


BULLYING: A PUBLIC HEALTH ISSUE



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What is bullying: Ecological overview

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Bullying

- **School bullying: "... repeated negative, ill-intentioned behavior by one or more students directed against a student who has difficulty defending himself or herself. Most bullying occurs without any apparent provocation on the part of the student who is exposed..."**

Dan Olweus, 1993, Norway

Bullying

- A form of aggressive behavior, intended to cause distress or harm, occurs repeatedly
- Involves an imbalance of power/strength between aggressor and victim
- **Bullied individual does nothing to “cause”** bullying; typically has trouble defending themselves
- Reaches into the culture, community, school, peer groups and families

Limber, 2002; Olweus, 1993a; Nansel et al., 2001

Bullying

- A social-ecological problem:

- Individual
- Family
- Peer group
- School
- Community
- Societal factors that allow bullying to occur
Bullying Prevention and Intervention: Realistic Strategies for Schools (Susan Swearer, Dorothy Espelage, Scott Napolitano, 2009)

Bullying

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- Myths

- **“Kids will be kids”**

- Bullying is not kids being kids, it is maliciousness

- **“Kids will resolve their issues amongst themselves”**

- Adults must intervene to stop bullying behavior

- Violence in community and homes

- Tolerated violence in homes: corporal punishment

- Domestic violence, passive aggressive interactions

- Kids adopt witnessed conflict resolution methods

- **“It is OK to hurt, harass, who is weak”**

Bullying

- May take many forms

- Physical – Assaults
- Verbal – Teasing, name-calling, threatening, bullying about race, ethnicity, religion, disability, sexual orientation, and gender identity
- Relational - Social exclusion
- Peer sexual harassment

Espelage, 2003; Olweus, 1993, 1999, 2001; Pellegrini, 2002; APA, 2004



Bullying

- May generate multiple participants
 - Bullies
 - Victims
 - Bully/victims
 - Bystanders
 - Social contagion, diffusion of responsibility
facilitate several students' involvement in the
bullying

Olweus, 1993, 1999, 2001; APA, 2004; Reasoner 2009

Bullying

■ Bullies

- Strong need to dominate and subdue others to get their own way
- Impulsive, easily angered
- Defiant and aggressive toward parents and teachers
- Little empathy toward victimized students
- If male, physically stronger than peers

Olweus, 1993

Bullying

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- Victims

- Cautious, sensitive, quiet, withdrawn, shy
- Anxious, insecure, unhappy with low self-esteem
- Depressed and engage in suicidal ideation
- Without a good friend, relate better to adults
- If male, physically weaker than peers

- Cause and consequence ?

Olweus, 1993

Bullying

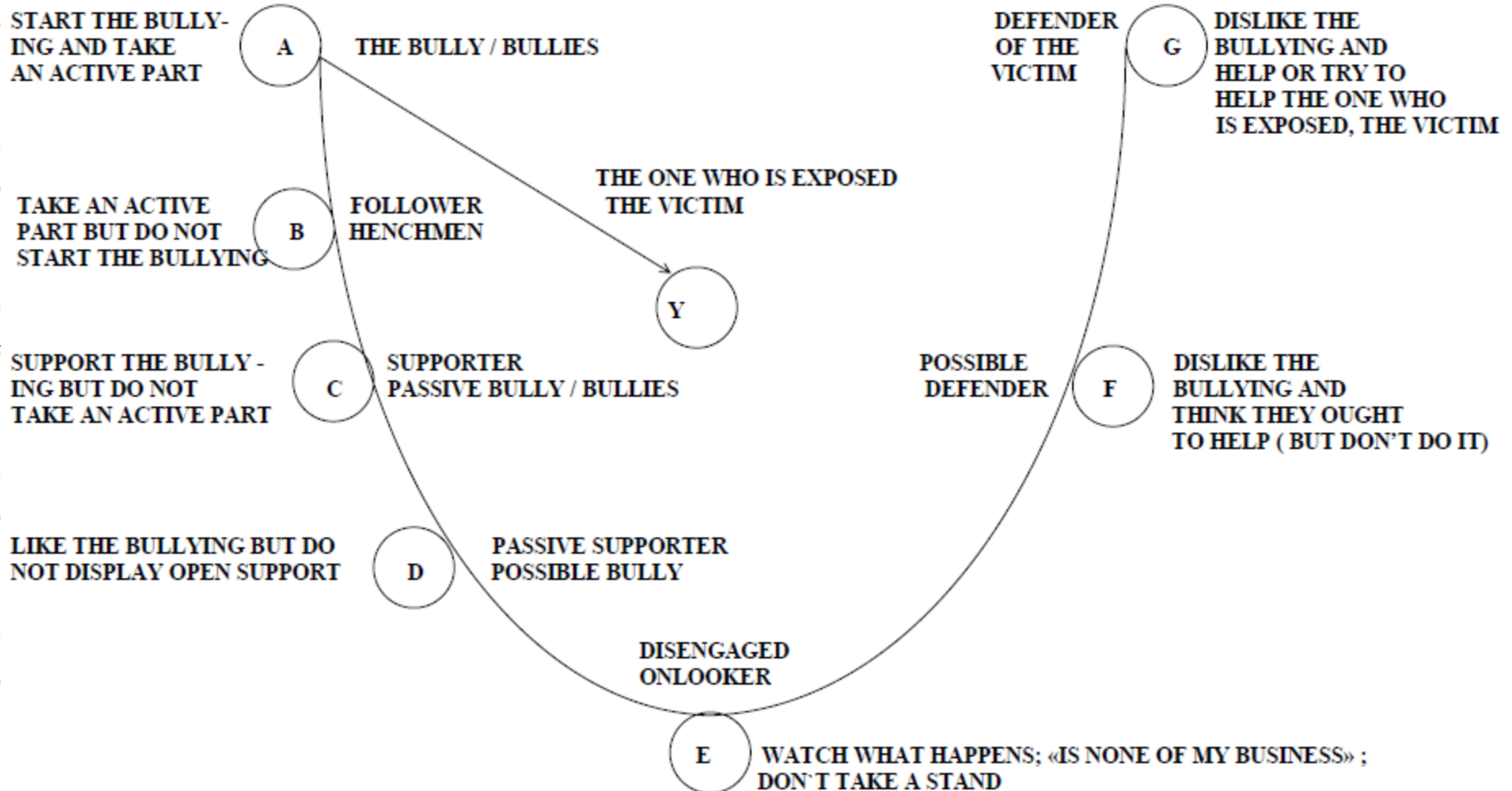
■ Bully-victims

- Smaller group of victims = Provocative victims
- Reading and writing problems, ADHD
- Disliked by many students and teachers
- Victim at home, bully in school

Olweus, 1993

(OLWEUS)

THE BULLYING CIRCLE: STUDENTS' MODES OF REACTION / ROLES IN AN ACUTE BULLYING SITUATION



TURKEY FROM ROBI'S
CAMERA



Bullying

- Cyber bullying increased among preteens and teens dramatically in recent years
- Limited face-to-face encounter in specific locations
→ 24/7 via PCs, cell phones and social media
- Involves sending hurtful or threatening e-mails, text messages, spreading rumors online, posting embarrassing photos
- Causes significant distress in 38% of victims
 - Causes worry when it involves offline contact/adult harasser
- 68% of victims of cyberbullying disclose their victimization to friends, parents or authority figures.

Bullying

- Very common (30% of children and youth)
- All socio-economic backgrounds, racial groups (urban, suburban, and rural settings)
- Boys more likely: physically bullied, girls more likely: targets of rumor-spreading and sexual comments
- Girls bullied by boys and girls, boys bullied primarily by other boys
- Lesbian, gay, trans-gender youth at higher risk of being bullied by peers

Hunter, 1990; Olweus, 1993, Nabuzka, 1993; Hershberger, 1995; Pilkington, 1995; Dawkins, 1996; Melton, 1998; Nansel, 2001; Harris, 2002; AAP policy, 2009

Bullying

- Outcome: negative psychosocial functioning
- Lowered self-esteem and higher rates of depression, anxiety, feelings of loneliness, suicidal ideation, school absenteeism
- Victims of cyberbullying more likely to report social problems/interpersonal victimization and increased risk of harassing peers online

Olweus, 1993, Rigby & Slee, 1993, Slee, 1995, Kochenderfer & Ladd, 1996, Hodges & Perry, 1996, Rigby, 1996, Craig, 1998, Salmon 2000, Nansel et al., 2001, AAP policy, 2009

Bullying

- If left untreated, children learn bullying: an effective way to get what they want → likely to continue bullying behavior into adulthood

Swearer, 2009



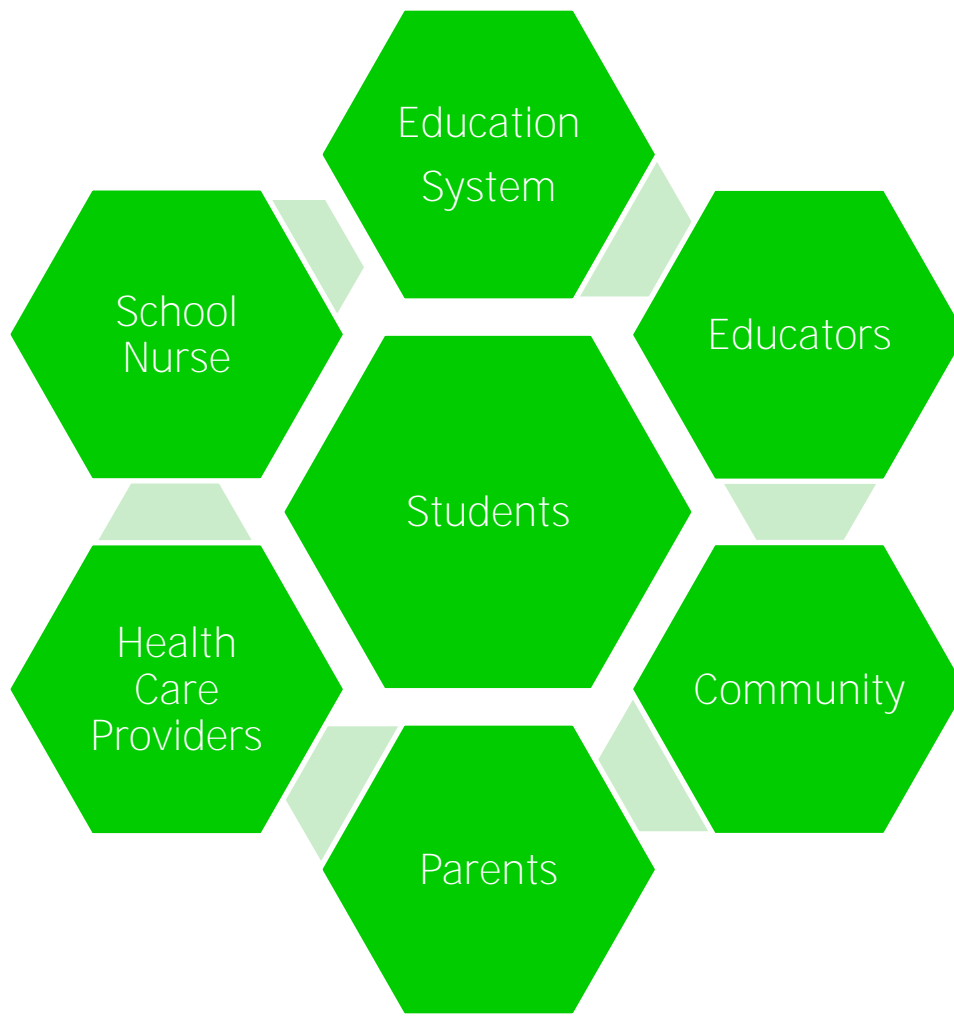


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Common Goals

AAP
supports role
of school
nurse (2008)

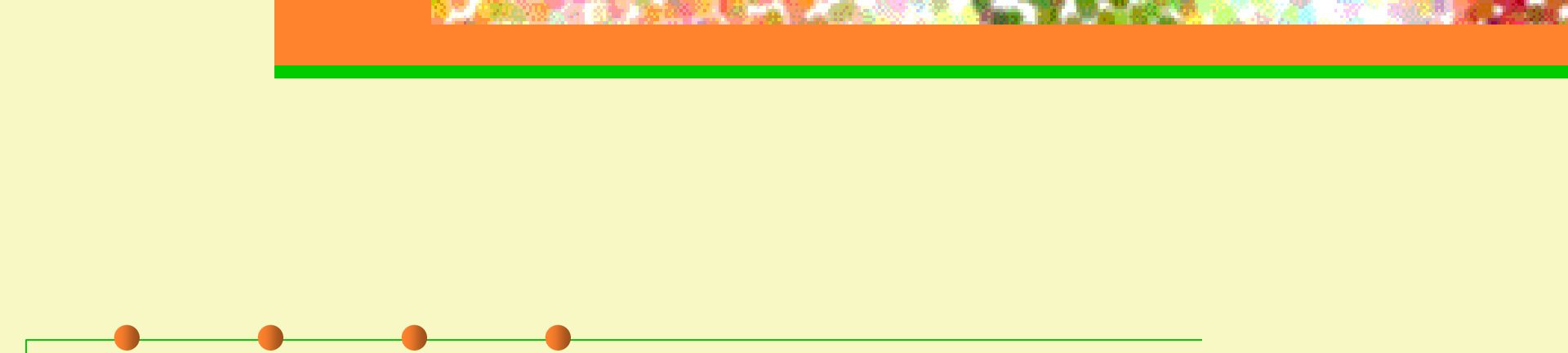


School Nurse: Myth vs. Reality

- Myth: “Every school has a school nurse (RN)”
- Reality in Iowa:
 - In 2009-2010 school year, all school districts must have a school nurse (RN) (2007 Iowa legislation)
 - 348 public school districts (DOE, 2012-2013)
 - 1390 public school buildings (DOE, 2012-2013)
 - 591 School nurse FTE (DOE, 2011-2012)
 - Average RN:Student ratio = 1:840 (DOE, 2011-2012)
 - Average RN:building ratio = 1:2.35 (DOE, 2011-2012)

School Nurse and Bullying

- Establish rapport and trust
- Repeated somatic complaints from student
- Early identifier of bullied, bully, & bystanders
- Challenge – school nurse not always present



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Bullying and Children and Youth with Special Health Care Needs

Children with disabilities are two to three times more likely to be victims of bullying than their non-disabled peers.

The bullying experienced by these children was more chronic in nature and was most often directly related to their disability.




Bullying and Children and Youth With Special Needs

Children with special needs often have a lower social standing among the other students in the classroom which may lead to them so frequently becoming the targets of bullying


(Pepler & Craig, 2000; Dubin, 2007).

Children with Autism



In 2009, the Massachusetts Advocates for Children in a survey of nearly 400 parents of children with autism across the state found that 88 percent of children with autism have been bullied at school ranging from verbal abuse to physical contact.

Physical Disabilities



Children with visible physical conditions or disabilities, such as cerebral palsy and Down syndrome, are more likely to be called names or aggressively excluded from social activities (Olweus, 1994).

Obesity and Bullying

- Stigma of Overweight & Obese Youth
- Multiple sources: Peers, Teachers, Parents
- Multiple forms: Verbal, Physical, Relational, Cyber
- Multiple consequences: Emotional, Social, Physical

Obesity

Obese children in grades 3 through 6 are more likely to be bullied by their classmates than thinner peers, regardless of their gender, race, social skills, or academic achievement.

Teasing is more prevalent, upsetting, frequent, and longer lasting for overweight children compared to peers



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What Can You Do?

- Ask Questions regarding bullying at health care visits
- For older children and adolescents ask the child about bullying
- Do you have any concerns about bullying (your child as the victim or as the bully)?
No
Yes
- If yes, please explain


Help for Children and Families

- Provide information and resources for the family and/ child
- Act as an advocate for the child
- Work with others to raise awareness of bullying and its consequences
- Advocate for appropriate policies regarding prevention of bullying

Resources

- Walk A Mile In Their Shoes:
Bullying and the Child with special Needs
- <http://www.abilitypath.org>

Resources



Pediatric Obesity and Bullying:
Implications for Patients, Providers and
Clinical Practice

[http://www.yaleruddcenter.org/resources/upload/docs/what/bias/Implicitions for Patients Providers Clinical Presentation 2013.pdf](http://www.yaleruddcenter.org/resources/upload/docs/what/bias/Implicitions%20for%20Patients%20Providers%20Clinical%20Presentation%202013.pdf)

Resources

www.Stopbullying.gov





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9/9/13

AMERICAN ACADEMY OF PEDIATRICS

- Youth violence: Serious threat to child & adolescent health.
- 2009 AAP Committee on Injury, Violence, and **Poison Prevention published "Role of the Pediatrician in Youth Violence Prevention"**

Role of the Pediatrician in Youth Violence Prevention

- Bullying behaviors cannot be considered a normative rite of passage
- They can be precursors for more serious downstream consequences
- Pediatricians Role
 - Prevention
 - Recognition and Treatment
 - Advocacy

Primary Prevention: Connected Kids: Safe, Strong, Secure

- **AAP's primary care violence prevention protocol**
- Clinical guide, 21 parent/patient information brochures and supporting training materials coordinated with Bright Futures

Primary Prevention: Connected Kids: Safe, Strong, Secure

- Early parenting behaviors: Cognitive stimulation and emotional support confer resilience against development of bullying behaviors in elementary-aged children.
- **“Bullying: It’s Not Ok” brochure recommends** discussing bullying prevention starting at 6 years of age. Recognition, screening, and appropriate referral for bullying behaviors

Diagnosis and Treatment

- Develop screening strategies to identify at risk children
 - Raise the issue at health maintenance visits
 - Incorporate screening prompts into EHR
- Detect signs of bullying behaviors or victimization and intervene early
 - Somatic complaints- abdominal pain, headaches, fatigue
 - Injuries
 - Comorbid Conditions-Depression, Anxiety, ODD, Conduct Disorder, Suicidal or Homicidal Ideation

Diagnosis and Treatment

- Educate parents in responding to signs of bullying
 - How to advocate for their child within the school
 - Discuss the warning signs and symptoms
 - Cyberbullying- understand technology
- Referral to community-based counseling resources

Tools to Educate

- Stopbullying.gov
- Healthychildren.org- cyberbullying
- AAP.org- medical home for Children and adolescents exposed to violence- links to webinars
- **“Bullying- It’s Not OK”**- Connected Kids: Safe, Strong, Secure

Advocacy

- Advocate for:
 - adequate publicly supported community-based behavioral health services
 - bullying awareness by teachers, coaches, educational administrators, parents, and children
 - the adoption of evidence-based school prevention programs

School Prevention Programs

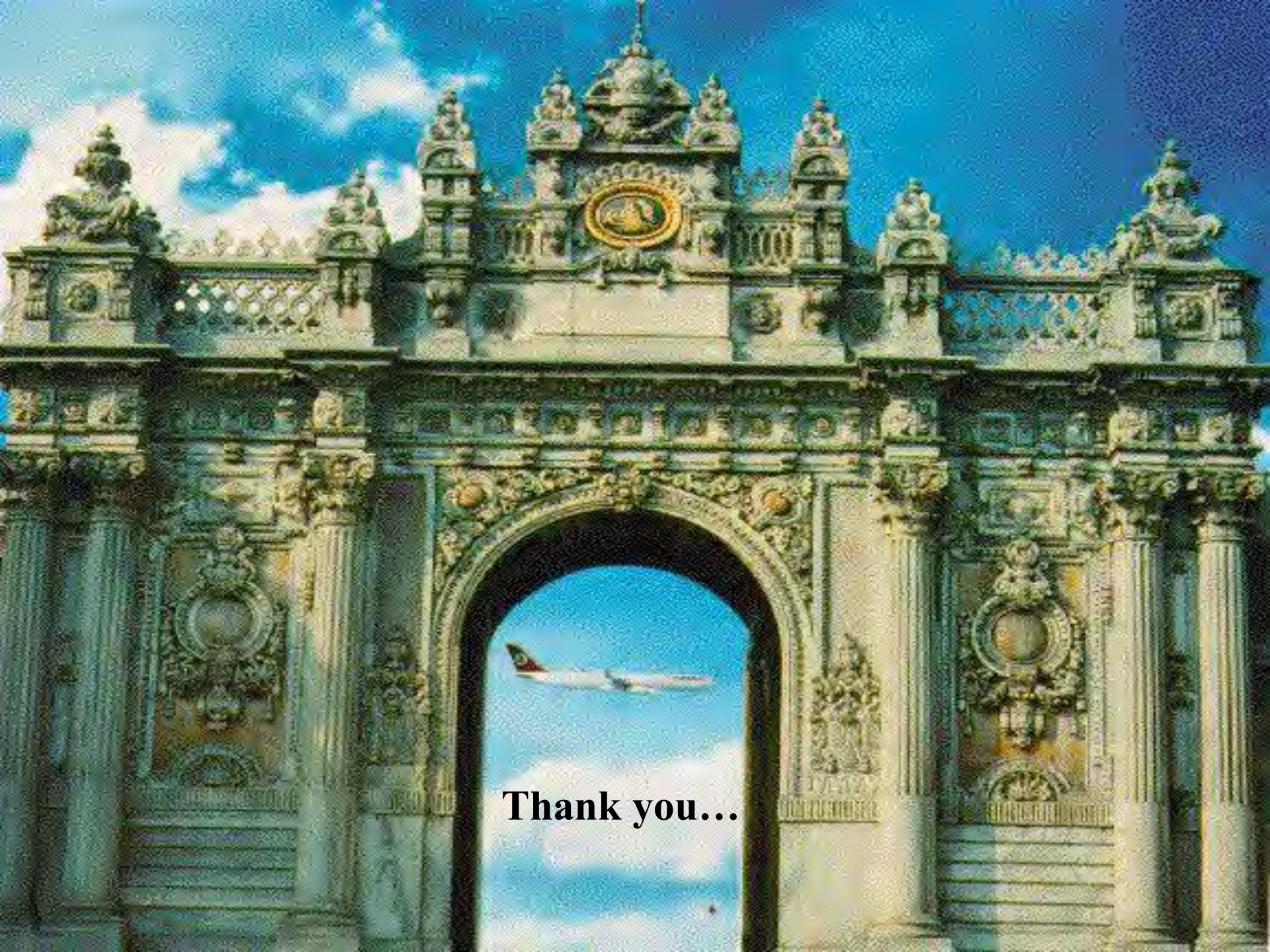
- Dan Olweus, PhD, of Norway, "founding father" of research on bullying a
- Olweus Bullying Prevention Program, a comprehensive, multilevel, school-wide
- University of Colorado's Center for the Study and Prevention of Violence as one of eleven Blueprint or Model Programs for Violence Prevention.

School Prevention Programs

- Dynamics of bullying and intervention
 - Each bullying episode involves 3 groups of children: bullies and their acolytes, victims, and bystanders.
 - Interventions should address each of these groups.

Advocacy

- Role as public health messengers through print, electronic, or online media
- Educate colleagues and staff about bullying prevention strategies
- Take political action to increase resources for prevention and ensure the sustained funding of effective bullying intervention and prevention programs



Thank you...