Preventing Bullying
Through Science, Policy, and Practice

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Speakers

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Dan Gilbert (Moderator)
Associate, Afterschool Alliance
PREVENTING BULLYING

Through Science, Policy, and Practice

The National Academies of
SCIENCE • ENGINEERING • MEDICINE
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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<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
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<tbody>
<tr>
<td>Suzanne Le Menestrel</td>
<td>Study Director</td>
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<td>Francis K. Amankwah</td>
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<td>Senior Program Assistant</td>
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<td>Kelsey Geiser</td>
<td>Research Assistant</td>
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Overview of Findings, Conclusions, and Recommendations
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 known about physiological and psychosocial consequences of bullying (both perpetrator and target)?

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

Year | Percentage of Students Bullied (%)
--- | ---
1999 | 34.3
2002 | 36.1
2006 | 31.7
2007 | 29.8
2008 | 25.3
2009 | 28.0
2010 | 27.8
2011 | 20.1
2013 | 19.6

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

PREVENTING BULLYING THROUGH SCIENCE, POLICY, AND PRACTICE
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
Evidence suggests children who are bullied experience a range of somatic disturbances. Sleep disturbances, gastrointestinal concerns, and headaches are common outcomes of bullying.

Bullying can affect changes in stress response systems that increase risk for mental health problems, cognitive problems, and emotional dysregulation.

Being bullied during childhood and adolescence has been linked to depression, anxiety, and alcohol/drug abuse in adulthood.
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.
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
- Child’s Support System
- Chronically Activated Stress System
- Length of Bullying Experience
U.S. Department of Health and Human Services and the U.S. Department of Education

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

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

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>INDIVIDUAL</th>
<th>PEERS</th>
<th>FAMILY</th>
<th>SCHOOL</th>
<th>COMMUNITY</th>
<th>HEALTHCARE</th>
</tr>
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<tbody>
<tr>
<td>Olweus Bullying Prevention Program</td>
<td>●</td>
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<tr>
<td>Positive Behavioral Interventions and Supports</td>
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<td>●</td>
<td>●</td>
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<td>●</td>
</tr>
<tr>
<td>KiVa Antibullying Program</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Second Step: A Violence Prevention Curriculum</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
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<td>●</td>
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<tr>
<td>Steps to Respect</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
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<tr>
<td>Good Behavior Game</td>
<td>●</td>
<td>●</td>
<td>●</td>
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</tr>
<tr>
<td>Linking the Interests of Families and Teachers</td>
<td>●</td>
<td>●</td>
<td>●</td>
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<td>●</td>
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<tr>
<td>Raising Healthy Children</td>
<td>●</td>
<td>●</td>
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<tr>
<td>Fast Track</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
</tbody>
</table>

**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
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.

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

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

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
CYBERBULLYING
POLL #6

What percentage of teens age 13-17 use Facebook?

a. 25%
b. 55%
c. 71%
d. 92%
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 …

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

Source: Adapted from Lenhart (2015, p. 2).
TRENDS IN CYBERBULLYING OVER TIME

PREVENTING BULLYING THROUGH SCIENCE, POLICY, AND PRACTICE
### WHY SUCH VARIATION IN PREVALENCE?

<table>
<thead>
<tr>
<th>Study</th>
<th>Cyberbullying Definition</th>
<th>Age Group</th>
<th>Prevalence Found</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>“Harassing using technology such as email, computer, cell phone, video cameras, etc.”</td>
<td>12-15 yrs</td>
<td>25%</td>
</tr>
<tr>
<td>2</td>
<td>“Mean things” or “Anything that someone does that upsets or offends someone else”</td>
<td>12-17 yrs</td>
<td>72%</td>
</tr>
<tr>
<td>3</td>
<td>“Making rude or nasty comments to someone on the internet or using the internet to harass or embarrass someone with whom [they were] mad”</td>
<td>10-17 yrs</td>
<td>7%</td>
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</tbody>
</table>
US Departments of education, health and human services, and justice, and other agencies

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

Achieve uniform and accurate bullying estimates
ONLINE CONTEXT FOR BULLYING

Single bullying event can go “viral”

Potential for anonymity

24/7 “inescapable experience”
• 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.
Social media companies, Federal Partners for Bullying Prevention

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

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

PREVENTING BULLYING THROUGH SCIENCE, POLICY, AND PRACTICE 43
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
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
Based Leaders Can Help Prevent and Respond to Bullying

Recognize the symptoms of bullying:
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?

Q&A