CSN Children's Safety Network

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Introduction

Bullying is far too often seen as an inevitable part of youth culture. But the consequences of bullying can be serious and may reverberate throughout the lifespan—affecting not only children who are bullied and children who bully, but also their families and friends. Public health and safety professionals can and should play a major role in preventing bullying and its consequences by bringing their specialized skills and knowledge to creating the solution.

According to Dan Olweus, a pioneer and expert on bullying and victimization, bullying is defined as a specific form of aggression, which is deliberate and intentional, involves a disparity of power between the victim and perpetrator(s) and is repeated over time (Olweus 1993). There are several types of aggressive behavior, physical (hitting, pushing), verbal (insults, name-calling), non-verbal or emotional bullying (social exclusion, intimidation using gestures, spreading rumors) and cyberbullying (using technology such as the Internet, email, cell phones, to harass or torment someone).

Extent of the Problem

The 2009 Youth Risk Behavior Survey (YRBS) indicates that 20% of students had been bullied on school property during the 12 months before the survey (CDC 2009). In addition, cyberbullying or electronic aggression has become an emerging public health issue. In a study conducted in a large school district, 20% of the participants stated that they had been a victim of cyberbullying and 20% of the participants had admitted to cyberbullying (Cyberbullying Research Center, 2011). In addition, researchers have found that 27% of youth who were victims of cyberbullying had also carried a weapon to school at least once (Ybarra, Diener-West 2007, and David-Ferdon, Hertz 2007). Because of the widespread problem, 22 states have adopted cyberbullying statutes and 45 states have laws on bullying.

Consequences of Bullying

There is no one single cause of bullying among children. Rather, individual, family, peer, school, and community factors can place a child or youth at risk for bullying his or her peers. However, there are common

characteristics. Children who bully tend to be aggressive, quick to anger and impulsive; they lack empathy, have a need to dominate others, and have trouble following rules (HRSA 2011).

Children Who Bully

Children and youth who often bully their peers are more likely than others to get into frequent fights, be injured in a fight, vandalize or steal property, drink alcohol, smoke, be truant from school, drop out of school, and carry a weapon (Nansel 2001).

The patterns of behavior exhibited by bullies can also affect their future lives and the lives of those with whom they come into contact. Evidence indicates that children who bully often do not "outgrow" this behavior, but carry it into their adult personal, family, and work relationships—if there is no intervention. Research has shown that students (particularly boys) who bully others are especially likely to engage in other delinquent behaviors such as vandalism, shoplifting, truancy, and frequent drug use (Olweus 1999). A study has found that this behavior pattern often continues into young adulthood. About 35-40 percent of former bullies had three or more officially registered crime convictions by age 24, while this was true of only 10 percent of boys who were not bullies (Olweus 1999).

Children Who Are Bullied

Children who are bullied tend to isolate themselves, show signs of depression and a decline in school achievement. They can also develop a reluctance to participate in school or after-school activities, as well as a loss of interest in previous hobbies. In addition, they may have problems eating or sleeping and complain of physical pain, such as headaches and stomachaches (Storey and Slaby 2008). There are general characteristics of possible victims of bullying. They may be physically weaker than their peers, show signs of low self-esteem or be easily intimidated (HRSA, 2011). Youth who have a disability or because of actual or perceived sexual orientation (lesbian, gay, or bisexual) and gender expression (transgender) are also more likely to be bullied. There are also long-term effects of being a victim of bullying. Several studies have found higher rates of anxiety and eating disorders in adulthood. (Roth, Coles and Heimburg 2000). In another study, as young adults (age 23), former victims who were bullied in middle-school tended to be more depressed and had poorer self-esteem in early adulthood than those who had not been bullied (Olweus 1999).

Children Who Are Bystanders

Bullying not only involves the person who bullies and the person being bullied, but it also involves the students who witness the bullying. Bystanders are those who watch bullying happen or hear about it. And depending on how bystanders respond, they can either contribute to the problem or the solution. According to the Eyes on Bullying Project, there are two types of bystanders. Hurtful bystanders are those that may instigate the bullying, laugh at the victim or cheer for the bully, or join in on the bullying once it has begun. Hurtful bystanders also include those people who passively watch the bullying and do nothing about it. Passive bystanders "provide the audience a bully craves and the silent acceptance that allows bullies to continue their hurtful behavior" (Storey and Slaby 2008). Helpful bystanders are those that directly intervene while the bullying is happening by defending the victim or discouraging the bully. Helpful bystanders also include those who get help or gather support for the victim from other peers (Storey and Slaby 2008).

Most people who witness bullying are passive bystanders. There are many different reasons they do not intervene. Many fear becoming a victim themselves, think it is none of their business, feel powerless against

the bully, or simply do not know what to do. (Storey and Slaby 2008).

Role of Public Health

One of the goals of the U.S. Department of Health and Human Services is to "promote the economic and social well-being of individuals, families and communities". This includes protecting the safety and fostering the well-being of children and youth, encouraging the development of strong, healthy, and supportive communities and addressing the needs, strengths, and abilities of vulnerable populations (DHHS accessed 2011).

Furthermore, Healthy People 2020 has included the direct objective, "reduce bullying among adolescents" (IVP-35). In addition, several other objectives under injury and violence prevention and adolescent health are linked to bullying prevention. These include, "reduce physical fighting among adolescents" (IVP-34), "Reduce weapon carrying by adolescents on school property" (IVP-36), and "increase the proportion of adolescents whose parents consider them to be safe at school" (AH-8) (Healthy People 2020 accessed 2011).

Public health departments have expertise and the ability to make a difference in preventing bullying because of their knowledge working with a broad range of people, including different state and local agencies, community groups, and families and youth themselves. As a field, public health deals with complex issues that require multipronged, sustained interventions/strategies and public health understands the need to adapt strategies over time. It also appreciates the need to select and implement evidence-informed/promising practices and supports policy change that promotes a healthy and safe climate.

Public health programs can use the following five strategies to help prevent bullying:

- Assess relevant state law and policies related to bullying

- Develop, implement, and evaluate interventions

- Collect, analyze, and disseminate data

- Provide training and technical assistance to public health and other professionals

- Facilitate collaborations between relevant organizations and professionals

Assess relevant state law and policies related to bullying

- Analyze current state bullying prevention legislation and policies and identify roles that the Department of Health (DOH) can play especially in relation to training, reporting systems, education, media, and state, and community response systems.

- Assess/examine state laws and policies which may relate to bullying prevention and can be integrated into bullying prevention such as teen dating violence prevention, school health, after-school programs, primary care, school climate, etc.

- Determine what systems and programs are already in place to enforce anti-bullying laws and policies and how DOH is involved.

- Work with the Department of Education Safe and Drug Free Schools Program and other state agencies to proactively disseminate information about evidence-based practices, model policies and other related information to key partners including policy makers, schools, families, and law enforcement.

- Help coordinate and mobilize partners to support development of bullying prevention laws and policies.

- Become an active member of a state team developing and implementing bullying prevention legislation and policies and promoting the use of a public health approach.

- Help determine which organizations and advocates could serve as effective champions for bullying prevention laws and policies.

Develop, implement, and evaluate interventions

- Integrate bullying prevention into MCH and other DOH supported programs and initiatives including children with special health care needs, school health and safety, school-based health clinics, primary care visits, adolescent health, teen dating violence, gang involvement prevention and community–based child and adolescent programs.

- Develop an MCH Block Grant state performance measure on bullying prevention and include bullying prevention in the state injury prevention plan.

- Work with the medical community to include bullying prevention as part of anticipatory guidance.

- Provide health and human service providers, including medical providers, with resources necessary for appropriate responses for the victim, bystander, and bully when bullying is identified as a problem.

- Work with Child Death Review (CDR) teams to assure bullying is considered when reviewing child and adolescent deaths and to identify prevention strategies.

- Develop and conduct public education campaigns that teach families/parents, community and children/adolescents about bullying prevention, and what their role is in prevention.

- Identify evidence-based and promising practices and work with internal and external programs to implement them.

Collect, analyze, and disseminate data

- Work with epidemiologists to develop strategies for the surveillance of bullying including assessment of "school and community climate." Encourage them to provide input on surveys or data collection methods in cases of bullying incidents, which can help schools understand the causes and consequences of bullying and inform prevention strategies.

- Work with Department of Education, school health and safety professionals, and community providers to improve data collection.

- Help coordinate data sources to promote sharing to allow for a comprehensive understanding of the problem and facilitate development of appropriate interventions/ strategies to address bullying.

- Conduct an environmental scan to understand current DOH involvement and determine its future role in bullying prevention.

Provide technical assistance on the evaluation of selected interventions.

- Provide training and technical assistance for public health and safety and other education professionals.

- Work with policy makers, families and others to educate them about bullying prevention.

- Train public health nurses, school health nurses, MCH practitioners, pediatric health providers, and other service providers to identify bullying and respond using appropriate interventions.

- Provide technical assistance and training to community providers including law enforcement, PTA, teachers, human service providers, after-school providers, families, and sports/recreation programs on recognizing and intervening using evidence-based and promising practices.

- Encourage schools of nursing, social work, medicine, and education to include bullying identification, intervention, and prevention in their curricula.

Facilitate collaborations between relevant organizations and professionals

- Participate on state/local task forces and advisory committees related to bullying prevention.

- Partner with schools to become part of the solution by offering ideas to promote social environment change, to understand the role of the bystander, to encourage staff to serve as role models, and to get youth involved as part of the solution (become mentors to younger students, suggest policy changes, become active bystanders, report to adults when bullying behavior is observed).

- Develop and maintain a relationship with the State Department of Education and other state agencies involved in bullying prevention such as agencies responsible for mental health, child care, and after-school programs.

- Create partnerships with private companies (health insurance companies, corporations who support violence prevention, etc).

- Co-sponsor trainings and education for communities, families, and others.

- Work with local public health to develop comprehensive plans at the local level to address bullying.

- Work with state professional entities such as the state chapter of the American Academy of Pediatrics, school psychologists, school-based health centers, school nurses, etc.

- Convene players at the state and local level to facilitate training and education.

- Partner in creating, implementing, and enforcimg of school policies.

Resources

- **Center for the Study and Prevention of Violence at the University of Colorado** (http://www.colorado.edu/cspv/index.html)
  The Center offers a wealth of resources on bullying prevention. It also features the work of Dan Olweus, a Norwegian researcher at the forefront of bullying prevention research.

- **Children's Safety Network, Topic Page on Bullying Prevention:** (http://www.childrenssafetynetwork.org/topics/showtopic.asp?pkTopicID=15)
  CSN offers publications, webinars, presentations and examples of what states are doing to combat bullying.

- **Eyes on Bullying** (http://www.eyesonbullying.org/aboutus.html)
  Offers a multimedia program to prepare parents and caregivers to prevent bullying in children's lives. Features the Eyes on Bullying Toolkit with insights, strategies, skills-building activities, and resources. Designed especially for adults to use with children and youth in homes, child care centers, after-school and youth programs, and camps.

- **GLSEN: Anti-Bullying Resources** (http://www.glsen.org/cgi-bin/iowa/all/antibullying/index.html)
  The Gay, Lesbian and Straight Education Network (GLSEN) provides resources and support for schools to implement effective and age-appropriate anti-bullying programs to improve school climate for all students.

- **National Violence Prevention Youth Resource Center** (http://www.safeyouth.org/)
  Provides information and links to resources on bullying and violence prevention for parents, teenagers, schools, and afterschool programs.

- *PACER National Center for Bullying Prevention* (http://www.pacer.org/bullying/bpaw/index.asp)
  Provides resources for adults about bullying, with a special focus on children with disabilities. Includes information on Bullying Prevention Awareness Week and an animated site for elementary school students.

- **StopBullying.gov** (http://www.stopbullying.gov/)
  Provides information from various government agencies on how kids, teens, young adults, parents, educators and others in the community can prevent or stop bullying. StopBullying.gov is an official U.S. Government Web site managed by the Department of Health & Human Services in partnership with the Department of Education and Department of Justice.

Contact CSN for technical assistance in the implementation of these recommendations.

http://www.childrenssafetynetwork.org

csn@edc.org

(617) 618-2918

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