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Understanding the Roles of Health and Safety Professionals in Community-Wide Bullying Prevention Efforts

What is known about bullying and how it relates to health and safety professionals?

Bullying may seriously affect the mental health, physical health, and academic well-being of kids who are bullied. In 2011, 28% of students aged 12-18 were bullied at school and 9% were cyberbullied anywhere (Robers, Kemp, Truman, & Snyder, 2013).

- **Children and youth who are bullied** are more likely than those not bullied to suffer from low self-esteem, loneliness, anxiety, and depression (Cook, Williams, Guerra, Kim, & Sadek, 2010; Klomek, Marrocco, Kleinman, Schoenfeld, & Gould, 2008; Reijntjes, Kamphuis, Prinzie, & Telch, 2010). While other risk factors play a larger role in suicidal behavior, kids who are bullied are also more likely than non-bullied peers to have suicidal thoughts and to attempt suicide (Annenberg Public Policy Center, 2010; Kim, Leventhal, Koh, & Boyce, 2009; Klomek et al., 2008; Pranjic & Bajraktarevic, 2010).

- **Children and youth who bully others** are more likely to exhibit delinquent behaviors, dislike or drop out of school, bring weapons to school, think of suicide and attempt suicide, drink alcohol and smoke, and hold beliefs that support violence (Cook et al., 2010; Klomek et al., 2008; Nansel, Overpeck, Pilla, Ruan, Simons-Morton, & Scheidt 2001).

- **Kids who are involved in bullying** are more likely than others to report health problems, such as headaches, backaches, stomach pain, sleep problems, poor appetites, and bed-wetting (Gini & Pozzoli, 2009).

Persuaded by research about the nature and prevalence of bullying, many health and safety professional associations (e.g., the American Medical Association and associations of pediatricians, injury prevention directors, emergency medical, nurses, social workers and counselors) have issued policy directives and practice briefs on bullying prevention and response. These resources encourage school- and community-based practitioners to screen for risk factors, intervene quickly, and engage families, local school personnel, and other stakeholders in bullying prevention efforts or strategies.

Health and Safety Professionals' Unique Role in Addressing Bullying

Public health and community safety officials are in positions to raise awareness about bullying and share information on appropriate and effective responses. Many have specialized knowledge from their work in addressing injuries and violence among children. Practitioners who provide health care to youth can help limit the adverse consequences of bullying through early detection and effective intervention. In their varying capacities, these professionals have earned the trusted regard of their communities and could be convincing advocates for promoting a public health approach in bullying prevention.

How can health and safety professionals help to prevent bullying?

Health and safety professionals are already in schools and communities and have often witnessed the effects that bullying can have on those involved. Because they regularly assess risks and ask children about possible causes of reported symptoms and concerns, they often are in positions to first detect and identify cases of possible bullying. These professionals bring critical expertise to the task of planning community-wide approaches to bullying prevention, including:

- **Promoting early detection and effective intervention.**

  – Ask screening questions during wellness exams and patient visits to assess the nature of the child or adolescent's interactions with peers and possible exposure to bullying.

  – If a child has an unusual new onset of school phobia, attention problems, or psychosomatic conditions, consider whether involvement in bullying may be a contributing factor.

  – Routinely monitor for and intervene quickly when risk factors are evident for children who bully and those who are bullied, paying particular attention to populations that are at higher risk (e.g., LGBT and youth with disabilities).

- Assist parents and caregivers in responding to signs of bullying and in accessing a network of support and resources.

- **Advocating for effective bullying prevention and response.**

    - Promote training and continuing education in bullying prevention strategies in health, safety, medical fields, and teaching programs.

    - Promote implementation of anti-bullying policies and practices within professional organizations, local schools, and community groups to dispel misconceptions and misdirections in bullying prevention strategies. For example, rules and policies should provide students, families, and staff clear guidance about appropriate behavior. Harsh, inflexible discipline strategies, such as zero tolerance policies, should be avoided. Such policies have been found to harm child-adult relationships, dampen school climate, and contribute to poor student achievement (APA Zero Tolerance Task Force, 2008). Instead, graduated sanctions should be used for rule violations, which are appropriate for the developmental level of the child and the nature and severity of the bullying.

    - Support the development of safe school policies and plans that specifically address bullying behaviors and bias-motivated harassment or prejudices.

    - Partner with schools to implement comprehensive bullying prevention programs.

    - Assist in evaluating the impact of interventions locally and advocate for quality research nationally.

Challenges and Opportunities for Health and Safety Professionals

Early intervention by health and safety professionals in detecting and responding to bullying behaviors among children is essential. Potential challenges include:

- **Research and practice guidelines in bullying detection and prevention are emerging but not widely disseminated.** Evidenced-based screening tools, treatment protocols, and school-based prevention practices are slowly being disseminated but are not widely used. Leaders in health, safety, and medical fields can advocate for training and continued education on bullying prevention strategies.

- **Comprehensive, cross-sector approaches are needed to change social norms and create safe and healthy environments for children.** To effectively address bullying, its many causes, and mitigate its effects requires the adoption of a public health perspective that involves carefully defining the problem, identifying risk and protective

factors, developing prevention strategies and disseminating these strategies widely (Centers for Disease Control and Prevention, 2012). This is a complex undertaking that requires collaboration among professionals.

There are also important opportunities for health and safety professionals to make a difference:

- **Credible resource for bullying prevention.** Health and safety professionals often witness first-hand the effects of bullying on youth. As such, they can serve as credible resources in engaging youth in discussions on solutions to bullying, including youth-led dialogue and support groups. They can also provide youth, parents, PTOs, schools, and other community stakeholders with instruction, strategies for engagement, and research-based materials in bullying prevention.

- **Opportunities for partnership and collaboration.** Meaningful reductions in the magnitude and negative effects of bullying will take more than individual approaches. It will take community-wide strategies and comprehensive approaches to prevention in order to change social cultures that may promote or accept bullying behaviors. Health and safety professionals can bring unique expertise, a collaborative approach and leadership to the development and refinement of community-wide bullying prevention strategies, the implementation of evidence-based prevention and intervention approaches, and the evaluation of these efforts over time.

How Health and Safety Professionals Can Engage and Include Others in Community Bullying Prevention Strategies

Health and safety professionals are seen as leaders within their communities to promote the health and well-being of children and youth. Planning community prevention strategies requires engaging a host of stakeholders and developing partnerships with community leaders and professionals across disciplines, in addition to the parents and youth with whom they have already developed crucial connections.

Ideas for Next Steps

- Learn more about bullying prevention through StopBullying.gov and the resources listed below. Review the research presented in the training modules and how it is best communicated to motivated audiences.

- Review any existing data within your community regarding bullying. Consult the Community Action Toolkit and perform a landscape assessment that will help you identify relevant data, as well as the broader needs and opportunities within the community.

- Plan a bullying prevention event that will inform and train a broader network of staff, colleagues, youth, or other community stakeholders to help dispel common myths and misdirections. This will also shed light on the importance of a holistic, community-based effort with a public health approach.

- Develop professional support networks to assist in bullying prevention efforts and advocate for high-quality training opportunities (within graduate training programs and in continuing education) to increase health professionals' knowledge about bullying and effective prevention and response.

Resources and References

Sample of Resources Available

The American Academy of Pediatrics 2009 Policy Statement *"Role of the Pediatrician in Youth Violence Prevention"* identifies primary and secondary prevention strategies for addressing youth violence, including bullying. For more information, visit www.aap.org.

The American Medical Association has issued several relevant policy resolutions, *Bullying Behavior Among Youth* (D-60.993), *Bullying Behaviors Among Children and Adolescents* (H-60.943), and *Reduction of Online Bullying* (H-515.959) that underscore the seriousness of bullying and recommend actions to be taken by AMA, physicians, parents and caretakers, and coalitions interested in addressing bullying. For more information, visit www.ama-assn.org.

The Commission for the Prevention of Youth Violence, consisting of nine of the nation's largest medical and mental health associations, issued a commitment from medicine, nursing, and public health in a December 2000 report entitled, *Medicine, Nursing, and Public Health: Connecting the dots to prevent violence.*

The National Association of School Nurses released an issue brief in 2012, entitled, *"School Violence: Role of the School Nurse in Prevention,"* which describes the role for school health nurses. For more information, visit www.nasn.org.

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