

Bullying Prevention and Intervention in Schools

The National Association of School Psychologists (NASP) supports equal access to education and mental health services for all youth within public, charter, and private schools. Aggression and intimidation violate the right of students to receive equal educational opportunities and subsequently reduce academic engaged time. Failure to address bullying in the school setting perpetuates an environment that is unsafe and not supportive of academic achievement, social–emotional development, and mental health. NASP believes that school psychologists are ethically obligated to ensure that all students have an equal opportunity to learn and develop in an environment free from discrimination, harassment, aggression, violence, and abuse.

The U.S. Department of Education has called for a united effort to address and prevent bullying. It takes an entire school community to create an inviting school climate where everyone feels that they belong and are safe. Working together, administrators, teachers, school staff, parents, and students can help stop bullying in schools.

DEFINITION OF BULLYING

Bullying is defined as: (a) the use of force or coercion to negatively affect others; (b) involving an imbalance of social, physical, and/or emotional power; and (c) involving willful and repeated acts of harm. Bullying behaviors may be persistently directed at the target based on a student’s actual or perceived race, color, weight, national origin, ethnic group, religion, religious practice, disability, sexual orientation, gender, physical appearance, sex, or other distinguishing characteristics. Bullying behavior is not limited to children and adolescents and can also occur among the adults in children’s lives.

The following types of bullying are most often seen among children and adolescents:

- Verbal—includes name-calling; insults; making racist, sexist, or homophobic jokes, remarks, or teasing; using sexually suggestive or abusive language; threats of violence; and offensive remarks. This is the most common form of bullying.
- Physical—includes hitting, kicking, pinching, punching, scratching, spitting, other physical aggression, and damage to or taking someone else’s belongings.
- Relational/Social—includes spreading untrue stories about someone, excluding from social groups (social isolation), and being made the subject of malicious rumors.
- Electronic—any type of bullying that is carried out via an electronic medium such as text messaging, cell phone calls, pictures or video clips via mobile phone cameras, e-mail, chat rooms, social networking sites, and other websites.

CURRENT TRENDS IN BULLYING

Bullying has gained unprecedented national attention in the past years due to multiple child and adolescent suicides linked to bully perpetration. The 2009 Youth Risk Behavior Survey (YRBS) indicated that 20% of students had experienced some form of bullying on school property during the 12 months before the survey (CDC, 2010). Bullying is not a new concern; various forms of bullying have been prevalent in schools for decades. Cyberbullying or electronic aggression is becoming an emerging public health issue that is creating unique and difficult challenges for school personnel. Although estimates vary, 10–40% of youth reported being victims of some form of cyberbullying, and upwards of 20% admitted to cyberbullying others (Hinduja & Patchin, 2010). Researchers have found that 27% of youth who were victims of cyberbullying have also carried a weapon to school (David-Ferdon & Hertz, 2007; Ybarra, Diener-West, & Leaf, 2007).

Bullying is associated with increases in suicide risk among victims of bullying (Kim, Leventhal, Koh, & Boyce, 2009; Suicide Prevention Resource Center, 2011), as well as increases in depression and other problems associated with suicide (Fekkes, Pipers, & Verloove-Vanhorcik, 2004; Gini & Pozzoli, 2009). Targets of cyberbullying reported higher levels of depression than victims of face-to-face bullying (Wang, Nansel, & Iannotti, 2010). Over time, bullying is strongly linked to victims' anger, frustration, and violent behaviors (Nansel, Overpeck, Haynie, Ruan, & Scheidt, 2003). Particularly in school settings, bullying and bystander silence create an unwelcome and increasingly intimidating environment (Orpinas, Horne, & Staniszewski, 2003), which may lead to violent events occurring in the schools. In addition, a recent review of the research showed that LGBTQ (lesbian, gay, bisexual, transgender, and questioning) youth experienced more bullying (including physical violence and injury) at school than their heterosexual peers (Berlan, Corliss, Field, Goodman, & Austin, 2010; Bontempo & D'Augelli, 2002; Garofalo, Wolf, Kessel, Palfrey, & DuRant, 1998). There is a link between bullying and suicidal behavior in LGBTQ youth, especially among those with cross-gender appearance, traits, or behaviors (Haas et al., 2011). Similarly, an extensive literature review completed for the 2011 briefing paper from the National Council on Disability revealed that students with disabilities are significantly more likely than their peers to be the victims of bullying (National Council on Disability, 2011; Rose, Espelage, & Monda-Amaya, 2009).

Legal Implications

Because of the widespread problem of bullying, 45 states have laws on bullying and 22 states have adopted cyberbullying statutes (Children's Safety Network, 2011). However, fewer than half of the statutes and laws offer guidance about whether schools may intervene in bullying involving electronic communication (Anti-Defamation League, 2009). This has led to confusion over who is responsible for resolving these conflicts and who has jurisdiction to apply consequences. Due to the escalation of cyberbullying and increased difficulties finding the specific source of the bullying, parents are looking to schools for justice and protection (Children's Safety Network, 2011).

In addition, bullying behaviors can also constitute civil rights violations. The U.S. Department of Education's Office for Civil Rights (OCR) has recognized that some students' misconduct may trigger responsibilities under one or more federal antidiscrimination laws enforced by the OCR. Specifically, the relevant statutes include:

- Title IV of the Civil Rights Act of 1964 (Title IV) which prohibits discrimination on the basis of race, color, or national origin;
- Title IX of the Education Amendments of 1972 (Title IX) which prohibits discrimination on the basis of sex;
- Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act of 1990, which both prohibit discrimination on the basis of disability.

In October 2010, the Office for Civil Rights indicated that “School districts may violate these civil rights statutes and the Department’s implementing regulations when peer harassment based on race, color, national origin, sex, or disability is sufficiently serious that it creates a hostile environment and such harassment is encouraged, tolerated, not adequately addressed, or ignored by school employees” (OCR, 2010, p. 1). The harassment does not have to include intent to harm, be directed at a specific target, or involve repeated incidents. Thus, schools must do more than take steps to end the harassment; schools must also “eliminate any hostile environment and its effects, and prevent the harassment from occurring” (OCR, 2010, p. 2–3).

RECOMMENDED SCHOOL-BASED BULLYING PREVENTION AND INTERVENTION

Start prevention early. Bullying behaviors can start in preschool. Intervening early can help equip students with the social and emotional skills that will help prevent later bullying behaviors and will help set a foundation for healthy social relationships. In fact, bullying programs appear to be most effective in the younger years. Teaching social skills under the auspices of teaching respectful behavior might be a way of approaching social–emotional instruction (e.g., school-wide positive behavior support).

- Develop antibullying policies. While policies do not necessarily change behaviors, they stipulate that bullying in the school environment will not be tolerated and they delineate consequences for bullying others.
- Understand the connection between bullying and mental health problems. Research has consistently shown that bullies, targets, and bully-targets have poor mental health prognoses. Involvement in bullying has been linked to depression, anxiety, increased school drop-out rates, and increased suicide ideation, thus impacting academic achievement.
- Keep up with technology. Bullying often takes place in areas hidden from adult supervision, and young people are using social media and new technologies to bully others. Both bullying prevention programs and suicide prevention programs need to be aware of the realities of electronic forms of bullying.
- Pay special attention to the needs of LGBTQ (lesbian, gay, bisexual, transgender, and questioning) youth. Young people who do not conform to traditional gender expectations are at increased risk for being bullied and suicide. Schools need to create an environment that promotes tolerance and respect for diversity.
- Use a comprehensive approach. Focus on mental health services for youth suffering from depression and anxiety as well as implement evidence-based interventions that improve the school environment and provide supports to bullies, targeted students, and families to reduce bullying.
- Focus on the role of witnesses. Convey the attitude that students who witness bullying are responsible, if possible, to help stop harassment and intimidation. Teach all students the specific skills necessary to help prevent and respond to bullying.

ROLE OF THE SCHOOL PSYCHOLOGIST

School psychologists are uniquely positioned to use their knowledge of psychology, education, and child development and their consultation and advocacy skills to affect policies and practices within the schools. Because school psychologists work directly with students, as well as with staff, parents, and administrators, practitioners are encouraged to take a leadership role in developing comprehensive approaches to bullying prevention and school-wide climate improvement (Swearer, Espelage, & Napolitano, 2009). School psychologists can have a direct role in preventing bullying through direct and indirect services provided to children, families, and schools, including:

- Developing school-wide prevention activities (e.g., PBIS) or more targeted prevention activities to help students develop appropriate social skills;
- Counseling victims of bullying in all its forms to ensure that they do not internalize the effects of repeated harassment;
- Conduct informative social–emotional assessments of student perpetrators of bullying behavior at school;
- Develop interventions to help eliminate bullying behaviors and replace these with positive, prosocial behaviors;
- Provide consultation to the parents/guardians of bullies and targets to offer them effective resources, supportive interventions, and strategies for managing behavior.

PRACTICES THAT PERMEATE ALL ASPECTS OF SERVICE DELIVERY

- Train the entire school staff in developing and implementing positive behavioral interventions that prevent bullying, reduce bystander involvement, and promote students’ social–emotional development using discipline-related incidents as potential learning opportunities (teachable moments).
- Provide group training and consultation to help schools form effective safety and crisis teams.
- Use federal and state policies to help educate district and school professionals on antibullying policies that can provide clear and consistent guidelines for bullying behaviors.
- Consult with school staff in implementing social skills programs and other programs that teach peaceful ways to resolve conflicts.
- Participate in and facilitate evidence-based procedures to respond to bullying behavior.

FOUNDATIONS OF SCHOOL PSYCHOLOGISTS’ SERVICE DELIVERY

- Serve on district and school safety and crisis teams to help implement and evaluate comprehensive safety initiatives.
- Participate in conducting a needs assessment and program evaluation regarding aggression, violence, and crisis needs at the school and district levels.

To ensure that school psychologists are well prepared to provide leadership in school climate and bullying prevention, NASP supports efforts to provide school psychologists with the requisite knowledge and skills to design and implement prevention and school climate programs that are supported by rigorous empirical research. These skills are specified in NASP’s *Model for Comprehensive and Integrative School Psychological Services*, and NASP advocates for their inclusion in training and practice standards of all state credentialing bodies.

SUMMARY

Bullying has gained unprecedented national attention and plays a role in the daily practice of school psychologists across all educational settings. Research highlights the correlation between bullying and mental health issues, including anxiety, depression, and suicide. Federal and state lawmakers are addressing this growing epidemic and requiring schools to detail their preventive and responsive efforts. Prevention strategies, multitiered positive behavioral supports, and school-wide policies that define bullying and outline interventions are a few examples of best practices. School psychologists are encouraged to take an active leadership role in both the student level and systems level service delivery of bullying prevention. Instances of bullying should be thoroughly investigated and, in extreme cases of violence and aggression, a threat assessment could be pursued to evaluate risk of harm posed to all participants, both to themselves and to others. In addition, research and program evaluation are critical elements of a comprehensive approach to prevention efforts.

REFERENCES

- Anti-Defamation League. (2009). *Bullying/Cyberbully Prevention Law: Model statute and advocacy toolkit*. Retrieved from http://www.adl.org/civil_rights/Anti-Bullying%20Law%20Toolkit_2009.pdf
- Berlan, E., Corliss, H., Field, A., Goodman, E., & Austin, S. (2010). Sexual orientation and bullying among adolescents in the Growing Up Today study. *Journal of Adolescent Health, 46*(4) 1–6.
- Bontempo, D., & D’Augelli, A. (2002). Effects of at-school victimization and sexual orientation on lesbian, gay, or bisexual youths’ health risk behavior. *Journal of Adolescent Health, 30*, 364–374.
- Children’s Safety Network. (2011). Preventing bullying: The role of public health and safety professionals. Retrieved from http://www.childrensafetynetwork.org/publications_resources/PDF/bullying/PreventingBullyingRolePublicHealthSafetyProfessionals.pdf
- Centers for Disease Control and Prevention (CDC). (2010). *Youth Risk Behavior Surveillance 2009 - United States, 59*(SS-5). Retrieved from <http://www.cdc.gov/mmwr/pdf/ss/ss5905.pdf>.
- David-Ferdon, C., & Hertz, M. F. (2007). Electronic media, violence, and adolescents: An emerging public health problem. *Journal of Adolescent Health, 41*(6 Suppl. 1), 1–5.
- Fekkes, M., Pipers, F., & Verloove-Vanhorick, V. (2004). Bullying behavior and associations with psychosomatic complaints and depression in victims. *Journal of Pediatrics, 144*, 17–22
- Garofalo, R., Wolf, R., Kessel, S., Palfrey, J., & DuRant, R. (1998). The association between health risk behaviors and sexual orientation among a school-based sample of adolescents. *Pediatrics, 101*, 895–902.
- Gini, G., & Pozzoli, T. (2009). Association between bullying and psychosomatic problems: A meta-analysis. *Pediatrics, 123*, 1059–1065.
- Haas, A., Eliason, M., Mays, V., Mathy, R., Cochran, S., D’Angelli, A., & Clayton, P. (2011). Suicide and suicide risk in lesbian, gay, bisexual, and transgender populations: Review and recommendations. *Journal of Homosexuality, 58*, 10–51.
- Hinduja, S. & Patchin, J. W. (2010). Cyberbullying: identification, prevention, and response. Cyberbullying Research Center. Retrieved from http://www.cyberbullying.us/Cyberbullying_Identification_Prevention_Response_Fact_Sheet.pdf
- Kim, Y., Leventhal, B., Koh, Y., & Boyce, W. (2009). Bullying increased suicide risk: Prospective study of Korean adolescents. *Archives of Suicide Research, 13*, 15–30.

- Nansel, T. R., Overpeck, M. D., Haynie, D. L., Ruan, W. J., & Scheidt, P. C. (2003). Relationships between bullying and violence among U.S. youth. *Archives of Pediatrics & Adolescent Medicine, 157*, 348–353.
- National Council on Disability. (2011). *Bullying and Students with Disabilities*. Retrieved from <http://www.ncd.gov/publications/2011/March92011>
- Office of Civil Rights. (2010, October 26). *Dear Colleague Letter Harassment and Bullying*. <http://www2.ed.gov/about/offices/list/ocr/letters/colleague-201010.html>
- Orpinas, P., Horne, A. M., & Staniszewski, D. (2003). School bullying: Changing the problem by changing the school. *School Psychology Review, 32*, 431–444.
- Rose, C. A., Espelage, D. L., & Monda-Amaya, L. E. (2009). Bullying and victimization rates among students in general and special education: A comparative analysis. *Educational Psychology, 29*, 761–776.
- Suicide Prevention Resource Center. (2011). *Suicide and bullying: Issue brief*. Newton, MA. Retrieved from http://www.sprc.org/library/Suicide_Bullying_Issue_Brief.pdf
- Swearer, S. M., Espelage, D. L., & Napolitano, S. A. (2009). *Bullying prevention and intervention: Realistic strategies for schools*. New York, NY: Guilford.
- Wang, J., Nansel, T., & Iannotti, R. (2010). Cyber and traditional bullying: Differential association with depression. *Journal of Adolescent Health, 48*, 415–417.
- Ybarra, M., Diener-West, M., & Leaf, P. J. (2007). Examining the overlap in internet harassment and school bullying: Implications for school intervention. *Journal of Adolescent Health, 41*, S42–S50

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