Bullying Prevention in Schools

Position Statement

SUMMARY

It is the position of the National Association of School Nurses (NASN) that the registered professional school nurse (hereinafter referred to as school nurse) is a crucial member of the team participating in the prevention of bullying in schools. School nurses are the experts in pediatric health in schools and, therefore, can have an impact on the health and safety of all students including students who bully; students who are bullied; or students who both bully and are bullied by others (Centers for Disease Control and Prevention [CDC], 2011a, 2011b). The school nurse role includes the prevention of bullying and the identification of students who are bullied, bully others, or both. The school nurse has a significant leadership role in the implementation of bullying prevention policies and strategies.

BACKGROUND

Bullying is identified by the Centers of Disease Control and Prevention as a form of youth violence (CDC, 2011b). The 2011 Youth Risk Behavior Surveillance System indicates that nationwide 20% of students in grades 9-12 experienced bullying (CDC, 2011b). Bullying is most often defined as an attack with an intended purpose of causing physical, verbal, or emotional harm. It includes an imbalance of power between the bully and the victim and involves repeated acts over time (CDC, 2011a, 2011b; Dressler-Hawkes & Whitehead, 2009; Liu & Graves, 2011). Liu and Graves (2011) describe bullying as aggressive behavior, not a diagnosis. Children with physical, developmental, intellectual, emotional, and sensory disabilities are more likely to be bullied than their peers (U.S. Department of Health and Human Services [USDHHS], 2013). Any number of factors including physical vulnerability, social skill challenges, gender identification, or intolerant environments may increase a student's risk to be bullied at school. Research suggests that some children with disabilities may bully others as well (USDHHS, 2013).

Bullying is the most common type of aggression and victimization experienced by school-age children (O'Brennan, Bradshaw, & Sawyer, 2009). Bullying occurs at all age levels but starts to increase in late elementary school, peaks in middle school, and generally decreases in high school. Bullying affects both boys and girls. Boys are more often involved in physical aggression (Liu & Graves, 2011). Gendron, Williams, and Guerra (2010) found girls were more often involved with social distancing or indirect forms of bullying including false rumors, insults, and exclusion. The increase in psychological bullying using technology has involved both boys and girls (CDC, 2011b).

Cyberbullying involves the use of electronic devices including instant messaging, e-mail, chats, websites, online games, social networking, and text messages (Kowalski & Limber, 2013). Kowalski and Limber (2013) note that there are similarities and differences between traditional bullying and cyberbullying; however, the differences are significant enough to define cyberbullying as a unique form of bullying. Some students may perpetuate or be the subject of both traditional bullying and cyberbullying. For some students cyberbullying may provide a venue for bullying that they would never say or do in person.

Bullying is a persistent public health concern that has a significant impact in the school setting (USDHHS, 2013). However, until the past decade, bullying was often dismissed as normative and without long-term effects (Gendron et al., 2010). Research has led to a better understanding of the serious, often long-term, consequences of bullying. Society's shifting perspectives on bullying have been driven by high-profile cases that have resulted in accidental death or suicide. With the growing concern in the U.S. and throughout the world regarding school violence, researchers, educators, and healthcare providers have found that bullying affects students' social-emotional health and has implications for school safety. Therefore, schools and public health officials are looking to understand why children bully and are seeking to develop effective strategies to reduce or eliminate risk factors (CDC, 2011a, 2011b).

Bullying can have serious and often long-term consequences for both the student who bullies and the student who is bullied including increased school absenteeism, diminished educational achievement, behavior issues, low self-esteem, sleep deprivation, depression, anxiety, and self-harm (Dressler-Hawkes & Whitehead, 2009). Bullied students are also at risk for physical symptoms including stomach pain, sleep disturbances, headaches, tension, bedwetting, fatigue, and decreased appetite (Kowalski & Limber, 2013). The consequences of bullying can continue into adulthood (Copeland, Wolke, Angold, & Costello, 2013). Boys who are frequently bullied have been found to suffer more often from anxiety disorders, agoraphobia, and panic disorders in adulthood (Copeland et al., 2013).

Any student can be bullied at school, particularly students with disabilities (USDHH, 2013) and other vulnerable populations such as students with academic difficulties, and speech impairments (Redmond, 2011). Students may be bullied based on their physical appearance such as glasses, hair color, and weight (Perron, 2013). Lesbian, gay, bisexual and transgender (LGBT) students are more likely to be subjected to all types of bullying (Wang & Iannotti, 2012). School nurses can advocate for students with disabilities in school by educating students and staff, advocating for student support, promoting equal access to education in the least restrictive environment, and advocating for student support in IEP and Section 504 plans (CDC, 2011b). At present, no federal law directly addresses bullying. In some cases bullying overlaps with discriminatory harassment when it is based on race, national origin, color, sex, age, disability, or religion. When bullying and harassment overlap, federally funded schools have an obligation to resolve the harassment. When the situation is not adequately resolved, the U.S. Department of Education's Office for Civil Rights and the U.S. Department of Justice's Civil Rights Division may be able to help (USDHHS, 2013).

Students who bully are also at risk for both health and academic problems (Kowalski & Limber, 2013). In an analysis of Youth Risk Behavior Survey data, the CDC found that middle school students who bully were more likely to report recent use of alcohol and drugs (CDC, 2011a). Students who reported that they participated in bullying also reported higher incidents of violent family encounters.

Students who both bully and are bullied were at the highest risk for negative outcomes (CDC, 2011a, 2011b). Students in middle and high school who both bully and are bullied reported the highest frequency for considering suicide, being physically hurt by a family member, harming themselves, witnessing family violence, feeling sad or hopeless, and needing to talk to someone other than a family member about feelings or problems (CDC, 2011a).

RATIONALE

Bullying can have serious health, physical, and psychological effects on the student who bullies; the student who is bullied; or the student who both bullies and is bullied. Bullying is not an isolated incident but occurs repeatedly over time. Therefore, the school nurse should:

- o Be knowledgeable about bullying, aggression and victimization;
- o Be aware of the importance of not labeling their students as "bullies" or "victims";
- o Be knowledgeable about the long-term consequences to the student who bullies, the student who is bullied, and the student who both bullies and is bullied;
- o Provide leadership to bring together students, school personnel and families to implement bullying prevention strategies in the school environment and in the community;
- o Participate as a key member of the school team that identifies students who bully, students who are bullied, and students who both bully and are bullied;
- o Share information and observations and alert the team to signals that may identify students at risk;
- o Facilitate access to school health services for students with nonspecific or somatic complaints;
- o Assess students with frequent unexplained somatic complaints explicitly for bullying and stress;
- o Identify concerns and work with the school team to intervene and mitigate a bullying situation;

- Create a safe space in the school health office where students can verbalize concerns about all health issues including bullying and other incidents of violence (Selekman, Pelt, Garnier & Baker, 2013);
- Foster school connectedness and personal connections with students during health encounters (Dressler-Hawke & Whitehead, 2009);
- Promote school activities that would foster home and community connectedness to reduce bullying (Haeseler, 2010);
- Educate parents, staff, and community members about the dangers of violence and aggressive behavior in children (Liu & Graves, 2011); and
- Influence policy at the local, state, and national level to advocate for students (Dressler-Hawkes & Whitehead, 2009).

CONCLUSION

Bullying can have severe short- and long-term negative social and emotional effects on the student who bullys; the student who is bullied; and the student who both bullies and is bullied. Therefore, it is important for school nurses, as the experts in pediatric health, to be knowledgeable about the impact of bullying. The school nurse can support evidence-based interventions to prevent and mitigate bullying in the school. The school nurse is a key leader to promote and enhance student safety, wellness, engagement, and learning.

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