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A Community-Focused Approach to Reduce School Bullying in Northeastern Vermont

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A Community Oriented
Strategy to Reduce the
Impact of School Bullying in
Danville, VT
Istvan Kanyo
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2. Defining the Problem

- ▶ Bullying affects nearly one third of US school children. [1]
- ▶ Significantly increased absentee rates among victims of electronic bullying. [2]
- ▶ Among children who admitted to be bullies, studies show that 78% of their parents did not think the child was capable. In the same study, 69.9% of children would tell their family if they were being bullied, while 89.2% of parents thought their child would tell them. [3]
 - ▶ Data reflects a disconnect between caregivers perspective and child's behavior.
- ▶ School wide policies are often already in place, and are being refined constantly. **There is a need to engage caregivers in the effort to reduce school bullying.**
- ▶ The goal of this project is to design an informational handout that will educate parents about the impact of bullying and encourage them to knowledgably support their child as they develop social-emotional skills in school.

3. Public Health Considerations

- In a University of Texas study of public health cost in CA, public schools lost \$278 million in decreased attendance as a direct result of feeling unsafe. [4]
- Danville School reported 20 official reports of bullying incidents to state officials last year.
- Victims have a higher prevalence of agoraphobia, generalized anxiety, and panic disorder. Bullies/victims were at increased risk of young adult depression, panic disorder, agoraphobia (females only), and suicidality (males only). Bullies were at risk for antisocial personality. [5]
- Difficult to quantify how future psychiatric outcomes influence overall public health cost.

4a. Community Perspective

- ▶ Danville School Administrator-
- ▶ “Social-emotional skills are discrete and equally as important as academic skills.”
 - ▶ Teachers should expect to have to teach children how to develop emotionally to interact with their peers.
 - ▶ There is a guidance curriculum to actively engage learners that might find themselves bystanders. It involves role-play and what-if scenarios.
- ▶ Danville school has the unique opportunity for older students to mentor young students longitudinally, because it has grades pre-k through twelve.
 - ▶ There is a push to institute a formal mentoring program.
- ▶ The school’s hope is that there is more active community involvement to support the school, because across the country bullying often polarizes the community into “good” and “bad” kids.
 - ▶ Rising above this polarized outlook will help the cultural identity that the school tries to implement into the community itself.

4b. Community Perspective

- ▶ Daniel Miller, behavioral health specialist at Danville health Center-
- ▶ “Hurt people hurt people.”
 - ▶ Children with a history of trauma are more likely to be bullies.
 - ▶ When engaging in therapy with a bully, it often involves the family unit. The part of that unit that is the most resistant to positive change should define the strategy.
- ▶ Bullies target peers that have similar anger but more control. If they successfully make the victim lose control, they have now made them their equal.
 - ▶ When working with victims, building the coping skills to exhibit control will make the bully lose interest.
 - ▶ Working within the child and family goals is vital, because it is possible to help them find more positive socialization in other places.

5. Intervention and Methodology

- ▶ We will contribute to the Danville School's informational handouts on bullying, with the goal of distribution to parents of students information about:
 - ▶ The extent of bullying within the country and community.
 - ▶ Studies that prove caregivers can reduce bullying through conversation with their children.
 - ▶ Common symptoms to alert them that their child could be a victim in the absence of admission from the victim.
 - ▶ Strategies to support their child. This applies to victims and bullies who both can benefit from early intervention.
- ▶ The handout can be distributed during parent teacher group meetings.
- ▶ The implementation of this intervention has not been performed to date. There was no parent teacher group meeting during the month of this project's development.



6. Response

- ▶ Qualitative response to the handout was positive. A school administrator appreciated that a partnership with the health center could improve distribution and impact.
- ▶ School had a similar goal of reaching out to the community to try and supplement the school curriculum in reducing bullying.
- ▶ Response from parents was limited because of the summer month and minimal time to implement distribution. A focus group could be polled at a school meeting to clarify handout.

7. Intervention Evaluation

- ▶ Two question Likert scale survey to evaluate caregiver response to handout
 - ▶ Are you more likely to discuss bullying with your child?
 - ▶ Do you feel more confident handling a bullying event involving your child?
- ▶ This evaluation was not performed due to time constraints and summer break for Danville School.
- ▶ Collaboration with Danville school to compare absolute number of bullying incidents. No way to claim that this change would be due to this single intervention, but it is incredibly important information.

8. Future Recommendations

- ▶ Survey of school-age patients in the clinic to evaluate bullying activity; correlate with validated depression scale to assess association between bullying and depression in the community.
- ▶ Introduce this handout to the health center for perusal by parents attending the clinic.
- ▶ Partner with the school to enhance school bullying education to students- *Bullybusters* play. SMOKOWSKI
- ▶ Informational session at a PTA meeting or similar community event. Could include a role-playing activity.



9. References

- ▶ Paul R. Smokowski, Kelly Holland Kopasz, *Bullying in School: An Overview of Types, Effects, Family Characteristics, and Intervention Strategies*, *Children & Schools*, Volume 27, Issue 2, April 2005, Pages 101–110, <https://doi.org/10.1093/cs/27.2.101>
- ▶ Grinshteyn E, Yang YT. *J Sch Health*. 2017 Feb;87(2):142-149. doi: 10.1111/josh.12476.
- ▶ Durán LG, Scherñuk Schroh JC et al. *Arch Argent Pediatr*. 2017 Feb 1;115(1):35-42. doi: 10.5546/aap.2017.eng.35.
- ▶ Baams L, Talmage CA, Russell ST. Economic costs of bias-based bullying. *Sch Psychol Q*. 2017;32(3):422–433. doi:10.1037/spq0000211
- ▶ Copeland WE, Wolke D, Angold A, Costello EJ. Adult Psychiatric Outcomes of Bullying and Being Bullied by Peers in Childhood and Adolescence. *JAMA Psychiatry*. 2013;70(4):419–426. doi:10.1001/jamapsychiatry.2013.504