

# [Prevalence of bullying among middle school children consequences , systemic inter...](https://assignbuster.com/prevalence-of-bullying-among-middle-school-children-consequences-systemic-intervention-and-policy-development/)

Prevalence of Bullying among Middle School Children Consequences , Systemic Intervention and Policy Development David Harrison, RN, MSN Ursuline College Epidemiology 703 Dr. Mary Beth Zini April 25, 2011 Abstract Today an estimated 15 to 25% of students who attend school ages 7 to 19 feel unsafe in the school environment. This has been attributed to an increase in violent and aggressive behavior. More importantly noted there has been an escalation in bullying behaviors of all types including, physical, emotional, and cyber bullying networking. Studies have shown an increase in bullying behavior in the middle school, ages from 10 to 15, bullying tends to decrease with high school students. This paper will examine the prevalence, behaviors, consequences, interventions and policy recommendation’s related to bullying prevention in middle school. Key terms: Bullying, relational bullying, behavior, consequences, policy Prevalence of Bullying among Middle School Children In the social context bullying is not a new issue, although in the last two decades bullying has taken on an additive role among school age children. The prevalence has changed in the last three decades and more studies have been completed on the prevalence, consequences, prevention and intervention strategies to decrease bullying. This has prompted policy decisions from the department of education and President Barrack Obama. The most vivid forms of aggressive behavior are seen on the evening news or in the Plain Dealer. “ Bullying is defined as a form of social aggression that persists over time, characterized by imbalance of power” (Pelligrini, 2002, p. 151). The more dominant, and physically bigger or tougher an individual is more likely to repeatedly victimize a smaller, weaker, subordinate individual. Bullying can be found directly or indirectly. Indirect bullying is also commonly known as relational bullying. Relational bullying is a form of aggressive behavior that excludes others, through social isolation, rumors, or teasing. However, young boys typically tend to use physical aggression compared to girls who are more known to engage in exclusion and non-physical forms of bullying. Direct bullying is more physical, pushing, threatening, teasing, hitting and verbal intimidation. Girls usually resort to social aggression, which is typically more verbal in nature and less physical in orientation. Studies show that bullying tends to peak in late childhood to early adolescence, which makes prevention and intervention efforts in middle school crucial (Nansel et al., 2001). Trends also indicate that young girls are more likely to bully members of the same sex as opposed to boys who are commonly bullying both sexes. In a self report study of 15, 686 students in grades 6-10, “ 30% indicated more than occasional involvement as a bully and/or a victim of bullying” (Nansel et al., 2001, p. 13). An estimated 15-42% of middle school students have reported being a target of bullying, victimization or played the role of the bully/victim in multiple countries including Germany Norway, England, Australia and the United States. Results also showed that Lithuania had the highest incidence of bullying amongst middle school aged students. Therefore, it is clear that bullying is not simply found to be an issue within the United States, but in all countries throughout the world. The study by Nansel et al. (2001) also confirms that the prevalence of bullying amongst middle school students is very high and efforts to deter such behavior within this age group must be undertaken to reduce current trends. The problem with bullying behavior is that it creates an unsafe environment or it forces middle school children to perceive that their environment is unsafe. An unsafe school climate can propagate student attendance problems, poor grades, unhealthy episodic illness, poor self-esteem and a non-accepting environment for children ages 10- 14 (Olweus, Mattsson & Schalling, 1988). The significance for the middle school population is that students are undergoing physiological, hormonal as well as emotional changes on a regular basis. Students at this age have a need for social dominance and experience a form of class status within their peers. According to Olweus, Mattsson & Schalling (1988), “ there may be a positive relationship between plasma testosterone level in adolescent and adulthood and one or more aspects of aggressive behavior” (p. 261). It is important to notes that similar findings can also be found in many recurring animal studies focusing on similar behavioral trends and occurrences in multiple species. Children, who are teased, taunted, intimidated in middle school, can develop severe negative consequences such as anxiety, depression, social adjustment disorders, post-traumatic stress syndrome and even engage in suicidal behaviors. A recent study in the European Journal of Public Health has shown that bullying is a precursor for health problems in children (Due et al., 2005, p. 128). This research further emphasizes the importance of bullying and the multitude of negative consequences that can occur as result of its prevalence. Therefore, health consideration outside of simple class status amongst peers must be considered when considering the necessity of anti-bullying efforts within middle school aged children. These findings have relevance to advanced practice nursing, in early assessment, diagnosis, and intervention of students who chronically seek nursing attention for minor illness headache, frequent indiscernible pain, stomach complaints, bed-wetting sleep disorders, anxiety and nervousness (See Appendix A for odds ratio table for the prevalence of five or more symptoms adjusted). Some symptoms are more acute students who may be severely depressed and have suicidal ideation. According to Cash S. J., and Bridge J. A. (2009) suicide rates have increase in the US, in recent years, the method for suicide and reasons have changed. Much work is being completed to highlight the potential causes and gender difference. Some of the causes for psychopathy may be substance abuse, child abuse, bullying, internet use, and youth suicidal behavior. Boys who had a greater likelihood of being bullied or bullying had a greater chance for suicidal behavior. Girls showed a different effect, girls who were victimized by a bully had greater suicidal behaviors. These statistics indicate that advance practice nurses and school nurses must be more astute to bullying and possible consequences among middle school students (See appendix A). Supporting Data within an Epidemiology Framework In recent years there have been more studies conducted that stratify bullying demographics into race, age and sex. The World Health Organization uses Health Behavior in School–Aged Children (HBSC) a survey that studies children within ages 11, 13 and 15. The Center for Disease Control uses other self-report tools, like the Youth Risk Behavior Survey (YRBS), which is given to high school and middle school students every other year. These tools measure at-risk children for bullying aggression and violence. Various risk factors are also identified and studies which include smoking, substance abuse, diet and physical activity levels. More recent tools have been develop and conducted by The American Institute for Research in Washington D. C. called Conditions for Learning Survey (CFL). The CFL measures students between the grades 2-12 and focuses on four unique areas: connectedness, school climate, academic rigor, and social emotional learning. The purpose of the CFL is to identify these four areas and their overall connection to bullying trends as well as trends linked to victimization found amongst children within these age groups. According to Nansel and Associates (2001), the most common type of bullying for both girls and boys is verbal bullying with students being recipients of negative comments about their physical outward appearance. This dichotomy in gender difference is seen globally as well as prevalent within the United States. In addition Hispanic students reported slightly higher involvement as bullies than white or African American students reported. Furthermore, African American students reported being bullied less than whites or Hispanics. In addition, students in rural areas reported being bullied more so than those in suburban or urban areas (Milsom & Gallo, 2006). These trends are important to take into consideration when attempting anti-bullying efforts amongst specific demographics. References Cash, S. J., & Bridge, J. A. (2009, October). Epidemiology of youth suicide and suicide behavior. NIH Public Access, Current opin Pediatr, 21, (5), 613-619. doi: 10. 1097/MOP. Dake, J. A., Price, J. H., & Telljohann, S. T. (May 2003, May). The nature and extent of bullying at school. Journal of School Health, 73, No, 5(5), 173-180. Due, P., Holstein, B. E., Lynch, J., Diderichsen, F., Gabhain, S. N., Scheidt, P., & Currie, C. (2005). Bullying and symptoms among school aged children; international comparative cross-sectional study in 28 countries. 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