



**Children's Check-Ups:**  
Reports on Issues  
Critical to the Health of  
Minnesota Children



**Check-Up 4:**  
*Understanding the Threat of Bullying*  
Summer 2013





For each of us, the word “bullying” conjures up a personal and perhaps first-hand understanding of what it is, how it’s perpetuated and who it hurts. While increasing media attention has helped to focus much needed attention on the problem of bullying, more can and should be done.

Like so many complex and controversial issues, there is no simple answer. That’s why we’ve devoted our latest “Children’s Check-Ups” report to develop a greater understanding of bullying. We want to move beyond using bullying as a buzz word and dig into the underlying dynamics for children.

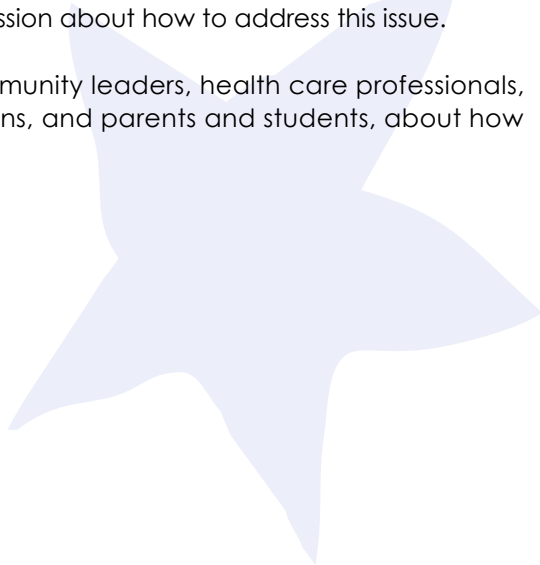
We want to explore the idea of conflict, how bullying fits into the range of interactions that constitute conflict and what parents, teachers and health care providers can do to address bullying. For that to happen we need to understand how bullying affects our kids. Research shows bullying is bad for the health of the bullied, the bully and even those who witness the bullying. Here’s a snapshot:

- Already commonplace in our schools and playgrounds, bullying has also found a foothold in social media, from Facebook to Twitter to texting. About one in seven Minnesota children are regularly bullied — an estimated 100,000 kids each year.<sup>1, 2</sup>
- Children who are bullied are more likely than their peers to suffer from anxiety, depression, loneliness, and post-traumatic stress, and they are at heightened risk of suicide.<sup>3</sup>
- Children who bully are more likely than others to experience peer rejection, disorders like anxiety, academic difficulties and to engage in rule-breaking behavior.<sup>4, 5</sup>
- Children who both bully and are targets of bullies — so-called “bully/victims”<sup>6</sup> who, unable to control their anger and frustration at being bullied, turn to bullying others — tend to have all of the problems of the bully and the victim plus they are at greater risk for psychiatric disorders and criminal offenses in young adulthood.<sup>7</sup>
- Even bystanders, or witnesses to bullying, suffer unhealthy lingering effects.<sup>8</sup>

As the region’s leading pediatric health care provider, we see children who, due to bullying, suffer setbacks in their physical or mental health and rehabilitation. Although anyone could be bullied, the targets are often children who are different or vulnerable in some way, including kids who are sick or have special needs. For these kids and others who try to navigate this increasingly challenging environment, we at Children’s Hospitals and Clinics of Minnesota want to bring our perspective to the discussion about how to address this issue.

We hope this paper informs a meaningful discussion among community leaders, health care professionals, teachers and school officials, non-profit and for-profit organizations, and parents and students, about how to reduce the incidence and impact of bullying.

Alan L. Goldbloom, MD  
Chief Executive Officer  
Children’s Hospitals and Clinics of Minnesota





## Bullying: Time to take it seriously

“Boys will be boys.”

“Girls can be pretty mean at that age.”

“They’ll grow out of it.”

For years, people have dismissed bullying among kids as a “normal part of growing up.”<sup>9</sup>

“I was once told that this was the way it was — it’s a part of growing up,” said Anthony Pellegrini, PhD, a psychology professor at the University of Minnesota who researches bullying. “I said, ‘that may be your world, but I don’t want it to be mine.’”

“Conflict is a common problem that all kids have to deal with,” said Michael Troy, PhD, LP, a clinical psychologist and medical director of behavioral health services at Children’s Hospitals and Clinics of Minnesota. “But if kids are unable to resolve conflict, or if they are the targets of harmful bullying, it can lead to real problems requiring attention and intervention.”

More and more, people have come to recognize that bullying is not normal or healthy, and shouldn’t be part of our children’s world.

Yes, conflict is a daily part of life. One of the most important skills children need to learn is how to resolve conflict. But when it comes to bullying and its relationship to normal conflict, bullying behavior is in a category by itself. Bullying is a form of harassment that can be difficult for children to resolve on their own.

Bullying experts cite the Columbine High School shootings as a catalyst for increased public concern about bullying.<sup>10</sup> Shortly after the

incident, it was revealed that the Columbine shooters were the targets of bullying. Columbine became a turning point in the evolution of the public’s mindset on the issue, said Susan Limber, PhD, director of the Center on Youth Participation and Human Rights and Professor of Psychology at Clemson University. Research by the Secret Service and the U.S. Department of Education involving 37 school shootings, including Columbine, found that about two-thirds of student shooters felt bullied, harassed, threatened or injured by others.<sup>11</sup>

“Large-scale violent events at schools, like Columbine, sparked the recognition that we as a society must address bullying before it has catastrophic consequences,” Limber said.

Lately, a rash of teen suicides related to bullying has further stoked attention to the problem. In the Anoka-Hennepin school district alone there have been nine teen suicides in two years; four of them were students who were gay or perceived to be gay and bullied because of it.<sup>12</sup> These highly publicized incidents have drawn attention to a pervasive problem among our children.

As a result, there has been a sharp increase in scientific research devoted to bullying in recent years. While increased attention to the problem of bullying by media, researchers and lawmakers has meant that fewer people dismiss bullying as a problem, it remains a significant public health threat. Given the increased focus on anti-bullying efforts and the near-constant stream of media attention, it begs the question: Why isn’t the problem going away? In this paper, we examine that question, as well as what we can do to address this challenge.

## What is bullying?

One obstacle to fighting bullying is a lack of common agreement on how to define it, a necessary step in solving the problem.

Conflict, such as disagreement or perceived opposing interests between two or more people, is an inevitable part of human association. Resolving conflict constructively, rather than destructively, is a critical skill set that children begin to develop even as infants.<sup>13</sup> Learning to use problem-solving skills to resolve conflict is associated with increased achievement, motivation to learn and improve, higher-level reasoning, healthy social and cognitive development, enriched relationships, clarified self-image, increased self-confidence, and resilience in the face of adversity.<sup>14</sup> On the other hand, the inability to successfully resolve conflict often leads to aggression and violence.

***“If a child teases a good buddy, it can be in fun. If trust isn’t there, it could be intimidating or alienating, and that is bullying. It’s also likely to be bullying if there is mismatched stature between the ‘teaser’ and the ‘teased’ — older versus younger, popular versus not so popular.”***

***— Emily P. Chapman, MD, medical director of Children’s hospitalist program***

While parents and teachers can help children learn how to successfully resolve conflict, most children need to learn conflict resolution skills on their own through experience. Aside from problem-solving, one of the most critical conflict resolution skills is for children to know when they can resolve the conflict on their own and when they need help from others.<sup>15</sup>

“Learning how to handle and resolve conflict is important to a child’s psychosocial development,” Dr. Troy said. “If we as parents or other responsible adults constantly intervene to help resolve these conflicts, then we may hinder rather than help the children involved. Bullying is different — it is outside

the normal range of conflict, and it can be very harmful if not stopped.”

But drawing a distinction between bullying and day-to-day conflict isn’t always easy, said Emily P. Chapman, MD, medical director of Children’s Hospitals and Clinics of Minnesota hospitalist program.

“If a child teases a good buddy, it can be in fun,” Dr. Chapman said. “If trust isn’t there, it could be intimidating or alienating, and that is bullying. It’s also likely to be bullying if there is mismatched stature between the ‘teaser’ and the ‘teased’ — older versus younger, popular versus not so popular.”

The distinction between conflict and bullying is especially problematic when the remark is made through the electronic media, where there are no facial cues to interpret meaning or intent, said Elizabeth Griffin, MA, LMFT, who is an Internet behavior consultant. (“Cyberbullying” will be discussed later in this paper.) She gave an example:

“My son once texted a friend that ‘you really sucked in football tonight,’” Griffin said. “He thought it was a joke, but his friend had no idea he was kidding.”

Defining bullying is a tough task. Perhaps the most commonly used definition is one offered by Dan Olweus, a psychology professor from Norway who has been researching bullying since the early 1970s and is considered one of the world’s leading experts on the subject. According to Olweus, “Bullying is when someone repeatedly and on purpose says or does mean or hurtful things to another person who has a hard time defending himself or herself.”<sup>16</sup>

***“Bullying is when someone repeatedly and on purpose says or does mean or hurtful things to another person who has a hard time defending himself or herself.”***

***— Dan Olweus, PhD, world-renowned bullying expert***



Bullying is an “aggressive behavior that includes an imbalance of power and is repeated over time,” said Limber, who worked with Olweus to bring the Olweus Bullying Prevention Program to elementary, middle and high schools across the United States. The Olweus program offers a variety of materials as well as webinars, online courses, program implementation and trainer certification to address and prevent bullying and other safety concerns.

“It is akin to child abuse or domestic violence — it is a power imbalance,” she said. Bullying falls outside the spectrum of normal conflict and that’s why conflict resolution does not work, she said.

Yet not everyone is comfortable with the Olweus definition. How to define bullying became a source of discussion within Minnesota Gov. Mark Dayton’s recent bullying task force, said Julie Hertzog, director of PACER’s National Bullying Prevention Center, who was on the task force. (PACER stands for Parent

Advocacy Coalition for Educational Rights, and is a non-profit advocate for children with disabilities.) Two key issues revolve around “intention” and “imbalance of power,” she said.

For instance, the “intentional” part of bullying may not always apply, since some bullies may be too young to know exactly what they are doing and why, Hertzog said. In addition, Griffin notes that in the case of cyberbullying, a child may perceive a remark as “bullying” when it was intended to be a joke, particularly if there are no facial cues to help the recipient interpret the intention of the remark. Finally, children who suffer from pre-existing mental health issues, such as depression, or are used to being bullied, may be predisposed to assume a negative intent behind a comment or action that isn’t there.<sup>17</sup>

The “imbalance of power” aspect of the definition is also problematic because bullying may take place between kids of equal standing, which is especially common in cyberbullying, Hertzog said. For instance, bullies may target popular girls online in order to “bring them down a notch,” Griffin said.

While the lack of consensus should not and has not prevented action on the issue, it does pose a challenge in addressing it, according to Pellegrini. He believes that for the science on preventing bullying to advance, everyone needs to operate within the same definition and framework.

*“It is akin to child abuse or domestic violence – it is a power imbalance.”*

— Susan Limber, PhD, Professor of Psychology, Clemson University

## What’s Bullying and What’s Not?

Balance of Power						
Healthy Peer Relationship	Normal Range of Conflict Situations* (Not Bullying)					Bullying
<ul style="list-style-type: none"> <li>Kids having fun together on the playground</li> <li>Calling to invite a friend over</li> <li>Going to a movie</li> </ul>	Roughhousing with peers	Former best friend joins different peer group	Relationship break-up (mutual and sad)	Commenting on appearance/light teasing	Addressing/refuting an untrue (but not malicious) rumor	<ul style="list-style-type: none"> <li>Habitual teasing</li> <li>Posting embarrassing images</li> <li>Threats to security</li> <li>Physical assault</li> </ul> <p><b>Harassment is repeated, unwanted, and involves power imbalance</b></p>
All scenarios allow for social skill advancement						

\*Examples of adolescent age conflict

## Bullying is a public health threat

No matter how we define bullying, it is clear that it is a significant public health threat because it meets two criteria needed to define a problem in that manner: It is common and it harms health.

### Bullying is common

Bullying is common among our youth and in our schools. Bullying can happen anywhere — in cities, suburbs or rural towns. It can happen in private schools and public schools. It can happen on the playground, on the bus or on the Internet.

In a 2011 nationwide survey, 20 percent of high school students reported being bullied on school property in the 12 months preceding the survey.<sup>18</sup>

In Minnesota, bullying persists in every school district. An estimated 13 percent of Minnesota's 6th, 9th and 12th graders are bullied regularly, once a week or more, according to a new analysis by the state departments of Health and Education.<sup>19</sup> If that rate holds true for all students, it would mean that more than 100,000 students in Minnesota are bullied on a regular basis.<sup>20</sup> According to the state's analysis, more than a quarter of Minnesota students who have been a frequent bully or target also have thought of suicide in the past year (researchers, however, note that the link between bullying and suicide is complex).

Bullying starts early in elementary school, peaks in late elementary school and middle school, and continues into high school, albeit at a decreased level. Its characteristics, however, may change as students age.<sup>21</sup> For instance, physical bullying among boys is common in grade school, while verbal or psychological bullying among girls is common in middle school.<sup>22</sup>

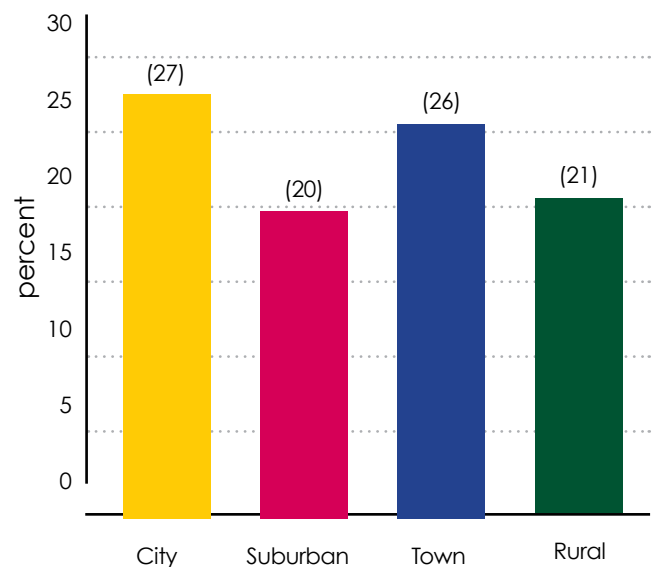
About 20 to 23 percent of students bully others in elementary school, while that decreases to 5 to 13 percent in middle school and high school.

While age-related bullying declines as children get older, points of transition between schools are often associated with peaks in bullying. According to Pellegrini, this can establish new patterns of bullying.<sup>23</sup> For instance, when students go from a small, cohesive elementary school to a larger middle school, they are forced to re-establish social relationships at a time when peer relations are very important, he said.

Once kids turn 16, their lives expand as they start to get jobs and drive. As a result, kids who were engaging in cyberbullying become less interested in bullying and the rate of bullying incidents goes down, Griffin said. If an older adolescent continues cyberbullying behavior or continues to be a victim of cyberbullying, that may be a sign of deeper mental health issues, she added.

## Student Bullying by Locale

Percentage of public schools reporting bullying that occurred at school, by locale: School year 2009 – 10



Source: U.S. Department of Education, National Center for Education Statistics, 2009-10 School Survey on Crime and Safety (SSOCS), 2010.

## The rise of cyberbullying

A relatively new form of bullying, cyberbullying, begins late in elementary school and peaks in middle school, as children gain access to cell phones and other electronic devices, said Justin W. Patchin, PhD, co-director of the Cyberbullying Research Center and associate professor of criminal justice in the Department of Political Science at the University of Wisconsin-Eau Claire.

Cyberbullying is bullying that takes place online through social media sites such as Facebook, text messages, chat rooms and websites. Cyberbullying can happen 24 hours a day, 7 days a week and reach a kid when he or she is at home. Messages and images can be posted anonymously and distributed quickly to a wide audience; it is very difficult to erase these messages once they have been posted.

Nationally, about 13 percent of students experienced cyberbullying on a daily or weekly basis, according to the 2009-2010 School Crime Supplement. The rate is high among middle school (19 percent) and high school (18 percent) students, but low (2 percent) among elementary school students.<sup>24</sup>

Patchin worked on a survey of 1,378 children and adolescents that showed more than 32 percent of boys and 36 percent of girls have been targets of cyberbullying at some point in their lives.<sup>25</sup> There seems to be a huge issue with cyberbullying behavior between girls in 5th to 9th grades, Griffin said.



**Cyberbullying can be especially tough on kids with chronic illness or disabilities, such as a form of autism or a behavior disorder. For these children, the Internet is often a key source of their communication and interaction with others, a protected place where they can interact with friends.**

— Elizabeth Griffin, MA, LMFT, cyberbullying expert

Griffin believes that girls are much more active in cyberbullying because they are more cliquish, often targeting girls who are not part of their circle. This bullying can take the form of posting comments on Facebook, texting insults, taking a photo of a girl in the changing room and sharing it broadly, or creating a fake Facebook page.

An interesting and disturbing characteristic of this form of bullying is that children and adolescents who engage in cyberbullying are not necessarily prone to bullying in person. Patchin's work also revealed that 18 percent of boys and 16 percent of girls reported harassing others online. Apparently the inhibitions that prevent students from bullying in person do not prevent them from bullying in cyberspace, Griffin said.

"People feel anonymous, no one knows who you are, so there seem to be fewer consequences in that environment," Griffin said.

Although it may feel anonymous to the bully, 85 percent of all cyberbullying incidents involve people who know each other, according to Patchin. Targets of cyberbullying who don't know the bully brush them off as "some creepy predator," Patchin said.

Cyberbullying can be especially tough on kids with chronic illness or disabilities, such as a form of autism or a behavior disorder. For these children, the Internet is often a key source of their communication and interaction with others, a protected place where they can interact with friends, Griffin said. "Kids can feel normal in cyberspace. They can forget about their disabilities." That is, unless someone decides to bully them.



## Who gets bullied? Bullying risk factors

While anyone can be a target of bullying, children who are bullied have some common traits. These include being:

- **Different in appearance:** They may be overweight or skinny, short or tall. They may have bad acne or unusual physical characteristics. They may dress differently.<sup>26</sup>
- **From poor families:** A child's socioeconomic status can put them at risk for bullying, according to a study in the *American Journal of Public Health*.<sup>27</sup> Schools with the largest disparity between wealthy students and poor students had the highest rates of bullying. The poor student is sometimes the target, sometimes the bully, sometimes both.<sup>28</sup>
- **Lesbian, gay, bisexual and transgender (LGBT):** In a recent survey, eight out of 10 lesbian, gay, bisexual and transgender (LGBT) students reported experiencing some sort of bullying or harassment while at school.<sup>29</sup> Kids who are perceived to be part of this community, whether they are or not, also are subject to bullying.
- **Weak, submissive or unable to defend themselves:** They may simply be undersized or uncoordinated, or they may have health problems, such as cancer, cystic fibrosis, heart problems, uncontrolled asthma, craniofacial abnormalities, or other problems that reduce their strength.<sup>30</sup>
- **Different in behavior:** Children who act differently due to developmental problems, psychological conditions, behavior disorders, or aggressive medical treatment (i.e., chemotherapy for cancer) can be targets.<sup>31</sup> Sometimes, these kids are unable to get along well with others, or they are prone to annoy, provoke or antagonize others to gain attention.
- **Depressed, anxious or have low self-esteem:** These kids may often be less popular than others, have few friends or are socially withdrawn — characteristics bullies look for in choosing targets.<sup>32</sup>



From this list of common traits, it is clear that children with disabilities — physical or cognitive — are especially vulnerable to bullying. This is shown by numerous studies, including one that found that up to 94 percent of students with disabilities report experiencing some form of bullying.<sup>33, 34</sup>

Bullying has increased as students with disabilities are more often “mainstreamed” (included in classes with non-disabled students). For instance, students with disabilities may demonstrate a lack of social awareness that makes them vulnerable to bullying.

While acceptance of kids with obvious and/or visible disabilities, such as Down syndrome, may have evolved, kids who look healthy but have other disabilities may be more susceptible to attacks. Kids with emotional or cognitive disabilities, such as attention deficit disorder (ADD), attention deficit/hyperactivity disorder (ADHD), autism, oppositional defiant disorder (ODD) or Tourette syndrome, may engage in behavior that others may not accept, which in turn makes them targets for bullying.<sup>35, 36</sup>

Bonnie L. Carlson-Green, PhD, LP, a pediatric neuropsychologist at Children’s Hospitals and Clinics of Minnesota, cited a situation in which a patient who was impaired and emotionally delayed due to static encephalopathy (a disease disorder impacting the brain), was attacked by a number of girls in the school hallway during lunch. The assault was videotaped and posted on YouTube by the bullies themselves.

## Who becomes a bully?

While no single profile is typical of those who bully, they often fit one of several prototypes.

One prototype is the kid with low self-esteem who is socially awkward or from a poor or troubled family and may bully others due to anger or frustration at their own circumstances.<sup>37, 38</sup>

Research shows that aggressive children who lack empathy are more likely to bully, along with those who have little parental supervision and support. Some children who are bullied at home and then bully others may be asking for help.

Yet another prototype is bullies with a superior sense of self who like the feeling of control and approval they receive from bystanders when they bully others. They use aggression to establish status with peers.

“Not all bullies need social skills training — many bullies are often peer-group leaders,” said Pellegrini. These bullies often have strong support groups, he said. “Some girls like to be around male bullies because they are often the leaders. Bullying is how they maintain control of the group.”

In addition, bullies are often stronger and more athletic than their peers. One study showed that aggressive preschoolers and children with strong motor skills were more likely to become a bully by the age of 10 or 11.<sup>39</sup>

Finally, some of these kids may have been bullied themselves — the classic “bully/victim” who bully others after being the target of bullying.<sup>40, 41</sup> For instance, while children with developmental problems are more likely to be targets of bullying, they may also become bullies themselves.<sup>42, 43</sup> Consider kids with autism spectrum disorder (ASD): they are often characterized by poor social skills, repetitive behavior or interests and problems communicating — all traits that put them at risk for being involved in bullying. One study shows that among adolescents who had ASD, 46.3 percent were targets, 14.8 percent were bullies, and 8.9 percent were the bully/victim.<sup>44</sup>

## It is bad for kids' health

Bullying is associated with a number of physical and mental health problems for everyone involved:

- **Targets of bullying**, who may sometimes be physically injured by bullying, also report headaches and stomachaches. In addition, they are more likely to suffer from low self-esteem, loneliness, depression, post-traumatic stress and anxiety, and are at heightened risk of suicide.<sup>45</sup>
- **Bullies** are more likely than their peers to experience peer rejection, conduct problems, anxiety, academic difficulties, and to engage in rule-breaking behavior, such as alcohol and drug abuse, fighting, vandalizing property and sex.<sup>46, 47, 48</sup> Later in life, they are prone to suffer from depression and suicidal thoughts, to have criminal convictions, and to abuse their romantic partners or children.<sup>49, 50, 51</sup>
- **Bully/victims** suffer the problems common to both bullies and victims, and may lead lives characterized by isolation, anxiety, hyperactivity and disturbed personalities.<sup>52, 53, 54</sup>
- **Bystanders**, even years after witnessing bullying, demonstrate anxiety, physical stress symptoms as well as high levels of self-reported trauma years after the incident, according to a recent study.<sup>55</sup> They also find it more difficult to trust other people, according to the study.

## Health Consequences of Bullying

- ★ low self-esteem
- ★ depression
- ★ loneliness
- ★ anxiety
- ★ headaches
- ★ stomachaches
- ★ post-traumatic stress
- ★ heightened risk of suicide

## Bullying makes sick kids sicker

Of particular concern are children who are already sick or suffer disabilities. Bullying can exacerbate or make it difficult to treat a child's underlying condition — or make it more difficult for them to cope with their condition. For example:

- A child with Tourette syndrome tics is more likely to be bullied and suffer increasingly severe tic symptoms, loneliness and anxiety, according to one study.<sup>56</sup>
- A child with depression or anxiety, who likely already lacks adequate coping skills for handling stress, has trouble handling the additional stress of being bullied.<sup>57</sup>

Many children who suffer from chronic diseases or have been hospitalized for an extended period, look forward to returning to school as a chance to normalize their lives and focus on something besides their illness.<sup>58</sup> But sometimes, due to bullying, school is not a healing respite. While children who have an illness such as cancer are generally treated well by their classmates, this is not always the case, Dr. Carlson-Green said. A child suffering from psychological effects of their cancer therapy may be accepted when they have no hair, but not when it grows back and they "look normal," she said. She had one patient who classmates called "tumor head" upon return to school after cancer treatment.

Kids with eating disorders are often targets for bullies who make fun of them because they are "too fat" or "too skinny." Since 1980, the obesity rate among children has tripled, with one of every three children in America obese or overweight.<sup>59</sup> In Minnesota, nearly one out of four kids has weight problems.<sup>60</sup> Yet related rejection or bullying of overweight or obese kids has gotten worse, not better.<sup>61</sup>

"Large swathes of kids have terrible self-esteem issues," said Joan Kamini Orrell-Valente, PhD, a clinical psychologist with the Center for the Treatment of Eating Disorders. "When kids feel rejected by their peers, depression and worsening obesity can set in."

Even kids with food allergies are bullied, sometimes to the point where the bully taunts them with the food that causes the allergy or contaminates food to be eaten by the allergic student. More than 30 percent of 8- to 17-year-olds being treated at an allergy clinic were bullied in school because of their food allergies, according to a recent study.<sup>62</sup> A 2010 survey of more than 350 parents of food-allergic kids found that 35 percent of children ages five and older were bullied, teased or harassed because of the food allergy, with 86 percent of the targets reporting that it happened more than once.<sup>63</sup>

"A lot of this behavior stems from ignorance, not understanding," Dr. Carlson-Green said. "The key is helping kids' peers understand."

## Childhood Obesity and Bullying



In Minnesota, nearly **one out of four kids has weight problems.** Yet related rejection or bullying of overweight or obese kids has gotten worse, not better.

Source: Levi J, Segal L, St. Laurent R, Kohn D, et al (Trust for America's Health, Washington, DC). *F as in Fat: How Obesity Threatens America's Future*, 2011 edition [Internet]. [Washington, DC]: Robert Wood Johnson Foundation. 2011 [cited 2011 Nov 21]. 124 p. Available from: <http://healthyamericans.org/reports/obesity2011/Obesity2011Report.pdf>. Latner JD, Stunkard, AJ. *Getting Worse: The Stigmatization of Obese Children*. *Obesity Research* (2003); 11(3): 452-456.

## The response to bullying

There have been a wide variety of responses to bullying. Schools are exploring a number of different approaches to address the issue. Anti-bullying programs, such as those developed by international bullying expert Dan Olweus, have been implemented. Kindness programs have been instituted in an attempt to change a school's culture and emphasize the importance of supporting and respecting each other. There have been programs to help bystanders stop bullying rather than encourage it through inaction, as well.<sup>64</sup> These programs and others have made progress in addressing a culture of bullying.

*While there has been overall progress in the fight against bullying, it's clear that there are no easy solutions.*

While there has been overall progress in the fight against bullying, it's clear there are no easy solutions and some approaches have shown to be ineffective. Interventions, such as conflict resolution, have been tried without much success. Likewise, the "zero tolerance" approach, in which bullies are suspended or expelled, does not work. For instance, Georgia adopted an anti-bullying law that gave bullies "three strikes," before sending them to an alternative school. There are three reasons why this approach is doomed, said Limber:

- Expelling the bully removes him or her from a mainstream school environment that has positive role models.
- Teachers who are concerned about the harsh consequences for bullies, especially if they face expulsion, may be reluctant to report bullying incidents.
- One in every five or six kids is potentially a bully, so to suspend or expel that many students would be untenable.





Many states have adopted anti-bullying policies for their schools. In 1999, just one state had a bullying law; now there are 49.<sup>65</sup>

In response to a 2012 report from Minnesota's Task Force on the Prevention of School Bullying, the 2013 Minnesota legislature advanced legislation called the Safe and Supportive Minnesota Schools Act. The bill defines bullying and would specifically prohibit it on the basis of characteristics such as sexual orientation, religion and race. School districts would be required to adopt either a state model policy or a local policy that meets specific criteria in addition to providing ongoing anti-bullying training to their staff and volunteers. It would also create a resource center at the Department of Education to serve parents, educators and communities. The bill did not pass during the 2013 legislative session but will likely be considered again in 2014.

Meanwhile, a number of anti-bullying efforts have taken place outside the schools. Aside from the federal government's [stopbullying.gov](http://stopbullying.gov)<sup>66</sup> program, there are a variety of campaigns and resources available, such as:

- [PACER's National Bullying Prevention Center](#)<sup>67</sup>
- [Cartoon Network's Stop Bullying: Speak Up](#)<sup>68</sup>
- [Lady Gaga's Born this Way Foundation](#).<sup>69</sup>
- A [Nice it Forward](#) movement was started in Osseo, Minnesota, by Kevin Curwick, a high school football team captain, who uses a Twitter account (@OsseoNiceThings) to encourage classmates to say nice things about each other; the movement has received national media attention and has spread to other towns.<sup>70,71</sup>

Parents and students have also used the legal system to fight bullying under existing anti-harassment laws. A lawsuit of this kind against the Anoka-Hennepin school district was settled in March of 2012<sup>72</sup> based on the premise that schools are required by law to provide children a safe environment in which to learn.<sup>73</sup> The result was a landmark settlement that resulted in a 5-year partnership between the district and the U.S. Departments of Justice and Education that includes closely tracking bullying incidents, and disciplinary action and harassment training.





## Offering a clinical perspective on bullying



Like many threats to public health, the most effective method for fighting bullying is through a comprehensive, community-wide approach. This is not an issue that can be solved through one type of intervention in only one type of setting.

What experience and research tells us is that the earlier bullying is identified and stopped, the better the outcome. In many cases, when children are at risk for becoming a target for bullying, preparing them to head off or handle bullies may help prevent or mitigate the issue. Likewise, early action to detect bullies and prepare potential bystanders to stop bullying can also be effective.

“Virtually anyone can be a victim of bullying,” said Dr. Chapman. “It’s the initial response that can tamp it down or crank it up. If the kid overreacts or cries, they will likely be picked on again.”

As with so many other concerns about children’s social and emotional well-being, the most powerful protective factor is healthy development that occurs in the context of consistent, appropriate and effective care and guidance at home, school and the larger community.

### Detecting signs of trouble

Parents may often be the last ones to know that their child is being bullied. Often, kids don’t want their parents to know about the bullying because they don’t want to worry them; they fear that parental involvement may make it worse; or they worry that their parents might embarrass them, according to Dr. Carlson-Green. Others might fear their parents will dismiss their complaint, telling them to “let it go” or “suck it up.”

Some signs of bullying may be sudden changes in behavior, such as withdrawal, a drop in grades, torn clothing, missing money, a lack of interest in school, derogatory comments about fellow students, unexplained bruises, stomachaches, headaches or frequent absences from school, according to Barbara Coloroso’s 2009 book, *The Bully, the Bullied, and the Bystander*.<sup>74</sup>

Cyberbullying is even harder to detect. In the past, kids who were bullied got a black eye that their parents could see and then intervene, said Dr. Carlson-Green. Today, kids may get repetitive text messages — which can range from teasing and insults all the way to suggesting suicide, according to Dr. Carlson-Green.

***Some signs of bullying may be sudden changes in behavior, such as withdrawal, a drop in grades, torn clothing, missing money, a lack of interest in school, derogatory comments about fellow students, unexplained bruises, stomachaches, headaches or frequent absences from school, according to Barbara Coloroso’s 2009 book, The Bully, the Bullied, and the Bystander.***

***— Barbara Coloroso, speaker and author on parenting, conflict resolution and bullying***

By the time kids are seen by pediatricians for psychosomatic manifestations of bullying, they are truly in crisis mode with a longstanding problem, said Pellegrini. That's why it's so important to get ahead of the problem. As a result, some experts — including Drs. Chapman and Valente, as well as Hertzog, Patchin and Limber — call for clinicians to ask brief questions to children and their parents to assess emotional functioning and peer experiences.

"The parent will take it much more seriously when their doctor asks about it," Dr. Valente noted. That said, asking a child about bullying is a delicate process, which argues for a careful approach to how medical professionals discuss the issue with kids and their families. While some argue for recommendations from expert panels to guide pediatricians and family practice doctors, others suggest that it may require a more nuanced approach than a scripted questionnaire.

"Pediatricians absolutely have a role in addressing this issue and we want to help our patients navigate these issues. But we also know that there isn't a one-size-fits-all approach. We need and want to have a better understanding of the problem and effective interventions so we can work with kids and their families to address the issue," said Sheldon T. Berkowitz, MD, medical director of the Minneapolis Children's Clinic at Children's Hospitals and Clinics of Minnesota.

*"Pediatricians absolutely have a role in addressing this issue and we want to help our patients navigate these issues. But we also know that there isn't a one-size-fits-all approach."*

*— Sheldon T. Berkowitz, MD, medical director of the Minneapolis Children's Clinic, Children's Hospitals and Clinics of Minnesota*

While the solution to bullying will not be found only within doctor's offices, medical professionals acknowledge that there needs to be more discussion about how pediatricians fit into a comprehensive, multi-sector approach to addressing the issue. So the question is not whether they engage but rather how pediatricians can contribute in a manner that is complementary to the efforts of schools, communities and families. Minnesota is fortunate to have a highly engaged and interested pediatric and child development community, as evidenced not only by the Minnesota Chapter of the American Academy of Pediatrics' identification of bullying as a priority issue but also by the efforts of individual pediatric medical professionals.



## Early detection: Helping parents with a developmental approach to bullying

Parents need to take bullying seriously and be good listeners. They must pay attention, and if they suspect something, engage in open-ended conversations with their child to find out what is really going on.

Just as children change as they develop physically and mentally, so does the type and frequency of bullying. Generally speaking, while bullying often is physical and involves boys in the elementary school, it becomes increasingly psychological with girls in later years. As a result, anti-bullying efforts need to be appropriate to the age and situation of the child, and they must continually evolve and be sustained throughout the school years, Limber said.

Here is adapted guidance from the American Academy of Pediatrics and other experts on how to address conflict resolution and bullying at various stages of development:<sup>75</sup>

### Preschoolers (ages 5 and younger):

Bullying can start as early as preschool, said Limber. "We see aggressive and power behavior even then," she said. As a result, preschool and early elementary is a good time to start teaching positive behavior.

#### *What parents can do:*

Parents can help their child handle conflict by teaching them to:<sup>76</sup>

- Share,
- Use language rather than action to express anger or feelings, and
- Respond to physical aggression by another child by saying "That hurts. Don't do it," and seek the help of an adult.

### Grade school (ages 5-12):

To help prepare the child to handle bullying situations, children should be advised to get adult help if a fight has or is about to break out; seek adult help if they feel threatened; stand up for targets of bullying or get an adult to step in; and generate awareness that watching a fight, or bullies, makes it look like they approve of what they're seeing.

For kids who seem to be getting into a lot of fights, pediatricians can talk about how anger affects judgment and decision making, and discuss techniques to stay calm. Children with ADHD or a history of brain trauma may have difficulty controlling aggressive impulses.

#### *What parents can do:*

To assess whether a child has been involved in bullying, parents should ask and consider enlisting others to help if the answers reveal that a child is experiencing bullying:

- Have you been involved in any fights?
- How do you avoid (or not avoid) getting into fights?
- Are you afraid of getting hurt or bullied by other children?
- How would you react if you saw a fight or bullying incident?

If the responses to these questions are concerning, consider some of the following as next steps:

- If the child is reluctant to talk about the bullying, it may make sense to get a counselor or pediatrician involved.
- Once the child talks about what happened and identifies the bully or bullies, contact the relevant teacher and/or administration official to develop an approach that works in the school setting and is comfortable for the bullied child.
- Explore methods for providing the child skills he/she needs to respond to future situations.

Parents also need to stay on top of these issues as the child gets older. When their child is in 2nd grade, parents should:

- Assess if their child has a regular group of friends,
- Ask what happens when friends disagree,
- Be familiar with those friends, and
- Observe what happens when your child is with those friends.

By 4th grade, it's especially important that children develop self-esteem and feel good about themselves. Parents should observe if their child is:

- Unhappy or withdrawn,
- Unable to listen or do homework, or
- Engaging in destructive behavior.

### **Middle school (ages 12-14):**

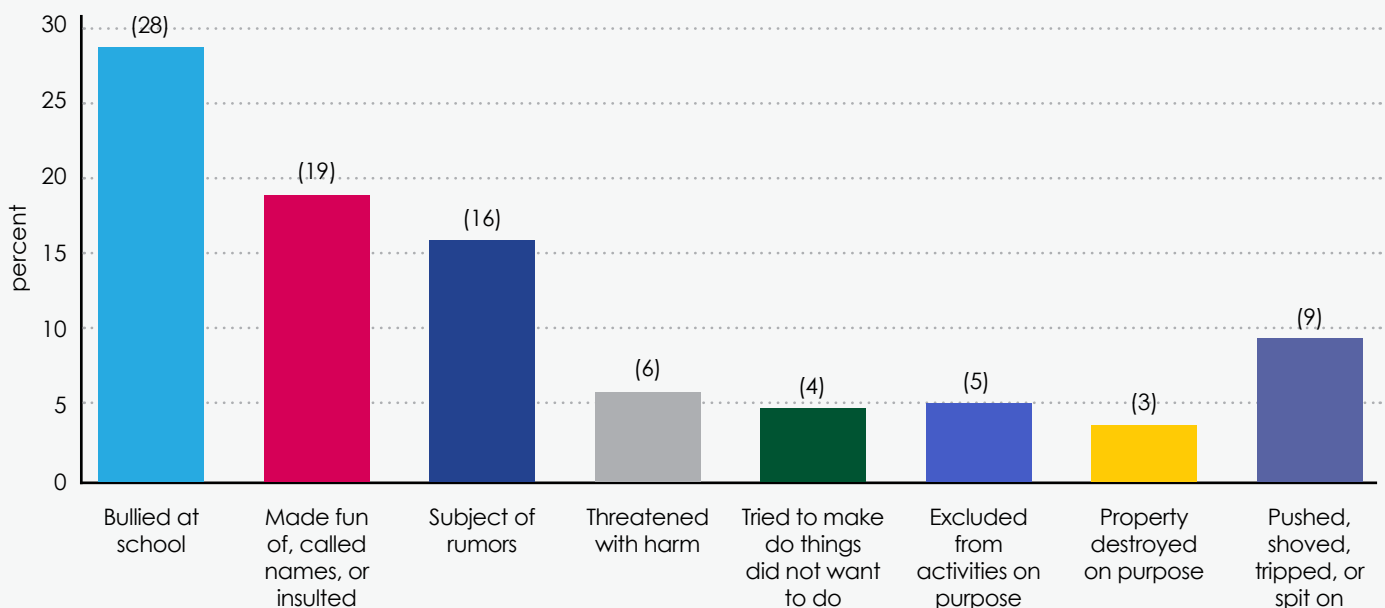
As children get older, they rely on adults less and less, and may be more reluctant to openly discuss what's going on in their lives or to accept adult direction.<sup>77</sup> That's why it may be more effective to ask questions that "open the door" to the topic as opposed to being totally direct, Dr. Carlson-Green said. Kids need to be encouraged to talk, but may be reluctant to be open and honest if parents or pediatricians come on too strong.

*What parents can do:*

Some questions for older kids might include:<sup>78</sup>

- How are things going at school?
- What do you think of the other kids in your classes?
- Does anyone get picked on?

## **Selected Bullying Problems for Children Ages 12-18**



Source: U.S. Department of Justice, Bureau of Justice Statistics, School of Crime Supplement (SCS) to the National Crime Victimization Survey, 2009.



## Prevention and early intervention

The earlier a problem is identified and addressed, the more likely those behaviors can be changed.<sup>79</sup> While it is not possible to inoculate children against bullying, early intervention works and, combined with sustained efforts, can result in a positive outcome in the long run, Limber said.

Family influences can help determine the likelihood of a child becoming a target, bully or a combination of the two. For instance, a bully's family history may be marked by angry, hostile interactions; low parental involvement and a lack of affection; and/or hard, inconsistent, power-assertive parental discipline.<sup>80</sup> Meanwhile, potential targets may have over-protective parents or a relationship with parents marked by hostility or rejection.<sup>81</sup>

Early intervention in these family situations, preferably before the child is 8 years old, is critical and far more effective than intervening when the child is an adolescent or older.<sup>82</sup> Family therapy or parental training in behavior modification techniques can help promote warm, involved, sensitive parenting that promotes a healthy parent-child relationship.<sup>83</sup>



***“Children are like clay when they are young. If I can get to these children and teach them empathy, respect, leadership, and more, it only grows from there.”***

***— Perry Tinjum, guidance counselor at Mendota Heights' Somerset Elementary***

Some elementary schools hope to get ahead of the bullying issue by creating a culture of kindness. Several years ago, leaders within the West St. Paul/Mendota Heights/Eagan area School District developed what they called “The Kindness Project.” Rather than putting the emphasis on preventing negative behaviors (bullying, substance abuse, violence, vandalism), the Kindness Project promotes positive behaviors (kindness to self, others, the environment).

“Children are like clay when they are young,” said Perry Tinjum, a guidance counselor at Somerset Elementary School who helped implement The Kindness Project at the start of 2010. “If I can get to these children and teach them empathy, respect, leadership, and more, it only grows from there.”

So far, it's working. In 2009, Somerset Elementary School had 371 behavioral referrals; in 2010, they had 262 referrals, a decline of 29 percent.

The comprehensive, school-wide approach to bullying makes sense, according to Limber. “Kindness programs can build community, connections between kids and with the school,” she said. “Bullying cannot thrive in that kind of school climate.”

However, she also believes specific focus on bullying is important because it puts a name on it and calls it what it is. There should be school-wide classroom discussions and interventions when bullying occurs, and parent involvement throughout.



## Effective action

There are a number of actions parents can take once they determine their child is a target of bullying. These actions range from teaching kids social skills and building their self-confidence to knowing when and how to contact the school or law enforcement authorities.

### **Don't make it worse:**

Most targets of bullying simply want it to stop, Patchin said. They're not necessarily looking for the bully to be disciplined and they certainly don't want to escalate the situation by confronting the bully or the parents of the bully. Targets want support, they want their parents to believe them and help them, Limber said. What they don't want is for the situation to get worse or to be ostracized by their peers. Parents and pediatricians need to focus on solutions that will stop bullying and win buy-in from their child.

When it comes to cyberbullying, some interventions can make the situation worse, Patchin said. For instance, some parents' first reaction is to take away their kids cellphone or close down their Facebook page. Some parents may resort to using tracking software to spy on their kids — only to be discovered and lose trust, Patchin said. Kids will likely go underground with behavior that isn't acceptable to parents.

"Parents who push too hard find that it backfires on them," Patchin said.

### **Build self-confidence:**

Since targets of bullying often suffer from low self-esteem, parents need to learn how to emphasize the positives and promote the strengths of their children, such as their friendships, skills or achievements, and minimize attention to the negatives, Dr. Valente said.

### **Teach the child when and how to ask for help:**

Children should not be afraid to ask an adult for help when they're bullied. Help the child identify teachers and friends who can help them. Since some children are embarrassed about being bullied, parents need to let their children know that being bullied is not their fault.

But parents should be wary about becoming too involved. Overprotective parents can hinder their child's development of assertiveness and autonomy, making them more vulnerable to bullying, not less.<sup>84</sup>

### **Prepare through role play and scripting:**

Parents can help their child learn how to ignore a bully or develop assertive strategies to cope with the bully. It's not just a matter of telling them what to do or say — parents must practice it with them over and over. For many children, these skills do not come naturally. For them, it is like learning a new language. With sufficient practice, in the heat of the moment these skills will be second nature.

Parents can help children develop "assertiveness scripts" for use in role-playing scenarios. It may be as simple as getting the child to look the bully in the eye and say "Stop!" This may be especially helpful for kids with disabilities or who may be coming back from an illness, Dr. Carlson-Green said.

"Parents need to practice different scenarios, to prepare children for the kinds of treatment they may receive at re-entry to school," Dr. Carlson-Green said.



### Teach social skills:

Role playing may not be enough. Some kids need training in verbal and nonverbal communication and conversation skills, assertiveness, problem-solving, conflict resolution and dealing with difficult peer situations.<sup>85</sup> For instance, kids with autism spectrum disorders often have few defenses and are easy targets. They often don't pick up on social cues that indicate they are not welcome in a certain group. These kids may need to be taught how to:

- Find a group of students with similar experiences and perspectives,
- Learn appropriate approaches to others,
- Pick up on signs of rejection, and
- Make a graceful exit if not accepted.<sup>86</sup>

***“Parents can help children develop ‘assertiveness scripts’ for use in role-playing scenarios. It may be as simple as getting the child to look the bully in the eye and say ‘Stop!’ This may be especially helpful for kids with disabilities or who may be coming back from an illness.”***

***— Bonnie Carlson-Green PhD, LP, Pediatric Neuropsychologist at Children’s Hospitals and Clinics of Minnesota***

### Help build friendships:

Children who are loners are more likely to get picked on.<sup>87</sup> One of the best deterrents to being bullied — or to mitigate the effects of being bullied — is to have friends.<sup>88</sup> This is true for all kids of all ages. One parent of a disabled child told Dr. Carlson-Green that “all I want is for him to have one friend.”

Sometimes a child's illness may limit their social connections, such as the child who lost friends due to an extended absence from school due to treatment for a brain tumor, Dr. Carlson-Green said. Sometimes that child, when ready to return to school, suffers from fatigue, cognitive or speech problems. “Re-entry can be a real struggle,” Dr. Carlson-Green said.

Here again, role playing can help. Going through various scenarios can prepare children for how they may be treated when they return to school.

Parents should encourage their children to make friends by joining adult-supervised play groups, in and out of school, and inviting the child's friends home to play. Be wary of exerting too much control, however: children should be taught how to fit into a play group rather than the parent controlling the play group to ensure their child is a member.<sup>89</sup> Parent-assisted children's friendship training, in which parents teach their children social etiquette and help them understand social context, is effective not only for kids on the autism spectrum, but for those with attention deficit hyperactivity disorder and oppositional defiant disorder.<sup>90</sup>

Examples of these programs include [Children's Friendship Training](#) and the [Program for the Education and Enrichment of Relational Skills](#).<sup>91, 92</sup> Children with a chronic illness or mental health problem may find it comforting to meet other children who share their experience.<sup>93</sup> For kids in the hospital or essentially homebound, social media can be a valuable tool in making these connections, said Elizabeth Griffin, internet behavior consultant.

Sometimes parents can develop advocates and allies in the school for their sick children or children with disabilities, said Hertzog. Her son has Down syndrome, a pacemaker, a feeding tube and is non-verbal. Worried about how he would be treated at school, she identified and recruited kids to become his advocates and allies at school. This approach turned out to be very successful and was emulated for other students with disabilities in the school.

### Teach social media skills early on:

Just as we begin socializing kids for appropriate behavior when they are one year old, children should be coached to act appropriately in the online world the minute they start using the computer, as young as three to four years old, Griffin said. Griffin's "golden rule of appropriateness" mandates: Never email, post or communicate something to someone you wouldn't say to their face.

While she suggests keeping an eye on a child's postings by being a Facebook friend or following them on Twitter, parents need to allow their kids the freedom to develop independently, to make mistakes and to figure out how to fix them.

Many parents ask their children to sign contracts prescribing expected behavior for the right to use the device. There are several examples of such contracts already in existence, so parents can either adopt one or adapt them to their needs.<sup>94, 95</sup>

Other strategies for parents to help avoid their child being involved in cyberbullying or other inappropriate social media behavior, according to the American Academy of Pediatrics<sup>96</sup>, include:

- Make the family computer the only computer for children, and have it in a public place in the home where it is visible and can be monitored.
- If the child is allowed to have a cellphone, review your carrier's parental control options and think carefully about using content filters and/or usage controls.
- Discuss appropriate use of the camera function, as it's important for kids to understand that inappropriate or embarrassing pictures taken of others can be devastating — and this behavior will not be tolerated and should be reported.
- "Friend" the child on Facebook and set up proper filters on the child's computer.
- Let the child know text messages will be monitored.
- Store phones in a public area by a certain time at night to avoid nighttime bullying and inappropriate messaging.



## When your child is the bully

One reason parents often are surprised to hear their child is a bully is that they have a misconception about what bullies are like.

Parents of bullies need coaching, Dr. Chapman said. Sometimes simply enlightening parents and helping them to understand the impact of bullying is all it takes to help bullies get better direction from parents.

Some bullies may be frustrated, angry and socially awkward, and may behave like a bully inadvertently.

“Pay attention to kids who are inflexible, can’t adjust to change, have anxiety and tend to lash out,” Dr. Chapman said. “Sometimes all they need is to understand the impact they’re having on another child. Often, however, these children have discipline, self-esteem or coping problems that need to be addressed.”

Other bullies may be popular, socially sophisticated kids who like to exert control over others and are highly intentional about bullying. These may be star athletes or popular girls considered charismatic leaders by peers and adults. Parents may miss or ignore a consistent pattern of control and aggression against other kids.<sup>97</sup>

Given the possible repercussions of bullying, especially later in life, parents of bullies should take the situation very seriously and do what they can to change their child’s behavior. Additional resources, including professional counseling, may be needed to address the underlying problems through therapy and behavior modification, Dr. Chapman said.

Bullies need to be taught (by parents or professionals, as needed):<sup>98</sup>

- Problem-solving skills,
- To replace aggression with pro-social behavior,
- Social skills, and
- Anger management and impulse control strategies.

In addition, family therapy and behavior modification parent training techniques may be advisable.<sup>99</sup>

Based on interviews with bullying experts and advice from the American Academy of Pediatrics,<sup>100</sup> here is a list of action items for parents of bullies:

- Set firm and consistent limits on your child’s aggressive behavior. Be sure your child knows that bullying is never OK. Consequences need to be put into play, Limber said.
- Use effective, nonphysical discipline, such as loss of privileges. Explain why the behavior was wrong and how your child can change it.
- Be a positive role model. Children need to develop new and constructive strategies for getting what they want. Often, bullies learn their aggressive, controlling behavior from watching their parents.
- Show children that they can get what they want without teasing, threatening or hurting someone. All children can learn to treat others with respect.
- Help your child understand how bullying hurts other children. Give real examples of the good and bad results of your child’s actions.
- Find positive ways to stop bullying by developing practical solutions with others such as school principals, teachers, counselors and parents of the children your child has bullied.



## What our community can do

We have seen that the high incidence and harmful effects of bullying make it a serious public health issue that threatens all of our children, especially those who already suffer illness or disability. Yet we also have seen that bullying is a difficult subject to define, much less to address. Bullying cannot be defined purely in terms of what is said or done, but how those words or actions are intended and received. Understanding the psychology of the bully, the target and even the bystander is critical to identify, stop or prevent bullying and to treat its harmful effects. We have also seen that how we respond makes the situation better or worse for our children.

“When it comes to bullying, there are no quick fixes,” said Dr. Troy. “Nor can we do it on our own. We need to come together as a community — in our schools, our homes and our doctors’ offices, to address what is clearly a serious threat to the health of our children.”

As the region’s leading pediatric health care provider, Children’s intends to focus on the role we — as medical providers — can play in addressing this issue. One of our most important roles is to advocate for children and to equip those who work with children with the backing they need to elevate this issue. To that end, our first role is to affirm that bullying is a public health issue and one that warrants attention. Further, we intend to do the following:

- Explore the role pediatricians can play in addressing this issue and identify the resources they need to better assess the situation and equip their patients and families to address it.
- Foster the understanding that children with disabilities, or those in poor health, are especially at risk. They and their parents may need additional help to prevent or mitigate bullying.
- Advocate for early detection and intervention.

### Additional resources

Minnesota already has a wide variety of organizations dedicated to reducing and preventing bullying. Since there are so many different types of organizations working toward a similar goal — schools and school districts, state and federal government, non-profit and for-profit organizations, health care providers and professional organizations — it is no surprise that an equally broad range of initiatives has been developed to address bullying. We have compiled a list in the interest of helping parents and pediatricians understand the resources that are available, as well as helping stakeholders understand the good work that is under way and to encourage additional collaboration among these efforts. Please find this list on Children’s website at [childrensmn.org/bullying](http://childrensmn.org/bullying).





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