

What Is Bullying?

Bullying is unwanted, aggressive behavior which occurs in the context of a real or perceived power imbalance. The behavior often includes a person or group of persons targeted based on their appearance, behavior, race, religion, social status, gender identity, or sexual orientation. Incidents of bullying are usually repeated over time.

Bullying comes in different, non-exclusive forms. The observable actions and behaviors in bullying may be:

- **1. Physical:** Harming someone's body or possessions.
- 2. Verbal: Writing or saying something hurtful.
- **3. Social/Psychological:** Harming someone's relationships or reputation.

Bullying often occurs at school, in the classroom, hallways, playground, athletic fields, or cafeteria. Bullying can take place in the neighborhood surrounding a school, as students travel to and from school by bus, car, or walking. Additionally, bullying can also occur in cyberspace, using social media and online communication platforms.

It is important to consider the factors that contribute to a student exhibiting bullying behaviors. Specifically, some students may not have the language or strategies to navigate complex emotions or challenging situations. As a result, students may bully as a means to control their environment and create their own sense of safety and security. A key to reducing these harmful, yet preventable behaviors, is to provide students the opportunity to develop and practice pro-social skills to navigate peer interactions and strategies for recognizing and regulating their own emotions.



Signs A Student Might Be Involved In Bullying

Bullying behaviors can arise from a number of interrelated risk factors, so it is important not to consider each sign in isolation:



Skipping school or academic failure.



Peer rejection and/or involvement with deviant peer group(s).



Association with peers who have a positive attitude toward aggressive behavior.



Bullying negatively affects every aspect of health, including: physical, emotional, and behavioral health.

What Are The Effects Of Bullying?

All students involved in bullying incidents may experience serious, lasting health problems, with the most severe impact on students who both bully and are bullied.

Students Who Are Bullied: Students who experience bullying are at increased risk for poor academic performance, tardiness, absences, sleep difficulties, anxiety, depression, and suicidality.

Students Who Bully: Students who bully others are at risk for negative health outcomes such as an increased likelihood to abuse substances, engage in early sexual activity, commit criminal acts, and display abusive behavior later in life.

Students Who Both Bully And Are Bullied: Students who are involved in bullying incidents are at a greater risk for developing negative health outcomes, including: depression, anxiety, Attention Deficit/Hyperactivity Disorder, suicidality, truancy, and school absence.

Students Who Witness Bullying: Students who observe bullying are at increased risk for adverse behavioral health outcomes, including: stress, substance use, and truancy.



Students' perceptions of teasing and bullying in their school predicts an increase in high school dropout rates.

What Can Schools Do To Prevent Bullying?

Schools positively influence the overall well-being of students by creating environments that make students feel safe and secure.

- Foster protective factors such as: positive school climate and culture and relationships with supportive adults.
- Incorporate evidence-based bullying prevention or social emotional learning programs into the curriculum and culture of the school.
- Establish and maintain clear, consistent, and inclusive bullying policies.
- Involve students, through student groups and committees, in reviewing data and selecting and implementing bullying prevention strategies.



School-based bullying prevention programs decrease bullying by up to 25%.



When selecting a program or approach to addressing bullying in your school community, use an equity framework that considers the diversity of experiences. The statistics highlighted below are to encourage you to examine your own data to understand how diverse identities and marginalized students are disproportionately impacted by bullying.



Twice as many ethnic minority students in elementary school report being bullied because of their ethnicity than majority students.



Students with disabilities are 1.5 times more likely to be bullied than their peers without disabilities.



Lesbian, gay, bisexual, transgender, or questioning (LGBTQ) students, and those students perceived as LGBTQ,

are 2 times as likely as their sexual orientation majority peers to be bullied.

Bullying Prevention and the Whole School, Whole Community, Whole Child Model

The Whole School, Whole Community, Whole Child (WSCC) model is designed to guide all school community stakeholders to collaboratively address health behaviors and create environments that promote health and wellness for students by integrating the ten component areas. Through this interconnected and collaborative approach, the WSCC model aims to support the whole child to be healthy, safe, engaged, supported,

and challenged.

For any given health issue at any given school, the resources and involvement of each component area may vary. In regard to bullying, the health education and social and emotional climate component areas may be more involved in prevention efforts.

Example strategies for aligning and coordinating bullying-specific practices across the 10 WSCC component areas:

Community Involvement

- Create opportunities for community involvement in guiding, delivering, and/or tracking bullying initiatives.
- Align bullying policies and practices between school and afterschool providers.

Family Engagement

- Create communication channels (e.g. newsletters, website, social media) to share the bullying prevention skills students are learning with families.
- Provide take-home activities for families and students to practice bullying prevention skills.

Employee Wellness

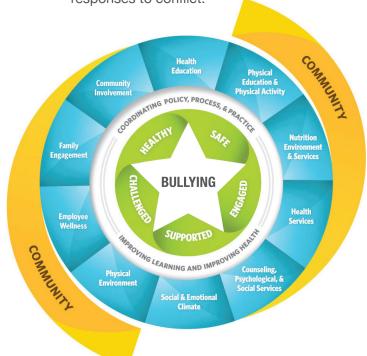
- Provide training or resources to all staff on recognizing and responding to bullying in personal and professional settings.
- Encourage all staff members to model and reinforce healthy communication and healthy relationships.

Physical Environment

- Use visuals (e.g. hallway signs) to communicate expectations of bullying-free environments throughout the school.
- Have staff visibly present in hallways or common areas where there is potential for bullying.
- Seal off secluded areas so that students, staff, and visitors feel more secure on school grounds.

Health Education

- Teach students assertive communication strategies to set boundaries for how they do and don't want to be treated.
- Teach students problem-solving skills to avoid aggressive or harmful responses to conflict.



Social & Emotional Climate

- Assess social and emotional competencies (e.g. self-awareness, self-management, social awareness, relationship skills and responsible decision making).
- Integrate explicit teaching of social and emotional skills into curriculum.
- Provide students opportunities to practice skills in safe environments.

Physical Education & Physical Activity

- Design and implement lessons where all athletic abilities are valued.
- Facilitate lessons with non-elimination games.

Nutrition Environment & Services

- Implement practices that reduce the stigma for reduced cost meals.
- Facilitate students sitting with multiple, different peer groups at lunch.

Health Services

- Provide stress coping strategies as part of routine health services.
- Screen for aggressive behaviors and signs of bullying as part of routine health services.
- Establish a confidential data system that tracks and analyzes bullying incidents.

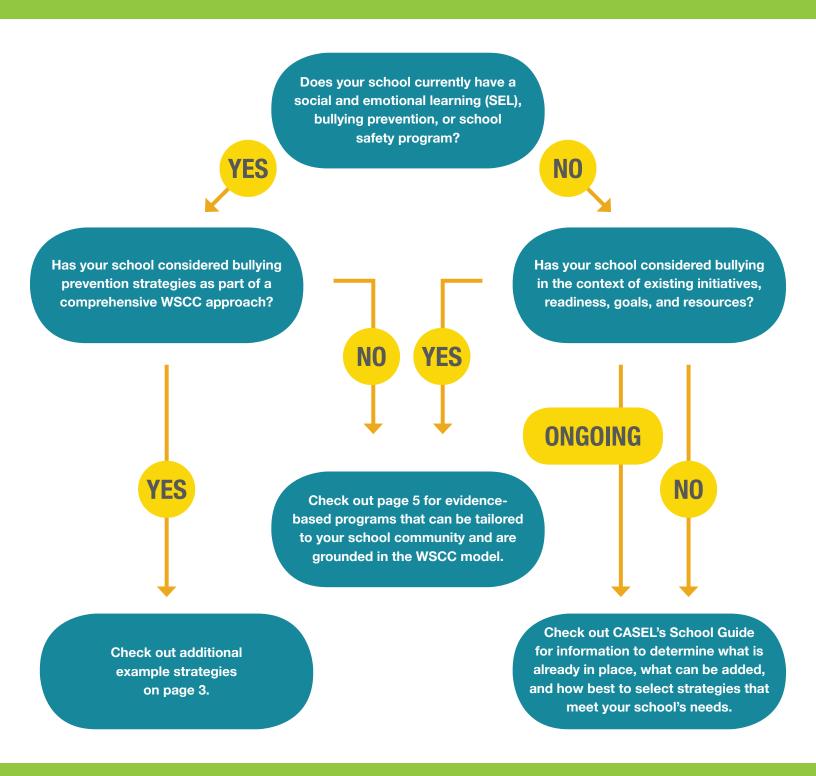
Counseling, Psychological, & Social Services

- Teach students the observable signs of bullying, and how to effectively seek support.
- Teach students to report bullying to a trusted adult or hotline.
- Provide group or individual interventions to build skills to regulate emotions, thoughts, and behaviors in different situations.

Next Steps

One of the most effective ways to address bullying at your school, is to implement a program that focuses on social and emotional learning (SEL), bullying, and/or school safety. When selecting programs for your school, a comprehensive analysis of existing initiatives,

readiness, and aims and goals, is important for embedding effective and sustainable bullying initiatives in your school community. This flow chart will help you get started in selecting the best approach for your school.





When considering prevention and intervention strategies, it is important to implement policies and programs that are proven to be effective in school settings. The programs highlighted below are comprehensive, operate at the universal prevention and intervention levels, and are aligned with the WSCC model. All of the programs are customizable to meet the needs of your school and community.

Olweus Bullying Program:

This program includes schoolwide, classroom, individual, and community components, with an emphasis on long-term change to create a positive and safe school climate. The program aims to prevent and reduce bullying and to improve peer relationships at school, as well as associated behaviors such as truancy and vandalism.

Second Step:

PreK-8 With a specific focus on elementary school students, Second Step encourages social-emotional competence and academic success. This program aims to create a more empathetic school community with an emphasis on SEL. The curriculum focuses on creating or augmenting the learning environment to be more supportive and successful at meeting students' social-emotional needs.

Steps to Respect:

K-5 This program aims to reduce bullying problems by promoting healthy relationships and SEL skills, emphasizing beliefs around social responsibility, and increasing staff response and awareness. The curriculum places a particular emphasis on bystander behaviors and developing prosocial beliefs around bullying.

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The following policies and approaches should be avoided because research indicates they are ineffective, and, moreover, can result in harm to students.

- "Zero tolerance policies" that result in automatic suspension or expulsion for any bullying behavior.
- · Conflict resolution and peer mediation strategies to address bullying behavior between students.
- · Group therapy interventions that do not have evidence for reducing bullying.
- · Short-term, sporadic, or isolated attention to bullying awareness.

The example WSCC aligned strategies (pg. 3), flow chart (pg. 4), and suggested evidence-based programs (pg. 5) are distilled from a comprehensive, systematic, and rigorous review of relevant research. This research compilation and supporting tools are available on HealthySchoolsHub.org.

Arseneault, L., Walsh, E., Trzesniewski, K., Newcombe, R., Caspi, A., & Moffitt, T.E. (2006). Bullying victimisation uniquely contributes to adjustment problems in young children: A nationally representative cohort study. Pediatrics, 118, 130–138. Centers for Disease Control and Prevention. (2018a). Division of Violence Prevention: Preventing bullying factsheet. Retrieved from https://www.cdc.gov/violenceprevention/pdf/bullying-factsheet508.pdf
Centers for Disease Control and Prevention. (2018b). Youth risk behavior surveillance—United States 2017. Morbidity and Mortality Weekly Report--Surveillance Summaries 2018; 67(SS08.). Retrieved from https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2017/ss6708.pdf.
Cornell, D., Gregory, A., Huang, F., & Fan, X. (2013). Perceived prevalence of teasing and bullying predicts high school dropout rates. Journal of Educational Psychology, 105, 138-149.

149. Kumpulainen, K., Rasanen, E., Henttonen, I., Almqvist, F., Kresanov, K., Linna, S., et al. (1998). Bullying and psychiatric symptoms among elementary school-age children. Child Abuse and Neglect, 22, 505–717.

McCallion, G. & Feder, J. (2013). Student bullying: Overview of research, federal initiatives, and legal issues. Congressional Research Service Report. Retrieved from: https://fas.org/sgp/crs/misc/R43254.pdf
Rose, C. A. & Gage, N. A. (2017). Exploring the involvement of bullying among students with disabilities over time. Exceptional Children, 83(3), 298 –314.
Doi:10.1177/0014402916667587
Saylor, C. F. & Leach, J. B. (2009). Perceived bullying and social support in students accessing special inclusion programming. Journal of Developmental and Physical Disabilities, 21(1), 69-80. Doi: 10.1007/s10882-008-9126-4
U.S. Department of Health and Human Services. (n.d.) Misdirections in bullying prevention and intervention. Retrieved from: https://www.stopbullying.gov/sites/default/files/2017-10/misdirections-in-prevention.pdf

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