



SCHOOL OF SOCIAL WORK

# **ECHO: Responding to Children and Youth Who Bully and are Bullied**

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# Disclosures

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Academic

# Professional Background

# Learning Objectives

- Describe the importance of determining type of aggression: Harassment vs. Bullying vs. Peer Conflict
- Identify 3 steps caregivers will use to effectively address bullying with school officials.
- Practice using a school-based tool that can be implemented for children and youth who are aggressing.

Checking in

**What are some of the concerns you currently face regarding school bullying?**

# What's new with what we know...

1. Adult interventions can be effective, especially in younger years (Johander et al., 2023)
2. Bullied children are found to have delayed brain development on “bully impacted” brain regions (Menken et al., 2023)
3. Bullied children have poorer reading, writing and grammar skills (Wang et al., 2020)



# Telling an adult, 7-9<sup>th</sup> graders, Time1-T2

1. Those who experienced severe bullying appeared to have fewer internalizing problems than those who chose not to tell, suggesting a protective function by telling an adult, even if bullying continued (Shaw et al., 2019)
2. Students less severely bullied who told an adult were less likely to be bullied a year later.
3. However, for those severely bullied students, telling an adult was associated with higher odds (91%) to continue being bullied in school.



# Why do we care about the person who bullies?

## Bullying at age 14 predicted:

Violent convictions between ages 15-20

Self reported violence at ages 15-18

Low job status at age 18

Drug use age 27-32

“Unsuccessful life” age 48 (Farrington, Ttofi, 2011)





# Which one is it? Why care?

1. **Bullying:** [State statute](#) supported--NOTHING at federal level. “Bullying” has three components: *Intentional harm doing, to a person with lesser power to defend themselves, that is repeated.*
2. **Harassment:** Both state and federal level behaviors based on attacking someone because of age, sex, race, disability, or identity. Does not have to include intent to harm (Dept of ed., 2010) or power imbalance (U.S. Department of Ed, June 2021).



# What Constitutes Bullying in California?

1. "...any severe or pervasive physical or verbal act or conduct, including communications made in writing or by means of an electronic act committed by a pupil or group of pupils directed toward one or more pupils that has the effect of one or more of the following:
  - A. Placing a reasonable pupil or pupils in fear of harm to that pupil's or those pupils' person or property.
  - B. Causing a reasonable pupil to experience a substantially detrimental effect on the pupil's physical or mental health.
  - C. Causing a reasonable pupil to experience substantial interference with the pupil's academic performance.
  - D. Causing a reasonable pupil to experience substantial interference with the pupil's ability to participate in or benefit from the services, activities, or privileges provided by a school.



# Does California anti-bullying statute cover...

1. Off campus cyber bullying: **Yes**
2. Mental Health services: **Yes** “encouraged” within schools' capacity
3. Informing Parents: **Yes**, when found to be bullying or being bullied



# What specific Anti-Bully program components have shown to have effect on school bullying?

1. Parent Training/Information for Parents
2. Increased Playground Supervision
3. Disciplinary Methods
4. School Conferences that provide bullying info to student body
5. Classroom rules/management (Ttofi & Farrington 2009)



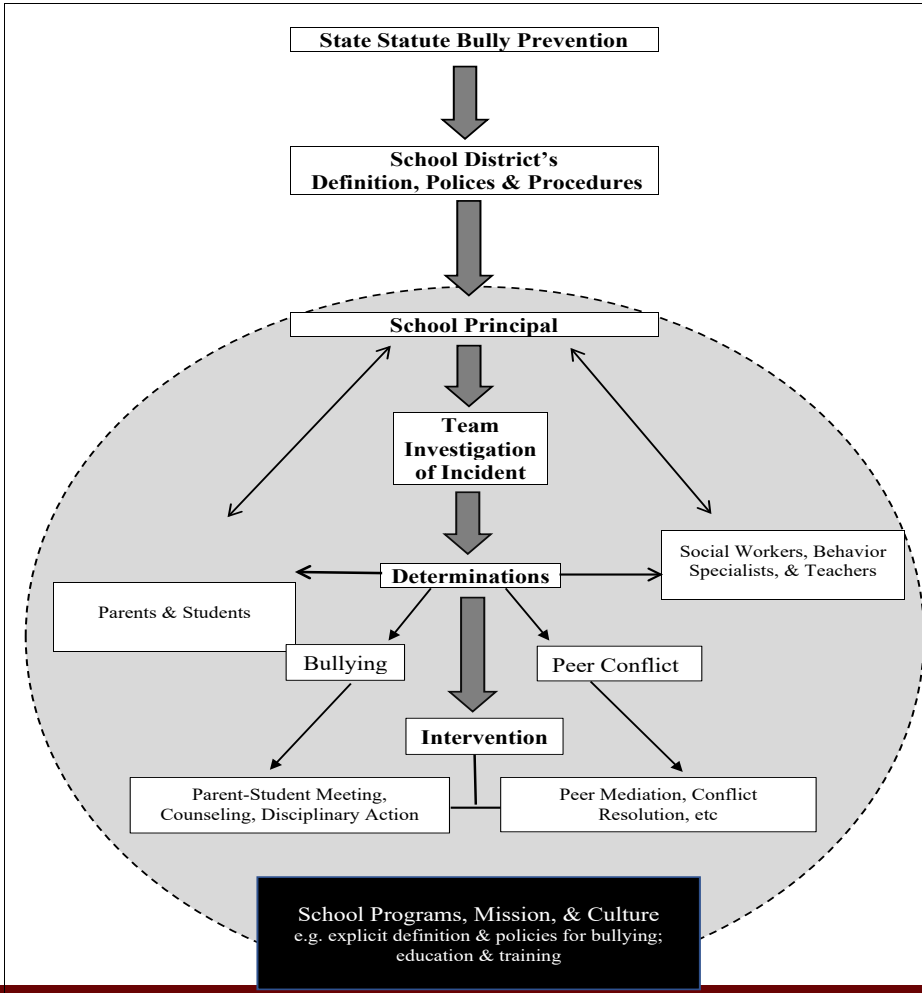
# **Investigation Process of School Bullying**

# Discerning Peer Conflict from Bullying

1. Peer conflict is more about kids being mad or upset toward one another
2. When investigated, school officials often make the finding of “peer conflict” by perceived equal power between victim and target
3. How do situations of peer conflict get addressed in a school?



# Investigative Process



# Helping Parent or Caregiver Advocate

1. Determine: Is the aggression bullying or harassment?
2. What does the **School's Student Handbook** state about what and how the aggression will be addressed?
3. Caregiver making direct contact with the school principal and providing evidence.





Physician advocacy

**Advocacy: Physician letter to school to address the aggression of being bullied...What would it say?**

Dear Principal \_\_\_\_\_, and Assistant Principal \_\_\_\_\_:

I am a care provider for Tobias Unger, a 10-year-old patient who I have examined for their current symptoms of e.g., anxiety, depression, suicidal thoughts, suicidal behaviors, school avoidance). Although these symptoms are being seen as a medical/psychological condition, upon examination, the symptoms seem to have their etiology from the social environment at Tobias's school. I believe these symptoms could successfully be addressed if the school bullying situation, as defined by the California State law and your student handbook, were to be assertively addressed, including notifying all parents and caregivers of those involved.

I will be following up with Tobias to hear about the progress they have experienced due to your intervention in successfully addressing the school bullying. Please place a copy of this letter in Tobias's school file.



# Caregiver reporting to the School Principal

- Caregiver has submitted all evidence to the principal via email?
- School has responded—what steps will be taken by when and by whom?
- Principal met with targeted child and aggressor separately to go over plan?
- Will this end my child being bullied?

Question: What if the school official says, “There is nothing more we can do”



# Wanting evidence-based interventions

- ✓ Principal making contact with the bullying child's caregivers
- ✓ [Behavior Improvement Contract](#) for the child or youth who is bullying
- ✓ Behavioral Health Assessment for person who is bullying
- ✓ Hallway monitoring of the bullying hot spot
- ✓ Scheduled check-in by school official with the target to assess if threatening behavior has stopped
- ✓ Remove bullying child from environment--not the target, (e.g., sit at the front of the bus)



# Regression back to your 7<sup>th</sup> grade self

1. An investigation was done by school officials about a reported bullying incidence where your 7<sup>th</sup> grade self was caught up threatening a 6<sup>th</sup> grader that your love interest is thinking about ditching you for. You were found threatening this 6<sup>th</sup> grade student, “It’s just a matter of time before I explode and kick your ass after school.” And staring down the 6<sup>th</sup> grader in the hallway. Lastly, you wrote a message on the bathroom wall saying the 6<sup>th</sup> grade targeted student is “Gonna die!”



# Moving up the Chain of Command: School District Superintendent

1. Principal's boss--Usually in charge of the district enforcement on bullying
2. Parent starts out the meeting with a positive about the school...
3. Share evidence; specifically what steps have been done and the results:  
"I need your help. I need my child to be safe in our school"
4. What if the superintendent falls short?



# The School Board Meeting

1. “Are there any comments from the public?”



# References

## References

- Brown, J., Keesler, J., Karikari, I., Ashrifi, G., & Kausch, M. (2022). School principals putting bullying policy to practice. *Journal of Interpersonal Violence*, *37*(1-2), NP281-NP305.
- Farrington, D. P., & Ttofi, M. M. (2011). Bullying as a predictor of offending, violence and later life outcomes. *Criminal Behaviour and Mental Health*, *21*(2), 90-98.
- Johander, E., Turunen, T., Garandeau, C. F., & Salmivalli, C. (2023). Interventions That Failed: Factors Associated with the Continuation of Bullying After a Targeted Intervention. *International Journal of Bullying Prevention*, 1-13.
- LaDonna, K. A., Watling, C. J., Cristancho, S. M., & Burm, S. (2021). Exploring patients' and physicians' perspectives about competent health advocacy. *Medical Education*, *55*(4), 486-495.
- Menken, M. S., Rivera, P. J. R., Isaiah, A., Ernst, T., Cloak, C. C., & Chang, L. (2023). Longitudinal alterations in brain morphometry mediated the effects of bullying victimization on cognitive development in preadolescents. *Developmental cognitive neuroscience*, *61*, 101247.
- McClowry, R. J., Miller, M. N., & Mills, G. D. (2017). What family physicians can do to combat bullying. *J Fam Pract*, *66*(2), 82-89.
- Schwartz, L. (2002). Is there an advocate in the house? The role of health care professionals in patient advocacy. *Journal of medical ethics*, *28*(1), 37-40.
- Shaw, T., Campbell, M. A., Eastham, J., Runions, K. C., Salmivalli, C., & Cross, D. (2019). Telling an adult at school about bullying: Subsequent victimization and internalizing problems. *Journal of Child and Family Studies*, *28*, 2594-2605.
- US Department of Education, Office for Civil Rights Annual Report. the Department of Education 2019, Washington, DC. <http://www.ed.gov/ocr>.

