

Bullying: An Urgent Public Health Issue

Bullying is recognized as a significant public and mental health issue. Most definitions of bullying specify aggressive, unwanted, repeated behavior that is difficult to stop, inflicts physical and/or emotional harm, and involves an imbalance of power. Approximately 30% of U.S. students have experienced being bullied and most children (70-85%) are affected at some time by bullying as victims, perpetrators, bystanders, or in more than one role.

Risk Factors for Bullying

Mental health problems, especially anxiety and depression, are risk factors for both bullying and being bullied. Children with mental health disorders are three times more likely to engage in bullying, and bullies are likely to have a diagnosis of ADHD, opposition defiant disorder, or conduct disorder. Bullies are more likely to live in homes where there is high conflict and domestic violence (Bowes et al, 2009; Ttofi & Farrington, 2012) and to have demonstrated aggressiveness as early as pre-school.

Children at risk for being bullied have lower self-esteem than peers, experience interpersonal problems, have difficulty defending themselves, and are more likely to be over-weight or low-income. Individuals with a disability, including those that result from a mental disorder, are at risk of being bullied and tend to experience more serious forms of bullying.

Consequences of Bullying

Children who bully and those who are bullied experience significant short-term and long-term negative mental health and other consequences that frequently extend into adulthood. This shared impact includes an elevated tendency toward depression, suicidal thought and attempts, substance abuse, and reactive aggression. As adults, children and youth who bully are more likely to be diagnosed with antisocial personality disorder, to be arrested, and to engage in domestic violence'

Children who are bullied are approximately twice as likely as others to be depressed later in life and are at increased risk for anxiety (including generalized anxiety disorder, agoraphobia, and panic disorder), ADHD, post-traumatic stress disorder, dissociative symptoms, personality disorders, and eating disorders. Being bullied lowers self-esteem and increases school absenteeism and academic problems, psychosomatic and physical health problems, sleep issue, and physical injury. The depression and anxiety that result from cyber bullying are at least as severe if not more severe than traditional bullying, particularly for girls. Significant associations between bullying and negative outcomes are found even after controlling for other major childhood risk factors.

Children and adolescents who both bully and are bullied (bully/victims) have the most serious risk of mental and behavioral problems, including agoraphobia, panic disorder, and suicidality. With effective screening, it is possible to identify these children as early as first grade.

Bystanders who observe bullying without intervening also experience significant mental health problems, especially depression and anxiety, as well as a tendency toward substance abuse. Bystanders can play a significant role in encouraging or discouraging bullying.

There are few consistent racial or ethnic differences in the incidence of being bullied, though racist name-calling is often an element of bullying targeted toward children of color. Bullying based on bias related to personal characteristics such as race/ethnicity, sexual orientation, religion, or disability is more likely to compromise mental health and increase substance abuse, compared to bullying not associated with bias. LGBTQ youth are extremely vulnerable to

bullying and the severe consequences include inability to function at school and increased suicide risk. Black and Latino youth who are bullied are more likely to suffer academically.

Interventions to Prevent Bullying

Identifying and intervening with individuals involved in bullying is extremely important, so increasing screening and early identification by people who live and work with young people is a priority strategy. The recently developed California Bullying Victimization Scale is a validated self-report tool to assess bullying.

Research supports implementing effective anti-bullying programs as essential public health and crime prevention strategies. Most anti-bullying programs are located in schools and use ecological approaches that address both individual and environmental dimensions of bullying, including individual traits, family experiences, parental involvement, school climate, and community characteristics. Effective programs work to improve school and classroom environments, strengthen discipline and supervision, and build students' social, interpersonal, communication, and emotional skills. Active engagement of teachers and other school personnel, students, and parents is essential. An effective, though under-utilized, strategy is to harness the social power of peers to stop or restrain bullying behavior, with a goal to change the norms of the school environment. Effective programs build protective factors that promote resilience in addition to addressing risk.

While early research on anti-bullying programs showed limited or mixed results, a recent meta-analysis of longitudinal studies of school-based programs demonstrated decreased bullying and victimization by an average of 20%. Effective anti-bullying programs demonstrate academic, behavioral, and social benefits, which correlate with mental health outcomes. Several national organizations have listed specific programs that have demonstrated their effectiveness and summarized principles and best practices for such programs. However, few schools use evidence-based anti-bullying interventions.

Additional school-based anti-bullying interventions include curricula, teacher consultation and coaching, and student assistance programs. Other approaches include parent education, family therapy, anti-bullying web sites and Internet chat rooms, and community-based interventions in non-school settings. In addition to a number of web sites and a few call centers that focus on bullying, some youth-oriented call centers that focus on other issues (suicide prevention, support for runaways, general crisis lines) have reported an increase in calls related to bullying and have provided training to staff to support the most effective responses.

Anti-Bullying Legislation

California has enacted several laws to protect children and youth from being bullied.

- The California Safe Place to Learn Act (AB 394) and the Student Civil Rights Act (SB 777) require local educational agencies to monitor whether school districts have taken legally required steps to implement and comply with the Student Safety and Violence Prevention Act, which prohibits harassment and other forms of discrimination based on actual or perceived sexual orientation and gender (including gender identify), disability, nationality, race or ethnicity, and religion.
- Assembly Bill 746 Ch. 72, effective January 1, 2012, added bullying on social network sites to previous definitions.
- Assembly Bill 9 Ch 723 (Seth's Law), effective July 1, 2012, requires schools to have anti-bullying policies that include actual or perceived sexual orientation and gender identify and expression, as well as race, ethnicity, nationality, gender, disability, and

religion, and requires timely investigation of student claims of bullying and discrimination.

- While no federal law currently addresses bullying, the federal Office of Civil Rights charges schools to investigate incidents of bullying, take immediate action to stop it, and prevent its recurrence.

Mental Health Services Act Funding for Anti-Bullying Programs

California voters passed Proposition 63 in 2004 to expand and transform their public mental health system. Several California counties have elected to use some of the 20% of Prop 63 funds reserved for prevention and early intervention to support anti-bullying programs. These include

- *Alpine County's Safe Schools Ambassador Program:* Bullying was recently identified as the most significant issue affecting children and youth in Alpine County. The Safe Ambassador Program provides a common language and culture to reduce bullying, violence, prejudice and hatred both in schools and in the greater community. A key component of the program is older children mentoring younger children. Results to date indicate increased positive and helpful behavior at school and fewer disciplinary referrals for bullying.
- *Los Angeles County's Olweus Bullying Prevention Program:* an evidence-based prevention program to reduce and prevent bullying behavior and victimization for elementary and junior high students. The program applies an ecological model, intervening with a child's environment on multiple levels individual children who are bullying and being bullied; families, teachers and students within the classroom; the whole school; and the community. Since the program implemented in June 30, 2011, 665 school staff in 38 schools have been trained.
- *Sacramento County's Bullying Prevention Education and Training Project:* This Training of Trainer model uses evidence-based practices to train school staff members, who then educate other school staff, students, and parents/caretakers on anti-bullying strategies. The project is being implemented at elementary school demonstration sites with a focus on fourth, fifth, and sixth grades. The long-term goal of the project is to change school climates across 13 Sacramento school districts.
- *Tuolumne County's Center for Non Violent Community (CNVC) Bullying Prevention Program:* The first sustainable bullying prevention program in Tuolumne County serves students between the ages of 6 and 13 at three elementary schools. Teachers engage students in lesson and activities that increase empathy for the victim, the person exhibiting bullying behaviors, and the bystander – and provide strategies for victims and bystanders to remain safe.

At least 11 additional counties include activities to prevent bullying within their Prop 63-funded programs. Anti-bullying activities take place in a variety of settings and contexts: community centers for trauma-exposed youth who live in low-income high-stress communities (Butte), Latino and Hmong staff who develop mentoring relationships with youth at risk of various mental health issues (Fresno), suicide prevention campaigns (Humboldt), community outreach for trauma-focused behavioral therapy (Imperial), Circles of Support for children and family members in high-risk low-income communities that lack access to traditional mental health services (Merced), and a Community Impact Youth Services program for 150 students at 8 middle and high schools that calls attention to anti-LGBTQ bullying and harassment (Santa Cruz).

These anti-bullying efforts are intended to fulfill the Prop 63 (Mental Health Services Act) mandate to prevent the tragic consequences of unaddressed mental health risk and early onset through effective, integrated, accessible, culturally relevant services.

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