Short Communication

Asia Pacific Pediatric Association Position Statement on the Prevention, Identification, and Management of Bullying Among Children and Adolescents in the Asia Pacific Region

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Introduction

Bullying is a major public health and child protection issue that threatens the physical, emotional, psychological, developmental, and social well-being of children and adolescents throughout the AsiaPacific region. Defined as intentional, repetitive aggressive behavior involving a real or perceived imbalance of power, bullying may occur in physical, verbal, relational, or cyber (digital) forms and can have profound short- and long-term consequences for health, learning, and quality of life.

The Asia Pacific Pediatric Association (APPA) recognizes bullying as a significant pediatric and public health issue that demands coordinated, evidence-informed action. Pediatricians play an important and pivotal role in the early identification of children at risk, the recognition of bullying-related health consequences, the provision of trauma-informed care, and the advocacy of safe, inclusive, and supportive environments for all children. Addressing bullying requires comprehensive prevention strategies, timely intervention, multidisciplinary collaboration, and sustained partnerships among families, schools, healthcare systems, communities, policymakers, and APPA member nations to safeguard the health, rights, and well-being of every child.

Background And Regional Context

Bullying is one of the most prevalent forms of violence affecting children and adolescents worldwide and is increasingly recognized as a major threat to child health, well-being, and healthy development. Defined as intentional, repetitive aggressive behavior involving a real or perceived imbalance of power, bullying may occur through physical, verbal, relational (social), or cyber (digital) means. These forms often overlap, with many children experiencing multiple types of victimization simultaneously.

The Asia-Pacific region is home to more than half of the world's children and encompasses extraordinary diversity in culture, language, socioeconomic development, educational systems, digital connectivity, and healthcare resources. The member nations of the Asia Pacific Pediatric Association (APPA) span East Asia, Southeast Asia, South Asia and Oceania, representing countries with markedly different social and cultural contexts. Despite these differences, bullying remains a common experience across the region and constitutes an important child health and public health concern.

International surveys, including the UNESCO/UNICEF Global School-based Student Health Survey (GSHS), indicate that approximately 30.3% of school-aged children in Asia report being bullied within the previous month, while the prevalence in the Pacific is even higher at 36.8%, exceeding the global average of approximately 32%. Although prevalence estimates vary according to study methodology, age group, and national surveillance systems, bullying consistently affects approximately one in three children throughout the Asia-Pacific region.

Within APPA member nations, reported prevalence demonstrates considerable regional variation. In East Asia, studies generally report lower but still substantial prevalence, ranging from approximately 15% to 30%, with higher rates observed among younger adolescents. This prevalence is similar to Australia and New Zealand. In Southeast Asia, prevalence commonly ranges between 30% and 50%, with some countries reporting among the highest levels globally. In South Asia, studies demonstrate prevalence estimates ranging from 20%

to over 45%, reflecting differences in school environments, cultural norms, and measurement methods. Among Pacific Island nations, bullying prevalence frequently exceeds 35%, with some surveys reporting rates above 50%, highlighting bullying as a major child protection concern.

The forms of bullying observed throughout the Asia-Pacific region are diverse. Verbal bullying, including teasing, name-calling, insults, and humiliation, remains the most frequently reported form in many countries. Physical bullying, such as hitting, kicking, pushing, or damaging personal belongings, continues to occur frequently, particularly among younger children and boys. Relational bullying, involving social exclusion, rumor spreading, and manipulation of peer relationships, is increasingly recognized as equally harmful and is often more commonly reported among girls, although it affects children of all genders.

Cyberbullying has emerged as one of the fastest-growing forms of bullying owing to widespread smartphone ownership, social media use, online gaming, and digital communication among adolescents. The persistence and anonymity of cyberbullying amplify its psychological impact and make it particularly challenging for families, schools, and healthcare professionals to detect and address.

Health Impact Of Bullying

Bullying is a significant adverse childhood experience with immediate and lifelong consequences for physical health, mental health, development, education, and social functioning. Beyond the immediate distress caused by repeated victimization, bullying contributes to a broad spectrum of health problems that can persist into adulthood. Children who bully others, as well as those who are both perpetrators and victims (bully-victims), are likewise at increased risk for adverse health and psychosocial outcomes.

Children who experience bullying frequently present with recurrent physical complaints that may not have an identifiable medical cause. Common manifestations include headaches, abdominal pain, musculoskeletal pain, fatigue, dizziness, appetite changes, and sleep disturbances. These symptoms often reflect chronic psychological stress. Victims of physical bullying may also sustain bruises, fractures, or other injuries requiring medical attention. Chronic exposure to bullying activates physiological stress responses that may contribute to persistent inflammation, dysregulation of the hypothalamic-pituitary-adrenal axis, and impaired immune function.

The strongest and most consistent evidence links bullying with adverse mental health outcomes. Children who are bullied are at substantially increased risk of anxiety disorders, depression, low selfesteem, emotional dysregulation, loneliness, social withdrawal, and feelings of helplessness. Persistent victimization undermines a child's sense of safety, belonging, and self-worth, all of which are essential for healthy development.

Bullying is also associated with self-harm, suicidal ideation, suicide attempts, and trauma-related symptoms. These risks are particularly pronounced among children exposed to chronic or severe bullying, cyberbullying, or multiple forms of victimization.

Bullying disrupts healthy developmental trajectories during critical periods of childhood and adolescence. Persistent fear, stress, and social exclusion interfere with cognitive functioning, attention, executive functioning, emotional regulation, and social competence. Educational outcomes are also significantly affected. Children who experience bullying are more likely to avoid school, exhibit declining academic performance, demonstrate reduced classroom participation, and develop school refusal or chronic absenteeism.

The effects of bullying frequently extend well beyond childhood. Longitudinal studies have demonstrated associations between childhood bullying and increased risks of depression, anxiety disorders, substance misuse, unemployment, reduced educational attainment, poorer physical health, and diminished quality of life during adulthood.

Appa Position Statement

APPA affirms that:

- Bullying is a preventable adverse childhood experience with significant short- and long-term health consequences.
- Bullying remains a common experience across the region, with rising prevalence among APPA member nations and constitutes an important child health and public health concern.
- Every child has the right to a safe, inclusive, and respectful environment

The APPA Position Statement therefore adopts the 4P Framework, namely Promotion, Prevention, Protection and Partnership, as an integrated approach to reducing bullying and promoting child well-being. The four pillars provide a practical roadmap for pediatricians, healthcare systems, educators, governments, families, and communities to collaborate in reducing bullying and mitigating its lifelong consequences.

I. Promotion

APPA recommends that member societies, healthcare systems, schools, and governments prioritize health promotion as the foundation of bullying prevention by:

- fostering safe, inclusive, and respectful environments where every child feels valued and protected;
- integrating social and emotional learning into early childhood and school education;
- providing anticipatory guidance on healthy relationships, emotional well-being, and digital citizenship during pediatric healthcare encounters;
- promoting positive parenting practices and family engagement that strengthen resilience and open communication;
- supporting inclusive policies that protect children at increased risk of bullying because of disability, health conditions, or social disadvantage; and
- advancing public awareness campaigns that promote kindness, empathy, diversity, and respect
- while reducing stigma and discrimination throughout the Asia-Pacific region.

By promoting resilience, inclusion, and positive relationships, pediatricians and their partners can help establish the conditions in which bullying is less likely to occur and every child has the opportunity to achieve optimal health, development, and well-being.

II. Prevention

APPA recommends that member societies, healthcare systems, educational institutions, and governments prioritize comprehensive bullying prevention by:

- implementing evidence-based, whole-school bullying prevention programs that promote positive school climates and student well-being;
- adopting a social-ecological approach that addresses individual, family, school, community, and societal determinants of bullying;
- integrating anticipatory guidance on bullying prevention and healthy peer relationships into routine pediatric care;
- promoting digital citizenship and online safety education to prevent cyberbullying;
- strengthening family engagement through positive parenting, open communication, and collaborative partnerships with schools;
- providing targeted preventive interventions for children at increased risk of bullying, including those with disabilities, neurodevelopmental conditions, chronic illnesses, and other vulnerabilities;
- supporting national policies, surveillance systems, and public awareness initiatives that recognize bullying as a child health and public health priority; and
- encouraging research and evaluation to identify culturally appropriate and effective prevention strategies across the diverse settings of the Asia-Pacific region.

By prioritizing prevention through coordinated, evidence-based, and culturally responsive approaches, APPA affirms that bullying can be substantially reduced. Preventing bullying not only protects children from immediate harm but also promotes healthier developmental trajectories, strengthens school and community environments, and contributes to the lifelong health and well-being of children and adolescents throughout the Asia-Pacific region.

III. Protection

APPA recommends that pediatricians, healthcare systems, and member societies strengthen the protection of children affected by bullying by:

- incorporating routine, developmentally appropriate inquiry about bullying, peer relationships, and online experiences into pediatric health care;
- recognizing the physical, psychological, developmental, and behavioral manifestations of bullying and conducting comprehensive, trauma-informed assessments;
- ensuring timely intervention, safety planning, and referral to mental health and other specialistservices when indicated;
- providing individualized, culturally responsive, and family-centered care for children who experience bullying, children who bully others, and those who are both victims and perpetrators;
- advocating for inclusive educational environments and appropriate supports for children at increased risk of bullying, including those with disabilities and neurodevelopmental conditions;
- collaborating with schools, families, child protection agencies, and community services tosafeguard children and prevent recurrent victimization; and
- supporting systems that facilitate early identification, continuity of care, and equitable access to multidisciplinary services throughout the Asia-Pacific region.

By prioritizing early identification, comprehensive assessment, timely intervention, and coordinated follow-up, APPA emphasizes that protecting children from bullying is a fundamental responsibility of pediatric practice. Every encounter with a child or adolescent represents an opportunity to identify hidden victimization, reduce the health consequences of bullying, and promote recovery, resilience, and lifelong well-being.

IV. Partnership

APPA recommends that member societies and stakeholders strengthen multisectoral partnerships by:

- establishing coordinated, child-centered systems linking healthcare, education, child protection, mental health, and social services;
- promoting collaborative partnerships among pediatricians, families, educators, mental health professionals, policymakers, and community organizations;
- supporting timely referral pathways and multidisciplinary care for children affected by bullying;
- engaging children, adolescents, and families as active partners in designing and implementing bullying prevention initiatives;
- collaborating with technology companies to enhance online child safety, digital literacy, and responsible platform governance;
- strengthening regional research collaborations, surveillance systems, and knowledge exchange across APPA member nations; and
- advocating for policies that recognize bullying as a child health, child protection, and public health priority requiring sustained investment and collective action.

Through strong partnerships across sectors and countries, APPA believes that the burden of bullying can be substantially reduced. Collaborative leadership, shared responsibility, and sustained commitment are essential to ensuring that every child in the Asia-Pacific region grows up in a safe, inclusive, and supportive environment where they can achieve their fullest potential.

Conclusion

Bullying is a preventable threat to the health, development, and well-being of children and adolescents and must be recognized as a pediatric and public health priority across the Asia-Pacific region. The Asia Pacific Pediatric Association (APPA) affirms that pediatricians play a vital role in promoting safe and inclusive environments, preventing bullying, identifying and managing affected children, advocating

for child rights, and collaborating with families, schools, communities, and policymakers. APPA calls upon its member societies to adopt the 4P Framework—Promotion, Prevention, Protection, and Partnership—to guide evidence-based, culturally responsive, and child-centered approaches to bullying prevention and intervention. Through sustained multisectoral collaboration, investment in child protection, education, mental health services, and research, and a shared commitment to equity, dignity, and inclusion, APPA envisions an Asia-Pacific region where every child is protected from bullying and empowered to grow, learn, and achieve their fullest potential.

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