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Beyond Bullying: Transforming the Culture of Peer Abuse

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Introduction

Black eyes. Bruises. Maybe some broken teeth. For decades that described our notion of bullying - a few boys slugging it out on a playground, a rite of passage to be expected. Today's definitions of bullying extend far beyond the physical aspects to include verbal, emotional, sexual and cyberbullying.

Children involved in bullying suffer from a wide spectrum of physical and emotional symptoms, including depression, irritability, anxiety, sleeping difficulties, headaches and/or stomachaches. Furthermore, the consequences of bullying increasingly include such serious problems as eating disorders, school absenteeism, running away, alcohol and drug abuse and above all, self-inflicted, accidental injuries and suicidal behavior.¹

This Joint Position Statement on Prevention of Bullying-Related Morbidity and Mortality was released in 2011 by the Board of the American Psychiatric Association in partnership with the American Academy of Child and Adolescent Psychiatry. It covers a multitude of the side effects of bullying and the "new morbidities" that currently decrease the quality of life for children.²

I am very pleased to submit an article that examines the connection between bullying and the new morbidities. My interest in this issue stems from my work with over 80,000 students, educators administrators, school counselors and parents in 36 states across the country since 1993. The classroom work has had a profound effect on my concern for the level of pain that young people are experiencing, and has convinced me that bullying is a form of child abuse – peer abuse. If a child is suffering, it doesn't matter if the abuser is a parent or a peer; it doesn't matter if the abuser is thirty-five years old or twelve. No child deserves to be abused by anyone. Therefore, I use the terms bullying and peer abuse interchangeably.

Bullying is any act, or series of acts, which speaks of intentionality, duration and intensity; and an imbalance of power that results in harm, potential for harm, or threat of harm to a child. A study, released in 2010 by Susan Swearer at the University of Nebraska, analyzed prevalence rates for bullying and victimization in the United States and found that prevalence rates were 22.1% for male bully perpetrators and 15.1% for female bully perpetrators; 23.7% for male victims and 18.8% for female victims; and 10.6% for male bully-victims and 4.9% for female bully-victims.³ A study by the World Health Organization in 1998 surveyed

15,686 students in grades six through ten in public and private schools. That report, which appeared in the Journal of the American Medical Association, is still frequently quoted. According to that report, 29.9% of the sample reported moderate or frequent involvement in bullying, which then projected an estimate of 5,736,417 youth engaged in those behaviors.⁴ BullyPolice (www.BullyPolice.org) surveyed bullying reports in every state and estimated that 8,824,833 students are bullies, victims or bully/victims. In a report published in the White House Conference on Bullying Prevention, March 10, 2011, Swearer, stated: "However, until a nationally representative, longitudinal study on bullying and victimization is conducted, prevalence rates will reflect differences in sample characteristics and methodology."

The sheer numbers of the bullying data demand our urgent concern. Where is the funded array of services available for children who are being abused by their peers rather than their parents? Where is the concern for children whose abusers are thirteen years old instead of legal adults? The pain they endure is no less traumatizing, and they yearn to be heard.

As of this article, with the exception of Montana, every state now has anti-bullying legislation that for the most part requires schools to collect reports of bullying situations, establish school policies, and implement staff training. Most often these mandates are not funded and accountability is tenuous, at best. Yet, the burden falls on schools to not only deal with acts of cruelty on school campuses but to take responsibility for cyberbullying, which occurs on home computers and hand-held technology, outside of schools. Policies vary from school district to school district, schools to schools, and often classroom to classroom. Educators are under enormous pressure to be surrogate parents, social workers, and law enforcement officers. Some feel that adding bullying concerns to their agenda, when test scores dominate their role, is beyond reasonable expectations.

On the other hand, "Good grades depend not just on brains, but on hearts." This sentence and information in the paragraph that follows, is extracted from an article in the New York Times, entitled "No Emotion Left Behind" by Timothy P. Shriver and Roger P. Weisberg.⁵

Social and emotional learning is the process through which children learn to recognize and manage emotions. The best social and emotional learning programs engage not only children, but also their teachers, administrators and parents in providing children with the information and skills that help them make ethical and sensible decisions – to avoid

bullying, for instance, or to resist pressures to engage in destructive or risky behaviors, such as substance abuse. Recent studies, however, have revealed something even more exciting about these programs. Joseph Duriak, and Roger Weissberg conducted the largest –ever quantitative analysis, encompassing more than 300 research studies on this subject. The results show that social and emotional learning programs significantly improve students' academic performance. An average student enrolled in a social and emotional program ranks at least 10%ile points higher on achievements. Moreover, compared with their counterparts, these students have significantly better attendance records and they are also less likely to be suspended or otherwise disciplined.

These results lead us to consider the true impact of bullying and strategies to reduce, if not prevent, bullying from occurring. I will share data about depression and suicide, eating disorders, food allergies, juvenile diabetes, obesity, truancy, substance abuse and alcohol.

Depression and Suicide

Youth who were bullied or who bully others are an elevated risk for suicidal thoughts, attempts, and completed suicides. All forms of bullying were significantly associated with increases in suicidal ideation. Cyberbullying victims were almost twice as likely to have attempted suicide compared to youths who had not experienced cyberbullying.⁶ A Child Welfare League Study found that 45% of gay, lesbian, or bisexual youth attempted suicide compared with 8% of heterosexual youth. They were also at greater risk for suicide completion.⁷ Their emotional distress was a direct result of the hatred and prejudice that surround them, not because of their inherently gay or lesbian identity or orientation.⁸ A teacher who participated in my training program shared that her son was relentlessly cyberbullied and accused of homosexuality. The ostracism that resulted led him to take his life.

Eating Disorders

Anorexia nervosa, bulimia nervosa and binge eating disorder affect approximately a half million teens. A survey of 10,213 adolescents reported significant impairment and suicide rates due to anorexia nervosa, bulimia nervosa and binge eating disorder. There are many causes for the prevalence of these eating disorders, including low self self-esteem, depression, anxiety, anger, stress, loneliness, peer pressures, and bullying.⁹ The most recent study, published in 2013, by Brad Girtz claims that bullying can cause teens to be susceptible to eating disorders. According to information from a UK charity, Beat, bullying is becoming an

increasingly significant cause of eating disorders among young people. During National Anti-Bullying Week (which took place from November 19th to 23rd, 2012), the organization conducted a survey that found that 78% of sufferers acknowledge that being bullied had led to their eating disorders. This was a significant increase compared to 46% in a 2010 survey conducted by the charity. Worryingly, 40% of the respondents to the 2012 study said that they were younger than ten when the bullying started and a huge 90% admitted to having being bullied "at some time in their life."¹⁰

Food Allergies

Food allergies, juvenile diabetes and obesity have also been linked to bullying situations. Allergies affect an estimated three million children. About one in four children is bullied, teased or harassed because of a food allergy, a medical condition that is potentially fatal. Seventy-nine percent said the bullying and harassing were solely related to a food allergy, while others reported being harassed for having to carry medication for their food allergy. Peanut allergies affected 81% of the group. One high school student reported having his forehead smeared with peanut butter in the cafeteria. A female student opened her locker to find the contents sprinkled with peanut butter cookie crumbs. Twenty-one percent of the students reported teachers or school staff as the perpetrators of their bullying.¹¹

Juvenile Diabetes

An interesting three-year study looked at how initial hostility levels in pre-teen and teenagers influenced physical changes, such as high blood pressure and body weight, unhealthy blood fats and "insulin resistance." The more hostile that kids were to start with, the more likely they were to develop Type 2 diabetes and heart disease. David Schonfeld of the Yale Child Study Center said that angry kids are often in a high-stress mode because they think people are out to get them. That feeling prompts surges in cortisol, a stress hormone, which raises blood sugar.¹² In a poll of 181 parents, 60% of those surveyed believed that being viewed as different by others caused more distress to their children than the daily injections and finger prick tests needed to keep their children alive.¹³ A mother related a poignant story to me about her daughter, Mimi, who was diabetic. Whenever her daughter was invited to birthday events or pajama parties – in spite of strong warnings from her parents and her pediatrician about partaking of sweets, Mimi's concern about peer rejection took priority. The mother became tearful when she shared that her daughter

had paid a terrible price for her worries about being different and had become blind.

Obesity

One in four children is obese; obesity far outstrips other risk factors for being bullied. Parents of obese children rate bullying as their top health concern. Youth who deal with obesity problems are 63% more likely to be bullied than peers at a normal weight, regardless of age, sex, race or financial status.¹⁴ The Internet reveals countless studies connecting obesity to increased risk of other diseases, including links to depression and truancy. An article in the June 2010 Pediatrics Journal offers important counseling information to parents of obese children – advising them not to attempt to coerce their children into losing weight because of bullying. Obesity is a complicated problem whose solution requires more than weight loss.¹⁵ But the level of cruelty directed at these children is heartbreaking. I recall being a on a national TV show with a father who spoke about his overweight son, who was constantly taunted and tormented because of his size. The son decided to spend his summer vacation dieting. The day before school commenced, the young man looked in the mirror and decided that he had not become thin enough to please his classmates. The father then described what it was like to cut his first-born son down from the limb of a tree where he had hanged himself in their backyard.

Substance and Alcohol Abuse

Middle and high school students who engage in bullying behaviors are more likely to use substances such as cigarettes, alcohol and marijuana, according to a recent study. Ohio State School of Psychology assistant professor Kisha Radliff led a study that surveyed more than 74,000 students from public, private and Catholic middle and high schools in the Columbus area. "Basically we looked at bullying and substance use (cigarettes, alcohol and marijuana) across middle school consistent with the literature we found that bullying peaked in middle school and substance use peaked in high school," Radliff said.¹⁶ The relationship between alcohol/drug use and bullying is well documented. In a study of middle through high school students, researchers found that aggressive victims and non-victims were more likely than their non-aggressive counterparts to use drugs and alcohol. A study of 43,093 adults found that bullying was significantly correlated with lifetime alcohol/drug use. Middle and high school students who engage in bullying behaviors are also more likely to use substances such as cigarettes and marijuana. A significant finding from the study was the association between substance use and bullying as substance use varied according to the amount of bullying.¹⁷

The American Academy of Pediatrics sponsors a website that has pulled together excellent material and recommendations for parent tactics on all of these previously mentioned topics.

Truancy

According to the National Association of School Psychologists, over 160,000 students miss school each day due to the fear of being bullied.¹⁸ Data from a number of studies show the association between self-reports of truancy and delinquency. These are the most significant risk factors for predicting first-time marijuana use, they also predict 97% of first time drug use. In addition, decades of research have also identified a link between truancy and later problems in marriage, in jobs, and with violence, adult criminality and incarceration.¹⁹ The most recent data on the long lasting psychological harm for bullied children followed 1,270 North Carolina children for 20 years. "Bullied children grow into adults who are at increased risk of developing anxiety disorders, depression and suicidal thoughts," according to William E. Copeland, PhD, the lead author of the study conducted at Duke University. Jane Costello, PHD, a senior author states that "Bullying, which we tend to think of as a normal and not terribly important childhood, turns out to have the potential for very serious consequences for children, adolescents and adults."²⁰ These dysfunctional adults continue a devastating cycle as parents. When I ask students "Why

does someone become a bullier?” invariably the response is: “Because they have problems at home.”

The fascinating aspect of these new morbidities is that they are so interconnected. Imagine the possibilities if the researchers and advocates for these related issues collaborated to share important data and information to policy makers, parents and youth service providers.

Many years ago, a workshop leader at a public health conference described a public health approach to addressing community problems. The workshop presenter related the story of a village where many of the people had dysentery. Two approaches were being considered. The individual approach was to treat every person who had an intestinal disorder, while the second, a community approach, was to invest in a sewer system. It is the same with peer abuse in schools. Both approaches are imperative. We must intervene for the protection and safety of the targets who are being tormented. We must also connect with the bullying students who cause problems for their classmates because they are struggling with their own personal issues. And we mustn't forget that young witnesses pay a heavy price for watching others suffer while feeling helpless to make it stop. Too many adults have confided in me about the wounds in their souls that will never heal because of the pain they witnessed when they were young, without intervening or reporting. Simultaneously, we must change the culture, not only of our schools, but our society. If we all come together, we can create a “tipping point” as described by Malcolm Gladwell.²¹ This tipping point of motivated people could impact a culture change.

The health community has a major role to play. Kathleen Sebelius, Secretary of the Department of Health and Human Services, is partnering with Arne Duncan, Secretary of the Department of Education, as well as the Office of Safe and Drug Free Schools and the Office for Civil Rights, to give bullying prevention a strong and urgent voice. Two significant national resources can be accessed through www.stopbullying.gov and www.bullyinginfo.org. The American Academy of Pediatrics, the American Medical Association, and the American Psychological Association identified bullying as a serious problem, and took action long before the public was outraged by a rash of youth suicides. A website of the American Academy of Pediatrics, www.healthychildren.org is an extraordinary resource.

The American Medical Association Alliance gave my program, www.bullysafeusa.com, a tremendous national platform in 1998, one year before the tragedy at Columbine High School. The Centers for Disease Control and Prevention brings valuable contributions to the field, including

– “Measuring Bullying Victimization, Perpetration, and Bystander Experiences: A Compendium of Assessment Tools. “Smiles Change Lives” www.smileschangelives.org connects caring orthodontic providers with children who desperately need, but whose families cannot afford, braces.

Prevent Child Abuse America (PCAA) is speaking out to claim that bullying is a form of child abuse and making it a program priority. With support from Sigma Delta Tau, a national sorority, PCAA is collecting data that can be useful to their 50 State Chapter network and identifying opportunities for the SDT collegians to become actively involved. Parents As Teachers has included bullying prevention information for their Parent Educators. The Girl Scouts of America have produced marvelous materials on the topic. The PTA both nationally and at the local level has staked out an important role. Dan Olweus and the International Bullying Prevention Association are providing worldwide leadership. The National Education Association is continually updating training curricula. The American Bar Association House of Delegates passed a timely resolution in February 2011, as more and more legal aspects of bullying have surfaced. The Southern Poverty Law Center has used its magazine, “Teaching Tolerance” to offer compelling resources and information about bullying parameters. Bully Police encourages and keeps track of states that pass anti-bullying legislation, and then gives them an individual grade. There are countless more players, but these are the agencies and organizations that I have had direct contact with over the past twenty years. With all of this information in mind, I offer these five recommendations:

1. A National Coalition to Prevent Peer Abuse

A Resource Center, the centerpiece of such a Coalition, would coordinate the efforts of all the agencies and organizations concerned about bullying /peer abuse, all of the advocates engaged in dealing with the new morbidities as well as individuals, corporations and foundations with a passion for children. Through technology, much of the work could be handled online, and many decisions and commitments could be made within organizational structures.

In 1975, I was asked to create a model state chapter for the National Committee to Prevent Child Abuse, now known as Prevent Child Abuse America. Prior to our first Governor’s Conference for the Prevention of Child Abuse in 1976, we invited every professional and volunteer organization concerned about children in Kansas to meet with their Boards prior to a statewide Contract Conference. We asked them to attend the

conference, and be prepared to make a commitment to at least one aspect of child abuse prevention that could become part of a statewide comprehensive plan. Consequently, at the Conference, representatives from 63 organizations made a “Contract” that became part of a collaborative focus on Education, Services and Advocacy. Our Kansas Chapter followed up with every Contract and published reports of actions and successes. The following are three examples of these Contracts.

Education: A community theatre group contracted to write a play for elementary school children about Safe Touch, called “Bubbylonian Encounter.” It is still being performed, thirty-six years later in many communities, in Kansas and across the country.

Services: The Kansas Health Department (KHD) invited Dr. Marshall Klaus, co-author of *Maternal Infant Bonding*²² and a leading proponent of family-centered maternity care, to speak in Kansas. The KHD contracted to work with every hospital across the state to carry out his recommendations, which continue to this day.

Advocacy: Dr. Ray Helfer, renowned pediatrician and co-editor of *The Battered Child*,²³ came up with idea to add \$7.00 to the Marriage License Fee to be used explicitly for child abuse prevention. Our advocacy efforts followed up with that suggestion, and established the Kansas Children’s Trust Fund in 1980. That legislation led to the formation of the national Children’s Trust Fund, which over the years has dedicated hundreds of millions of dollars to child abuse prevention. Members of the Lifer’s Club at the Kansas State Penitentiary built toy boxes for Parents Anonymous chapters who were meeting at churches across Kansas. A National Coalition to Prevent Peer Abuse could engage an array of nationwide partnerships to capitalize on innovative ideas and effective information sharing. Such a resource center, when funded, could relieve the education system from the demanding burden it bears.

2. Language Change

In our pursuit of a multidisciplinary vision, it is important to address language and reasons for using various terminologies. For instance, using the term “bullier” or “students who choose to bully,” rather than “bully” is preferable since it describes the behavior performed by individuals rather than assigning them a label. I have not only relinquished the term “bully,” but I now use the term “target” rather than “victim.” Saying someone is a “victim” implies helplessness and lack of power, while “target” does not. Targets can deflect attacks. “Bystander” is a common term used to describe those who are not directly engaged, but observe. However, my conversations with students have convinced me that “witness” is stronger.

Students are very reluctant to report peer abuse for fear of retaliation, or of being labeled a tattletale or snitch. When asked to define a witness, law shows have taught these youngsters that “A witness is someone who sees what happens and has to tell the truth.” Referring to them as “witnesses,” encourages students to report bullying to adults. Adults are unable to intervene and protect students in situations that are unknown to them. A Canadian study determined that 71% of teachers say they almost always intervene in bullying situations, while students say that teachers intervene only 25% of the time. This discrepancy should not conclude that teachers don’t care – it is because many of them are unaware. They are not present when bullying occurs.²⁴

Also, as far as language goes, it would be extremely helpful to have a common definition of bullying to be used across the field. We should use language that empowers both adults and youth. For example, linking the term “peer abuse” with “bullying” would bring greater substance to the issue. I also recommend that the terms “bullies,” “targets,” and “witnesses” be adopted by the media, researchers, health professionals, and educators. Language precedes behavior, and thoughtful language can encourage thoughtful behavior. We need to alter the saying, “Sticks and stones can break your bones, but words can never hurt me,” to “Sticks and stones can break your bones, but words can break your heart.” I proposed this truer version in our first book, *Bullies & Victims*, in 1996.²⁵ When I ask young people to share how long it took for their broken bones to heal, they respond “between three weeks and one year.” When I ask them how long it takes to heal a broken heart, the answers given are “never” or “forever.” Words have power. Stories can capture hearts and minds. The language we use is an instrument of change.

3. Empower Students and Children

At a White House Conference on Bullying Prevention in March 2011, President Obama opened the session by remarking that his ears and his name did not give him immunity from bullying. He closed his remarks with these words: “Bullying is not normal and it is not inevitable.” It is not normal to receive pleasure from causing pain for someone else. It is not normal for children to be abused – by adults or their siblings or their peers. This idea must be converted to action and then we must believe that it is not inevitable. At the same White House Conference on Bullying Prevention, Student Council leaders with the Star Leadership organization were invited to participate. During the breakout sessions, those student leaders contributed significantly to the discussions. In the session I attended on Advocacy and Policies, one such leader spoke up and said:

“You can pass all the legislation and make all the policies you want, but until you get students to own the problem, bullying will never disappear.” These are such wise words. Students are not eager for lectures; they are eager to have a voice, to share their feelings and observations, and to act on their collective wisdom. They are also willing to be responsible witnesses, to do some healing for those who are hurting and attend to some of those broken hearts.

Student Empowerment Sessions that are facilitated by hundreds of counselors, educators and administrators who have participated in BullySafeUSA Train the Trainer Institutes, have generated powerful opportunities for students to own the problem and choose to change their behavior.²⁶ High school students connected with BullySafeUSA in California, Florida, Kansas, and Indiana are using their technology skills to create meaningful messages for younger students. There are many other evidence-based programs being offered as well that stimulate student ownership. Saturating schools and empowering students will make an enormous difference. I refer readers to “Effective Strategies in Combating Bullying,” by Catherine P. Bradshaw & Tracy E. Waasdorp.²⁷

4. Empathy Training

I am amazed at the number of young people who are not familiar with the concept of “empathy,” but can easily define “sympathy.” The capacity to feel empathy for others is crucial to the prevention of peer abuse. Empathy training begins at birth when infants bond with their caregivers. When the attachment process does not occur, and when abuse and/or neglect occur, empathy development can be inhibited. Home Visitor Programs that deal with infants, 0–3 years of age have a unique opportunity to imprint the empathy experience. Empathy, according to Dr. Simon Baron-Cohen, author of *The Science of Evil: On Empathy and the Origins of Cruelty*, has two parts. The first part is recognition of somebody else’s state of mind and the second part is the response element. In an interview on NPR’s Science Friday with Ira Flatow, he said that “if you could recognize that someone was in pain, for example, but you didn’t do anything about it, that wouldn’t really be empathy.” Dr. Baron-Cohen believes that empathy is not a fixed quantity. “You can learn it, it can be taught, and this is often the basis of social skills teaching.” The power of kindness can become contagious, and positive behaviors can be rewarded. Children can be encouraged at a very early age to look at situations from another perspective. Think Goldilocks and the Three Bears. A conflict mediation strategy is to talk with children about that legendary story from the view of the Bear family, who were distressed that a stranger invaded their home, ate their food and occupied their bedroom.

At the end of one of the Student Empowerment Sessions I facilitated in Illinois, a young boy with special needs asked to apologize to the entire assembly of middle school students. Tony rose from his seat and admitted that he screamed and cursed at almost everyone. And then he added: “But I do it because of the way you treat me and make fun of me all the time. I can’t help it that I’m SLOW. No one in this room would want to change places with me for even one day. If you would just leave me alone, I’ll leave you alone.” Adults and the students in that room were moved to tears by his pain and his courage. According to the school counselor, there was a dramatic change in student behavior. There are so many Tonys with physical, emotional, and neurological problems in our schools - students who are afraid to leave the classroom to take their medications because they will be taunted, students who are tormented because they are overweight, students who don’t want to go to school because they’re too depressed, and students who will never be able to confront their abusive classmates in the dramatic way that Tony did. But empathy training could be brought to every school if current and retired pediatricians went into classrooms and talked with kids about the various

kinds of health and mental health issues that many of their classmates deal with 24/7. What if those conversations led students blessed with good health to be grateful? What if Tony's story inspired them to reach out to students with wrenching challenges? At a minimum, what if they just refrained from tormenting classmates who through no fault of their own, are relentlessly struggling to survive? What if the American Academy of Pediatrics, in partnership with professional nursing and mental health organizations, orchestrated a national project to reach students' hearts? Such a project could recruit retired and/or current colleagues in every community to create an interesting script, and engage young people in challenging conversations.

5. Changing the Culture

This recommendation begins with the premise that no one segment of our society can be expected to eliminate bullying and that putting the bulk of the burden on our schools as we have done, is unjustified and unfair. The task requires change agents, who will become champions for children at every level. Parents – willing and reluctant, tech savvy and uninformed – must monitor their children's usage of computers, cell phones, iPods, etc. They must imbue their sons and daughters with values that can withstand the barrage of negative exposure their children will receive. The Reality TV show when our children were growing up was "Leave it to Beaver." Today's youngsters rush home from school to watch Jerry Springer. We have gone from Jerry Mather to Jerry Springer in our children's generation. Parents as neighbors, athletic coaches, youth leaders, social workers, artists, business owners, technology gurus, media experts, and an endless list of roles can use their spheres of influence to nurture the souls of our collective children. The Education System, with all of its change agents - from the superintendent to secretaries, principals to playground supervisors, counselors to custodians, cafeteria workers to bus drivers - everyone who has contact with kids needs to model the behavior we expect from students. There should be consequences for adults who bully, as well as for students. At a workshop session with a group of middle school students, they all began talking about Mrs. Gardner. They said that when other teachers began the new school year orientation, they spoke about homework assignments and grading systems. Mrs. Gardner, however, emphasized how important it was for them to treat each other with respect and dignity. She convinced them that learning would increase when students felt safe to give a wrong answer or to ask unknowing questions. They described Mrs. Gardner's classroom as a sanctuary when their lives were in chaos.

The Health and Mental Health Communities are collaborating to connect the dots of obesity, food allergies, juvenile diabetes and aggressive behaviors that lead to early onset of heart attacks, strokes and other physical issues. Leaders in research and practice in these fields need to get essential information into the hands of every dentist and pediatrician. All check-ups for children should include questions about generic bullying – leading to possible disclosure of personal, hurtful situations. Home visitors have a perfect opportunity to affect family systems from birth and in some cases, even in the pre-natal stage. These significant change agents can stress empathy training, impulse control, media influences and a host of social skill patterns, prior to school entrance.

The sports world has an incalculable opportunity. The fascination with sports crosses all political, financial, racial, and religious lines. Just as the Olympics holds us in its captivating grasp, inspiring us to believe in the nobility of the human spirit, athletic coaches could deliver the qualities of teamwork, self-discipline, and integrity on a daily basis.

Only the arts could compete with sports for student's hearts and minds. Through dance, music, poetry, singing and the visual arts, there are infinite possibilities for young people to receive purposeful messages about kindness and to share them, as well.

Legislators and Policy-makers can lay the foundation for standards. They can elevate the expectations for our society and hold us accountable. They must secure the funds that are necessary to wrap our arms around the young people who ache for our support, instead of finding the money to build more prisons when we fail them.

Persuading the media to keep our attention focused on the prevention of bullying /peer abuse is daunting, but why must we wait for another shooting, another suicide to be exorcised? Can someone come up with a brilliant slogan like "Don't drink and drive" that changed the habits of so many people? Or Dan Savage's phrase and subsequent media campaign, "It Gets Better" for the LGBTQ population? Can we connect with some celebrities who will care about children who are starving for kindness – children who have a hunger for compassion? How can we all become members of that sacred village that raises children to have empathy?

Before we despair about the scope of the task, let us consider how our society changed its attitudes and behavior about smoking. A small cadre of people raised the issue with little prospect of defeating the tobacco industry but they were determined and focused and passionate and ultimately, successful. Youth empowerment should be our highest

priority, and engaging youth as change agents will make the biggest difference. When I discuss the pain, rage, revenge cycle with them, I connect it to all of the global conflicts that sear our souls between countries, regions, tribes, religious groups, and political parties that have taken their pain to the most horrific revenge. I challenge this generation to stop pain whenever and wherever they are involved - and change the world. Bullying is not normal and it is not inevitable!

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