Model Review 1

Bullying in School: An Overview of Types, Effects, Family Characteristics, and Intervention Strategies

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ABSTRACT. Bullying represents a significant problem in U.S. schools, affecting approximately one in three children. The authors discuss the dynamics, types, characteristics, and consequences of school bullying. Risk factors for engaging in bullying, being bullied, and becoming both a bully and a victim are discussed. Research indicates that bullying has serious long-term negative effects on bullies, victims, and victims who turn to bullying as a coping strategy. Longitudinal relationships between childhood bullying and victimization and adult mental health outcomes such as anxiety, depression, substance use, and conduct disorders are outlined. Prevention programs, and their relative efficacy from empirical evaluations, are also presented. Finally, implications for school-based prevention services are provided.

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Over the past 30 years, clinicians and researchers have come to understand that bullying is a serious threat to healthy child development and a potential cause of school violence (Olweus, 1978). The recent school shootings in the United States have prompted many professionals to consider bullying and its impact on students. In working with children and adolescents, school psychologists and social workers need to be aware of bullying behaviors, their potentially damaging consequences for victims, and school-based interventions for preventing bullying, coercion, and violence.

Bullying is usually defined as a form of aggression in which one or more children intend to harm or disturb another child who is perceived as being unable to defend himself or herself (Glew, Rivara, & Feudtner, 2000). Typically, a power imbalance exists between the bully and the victim, with the bully being either physically or psychologically more powerful (Nansel et al., 2001). Often, the perpetrator uses bullying as a means to establish dominance or maintain status (Pellegrini, Bartini, & Brooks, 1999; Roberts, 2000). In addition, bullying behaviors tend to occur repeatedly (Nansel et al.). Such behaviors include name calling, physically assaulting, threatening, stealing, vandalizing, slandering, excluding, and taunting (Beale, 2001). Regardless of which behavior is chosen, bullying is marked by intense intimidation that creates a pattern of humiliation, abuse, and fear for the victim (Roberts, 2000).

Bullying represents a significant problem in our nation's schools. The National School Safety Center (NSSC) called bullying the most enduring and underrated problem in U.S. schools (Beale, 2001). One study found that approximately 10 percent of children in the United States experienced extreme victimization by bullying (Perry, Kusel, & Perry, 1988). In a more recent national study, nearly 30 percent of the students surveyed reported being involved in bullying in the current term as either a perpetrator or a victim (Nansel et al., 2001). This translates to 3,708,284 students reporting bullying and 3,245,904 students reporting victimization (Nansel et al.).

Bullying can be considered the most prevalent form of youth violence and may escalate into extremely serious forms of antisocial behavior. For example, the surgeon general's task force on youth violence examined several longitudinal surveys of violent offending. They reported about 30 percent to 40 percent of male and 16 percent to 32 percent of female youths committed a serious violent offense by age 17 (U.S. Department of Health and Human Services [DHHS], 2001). The most chronic form of criminal offending appears to derive from an early-onset trajectory of aggressive behavior in childhood (DHHS). Bullying peers can clearly be considered one component of this early-onset trajectory. A study by Brockenbrough and colleagues (2002) also helps to link bullying and violence. These authors conducted a survey of nearly 11,000 seventh-, ninth-, and eleventh-grade students and found that one-third of bullying victims had aggressive attitudes. The group of victims with aggressive attitudes was more likely than other victims or bullies to report that they had carried weapons to school, used alcohol, and engaged in a physical fight at school. These highly troubled aggressive victims may be at significant risk

of becoming school shooters or engaging in serious long-term delinquent behavior.

The majority of bullying incidents occur in or close to school; playgrounds and hallways are two of the most common sites for altercations (Beale, 2001; Glew et al., 2000). Generally, bullying occurs in areas where adult supervision is minimal. Whereas some studies show that bullying peaks during the middle school years, others show that the percentage of students who are bullied is greatest around the second grade and declines steadily through the ninth grade (Banks, 1999; Olweus, 1993).

Generally, researchers identify four types of bullies (Beale, 2001). Well-known in schools, physical bullies are action-oriented and use direct bullying behaviors such as hitting and kicking. This is the least sophisticated type of bullying because of the ease in identifying these bullies. Physical bullies are most commonly boys. Over time, physical bullies become more aggressive and may continue to manifest bullying behaviors into adulthood. Verbal bullies, on the other hand, use words to hurt or humiliate their victims. Bullying by this type of bully happens rapidly, making it difficult to detect and intervene. Although there are no visible scars, this type of bullying can have devastating effects. The third type is called relational bullies. Relational bullies convince their peers to exclude certain children. This type of bullying happens most often with girls and can lead to feelings of rejection at a time when social connection is critical (Crick & Grotpeter, 1995). The final type, reactive bullies, can be the most difficult to identify. These bullies tend to be impulsive, taunting others into fighting with them. Reactive bullies will fight back, but then claim self-defense.

In this article we discuss risk factors for engaging in bullying, being bullied, and becoming both a bully and a victim. We also outline longitudinal relationships between childhood bullying and victimization, family dynamics, and adult mental health outcomes. Prevention programs and implications for school personnel are presented.

Bullies

Characteristics of Bullies

Although bullies may differ in the type of aggression they use, most bullies share common characteristics. According to the NSSC, bullies are overly aggressive, destructive, and enjoy dominating other children (Carney & Merrell, 2001; NSSC, 1995). They also tend to be hot-tempered, impulsive, and have a low tolerance for frustration (Olweus, 1993). Bullies tend to have difficulty processing social information and often interpret other's behaviors as being antagonistic, even when they are not (Dodge, 1991; McNamara & McNamara, 1997). Although peers generally dislike bullies in adolescence, bullies tend to be popular with other aggressive children in earlier grades (Pellegrini, 1998). In fact, one study found that bullies reported greater ease in making friends than did other children (Nansel et al., 2001). The link between bullying and peer social status requires further clarification. Some researchers have identified popular aggressive and unpopular aggressive bully subtypes (Farmer et al., 2002). Popular aggressive bullies socialize with other popular children and do not appear to encounter significant social stigma stemming from their aggression. Unpopular aggressive bullies are typically rejected or neglected by other children and may use aggression as a way to get attention. However, with their teachers and other adults, both types of bullies tend to act aggressively and may actually frighten some of these adults because of their physical strength and defiant attitude (Olweus, 1993).

Most bullies have a positive attitude toward violence, particularly as a means to solve problems or get what they want (Carney & Merrell, 2001; Glew et al., 2000). Often, bullies are "rewarded" with cigarettes, money, and prestige as a result of their aggression (Olweus, 1993). They also use bullying behaviors to gain or maintain dominance and tend to lack a sense of empathy for their victims (Beale, 2001). Many bullies do not realize the level of their aggression (NSSC, 1995). Researchers have also found that bullies are more likely to be involved with other problem behaviors, such as drinking and smoking (Nansel et al., 2001). In addition, bullies usually lack problem-solving skills and tend to externalize their problems as a means of coping (Andreou, 2001). They also show poorer school achievement and demonstrate a dislike of the school environment, particularly in middle school (Nansel et al.; also see DHHS, 2001).

Finally, a debate exists in the literature as to whether bullies suffer from low self-esteem. Some researchers suggested that bullies have either average or lower-than-average levels of insecurity (Glew et al., 2000). In contrast, other studies showed that bullies of both primary and post-primary school age had significantly lower global self-esteem scores than children who had not bullied others (O'Moore & Kirkham, 2001).

Family Background

Research suggests that the families of bullies are often troubled (Olweus, 1994). Generally, bullies' parents are hostile, rejecting, and indifferent to their children. The father figure in these homes is usually weak, if present at all, and the mother tends to be isolated and may have a permissive parenting style (Curtner-Smith, 2000; Olweus, 1978); thus, supervision of the children's whereabouts or activities tends to be minimal (Roberts, 1988). When parents are aware of their child's aggressive behaviors, many dismiss them as a rite of passage or as "boys being boys" (McNamara & McNamara, 1997). Research suggests that the bully's level of aggression will increase if the caretaker con-

tinues to tolerate aggressive behaviors toward the child's peers, siblings, and teachers (Olweus, 1993).

Discipline in these homes is usually inconsistent (Carney & Merrell, 2001). Parents of bullies tend to use power-assertive techniques to manage behavior (Pellegrini, 1998; Schwartz, Dodge, & Coie, 1993). Punishment is often physical or in the form of an angry, emotional outburst and is often followed by a long period of time in which the child is ignored (Roberts, 2000). As a result, these children learn that aggression can be used as a means to an end. Bullies imitate the aggressive behaviors they see at home to obtain their goals (Patterson, Capaldi, & Bank, 1991; Roberts, 2000). Some researchers refer to this coercive cycle of violence to explain the "continuous, intergenerational perpetuation of aggressive behavior" (Carney & Merrell, p. 370).

Short- and Long-Term Effects of Bullying

Many bullies experience mental health difficulties. One study found that, among bullies, nearly one-third had attention-deficit disorder, 12.5 percent had depression, and 12.5 percent had oppositional-conduct disorder (Kumpulainen, Rasanen, & Puura, 2001; see also, Kaltiala-Heino, Rimpela, & Rimpela, 2000). Also, highly aggressive bullies have been found to possess personality defects such as having a positive attitude toward physical aggression (Andreou, 2001; Olweus, 1978). Furthermore, one study found that bullies tend to engage in frequent excessive drinking and other substance use more often than victims or bully–victims (Kaltiala-Heino et al.). Research has found that, as adults, bullies often display externalizing behaviors and hyperactivity (Kumpulainen & Rasanen, 2000). Finally, being a bully has been associated with antisocial development in adulthood (Kaltiala-Heino et al.; Olweus, 1994; Pulkkinen & Pitkanen, 1993).

Children who bully others often experience long-term effects and consequences as a result of their bullying. According to NSSC, a disproportionately high number of bullies underachieve in school and later perform below potential in employment settings (Carney & Merrell, 2001; NSSC, 1995). In addition, studies have found that by age 30 bullies were likely to have more criminal convictions and traffic violations than their less-aggressive peers (Roberts, 2000). A 1991 study found that 60 percent of boys who were labeled as bullies in grades 6 through 9 had at least one criminal conviction by age 24 and 35–40 percent of these boys had three or more convictions by this time (Glew et al., 2000; Olweus, 1995). These adults were also more likely to have displayed aggression toward their spouses and were more likely to use severe physical punishment on their own children (Roberts, 2000). In addition, research suggests that adults who were bullies as children tend to have children who become bullies (Carney & Merrell; NSSC). Thus, aggressive behaviors may continue from one generation to the next.

Victims

Characteristics of Victims

Victims, in contrast to bullies, are the recipients of peer abuse. The majority of bullying victims, about two-thirds, are passive or submissive; the remaining one-third appear to have aggressive attitudes (Brockenbrough et al., 2002). Physically, victims tend to be small in stature, weak, and frail compared with bullies; thus, victims are often unable to protect themselves from abuse (McNamara & McNamara, 1997). These physical characteristics are particularly poignant for placing boys at risk of victimization. In addition, victims may have "body anxiety," fear getting hurt, and have a negative attitude toward violence. They also may be unsuccessful at sports or other physical activities (Olweus, 1993). When attacked, many victims react by crying or withdrawing, especially those in lower elementary school grades.

Victims also tend to be more quiet, cautious, anxious, insecure, and sensitive than most other children and have rather poor communication and problem-solving skills (Glew et al., 2000). As a result, these children tend to initiate conversation less than other children and lack assertiveness skills (Schwartz et al., 1993). Consequently, many victims are abandoned by other children, have few to no friends, and are often found alone on the playground or at lunchtime (Olweus, 1993). One study found that victims of bullying demonstrated poorer social and emotional adjustment, greater difficulty making friends, fewer relationships with peers, and greater loneliness (Nansel et al., 2001). Another study found that many victims relate better to adults such as parents and teachers than their own peers (Olweus, 1993).

In addition, victims tend to suffer from poor self-esteem (O'Moore & Kirkham, 2001). They often see themselves as failures—unattractive, unintelligent, and insignificant. Because of these negative cognitions, victims may wrongly blame themselves for the bullying (Carney & Merrell, 2001). Lacking sufficient self-esteem and assertiveness to stand up for themselves, victims are usually not willing to report the bullying. This unwillingness to disclose their victimization may act as a signal for bullies and may cause these victims to be targeted repeatedly. Academically, victims may perform average or better in elementary school, but usually tend to be less successful than other children in middle school (Olweus, 1993). This deterioration in academic performance may be due to the negative impact of the bullying experience on the victim's sense of bonding or engagement with school.

Family Background

Generally, victimized children come from families that tend to be overprotective and sheltering because they realize that the child is anxious and insecure. As a result, parents may avoid conflict because they believe their child would not be able to cope. However, by

avoiding conflict, parents fail to teach their child appropriate conflict resolution skills (McNamara & McNamara, 1997). Many parents become overly involved in their child's activities to compensate for their child's social deficiencies. Researchers believe that the family's tendency to shelter their child may serve as both a cause and a consequence of bullying (Olweus, 1993).

Short-Term Effects of Victimization

Victims may gradually see themselves as outcasts and failures. Studies suggest that victimization has a significant positive correlation with several internalizing disorders, such as anxiety and depression (Brockenbrough et al., 2002; Kaltiala-Heino et al., 2000). This link between victimization and internalizing disorders is particularly strong for adolescent girls and may contribute to the development of eating disorders (Bond, Carlin, Thomas, Rubin, & Patton, 2001). One study found that attention-deficit disorder was common among victims (Kumpulainen et al., 2001). This connection with attention-deficit disorder is understandable considering that these children may feel the need to constantly monitor their environment, anxiously anticipating the next victimization episode.

Victims of bullying often suffer from one or more of the following: chronic absenteeism, reduced academic performance, increased apprehension, loneliness, feelings of abandonment, and suicidal ideation (Beale, 2001; Roberts & Coursol, 1996). Because the bullying most often occurs at school, many victims are reluctant or afraid to go to school and may develop psychosomatic symptoms such as headaches or stomach pains in the morning. One study found that 7 percent of U.S. eighth graders stayed home at least one day a month because of bullying (Foltz-Gray, 1996). Other researchers reported that more than one in five middle school students said that they avoid restrooms at school out of fear of being bullied, and another study suggested that at least 20 percent of all students are frightened during much of their school day (Glew et al., 2000; Hazler, Hoover, & Oliver, 1992).

Victims may also experience physical injury (bruises, cuts, and scratches), torn clothing, and damaged property as a result of the bullying. To appease bullies and avoid injury, victims may request or steal extra money from family members. At night, victims may experience difficulty sleeping and have nightmares (McNamara & McNamara, 1997). Victims are more likely than non-victims to bring weapons to school to feel safe or to retaliate (Brockenbrough et al., 2002). It is more common, however, for victims to internalize their problems. Unfortunately, victims sometimes attempt suicide (Olweus, 1993).

Long-Term Effects of Victimization

Victims also experience negative long-term effects as a result of childhood bullying. Because victims tend to miss many days of school, their achievement level tends to be lower than their peers and many do not achieve their academic potential (McNamara & McNamara, 1997). In addition, at age 23, former victims tend to be more depressed and have poorer self-esteem than non-victimized young adults (Olweus, 1993). Hugh-Jones and Smith (1999) found that one-half of former victims reported long-term effects of being bullied as a child, mostly affecting their personal relationships in adulthood. Researchers have indicated that male victims experience psychosocial difficulties such as inhibition with women during adulthood and may have problems in their sexual relationships (Gilmartin, 1987). In extreme cases, former victims have carried out acts of retribution, including murder, against former bullies (Carney & Merrell, 2001).

When former victims have their own children, they may overreact to behaviors that they perceive as bullying, contributing to an intergenerational cycle of overprotection (McNamara & McNamara, 1997). This may inhibit the development of conflict resolution skills in their children, placing the children at heightened risk of becoming the next generation of victims. The risk of victimization may be transferred by genetic predisposition for a small body, by the perpetuation of overprotective parenting, and by negative cognitions that children internalize.

Bully–Victims

Characteristics of Bully–Victims

Also called reactive bullies or provocative victims, these children both bully others and are bullied themselves. Bully–victims are characterized by anxious and aggressive behavior (Olweus, 1995). Students indicate that these children both start fights and are picked on (Schwartz, Dodge, Pettit, & Bates, 1997). This group of children is often victimized, but also tends to tease or provoke bullies (Glew et al., 2000). When bullies respond to this provocation, a physical fight may occur between the children. Bully–victims fight, but then claim self-defense (Beale, 2001). Although this has been described as a common scenario for bully–victim interactions, it is only one of a number of possible altercations that might characterize aggressive bully–victims. Another bully–victim scenario may be that of the humiliated school shooter who explodes in a burst of violence when he can no longer cope.

Bully–victims can be difficult to identify. Olweus (1995) found that only a minority of victims could be identified as bully–victims. However, a U.S. study found that if a child is a victim, he or she has an equal chance of being a passive victim or a bully–victim (Perry, Kusel, & Perry, 1988). Brockenbrough and colleagues (2002) surveyed 10,909 students in grades 7 through 11 and reported that approximately 30 percent of bullying victims had aggressive attitudes (i.e., were bully–victims). They found that this group reported carrying weapons, using alcohol, and engaging in

physical fights more often than nonaggressive victims or nonvictims.

Bully–victims are often hyperactive and have attention problems. In the classroom they tend to annoy other students and regularly cause aggravation (Carney & Merrell, 2001). Bully–victims are often labeled as "hot-tempered" and may react with hostility toward students who accidentally provoke them (e.g., bumping into the bully–victim may precipitate unwarranted retaliation [Pellegrini, 1998]). Not surprising, these children usually elicit negative reactions from other children and are not socially accepted by their peers (Andreou, 2001). Furthermore, many teachers do not like bully–victims and may give the message to the class that these children deserve to be victims if they initiate negative interactions (McNamara & McNamara, 1997). Most bully–victims have low self-esteem, high neuroticism, and serious deficits in problem-solving abilities (Andreou; Mynard & Joseph, 1997). One study found that bully–victims viewed themselves as more troublesome, less intellectual, less physically attractive, more anxious, less popular, and unhappier than pure bullies (O'Moore & Kirkham, 2001).

Family Background

Bully–victims usually come from troubled homes. These children frequently describe their parents as inconsistent (overprotective and neglectful) and sometimes abusive (Bowers, Smith, & Binney, 1994). Bully–victims claim that their families are low in warmth and lack parental management skills (Pellegrini, 1998). There is some evidence that the parents of bully–victims use power-assertive techniques with their children (Pellegrini). Research suggests that bully–victims learn hostile behaviors at home and use these schemas to view the rest of the world as antagonistic and untrustworthy (Bowers et al.).

Short- and Long-Term Effects of Bullying and Victimization

Most bully–victims suffer from low self-esteem and have a negative self-image. The frequency of bullying and victimization episodes appears to predict feelings of self-worth (O'Moore & Kirkham, 2001). Among bully–victims in one study, 21.5 percent had oppositional-conduct disorder, 17.7 percent had depression, and 17.7 percent had attention-deficit disorder (Kumpulainen et al., 2001). These bully–victim rates for oppositional-conduct disorder and depression were higher than the rates for these disorders in children who were bullies only. Another study found that bully–victims, compared with bullies or victims, had the greatest risk of depressive symptoms, anxiety, psychosomatic symptoms, eating disorders, and co-occurring mental health problems (Kaltiala-Heino et al., 2000). In addition, bully–victims were at significant risk of drinking and substance use as adolescents. Children who are bully–victims at younger ages not only have more psychiatric symptoms when compared with other children, but also have more psychiatric symptoms later in life (Kumpulainen & Rasanen, 2000).

Because research on bully–victims is still in its infancy and this is a relatively small group of children, researchers are still trying to understand the full range of bully–victim behaviors and relationship dynamics.

Interventions and Implications for Clinical Practice in Schools

Several strategies exist for intervening in bullying. Some programs focus on intervening with either the victim or the bully; others take a systemic approach, addressing bullying behavior at multiple levels. Interventions for youth violence are also noteworthy. These interventions commonly have multiple components that address family and school contexts.

Bullying Prevention Programs

The Olweus Bullying Prevention Program. The Olweus Bullying Prevention Program (Olweus & Limber, 2000) is a comprehensive intervention and is probably the most widely recognized program for addressing bullying. The program targets students in elementary and middle school and relies on teachers and school staff for implementation. The program prompts school personnel to create a school environment that is characterized by warmth and involvement, has firm limits on unacceptable behavior, consistently applies non-hostile consequences to violations of rules, and allows adults to act as both authority figures and role models.

Initially implemented in Norway, researchers reported that the program was associated with substantial reductions, by 50 percent or more, in the frequency with which students reported being bullied and bullying others (Olweus & Limber, 2000). In addition, Olweus (1993) reported significant reductions in students' reports of general antisocial behavior and significant improvements in the social climate of the school. Program effects appeared to be cumulative, with some effects stronger at 20 months follow-up than at eight months postintervention. Program replications (Melton et al., 1998; Olweus & Limber, 2000; Whitney, Rivers, Smith, & Sharp, 1994) also reported positive results. Although reductions in bullying were significant, decreasing 16 percent to 35 percent, these effects were smaller than those found in the original study.

The Bullying Project. The Bullying Project (Davis, 2002) is based on the Olweus research in Norway. In addition to adopting a schoolwide zero tolerance policy on bullying, students are taught how to stand up to bullies, how to get adult help, and how to reach out in friendship to students who may be involved in bullying situations. This project also includes interventions for both the bully and the victim. With the bully, counseling is suggested, with sessions that focus on acknowledging actions, empathy development, or restitution. For the victim, various forms of support are sug-

gested—physical protection, support group participation with other victims, or individual therapy. Expressive arts therapies are recommended so that victims can write, act out, draw, or talk about their experiences. It is critical for victimized children to articulate their thoughts and feelings so that internalized negative messages can be countered with positive ones. No formal program evaluation data is available for the Bullying Project.

Bullybusters. Bullybusters (Beale, 2001) is an anti-bullying campaign geared to elementary and middle school students. The main focus of the campaign is the performance of the play "Bullybusters." Students act out short skits about common bullying situations in schools to begin classroom discussions. After the skits, the principal explains to the students that the school has a zero tolerance policy for bullying and asks the students to take positive steps to alleviate bullying in the school. Bullybusters has not been formally evaluated, but teachers in the schools where the program was implemented reported that students seemed to be more willing to report bullying behaviors. Administrators in charge of student discipline also reported a 20 percent reduction of bullying incidents during the first year of the program (Beale).

Additional Intervention Strategies

Behavioral contracts and social skills training may be helpful for some bullies (Morrison & Sandowicz, 1995). Also, bullies must be aware of school policies on bullying and should be held accountable if a rule is broken. Because bullying is often committed by a group of children against a single victim, each child in the bullying group may need a chance to speak, seek support, and receive help to change his or her behavior. Bullies often need long-term counseling services (Roberts & Coursol, 1996).

Interventions for victims are less common. Many victims cope by trying their best to be invisible. School psychologists and social workers should seek out children who may be victims of bullying. This is extremely important because most victims will not come forth and ask for help. For most victims, being bullied is shameful and frightening. Victims typically want to hide and do not want to discuss this issue. For some victims, coming to talk about being bullied may cause embarrassment. Social workers and psychologists, therefore, need to be gentle and sensitive with victims, normalize the experience, and make sure the session is not humiliating for the child.

The school psychologist or social worker should work to break the victim's isolation. If the victim can make and maintain one friendship with a peer, the painful consequences of bullying would markedly decrease and long-term loss of self-esteem may be avoided. Psychologists or social workers might also try pairing the victim with an older, supportive peer in a big brother or buddy program to break the victim's sense of isolation and loneliness. This may also provide some protection and possibly some social status for the victim. Outreach is a critical component because of the nature of bullying. It is not exaggerating to say that the school psychologist's or social worker's efforts to be a friendship broker at this critical time may have a significant impact on this vulnerable child's life that reaches well into adulthood. Generally, interventions for victims should focus on supporting the victim, providing counseling, and building friendships between the victim and supportive peers.

Bullying prevention has linkages to youth violence prevention programming. The research literature on youth violence prevention makes clear that focusing only on the behavior to be eliminated is less effective than having a simultaneous focus on constructing a positive context that is inconsistent with bullying and coercion. Multicomponent interventions that focus on the child, his or her family, the school, and the community appear to be particularly efficacious. A number of longitudinal investigations have empirically tested multi-component interventions (see for example, Conduct Problems Prevention Research Group, 1999; Hawkins, Catalano, Kosterman, Abbott, & Hill, 1999; Tremblay, Pagani-Kurtz, Masse, Vitaro, & Pihl, 1995). The *Surgeon General's Report on Youth Violence* (DHHS, 2001) is an excellent guide that classifies ineffective, promising, and model intervention programs based on empirical evidence.

In the school environment, psychologists and social workers are often in the best position to intervene at multisystem levels. School psychologists and social workers may detect bullying more easily than other school personnel because they understand the signs and symptoms of aggressive behavior and victimization that signal a bullying problem. Teachers might refer children who are involved in bullying situations to school psychologists and social workers for other reasons (for example, conduct problems, depression, and sudden drops in academic performance). School psychologists and social workers are also in a good position to help put policies into place that take a comprehensive, schoolwide approach to preventing bullying.

The key ingredient in many bullying interventions is maintaining a zero tolerance policy with swift and serious consequences for engaging in bullying. This policy makes a strong statement about what the school, as a community, is willing to endure. All other strategies sit on this foundation. Overall, psychologists and social workers should target the atmosphere of the school to ensure that students feel safe. Of utmost importance is constructing a culture of respect and recognition where bullying is not only not tolerated but is not necessary. In such a context, everyone works to ensure that there are no social payoffs for bullying and that consequences for bullying behaviors are clear, direct, and immediate. In addition, those who have previously been involved in bullying can be guided to

discover alternative forms of personal power and more effective ways to obtain recognition or vent their frustrations.

The following proven strategies can help fashion a school culture that promotes respect, recognition, learning, safety, and positive experiences for all students:

- Reach out to victims.
- Set and enforce clear rules and consequences for bullying behaviors.
- Supervise students during breaks, especially on playgrounds, in restrooms, and in busy hallways.
- Engage classes in discussion and activities related to bullying so that students who might otherwise watch passively become empowered to intervene and victims are allowed to have a voice without shame.
- Encourage active participation by parents and other adults, making this a community issue that is addressed by community action.

Conclusion

Bullying is a serious threat not only to those involved, but also to the entire school environment. With 30 percent of children reporting involvement in a bullying situation, it is obviously an urgent problem that negatively affects the lives of many children (Nansel et al., 2001; Olweus, 1993). Bullying creates short- and long-term consequences for both the victim and the bully. Victims may suffer from low self-esteem, loneliness, depression, anxiety, absenteeism, and academic difficulties. Some victims may resort to violence as a response to bullying, either by taking their own lives or harming other students. Bullies also experience long-term problems such as low academic achievement, mental health difficulties, substance abuse, and criminality later in life. In addition, students not directly involved in bullying may witness these behaviors. This large, silent majority may not feel safe at school and this, in turn, may negatively affect the learning process for many students.

Many interventions have been developed to deal with bullying in the school environment. However, most of these interventions have not been formally evaluated. The most prominent intervention is the Olweus Bullying Prevention Program. This program takes a comprehensive approach to bullying, has been evaluated in multiple studies, and has demonstrated impressive results in reducing bullying behaviors. Although they are not focused on bullying exclusively, youth violence prevention efforts, especially multicomponent ones, also address important concerns (for example, social skills training, conflict resolution, and parenting training) associated with bullying, coercion, and aggression. There are excellent resources, such as the Surgeon General's Report on Youth Violence (DHHS, 2001), to guide the selection of interventions.

When bullying is tolerated, the whole school environment is tainted and students are unable to learn, grow, and interact in a safe, positive atmosphere. School psychologists and social workers can help reduce bullying by implementing effective interventions and working to create a school environment that prioritizes respect, recognition, security, and growth for all students.

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Exercise for Review 1

Directions: Answer the following questions based on your opinions. While there are no right or wrong answers, be prepared to explain the bases for your answers in classroom discussions.

1. Did the reviewers convince you that the topic of the review is important? Explain.
2. Is the review an essay organized around topics (as opposed to a string of annotations)? Explain.
3. Is the number of headings and subheadings adequate? Explain.
4. Is the tone of the review neutral and nonemotional? Explain.
5. Overall, does the review provide a comprehensive, logically organized overview of the topic? Explain.
6. Is the conclusion/discussion at the end of the review appropriate in light of the material covered earlier? Explain.
7. Are the suggestions for future research, if any, appropriate in light of the material reviewed? Explain.
8. Are there any obvious weaknesses in this review? Explain.
9. Does this review have any special strengths? Explain.
10. What is your overall evaluation of this review on a scale from Excellent (10) to Very Poor (0)? Explain.

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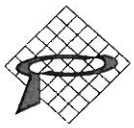

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