

 2012-2013 third thursday series
BULLYING PREVENTION

Sick of Bullying or Sick Because of Bullying? Children's Health Impact from Bullying

Presenter:
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Windber Research Institute

Thursday, May 16, 2013
3:00 p.m. to 4:15 p.m. EDT

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Moderator





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Housekeeping Notes

- Q&A
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BULLYING PREVENTION

Presenter



Diana Schroeder, MSN, RN

Director of the Bullying Prevention Initiatives

Windber Research Institute



Sick of Bullying or Sick Because of Bullying?



**CHILDREN'S HEALTH IMPACT
FROM BULLYING**

Disclosure

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Diana Schroeder, MSN, RN

**BULLYING PREVENTION INITIATIVES
CENTER FOR HEALTH PROMOTION & DISEASE
PREVENTION
WINDBER RESEARCH INSTITUTE
WINDBER, PA**

Objectives

- Literature review of health impact of bullying
- Pennsylvania initiative to quantify health impact of bullying
- Methods of monitoring health-related consequences of bullying

Generalities of Health Related Data

1. Most commonly recorded health outcomes associated with bullying are psychosomatic
2. Least commonly recorded health outcomes associated with bullying are physical
3. Increased awareness of long-term implications of bullying on health outcomes
4. Increased efforts to connect secondary data of “health” to bullying outcomes, ie. Child maltreatment by adults and how that impacts bullying experience for that child

Generalities of Health Related Data

5. More documentation on health effects of children who are targets or who are “bully-victims”.
6. Majority of studies looking at bullying’s health consequences are based on self-reports from students
7. Majority of the studies have originated outside of the U.S. Dearth of available research involving U.S. students
8. Few of the studies on health consequences evolve from the medical community. Majority are from the psychology community.

Literature Review

- Psychosomatic Findings:
 - *of, relating to, involving, or concerned with bodily symptoms caused by mental or emotional disturbance (Merriam Webster)*
 - *Largest body of work related to health outcomes secondary to bullying*

Association of Common Health Symptoms with Bullying in Primary School Children

Williams, Chambers, et al. BMJ 1996



- Health interview with school nurses in London
- 2962 children
- Association between children reporting being bullied and:
 - Not sleeping well
 - ✦ Bed wetting
 - ✦ Feeling sad
 - ✦ Headaches
 - ✦ Tummy aches.

Association of Common Health Symptoms with Bullying in Primary School Children

Williams, Chambers, et al. BMJ 1996



- Association noted between increasing risk of symptoms with increased frequency of bullying
- Interesting utilization of school nurses for data collection

Meta-analysis of Peer Victimization and Psychosocial Maladjustment

(Hawker, D., Boulton, M.; J. Child Psychol. Psychiat. 2000)

Parameters of psychosocial maladjustment

Depression, anxiety, low self-esteem, etc.

Results

Depression: Clear that victimization is positively associated with depression.

Does Bullying Cause Emotional Problems: A Prospective Study of Young Teenagers

Bond, Carlin, et al; BMJ 2001

- Children who are depressed or anxious at the beginning of the school year are at enhanced risk of becoming new victims of bullying later that year
- Physical symptoms only followed a period of victimization and unlike psychological symptoms did not precede victimization

Bullying Behavior and Associations with Psychosomatic Complaints and Depression in Victims

Fekkes, Pijper, et al, Pediatrics 2003

- 2766 elementary school students 9-12 yrs. old.
- Bullying victims had significantly higher chances for depression and psychosomatic symptoms as compared to children not involved in bullying
- Children who bullied did not have higher chance for most health symptoms
- **Makes point that range of psychosomatic symptoms and depression are similar to complaints known to be associated with child abuse**

Health Consequences of Bullying

Fekkes et al.(2003) *Pediatrics*, 144, 17-22

	<u>Bullied</u>	<u>Not bullied</u>
Headache	16%	6%
Sleep problems	42%	23%
Abdominal pain	17%	9%
Feeling tense	20%	9%
Anxiety	28%	10%
Feeling unhappy	23%	5%
Depression scale		
moderate indication	49%	16%
strong indication	16%	2%

Sticks and Stones May Break My Bones, But Names Will Make Me Feel Sick:
The Psychosocial, Somatic, and Scholastic Consequences of Peer Harassment
Nishina, Juvonen, et al. J of Clinical Child and Adolesc. Psych 2005



- 1526 sixth graders – urban ethnic schools in LA
- Study examined associations among peer victimization, psychosocial problems, physical symptoms and school functioning across first year in middle school.
- Found that peer victimization in the fall was associated with spring psychosocial maladjustment and physical symptoms which predicted poor spring school functioning

Sticks and Stones May Break My Bones, But Names Will Make Me Feel Sick:
The Psychosocial, Somatic, and Scholastic Consequences of Peer Harassment
Nishina, Juvonen, et al. J of Clinical Child and Adolesc. Psych 2005



- Found that psychosocial difficulties increase the risk of victimization.
- Found that physical symptoms did not predict victimization
- Found no sex or ethnic group differences

Sticks and Stones May Break My Bones, But Names Will Make Me Feel Sick:
The Psychosocial, Somatic, and Scholastic Consequences of Peer Harassment
Nishina, Juvonen, et al. *J of Clinical Child and Adolesc. Psych* 2005

- “Experiencing peer harassment may make youth feel sick, but feeling sick did not increase the risk of being harassed.”
- “..may be that students who experience peer harassment are at risk for becoming physically ill.”

Bullying involvement in primary school and common health problems

Wolke, D. Woods, S., Bloomfield, L. Karstadt, L: *Archives of disease in childhood*. Sept. 2001

- Investigated association of direct and relational bullying with common health problems via parent surveys on child’s health status.
- Correlated findings with children’s self-reports of bullying or being bullied.
- Findings:
 - Those who bully others have no corollary physical health complaints
 - Children who are victims of bullying had “significantly more repeated sore throats, colds or coughs, breathing problems, nausea, and poor appetite.”
 - Also were more worried about going to school and were more likely to make up illnesses to stay at home during school days

Do Bullied Children Get Ill, or Do Ill Children Get Bullied?
A Prospective Cohort Study on Relationship Between Bullying and Health-
related Symptoms

(Fekkes, Pijpers, et al; Pediatrics 2006)

- Children who are regularly bullied at the beginning of a school year have a higher risk of developing new health-related symptoms during that year.
- This supports the hypothesis that the stress of victimizations causes the development of somatic and psychological health problems.
 - Areas of highest concern: depression, anxiety, bedwetting, abdominal pain and feeling tense
 - Gender differences: Girls more likely to complain of abdominal pain

Do Bullied Children Get Ill, or Do Ill Children Get Bullied?
A Prospective Cohort Study on Relationship Between Bullying and Health-
related Symptoms

(Fekkes, Pijpers, et al; Pediatrics 2006)

- **Further component of the study:**
- Children who did not self-report being bullied at the beginning of the school year, but who were depressed, anxious, reported poor appetite were at higher risk of being bullied at the end of the school year.
- Children with complaints such as headache, abdominal pain, and bedwetting were **not** at apparently higher risk of being bullied.
 - Gender Difference: Boys were more likely to report sleeping problems than girls

The Impact of Bullying and Sexual Harassment on Middle and High School Girls

Gruber, Fineran; Violence Against Women 2007

- Interesting look at companion behaviors of bullying and sexual harassment in school-age girls and relationship to psychosomatic/physical outcomes
- 6 Health outcomes were measured between Middle School and High School Girls.
 - × Self esteem
 - × Mental Health
 - × Physical Health
 - Sleep problems, stomachache, headache, dizziness
 - × Trauma Symptoms
 - × Life Satisfaction
 - × Substance Abuse

The Impact of Bullying and Sexual Harassment on Middle and High School Girls

Gruber, Fineran; Violence Against Women 2007

- Findings:
 - High school girls experienced more bullying and sexual harassment and poorer health outcomes than their middle school counterparts.
 - **Impact** of these experiences was less among high school students
- May be related to better supports systems or coping mechanisms in high school

The Impact of Bullying and Sexual Harassment on Middle and High School Girls

Gruber, Fineran; Violence Against Women 2007

- Approximately 81% of students experienced some form of sexual harassment in school
- Results showed: that
 - Sexual-minority students were 4 times more likely to have attempted suicide
 - 5 times more likely to have missed school because of feeling unsafe.
- Having sexual rumors spread about oneself is more upsetting than any other bullying experience

The Impact of Bullying and Sexual Harassment on Middle and High School Girls

Gruber, Fineran; Violence Against Women 2007

- Neither race nor disability was found to be related to bullying or sexual harassment
- HS girls have poorer outcomes in Mental Health, Life Satisfaction, Physical Health, and Substance Abuse than non-bullied counterparts
- Bullying has more impact on MS girls' health outcomes than on HS girls.

The Impact of Bullying and Sexual Harassment on Middle and High School Girls

Gruber, Fineran; Violence Against Women 2007

- Intimidation and ridicule were most damaging for health outcomes for MS
- Public sexual harassment had poorer outcomes than ridicule, intimidation, and unwanted personal advances.
- Lesbians have a greater number of negative experiences and tend to score lower on health outcomes
- Sexual orientation was significantly related to both bullying and sexual harassment

Does Bullying Have an Impact on Boys' Mental Health?

Swearer, et al. School Psychology Review 2008

- Two groups of bullied 9 – 11 grade students
- N = 251
- Group 1: Gay-baiting (32 students)
- Group 2: Other forms of bullying (89 students)

Does Bullying Have an Impact on Boys' Mental Health?

Swearer, et al. School Psychology Review 2008

Variable	Group 1	Group 2
Anxiety	46.87%	36.92%
Depression	14.87%	9.14%
Hopelessness	3.25%	2.68%
Aggression	83.12%	79.85%

Association between Bullying and Psychosomatic Problems: A Meta-analysis

Gini, G., Pozzoli, T.; Pediatrics 2009; 123; 1059-2065

- Study divided into bully, victim and bully-victim categories of study
- Across 11 samples, victimized (bullied) children were found to have a higher risk for psychosomatic problems than uninvolved peers.

Association between Bullying and Psychosomatic Problems: A Meta-analysis

Gini, G., Pozzoli, T.; Pediatrics 2009; 123; 1059-2065

- 6 studies reviewed for bullying children.
 - Bullies had higher risk for psychosomatic problems than uninvolved children.
- 5 data sets were compared regarding bully-victims vs. uninvolved peers.
 - Bully-victims had higher risk for psychosomatic problems than uninvolved children

Association between Bullying and Psychosomatic Problems: A Meta-analysis

Gini, G., Pozzoli, T.; Pediatrics 2009; 123; 1059-2065

So, all 3 groups had higher risk for psychosomatic problems than uninvolved children....what are the differences?

- Highest degree of risk is with bullied and bully-victims.
- Bullies effect: Externalizing problems, poor school adjustment and frequent alcohol and drug use.
- Bullied effect: low emotional adjustment, poor relationships with classmates, health problems
- Bully-victims: poorly socially adjusted, isolated, anxious, hyperactive, altered personalities.

Suicidal Ideation

- McLeod and Morris (1966) reported that over 4% children who called a bullying telephone help line had expressed suicidal thoughts.
- Rigby (1996) found that among secondary school children victims were twice as likely as non-victims to report suicidal thoughts and other symptoms of depression.
- Fekkes, et al (2003, 2006)

What about physical symptoms?

- Most studies utilize self-reports of student's subjective experiences with "health" and bullying.
- Limited capacity or methodology to track physical symptoms or physical outcomes of bullying in schools or health care facilities
- Obvious need for different data collection strategies for physical symptoms/outcomes

Associations between Overweight and Obesity with Bullying Behaviors in School-Aged Children

Janssen, Craig, et.al; Pediatrics 2004

- 5749 students 11-16 years old
- Except for 15 to 16 year old boys, relationships were observed between BMI category and peer victimization
- Overweight and obese youth were at greater odds of being victims than normal-weight youth
- Strong association for relational and overt bullying, but not for sexual harassment
- Relationship between bully perpetrating in 15 and 16 year old boys and girls such that they were more likely to bully their normal weight classmates

Do Peer Relations in Adolescence Influence Health in Adulthood? Peer problems in the School Setting and Metabolic Syndrome in Middle-Age

Gustafsson, P., Janlert, U., Theorell, T., Westerlund, H., Hammarstrom, A. PLOS One 2012: 7 (6): 1-10

- 27 – year prospective cohort study from Sweden
- Metabolic syndrome:
 - Increased waist circumference
 - Elevated triglycerides
 - Reduced HDL cholesterol
 - Raised Blood pressure
 - Raised fasting glucose
 - Diagnosis of Diabetes Mellitus type II
- Findings:
 - “..the degree of peer problems in adolescence, as assessed by teachers, is related to a higher risk of the metabolic syndrome in middle age, independently of a range of potentially health-damaging factors in adolescence and adulthood”

Different Forms of Bullying and Their Association to Smoking and Drinking Behavior in Italian Adolescents

Vieno, Gini, et.al, To be published in Journal of School Health

- 2667 Italian middle and high school students
- Determined rates of bullying
- Correlated different forms of bullying and smoking and drinking rates
- Bullies and bully/victims were at increased risk for both smoking and drinking than their completely uninvolved peers.
- Previous studies (Nansel) identified increased risk of smoking in bullies

Different Forms of Bullying and Their Association to Smoking and Drinking Behavior in Italian Adolescents

Vieno, Gini, et.al, To be published in Journal of School Health

- Current study indicates stronger correlation between “problem behaviors” in adolescent to increased risk of smoking and drinking
- Suggests utilization of smoking/drinking rates as potential marker for bullying behaviors
- Previously suspected that victims may have increased rates of tobacco/alcohol use as management of stress or due to peer pressure, but bullies and bully/victims have higher risks.

Parental Maltreatment and Emotion Dysregulation as Risk Factors for Bullying and Victimization in Middle Childhood

Shield, Cichetti; Journal of Clinical Child Psych 2001

- A differing look at the concept of “health” outcomes related to bullying
- Does maltreatment at home affect bullying behaviors?
- Findings: Maltreated children were more likely than nonmaltreated children to bully other children
- More prevalent among children who were maltreated in acts of commission – sexual or physical abuse
- Gender did not affect bullying rates in this study

Parental Maltreatment and Emotion Dysregulation as Risk Factors for Bullying and Victimization in Middle Childhood

Shield, Cichetti; Journal of Clinical Child Psych 2001

- Maltreatment also increased risk for victimization.
- Children who have been emotionally abused or neglected are more likely to be victims
- Maltreated children experience emotional dysregulation whether bullies or victims

Maltreatment by Parents and Peers: The Relationship Between Child Abuse, Bully Victimization, and Psychological Distress

Duncan; Child Maltreatment 1999



- Retrospective study of college freshman
- Found that those who were victims experienced higher rates of emotional and physical maltreatment by parents and more sexual assaults.
- Found that as young adults, those who were victims of both abuse and bullying in childhood reported significantly higher levels of distress as compared to those who were nonvictims as evidenced by PTSD

What Is The Center for Health Promotion and Disease Prevention at Windber Research Institute?



The public health arm of a health research entity, whose mission focuses on bringing community groups together to collaboratively improve the overall health of children and adults in the region.

Pennsylvania Effort Coalition Partners

- Highmark Foundation
- PA DOE/Center for Safe Schools
- Center For Health Promotion & Disease Prevention,
Windber Research Institute
- Clemson University

Pennsylvania Effort

- Cost Benefit Analysis (CBA) of bullying prevention performed on 3 parameters:
 - Health Outcomes
 - School Indicators
 - ✦ Absenteeism, academic performance
 - Societal Indicators
 - ✦ Delinquency, child abuse, illegal activity, etc.

Bullying and Health Outcomes

Ongoing needs:

- Capacity to determine physical health outcomes more specifically
- Capacity to systematically track physical symptomology associated with bullying as well as psychosomatic complaints

Bullying and Health Outcomes

- Greater emphasis on understanding “problem behaviors” of adolescents (i.e. at-risk behaviors or ATOD, sex, delinquency) and bullying
- Greater emphasis for schools and parents on mental health/bullying connection for students who are bullied and sexual orientation.
 - Needs to include not only concerns about suicide, but ongoing mental health issues.

Health Related Data

- How can we more effectively gather health related data associated with bullying behaviors?
- What resources exist to utilize as avenues to collect this data?
- What strategies might be undertaken to more accurately establish the health risks/outcomes of bullying?

Needs or Gaps in Data

- School health outcomes to include parameters that measure physical symptoms associated with bullying.
- School nurses to be partners in school-based bullying prevention and assist with data collection.
- Department of Education policies to identify **specific** strategies that effectively capture bullying data in schools.

Needs or Gaps in Data

- Health care organizations and health care providers to increase awareness and involvement in bullying prevention and in measurement of health outcomes of such.
- Structured avenues of sharing of health outcomes across disciplines to encompass entire “health” parameters of bullying.

Promising Approaches

Williams, Chambers, et al. utilized brief survey for school nurses that could be modified and utilized by schools to routinely gather health data related to bullying.

- **Questions in order:**
 - Do you get headaches? If yes, how often?
 - Do you get stomachaches?
 - × If yes, how often?
 - Do you sleep well?
 - Do you sometimes wet the bed? If yes, how often?
 - How do you usually feel?
 - Do you get bullied: If “sometimes” or more:
 - × Where does the bullying take place?
 - × What sort of bullying is this?

Promising Approaches

Addressing bullying as a public health issue

- Places it in the domain of health care and pushes a national agenda to perceive the issue as more than “social”.
- Encourage healthcare providers to view bullying prevention as “injury prevention” or “violence prevention”. Speaks more to their domain of understanding.

Promising Approaches

- Working with healthcare providers to approach bullying issues as **peer abuse** and employ screening methodologies similar to intimate partner violence, elder abuse, or child abuse
 - Need to have every physical injury of a child be screened by single question: “Did someone intentionally harm you?”
 - Need to educate physicians and nurses on how to appropriately discuss bullying and related health consequences with child/family.

Promising Approaches

- To assist healthcare providers in uncovering and addressing health issues that may have bullying components – need a quick assessment tool.
- Tarshis and Huffman (Journal of Developmental and Behavioral Pediatrics, 2007) proposed use of Peer Interactions in Primary School (PIPS) questionnaire
- 22 question survey tool

Promising Approaches

- Found that children who score higher on PIPS, have higher scores on:
 - Children's Depression Inventory
 - Multidimensional Anxiety Scale for Children
 - Strengths and Difficulties Questionnaire
 - Were more likely to have higher rated parent-identified issues on Child Behavior Checklist
- Pilot study for primary care offices beginning Fall 2013

Promising Approaches

- Consider utilizing CDC School Health Index for self-assessment of school's health needs.
- Inherent in School Health Model is area for bullying prevention
- Moves bullying prevention from "program" to policy related to health of children in schools
- Assists schools with collecting and managing health related data and setting health outcomes in a variety of areas.

Conclusions

- Healthcare outcomes related to bullying is emerging, but has not yet fully engaged healthcare providers.
- Bullying prevention as it relates to healthcare outcomes is not understood by schools
- The issue of injury associated with bullying is poorly tracked and reported
- Primary associations between bullying and healthcare are in the realm of mental health issues.

Thank you!



Contact Information

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