

Bullying: Impact on Children's Health

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The Child Health Advocacy Institute
Children's National Medical Center
Washington, DC

2nd Annual Bullying Conference
Maryland State Department of Education
November 14th, 2011

The logo for the Child Health Advocacy Institute, featuring the text "Child Health Advocacy Institute" in a sans-serif font. "Child Health" is in black, "Advocacy" is in red, and "Institute" is in black. The text is centered within a white rectangular box that is part of a larger purple graphic element.

Children's National
Medical Center

Faculty Disclosure Information

- In the past 12 months, I have not had a significant financial interest or other relationship with the manufacturer(s) of the products or provider(s) of the services that will be discussed in my presentation.
- This presentation will not include discussion of pharmaceuticals or devices that have not been approved by the FDA.

Children's National Medical Center



- Level I pediatric trauma center
- FY2010 admitted more Maryland children than any other hospital
- Employs >100 school nurses, i.e., the Children's School Services program

- Incorporated 1870
- 303 bed, free-standing children's hospital
- 500 full time faculty/200 trainees
- Dept. of Pediatrics of the George Washington Univ. School of Medicine



Medical Center®

Children's National: Bullying Intervention/Prevention Activities

- Clinic for Health Problems Related to Bullying [Neuroscience and Behavioral Health Center of Excellence]
- Advocacy
 - Legislative
 - Media
 - Public Education

Bearings

A PUBLICATION BY CHILDREN'S NATIONAL MEDICAL CENTER FOR MARYLAND STATE LEGISLATORS

SUMMER 2008

Children's National Tackles Bullying

Once dismissed as a childhood rite of passage, bullying began to receive serious attention as a precursor of assault behaviors following school shootings in Littleton, Colorado, and Jonesboro, Arkansas, in the late 1990s. Recently bullying has emerged as a serious public health concern in Maryland. For the past several years, Children's National has supported regional and national efforts to prevent bullying and to educate parents, teachers, lawmakers and civic leaders about the consequences when bullying is allowed to continue unchecked.

According to testimony provided by Dr. Srabstein before the Maryland General Assembly in March 2008, "Bullying is a very toxic form of abuse prevalent along the lifespan on a global scale. It occurs not only in schools, but over the internet and cellular phones, in neighborhoods, at summer camps, at home between siblings, as hazing among young adults, and at the adult workplace. Bullying is a very urgent public health issue that has been linked during the last two decades to hundreds of suicides, homicides, and accidental injuries."

Dr. Srabstein's work led to the development of the Coalition for the Prevention of Bullying

Pediatrics' (AAP) Violence Prevention Subcommittee. In collaboration with this subcommittee, Dr. Wright will be one of the lead authors of the forthcoming AAP policy statement, "Role of the Pediatrician in Youth Violence Prevention," which will provide guidance to pediatricians on bullying prevention.

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Dr. Srabstein's work led to the development of the Coalition for the Prevention of Bullying



Joseph L. Wright, MD, MPH
and Faramiz Jobi, MD



Jorge Srabstein, MD

Public Awareness/Education

- Coalition for the Prevention of Bullying and Related Health Risks
 - Volunteer partnership of parents, students and representatives of educational, health, professional, civic, youth, business, labor, faith-based, and governmental organizations in Montgomery County, MD.

<http://www.childrensnational.org/advocacy/KeyIssues/Bullying.aspx>

In Maryland, A Plan to Tackle Bullies in Class

Washington Post, Sunday, April 20, 2008; B08

One of the most significant pieces of legislation to come out of the 425th Maryland legislative session would require the State Board of Education to develop a model policy to prohibit bullying, harassment and intimidation in schools. This law, if signed, would have a significant effect on public health and safety in Maryland. More than 2,000 incidents of bullying were reported in Maryland public schools in the 2005-06 school year, compared with 1,000 the previous year, according to a Jan. 25 Post story.....

.....Maryland should look at public policy strategies that involve the participation of public health officials to promote community understanding of the health problems linked to bullying, provide guidelines for the detection of health problems and work with school authorities to conduct periodic assessments of the prevalence of bullying. Community partnerships are essential to promote understanding about bullying and to advocate for its prevention.

-- **Jorge C. Srabstein**

Washington

-- **Joseph L. Wright**

Washington

The writers are, respectively, an attending psychiatrist in the Department of Psychiatry and Behavioral Sciences and executive director of the Child Health Advocacy Institute at Children's National Medical Center.

D.C.'s children deserve anti-bullying legislation

Published: October 18

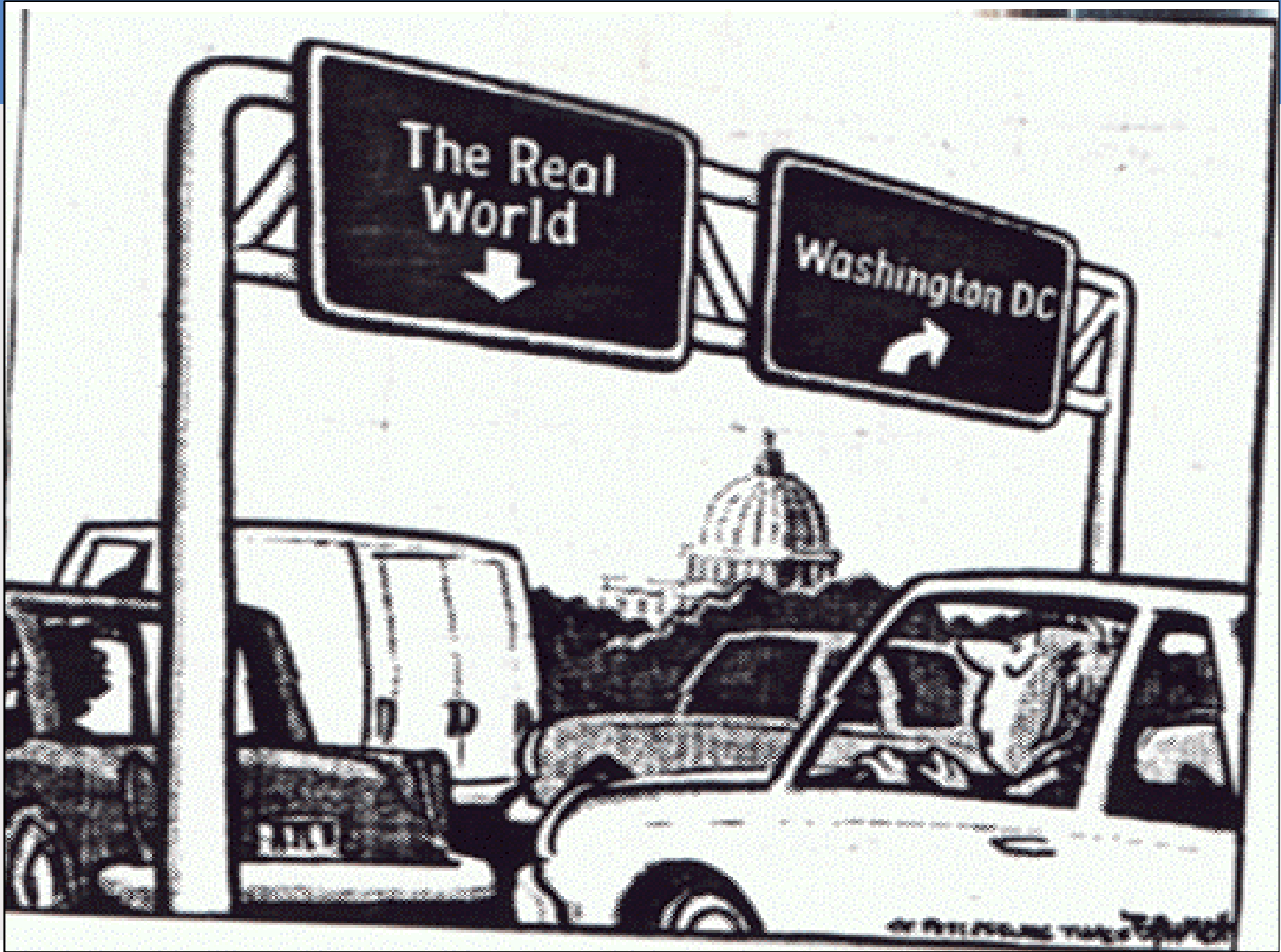
In the Oct. 9 Local Opinions commentary “[Our chance to stand up for bullied children](#),” Robert Friedman pointed out that the D.C. Council has not acted on the [Bullying and Intimidation Prevention Act of 2011](#). This legislation was introduced in the D.C. Council Committee of the Whole in October 2010 and was last discussed at a public hearing of the Committee on Libraries, Parks, Recreation, and Planning in May. We, along with other local child advocacy organizations, testified in support of the bill before then-committee chair Muriel E. Bowser (D-Ward 4).

What Mr. Friedman’s commentary did not mention is that 49 of the 50 states already have some form of anti-bullying legislation on the books. The D.C. Council should take heed and provide the appropriate regulatory foundation to help protect our children from the physical, emotional and psychological consequences of bullying.

Joseph Wright, Washington

The writer is senior vice president of Children’s National Medical Center.





Children's National
Medical Center

Bullying: Impact on Children's Health

- Upon completion of this session, participants will be able to:
 - Recognize the importance of attention to bullying as a component of intentional injury prevention.
 - Appreciate the emerging evidence and frontiers of expression for bullying behavior
 - Identify American Academy of Pediatrics' and other resources as practical intervention tools for clinical practice.



Policy Statement—Role of the Pediatrician in Youth Violence Prevention

CONTRIBUTORS:

COMMITTEE ON INJURY, VIOLENCE, AND POISON PREVENTION

KEY WORDS

violence, victimization, adolescent, interpersonal relations, child
advocacy

ABBREVIATION

AAP—American Academy of Pediatrics

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abstract

Youth violence continues to be a serious threat to the health of children and adolescents in the United States. It is crucial that pediatricians clearly define their role and develop the appropriate skills to address this threat effectively. From a clinical perspective, pediatricians should become familiar with *Connected Kids: Safe, Strong, Secure*, the American Academy of Pediatrics' primary care violence prevention protocol. Using this material, practices can incorporate preventive education, screening for risk, and linkages to community-based counseling and treatment resources. As advocates, pediatricians may bring newly developed information regarding key risk factors such as exposure to firearms, teen dating violence, and bullying to the attention of local and national policy makers. This policy statement refines the developing role of pediatricians in youth violence prevention and emphasizes the importance of this issue in the strategic agenda of the American Academy of Pediatrics. *Pediatrics* 2009;124:393–402

Wright J, Sege R, et al
Pediatrics 2009;124:394-403



At Last, Facing Down Bullies (and Their Enablers)

New York Times; By PERRI KLASS, M.D.; June 9, 2009



June 12, 2009 6:42 PM

High Rate Of Bullying Alarming

Posted by Kelly Wallace | [Comment On This Post](#)

Pediatricians take on bullies, dating violence

By CARLA K. JOHNSON

CHICAGO (AP) — The American Academy of Pediatrics wants doctors to take an active role in preventing bullying in schools and violence among dating teenagers.

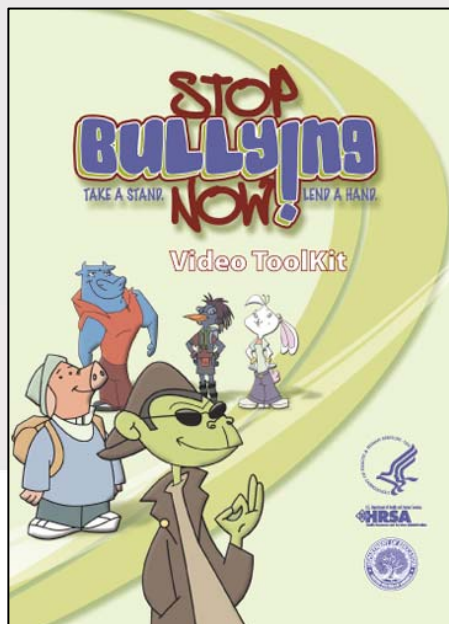
On Capitol Hill

- House Labor/HHS:
 - “Ensuring Student Cyber Safety” hearing
- StopBullying.gov



Federal Partners in Bullying Prevention Summit

August 11-12, 2010



Federal Partners in
**BULLYING
PREVENTION**
Summit
September 21-22, 2011
Washington Hilton - Downtown DC
Washington D.C.

N
Center®



Public Health Approach to Prevention

IMPLEMENTATION

DEVELOPMENT

IDENTIFICATION

DEFINITION

PROBLEM nal

RESPONSE

Bullying: Impact on Children's Health

- **Definition**
- **Epidemiology**
- **Evidence**
- **Intervention**



Definition

- Bullying – a form of aggression where one or more children repeatedly and intentionally intimidate, harass, or physically harm a victim who is perceived as unable to defend herself or himself



Characterizing Features

- Repetition over time
- Intent to cause harm
- Imbalance of power

Forms of Bullying

- Direct (Physical)
 - Pushing
 - Slapping
 - Punching
 - Spitting
 - Tripping
- Indirect (Relational)
 - Threats
 - Teasing
 - Rumors/Innuendo
 - Stealing/Extortion
 - Shunning/Exclusion



Bullying: Impact on Children's Health

- Definition
- **Epidemiology**
- Evidence
- Intervention

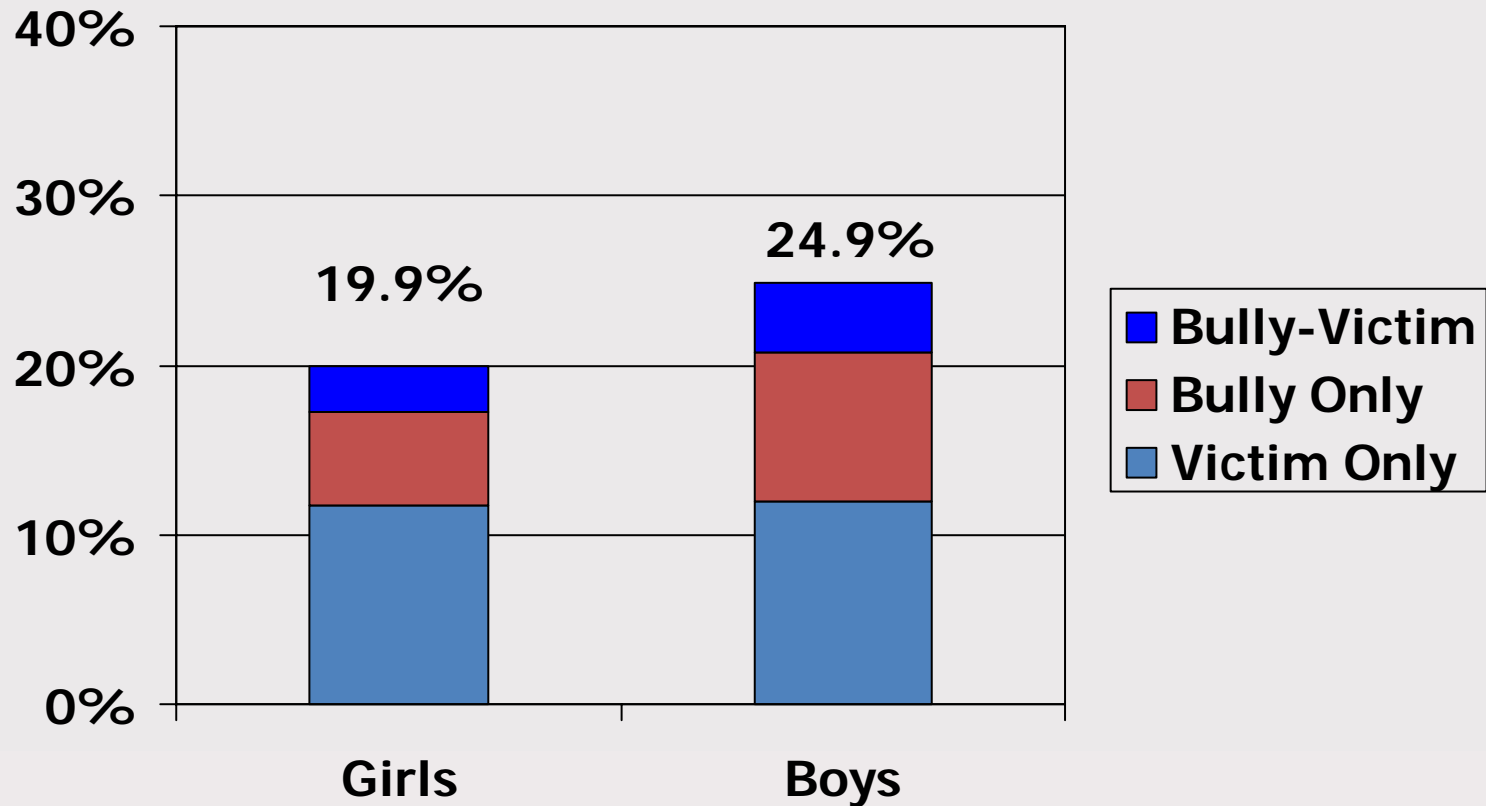


Olweus Bullying Questionnaire Database

- Includes anonymous student data from surveys of students in grades 3-12 since April, 2007.
- As of August 1, 2010 contained:
 - 1,075,258 completed student surveys.
 - 524,054 student surveys for baseline assessments.

Susan Limber, PhD
Distinguished Olweus Professor
Clemson University

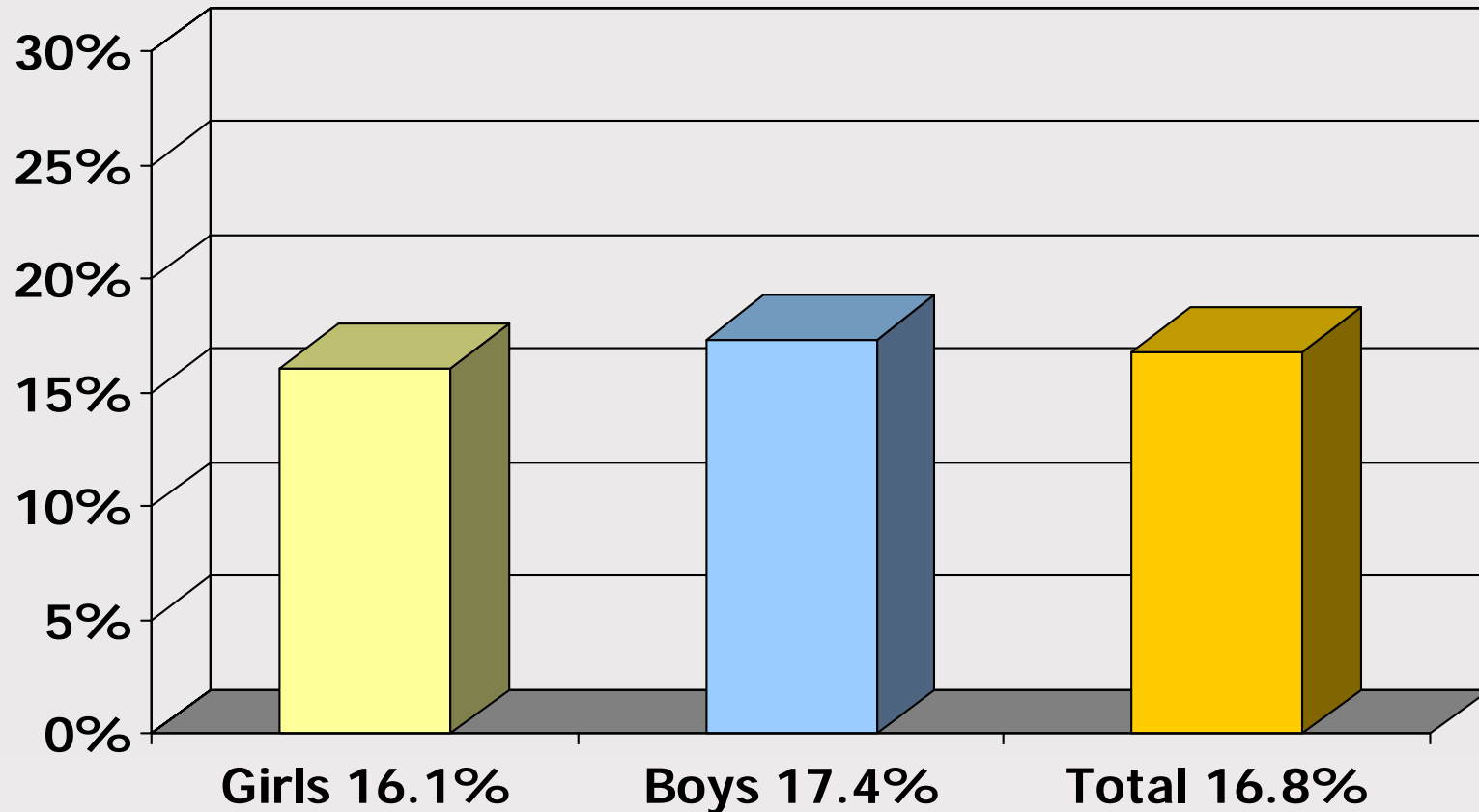
Students Involved in Bullying



Susan Limber, PhD

Percentage of Students Bullied

2-3 times/month or more

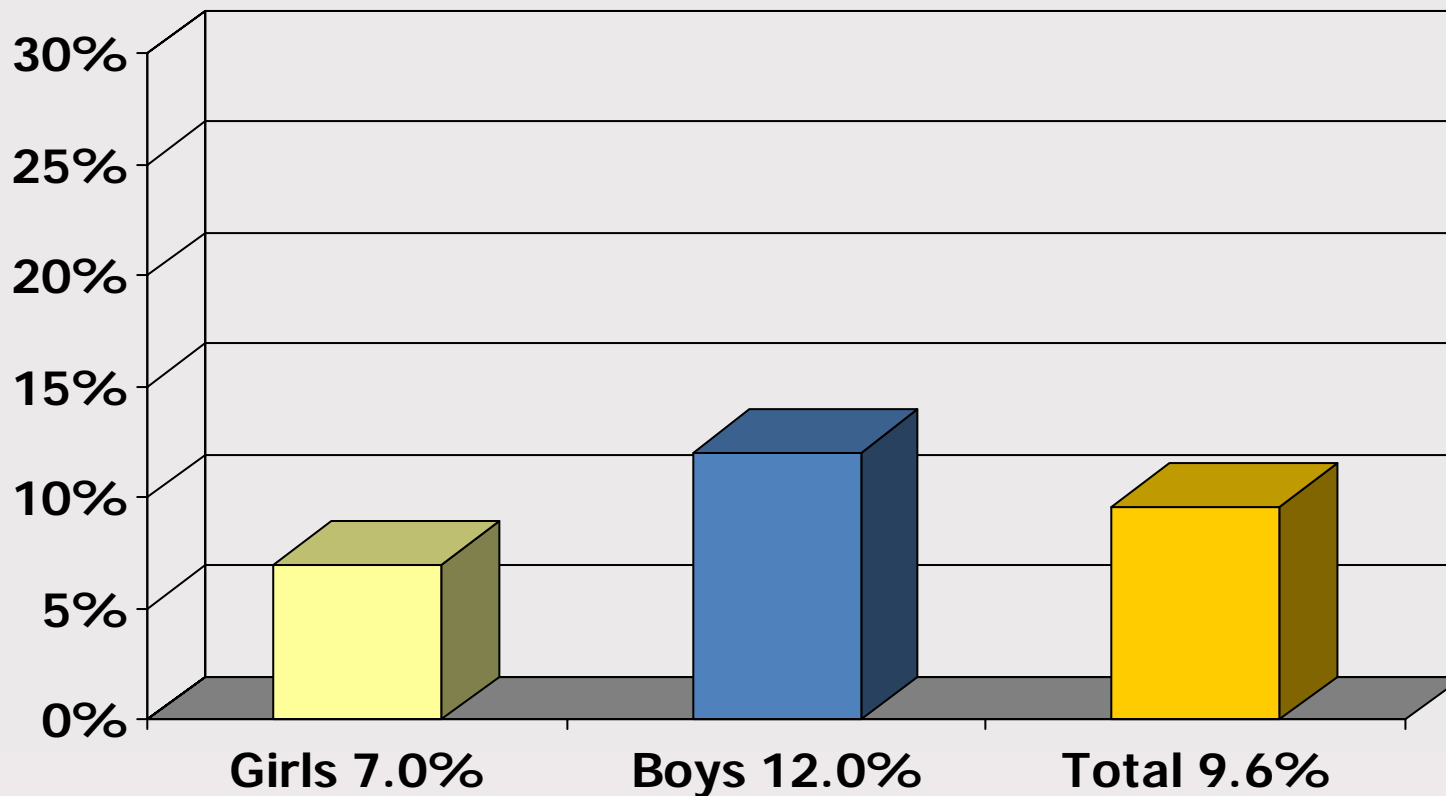


Susan Limber, PhD



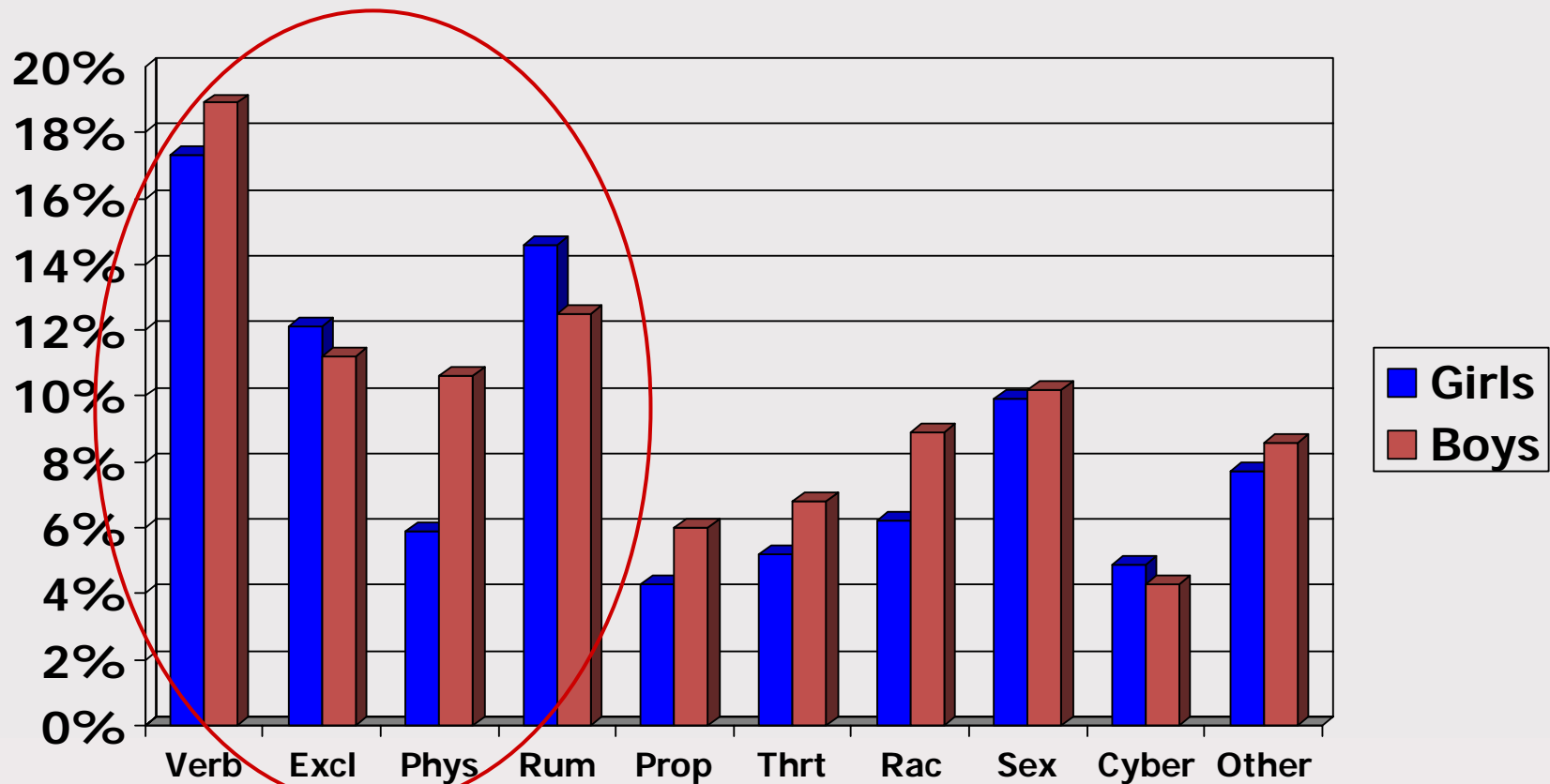
Percentage of Students Who Bully Others

2-3 times/month or more



Susan Limber, PhD

How are Boys and Girls Bullied?



Susan Limber, PhD

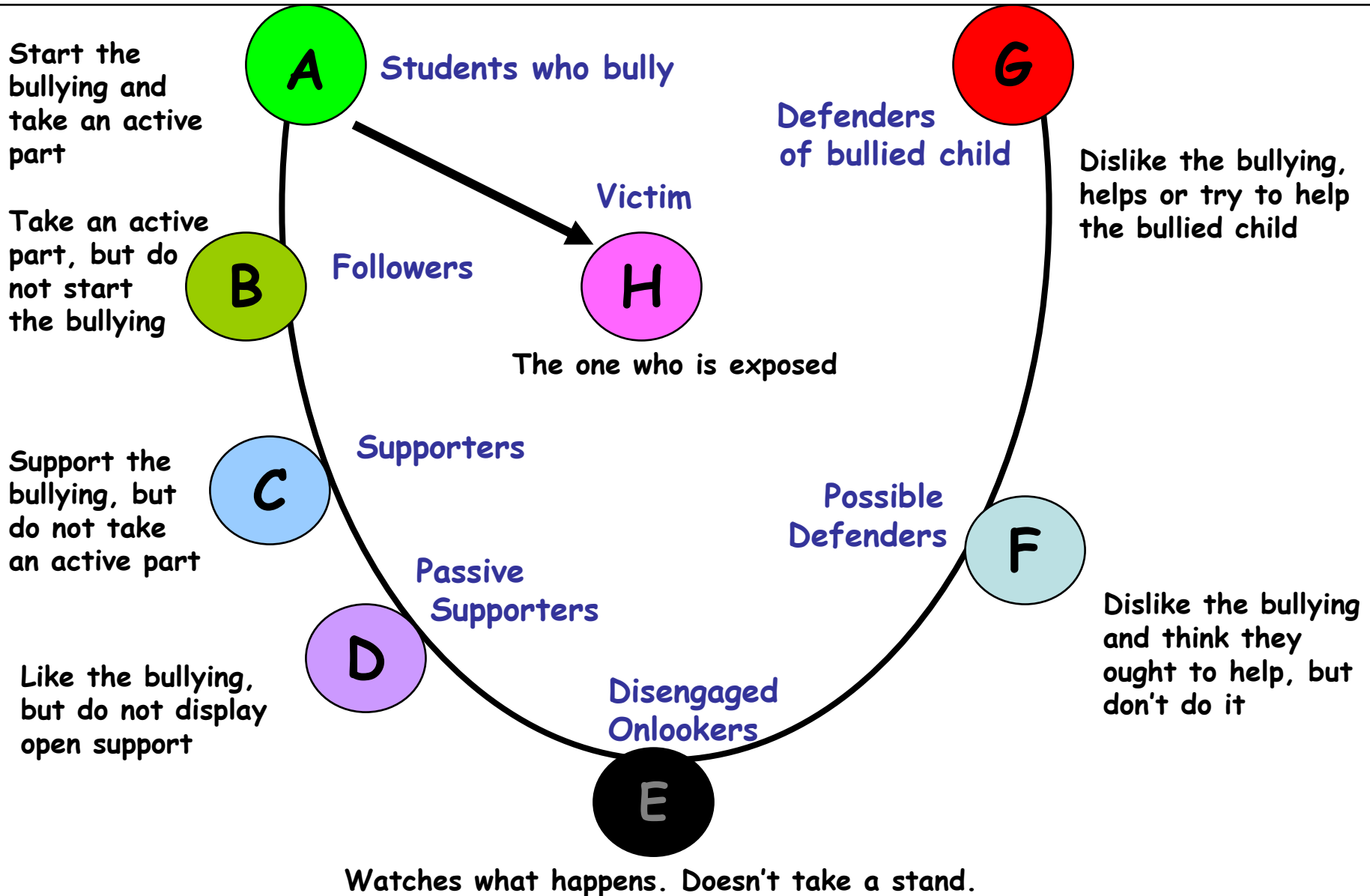


Epidemiology: Self Report vs Observation

- Children **report** increasing levels of bullying through the eighth grade, then self-reported victimization declines
- **Observed** victimization increases linearly through the 6th grade and reveal much higher rates than self-report.
- When the role of bystanders are included, 77% of 3rd through 6th graders are **observed** to be involved in the bullying circle.

Frey, et al. The International Handbook of Bullying, 2008

The Bullying Circle: Students' Reactions/Roles in a Bullying Situation (Olweus)

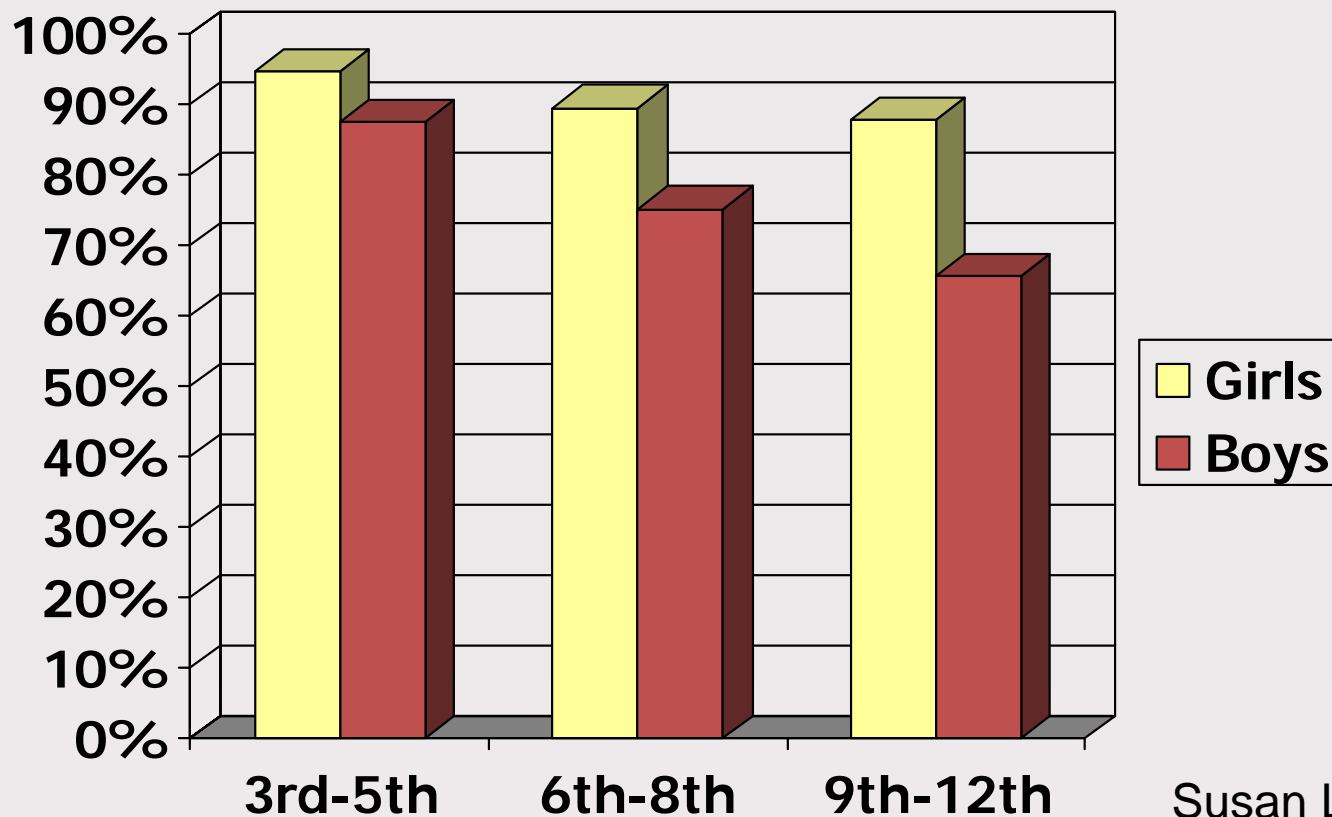


Effects of Bullying on Bystanders

- Bystanders may feel:
 - Afraid
 - Powerless to change the situation
 - Guilty for not acting
 - Diminished empathy for victims over time
- “Students who watch as their peers endure the verbal or physical abuses of another student could become as psychologically distressed, if not more so, by the events than the victims themselves”

Rivers, et al: *School Psychology Quarterly*, Dec. 2009

Percentage of students who feel sorry for a bullied student



Susan Limber, PhD



Bullying: Impact on Children's Health

- Definition
- Epidemiology
- **Evidence**
- Intervention



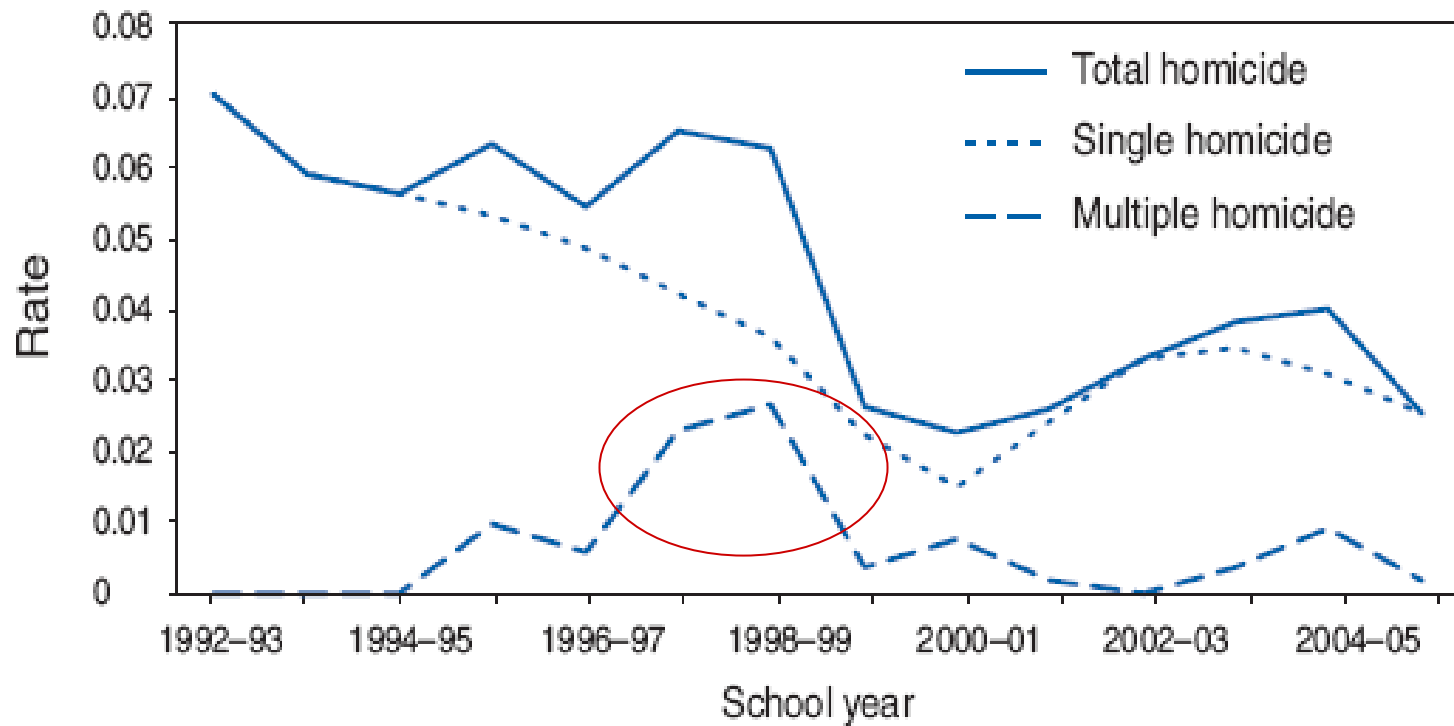
So What's All the Fuss?

- The issue of emerging concern is the association of bullying behavior, particularly among young school-aged children, with the subsequent development of retaliatory assault behaviors and deleterious health consequences.



School Associated Homicides, 1992-2006

FIGURE. Total, single-, and multiple-student school-associated homicide rates* among students aged 5–18 years, by school years — United States, July 1992–June 2006



* Per 100,000 students.

CDC. *MMWR* 2008;57:33-36



U. S. Secret Service Report on School Shootings (meta-analysis)

- **Studied 41 school shooters involved in 37 attacks; key findings:**
 - School shooters rarely act impulsively; they plan.
 - Before most incidents, other people knew the student was considering a violent attack at the school
 - Many had experienced longstanding bullying and harassment, and had engaged in worrisome behavior prior to the attack.
 - In **two-thirds** of the cases, the attacker had felt persecuted, threatened, attacked, or injured before the incident.

http://www.ustreas.gov/usss/ntac/ssi_final_report.pdf

Factors Associated with Retaliatory Attitudes

Factors Associated with Retaliatory Attitudes among African American Adolescents Who have been Assaulted

Nikeea Copeland-Linder,¹ PhD, MPH, Vanya C. Jones,² PhD, MPH, Denise L. Haynie,³ PhD, MPH, Bruce G. Simons-Morton,³ EdD, MPH, Joseph L. Wright,⁴ MD, MPH, and Tina L. Cheng,⁵ MD, MPH

¹Johns Hopkins University School of Medicine & Johns Hopkins Bloomberg School of Public Health,

²Johns Hopkins Bloomberg School of Public Health, ³NICHD/PRB/DESPR/NIH, ⁴Children's National Medical Center, and ⁵Johns Hopkins University School of Medicine

- 64% disagreed with “I believe that revenge is a good thing”

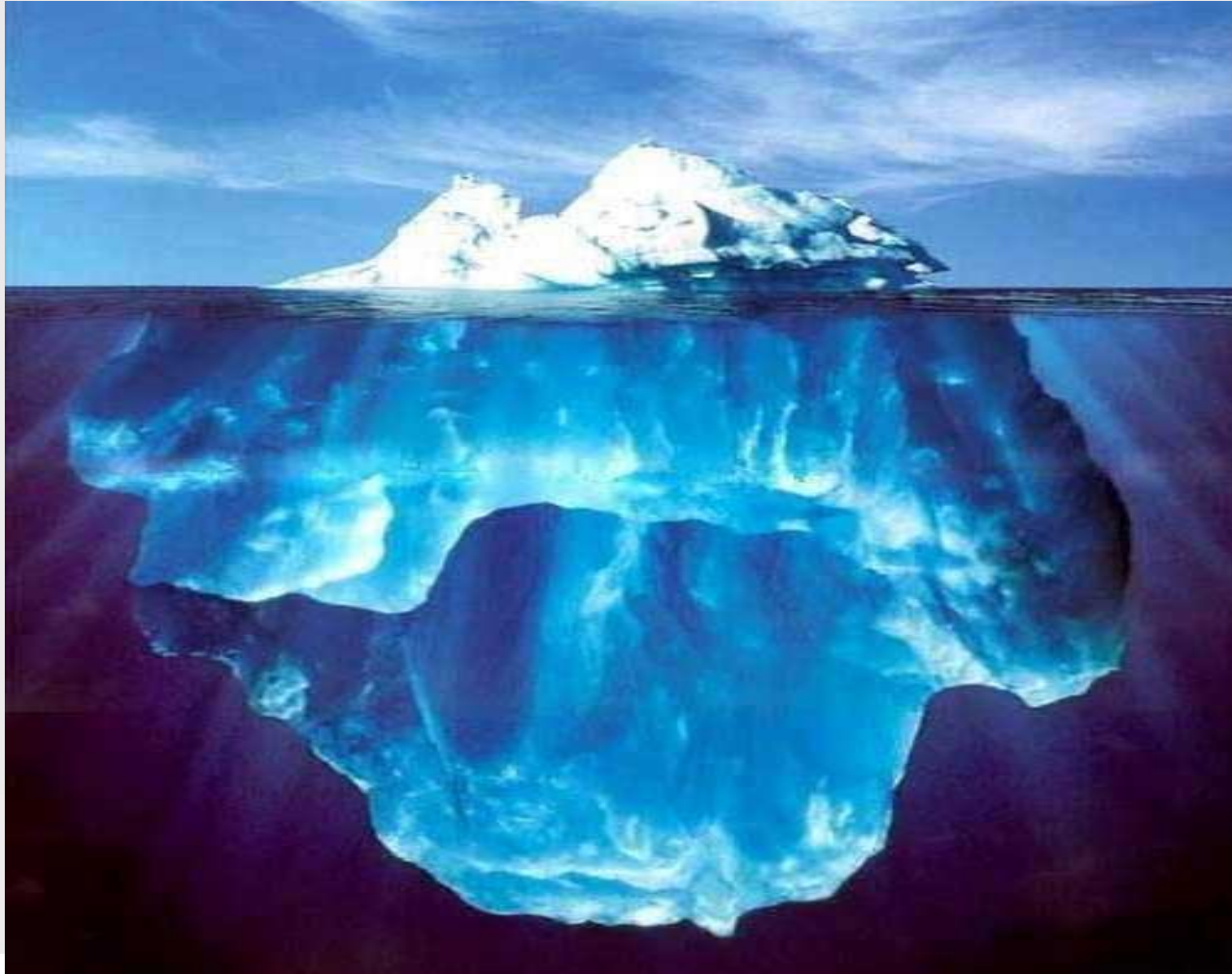
- 77% agreed with “If someone hits you, you hit them back”

Adolescent perceptions of their parents' attitudes toward fighting had the greatest single impact on retaliatory attitudes

Jour Pediatr Psych 2007;32:760



Bullying: Tip of the Intentional Injury Iceberg?



Relationships Between Bullying and Violence Among US Youth

Tonja R. Nansel, PhD; Mary D. Overpeck, DrPH; Denise L. Haynie, PhD; W. June Ruan, MA; Peter C. Scheidt, MD, MPH

	Carried a Weapon	Weapon in School
Been bullied in school*		
Once or twice	1.0 (0.9-1.2)	1.0 (0.8-1.3)
Sometimes	1.5 (1.0-2.1)	1.5 (1.0-2.0)
Weekly	1.5 (1.2-1.9)	1.6 (1.2-2.2)
Been bullied away from school*		
Once or twice	1.5 (1.3-1.9)	1.7 (1.4-2.0)
Sometimes	1.8 (1.4-2.4)	2.1 (1.6-2.7)
Weekly	4.1 (2.9-5.8)	3.8 (2.8-5.2)
Bullied others in school*		
Once or twice	1.4 (1.2-1.7)	1.4 (1.2-1.7)
Sometimes	2.0 (1.5-2.7)	2.0 (1.4-2.8)
Weekly	2.6 (1.9-3.5)	3.2 (2.3-4.3)
Bullied others away from school*		
Once or twice	1.8 (1.4-2.4)	1.9 (1.4-2.5)
Sometimes	2.6 (1.9-3.4)	2.5 (1.9-3.2)
Weekly	5.9 (3.8-9.1)	5.1 (3.6-7.3)
Gender†		
Boys	3.4 (2.8-4.2)	3.1 (2.6-3.8)



Summary: Violence Related Behaviors Associated with Bullying

- Bullying is associated with higher rates of weapon carrying, frequent fighting and injuries.
- Associations stronger for bullies than targets
- Bullying should not be considered normative, but a marker for more serious behaviors

Arch Pediatr Adolesc Med 2003;157:348-53

Health Consequences of Bullying

	<u>Bullied</u>	<u>Not bullied</u>
• Headache	16%	6%
• Sleep problems	42%	23%
• Abdominal pain	17%	9%
• Depression scale:		
➤ moderate indication	49%	16%
➤ strong indication	16%	2%

Fekkes, et al. 2003; Srabstein, et al. 2006

Bullying and Behavioral Health Outcomes

Psychosocial Health Among Young Victims and Offenders of Direct and Indirect Bullying

Marcel F. van der Wal, PhD*; Cees A. M. de Wit, PhD§; and Remy A. Hirasing, PhD†¶||

- Depression and suicidal ideation are common outcomes of being bullied
- Associations are stronger for indirect vs. direct forms of bullying
- Direct bullying is significantly linked with depression and suicidal ideation in girls only

Pediatrics 2003;111:1312

Bullying and Behavioral Health Outcomes



Frequent childhood victimisation predicts later psychiatric problems in females

BMJ Publishing Group Ltd, Royal College of Psychiatrists and British Psychological Society

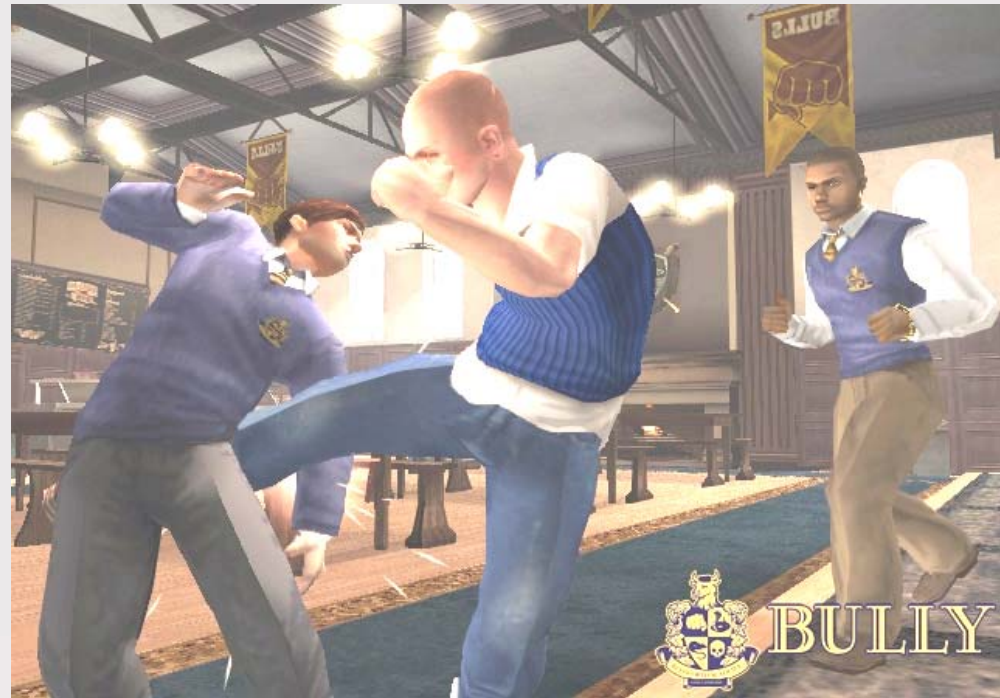
Evid Based Mental Health 2010 13: 59

- Methodology: Longitudinal nationwide birth cohort with 16 year follow-up
- Outcome: Frequent childhood victimization predicts mental health problems in women, independent of baseline psychopathology

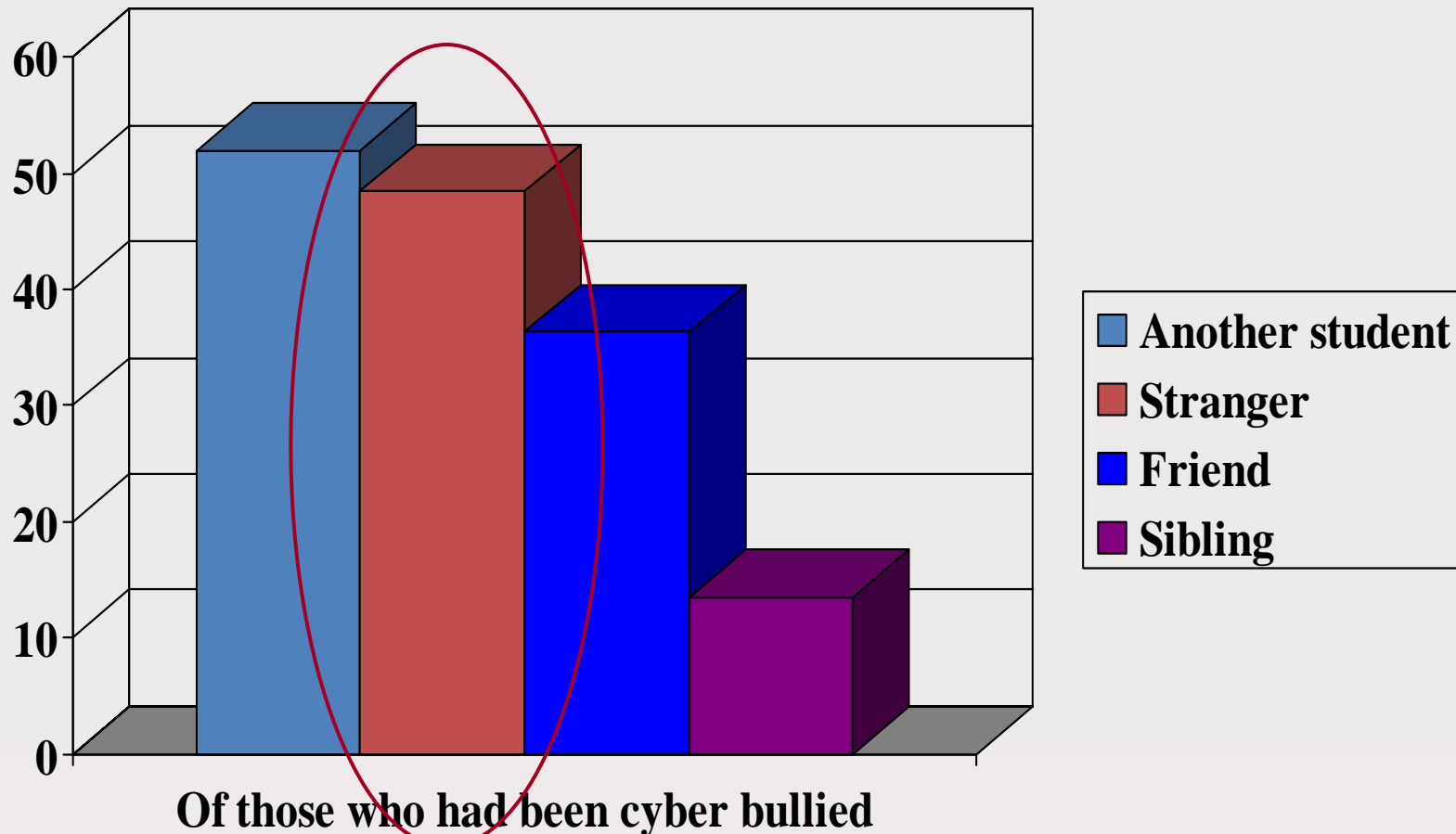


Bullying: Emerging Frontiers

- Direct bullying by girls
- Bullying video games
- Cyber Bullying



Identity of the “Cyber Bully”



Kowalski, Limber & Agatston 2007



The 'Textopathy' Spectrum

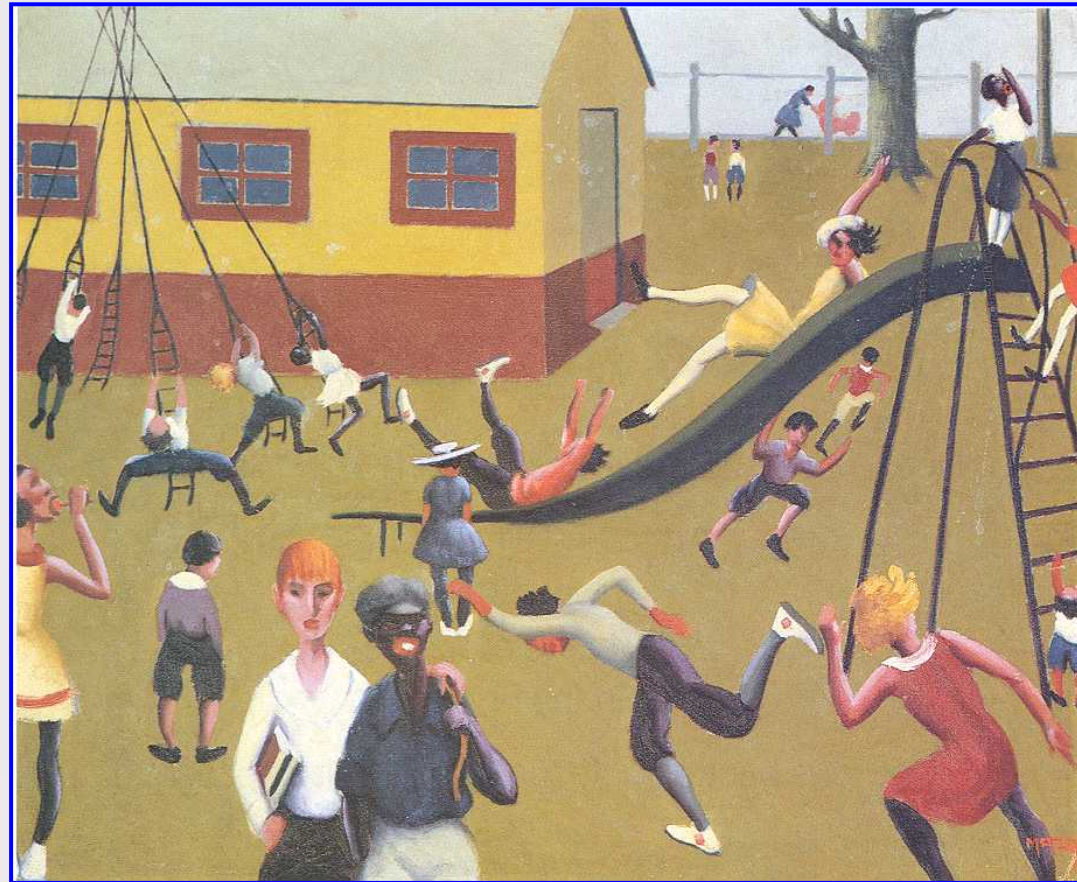
- Content abuse: including cyberbullying, sexting
- Decreased situational awareness: heightened injury risk
- Time mismanagement: 50% receive texts through night
- Behavioral disturbance: anxiety, dependence, addiction

Joffe M. e-Letter to the Editor. *Pediatrics* 3-18-2009



Bullying: Impact on Children's Health

- Definition
- Epidemiology
- Evidence
- **Intervention**



Intervention: What's a health professional to do?

- Community level - Awareness and Advocacy
- Individual level - Anticipatory Guidance



AAP Policy Statement Recommendations

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

FROM THE AMERICAN ACADEMY OF PEDIATRICS

Organizational Principles to Guide and Define the Child
Health Care System and/or Improve the Health of all Children

Policy Statement—Role of the Pediatrician in Youth Violence Prevention

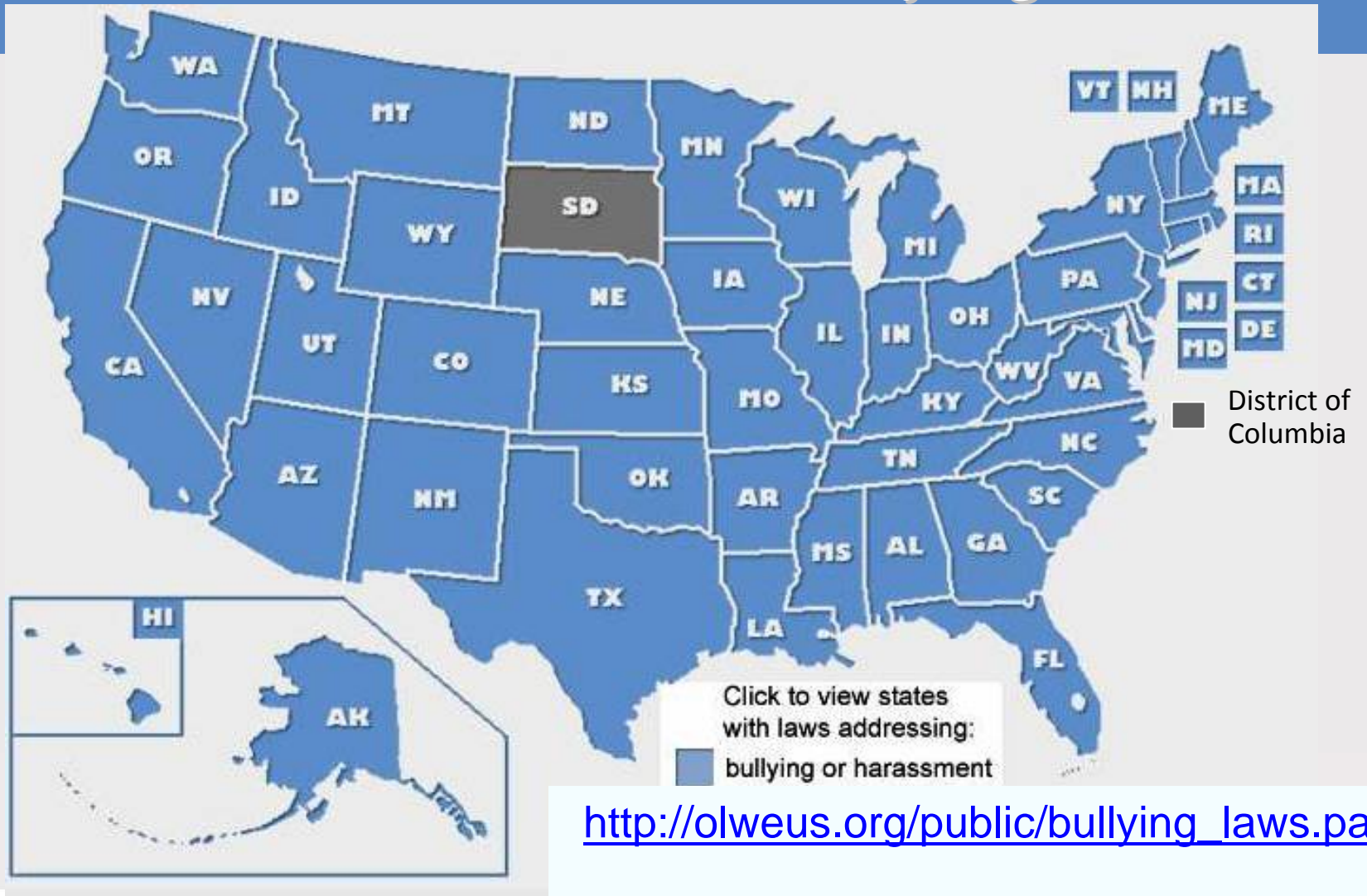
- Health professionals should advocate for:
 - Bullying awareness by teachers, educational administrators, parents and children.
 - The role of health professionals as appropriate public health messengers through print, electronic, or on-line media

Pediatrics (July) 2009:124;393



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State Laws on Bullying



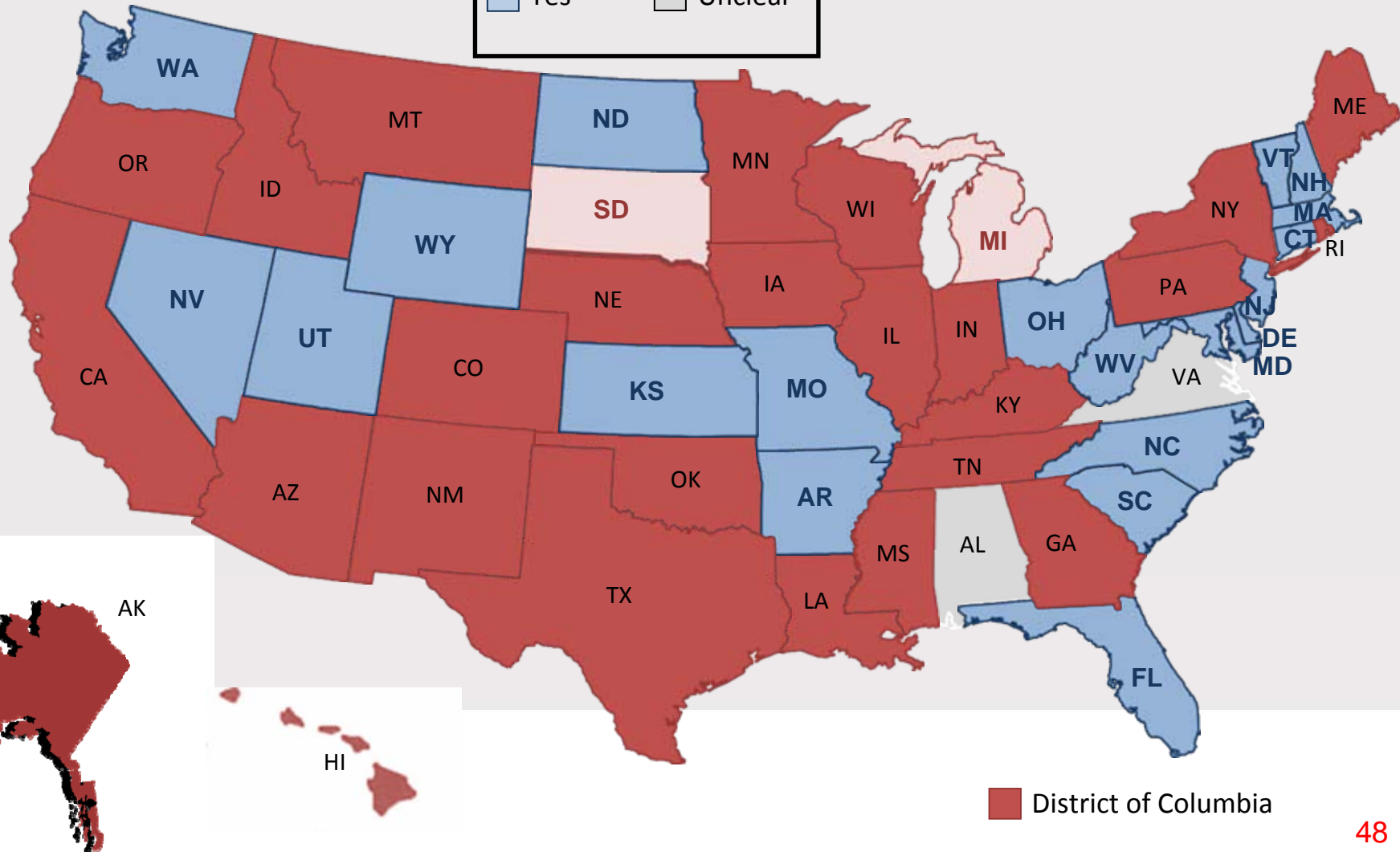
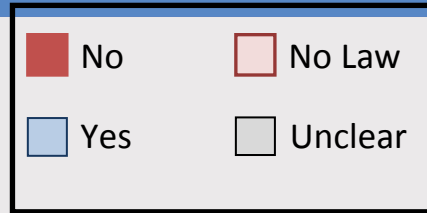
State Laws on Bullying

- Vary in their definitions, policy requirements and recommendations:
 - Reporting
 - Investigation
 - Parental notification
 - Discipline for children who bully
 - Training
 - Prevention
- Little is known about their application at district and school levels, much less their efficacy

Model Legislative Components

- Defines bullying—including cyberbullying
- Prohibits bullying—including cyberbullying
- Informs students, parents, staff and others of anti-bullying policy
- Enables parents, requires staff to report suspected bullying
- Provides immunity, prohibits retaliation
- Requires administration to investigate reports
- Encourages or requires anti-bullying education

Requires Anti-Bullying Professional Development/Training



Early Cognitive Stimulation, Emotional Support, and Television Watching as Predictors of Subsequent Bullying Among Grade-School Children

Frederick J. Zimmerman, PhD; Gwen M. Glew, MD; Dimitri A. Christakis, MD, MPH; Wayne Katon, MD

Background: Bullying is a major public health issue, the risk factors for which are poorly understood.

Objective: To determine whether cognitive stimulation, emotional support, and television viewing at age 4 years are independently associated with being a bully at ages 6 through 11 years.

Methods: We used multivariate logistic regression, using data from the National Longitudinal Survey of Youth, to adjust for multiple confounding factors.

Results: Parental cognitive stimulation and emotional support at age 4 years were each independently protective against bullying, with a significant odds ratio of 0.67

for both variables associated with a 1-SD increase (95% confidence interval, 0.54-0.82 for cognitive stimulation and 0.54-0.84 for emotional support). Each hour of television viewed per day at age 4 years was associated with a significant odds ratio of 1.06 (95% confidence interval, 1.02-1.11) for subsequent bullying. These findings persisted when we controlled for bullying behavior at age 4 years in a subsample of children for whom this measure was available.

Conclusion: The early home environment, including cognitive stimulation, emotional support, and exposure to television, has a significant impact on bullying in grade school.

Arch Pediatr Adolesc Med. 2005;159:384-388

There's Preventive
Promise in
Anticipatory
Guidance!!

- Parental cognitive stimulation and emotional support are independently and significantly protective against bullying.
- Each hour of daily television viewing is significantly associated with development of subsequent bullying behavior.



Bullying Prevention: Where Are We?

IMPLEMENTATION

DEVELOPMENT

IDENTIFICATION

DEFINITION

PROBLEM onal

RESPONSE o



CONNECTED KIDS



safe strong secure[®]

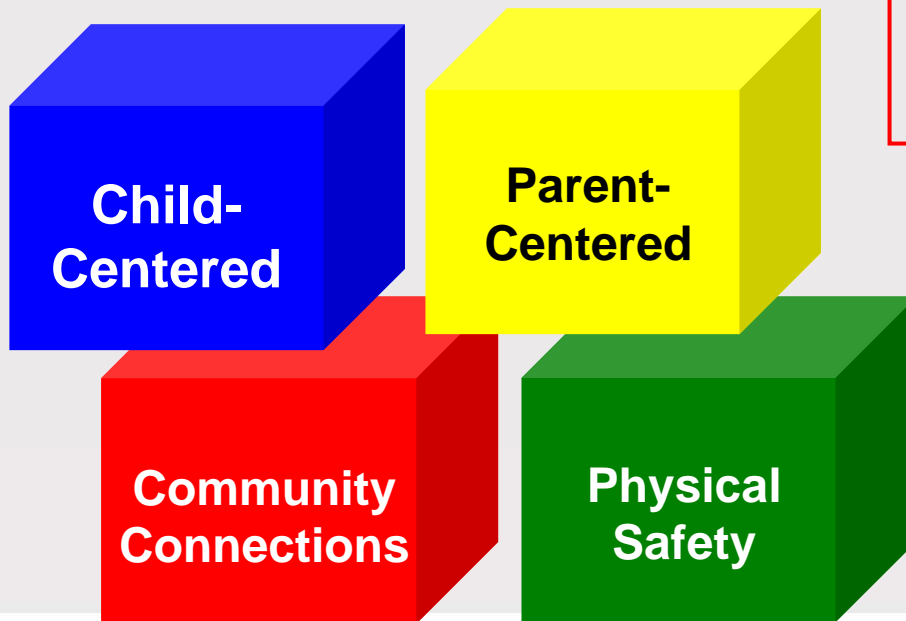
Connected Kids: Safe, Strong, Secure

Connected Kids: Safe Strong Secure is a new program, launched by the American Academy of Pediatrics that addresses violence prevention in the context of routine child health care. Connected Kids' development involved the input of over 100 experts, as well as extensive input from parents and teens during a three-year process. The final AAP product consists of a clinical guide, 21 parent / patient information brochures, and supporting training materials.



Connected Kids: Building Blocks

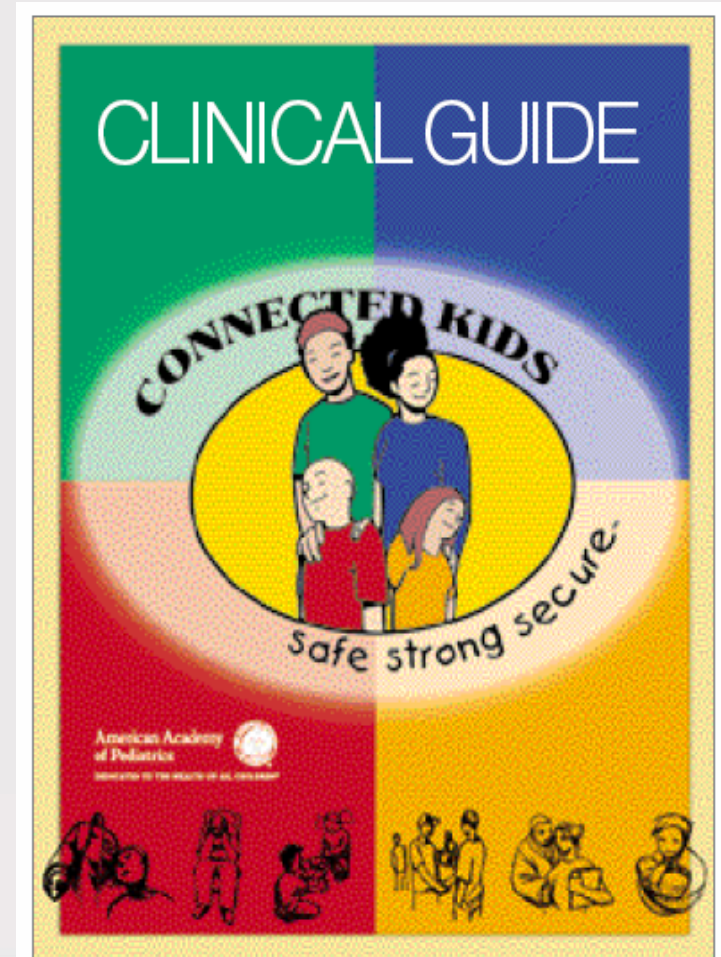
4 themes of anticipatory guidance:



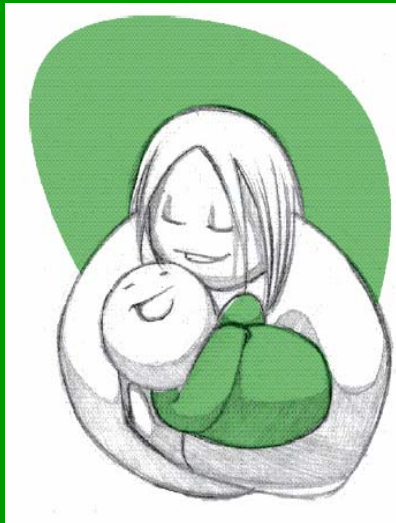
- Asset/strength-based
- Resilience focused

Clinical Guide

- Designed to be easy to use
- Consensus input from national project team
- Combines overview with visit-specific detailed suggestions

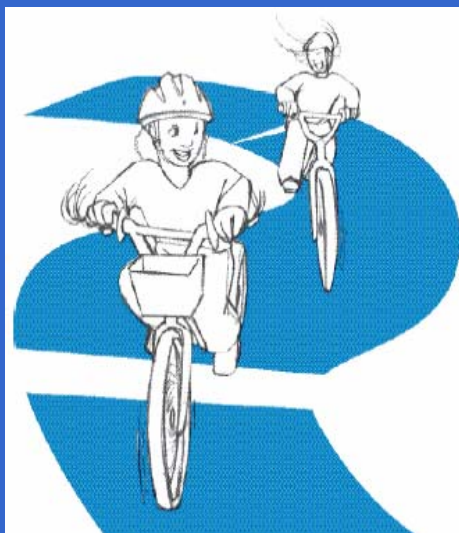


Connected Kids: Counseling Schedule



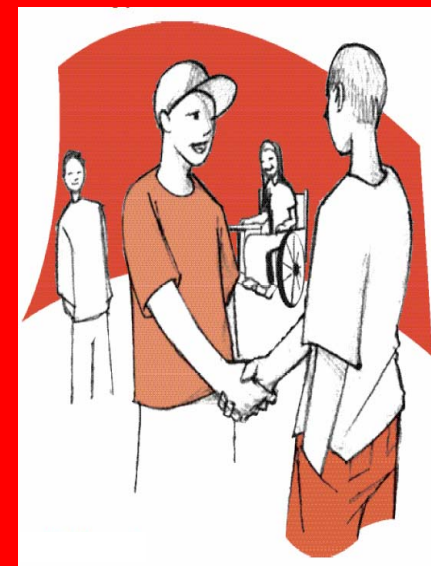
**Infancy & Early
Childhood**

2 days – 4 years



Middle Childhood

5 – 10 years

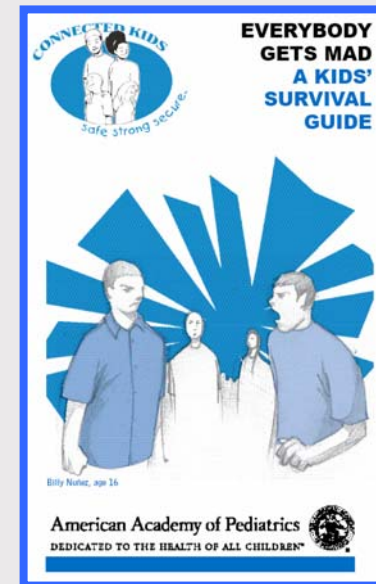
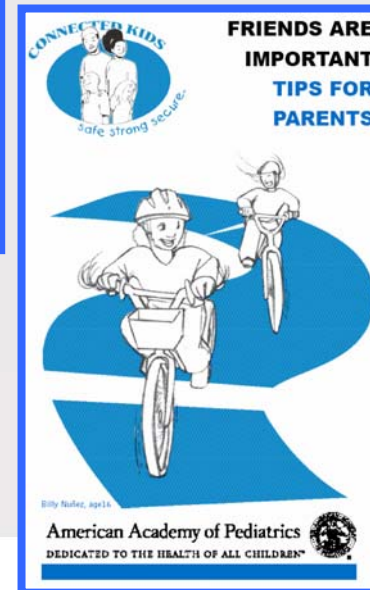
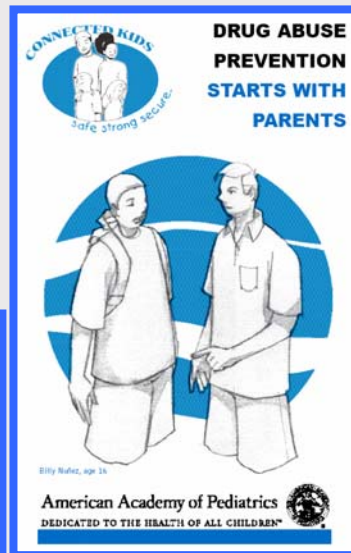


Adolescence

11 – 21 years



Connected Kids: Middle Childhood Brochures



Connected Kids: Scalable and Adaptable

Connected Kids at Head Start: Taking Office-Based Violence Prevention to the Community



WHAT'S KNOWN ON THIS SUBJECT: Pediatricians face a growing set of recommended health screenings and directives.

Community sites, such as Head Start, have been used to expand health care expertise to nonclinical settings where parents seek education about child health and family supports.



WHAT THIS STUDY ADDS: Connected Kids, a clinic-based, violence prevention curriculum, is appropriate and desirable for the Head Start setting. Taking pediatric expertise from the office into the community can strengthen child health messages and reinforce the network of supporters on which parents rely.

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Sections of ^aGeneral Pediatrics and ^bEmergency Medicine, Department of Pediatrics, Children's Mercy Hospital, Kansas City, Missouri; and Departments of ^cPreventive Medicine and ^dFamily Medicine, Kansas City University of Medicine and Biosciences, Kansas City, Missouri

KEY WORDS

discipline, early intervention, parenting, prevention, violence

ABBREVIATION

AAP—American Academy of Pediatrics

www.pediatrics.org/cgi/doi/10.1542/peds.2009-0312



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Cowden JC, et al. *Pediatrics* 2009
(October);124:1095-1099

Sesame Street Anti-Bullying Efforts

- Sesame Workshop Child Resilience Initiative:
 - Bullying in preschool children; primary prevention
 - Programming and script development
- “The Good Birds Club” episode premiered Monday, 10/17, starring Big Bird, Elmo and Abby
- “Happy to Be Me” Anti-Bullying Discussion videos
<http://www.sesamestreet.org/parents/topicsandactivities/topics/bullying>

Sesame Street Anti-Bullying Efforts



Thank You!!



Child Health
AdvocacyInstitute