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Bullying From A Medical Perspective

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BULLYING FROM A MEDICAL PERSPECTIVE

BROOKFIELD & DANBURY, CONNECTICUT

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MENTORS: DR. MASCIA, ALANNA GILBERT

SLIDE 2A

- Although bullying is an age-old phenomenon, it's only within the past decade that this form of aggression among school children has captured the attention and interest of the media, researchers and policymakers[1]
- Thus it's now well-established that being bullied and bullying others is a relatively common occurrence in childhood and adolescence
  - estimated prevalence of 29.9-36.0% [2, 3]
- In efforts to combat bullying, U.S. state laws require schools to develop and implement prevention policies.
- Most anti-bullying programs have focused on teaching knowledge, skills, and attitudes to students, teachers and parents. Strategies for achieving this include curriculum-based approaches, peer and professional counseling, and social/behavioral skills training based on Olweus' famous anti-bullying program.[4]
- A whole-school intervention that is multidisciplinary† and directed at various levels of school organization‡ is ideal.[5]
- However, school-based programs are incredibly heterogeneous in their approach and results are yet unclear as to what programs are most effective.[6] Also, whole-school interventions are costly endeavors, with social and financial resources limiting the potential of any real change.

†includes social workers, school nurses, yard-duties, teachers, principals, mental health therapists, etc.
‡ for example, the classroom, during lunch and recess, assemblies, etc.

SLIDE 2B

- From a local perspective Connecticut passed a law in 2002 requiring the establishment of bullying prevention policies among schools. In 2011, a new law was passed requiring school districts to report the number of bullying incidents.[7]
- In the first year the latter law was enforced (2012-2013), Danbury school district reported one of the lowest rates in the state, with less than a dozen incidents.
- The state's department of education was cautionary, however, explaining that districts and schools view bullying incidents differently.
- Given that bullying is a complex phenomenon, and that we as a society are only beginning to tackle this problem, local schools (with their limited resources) will likely need all the help they can get from the community—even if it means taking an already small number and shrinking it.
- Thus the purpose of this study was to evaluate the effectiveness of community outreach, particularly from the medical field, in helping schools combat bullying.

SLIDE 3A

- Bullying is a serious issue for the youth.
- In a cross-sectional study, both bullies and those bullied were more likely to demonstrate poorer psychosocial adjustment[3,8]
  - Bullies were associated with poor academic achievement, smoking, and alcohol use
  - Victims were more likely to be lonely, have poor relationships with classmates, greater difficulty in making friends, and more health problems
  - Both groups were more likely to get into fights
- Moreover, longitudinal studies reveal that any involvement with bullying is predictive of compromised adult physical and mental heath†, wealth, social relationships, and risky/illegal behavior[9,10]

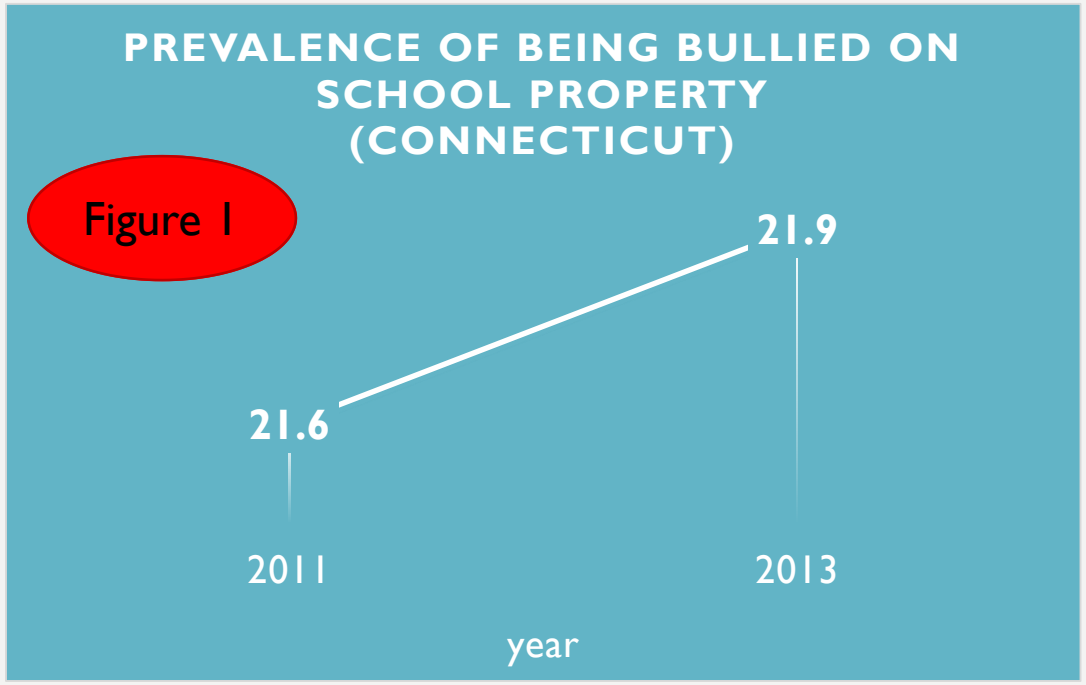
† Higher rates of depression, anxiety, self-harm and suicidality

SLIDE 3B

- In Connecticut the prevalence of bullying has been consistent since mandated reporting, per the CDC (Fig. 1)[11]

- Compared to other states, however, Connecticut was ranked 32nd overall in terms of prevalence, impact and anti-bullying climate[12]

- With 8 schools and 11,000 students, the Danbury school district reported at total of 6 bullying incidents[13]



SLIDE 4A

- The medical director of Brookfield Family Medicine, Dr. Mascia, was surprised by the relatively small number of bullying incidents reported by the Danbury school district—especially since Brookfield, which has less schools and students than Danbury, reported a higher incidence. "You almost start to wonder if there is a bit of under-reporting or if the schools just have great anti-bullying programs."
- In any case, it requires a considerable effort to coordinate and implement all the various components of a successful program, according to Dr. Mascia who has served in leadership roles for many local, regional and state committees. He's optimistic that doctors, with their holistic approach and intimate role in the community, can lend their support to local schools in their fight to reduce bullying.[14]

SLIDE 4B

- The crisis intervention counselor since 2011 at Danbury High School (DHS), Stan Watkins, was also surprised by the low number reported. Over time, however, he noticed that the reports were in accordance with the reality of what was transpiring at school. He attributes the success to the anti-bullying climate. The receptive and supportive environment and early intervention are key features of their system, but the students are just as integral to their efforts. The moment they walk through double-doored entrance as freshman, they are educated about the topic and the resources available to them. They're also taught how to properly deal with an incident, in an emotionally healthy and non-confrontational manner.[15]
- Student education is an important area of focus. According to Ms. Gurney, a high school teacher at DHS, information from medical standpoint could provide students with a unique perspective on bullying.[16]

SLIDE 5A

- Thus the purpose of this intervention was to raise awareness and educate students about bullying, in the hopes of inspiring attitudes and beliefs to not only combat bullying but to also decrease the likelihood of its occurrence
- Setting: Danbury High School
- Population: 14 high school students from all grades
- Intervention: educational lecture about bullying from a medical perspective, including its short- and long-term consequences on health
- Primary outcomes: a survey† was given to each participant measuring the impact of the intervention (please note that some of the questions in the survey were not utilized for result purposes because the goal of the intervention was not data collection)

† Attached to scholarworks

SLIDE 5B

In the grand scheme of an effective anti-bullying program,[17] this intervention is focused at the community level

Table 1. *Components of the Olweus Bullying Prevention Program*

School-level components
- Establish a Bullying Prevention Coordinating Committee (BPCC)
- Conduct trainings for the BPCC and all staff
- Administer the Olweus Bullying Questionnaire (Grades 3–12)
- Hold staff discussion group meetings
- Introduce the school rules against bullying
- Review and refine the school's supervisory system
- Hold a school-wide kick-off event to launch the program
- Involve parents

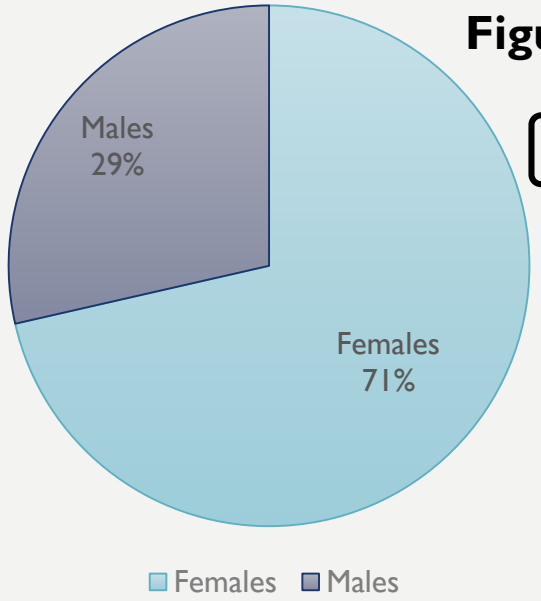
Classroom-level components
- Post and enforce school-wide rules against bullying
- Hold regular (weekly) class meetings to discuss bullying and related topics
- Hold class-level meetings with students' parents

Individual-level components
- Supervise students' activities
- Ensure that all staff intervene on the spot when bullying is observed
- Meet with students involved in bullying (separately for those who are bullied and who bully)
- Meet with parents of involved students
- Develop individual intervention plans for involved students, as needed

Community-level components
- Involve community members on the Bullying Prevention Coordinating Committee
- Develop school–community partnerships to support the school's program
- Help to spread antibullying messages and principles of best practice in the community

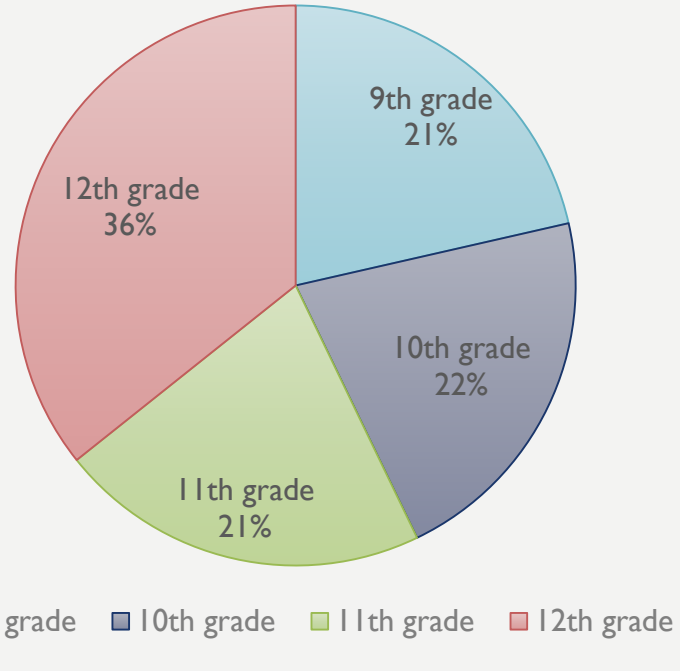
SLIDE 6A - RESULTS

Figure 2. Gender profile of participants



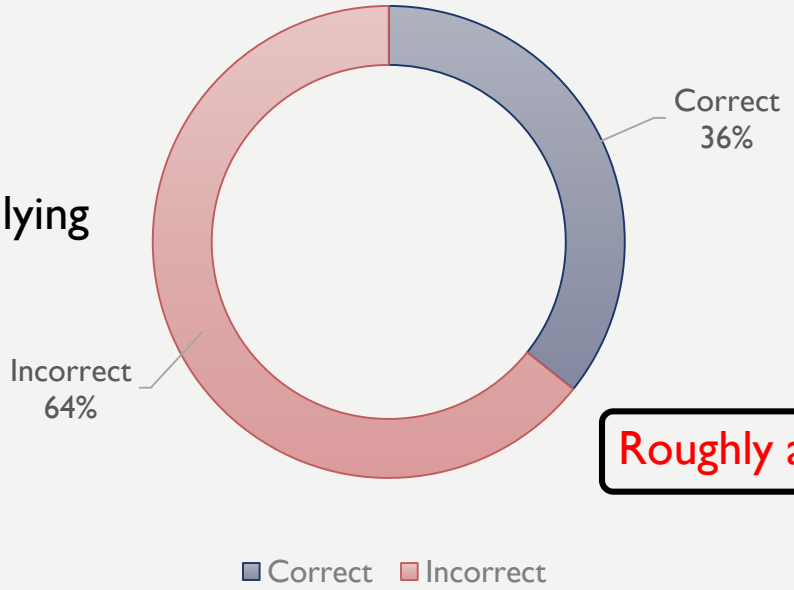
The majority were females

Figure 3. Grade profile of participants



The majority were seniors, and the remaining were equal parts freshman, sophomore and juniors

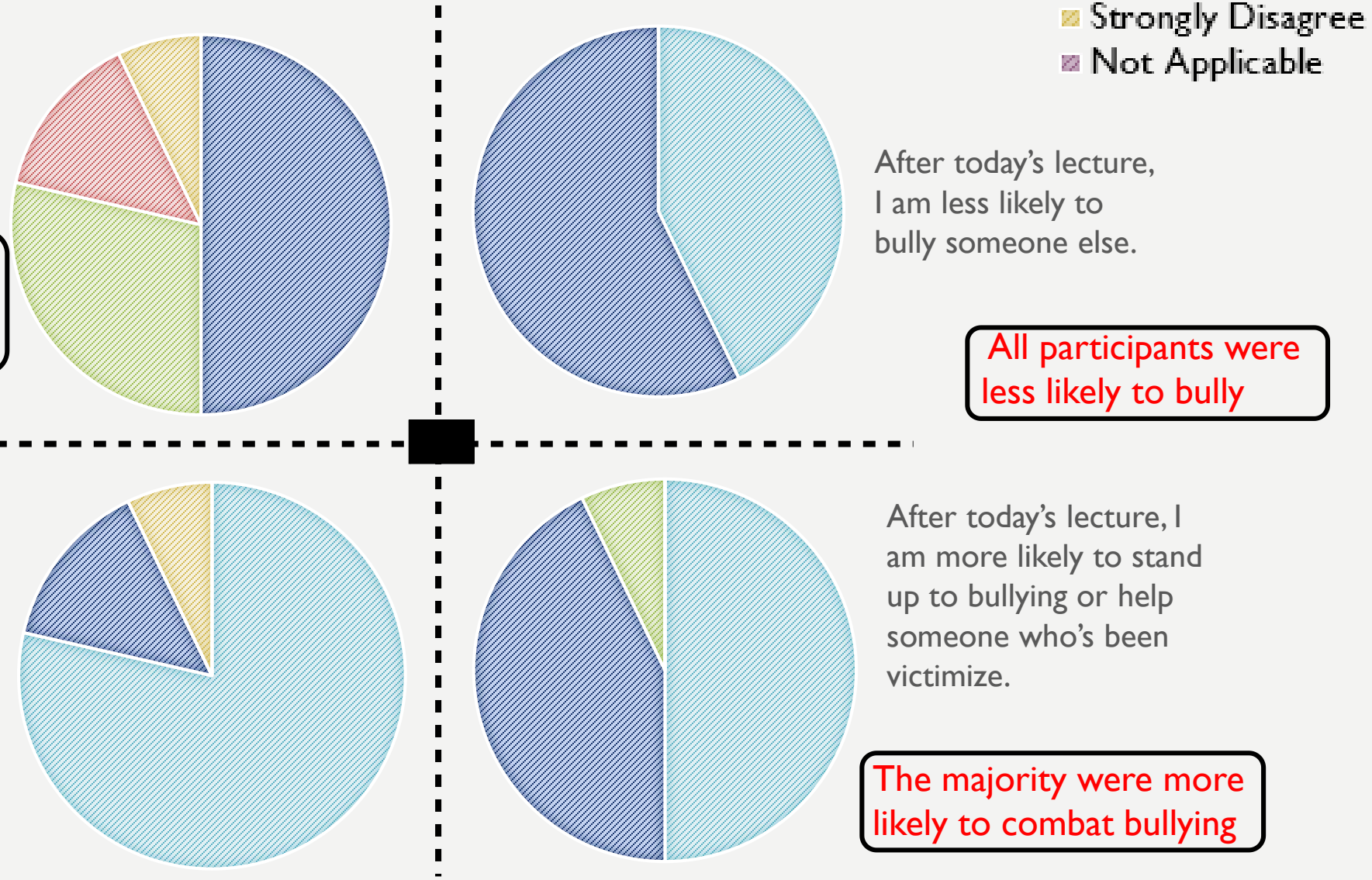
Figure 4. Definition of Bullying



Roughly a third of participants correctly defined bullying

SLIDE 6B

Figure 5. Participants were asked to what extent they agree or disagree with the following statements.



SLIDE 7A

- This study is cross-sectional and can only suggest causality.
- Further, the temporal association between the intervention and evaluative survey may have biased the participants.
- Also, surveys as evaluative instruments are susceptible to individual biases (of both the survey creator and taker) and so they may not have captured the true impact of the intervention.
- The lack of control group limits the significance of the results. Similarly, the small sample size limits our degree of confidence in concluding that the results are not attributable to chance.
- It's also possible that the members in the intervention group were not representative of a sample population. Thus their feedback may not be generalizable to Danbury and nearby high schools.

SLIDE 7B

- The ultimate goal of the intervention is to decrease the number of bullying incidents at Danbury High School.
- Surveys of opinions, attitudes and beliefs are indirect measures, not to mention the inherent limitations of the evaluative tool.
- Thus to evaluate for its effectiveness, a report of the number of incidents (whether classified as first-time occurrences or bullying behavior) from the crisis counselor should be obtained at 1, 2, 4, 6, and 12 months following the intervention.

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- Recommendations for future anti-bullying interventions
  - Bullying is a school-wide phenomenon, affecting students in primary and secondary school, and even higher education. It's important to tailor anti-bullying messages based on the audience (i.e. medical talk not necessarily appropriate for elementary students).
  - A longitudinal study is critical in evaluating for any lasting effects.
  - Just as bullying is classified as a repetitive behavior, our anti-bullying messages should be equally persistent and delivered from a variety of perspectives
- Recommendations to improve our anti-bullying programs
  - There is a lack of high-quality research studies from which to devise effective programs. The literature needs improvement. For instance, standardization of definitions and reportable incidents could facilitate the comparison of two different programs and thus the determination of their most valuable components

SLIDE 9

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