Bullying Prevention and Intervention

September 14th, 2016
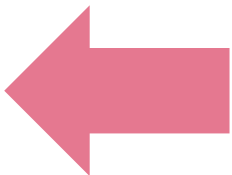
Tech Tips

Audio is broadcast through computer speakers
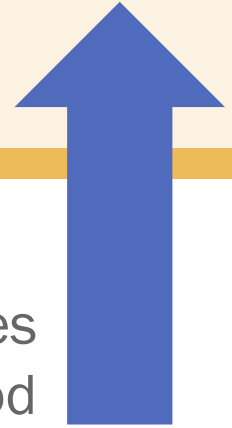
Download resources from File Share pod

If you experience audio issues, dial (866) 835-7973 and mute computer speakers
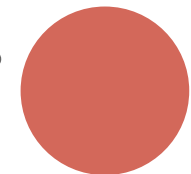
You are muted

Use the Q & A to ask questions at any time

This session is being recorded

CSN
Children's Safety Network

Presenters

Catherine Bradshaw

Daniel Flannery
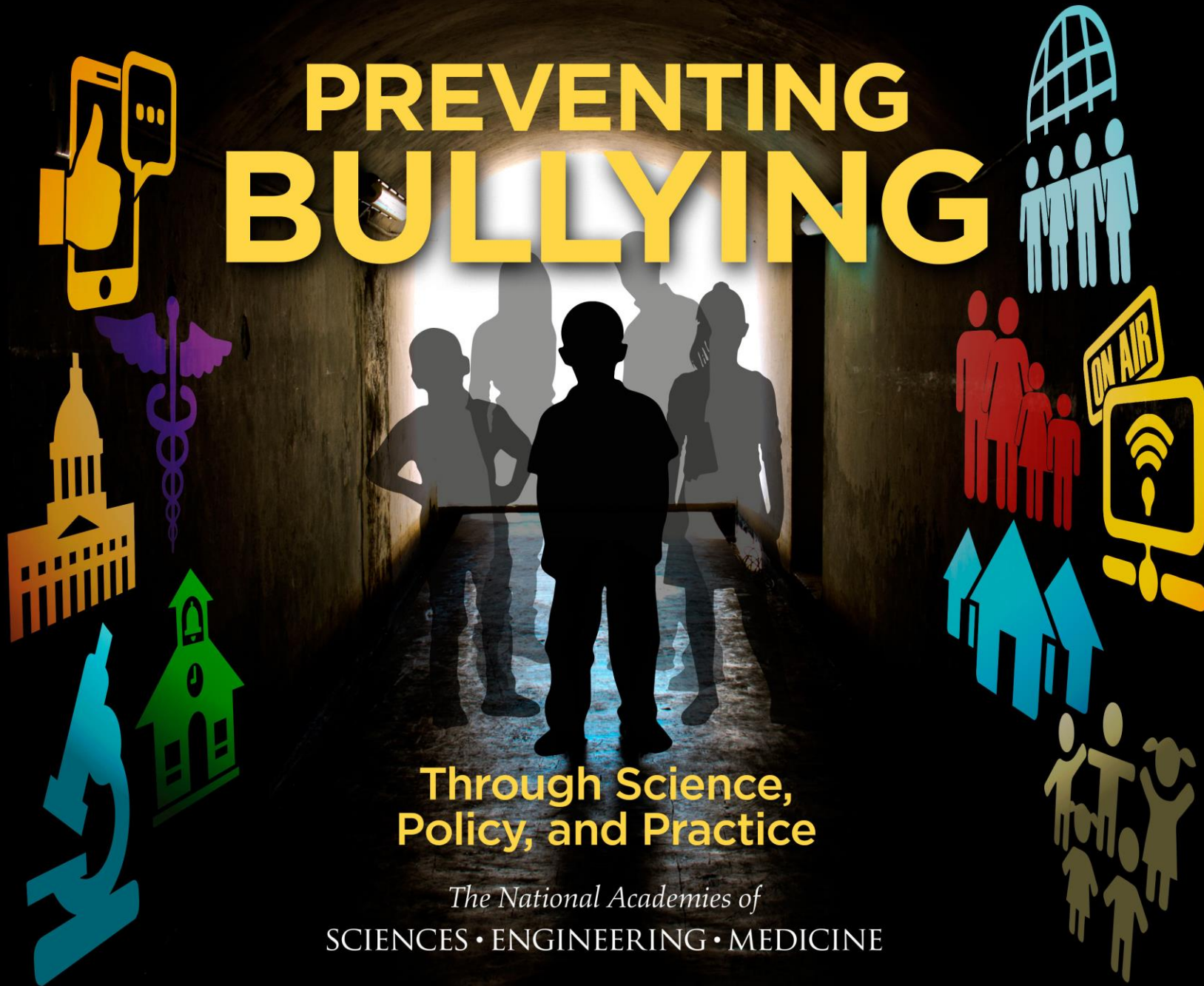
COMMITTEE

Angela Frederick Amar
Assistant Dean for BSN Education; Associate Professor, Nell Hodgson Woodruff School of Nursing at Emory University

Catherine Bradshaw
Associate Dean for Research and Faculty Development; Professor, Curry School of Education at University of Virginia

Daniel Flannery
Dr. Semi J and Ruth Begun Professor; Jack, Joseph and Morton Mandel School of Applied Social Sciences at Case Western Reserve University

Sandra Graham
Professor & Presidential Chair Education and Diversity; Graduate School of Education & Information Studies at University of CA Los Angeles

Mark Hatzenbuehler
Associate Professor, Socio-medical Sciences; Mailman School of Public Health at Columbia University

Matthew Masiello
Chief Medical Officer
The Children's Institute of Pittsburgh

Megan Moreno
Associate Professor of Pediatrics, University of Washington and Seattle Children's Hospital

Frederick Rivara, Chair
Seattle Children's Guild Endowed Chair in Pediatric Research; Professor of Pediatrics at University of Washington and Seattle Children's Hospital

Regina Sullivan
Professor of Child & Adolescent Psychiatry; New York University School of Medicine

Jonathan Todres
Professor of Law
Georgia State University College of Law

Tracy Vaillancourt
Full Professor and Canada Research Chair, Children's Mental Health and Violence Prevention; University of Ottawa
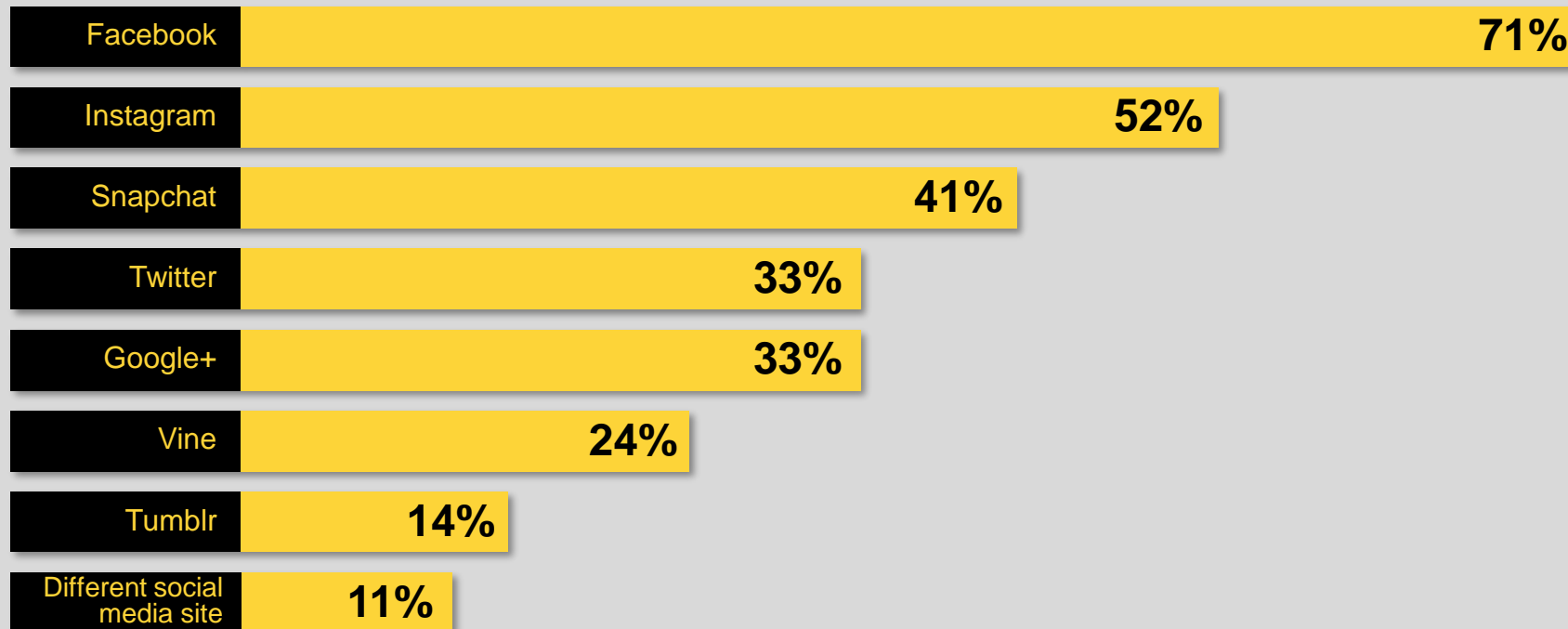
HIGHLIGHTS OF CONCLUSIONS FROM COMMITTEE

▶ Bullying, long tolerated as just a part of "growing up," is now recognized as a major and preventable public health problem

▶ Growing concerns about bullying and its short and long-term consequences

New communal avenues for bullying — chat rooms, instant messaging, social media sites — are near universally accessed by youth

Percentage of all teens 13 to 17 who use …

Platform	Percentage
Facebook	71%
Instagram	52%
Snapchat	41%
Twitter	33%
Google+	33%
Vine	24%
Tumblr	14%
Different social media site	11%

Facebook, Instagram and Snapchat top social media platforms for teens (n=1,060 teens ages 13 to 17).
Source: Adapted from Lenhart (2015, p. 2).

Clarifying the Scope of Problem: Prevalence of Bullying

Social Context and Bullying including the Role of Stigma

Biological & Psychological Consequences

The Role of Prevention Programs & Policies

PREVALENCE OF BULLYING

National surveys show bullying behavior is a significant problem that affects a large number of youth:

Cyberbullying

7-15%

School-based bullying

18-31%

CURRENT NATIONAL DATA SOURCES WITH DIFFERENT PREVALENCE RATES

	National Crime Victimization Survey	School-based Youth Risk Behavior Survey	Health Behavior in School-aged Children Survey	National Survey of Children's Exposure to Violence
Funding organization	U.S. Department of Education	CDC and state and large urban school district school-based YRBSs conducted by state and local education health agencies	World Health Organization (WHO-Euro)	U.S. Department of Justice and CDC
Estimate of school bullying from most recent report	21.5%	19.6%	30.9%	17.9% (for assault by a non-sibling peer)
Estimate of electronic bullying from most recent report	6.9%	14.9%	14.8%	9.0% (for Internet/cell phone harassment)

SOURCES: Committee-generated; DeVoe et al., 2010; 2011; Finkelhor et al., 2012, 2015; Iannotti, 2012; 2013; Centers for Disease Control and Prevention, 2010; 2012; 2014b;
U.S. Department of Education, 2013; 2015; U.S. Department of Health and Human Services, 2008; World Health Organization, 2003.

CURRENT NATIONAL DATA SOURCES WITH DIFFERENT PREVALENCE RATES

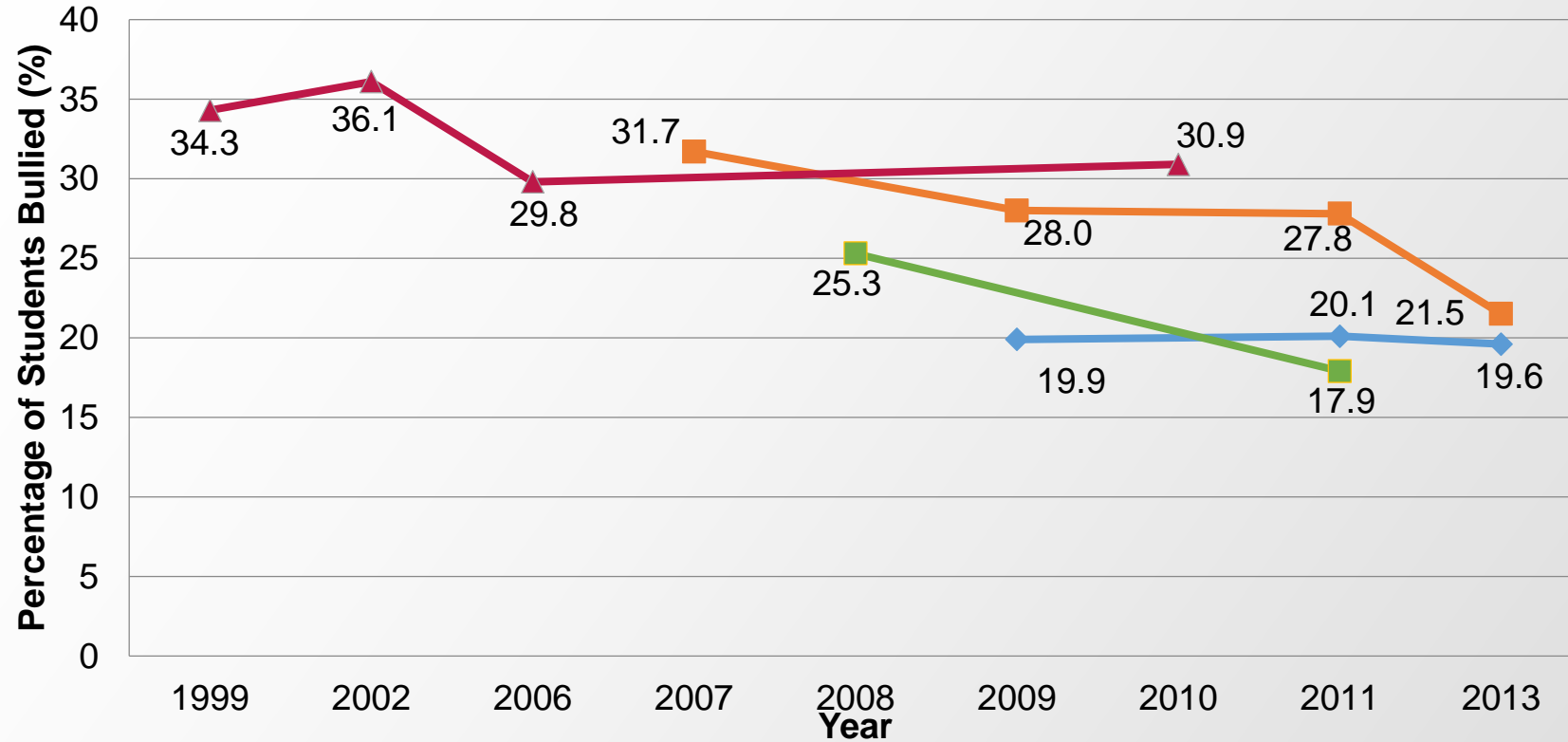Definitional and measurement inconsistencies make it difficult to assign one prevalence rate

Data sets focus predominantly on children who are bullied

Much less is known about perpetrators

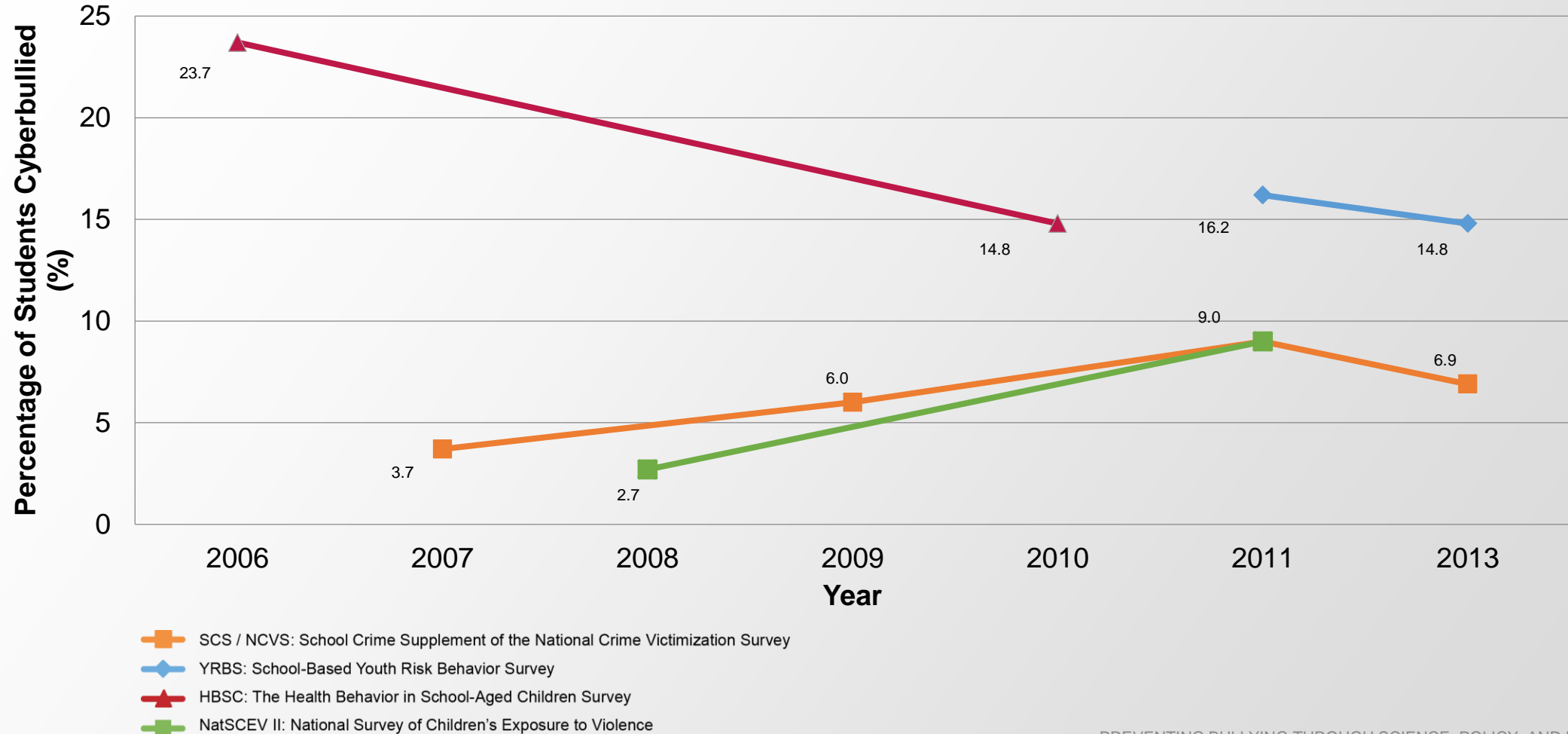None of the national data sets assess exposure as a bystander

There is a lack of nationally representative data on groups most at-risk of bullying

TRENDS IN STUDENTS WHO ARE BULLIED OVER TIME

Percentage of Students Bullied (%)

- 34.3
- 36.1
- 31.7
- 29.8
- 30.9
- 28.0
- 27.8
- 25.3
- 20.1
- 21.5
- 19.9
- 17.9
- 19.6

Year: 1999, 2002, 2006, 2007, 2008, 2009, 2010, 2011, 2013

- ■ SCS / NCVS: School Crime Supplement of the National Crime Victimization Survey
- ◆ YRBS: School-Based Youth Risk Behavior Survey
- ▲ HBSC: The Health Behavior in School-Aged Children Survey
- ■ NatSCEV II: National Survey of Children's Exposure to Violence

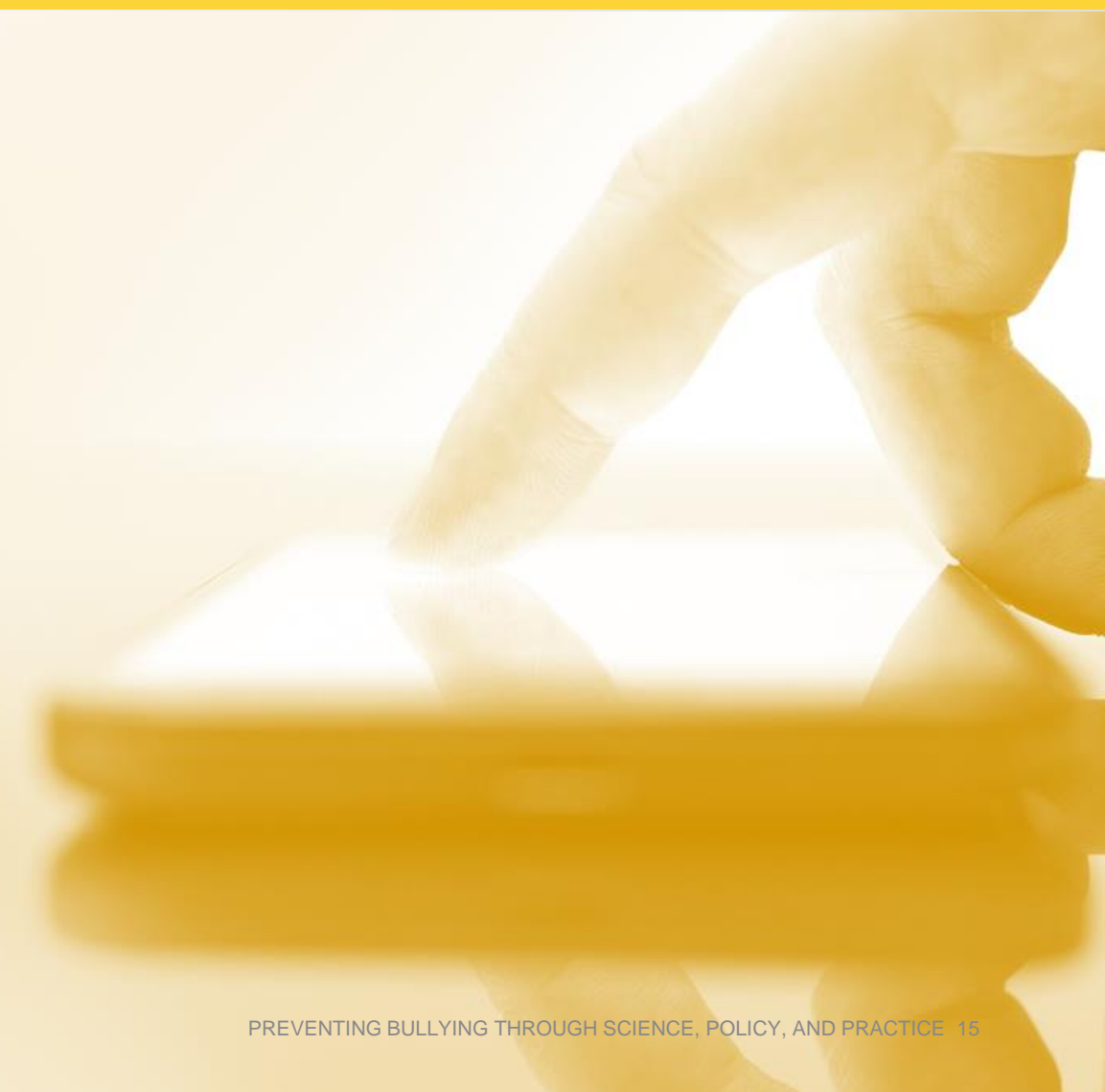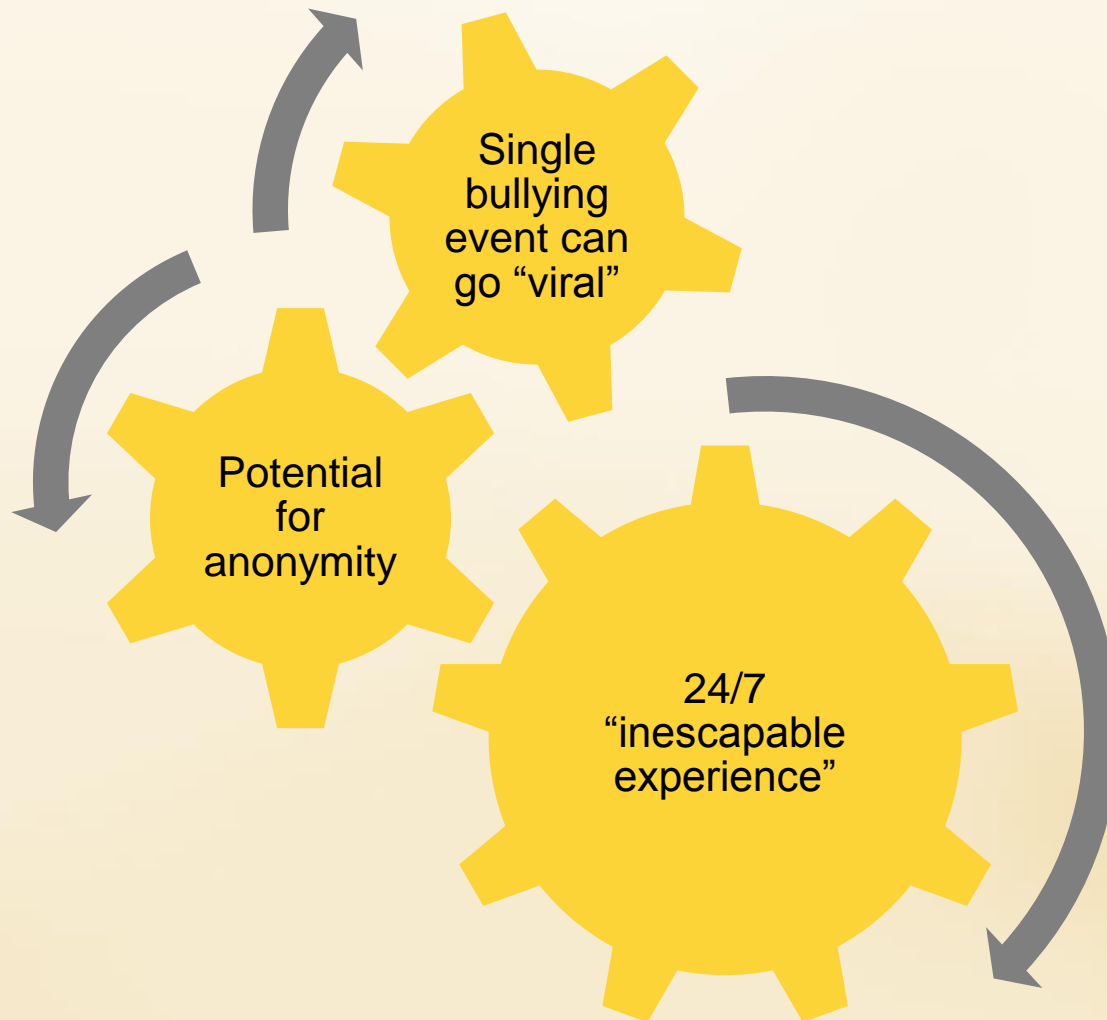# TRENDS IN CYBERBULLYING OVER TIME

Legend:
- SCS / NCVS: School Crime Supplement of the National Crime Victimization Survey
- YRBS: School-Based Youth Risk Behavior Survey
- HBSC: The Health Behavior in School-Aged Children Survey
- NatSCEV II: National Survey of Children's Exposure to Violence

ONLINE CONTEXT FOR BULLYING

Single bullying event can go "viral"

Potential for anonymity
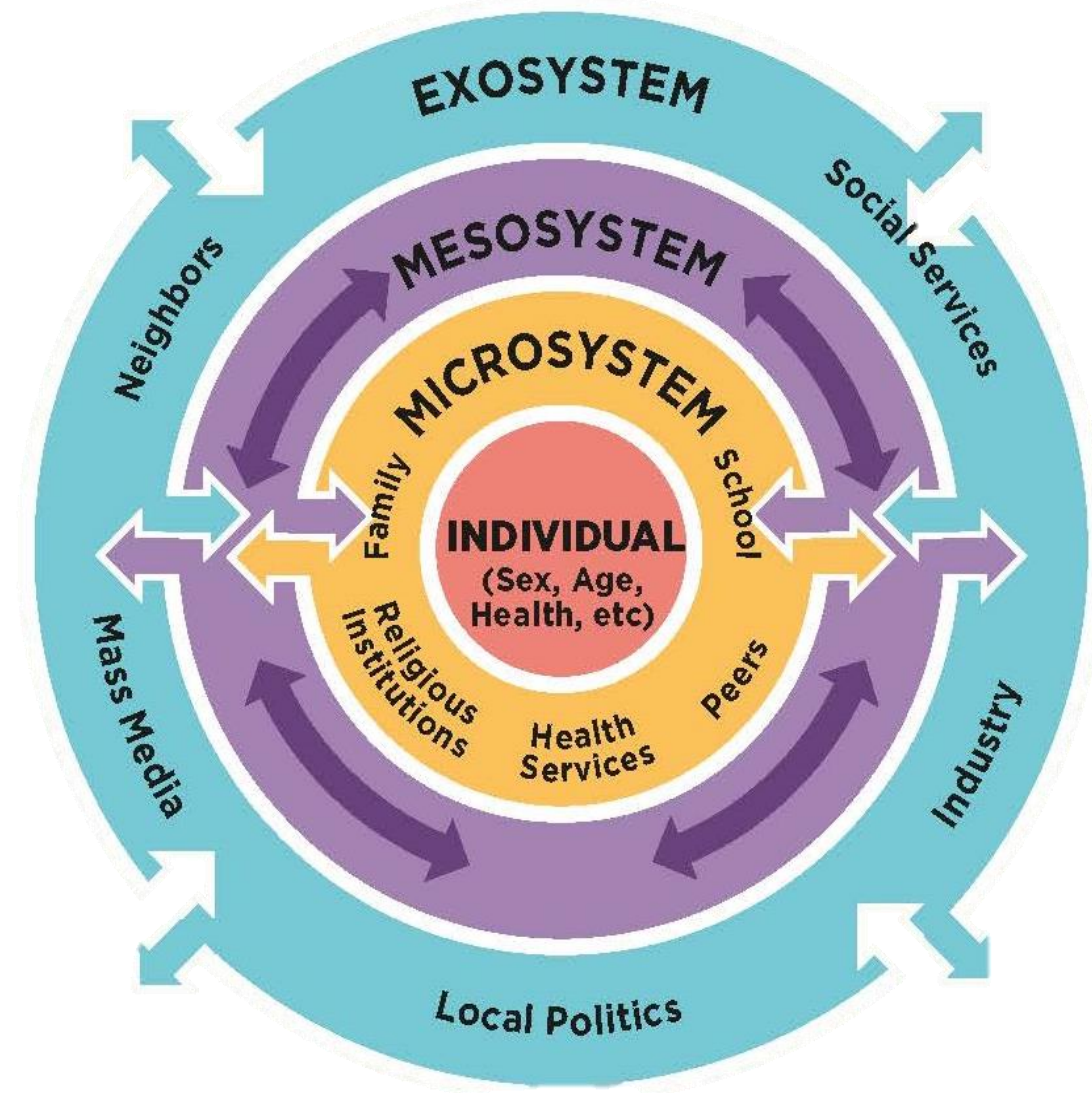
24/7 "inescapable experience"

FIGURE 3-2
BRONFENBRENNER'S ECOLOGICAL THEORY OF DEVELOPMENT.
SOURCE: Adapted from Bronfenbrenner (1979).

THE SOCIAL CONTEXT OF BULLYING

Composition of peer groups, shifting demographics, changing societal norms, and modern technology are factors that must be considered to understand and effectively react to bullying in the United States

Research on bullying is largely descriptive, which generally fails to fully address contextual factors that affect bullying.

Community norms, neighborhood and acculturation serve as important moderators of bullying outcomes.

Individual variables such as age, gender, personality. and social status, as well as classroom norms favoring the bully or victim affect roles in bullying situations.

Bully is a group phenomenon, with multiple peers taking on roles other than perpetrator and target. Peers are a critical factor because they influence group norms, attitudes, and behavior.

NATIONAL LAWS & POLICIES
STATE & LOCAL LAWS
SCHOOLS
COMMUNICATIONS INDUSTRY
RESEARCHERS
HEALTH SERVICES
CHILDREN
PEERS
EXTRACURRICULAR ACTIVITIES
FAMILY
COMMUNITY
TRADITIONAL & SOCIAL MEDIA
ON AIR
SOCIETY/CULTURAL NORMS & BELIEFS

GROUPS VULNERABLE TO BULLYING

Prevalence increases for subgroups of children- particularly those that are most vulnerable:

- **LGBT Youth:** Prevalence is double that of heterosexual youth
  - ✓ 25.6% - 43.6%

- **Youth with Disabilities:** Over-represented in bullying dynamic.
  - ✓ 1.5 times as much
  - ✓ Wide range in literature stem from measurement & definition, disability identification, comparative groups

- **Obese Youth**: At increased risk but difficult to attribute to a single physical attribute; often co-exists with other factors

RISK FACTORS REQUIRING MORE RESEARCH IN RELATION TO BULLYING

- **Socioeconomic Status**
  - ✓ Conflicting studies

- **Immigration Status**
  - ✓ Inconsistencies in studies

- **Minority Religious Affiliations**
  - ✓ Hypothesis only; need empirical documentation to assess link

- **Youth with Multiple Stigmatized Statuses**
  - ✓ Largely unknown area

- **Urban Youth vs Rural Youth**
  - ✓ Rural vs urban inconsistencies in literature

STIGMA AND BULLYING

Stigma is a characteristic or social identity that is devalued in the eyes of others

The role of stigma is evident in youth that are expressly targeted for bullying

Stigma is apparent in specific types of bullying that some youth face

Role of stigma and its consequences are evident in discrimination research, and less in bullying research

There should be increased cross-fertilization between the empirical literatures on school bullying and discrimination due to social stigma

BIOLOGICAL CONSEQUENCES

Evidence suggests children who are bullied experience a range of somatic disturbances

- sleep disturbances
- gastrointestinal concerns
- headaches

Bullying can affect changes in stress response systems that increase risk for

- mental health problems
- cognitive problems
- emotional dysregulation

Being bullied during childhood and adolescence has been linked to

- depression
- anxiety
- alcohol/drug abuse in adulthood

PSYCHOLOGICAL CONSEQUENCES

The Evidence Shows:

- Bullying has significant short and long-term psychological consequences for involved children

- Individuals who are involved in bullying in any capacity are more likely to contemplate or attempt suicide

- High-status bullies have been found to rank high on assets and competencies, but have also been found to rank low on psychopathology
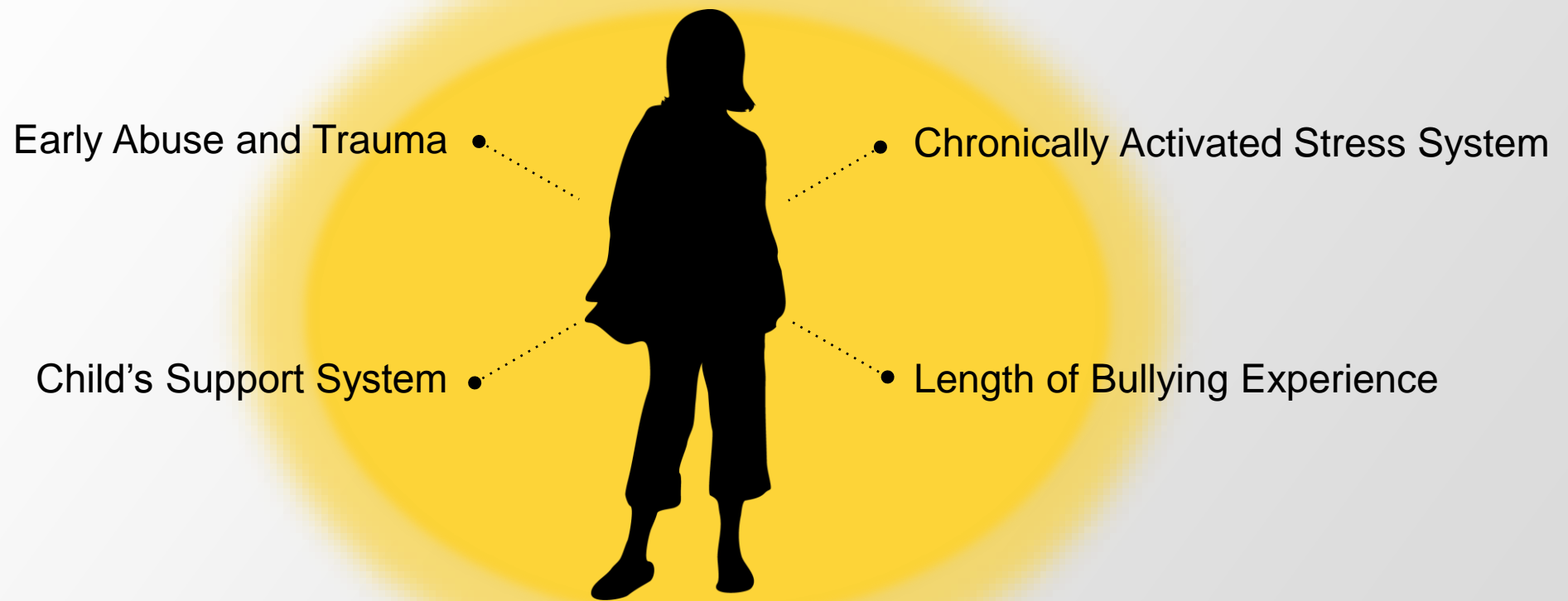
There is not enough evidence to conclude that bullying is a causal factor for youth suicides or a causal factor in school shootings. Data are unclear on the role of bullying as one of the precipitating factors in school shootings

Individuals who both bully others and are bullied are at the greatest risk for poor psycho-social outcomes however, contextual factors can affect this risk

NEURO-BEHAVIORAL CONSEQUENCES

Existing evidence suggests both social-cognitive and emotion regulation processes may mediate the relation between bullying and adverse mental health outcomes
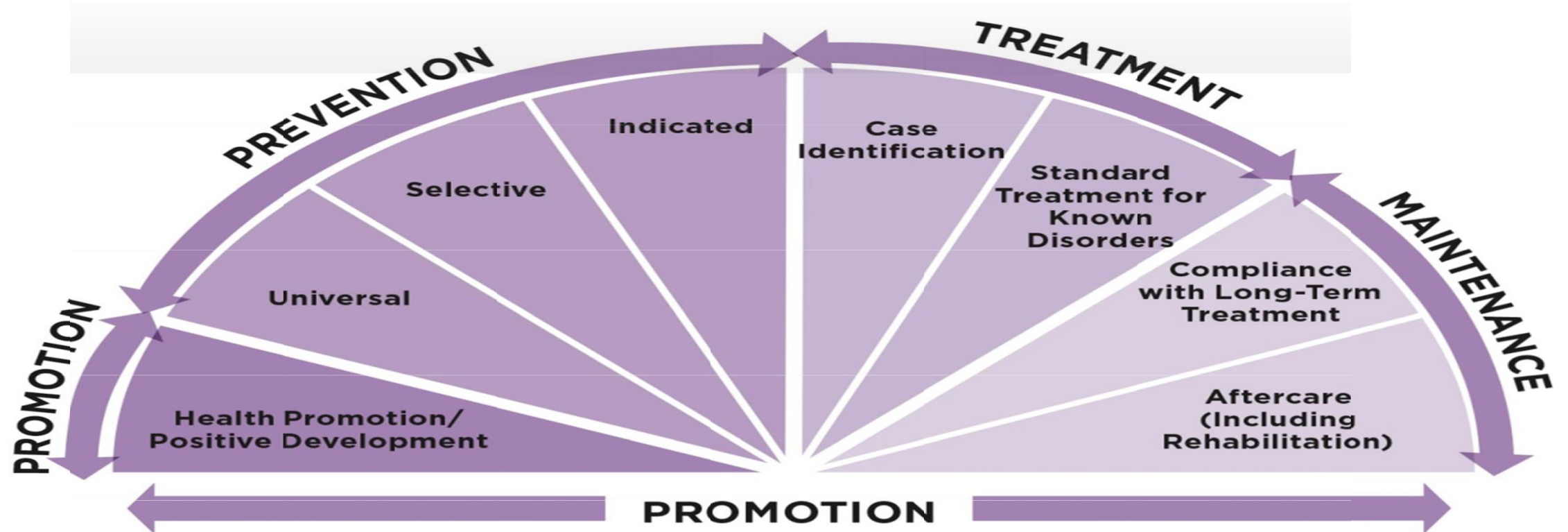
Early Abuse and Trauma

Chronically Activated Stress System

Child's Support System

Length of Bullying Experience

FIGURE 5-1

MENTAL HEALTH INTERVENTION SPECTRUM.

SOURCE: Adapted from Institute of Medicine (1994, Figure 2.1, p. 23).

Universal prevention programs

Reduce risks and strengthen skills for all youth within a defined community or school setting

Selective preventative interventions

Target youth who are at risk for engaging in bullying or at risk of becoming a bullying target

Indicated preventative interventions

Tailored to meet the youth's needs, of greater intensity, for those who are already displaying bullying behavior or are being bullied

PREVENTION PROGRAMS AND POLICIES

- Vast majority of bullying prevention research has focused on universal school-based programs

- Effects of these programs appear to be modest

- Multi-component programs are most effective at reducing bullying

- Positive relationships with teachers, parents and peers appear to be a protective factor against bullying

Limited research on selective and indicated models for bullying prevention programming

There are relatively few developed and tested programs for subgroups of youth who are at risk for involvement in bullying

Suspension and "zero tolerance" policies appear to be ineffective

Further research is needed to determine the extent to which peer-led programs are effective

School climate, positive behavior support, social and emotional learning, and youth violence prevention programming may also be effective

TABLE 5-2 Summary of Ecological Contexts in which Selected Universal Multicomponent Prevention Programs Operate

	🟠 INDIVIDUAL	🔴 PEERS	🔵 FAMILY	🟢 SCHOOL	🔵 COMMUNITY	🟣 HEALTHCARE

PROGRAM	🟠	🔴	🔵	🟢	🔵	🟣
Olweus Bullying Prevention Program	●	●	●	●		
Positive Behavioral Interventions and Supports	●	●		●		
KiVa Antibullying Program	●	●		●		
Second Step: A Violence Prevention Curriculum	●	●		●		
Steps to Respect	●	●		●		
Good Behavior Game	●	●		●		
Linking the Interests of Families and Teachers	●		●	●		
Raising Healthy Children			●	●		
Fast Track	●	●	●	●		

SOURCE: Committee-generated; program information was obtained from the Blueprints for Healthy Youth Development website http://www.blueprintsprograms.com/programs and the National Institute of Justice CrimeSolutions.gov website.

NOTE: The information provided in Table 5-1 is meant to illustrate core features of program elements and focus rather than provide a detailed assessment of all aspects of a program or its demonstrated effects. The table is not intended to be an exhaustive list of all prevention programs.

SAMPLE PROGRAMS

PROGRAM	Ind	Peers	Family	School	Comm	HC
Coping Power Program (CPP)	●		●	●		
Incredible Years						
Family Check-Up (Formerly Adolescent Transitions)	●		●	●		
Triple P			●	●	●	●
Cognitive Behavioral Intervention for Trauma in Schools	●		●	●		
Trauma Focused Cognitive Behavioral Therapy	●		●			●
Functional Family Therapy	●		●		●	●
Brief Strategic Family Therapy	●		●		●	
Wraparound/Case Management	●		●	●	●	
Multisystemic Therapy	●	●	●	●	●	
Communities that Care	●		●	●	●	

RECOMMENDED PROGRAM COMPONENTS

▶ Use MULTI-TIERED approaches, leveraging universal, selective and indicated programs and activities

▶ Make your efforts school-wide to address the social environment, culture and climate. Focus on "hot spots" and have clear anti-bullying policies

▶ Utilize data about incidents and prevention programs and activities to monitor progress in addressing bullying and make changes

▶ Engage families to help with making students feel comfortable about disclosing if they are being bullied; help build child coping skills

▶ Integrate bullying prevention efforts with other existing programs and supports
  -- few violence prevention programs were developed to specifically address bullying

NONRECOMMENDED APPROACHES

▶ Zero tolerance: automatic suspension or expulsion for bullying related behaviors

▶ Encouraging youth to fight back

▶ Youth facilitated programs like peer mediation, peer-led conflict resolution, forced apology and peer mentoring (face-to-face interaction vs. peer abuse of power)

▶ Conflict resolution approaches, even when facilitated by adults

▶ One-day awareness raising events or brief assemblies don't produce sustainable change in climate or bullying behaviors

RECOMMENDATION

Actors:

- U.S. Departments of: Education, Health and Human Services, and Justice

Actions:

- Sponsor the development, implementation, and evaluation of evidence-based programs

Goal:

- To address bullying behavior

All 50 states and the District of Columbia have adopted laws to address bullying

49 states and the District of Columbia include laws about electronic forms of bullying

Evidenced-based research on the consequences of bullying can help inform litigation efforts in case discovery and planning, pleadings and trial

Law and policy have the potential to strengthen state and local efforts to prevent, identify and respond to bullying

Development of anti-bullying laws should be evidence-based

Few studies examine the effects of existing laws and policies in reducing bullying behavior

RECOMMENDATION

Actors:

- U.S. Department of Education's Office of Civil Rights, State Attorneys General, and local education agencies

Actions:

- Partner with researchers to collect data on an ongoing basis on the efficacy and implementation of anti-bullying laws and policies

- Convene a multi-disciplinary annual meeting in which collaborations around anti-bullying laws and policies can be more effectively facilitated, and in which research on relevant laws and policies can be reviewed

- Report research findings on an annual basis to both Congress and the state legislatures

Goal:

- To strengthen anti-bullying laws and policies and be informed by evidence-based research

FUTURE RESEARCH ON BULLYING PREVENTION

Improve the adoption and implementation of evidence-based programs, integrate with other efforts in your school and community

Peers and bystanders vs. peers as potential leaders or implementers of intervention programs

Train paraprofessionals to be included in bullying prevention (e.g. bus drivers, cafeteria workers); engage SRO's in school safety teams

Include parents in bullying prevention efforts; train health care providers to screen for bullying related issues

Continue to investigate the role of social media as a platform for bullying but also as an opportunity for education and prevention

IN SUMMARY

Prevalence Rates Notable, Particularly Among the Most Vulnerable

Need for Consistent Definitions and Research Approaches to Further the Science

Need for Evidence Based Policies and Practices to Address the Problem

FINAL REMARKS

To learn more about the Committee or to access the report, please visit our website: www.nas.edu/scienceonbullying

Help us spread the word on social media: #ScienceOnBullying, #BullyingPrevention

Webinars related to the Report

Look for us at the following conferences to hear more about the Report:

International Bullying Prevention Association conference in New Orleans (November 2016)

RESOURCES

▶ http://www.stopbullying.gov

▶ http://www.stopbullying.gov/videos/2012/08/misdirections.html

▶ Forthcoming materials from the National Academies

STUDY SPONSORS

- Centers for Disease Control and Prevention (CDC)

- Eunice Kennedy Shriver National Institute of Child Health & Human Development

- Health Resources and Services Administration

- National Institute of Justice

- Robert Wood Johnson Foundation

- Substance Abuse and Mental Health Services Administration

- The Semi J. and Ruth W. Begun Foundation

- Highmark Foundation

Questions

Please enter your questions in the Q & A box

CSN
Children's Safety Network

Thank you!

[Please take our short evaluation](#)

CSN
Children's Safety Network