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THE IMPACT OF BULLYING

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If children are to achieve their full optimal academic potential then schools must provide a safe learning environment in which they can learn. Bullying is an aggressive form of abusive behavior that can impact a child's physical and/or emotional well-being as well as academic success. Some adults may believe that "kids will be kids" or that bullying is "just a part of growing up." That is just not true. Bullying is a serious issue that is recognized as a pervasive problem prevalent in schools worldwide (Dresler-Hawke & Whitehead, 2009).

Legislation

Over the past decade, attention to bullying has increased dramatically among school personnel, the general public and lawmakers. Bullying is everywhere in the media – on the news, on reality shows, and in the newspaper. Minimally, on a weekly basis, the media reports on the dangerous consequences of bullying. Many state legislatures have responded by passing state-specific anti-bullying laws and policies. The National Association of State Boards of Education (2010) reports that 44 states currently have anti-bullying laws. These laws vary widely in terms of definition, behaviors that constitute bullying required reporting, and disciplinary action. Many of the laws do not address cyberbullying. Some require schools to implement bully prevention programs (U.S. Department of Health & Human Services, 2002).



States with no laws on bullying include: Hawaii, Michigan, Montana, North Dakota, South Dakota and Wisconsin. Wisconsin and Hawaii enacted general harassment laws but these laws do not clearly define bullying. Michigan's State Board of Education created a Model Anti-Bullying Policy for guidance to local boards of education when developing their own anti-bullying policy, but there is no specific anti-bullying law. North Dakota has no state policy specifically addressing schools, however, there is a general policy making harassment via phone, in writing or via electronic communication, a misdemeanor. Montana and South Dakota have no laws addressing bullying (National Association of State Boards of Education, 2010).

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Prevalence

Statistics vary widely as to the prevalence of bullying in part due to the wide array of bullying definitions and the fact that bullying behaviors are often unreported. In general, bullying is widespread with as many as 32% of school-age children report being involved in bullying (Center for Disease

Control and Prevention [CDC], 2010). At the August, 2010 National Bullying Prevention Summit, U.S. Secretary of Education, Arne Duncan reported that "In 2007, nearly one out of three students in middle school and high school reported that they had been bullied at school during the school year. That means that 8.2 million students a year are suffering at the hands of bullies in school" (Duncan, 2010, p. 1). Research further reveals that as many as 160,000 students go home early every day because they fear being bullied (CDC). The vast majority of bullying involves classmates. However, some students report being bullied by their teacher (Sicherer, 2010).

Bullying Defined

Bullying is defined as the intentional act of aggressive behavior that involves one or more persons with the intent to frighten and/or to physically or emotionally harm the victim or damage the victim's property (Muscari, 2009). Bullying involves unwanted negative actions, an imbalance of psychological or physical power and often involves a pattern of behavior that is repeated over time. There must be intent to cause harmful consequences for the victim. Bullying creates a hostile school environment for the victim and other bystanders (Massachusetts Department of Elementary and Secondary Education, 2010). Bullying can occur in school, on the way to or from school and/or at a school-sponsored function. It is not considered bullying when two individuals of the same physical, psychological or verbal strength victimize each other (Farrington, Ttofi, 2010).

There are four categories of bullying: physical, psychological, sexual and verbal in nature. Boys tend to be more physical while girls are more apt to bully their victims psychologically. Bullying can be direct or indirect in nature. Indirect bullying which is also called relational bullying includes teasing, lying, spreading rumors or social exclusion (Sommers-Flanagan, 2010). Relational bullying is more common among girls (Markarian, 2010). Relational bullying can cause just as serious consequences as physical bullying (National Crime Prevention Council, 2010a). Examples of the different types of bullying include:

- Physical – choking, grabbing objects from other people, hitting, kicking, pinching, punching, pushing, shoving, threatening with a weapon, or other acts that physically hurt people
 - Psychological – defamation, social exclusion, spreading rumors, getting people to gang up on others
 - Sexual – same gender and cross gender sexual harassment, unwanted physical contact (wedgies or bra-snapping) sexual propositioning, and/or sexual assault
 - Verbal – taunting, teasing, threatening, gossiping, name calling
- (Barthelme, 2004; Muscari, 2009)

Cyberbullying

Bullying can also occur electronically. Cyberbullying involves using the internet, mobile phone or other cyber-technology to bully someone. This includes sending harassing or derogatory text, email or instant messages; posting inappropriate or sexually implicit pictures or messages about others in blogs or on social networking sites (My Space and Facebook), using someone else's user name to spread lies and/or tricking the victim into revealing private information about themselves. There have also been cases where the bully sets up a Facebook page without the victim's knowledge (Hoffman, 2010). Cyberbullying has no boundaries. Cyberbullying can be initiated anywhere. However, 85% of all cyberbullying occurs from home. Cyberbullies can remain anonymous by hiding behind screen names and email addresses (National Crime Prevention Council, 2010b). Since 2003, more than a dozen suicides have been linked to cyberbullying. The recent suicide of a college student whose sex life was aired over the Internet illustrates the potential tragedy of cyberbullying (Mulvihill & Henry, 2010). About 4% of students reported being a victim of cyber-bullying in 2007 (CDC, 2010).

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Characteristics of Bullies and Their Victims

Bullies are typically impulsive, have a strong need to dominate others (physically or socially) and lack empathy. Bullies often justify their action to others by saying that the victim provoked them. Bullies find satisfaction in causing suffering or injury to others. They control their victims through scare tactics, violence, intimidation, coercion, threats and/or social exclusion. In the end, bullies are reinforced for their behavior with material or psychological rewards (Barthelme, 2004).

Victims vary in age, size, shape and intellectual. However, students with physical, psychological or learning disabilities are more likely to be victims of bullies (Swearer, Espelage, Vallancourt & Hymel, 2010). Students at high risk of being bullied includes any student who may be perceived as different such as an overweight, gay/lesbian bisexual/transsexual, special needs and/or gifted student (Dillion, King, McCullough & Putman, 2010). Bullies tend to target victims who cry, get angry or give into their demands. Victims often have low self-esteem and poor social skills, which makes it hard for them to stand up for themselves. Bullies often consider them safe targets because they usually don't retaliate (AAP, 2009).

Consequences of Bullying

Bullying can have long-term and short-term effects on a child's physical, mental and emotional health. Short-term consequences of bullying can include loss of confidence, increased worry or anxiety, truancy, changing routes to school, and other coping responses. Long-term consequences of bullying include diminished self worth, compromised school performance, social rejection, depression, and feelings of helplessness and loneliness. "Bullying and being bullied are both associated with higher rates of weapon carriage and fighting serious enough to result in injury" (American Academy of Pediatrics [AAP], 2009). Left unattended, bullying can escalate to more serious forms of violence. The Columbine incident is an extreme example of the victim retaliating against bullying (Markarian, 2010).

Not all injuries are visible. Exposure to bullying can lead to an extensive range of negative health outcomes. Children who are bullied may exhibit warning signs such as the following:

Emotional	Physical	Mental	Behavioral
Anxiety	Recurrent somatic complaints:	Paranoia	Avoiding people
Irritability	Headaches/stomachaches	Low morale	Running away from home
Depression	Unexplained injuries	Low self-esteem	Drop in grades
Panic attacks	Sleep issues	Suicidal thoughts	Aggression
Anger	Nausea	Hyper-vigilance	Stealing (to pay bullies)
Moodiness	Change in eating behaviors	Feelings of inadequacy	Withdrawal
Tearfulness	Backache		
Nervousness	Sweating		
Frequent crying	Shaking		
(Dillion, King, McCullough & Putman, 2010)			

Other possible warning signs of bullying that the victim may exhibit include:

- Significant changes in social life (suddenly no one is calling or extending invitations)
- Unexplained bruises or injuries
- Arrival at school with torn clothing
- Unwillingness to use school bathrooms
- Truancy
- School phobia (Muscari, 2009)

Bullying can also negatively impact the bully as well as the victim (Barthelme, 2004). Students who bully may frequently get into fights, steal and vandalize property, drink alcohol and smoke. These behaviors can negatively impact the bully's academic success. For instance, bullies often have poor grades and subsequently drop out of school. Teen bullying is also associated with increased violence and weapon carrying. Statistics reveal that as many as 60% of sixth to ninth-grade bullies will have a criminal record before the age of 24 (Muscara, 2009). Furthermore, bullies may experience lifelong problems with relationships unless someone intervenes. Muscaria reports that bullies often remain a bully their entire life.

“Eighty-five percent of kids are not a bully and not a victim – they are bystanders” (Borba, 2010). Bullying also affect the bystanders. The bystander may refuse to get involved out of fear. They may feel powerless to act or guilty for not acting. They may even be afraid to report bullying out of fear of being bullied out of retaliation. The bystander may even be tempted or coerced to participate in the bullying. These children often believe that their school environment is unsafe leading to increased absenteeism and truancy (Barthelme, 2004). Borba stresses that bystanders may be the key to putting an end to the bullying cycle.

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Tackling Bullying or Addressing Bullying

Preventing and/or decreasing the incidence of bullying takes a collaborative approach among educators, students and parents. Parents play a pivotal role in preventing and/or decreasing bullying behaviors. What parents can do includes:

- Take bullying seriously
- Maintain open communication with their own child
- Teach their child to problem solve without using violence
- Stop bullying if they see it
- Report bullying – the bullying may not stop without adult intervention (National Crime Prevention Council, 2010c)

At the state level, State Boards of Education can develop model policies and provide technical support to local school districts in the implementation of these policies. State Boards of Education can also provide evidence-based anti-bullying trainings to school professionals and volunteers.

Schools, in short, can have an enormous impact in reducing bullying. Ideally, all schools should have a code of conduct that sends a message to the students, staff, and community that there are high expectations for them and little tolerance for cruelty and disrespect. Schools must have a zero tolerance policy concerning bullying incidents. Schools must also create a safe zone for all students. Even though school districts nationwide are facing economic challenges, they are obliged to provide a safe learning environment. Children are often bullied in areas of little supervision. It is imperative that schools provide adequate supervision on playgrounds, in lunchrooms, hallways and other isolated areas where bullying frequently occurs. It is also important that students be taught not to respond to bullying with violence.

Schools should also consider implementing a deliberate comprehensive school-wide anti-bullying policy and program (Dresler-Hawke & Whitehead, 2009). School district anti-bullying policies should incorporate provisions for annual training and ongoing professional development to expect and assist staff members to prevent, recognize, report and interrupt bullying behaviors. Effective prevention programs have the potential to significantly improve school environment and school safety. These programs must also include staff training on how to recognize potential signs of bullying such as unexplained injuries, school avoidance or changes in a students' demeanor (Sicherer, 2010). School-based anti-bullying programs can help students identify and recognize bullying and to seek assistance from an adult. These programs should teach children that, if they see someone being bullied, they should report the incident. Although data are limited, researchers suggest that anti-bullying programs should include role playing situations to help students develop skills in how to deal with bullies (Milsom & Gallo, 2006).

The Role of the School Nurse

The school nurse is often overlooked in the school and community's battle against bullying. The administrator must be informed of the many contributions that the school nurse can provide in reducing and/or eliminating school based bullying. The school nurse can assist school administrators in their efforts to reduce and/or eliminate bullying behaviors

by being a part of the team that assesses the school's current violence prevention programs to determine areas of weakness and by reviewing current research-based anti-bullying programs to identify curriculum that best meets the needs of the school. Zinan (2010) further maintains that for school nurses to be effective in their role against bullying they need an efficient documentation system and inclusion on critical committees – including the crisis intervention team. If these conditions are met, the school nurse can be very instrumental in identifying and reducing the incidence of school-based bullying.

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School nurses are equipped to deal with the physical and emotional effects of violent behaviors including bullying. “The school nurse addresses the emotional environment of the school to decrease conditions that may lead to bullying and violence and/or an environment not conducive to optimal mental health and learning” (NASN, 2002, p. 2). School nurses actively listen to the complaints of the child. Students typically trust the school nurse. Thus, students are often more apt to share their problems/complaints with the school nurse than any other adult. This is another reason why the school nurse should be actively involved in the school crisis intervention team.

School nurses are able to screen for bullying behaviors and victimization experiences during routine clinic visits. Students who are bullied are likely to present to the school nurse with multiple health complaints. Victims of bullying may display psychosomatic health complaints with the intent of avoiding school. After assessing a child with unexplained headaches, stomachaches, nausea, etc., the school nurse should also assess for potential signs of bullying. Through careful questioning the school nurse can often discern the etiology of the student's health complaints. When bullying is identified, it is imperative that the school nurse report the incident to their administrator. Bullying can not only traumatize the victim physically but also emotionally. It is imperative that the school nurse insist that the school team refers victims of bullying to appropriate health services which may include mental health services.

The school nurse should also consider the possibility of an intentional injury at school even if the student does not report an event as such. Barthelme (2004) stresses the importance in assessing and documenting the type of injury, the location where the injury occurred, and the specific cause of the injury to help discern if the injury was intentional or accidental. Questions to ask the student should include: What happened? How did the injury occur? Where and when did the event occur (playground, gym, hall, restroom)? Who else was involved or saw what happened? Were you pushed, tripped, hit, etc.? Some words that a victim might use that describes aggressive bullying behaviors include: hit, kicked, pinched, pushed, poked, slapped and/or tripped. Words that an accidentally hurt student typically uses to describe an unintentional injury include: bumped, fell, slipped, stumbled, tripped, etc. (Barthelme). By documenting the student or a witness's report of the who, what, where, when and why of each incident, the school nurse may identify bullying behaviors and injuries.

Summary

The challenges of addressing bullying are great. The consequences are even greater. For the health and safety of our society, bullying behaviors must not be tolerated. There are no easy solutions to eliminating bullying, but it requires a collaborative effort among parents, students, and educators. Every child has a right to feel safe while in school. If children are to learn, then schools must establish a safe environment for students. By implementing research-based anti-bullying programs, providing staff development, ensuring supervision, and creating an atmosphere where bullying is not tolerated and positive behavior is an expectation, schools can promote a safe learning environment. School nurses have an important role to play in bully prevention. Employing their knowledge and expertise in the identification and intervention of the physical and emotional consequences of bullying should be a high priority. Working together, we can make a difference in the lives of our students.

References

- American Academy of Pediatrics. (2009). *Role of the pediatrician in youth violence prevention*. Retrieved from <http://aappolicy.aapublications.org/cgi/content/full/pediatrics>
- Barthelme, B. (2004). Bullying behavior. *School Nurse News*, 21, 21-24.
- Borba, M. (2010, September 13). *Nightly news [Television broadcast]*. New York: NBC
- Center for Disease Control and Prevention. (2010). *Understanding school violence*. Retrieved from http://www.cdc.gov/violenceprevention/pdf/SchoolViolence_FactSheet-a.pdf
- Dillion, S., King, L., McCullough, A., & Putman, S. (2010). *[Bullying]*. Unpublished raw data.
- Dresler-Hawke, E., & Whitehead, D. (2009). The behavioral ecological model as a framework for school-based anti-bullying health promotion interventions. *Journal of School Nursing*.
- Duncan, A. (2010). *The myths about bullying: Secretary Arne Duncan's remarks at the bullying prevention summit*. Retrieved from <http://www.ed.gov/news/speeches/myths-about-bullying-secretary-arne-duncans-remarks-bullying-prevention-summit>
- Farrington, D. & Ttofi, M. (2010). *School-based programs to reduce bullying and victimization*. Unpublished raw data by the U.S. Department of Justice.
- Hoffman, J. (2010, December 5). As bullies go digital, parents play catch-up. *The New York Times*. Retrieved from <http://www.msnbc.msn.com/id/40518087/ns/health-kidsandparenting/>
- Markarian, M. (2010). *Stop bullying in its tracks*. Retrieved from <http://www.aap.org/family/healthychildren/10/Summer/Bullying.pdf>
- Massachusetts Department of Elementary and Secondary Education. (2010). *Model bullying prevention and intervention plan*. Retrieved from <http://www.mas.gov/legis/laws/seslaw10/sl100092.htm>
- Milsom, A. & Gallo, L. (2006, January). Bullying in middle schools: Prevention and intervention. *Middle School Journal*. Retrieved from <http://sites.esu7.org/trguidance/files/2010/08/Bullying-Article-1.pdf>
- Mulvihill, G. & Henry, S. (2010, Oct 1). Student's suicide illustrates internet dangers. *Associated Press*.
- Muscari, M. (2009). *How healthcare providers can prevent bullying: A form of youth violence*. Retrieved from http://www.medscape.com/viewarticle/708250_print
- National Association of State Boards of Education. (2010). *State school healthy policy database*. Retrieved from http://www.nasbe.org/healthy_schools/hs/bytopics.php?topicid=3131&catExpand=acdntbm_catC
- National Association of School Nurses. (2002). *Position statement: School health nursing services role in health care*. Scarborough, ME & Castle Rock, CO: Author.
- National Crime Prevention Council. (2010a). *Girls and bullying?* Retrieved from <http://www.ncpc.org/toics/cyberbullying/what-is-cyberbullying>
- National Crime Prevention Council. (2010b). *What is cyberbullying?* Retrieved from <http://www.ncpc.org/toics/bullying/girls-and-bullying>
- National Crime Prevention Council. (2010c). *What parents can do?* Retrieved from <http://www.ncpc.org/toics/bullying/what-parents-can-do>
- Sicherer, M. (2010, Fall). Food allergy related bullying on the rise. *Food Allergy News*.
- Sommers-Flanagan, J. & Sommers-Flanagan, R. (2006). *The buzz on bullying*. Retrieved from <http://www.schoolcounselor.org/content.asp?>
- Swearer, S., Espelage, D., Vaillancourt, T. & Hymel, S. (2010). What can be done about school bullying? Linking research to educational practice. *Educational Researcher*, 39, 38-47.
- U.S. Department of Health and Human Services. (2002). *State laws related to bullying among children and youth*. Retrieved from http://www.stopbullyingnow.hrsa.gov/hhs_psa/pdfs/sbn_tip_6.pdf
- U.S. Department of Health and Human Services. (2010). *State laws on bullying*. Retrieved from <http://www.stopbullyingnow.hrsa.gov/adults/state-laws.aspx>
- Zinan, N. (2010). School nurses have key role in bullying prevention. *Daily Hampshire Gazette*. Retrieved from <http://www.gazettenet.com/2010/06/21/school-nurses-have-key-role-b>