and the child's [family](#), neighborhood, school, and social context. In 2016, the Centers for Disease Control and Prevention introduced "family resilience" to the NSCH as a composite measure based on caregiver responses to the question:

"When your family faces problems, how often are you likely to do each of the following?"

- (a) talk together about what to do;
- (b) work together to solve our problems;
- (c) know we have strengths to draw on; and
- (d) stay hopeful even in difficult times."

Children were classified as a bully if their parent responded "definitely" or "somewhat true" when asked if their child "bullies others, picks on them, or excludes them." They were classified as a victim of bullying if their parents responded "definitely" or "somewhat true" when asked if their child "is bullied, picked on, or excluded by other children." Analysis controlled for age, sex, race/ethnicity, and

Prevalence of bullying by number of adverse childhood experiences and family resilience, and prevalence of bullying across several demographics in the U.S. Credit: Elizabeth Li

Studies show that children exposed to childhood trauma known as adverse childhood experiences (ACEs) are at increased risk of being bullied or bullying others. New research being presented at the American Academy of Pediatrics (AAP) 2019 National Conference & Exhibition suggests that family resilience—the ability to work together to overcome problems, for example—reduces this risk.

The research abstract, "Assessing the Effect of

family income.

The researchers found that family resilience had a significant association with a lower rate of bullying others in children with up to 3 ACEs. It also had a significant protective effect against being bullied in children with up to 2 ACEs.

The findings suggest that the way a family reacts and responds to traumatic events can have a significant impact on their child's behavior and well-being going forward, said Andrew Adesman, MD, FAAP, the study's senior investigator and chief of developmental & behavioral pediatrics at the Steven and Alexandra Cohen Children's Medical Center of New York.

"Parents should be aware of how they handle adversity and consider both the direct and indirect impact these events may have on their children," Dr. Adesman said.

Provided by American Academy of Pediatrics

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