



Bullying: What the PNP Needs to Know **CE**

Gail Hornor, RNC, DNP, CPNP

ABSTRACT

Despite generations of doubt about the true impact of bullying, it is now clear that childhood bullying can have significant lifelong consequences for victims and bullies alike. Recent school shootings and suicides by students who have been victims of bullying have helped to solidify public awareness of the gravity of the problem of childhood bullying. Adults who were frequently bullied in childhood have an increased frequency of psychiatric disorders, including anxiety, depression, and suicidality, extending into middle age (Arseneault, 2017). In fact, frequent bullying in childhood may impact victims similar to experiencing multiple adverse childhood experiences (Takizawa, Maughan, & Arseneault, 2014). Bullying also has a detrimental effect on young perpetrators (Zuckerman, 2016). Bullying is clearly a pediatric health care problem. This continuing education article will explore bullying in terms of definitions, epidemiology, types, risk factors, resilience factors, consequences, and implications for practice. *J Pediatr Health Care.* (2018) 32, 399-408.

KEY WORDS

Bullying, trauma, cyberbullying

Despite generations of doubt about the true impact of bullying, it is now clear that childhood bullying can have significant lifelong consequences for victims and bullies alike. Recent school shootings and suicides by students who have been victims of bullying has helped solidify public awareness of the gravity of the problem of childhood bullying. Adults who were frequently bullied in childhood have an increased frequency of psychiatric disorders, including anxiety, depression, and

suicidality, extending into middle age (Arseneault, 2017). Frequent bullying in childhood may have a similar effect on victims as multiple adverse childhood experiences (Takizawa, Maughan, & Arseneault, 2014). Bullying also has a detrimental effect on young perpetrators (Zuckerman, 2016). Bullying is clearly a pediatric health care problem. Pediatric nurse practitioners (PNPs) need to incorporate bullying prevention, identification, and intervention into their practice. This continuing education article will explore bullying in terms of definitions, epidemiology, types, risk factors, resilience factors, consequences, and implications for practice.

DEFINITIONS

There are many definitions of bullying, and they all tend to share three common criteria: intentionality, repetitiveness, and power imbalance (Olweus, 2012). *Bullying* is typically defined as the use of physical or emotional power to control or harm others and can include behaviors such as physical or verbal attacks, making threats, spreading rumors, name calling, or intentionally excluding someone from a group (Zuckerman, 2016). Bullying involves a pattern of repeated aggression, a deliberate intent to harm or disturb the victim despite the victim's apparent distress, and a real or perceived imbalance of power (Cooper, Clements, & Holt, 2012). Bullying behavior in the traditional sense is typically perpetrated face to face, and the bully can observe the impact of his/her actions on the victim. Although any site where children and teens interact can be sites for bullying, certainly school, transportation to and from school, and after-school programs are common sites for bullying.

Cyberbullying can be broadly defined as bullying that is carried out via electronic means such as text messages, e-mails, online chat rooms, or social networking sites (Wolke, Lee, & Guy, 2017). Cyberbullying, like traditional bullying, is an act of aggression characterized by a power imbalance and is often repeated (Kowalski, Giumetti, Schroeder, & Lattanner, 2014). Traditional physical bullying as opposed to cyberbullying occurs more frequently among males and decreases through the high school years (Messias, Kindrick, & Castro, 2014). Cyberbullying occurs more frequently

Gail Hornor, Pediatric Nurse Practitioner, Nationwide Children's Hospital, Center for Family Safety and Healing, Columbus, OH.

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Correspondence: Gail Hornor, RNC, DNP, CPNP, Nationwide Children's Hospital, Center for Family Safety and Healing, 655 East Livingston Ave, Columbus, OH 43205; e-mail: Gail.hornor@nationwidechildrens.org

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among females and does not show a decreasing trend in high school (Messias et al., 2014).

EPIDEMIOLOGY

Bullying has often been trivialized and viewed as a universal childhood experience, one that everyone experiences. Because of this, bullying was not considered a health issue until the 1970s (Olweus & Limber, 2010). There was not a single piece of legislation in the United States addressing bullying until the Columbine High School mass shooting in 1999 (McClowry, Miller, & Mills, 2017). Within 3 years of the Columbine tragedy, 15 states had passed state laws mentioning bullying, and by 2015, every state and the District of Columbia had an anti-bullying law (Temkin, 2015).

Despite this legislative effort, bullying continues to be a problem of epidemic proportions in the United States. According to the Centers for Disease Control and Prevention's 2015 Youth Risk Behavior Surveillance System, 20.2% of high school students experience bullying (Kamn, McManus, & Harris, 2016). Bullying certainly does not typically begin in adolescence; bullying can begin very early. Jansen et al. (2012) state that about 10% to 14% of kindergarten students bully others and are bullied as well. Bullying often begins in early elementary school, increases steadily to a peak in early secondary school (ages 12-14 years), and tapers in late adolescence (Sapouna & Wolke, 2013). This increase in bullying in early adolescence is not due to bullying by previously unaggressive peers; rather, it is the result of heightened aggression by a small number of adolescents while most maintain rather low levels of bullying (Troop-Gordon, 2017). Approximately 30% of school children are bullies, victims, or bully-victims (Evans, Fraser, & Cotter, 2014). Females are bullied more often than males (24% vs. 16%, respectively). The most likely student to be bullied is a White female in ninth grade (Evans et al., 2014). Adolescents who perpetrate bullying tend to be thought of as popular, possessing a social status of leadership, influence, and respect (Cillessen & Rose, 2005). Other forms of aggression tend to decrease in adolescence, but relational aggression, such as spreading rumors or exclusion, increases (Rosen, Beron, & Underwood, 2016). Relational aggression can be seen in the preschool years; however, adolescents have increased mental and language skills to more effectively execute relational aggression.

The prevalence rate for cyberbullying is reported to be as high as 52% of the adolescent population (Mishna, Khoury-Kassabri, Gadalla, & Daciuk, 2012). Studies suggest that there is considerable overlap between cyberbullying and traditional bullying. Cyberbullying on its own is very rare (Wolke et al., 2017). Two recent studies by Hase, Goldberg, Smith, and Stuck (2015) and Waasdorp and Bradshaw (2015) found the co-occurrence of traditional and cyberbullying

to be as high as 88% to 93%. In other words, 9 out of 10 adolescents who report cyber-victimization also report experiencing traditional bullying (Wolke et al., 2017). Victims experiencing only cyberbullying had similar negative psychological outcomes to those experiencing only traditional bullying; however, those experiencing both are at highest risk of poor psychological outcomes (Wolke et al., 2017).

TYPES OF BULLYING

Cyberbullying

Cyberbullying is unique in that it can take so many different forms and can occur via many venues. Cyberspace gives bullies a new tool to extend their bullying beyond school or other traditional face-to-face contact. Cyberbullies use social media to mock, spread rumors, and harass their victims. They may be very technologically savvy and can remain anonymous and untraceable when posting messages, videos, photos, and fake profiles for wide distribution. An Internet post is essentially impossible to delete or stop once it is sent, especially if it has been passed around by others and distributed on multiple sites. Individuals often experience multiple types of cyberbullying. See Box 1 for types of cyberbullying.

Cyberbullying and traditional bullying differ in accessibility. Traditional bullying typically occurs at school during the school day. Cyberbullying can be perpetrated from anywhere at any time 24 hours a day, 7 days a week. Also, cyberbullying, because of the nature of the venues through which it occurs, has a much greater

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BOX 1. Types of cyberbullying

Flaming	Online fight
Harassment	Repetitive, offensive messages sent to a target
Outing and trickery	Discovering personal information about someone and then electronically sharing that information without the individual's permission
Exclusion	Blocking an individual from buddy lists or other electronic communications
Impersonation	Pretending to be the victim and electronically communicating negatively or inappropriately with others as if the information is coming from the victim
Cyberstalking	Using electronic communication to stalk someone by sending repeated threatening messages
Sexting	Sending nude/inappropriate photos of another person without that individual's consent

Source: Kowalski, Giumetti, Schroeder, and Lattener (2014).

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