

Proactive Approach to Address Bullying:

A Guide for the Medical and Mental Health Community

Nancy Willard, M.S., J.D.

Embrace Civility in the Digital Age

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“Bullying cannot be a rite of passage in our nation’s schools. Instead, our schools must be safe and nurturing environments that promote learning and full participation by all students. ...We must work to stop those abusive behaviors when they take place, repair their harmful effects and prevent them from happening in the future.”¹

In 2011, according to the National Crimes Victimization Survey, School Crimes Supplement (NCVS-SCS), close to 1.2 million students reported that someone was hurtful to them at school once a week or more ~ a rate that has not significantly declined since 2005.² A recent report in Pediatrics indicated that each year more than 90,000 school children suffer “intentional” injuries severe enough to land them in the emergency room with only a minor decrease in the number of intentional injuries at school over the last 10 years.³ The majority of students think school staff make things worse then they intervene ~ and the research backs up their perception.⁴

Clearly the approach schools are taking to stop bullying and violence isn’t working.

In recent years, this nation’s major medical and mental associations have issued policy statements recognizing bullying as a serious medical and public health issue that medical and mental health professionals should address.

Common recommendations include incorporating guidance into their practice on how to prevent and respond to bullying, recognizing the indicators of bullying, and being especially alert when their patients have characteristics that are associated with bullying. Clinicians are also advised to become involved in community-based efforts to help schools address bullying concerns.

Contents of this Document

This document will provide research-based insights into the following:

- Bullying behavior, including definitions of bullying, who gets bullied, who engages in bullying, how many youth are bullied, and the associated harms.
- The most common approach schools use to address bullying and research evidence demonstrating the ineffectiveness of this approach.
- Legal parameters, including the protections students receive under state and federal civil rights statutes, insight from recent litigation and an important recent consent decree, protections for students receiving special education services, and challenges with an emerging state statutory approach.
- How schools can improve effectiveness through the development of a comprehensive approach that includes district and school coordinated efforts, ongoing assessment and evaluation, a strong focus on positive management of student behavior and social emotional competencies, active involvement of students, and more comprehensive interventions.
- Effective strategies to better address the concerns of those young people who engage in or are bullied.

¹ U.S. Departments of Justice and Education Resolve Harassment Allegations in Anoka-Hennepin School District. Posted by Tom Perez and Russlynn Ali on March 08, 2012 at 09:11 AM EDT on the White House Blog. <http://www.WhiteHouse.gov/blog/2012/03/08/us-departments-justice-and-education-resolve-harassment-allegations-anoka-hennepin-s>

² Robers, S., J. Zhang, J.L. Truman, and T.D. Snyder, *Indicators of school crime safety: 2012, Bureau of Justice Statistics*: Washington, DC. p. 1-203. <http://nces.ed.gov/programs/crimeindicators/crimeindicators2012/>.

³ Amanullah, S., Heneghan, J.A., Steele, D.W., Mello, M.J. & Linakis, J.G. (2014) Emergency Department Visits Resulting From Intentional Injury In and Out of School. *Pediatrics*. <http://pediatrics.aappublications.org/content/early/2014/01/07/peds.2013-2155>.

⁴ Bradshaw, C.P., Sawyer, A.L. & O’Brennan, L.M. Bullying and Peer Victimization at School: Perceptual Differences Between Students and School Staff. *School Psychology Review*, Volume 36, No. 3, pp. 361-382 (2007) and Davis, S. & Nixon, C. (2013) *Youth Voice Project: Student Insights into Bullying and Peer Mistreatment*. Research Press: Illinois.

The Positive Role Clinicians Can Play

At this time, medical and mental health professionals can play a vitally important role in supporting their local schools in transforming their environments to better support the social and emotional needs of children and to reduce bullying and limit its harmful effects.

Most schools are doing what they have been told they should do and think it is working. They are not collecting local data or talking with their students. There are, however, some horrific tales regarding some schools that include abusive actions by school staff.

One major challenge is that our nation's schools are being expected to single-handedly address the negative impacts of inequality, poverty, lack of food, and lack of opportunity for advancement ~ and are being turned into "test delivery factories" and condemned for their failure to remedy all of these harms. Further, the schools that face the greatest demands for improvement are the ones that have unequal access to financial resources. There are currently no incentives or requirements that schools to focus on "the whole child."

Our nation's educators need stronger voices of support for the importance of establishing school environments that support the emotional well-being and build the social emotional competencies of students.

Increased effective involvement of medical and mental health professionals in community-based effort can help. Proactive, positive efforts can include:

- Screening of patients to assess and document bullying situations that are negatively impacting their health and well-being, in a manner that effectively documents the extent of the concerns in accord with the requirements of schools under state and federal civil rights statutes and the provision of the Individuals with Disabilities Education Act.
- Provision of comprehensive mental health-based guidance to parents and intervention support to patients who are bullied or engaging in bullying.
- Effective outreach to schools to raise their attention to a situations of patients that raise significant concern and are not being effectively addressed at school.
- Active involvement at a community level, to help schools more effectively create positive school environments that will reduce harmful situations.

By recognizing when bullying and harassment of a student has reached the point where it is clearly causing associated medical and mental health concerns, and by supporting parents in their interactions with schools to ensure this is effectively addressed, clinicians can lessen the harms associated with bullying on their young patients.

By recognizing the resulting harms of bullying within the context of childhood trauma disorders, clinicians can provide guidance or make referrals to reduce the harmful impact of such trauma.

By bringing their expertise in social and emotional development and trauma disorders into community-supported planning, clinicians can help school administrators, school boards, and state legislatures understand the importance of shifting the school response in specific bullying or harassment situations to an approach that fully addresses the social, emotional challenges of all parties involved and supports remediation and restoration.

Working with local educators and at the state level, clinicians can support the transformation of their local schools into environments that take a more balanced approach to educating "the whole child."

Professional Policy Statements and Guidelines

The following are policy statements addressing bullying made by various medical and mental health organizations:

- American Academy of Pediatrics. Committee on Injury, Violence, and Poison Prevention. Role of the pediatrician in youth violence prevention. 2009.
- American Academy of Child and Adolescent Psychiatry Task Force for the Prevention of Bullying. Policy Statement: Prevention of Bullying Related Morbidity and Mortality. 2011.
- American Medical Association National Advisory Council on Violence and Abuse. Policy Compendium. School & Youth Violence: H-60.943 Bullying Behaviors Among Children and Adolescents. 2008.
- American Psychological Association. APA Resolution on Bullying Among Children and Youth. 2004.
- American Psychiatric Association. Joint AACAP and APA Position Statement on Prevention of Bullying-Related Morbidity and Mortality. 2011.
- National Association of School Nurses. NASN Issue Briefs Full View. Role of the School Nurse in Violence Prevention. 2011.

Insights Into Bullying

What is Bullying?

Unfortunately, the answer is not at all clear.⁵ Currently, there are three confusing definitions of bullying. Most academic literature presents one definition. Most surveys assess bullying based on another definition. Neither of these definitions is in accord with statutory definitions. This confusion is not helpful for educators and professionals.

Traditional Academic Definition

The traditional academic definition, is common in materials provided to the medical and mental health community and educators. An example is on the StopBullying.gov web site:

*Bullying is unwanted, aggressive behavior among school aged children that involves a real or perceived power imbalance. The behavior is repeated, or has the potential to be repeated, over time.*⁶

This definition seeks to exclude more minor incidents or conflict. Some surveys seek to measure students experiences with bullying based on this definition. This approach presumes that students are able to effectively sort out issues of “imbalance of power,” which is doubtful.⁷ Sometimes this is explained that one student is bigger or more popular than the other student. What if one student is bigger, but less popular or smaller and more popular? School administrators likely also have difficulties interpreting the concept of “imbalance of power.”

Hurtful Acts

A review of the surveys entitled, *Measuring Bullying Victimization, Perpetration, and Bystander Experiences: A Compendium of Assessment Tools*, compiled by Center for Disease Control (CDC), reveals that most surveys assess bullying by providing youth with a list of hurtful behaviors and asking if they have experienced any of these actions. Thus, these surveys define bullying as a “hurtful act,” essentially asking: “Was anyone hurtful to you?”

Some of these surveys ask about repetition, but, as will be demonstrated later, the reported results are not guided by any requirement of repetition. The surveys do not generally ask about severity of the resulting distress. A hurtful act as measured by these kinds of surveys could be a one time incident, a minor incident, or a conflict, as well as bullying.

Statutory Definitions

Then there is the statutory definition of bullying. Or to be more precise, the forty-nine different state statutory definitions. These definitions provide the basis upon which schools must enforce restrictions against bullying.

A 2011, U.S. Department of Education report, *Analysis of State Bullying Laws and Policies*. (ED Analysis), noted, in a significant understatement, that the lack of consistency in use of terms in these statutes “contributes to confusion over how a specific incident should be treated.”⁸

Most of the statutory definitions, however, are based on federal case law. This includes the Supreme Court cases of *Tinker v Des Moines* (free speech) and *Davis v. Monroe* (discriminatory harassment), as well as a key Circuit Court Case, *Saxe v. State College* (school bullying policy).⁹

The essential language of most state statutory definitions is: Pervasive or persistent hurtful acts directed at another student that have caused, or can reasonably be forecast to cause: A) physical harm or threat of harm to the student or his or her property; or B) distress resulting in a significant interference with the ability of the student to receive an education or participate in school activities.

Guidance for Medical and Mental Health Professionals

Assess bullying based on the statutory definition, which is the most objective, focuses on the harmful impact, is the standard schools are required to enforce, and is also the standard used in situations of agency enforcement actions or litigation.

Who is Bullied?

A report by the American Educational Research Association (AERA), entitled *Prevention of Bullying in Schools, Colleges, and Universities: Research Report and Recommendations*, provides comprehensive insight into the kinds of students who are typically targeted.¹⁰

However, the answer to this question is quite simple. Basically, any young person who demonstrates any kind of a trait that is considered “different” and “less socially desirable” has a greater potential of being bullied. This includes specifically students who: have a different

5 One issue is clear, however. Students involved in bullying should not be called “bullies,” “victims,” or “bully/victims.” The terms “bully” or “victim” should not be used as a disparaging noun. Bullying is behavior. The term “bullying” and its variants should be used as verbs or adjectives. “A student who engaged in bullying.” Or, “The bullied student.”

6 <http://www.StopBullying.gov/what-is-bullying/definition/index.html>.

7 Ybarra ML, Boyd D, Korchmaros JD, et al. (2012) Defining and measuring cyberbullying within the larger context of bullying victimization. *J Adolesc Health* 2012;51(1):53-58. DOI: 10.1016/j.jadohealth.2011.12.031. (Asked students about bullying in a variety of ways, including a format similar to YRB, then asked a follow-up question whether this involved someone with greater power or strength. Only 59% of the students who said they were bullied based on this definition, then indicated this involved someone with greater power or strength); Vaillancourt, T, McDougall, P, Hymel, S., Krygsmana, A, Millera, J, Stivera, K, & Davis, C, (2008) Bullying: Are researchers and children/youth talking about the same thing? *International Journal of Behavioral Development*, 32 (6), 486–495. (Asked students to describe “bullies.” Students referenced factors that could be interpreted as “imbalance of power” 26% of the time.)

8 Stuart-Cassel, V, Bell, A. & Springer, J.F. (2011) *Analysis of State Bullying Laws and Policies*. U.S. Department of Education. <http://www.ed.gov/news/press-releases/us-education-department-releases-analysis-state-bullying-laws-and-policies>. (ED Analysis).

9 *Tinker v. Des Moines Ind. Comm. Sch. Dist* 393 U.S. 503 (1969); *Davis v Monroe*, 526 U.S. 629, 633, 650 (1999); *Saxe v. State College* 240 F.3d 200 (3d Cir. 2001).

10 American Educational Research Association. (2013). *Prevention of Bullying in Schools, Colleges, and Universities: Research Report and Recommendations*. Washington, DC: American Educational Research Association. <http://www.aera.net/newsroom/news/preventionofbullyingresearchreportandrecommendations/tabid/14865/default.aspx>.

appearance; are obese; suffer from disabilities; have a minority sexual orientation or identity or are perceived as such; come from a different kind of family; are of a minority race, national origin, or religion; engage in sexually provocative behavior; or are just plain “different.”

Guidance for Medical and Mental Health Professionals

Pay special attention to whether patients who have such “differences” are being bullied.

Who Engages in Bullying?

Much of the literature describes the youth who engage in bullying in this manner:

Kids who bully others can also engage in violent and other risky behaviors into adulthood. Kids who bully are more likely to:

- Abuse alcohol and other drugs in adolescence and as adults
- Get into fights, vandalize property, and drop out of school
- Engage in early sexual activity
- Have criminal convictions and traffic citations as adults
- Be abusive toward their romantic partners, spouses, or children as adults¹¹

This description clearly fits the profile of some of the young people who engage in bullying.¹² They are socially marginalized youth, who are impulsive and overreactive, lack social problem-solving skills, and perform poorly academically. Often they have also been bullied or are considered to be “outcasts.” They often form relationships with other marginalized youth.

However, there is another kind of youth who engages in bullying, who are often ignored in the literature. They are socially motivated and integrated, and considered “popular” and “cool.” They do well academically and in athletics. Rather than being impulsive, they are strategic and intentional when being hurtful. These young people are not likely to be headed to prison. These “social climbers” are more likely headed to leadership positions in society.

Because much of the guidance provided to schools has been shaped with the perspective of the socially maligned hurtful youth, the approaches recommended to secondary schools, where the socially motivated hurtful students are more prevalent, will not be effective.¹³

Guidance for Medical and Mental Health Professionals

Consider socially maligned hurtful youth at high risk and refer for mental health professionals assessment and intervention. Encourage schools to hold hurtful students, especially socially motivated youth accountable in a restorative manner.

How Many Students are Bullied?

Student-to-Student Bullying

The most consistent ongoing U.S. measurement of bullying and cyberbullying comes from the *National Crime Victimization Survey, School Crime Supplement* (NCVS-SCS), conducted by the U.S. Department of Justice.¹⁴

Because this survey has been delivered over the years, and will continue to be, it is possible to chart national progress in efforts to reduce bullying of older youth.

However, a problem is that NCVS-SCS asks students about a range of hurtful acts at school and online.¹⁵ The survey asks about frequency, but does not ask about severity of impact. Thus, what is being measured is not in accord with the statutory definition that schools must enforce.

Data from the 2005, 2007, 2009, and 2011 NCVS-SCS survey questions on whether someone was hurtful at school is provided in the following table.¹⁶

Table 1: Percentage reported a hurtful act at school

Year	Total who report hurtful act	Once or twice in school year	Once or twice a month	Once or twice a week	Almost every day	Adult was notified
2005	28.1%	52.9%*	25.1%	11.3%	7.8%	n/a
2007	31.7%	62.5%	20.7%	10.1%	6.6%	7.8%
2009	28%	67.2%	18.7%	7.8%	6.3%	36.3%
2011	27.8%	64.5%	18.5%	9.2%	7.8%	39.5%

* Question asked about last 6 months.

11 <http://www.StopBullying.gov/at-risk/effects/>.

12 Rodkin, P. C., Farmer, T. W., Pearl, R., & Van Acker, R. (2006). They're cool: Social status and peer group supports for aggressive boys and girls. *Social Development*, 15, 175-204. Rodkin, P. C. (2012) Bullying and Children's Peer Relationships. *Colleagues* Volume 8 Issue 2 *Education Matters* Article 4, pp 5-10. <http://scholarworks.gvsu.edu/colleagues/vol8/iss2/4/>; Farmer, T. W., Petrin, R. A., Robertson, D. L., Fraser, M. W., Hall, C. M., Day, S. H., & Dadisman, K. (2010). Peer relations of bullies, bully-victims, and victims: The two social worlds of bullying in second-grade classrooms. *Elementary School Journal*, 110, 364-392.

13 Yeager, D. S., Fong, C. J., Lee, H. Y. & Espelage, D. L. (in press). Declines in efficacy of anti-bullying programs for older adolescents: A developmental theory and a three-level meta-analysis. *Journal of Applied Developmental Psychology*.

14 Robers, supra (This survey assesses a representative sample of young people in public and private schools, ages 12 to 18. In 2011, the population size was 24,690,000 students and the sample size was 6,500 students.)

15 The question on bullying in the 2011 survey asked about: Made fun of, called names, or insulted. Threatened with harm. Subject of rumors. Pushed, shoved, tripped, or spit on. Tried to make do things they did not want to do. Excluded from activities on purpose. Property destroyed on purpose. The cyberbullying question asked about: Hurtful information on Internet. Purposely shared private information. Unwanted contact via e-mail. Unwanted contact via instant messaging. Unwanted contact via text messaging. Unwanted contact via online gaming. Purposeful exclusion from an online community. Frequency: Once or twice a school year. Once or twice a month. Once or twice a week. Almost daily.

16 The Institute of Education Sciences provided data from SCS focusing on bullying and cyberbullying 2007, 2009, and 2011, available at: <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2008021>; <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2010012> and fn 3. Tables 2.3. The 2005 data was found here: http://nces.ed.gov/programs/crimeindicators/crimeindicators2007/tables/table_11_3.asp?referrer=report. Column 2 reports the total percentage of students who reported a hurtful act at school. Columns 3 - 6 report a percentage of the Column 2 figure, based on frequency. Column 7 reports the percentage of Column 2 who told an adult.

As can be seen from this data, the figures vary somewhat from year to year. However, since 2005, a relatively consistent 28% of students report someone was hurtful to them at school. However, it is wrong to report that 28% of students have been “bullied.” The vast majority of students reported this occurred “once or twice in the school year.” This is not “bullying.” This is “someone was hurtful.”

A far stronger case can be made that students who are the target of a hurtful act “once or twice a week” or “almost every day” were “bullied.” It is not possible to accurately classify the “once or twice” a month data without knowing about the level of distress, which was not measured.

Looking at those who reported hurtful acts occurring “once or twice a week” or “nearly every day,” in 2005, 5.4% of U.S. students reported such bullying and in 2011, 4.8% of U.S. students reported being bullied or harassed almost daily.¹⁷

To put this into perspective, in 2011 in the U.S., close to 1.2 million students reported someone was hurtful to them at school “once or twice a week” ~ and of this number close to 550,000 reported someone was hurtful to them “almost every day!”

The following table has been created from Tables 3.1 on the respective reports related to cyberbullying.

Table 2. Percentage who reported hurtful digital acts anywhere

Year	Total who report hurtful act online	Once or twice in school year	Once or twice a month	Once or twice a week	Almost every day	Adult was notified
2007	3.7%	2.7%	0.7%	1.9%	0	30.0%
2009	6.0%	4.0%	1.0%	0.6%	0.3%	31.5%
2011	9.0%	6.5%	1.8%	0.5%	0.3%	26.1%

Note, from 2007 to 2011 there has been an increase in reports of being cyberbullied. This is to be expected given increased use of digital technologies.

This data does not mean that there has been a huge increase in bullying. In 2011, NCVS-SCS also reported that a total of 29.7% of students were “bullied at school or cyberbullied anywhere,” compared to 27.8% who reported this occurred at school. Other research documents that there is a co-occurrence of these hurtful acts.¹⁸

Note that only 39.5% of students reported hurtful acts at school to any adult. Further, only 26.1% reported hurtful digital acts to any adult.

Of the students who were bullied at school, 10.3% reported they were “fearful of attack or harm” at school “sometimes” or “most of the time.” Of students who were not bullied, only 1.2% indicated they were “fearful of attack or harm.”

A recent report in Pediatrics indicated that each year more than 90,000 school children suffer “intentional” injuries severe enough to land them in the emergency room, with only a minor decrease in the number of intentional injuries at school over the last 10 years.¹⁹ Given the focus on school safety over the last decade, the researchers indicated they had expected a larger decline.

Guidance for Medical and Mental Health Professionals

Encourage districts to engage in annual local assessment of incident rates based on the statutory definition, which assesses repetition, level of distress, and impact on learning and participation at school.

Staff Bullying or Disparagement of Students

A critical issue this data fails to address is the concern of staff bullying or disparagement of students.

In a survey conducted by Gay Lesbian Straight Network, 20% of LGBT students reported “feeling discriminated against because teachers and school personnel personally promoted negative attitudes toward LGBT people, or because they otherwise permitted negative attitudes about LGBT people to be promoted throughout the school.”²⁰

Students with disabilities also may be targeted by staff. A report by Human Rights Watch and American Civil Liberties Union revealed that students with disabilities more frequently receive corporal punishment than other students.²¹ One popular behavior management program uses a chart with green, yellow, and red cards that results in the routine public disparagement of students who have greater difficulties controlling their behavior in class.²²

Students who are obese or overweight are frequent targets of harassment in schools. In a survey conducted of students with weight problems who were attending a weight loss camp, 42% of these young people reported being bullied by physical education teachers or sport coaches and 27% reported being bullied by teachers.²³

¹⁷ This figure was recalculated from a frequency percentage of the total percentage of students who reported hurtful acts to a frequency percentage of all students.

¹⁸ Patchin, J. W. & Hinduja, S. (2012). Cyberbullying: An Update and Synthesis of the Research (pp. 13-36). In J. W. Patchin and S. Hinduja (Eds.). *Cyberbullying Prevention and Response: Expert Perspectives*. New York: Routledge.

¹⁹ Amanullah, supra.

²⁰ Kosciw, J. G., Greytak, E. A., Bartkiewicz, M. J., Boesen, M. J., & Palmer, N. A. (2012). The 2011 National School Climate Survey: The experiences of lesbian, gay, bisexual and transgender youth in our nation's schools. New York: GLSEN.

²¹ Human Rights Watch & American Civil Liberties Union (2009) Impairing Education Corporal Punishment of Students with Disabilities in US Public Schools. <https://www.aclu.org/impairing-education-corporal-punishment-students-disabilities-us-public-schools.html>.

²² Canter, L. *Assertive Discipline: Positive Behavior Management for Today's Classroom*, Fourth Edition. Originally developed by Lee and Marlene Canter, the program was acquired by Laureate Education and now appears to be primarily a graduate course: <http://www.une.edu/cas/education/upload/eduv504.pdf>.

²³ Puhl, R.M., Peterson, J.L. & Luedicke, J. (2013) Weight-Based Victimization: Bullying Experiences of Weight Loss Treatment-Seeking Youth. *Pediatrics* 131:e1-e9; doi:10.1542/peds.2012-1106. The Rudd Center for Food Policy & Obesity at Yale University provides up to date resources on this issue. <http://www.yaleruddcenter.org/>.

When questioning young patients about what is happening to them at school ask whether staff are engaging in or supporting this. Ensure schools assess the possibility of staff bullying or disparagement of students through the annual local assessment.

What are the Harms?

In a recent commentary published in *Pediatrics*, Schuster and Bogart outlined the concerns associated with bullying:

*Bullied students experience higher rates of anxiety, depression, physical health problems, and social adjustment problems. These problems can persist into adulthood. Bullying students become less engaged in school, and their grades and test scores decline. In high schools where bullying and teasing are prevalent, the student body is less involved in school activities, performs lower on standardized tests, and has a lower graduation rate. Students who engage in bullying are at elevated risk for poor school adjustment and delinquency. They are at increased risk for higher rates of criminal behavior and social maladjustment in adulthood. Students who are bullied but also engage in bullying have more negative outcomes than students in bully-only or victim-only groups. ... Cyberbullied students experience negative outcomes similar to those experienced by their traditional counterparts, including depression, poor academic performance, and problem behavior. ...*²⁴

The AERA report also provided an overview of the measurable negative consequences:

- *Bullied students experience higher rates of anxiety, depression, physical health problems, and social adjustment problems. These problems can persist into adulthood.*
- *Bullying students become less engaged in school, and their grades and test scores decline.*
- *In high schools where bullying and teasing are prevalent, the student body is less involved in school activities, performs lower on standardized tests, and has a lower graduation rate.*
- *Students who engage in bullying are at elevated risk for poor school adjustment and delinquency. They are at increased risk for higher rates of criminal behavior and social maladjustment in adulthood.*
- *Students who are bullied but also engage in bullying have more negative outcomes than students in bully-only or victim-only groups. ...*
- *Cyberbullied students experience negative outcomes similar to those experienced by their traditional counterparts, including depression, poor academic performance, and problem behavior. ...*²⁵

Detect the harmful impact of bullying on your patients. Follow this up by contacting the school to support the patient and parent in ensuring the situation is remedied.

What About Suicide?

There is an association between bullying and suicide.²⁶ A recent study that assessed this association between bullying and suicide found that bullying was only associated with later suicidal ideation or attempts for students who had other risk factors and were therefore already at risk for suicidal behavior regardless of bullying.²⁷

However, at this time there is an exceptionally unhealthy reporting of this association, especially in news articles, but also in school. Too often, students are seeing messages that bullying, cyberbullying, or sexting has “caused” a young person to suicide. Often the messaging focused on the despair of the young person in a situation and his or her feelings of hopelessness. Sometimes schools invite grieving parents to the school for assemblies.

Suicide prevention professionals are understandably concerned about these messages for a number of reasons:²⁸

- These messages reflect an inaccurate understanding of a decision to suicide. Unrelenting bullying can contribute to a decision to suicide and a recent bullying incident can be a trigger, but there are always multiple factors related to this decision. The failure of a school to effectively respond to such bullying may also be a factor leading to feelings of hopelessness.
- The unintentional message conveyed to students is that if they are being bullied or cyberbullied, suicide is an option they should consider. Thus, these messages could increase the risk of suicide or other violence.²⁹

Ensure that local schools know of the substantial risks of and avoid using the “bullying causes suicide, don’t do it” approach for instruction for students.

If a youth suicide has occurred in your community, and there are suggestions that this is related to bullying, proactively reach out to the press to help to better educate them, and through them, the community, about these issues. The StopBullying.Gov web site has excellent resources on this issue that have been directed, including those specifically addressed towards the news industry.³⁰

24 Schuster MA, & Bogart LM. (2013) Did the ugly duckling have PTSD? Bullying, its effects, and the role of pediatricians. *Pediatrics*. 2013 Jan;131(1):e288-91. doi: 10.1542/peds.2012-3253.

25 Id. page 9-10, citations omitted.

26 Suicide Prevention Resource Center (2011) *Suicide and bullying: Issue Brief*. http://www.sprc.org/library_resources/items/suicide-and-bullying-issue-brief.

27 Klomek A.B., Kleinman M., Altschuler E., Marrocco F., Amakawa L., Gould M.S. (2011). High School Bullying as a Risk Factor for Later Depression and Suicidality. *Suicide and Life-Threatening Behavior*. 41(5): 501-516.

28 Bindley, K (02/ 8/2012). Bullying And Suicide: The Dangerous Mistake We Make. *Huffington Post*. http://www.huffingtonpost.com/2012/02/08/bullying-suicide-teens-depression_n_1247875.html?1328712078; See also American Foundation for Suicide Prevention resources at: <https://www.afsp.org/news-events/for-the-media/reporting-on-suicide/bullying-and-suicide>.

29 A recent news story illustrates this concern. Pearce, M. and Mason, M. (October 28, 2013) Anti-bullying videos questioned after two students' suicides. Los Angeles Times. <http://www.latimes.com/nation/nationnow/la-na-nn-school-bullying-videos-20131028,0,150664.story#axzz2juDGaMOR>. After a school showed a movie on bullying, The Bully, one student walking out of the movie telling a friend he should suicide and did so the following morning. In another incident, the day after this movie was shown a student came to school, killed two students, a teacher, and then himself.

30 <http://www.stopbullying.gov/blog/2013/12/30/bullying-and-suicide-whats-the-connection> and <http://www.stopbullying.gov/news/media/index.html>.

Effectiveness of Current Bullying Prevention Efforts

What is the Most Common Current Approach?

The requirements in most state bullying statutes and guidelines for schools are based on “rules and punishment:”

- Adopt and disseminate a policy against bullying.
- Increase staff attention and train staff on its obligations.
- Increase staff supervision in “hot spots.”
- Teach students not to bully and to report if they are.
- Inform students and parents how to report, and prohibit retaliation for reporting.
- Investigate reported incidents and punish the student who engaged in bullying using graduated sanctions.
- Document all reported incidents, the results of the investigation, and the school’s disciplinary response.

Is this Approach Effective?

While a necessary start, there is no evidence that if schools are in compliance with these statutes this will achieve a reduction in bullying. Note that these kinds of statutory provisions have been in place from at least 2005 and, according to NCVS-SCS, there has been no reduction in student reports of someone being hurtful to them at school.

A recently study by Jeong and Lee, that evaluated U.S. data from the 2005-2006 *Health Behavior in School-Aged Children* survey, determined that 65% of schools had bullying prevention programs and that schools with such programs had **significantly higher levels** of reported bullying.³¹ Of concern in interpreting these results is there is insufficient insight into the nature of the prevention programs or other conditions at the schools.

The *Olweus Bullying Prevention Program* (OBPP), has been widely touted, but has not demonstrated effectiveness in the U.S. The lead article in a recent *Theory into Practice* volume focused on bullying stated:

The efficacy of the Olweus Bullying Prevention Program (OBPP), considered the gold-standard and

*used in thousands of US school districts, is questionable.*³²

Further, in a recent three-year, well-funded, broad-based implementation of OBPP in western Pennsylvania, there was no reduction in student reports that they were bullied at the elementary or middle school level.³³ OBPP has been delisted as a Model program on the Substance Abuse and Mental Health Administration National Registry of Evidence-Based Programs and Practices (NREPP).³⁴

An excellent recent article by Yeager and colleagues explains that the predominant approach to addressing bullying was developed with a focus on elementary students and the multiple risk student engaging in bullying.³⁵ Elementary students are more complaint in following rules and are more closely supervised.

At the secondary level, students are more independent and less supervised. Further, bullying at the secondary level most often involves students who are socially integrated. Punitive approaches raise significant risks that that by reporting, the bullied student’s reputation will be seriously damages. Retaliation is very likely and will be virtually undetectable by any adult. This approach will not be effective in the digital age, when schools are not making rules for sites or apps, staff are not present in digital environments, and students are not reporting concerns.

During the last decade, there has been a significant increase in the presence of School Resource Officers (SROs). A 2013 Congressional Research Service report indicates there is no research evidence that the presence of SROs has a positive impact on school climate or reduction of violence.³⁶ Of significant concern is that SROs, with no professional training in youth risk, are advised to teach students about risk behavior and provide counseling to “at risk” students.³⁷

Guidance for Medical and Mental Health Professionals

Overall recommendations are presented in the following section. Specifically address the role SROs are playing in your local schools especially in relation to “at risk” youth.

31 Jeong S. & Lee, B.N (2013) A Multilevel Examination of Peer Victimization and Bullying Preventions in Schools, *Journal of Criminology*, vol. 2013, Article ID 735397, 10 pages, doi: 10.1155/2013/735397. <http://www.hindawi.com/journals/jcrim/2013/735397/>.

32 Espelage D.L. (2013) This Issue, *Theory Into Practice*, *Theory Into Practice*. 52:4, 229-232, DOI: 10.1080/00405841.2013.829722 <http://dx.doi.org/10.1080/00405841.2013.829722>.

33 Masiello, M. (2012) *Bullying Prevention: A Statewide Collaboration That Works*. Highmark Foundation. http://www.highmarkfoundation.org/initiatives/bullying_prevention.shtml. Note the data presented in the following statement on page 16: “Not unexpectedly, mixed findings were seen in students’ self-reports of being bullied, with some age groups and cohorts showing decreases (e.g., an 18 percent decrease in reports of being bullied among high school students in PA CARES schools) and others showing no positive program effects.” This report makes much of the decrease in student reports that they were bullied and a decrease in the perception that teachers “did little or nothing” to reduce bullying. But these questions are far more highly subject to social desirability bias. An earlier version of this report was more specific in the fact that there was no reduction in student reports that they were bullied and is no longer available. The reported effectiveness at the high school level should be questioned because there were no control groups and at the same time, statewide, PA was strongly focused on reducing school violence at the high school level.

34 <http://nrepp.samhsa.gov/>.

35 Yeager, et. al, supra.

36 James, M. & McCallion, C. (June 26, 2013) School Resource Officers: Law Enforcement Officers in Schools. Congressional Research Service. <https://www.fas.org/sgp/crs/misc/R43126.pdf>.

37 National Association of School Resource Officers (2012) To Protect and Educate: The School Resource Officer and the Prevention of Violence in Schools. http://www.nasro.org/sites/default/files/pdf_files/NASRO_Protect_and_Educate.pdf.

What are Student's Perspectives of Effectiveness Overall?

There are profoundly different perspectives of effectiveness when comparing the assessment of students with those of staff. In a 2007 study, Bradshaw and colleagues found:

- While 97% of school staff said they would intervene if they saw bullying, 43% of middle school students and 54% of high school students reported they had seen adults at school watching bullying and doing nothing.
- While 87% of school staff think they have effective strategies for handling bullying, 58% of middle and 66% of high school students believe adults at school are not doing enough to stop or prevent bullying.
- While only 7% of school staff think school staff make things worse when they intervene, 61% of middle school students and 59% of high school students believe that teachers who try to stop bullying only make it worse.³⁸

One of the reasons it is challenging for schools to realize changes are necessary is that they perceive that what they are doing is effective and are not asking for student opinion.

Guidance for Medical and Mental Health Professionals

Raise the attention of schools to bullying situations causing significant concerns, but are not being reported. In community planning, encourage surveying and active involvement of students, so their perspectives are heard.

What are Student's Perspectives of Effectiveness of School Interventions?

Schools are encouraged, or required by statute, to apply a graduated range of sanctions or punishments for bullying.³⁹

The focus on encouraging student reporting is grounded in the misperception that increased student reporting to school staff will solve the problem. Ask any young person and they will be able to effectively explain how reporting and punishing will result in damage to the reputation of the bullied student and often lead to retaliation.

In July 2011, the U.S. Departments of Education and Justice announced the launch of the *Supportive School Discipline Initiative*.⁴⁰ This *Initiative* addresses the school-to-prison pipeline and disciplinary practices that push students, especially minority students, out of school and into the justice system and encourages discipline practices that will foster safe and productive learning environments.

38 Bradshaw, supra.

39 <http://www.stopbullying.gov/laws/key-components/>.

40 <http://www.ed.gov/news/press-releases/secretary-duncan-attorney-general-holder-announce-effort-respond-school-prison-p>. In January 2014, the Initiative introduced helpful resources for schools, including a School Discipline Guidance Package. <http://www2.ed.gov/policy/gen/guid/school-discipline/index.html?exp=1>.

41 Davis S. & Nixon, C. (2010) *Preliminary Results from the Youth Voice Research Project: Victimization & Strategies*. Youth Voice Project. <http://www.youthvoiceproject.com>. See also: Davis, S. & Nixon, C. (2013) *Youth Voice Project: Student Insights into Bullying and Peer Mistreatment*. Research Press: Illinois.

42 Davis S. & Nixon, C. (2011) *Youth Voice Project, National Data Set*. Youth Voice Project. <http://www.youthvoiceproject.com>.

43 Davis & Nixon (2010), supra. It should be noted that students reported telling the them to solve the problem by themselves, to stop tattling, to act differently, or to simply ignore what was happening were even less effective. Listening to them, checking in after to see if things were okay, and giving them advice were reported as most effective.

44 Personal communication, Charisse Nixon, January 2014.

45 <http://www2.ed.gov/policy/gen/guid/school-discipline/index.html?exp=1>.

The *Youth Voice Project* 2011 study asked students who were repeatedly bullied and had experienced moderate to very severe levels of distress, whether they reported to an adult at school and, if so, whether things got better, stayed the same, or got worse.⁴¹ The findings indicated:

- Younger students (grade 5). 46% did not tell an adult, 29% told and things got better, 17% told and things stayed the same, 11% told and things got worse.
- Middle schools (grades 6 to 8). 68% did not tell an adult, 12% told and things got better, 8% told and things stayed the same, 12% told and things got worse.
- In high schools (grades 9 to 12). 76% did not tell an adult, 7% told and things got better, 8% told and things stayed the same, 9% told and things got worse.⁴²

The *Youth Voice Project* also specifically asked students about the effectiveness of punitive responses. Overall across grade levels, students reported that punishing the one being hurtful made things better 35% of the time, but made things worse 37% of the time.⁴³ Nixon conducted further analysis at the request of this author.⁴⁴ She found the effectiveness of the punitive approach decreased with grade level. Punishments were generally effective at the elementary level, had mixed results at the middle school level, and were not at all effective, at the high school level.

Adults can tell students to report bullying until they are “blue in the face,” but students are not going to report if there is only a one in three chance that reporting will help resolve the situation ~ but also a one in three chance, that reporting will make things much worse!

In January 2014, the Initiative introduced helpful resources for schools, including a School Discipline Guidance Package which recommends a focus on Positive Behavior Management to address overall management, greater focus on identifying and addressing the underlying reasons for students wrongdoing, and using restorative practices.⁴⁵

Guidance for Medical and Mental Health Professionals

Ask patients about the effectiveness of the school's intervention and report this finding to the school. Make sure when you communicate concerns to schools to encourage a remedial and restorative approach for the student(s) being hurtful, rather than punishment. Encourage schools to embrace proactive and positive disciplinary approaches and to specifically evaluate the effectiveness of interventions in bullying situations.

Legal Parameters

Medical and mental health professionals who have worked with bullied patients and their parents or guardians are likely very familiar with this story:

Student is bullied and reports to the school. The principal punishes the student(s) who engaged in bullying. The bullying gets worse because the punishment has led to retaliation and harmed the bullied student's reputation. Because of this the student does not want to report again. Or if further concerns have been reported, the school has told the student and parent that this is all they can do.

When medical and mental health professionals have a better understanding of the legal requirements of schools they will then be in a better position to more effectively document the concerns in specific cases, more persuasive in reaching out to schools to raise attention to such concerns, and provide better guidance to parents or guardians on possible additional actions they could take if the situation continues to not be effectively addressed.

Statutory Basis of Discriminatory Harassment

Public school districts violate federal and state civil rights laws when discriminatory harassment based on protected class is sufficiently serious to create a hostile environment, and school staff encourage, tolerate, do not adequately address, or ignore such harassment.⁴⁶ This can result in agency enforcement actions or litigation. Several federal laws govern discriminatory harassment:

- *Title IX of the Education Amendments of 1972* prohibits discrimination on the basis of sex by an educational program or activity receiving federal funds.⁴⁷
 - The U.S. Department of Education Office for Civil Rights (ED-OCR) has taken the position that this also prohibits gender-based discrimination based on sex-role stereotyping.⁴⁸
- *Title VI of the Civil Rights Act of 1964* prohibits discrimination on the basis of race, color, or national origin in any educational program or activity receiving federal funds.⁴⁹

- ED-OCR has taken the position this includes discrimination based on religion, if grounded in national origin.⁵⁰

- *Section 504 of the Rehabilitation Act of 1973* prohibits discrimination on the basis of disability in programs or activities receiving federal financial assistance.⁵¹
- *The Americans with Disabilities Act of 1990* prohibits discrimination on the basis of disability.⁵²

ED-OCR has significantly increased its activities related to discriminatory harassment through the provision of guidelines. Working together with the U.S. Department of Justice's Civil Rights Division, (DOJ-CRD), ED-OCR has also increased agency enforcement actions and involvement in litigation, including involvement in consent decrees and the provision of amicus briefs on behalf of students.

Agency Guidelines

A *Dear Colleague Letter* issued in 2010 by the ED-OCR addresses the intersection between bullying and discriminatory harassment.⁵³ Based on this *Letter*, schools must respond to situations of harassment that they know or reasonably should know about. The response must not be to merely punish the student(s) engaging in wrongdoing, but to assess and address the environmental issues that may be perpetuating this hostile environment.

Ed-OCR provides a helpful document entitled *How to File a Discrimination Complaint with the Office for Civil Rights*.⁵⁴

Litigation

In 1999, *Davis v. Monroe County Board of Education*, the Supreme Court held that schools can be financially liable under Title IX if they are "deliberately indifferent to known acts of student-on-student harassment and the harasser is under the school's authority," if the harassment is "so severe, pervasive, and objectionably offensive that deprives the victims of access to the educational opportunities or benefits provided by the school."⁵⁵

A December 2012 decision by the Second Circuit in *Zeno v Pine Plains* upheld a \$1M jury verdict against school district.⁵⁶ Zeno had been racially harassed for over three

46 Title IX of the Education Amendments of 1972, 20 U.S.C. §§ 1681-1688; Title VI of the Civil Rights Act of 1964, 42 U.S.C. §§ 2000d-2000d-7; Section 504 of the Rehabilitation Act of 1973, 29 U.S.C § 794; The Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12131-12134.

47 20 U.S.C. §§ 1681-1688.

48 ED-OCR, 2010 OCR Dear Colleague Letter, supra.

49 42 U.S.C. §§ 2000d-2000d-7.

50 ED-OCR, 2010 Dear Colleague Letter, supra.

51 29 U.S.C § 794.

52 42 U.S.C. §§ 12131-12134. In June, 2013, the American Medical Association classified obesity a disease. Based on this, obesity could also possibly be considered a disability. Note that ED-OCR, decided that Title IX could be expanded to include gender-based discrimination and Title IV could be expanded to include religious-based discrimination if ground in national origin.

53 US. Department of Education Office for Civil Rights (October 26, 2010) *Dear Colleague Letter*. <http://www2.ed.gov/about/offices/list/ocr/letters/colleague-201010.html>.

54 <http://www2.ed.gov/about/offices/list/ocr/docs/howto.html>.

55 *Monroe v Davis*, 526 U.S. 629, 633, 650 (1999).

56 *Zeno v. Pine Plains Central School District*, 702 F3d 655 [2d Cir. 2012])

years. The school defended itself by demonstrating that every time Zeno reported the harassment, it responded by punishing the wrongdoers. The punitive responses of the school were making things worse and this caused Zeno to resist reporting, unless the incident was egregious.

In addition to the fact that the school investigated and respond to reported incidents, the district had a bullying policy, a process to handle reports, trainings for its staff, and students, information for parents. The school was doing everything most state statutes require. The Court stated:

The jury could have found and apparently did find that the District's remedial response was inadequate -- and deliberately indifferent -- in at least three respects.

First, although the District disciplined many of the students who harassed Anthony, it dragged its feet before implementing any non-disciplinary remedial action -- a delay of a year or more. ... At some point after Anthony's first semester, the District should have done more, and its failure to do more "effectively caused" further harassment. ...

Second, the jury could have reasonably found that the District's additional remedial actions were little more than half-hearted measures. ... Although actually eliminating harassment is not a prerequisite to an adequate response, ... the District's actions could not have plausibly changed the culture of bias at SMHS or stopped the harassment directed at Anthony. ...

Finally, despite the District's present argument that it did not know its responses were inadequate or ineffective, a jury reasonably could have found that the District ignored the many signals that greater, more directed action was needed.

The *Zeno* decision underscores for schools the importance of both making sure that intervention actions are achieving the desired result, and that the school climate is not sustaining incidents of discriminatory harassment.

Schools cannot simply punish the students being hurtful and ignore the fact that two times out of three this will either not resolve the problem ~ or will make things worse! Schools cannot ignore the role that the school climate is playing in sustaining the hurtful acts!

In a discriminatory harassment situation the question of staff knowledge is important. As noted, in the Dear Colleague Letter above, the position of ED-OCR is the question of whether the school knew or should have known. Currently, the standard in litigation that of actual knowledge. Sometimes, schools argue that the school administrator must have known. But most state statutes and district policies contain a requirement for any school staff member to report such incidents. Thus, knowledge by any staff member should be imputed to the school

Guidance for Medical and Mental Health Professionals

To document that a situation involving a young patient meets the standards for a civil rights violation ask the following questions:

1. Has the student been the target of hurtful acts by another student or students ~ or staff?
2. Have the hurtful acts been pervasive (widely spread), or persistent (continuing)?
 - How many people have been involved? How many times has this happened?
3. As a result of these hurtful acts is the targeted student emotionally distressed? Is this distress reasonable under the circumstances?
 - Key indicators of emotional distress would include: feeling anxious, scared, or really sad; wanting to retaliate against people or to hurt oneself; headaches; problems sleeping; stomach pain; avoiding people; and the like.
4. As a result of these hurtful acts has there been a significant interference in the ability of the student to receive an education or participate in school activities?
 - Indicators of interference with learning could include: skipped school one or more days; skipped a class one or more times; difficulties concentrating in class; hard to complete assignments; received lower grades; or did not feel comfortable participating in class discussions or class activities; and the like.
 - Interference with activities at school could include avoiding: riding the bus; certain areas of the school building; using the bathroom; using the locker room; going into the cafeteria; participating in school clubs; participating on a school sports team; attending school activities, like dances or games.
5. Is the targeted student a member of, or perceived to be a member of, a protected class as defined by federal or state civil rights laws?
 - At a federal level, this includes race and national origin, disability, and sex/gender-based. Check the state statute to determine other protected classes. In most states this also includes religion.
6. Are the hurtful acts related to targeted student's membership, or perceived membership, in this protected class?
7. Has this been reported to the school or have staff been present? How has the school responded and has this been effective in stopping the harm?

If the situation meets the standards of discriminatory harassment then a complaint can be filed with the state or federal government's civil rights compliance office for schools.

Recent Important Consent Decree

In March 2012, the Anoka-Hennepin School District entered into a consent decree with the ED-OCR and DOJ-CRD, as well as student plaintiffs, that resolved a lawsuit and enforcement action against the district related to gender-based harassment.⁵⁷ In a press release announcing the *Anoka-Hennepin Consent Decree*, ED-OCR made the following statement:

*Through the Consent Decree, it is our hope that Anoka-Hennepin, Minnesota's largest school District educating nearly 40,000 students in 37 schools, will become a model for other school Districts in its efforts to address sex-based and other types of prohibited harassment.*⁵⁸

It is clear from the *Anoka-Hennepin Consent Decree* list of requirements, that the necessary and expected actions of school districts and schools in preventing discriminatory harassment has moved far beyond current state statutory requirements and are consistent with recommendations from the bullying prevention researchers. Notable inclusions in this list of required actions are:

- Effective coordination, with a requirement for designated staff to be responsible for efforts to address these issues at a district and school level.
- An expanded approach to address students' mental health and social emotional issues.
- Annual measurement including use of a survey and focus groups with students who are typically bullied.
- Active involvement of students both in providing insight and guidance to school administrators and in peer leadership programs.
- Working specifically with populations of students that are more typically bullied.
- Assessing the effectiveness of school interventions.

The requirements of this consent decree have provided a substantial foundation for the recommendations that will appear in the next section on a more comprehensive approach for schools.

Students Receiving Special Education Services

Students with disabilities often are bullied and may engage in bullying. A 2013 *Dear Colleague Letter* from ED's Office of Special Education and Rehabilitative Services stated:

Whether or not the bullying is related to the student's disability, any bullying of a student with a disability that results in the student not receiving meaningful educational benefit constitutes a denial of (a Free and

Appropriate Public Education) under the (Individuals with Disabilities Act) that must be remedied.

Under the Individuals with Disabilities Act (IDEA), schools must assess and develop objectives for academic skills and functional skills, including social emotional competencies.

If a student on an Individual Education Plan (IEP) is bullied or engages in bullying, schools are required to address this in an IEP meeting and may not simply place these students in a more restrictive environment away from the mainstream student body.

Guidance for Medical and Mental Health Professionals

These additional questions can be asked:

8. Is this student on an IEP?
9. Has an IEP meeting been held to address the concerns?
10. Has the student been removed from the mainstream school community?

If concerns of a student on an IEP who is being or engaging in bullying have not been addressed in an IEP meeting, a complaint can be filed with the state.

State Bullying Prevention Statutes

Forty-nine states have enacted bullying prevention statutes.⁵⁹ These statutes generally require schools to adopt and disseminate a bullying policy, increase staff attention, inform students and parents how to report, investigate reported incidents and intervene, and document reported incidents, results of the investigation, and the school's disciplinary response. As set forth in the prior section, there is no evidence that being in compliance with these statutes will reduce bullying or limit its harmful effects.

In most states, if the answers to questions 1 to 4 are "yes" this constitutes "bullying." Unfortunately, there are no effective strategies to enforce this if the student is not a member of a protected class because these statutes do not provide for a private right for remedy.

The latest statutory approach is a requirement that schools track and publicly report bullying incidents. States that require schools to make public reports of the number of bullying incidents will make matters worse.

Schools that improve their effectiveness in responding to bullying incidents should see an increase in reporting, because more students would feel that it is safer to report. But higher or increased reports of bullying will likely be translated as a "black mark" on schools. Schools could discourage students from reporting bullying or classify incidents as "not bullying" to avoid this kind of negative reputation or the potential of liability.

⁵⁷ <http://www.justice.gov/crt/about/edu/documents/casesummary.php#anoka>. The other parties included several student plaintiffs, whose case was supported by attorneys from the Southern Poverty Law Clinic and Lambda Legal.

⁵⁸ <http://www.WhiteHouse.gov/blog/2012/03/08/us-departments-justice-and-education-resolve-harassment-allegations-anoka-hennepin-s>.

⁵⁹ Stuart-Cassel, et. al, supra.

This approach is akin to suggesting the military address the problem of sexual assault solely by requiring all unit commanders to investigate and publicly report how many reports of sexual assault they received. The military is wisely assessing both survey data of assaults and the number of such assaults that are actually reported.⁶⁰ The objective is that the number of assaults reported on the survey will decrease and the number of incidents reported to the command will increase.

Guidance for Medical and Mental Health Professionals

Encourage schools to assess their effectiveness of reducing and effectively responding to bullying and discriminatory harassment with at least two measures:

- Annual survey data with questions on bullying or harassment that are based on accurate statutory language that assesses pervasiveness or persistence,

severity of distress, and whether such hurtful acts were based on protected class status.

- Incident reports that include a post incident evaluation by all parties on the effectiveness of the school intervention.

At a state level, if bullying prevention legislation is proposed that includes a requirement of school reporting on incidents, raise objections based on the concerns described.⁶¹

Private Schools

Private schools are subject to the requirements of the Americans With Disabilities Act, but not the other civil rights statutes, unless they receive federal funds or state funds. Private schools can face liability under tort law.

⁶⁰ Steinhauer, J. (Nov. 7, 2013). Reports of Military Sexual Assault Rise Sharply. *New York Times*. http://www.nytimes.com/2013/11/07/us/reports-of-military-sexual-assault-rise-sharply.html?_r=0.

⁶¹ The author has additional evidence of the harmful impact of this approach, which she would be very willing to share.

Improving Effectiveness of Schools

What is necessary to more effectively reduce bullying and limit its harmful effects is a multi-tiered comprehensive approach that ensures accountability, focuses on the quality of the school climate, engages students in leadership roles, and resolves negative incidents in a manner that addresses the concerns of all parties involved, and holds the one who engaged in harm accountable in a manner that remedies the harm and restores relationships.

Embrace Civility in the Digital Age has developed a comprehensive program for schools called, *Positive Relations @ School* that has been developed in reliance on these five helpful resources:

- The aforementioned consent decree the ED-OCR and DOJ-CRD entered into with the Anoka-Hennepin School District in Minnesota, resolving a lawsuit and enforcement action related to gender-based harassment.⁶²
- Recommendations included in an *Enclosure* associated with the aforementioned *Dear Colleague Letter* issued in 2013 by ED's Office of Special Education and Rehabilitative Services.⁶³
- Report by the American Educational Research Association entitled, *Prevention of Bullying in Schools, Colleges, and Universities: Research Report and Recommendations*.⁶⁴
- A research-based professional resource, *A Framework for School-Wide Bullying Prevention and Safety*, published by the National Association of School Psychologists.⁶⁵
- A comprehensive study and set of recommendations from the UK Department of Education, *The Use and Effectiveness of Anti-Bullying Strategies in Schools*.⁶⁶

Based on insights contained in these documents, which includes legal, regulatory, research, and professional requirements or recommendations, the following is a brief outline of the recommended action steps for schools:

- Implement a multi-tiered, coordinated effort, the adoption of research-based approaches, and the ongoing analysis of local data to ensure continuous improvement.

- ▶ Appoint a district level staff person to be in charge of issues related to positive school climate and bullying. Establish a coordinating committee that includes key staff members, community representatives from medical, mental health, and law enforcement, parents, and students.
- ▶ In every school, appoint a staff person to be in charge of these issues, with a similar school-based working group.
- ▶ Ensure that programs and activities implemented are ground in research-based logic and effectiveness is evaluated locally.
- ▶ Ensure incident data is retained and a specific approach has been implemented to evaluate the effectiveness of interventions.
- Engage in annual assessment and evaluation
 - ▶ This should include annual surveys of students and staff, focus groups of students who are typically targeted, evaluation of incident data, and evaluations of the effectiveness of interventions.
- Focus on building a positive school climate.⁶⁷
 - ▶ Implement a school-wide Positive Behavior Management approach that enunciates clear positive standards for behavior and focuses on the positive acknowledgement of positive behavior.
 - ▶ Implement a comprehensive approach for Social Emotional Learning, including direct, integrated, and informal instruction, along with individualized instruction for students with identified challenges in social, emotional competencies.
 - ▶ Recognize the majority of students have positive norms and integrate a Positive Social Norms perspective into all other approaches.
 - ▶ Adopt a Response to Intervention (Three Tier Risk Prevention) approach to address social emotional competencies and identify and address the challenges of students engaging in or being bullied.
 - ▶ Hold those who engage in wrongdoing accountable using a Restorative Practices approach to remedy the harm and restore relationships.

⁶² <http://www.justice.gov/crt/about/edu/documents/casesummary.php#anoka>. The other parties included several student plaintiffs, whose case was supported by attorneys from the Southern Poverty Law Clinic and Lambda Legal.

⁶³ US. Department of Education Office for Special Education and Rehabilitation Services (October 26, 2010) *Dear Colleague Letter*. <http://www.ed.gov/blog/2013/08/keeping-students-with-disabilities-safe-from-bullying/>.

⁶⁴ American Educational Research Association, supra..

⁶⁵ Rossen, E., & Cowan, K. C. (2012). *A Framework for School-wide Bullying Prevention and Safety* [Brief]. Bethesda, MD: National Association of School Psychologists.

⁶⁶ Thompson, F & Smith, P.K. (2011) *The Use and Effectiveness of Anti-Bullying Strategies in Schools*. Research Report DFE-RR098 . UK Department for Education. <https://www.gov.uk/government/publications/the-use-and-effectiveness-of-anti-bullying-strategies-in-schools>.

⁶⁷ The National School Climate Center has excellent resources to support this effort. <http://www.schoolclimate.org/>.

- Increase student involvement and leadership.
 - Involve students in on both district and school coordinating committees, and provide opportunities for their input into challenges and solutions.
 - Engage students in leadership activities that will shift social norms to discourage hurtful behavior and increase positive peer intervention.
 - Work with populations of students who are typically targeted to gain insight and build resiliency.
- Implement an intervention approach that addresses the concerns of all parties.
 - Ensure all school staff know they must intervene and reporting negative incidents. Staff intervention should: Stop the harm. Assess the damage. Respond as appropriate based on the damage. Report to the school coordinator for further action.
 - Effectively investigate hurtful situations, including an assessment of the challenges that may be faced by students engaging in or being bullied.
 - Implement interventions that focus on holding the student who engaged in wrongdoing accountable in a way that remedies the harm and restores relationships and that addresses the challenges any involved student faces related to social emotional competencies, behavior, or mental health.
 - Evaluate the effectiveness of all interventions.

Guidance for Medical and Mental Health Professionals

Encourage your local district to implement a comprehensive approach with these components. Additional insight on four critical components are addressed in this and the following section.

Ongoing Assessment

As should be very clear from the insight presented in this document, there are stark differences in perspective between what staff think is effective and what students think is effective. Further, it is impossible to ascertain the effectiveness without local measurement, that assesses incident rates in accord with the statutory definition, interventions, and follow-up data on the interventions.

Note that ongoing assessment, including annual surveys, focus groups of typically targeted students, incident data, and evaluation of effectiveness was required under the *Anoka Hennepin Consent Decree*.

Guidance for Medical and Mental Health Professionals

What you measure is what you get. Encouraging districts to require such measurement is essential to ensuring progress.

Social Emotional Competencies?

Social Emotional Learning is rooted in developmental psychology, incorporates aspects of human behavior theories, including social-cognitive theory, social problem-solving, resiliency, and moral development.

The leading national organization advancing the development of academic, social and emotional competence is the Collaborative for Academic, Social, and Emotional Learning (CASEL).⁶⁸ CASEL's mission is to make evidence-based social and emotional learning an integral part of education.

CASEL has identified five interrelated sets of cognitive, affective and behavioral competencies. The future success of young people is highly dependent on gaining these social emotional competencies. They include:

- **Self-awareness:** *The ability to accurately recognize one's emotions and thoughts and their influence on behavior. This includes accurately assessing one's strengths and limitations and possessing a well-grounded sense of confidence and optimism.*
- **Self-management:** *The ability to regulate one's emotions, thoughts, and behaviors effectively in different situations. This includes managing stress, controlling impulses, motivating oneself, and setting and working toward achieving personal and academic goals.*
- **Social awareness:** *The ability to take the perspective of and empathize with others from diverse backgrounds and cultures, to understand social and ethical norms for behavior, and to recognize family, school, and community resources and supports.*
- **Relationship skills:** *The ability to establish and maintain healthy and rewarding relationships with diverse individuals and groups. This includes communicating clearly, listening actively, cooperating, resisting inappropriate social pressure, negotiating conflict constructively, and seeking and offering help when needed.*
- **Responsible decision making:** *The ability to make constructive and respectful choices about personal behavior and social interactions based on consideration of ethical standards, safety concerns, social norms, the realistic evaluation of consequences of various actions, and the well-being of self and others.*⁶⁹

The Academic, Social, and Emotional Learning Act of 2013, identifies core areas of social and emotional competency, and amends the Elementary and Secondary Education Act to allow funding for teacher and principal training and

⁶⁸ <http://www.casel.org/>.

⁶⁹ <http://www.casel.org/social-and-emotional-learning/core-competencies>.

professional development to be used for Social Emotional Learning programming.⁷⁰ This Act was only first introduced in 2011 and has not yet passed Congress.

Illinois is the only state in the nation that requires schools to develop a comprehensive plan to address students Social Emotional Learning.⁷¹

Guidance for Medical and Mental Health Professionals

Encourage the local district to develop and implement a district-wide approach to address Social Emotional Learning. At the state level, encourage the adoption of legislation similar to that enacted in Illinois.

Student Leadership

The importance of student leadership was emphasized in the press release for the *Anoka-Hennepin Consent Decree*:

*The Departments are especially grateful to the courageous students who came forward in this case and provided invaluable insights that strengthened the Decree. It explicitly provides opportunities for student participation in the District's ongoing anti-harassment efforts.*⁷²

Among requirements of this consent decree were:

- Provide for other opportunities for student involvement and input into the district's ongoing anti-harassment efforts, including Focus Groups for typically targeted students.
- Establish peer leadership programs in middle and high schools to address harassment.
- Hold meetings between high level administrators and students to discuss harassment and school climate.⁷³

The impact of positive peer intervention in reducing negative incidents and limiting their harmful effects can also be significant. As the *AERA Report* noted:

School personnel and bystander students can make a significant difference in rates of bullying. Schools where staff, parents, and students create common norms and

ways of dealing with bullying can achieve sustainable reductions in victimization. ...

*It is possible to greatly reduce bullying by directly addressing bystander peer norms, behaviors, and dynamics so that peers deter bullies, support victims, recognize the harm they may cause with rumors or gossiping, and are committed to reporting severe acts to teachers or administrators.*⁷⁴

Most bullying is socially motivated ~ that is, motivated by a desire to attract attention and gain power or social status.⁷⁵ Most bullying does not occur in the presence of adults and often students do not report to adults. Most students think bullying is wrong, most feel sorry for the target, and many express a desire or intent to help.⁷⁶ When peers do step in to stop the hurtful behavior, they are often effective.⁷⁷ Students who are bullied who have supportive friends are less distressed.⁷⁸ But when bullying occurs, far fewer students who think they should help, actually step in to help.⁷⁹

To increase positive peer intervention requires addressing students' motivation which is ground is personal responsibility for well-being of others. It is also necessary to increase students' skills in intervening so they can reduce the risks of intervening and to encourage those who are friends with those being hurtful to tell their friends to stop.

By far the most critical factor in increasing positive peer intervention is peer norms.⁸⁰ What students think other students think about those who are hurtful, those who support those being hurtful, and those who step in to help is highly influential. Students often behave in accord with what they perceive peer norms to be. When those norms discourage peer aggression and support positive peer intervention, the number of students who are willing to act in a positive manner will increase.

Guidance for Medical and Mental Health Professionals

Encourage schools to ensure the active involvement of students in planning and student-led activities to reduce bullying and increase positive peer intervention.

70 H.R. 1875.

71 Section 15(a) of Public Act 93-0495. Excellent resources are here: http://www.isbe.state.il.us/ils/social_emotional/standards.htm.

72 <http://www.WhiteHouse.gov/blog/2012/03/08/us-departments-justice-and-education-resolve-harassment-allegations-anoka-hennepin-s>.

73 Anoka-Hennepin Consent Decree, supra.

74 AERA Report, supra at 42-43, citing Astor, R. A., Benbenishty, R., & Estrada, J. (2009). School violence and theoretically atypical schools: The principal's centrality in orchestrating safe schools. *American Educational Research Journal*, 46(2), 423-461. The author specifically avoids use of the term "bystander" because the definition specifically refers to someone who witnesses an event and declines to become involved. The term "upstander" is perceived to be contrived. The author prefers to use the term "witness."

75 Salmivalli, C. (2010) Bullying and the Peer Group: A Review. *Aggression and Violent Behavior*, 15, 112-120.; Salmivalli, C., & Peets, K. (2008). Bullies, victims, and bully-victim relationships. In K. Rubin, W. Bukowski & B. Laursen (Eds.), *Handbook of peer interactions, relationships, and groups* (pp. 322-340). New York: Guilford Press.

76 Rigby, K., & Slee, P. T. (1991). Bullying among Australian school children: Reported behavior and attitudes toward victims. *Journal of Social Psychology*, 131, 615-627; Rigby, K., & Johnson, B. (2006). Expressed readiness of Australian schoolchildren to act as bystanders in support of children who are being bullied. *Educational Psychology*,

77 Atlas, R. & Pepler, D. (1998). Observations of bullying in the classroom. *Journal of Educational Research*. Craig, W. M., & Pepler, D. J. (1997). Observations of bullying and victimization in the school yard. *Canadian Journal of School Psychology*, 13, 41-59.; Hawkins, D. L., Pepler, D. J., & Craig, W. (2001). Naturalistic Observations of Peer Interventions in Bullying. *Social Development*, 10(4): 512-527; Henderson, N. R., & Hymel, S. (2002). Peer contributions to bullying in schools: Examining student response categories. Poster presented at the National Association of School Psychologists Annual Convention, Chicago, February; O'Connell, P., Pepler, D., & Craig, W. (1999). Peer involvement in bullying: Insights and challenges for intervention. *Journal of Adolescence*.

78 Sainio, M., Veenstra, R., Huittsing, G., & Salmivalli, C. (2011). Victims and their defenders: A dyadic approach. *International Journal of Behavioral Development*, vol. 35 no. 2 144-151; Salmivalli (2010), supra.

79 Salmivalli, C., Lappalainen, M., & Lagerspetz, K. (1998). Stability and change of behavior in connection with bullying in schools: A two-year follow-up. *Aggressive Behavior*, 24, 205-218; Rigby & Johnson, supra; Henderson & Hymel, supra; O'Connell, et. al, supra; Salmivalli (2010), supra.

80 Pozzoli & Gini, supra.; Rigby & Johnson, supra.; Salmivalli (2010), supra.

Addressing Concerns of Those Involved in Bullying

Effective Interventions

A concern related to the present state of the research literature on bullying is that the vast majority of this research addresses different aspects of “the problem.” There is a lack of research-based insight into how to more effectively address the challenges. Schuster and Bogart wisely counseled:

Perhaps most importantly, there is a need for research on how clinicians, parents, educators, and other advocates for youth can best tackle the issue. We need rigorously tested interventions that use a solid theoretical basis to create norms for behavior toward the bullied, to prompt bystanders to take action when they witness bullying, and to integrate stigma reduction strategies against prejudicial attitudes and discriminatory behaviors. Interventions are also needed to help clinicians recognize signs of bullying and take steps to help children who are targets or witnesses address bullying. Having everyone who engages with children participate in shifting the culture of bullying provides our best hope for tackling this challenging problem.⁸¹

Notwithstanding the noted concerns in the lack of research-based insight, sufficient exists to recommend that interventions in bullying situations combine two underlying approaches:

- Response to Intervention (Three Tier Risk Prevention) that addresses the challenges faced by both the students engaging in bullying, as well as the students who are being bullied.
- Restorative Practices that hold the students engaging in bullying accountable, but in a manner that remedies the harm and restores relationships.

Response to Intervention (Three Tiered Risk Prevention)

Response to Intervention originated in the public health prevention field as a strategy to address youth risk.⁸² This approach has been adapted to address a variety of issues in schools, including both academic and behavior concerns.

Response to Intervention uses a multi-level prevention system that includes three levels or tiers of intensity, which represent a continuum:

- Tier I ~ Primary or Universal Prevention. High quality core instruction that meets the needs of most students.

Universal screening of all students to identify concerns, Estimated at around 80% of students.

- Tier II ~ Secondary Prevention. Evidence-based intervention(s) of moderate intensity that addresses the learning or behavioral challenges of the more “at-risk students.” Estimated at around 15% of students.
- Tier III ~ Tertiary Prevention. Individualized intervention(s) of increased intensity for students who show minimal response to secondary prevention or who are identified at higher risk. Estimated at around 5% of students.

Guidance for Medical and Mental Health Professionals

Use, and recommend to schools that they use, a Response to Intervention approach to guide interventions with two populations of students:

- Students who are chronically bullied, whose social skills deficits or behavior challenges appear to be contributing to this pattern or who have sustained emotional damage due to the bullying. Implement a Tier II or III intervention to better ensure these students gain the social emotional competencies they need to avoid and effectively respond to peer aggression and to address other mental health or trauma disorder concerns that may have been caused by or may be perpetuating the bullying.
- Students who are both being bullied and engaging in bullying. Consistent and strong research indicates these students are at highest risk. Implement a Tier III intervention plan that incorporates an applied behavior analysis, an analysis of social emotional competencies, as well as an assessment of the potential the student is suffering from mental health concerns or a trauma disorder that may be the result of or contributing to engagement in peer aggression.

If either of these kinds of students are on an IEP, this assessment and planning should be accomplished in the context of an IEP meeting, resulting in objectives for functional skills.

Trauma Disorders

While the research insight is not significant, it is extremely to “connect the dots” between bullying and traumatic stress disorders. There appears to be a connection.

One recent study by Idsoe and colleagues revealed a high incidence of Post Traumatic Stress Disorder (PTSD)

⁸¹ Schuster, & Bogart, supra.

⁸² Walker, H.M., Horner, R.H., Sugai, G., Bullis, M., Sprague, J.R., Bricker, D., & Kaufman, M.J. (1996, October). Integrated approaches to preventing antisocial behavior patterns among school-age children and youth. *Journal of Emotional and Behavioral Disorders*, 4(4), 194-209.

symptoms among students who reported they were bullied and a strong association between frequency of exposure to bullying and such symptoms.⁸³ Further, those students with the worst PTSD symptoms were the students who both engaged in and being bullied.

The underlying perspective taken by the researchers of the association between bullying and PTSD was described:

People who have experienced events of an interpersonal nature show significantly higher levels of PTSD symptoms than those who have experienced other types of events. Bullying is an interpersonal event, and there are many salient aspects of children's development that may make repeated bullying experiences especially harmful. Bullying happens at a time when the brain is undergoing development in several bio-psycho-social systems that regulate behavior. During childhood and adolescence there is a gradual development and strengthening of brain systems involving a variety of cognitive, emotional and behavioral systems, from self-regulation and emotional processing to executive functions, from social connectivity to perception of threat. In adolescence, bullying might affect the development of executive functioning, including attention, response inhibition, organization and planning. The effects of bullying on the development of these biopsychosocial systems are not known, but a developmental perspective on trauma is needed both for understanding how the diagnosis of PTSD can be applied to this population, as well as for how potential traumatic effects can be reduced.⁸⁴

Additional research is increasing the understanding of the connections between bullying and trauma disorders. Penning and colleagues have drawn attention to the traumatic effects of bullying in adolescent males.⁸⁵ Vaillancourt and colleagues have outlined how the experience of being bullied by peers becomes biologically embedded in the physiology of the developing child, which in turn modifies his or her health.⁸⁶

The National Child Traumatic Stress Network describes two forms of traumatic distress.⁸⁷ Acute traumatic events involve experiencing, witnessing, or a threat of a serious injury to yourself or another. Chronic traumatic situations that occur repeatedly over periods of time and result in feelings of fear, loss of trust in others, decreased sense of safety, guilt, and shame. Bullying situations clearly could involve acute or chronic trauma, many times both.

The standards for PTSD under the new Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) focus on major traumatic events, unfortunately not chronic or complex traumatic situations.⁸⁸ However, the four diagnostic symptom clusters include:

- Re-experiencing or intrusion. Spontaneous memories of the incident, recurrent dreams related to it, flashbacks or other intense or prolonged distress.
- Avoidance. Distressing memories, thoughts, feelings or external reminders of the event.
- Negative cognitions and mood. Persistent and distorted sense of blame of self or others, estrangement from others or markedly diminished interest in activities.
- Arousal. Aggressive, reckless or self-destructive behavior, sleep disturbances, and hyper-vigilance.

The PTSD symptoms outlined in DSM-5 closely match the reported symptoms of young people who are bullied, as well as those who both engage in and are bullied.

Guidance for Medical and Mental Health Professionals

Consider screening, assessing, and treating young people involved in bullying from a trauma disorder perspective. The National Child Traumatic Stress Network provide insight into evidence-based interventions.⁸⁹

Building Resilience

Other research insights can provide guidance for educators and medical and mental health professionals when working with students who have been bullied, including those also engaging in bullying.

83 Idsoe, T., Dyregrov, A. & Idsoe, E.C. (2012) Bullying and PTSD Symptoms. *J Abnorm Child Psychol* 40:901-911. <http://www.uis.no/news/being-bullied-can-cause-trauma-symptoms-article62673-8865.html>

84 Idsoe, supra at 902.

85 Penning, Susan Louise, Bhagwanjee, Anil, & Govender, Kaymarlin. (2010). Bullying boys: the traumatic effects of bullying in male adolescent learners. *Journal of Child & Adolescent Mental Health*, 22(2), 131-143. doi: 10.2989/17280583.2010.528580.

86 Vaillancourt, T., Hymel, S., & McDougall, P., (2013). The biological underpinnings of peer victimization: Understanding why and how the effects of bullying can last a lifetime. *Theory into Practice*, 52, 241-248. doi: 10.1080/00405841.2013.829726.

87 <http://www.nctsnetwork.org/content/defining-trauma-and-child-traumatic-stress>.

88 American Psychiatric Publishing (2013) *Posttraumatic Stress Disorder*. <http://www.dsm5.org/Documents/PTSD%20Fact%20Sheet.pdf>.

89 <http://nctsnetwork.org>.

The National Center for School Engagement conducted a qualitative study of high school students who had been bullied in grade school to determine what distinguished those students who were in advance placement classes from those who were incarcerated.⁹⁰ This study found three critical factors that supported the bullied students and led to a successful outcome:

- *A place of refuge where they can feel safe, appreciated, and challenged in a constructive way.*
- *Responsible adults who can support and sustain them and provide them examples of appropriate behavior.*
- *A sense of future possibility to persuade them that staying in school, despite the bullying, promises better things to come.*⁹¹

Research has also clearly documented that young people who are bullied, but who have supportive friends, experience less distress.⁹²

The issue of connectedness is an important consideration. The CDC has identified “connectedness” as one means of addressing the concerns of youth suicide.⁹³ Whitlock and colleagues conducted a meta-analysis of studies that addressed the issue of connectedness in association with suicidal thoughts and behaviors. Key findings in an area that clearly requires more research, indicated:

*(R)evue of studies to date suggests that connectedness affects STB through one or more of the following routes: (1) expanding intergenerational social networks; (2) heightening opportunities for soliciting and activating assistance from others or systems (e.g., schools, families, or other social systems); (3) enhancing the likelihood that worrisome affect and behavior, including early signs of distress or more direct warning signs for suicidal behavior, will be noticed and proactively addressed by proximal systems (parents, peers, schools); (4) increasing exposure to positive coping and help-seeking norms; (5) increasing positive emotion and, as a consequence, cognitive flexibility and emotion regulation capacity; and (6) enhancing opportunities for experiencing belonging and utility in a community of others.*⁹⁴

However, there is a clear caveat in relation to the issue of peer friendships. Peer friendships can be a risk factor if a

friend makes a suicide attempt or holds attitudes that promote suicidal thoughts or behaviors. Recognizing the research insight related to socially marginalized hurtful youth and their potential affinity for like-minded friends, efforts should be made to assess the healthiness of friendships.

It is also possible to look beyond the bullying literature for insight into strategies that appear to be logically related to the challenges faced by those who are bullied or are both engaging in and being bullied.

While trauma can indeed lead to traumatic disorders, only a minority of people who are exposed to such trauma have resulting challenges. A field of research that focuses on post-traumatic growth may provide insight to assist young people who face the challenges of bullying.⁹⁵

Based on interviews with trauma survivors in many types of trauma, unfortunately including bullying, the traumatic experiences themselves were credited with helping the person achieve improved relationships, new possibilities for their life, a greater appreciation for life, a greater sense of personal strength and spiritual development.

A recent meta-analysis of research related to post-traumatic growth indicated that interventions aimed at increasing optimism and social support appeared to promote positive changes in the aftermath of trauma.⁹⁶ Additionally, specific coping strategies, especially religious or spiritual-based coping and positive reappraisal coping appeared to be helpful. Note these findings appear to be in accord with the findings of the National Center for School Engagement.

Bullying situations generally involve an imbalance of power.” Cuddy and colleagues at Harvard School of Business have noted that in both humans and other primates, expansive open postures are indicative of high power, whereas closed postures reflect lower power.⁹⁷ Many students who are bullied maintain physical postures that demonstrate a lack of social power.

Most significantly, Cuddy has demonstrated that simply adopting a pose that indicates power, a “power pose,” can increase both explicit and implicit feelings of power and confidence. Assuming a position of power results in an increase in the dominance hormone testosterone, while reducing the stress hormone cortisol. In other words, it is

90 Seeley, K., Tombari, M., Bennett, L.J. & Dunkle, J.B. (2009) *Peer Victimization in Schools: A Set of Quantitative and Qualitative Studies of the Connections Among Peer Victimization, School Engagement, Truancy, School Achievement, and Other Outcomes*. National Center for School Engagement. <https://www.ncjrs.gov/app/publications/abstract.aspx?ID=256074>.

91 Seeley, K., Tombari, M., Bennett, L.J. & Dunkle, J.B. (2011) *Bullying in Schools: An Overview*, Office for Juvenile Justice and Delinquency Prevention <http://www.ojjdp.gov/pubs/234205.pdf>.

92 Sainio, M., Veenstra, R., Huitsing, G., & Salmivalli, C. (2011). Victims and their defenders: A dyadic approach. *International Journal of Behavioral Development*, vol. 35 no. 2 144-151; Salmivalli, C. (2010) Bullying and the Peer Group: A Review. *Aggression and Violent Behavior*. 15, 112-120.; Salmivalli, C., & Peets, K. (2008). Bullies, victims, and bully-victim relationships. In K. Rubin, W. Bukowski & B. Laursen (Eds.), *Handbook of peer interactions, relationships, and groups* (pp. 322-340). New York: Guilford Press.

93 Whitlock, J., Wyman, P.A., Moore, S.R. (2014) Connectedness and Suicide Prevention in Adolescents: Pathways and Implications. *Suicide and Life-Threatening Behavior* The American Association of Suicidology DOI: 10.1111/sltb.12071

94 Id, at 22.

95 Tedeshi, R.G., & Calhoun, L.G. (2004). *Posttraumatic Growth: Conceptual Foundation and Empirical Evidence*. Philadelphia, PA: Lawrence Erlbaum Associates.

96 Prati, G. & Pietrantonio, L. (2009). Optimism, social support, and coping strategies as factors contributing to posttraumatic growth: A metaanalysis. *Journal of Loss and Trauma*, 14, 364-388.

97 Cuddy, Amy J.C., Caroline A. Wilmuth, and Dana R. Carney. "The Benefit of Power Posing Before a High-Stakes Social Evaluation." *Harvard Business School Working Paper*, No. 13-027, September 2012. <http://dash.harvard.edu/bitstream/handle/1/9547823/13-027.pdf?sequence=1>. http://www.ted.com/talks/amy_cuddy_your_body_language_shapes_who_you_are.html.

possible to “fake it” by assuming a “power pose,” which will make you feel more confident. In one experiment, students who assumed positions of power or lack of power prior to a job interview activity, demonstrated performance in accord with the position they had assumed prior to the interview.

Guidance for Medical and Mental Health Professionals

Provide counseling to patients and their parents on strategies to support positive growth outcomes despite the current negative situation. It is suggested that these include:

- Establishing a support system that includes adults and peers, both in and out of school.
- Learning to hold themselves in a position that demonstrates strength and confidence and to walk with power and pride.
- Identifying “heros” to emulate. Those who have successfully met life challenges.
- Focusing on positive happenings and activities, especially activities involving friendly peers, and thinking about possibilities for their future.
- Deciding to build on the insight they have gained to make a positive difference in the lives of others.

Mechanisms for Moral Disengagement

Bandura’s theory of the mechanisms of moral disengagement provide an effective framework to understand how students who engage in bullying might rationalize their actions.⁹⁸ “Moral disengagement” is a term that is used in social psychology to describe the process by which people convince themselves that certain ethical standards do not apply to them in particular situations.

Generally, an individual’s moral standards, which are developed through childhood and adolescence, serve as internalized guides for how they behave. Once established, people regulate their actions by these internalized standards. Their self-sanctions keep a their conduct in line.

However, through the moral disengagement processes, a person can support their self-opinion as an ethical person, while engaging in behavior that is unethical. The four primary mechanisms that people use to support moral disengagement can be used by those engaging in hurtful behavior or those who witness such hurtful behavior and fail to intervene. These are:

- **Reconstruing Conduct (Spin It).** Actions are portrayed as serving some larger purpose or euphemistic terms are used to describe the action. “Someone needed to speak out.” “I was just joking around.” “It was a prank.”
- **Displacing or Diffusing Responsibility (Blame Others).** This can occur if many are engaging in certain behavior

or if someone else can be blamed for encouraging the action. “Everybody does it.” “He or she started it and I just joined in.” Or a witness may rationalize. “Someone else should have stopping this.”

- **Disregarding or Misrepresenting Injurious Consequences (Deny the Harm).** Students may either minimize the harm they have caused. “What I did wasn’t that bad.” “People shouldn’t overreact.”
- **Dehumanizing or Blaming the Victim (Put Down).** Those who are targeted may have personal characteristics that make it easier to blame them. Once the student has been dehumanized, it is easier to rationalize that their hurtful actions were justified. “He deserved it.” “She started it.”

While there has been limited research in this area, Bandura’s moral disengagement approach appears to be highly relevant to how those engaging in peer aggression may rationalize their behavior.

Obermann found that students who self-reported or were peer-nominated as engaging bullying displayed higher levels of moral disengagement. Further he found that both those who both were bullied and engaged in bullying displayed higher levels of moral disengagement.⁹⁹ Hymel and colleagues found the highest level of moral disengagement in students who reported engaging in bullying.¹⁰⁰ Gini found that students who engaged in bullying demonstrated high levels of cognitive empathy, but also reported significantly higher levels of moral disengagement.¹⁰¹

Guidance for Medical and Mental Health Professionals

If working with a young person who has engaged in hurtful behavior, it may be helpful to discuss what happened and to specifically listen for and challenge rationalizations that are grounded in moral disengagement. These are some questions that could be asked:

- What happened?
- What were you trying to accomplish?
- Why, at the time, did you think this was okay? Listen for and challenge mechanisms of moral disengagement:
 - Spin it ~ It was a prank. I was just joking.
 - Blame others ~ Someone else started. Everybody does it.
 - Deny the harm ~ It really wasn’t that bad.
 - Blame the target ~ He or she deserved it.

⁹⁸ Bandura, A. (1991). Social cognition theory of moral thought and action. In W. M.Kurtines & J. L. Gewirtz (Eds.), *Handbook of moral behavior and development* (Vol. 1, pp. 45-96). Hillsdale, NJ:Lawrence Erlbaum.

⁹⁹ Obermann, M.-L. (2011). Moral disengagement in self-reported and peer-nominated school bullying. *Aggressive Behavior*, 37, 133–144.

¹⁰⁰ Hymel, S., Roche-Henderson, N., Bonanno, R. (2005) Moral disengagement: A framework for understanding bullying among adolescents Special international issue on victimization: *Journal of Social Sciences*, 8, 1-11.

¹⁰¹ Gini, G. (2006). Social cognition and moral cognition in bullying. *Aggressive Behavior*, 32, 528–539.

- Was anyone else supporting you in your thinking this was okay? If so, who and how?
- What challenges are you facing that contributed to what you did or your thinking this was okay?
- How do you think the other student felt?
- What are your thoughts now about what you did?
- How would you feel if someone treated you like you treated this other student?
- What could do now to help make things right?

Restorative Practices

While certainly it is necessary to hold those who engage in wrongdoing accountable, punitive approaches can result in maladaptive shame displacement.

Shame is a central feature of social regulation.¹⁰² The response to shame can be adaptive or maladaptive. The adaptive response to shame is to acknowledge wrongdoing, accept responsibility, and engage in remediation. The maladaptive response leads to shame displacement, which can include withdrawal, attacking self, avoidance, and attacking others.¹⁰³

The key factor determining whether shame becomes adaptive or maladaptive is whether wrongdoing is treated in a way that is stigmatizing or reintegrative. Punishment stigmatizes shame. Restorative approaches foster an adaptive response and can restore relationships.

The Restorative Practices approach can foster accountability and reintegration for those who engaged in harmful acts.¹⁰⁴ This approach reduces the potential for shame displacement and increases the potential for effective shame management.

Punishment-based approaches ask these questions:

- Who did it?
- What “rule” was broken?
- How should the offender be punished?

Restorative interventions view transgressions as harm done to people and communities and encourage adaptive shame management. Restorative approaches ask these questions:

- What is the harm to all parties involved and to the community?
- What needs to be done to repair the harm?
- Who is responsible for this repair?
- What needs to occur to prevent similar harm in the future?

The concerns of students who are engaging in bullying, especially those who are socially motivated and do not have underlying challenges with social emotional competencies,

should be addressed through a restorative-based process. This approach will lessen the potential for retaliation.

The International Institute for Restorative Practices provides guidance to schools for the development of a comprehensive school approach grounded in restorative practices. Excellent insight into the implementation of Restorative Practices in schools, with a specific focus on reducing bullying can be found in *Circle in the Square Building: Community and Repairing Harm in School* by Riestenberg, who is a School Climate Specialist with the Department of Education in Minnesota.¹⁰⁵

Positive Relations @ School includes a restorative approach for schools that involves the use of an Accountability Agreement. In the Accountability Agreement process, any formal disciplinary report is held in abeyance. In the Accountability Agreement, the student who has engaged in hurtful acts:

- Acknowledges wrongdoing.
- Agrees to safe passages requirements of the bullied student.
- Outlines strategies to address concerns raised regarding friends who have been encouraging him or her to engage in hurtful behavior.
- Agrees to take actions to remedy the harm to one who was harmed. (Eg. removing hurtful material posted online, a heartfelt written apology, an in-person meeting and expression of apology if requested or approved by the bullied student.)
- Agrees to fulfill some form of public service to the school community to remedy harm to that community.
- Agrees to avoid engaging in hurtful acts.

Upon a period of compliance with the provisions of the Accountability Agreement, the disciplinary report would be removed.

Guidance for Medical and Mental Health Professionals

While the Accountability Agreement approach has been developed for use in schools, this approach could also be used by a parent or guardian whose child has been hurtful. This approach could also be recommended for schools. Further guidance for schools is available at the Embrace Civility in the Digital Age web site.

102 Ahmed, E. (2001). Shame management: Regulating bullying. In E. Ahmed, N. Harris, J. Braithwaite, & V. Braithwaite (Eds.), *Shame Management Through Reintegration* (pp. 211–314). Cambridge, UK: Cambridge University Press.

103 Nathanson, D. (1992). *Shame and Pride: Affect, Sex, and the Birth of the Self*. New York: Norton.

104 Zehr, H. *The Little Book of Restorative Justice*. Good Books: Intercourse PA.

105 Riestenberg, N. (2012) *Circle in the Square Building Community and Repairing Harm in School*. St Paul: Living Justice Press.

Recommendations

The following are recommendations for the medical and mental health community.

- Within your local professional organizations, make a decision that youth bullying is an issue that requires your attention at a community and state level.
 - Reach out to your local district(s) to indicate your desire to collaborate with them and support their efforts to establish a positive school climate and to reduce bullying and limit its harmful effects.
 - Realize that despite their current best intentions and efforts, there is a strong likelihood that greater and different actions are necessary to achieve success. These key priorities are recommended:
 - Conduct annual surveys of students and focus groups with typically targeted students.
 - Ensure active student involvement as full partners in planning and implementation efforts.
 - Focus on building a positive school climate and increasing students' social emotional competencies.
 - Shift from punishment to approaches that address the underlying challenges of all involved students and hold those being hurtful accountable in a manner that remedies the harm and restores relationships.
 - Require post-intervention evaluation.
 - At the state level, advocate for:
 - More well-rounded approaches to assess the effectiveness of schools in addressing bullying, which would require both survey data and incident data. Specifically warding against legislative approaches that require schools to report bullying incidents.
 - A requirement that schools address a positive school climate and develop a comprehensive plan to address Social Emotional Learning.
- If your young patient and or his or her parent or guardian reports that bullying is a concern:
 - Conduct an assessment of the situation. A Screening Tool has been provided that will guide a clinician in asking the questions necessary to determine the extent and basis of the harms, as well as the current responsiveness of the school to address such harm.
 - Request permission from the parent or guardian to contact the district.
 - Draft a letter to the district. It is recommended that this be sent to the bullying prevention coordinator, civil rights compliance officer, and special education services director, depending on the identified challenges and issues.
 - Recognize that contact from a medical or mental health professional could trigger an overreaction in one of three possible directions: Denial that this is occurring. Blame of your patients for reported. Delivery of excessive punishment to any identified students who are being hurtful. None of these reactions will help. Indicate your interest, and your patient and his or her parent's interest, in resolving this situation in a positive and restorative manner.
 - Recommended language for such a letter is provided.
 - Provide support for patients who are being bullied.
 - Assess whether your patient is exhibiting symptoms associated with trauma disorder and might benefit from professional mental health evaluation and treatment. The National Child Traumatic Stress Network provides access to screening tools that could be used for this purpose.¹⁰⁶
 - A one-page, Powerful Positivity Plan, based on the research outlined above, to support those who are being bullied is provided.
- Provide guidance to the parent or guardian.
 - Counsel the parent or guardian regarding the need to encourage restorative interventions at school, that hold the student or students engaging in wrongdoing accountable, but in a way that can help to reduce the potential for retaliation.
 - Have resources in your office on how they can file a civil rights complaint if their child is within a protected class and the school has not been responsive to the prior contact. ED-OCR has a helpful document.¹⁰⁷ Know how such a complaint is to be filed with your state department of education's office of civil rights.
 - Provide the parent or guardian a report that is based on your assessment using the Screening Tool to be included in any complaint that might be filed.
 - If your young patient is receiving special education services, advise the parent of the obligation of the school to address these concerns in an IEP meeting.

¹⁰⁶ <http://www.nctsn.org/resources/online-research/asures-review>.

¹⁰⁷ <http://www2.ed.gov/about/offices/list/ocr/docs/howto.html>.

- Emphasize that the school is not permitted to limit their child's access to mainstream activities as a way to protect him or her from negative situations.
 - Provide the parent or guardian a report based on your assessment using the Screening Tool, to be used in the context of an IEP meeting.
 - Advise parent of the possibility of filing an IDEA complaint with the state.
- Counsel the parents regarding the need to pay closer attention to the digital activities of any young person who is being bullied at school or is engaging in bullying.
- For younger children, some form of monitoring may be helpful. But do not think or advise parents they can effectively keep teens in "electronically fenced play yards." What is most important are frequent discussions, promising the child not to overreact and to work in partnership to address any concerns, watching for signs of distress related to digital use, and using time control technologies to turn off access while their child should be sleeping.

Additional Resources

Three additional resources have been provided:

- A Screening Tool.
- Text that could be included in a letter to a school district.
- A Positive Action Plan to support students who have been bullied.

Thanks

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Steven Barreto Ph.D., Clinical Asst. Professor, Department of Psychiatry and Human Behavior, Warren Alpert Medical School of Brown University

Stuart Green, DMH, LCSW. Director, NJ Coalition for Bullying Awareness and Prevention; Associate Director, Overlook Family Medicine. Summit, NJ.

Michael B. Greene, Ph.D., Senior Fellow, School of Criminal Justice, Rutgers University,

About the Author

Nancy Willard, M.S., J.D. has been addressing issues of youth risk, including legal issues, since 1995. She brings to this work a background in special education working with emotionally challenged students, law, and educational technology planning.

She is author of *Cyber Savvy: Embracing Digital Safety and Civility* (2011, Corwin Press) and *Cyberbullying and Cyberthreats: Responding to the Challenge of Online Social Cruelty, Threats, and Distress* (2007, Research Press).

Nancy has developed *Positive Relations @ School*, a comprehensive multi-tiered approach for schools to address the concerns of bullying and other hurtful peer behavior. This program contains the components outlined on pages 13 through 20 of this document. In Spring 2014, the initial implementation steps of this new approach will be implemented and evaluated in selected schools. Further implementation and evaluation of the effectiveness of this approaches is necessary.

Crowd Funding Plus Value

The development work for *Positive Relations @ School* has been self-funded.

A new concept has emerged in the digital age, called Crowd Funding. This involves asking many people to provide small amounts of funding to support a worthy cause. The intent behind the creation of this document has been to provide something of value, to be offered in exchange for a request for Crowd Funding.

If the insight and resources provided are considered valuable to the reader, a respectful request is made for a payment, at an amount you consider appropriate, to support ongoing efforts of Embrace Civility in the Digital Age in the implementation, evaluation, and dissemination of *Positive Relations @ School*.

Embrace Civility in the Digital Age is not a 501c3. Therefore, any funds provided should be considered a payment, not a charitable contribution. A PayPal link is on the website under Positive Relations @ School.

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Web site: <http://embracecivility.org>

Email: info@embracecivility.org