Preventing Bullying

Through Science, Policy, and Practice

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Speakers

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Chief Medical Officer, The Children's Institute

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Member, Division of Adolescent Medicine at Seattle Children's Hospital; Associate Professor of Pediatrics and Adjuct Associate Professor of Health Services, University of Washington

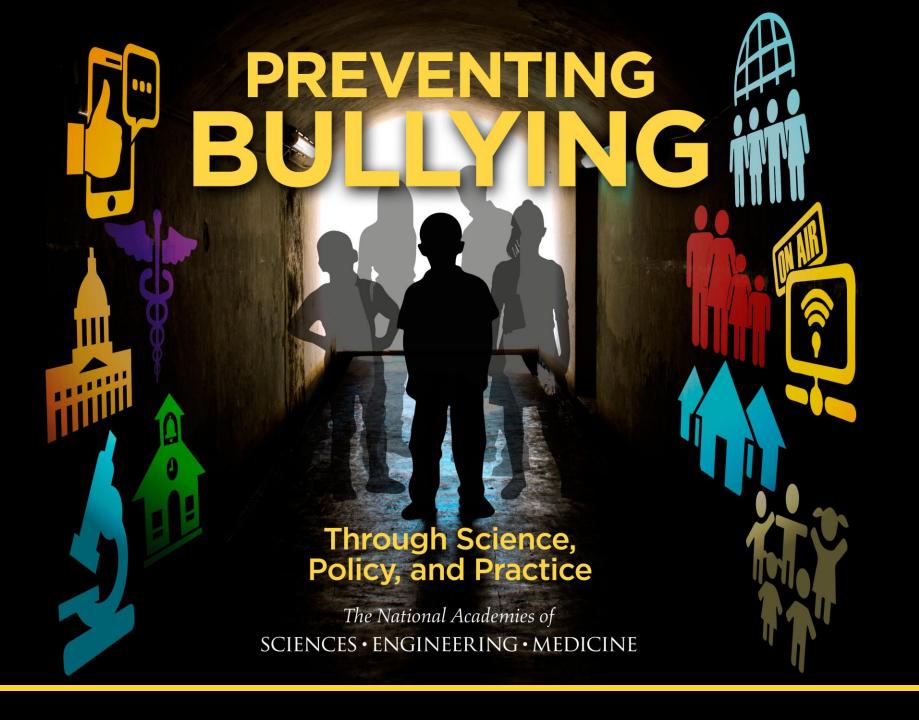
Suzanne Le Menestrel, Ph.D.

Senior Program Officer, Board on Children, Youth, and Families, The National Academies of Sciences, Engineering, and Medicine

Dan Gilbert (Moderator)

Associate, Afterschool Alliance





WHAT IS THE NATIONAL ACADEMIES OF SCIENCES, ENGINEERING, AND MEDICINE?



Created by an Act of Congress in 1863 to be a private, nongovernmental institution to:

- provide independent, objective analysis and advice to the nation on issues related to science, technology, engineering, and medical and health issues.
- Conduct other activities to solve complex problems.
- Inform public policy decisions
- Encourage education and research
- Recognize outstanding contributions to knowledge
- Increase public understanding in matters of science, engineering, and medicine



COMMITTEE



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Overview of Findings, Conclusions, and Recommendations

THE PROBLEM

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

STATEMENT OF TASK



• The Board on Children, Youth, and Families in conjunction with the Committee on Law and Justice, of the National Academies convened a committee of experts to:

conduct a consensus study and produce a comprehensive report on the state of the science on:

- 1) the biological and psychosocial consequences of peer victimization and
- 2) the risk and protective factors that either increase or decrease peer victimization behavior and consequences.
- A particular focus on children who are most at risk of peer victimization— those with high risk factors
 in combination with few protective factors— such as children with disabilities, LGBT youth,
 poly-victims, and children living in poverty were included in the study.

THE FOLLOWING QUESTIONS WERE OF PARTICULAR INTEREST TO THE COMMITTEE:



What is the state of the research on neurobiological, mental and behavioral health effects of bullying?

How are individual and other characteristics related to the dynamic between perpetrator and target? Short and long-term outcomes for both?

What is known about physiological and psychosocial consequences of bullying (both perpetrator and target)?

What factors contribute to resilient outcomes of youth exposed to and involved in bullying?

AREAS OF FOCUS FOR THE COMMITTEE



Where does cyberbullying fit in with "traditional" bullying?

How do we recognize that there are groups vulnerable to being bullied?

What works to prevent bullying and what are future steps for intervening and preventing bullying?

COMMITTEE USED CDC DEFINITION OF BULLYING



Bullying is any unwanted aggressive behavior(s) by another youth or groups of youths who are not siblings or current dating partners that involves an observed or perceived power imbalance and is repeated multiple times or is highly likely to be repeated. Bullying may inflict harm or distress on the targeted youth including physical, psychological, social or educational harm. — 2011

POLL #2



In recent years, cyberbullying has become more common than traditional bullying.

True or False?

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%

POLL #3

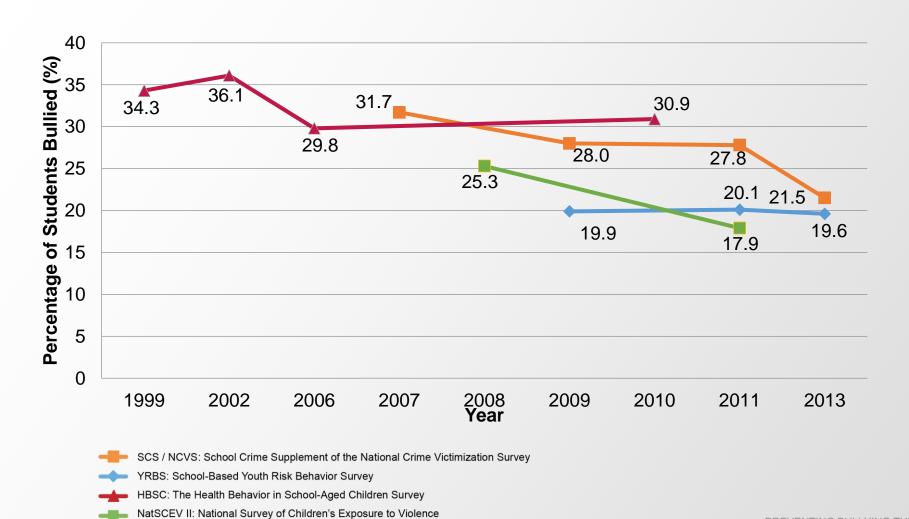


Bullying continues to increase over the past decade.

True or False?

TRENDS IN STUDENTS WHO ARE BULLIED OVER TIME





POLL #4



Which of the following groups has been recognized as at increased risk for bullying?

- a. LGBTQ youth
- b. Youth with disabilities
- c. Obese youth
- d. All of the above

GROUPS VULNERABLE TO BULLYING



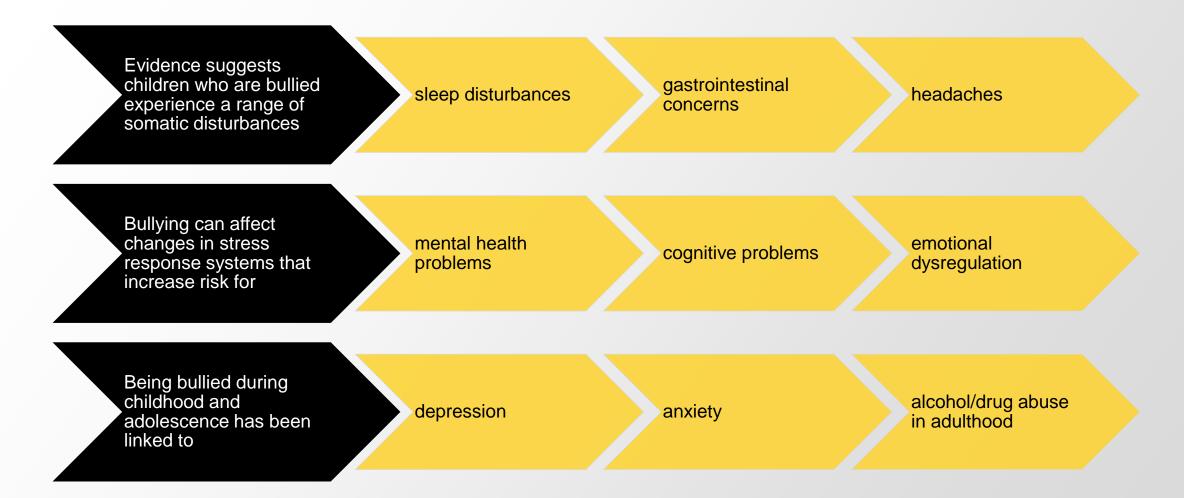
Prevalence increases for subgroups of children- particularly those that are most vulnerable:

- 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



BIOLOGICAL CONSEQUENCES





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

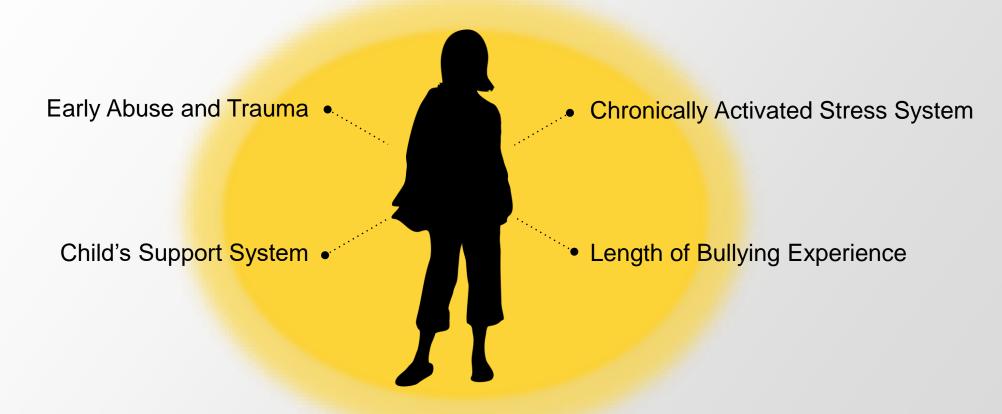
There is not enough evidence to conclude that bullying is a causal factor for youth suicides or a causal factor in school shootings. Data are unclear on the role of bullying as one of the precipitating factors in school shootings

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



RECOMMENDATION



Actors:

U.S. Department of Health and Human Services and the U.S. Department of Education

Actions:

Support the development, implementation, and evaluation of evidence-informed bullying prevention training for individuals, who work directly with children and adolescents on a regular basis

Goal:

To increase knowledge and awareness of bullying among those on the front lines

POLL #5



In order to achieve the most optimal outcomes, school-based bullying prevention programs and policies should:

- a. Concentrate on the individual displaying bullying behavior.
- b. Concentrate on the individual being bullied.
- c. Target those children and youth who are at risk for involvement in bullying behavior.
- d. Concentrate on the entire school "community."
- e. All of the above.

PREVENTION PROGRAMS AND POLICIES





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, continued





 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

PREVENTION PROGRAMS AND POLICIES: SCHOOL BASED



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

SAMPLE PROGRAMS



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

PROGRAM			(Trip	A.	4
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.

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

PREVENTION PROGRAMS AND POLICIES: FEDERAL, STATE, LOCAL LEVEL



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

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

Development of antibullying laws should be evidence-based



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

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

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

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 antibullying 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 antibullying laws and policies and be informed by evidence-based research



CYBERBULLYING

POLL #6



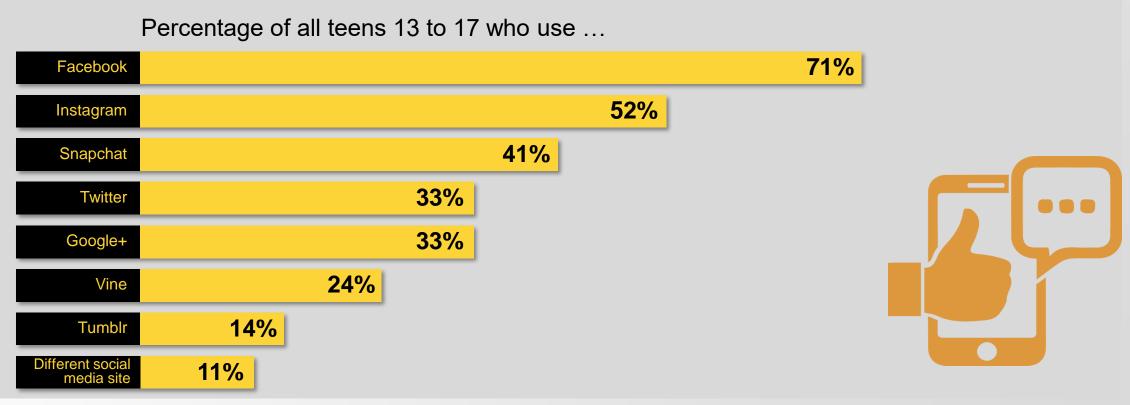
What percentage of teens age 13-17 use Facebook?

- a. 25%
- b. 55%
- c. 71%
- d. 92%

THE PROBLEM



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

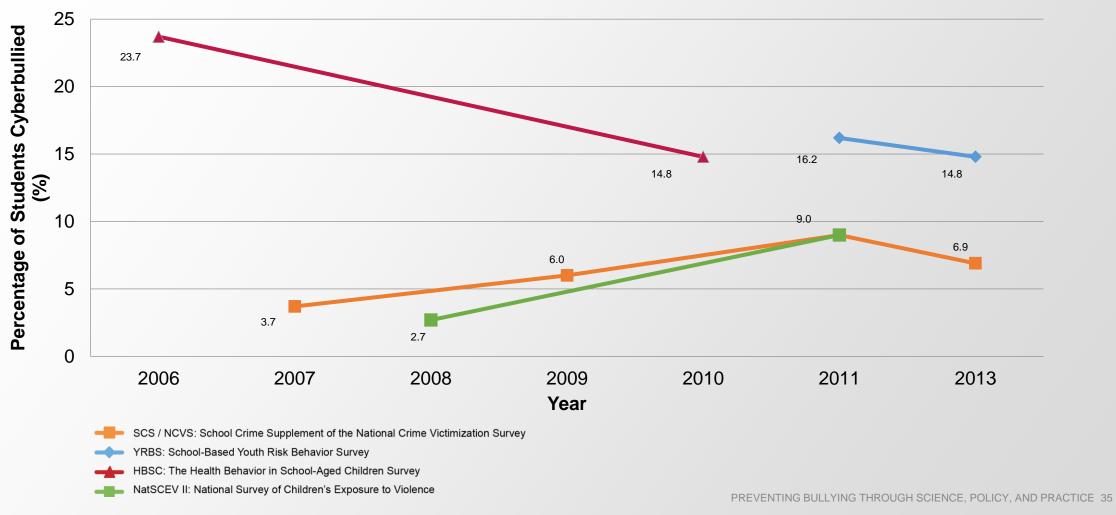


Facebook, Instagram and Snapchat top social media platforms for teens (n=1,060 teens ages 13 to 17).

Source: Adapted from Lenhart (2015, p. 2).

TRENDS IN CYBERBULLYING OVER TIME





WHY SUCH VARIATION IN PREVALENCE?



Study	Cyberbullying Definition	Age Group	Prevalence Found
1	"Harassing using technology such as email, computer, cell phone, video cameras, etc."	12-15 yrs	25%
2	"Mean things" or "Anything that someone does that upsets or offends someone else"	12-17 yrs	72 %
3	"Making rude or nasty comments to someone on the internet or using the internet to harass or embarrass someone with whom [they were] mad"	10-17 yrs	7 %

RECOMMENDATION



Actors:

US Departments of education, health and human services, and justice, and other agencies

Actions:

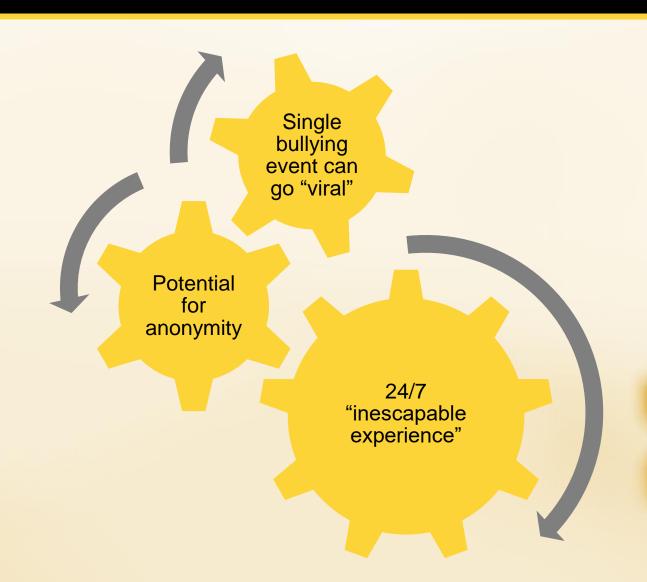
Gather longitudinal surveillance data on the prevalence of all forms of bullying including physical, verbal, relational, property, cyber and bias-based

Goal:

Achieve uniform and accurate bullying estimates

ONLINE CONTEXT FOR BULLYING





CYBERBULLYING





- Outside school, the online world is the most common public place where youth spend their time.
- Online platforms provide opportunities to stay connected and develop an online identity.

RECOMMENDATION



Actors:

Social media companies, Federal Partners for Bullying Prevention

Actions:

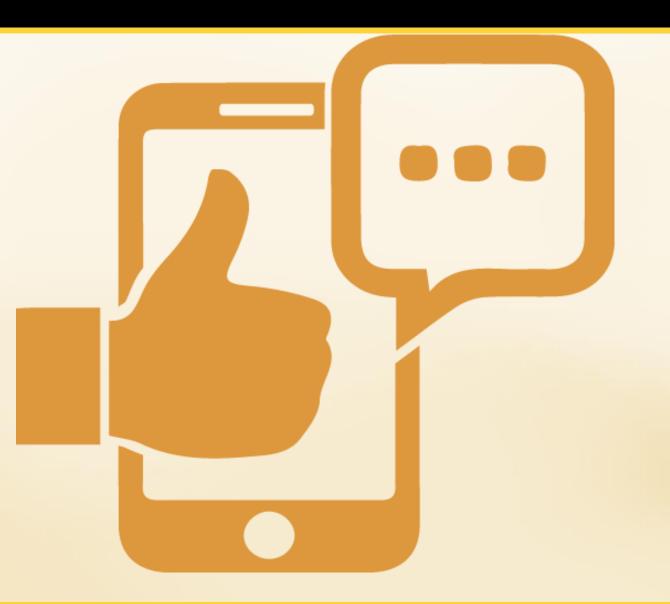
Adopt, implement, and evaluate on an ongoing basis social media policies and programs, and publish anti-bullying policies on their websites.

Goal:

Preventing, identifying, and responding to bullying on social media platforms

CYBERBULLYING





- Cyberbullying and "traditional" bullying are more alike than dissimilar.
- There is a correlation between being bullied online and in person

WHAT CAN PRACTITIONERS DO ABOUT BULLYING?



Recognize symptoms related to engagement in bullying behavior such as depression, anxiety, fear, and withdrawal from social contacts.

Some children and youth are more vulnerable to being bullied—LGBT youth, youth with disabilities, and youth who are obese.

Professionals and volunteers who work directly with children and youth can benefit from training that occurs on an ongoing basis.

Connectedness to others is a significant buffer for developing adjustment problems among bullied youth.

Be aware of anti-bullying laws and policies in your states and localities. There are significant differences in the content of these laws.

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

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

New On-Line Tool available soon on www.nas.edu/scienceonbullying





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STUDY SPONSORS



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- Substance Abuse and Mental Health Services Administration
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- Highmark Foundation

Questions?



Q&A