



## **Policy Statement: Bullying**

Bullying is defined as a form of intentional maltreatment characterized by the repeated exposure of one person to physical aggression by one or more people; becoming a victim of teasing, name calling, mockery, threats, harassment, taunting, and/or social exclusion; becoming a victim of malicious rumors; or being dared to do something dangerous, inappropriate or against one's will in order to gain acceptance, approval or avoid loss of support.

Bullying is a public health problem prevalent around the world and occurs in a variety of settings, including the school environment, internet, home and workplace. Bullying can occur verbally, physically, in writing or through communication transmitted via an electronic device such as a telephone, cellular phone, pager or computer.

While bullying can occur along the lifespan, children are especially vulnerable to its harmful effects such as declining performance in the classroom and, most especially, its impact on a child's health. Children who are either victims or perpetrators of bullying are at high risk of suffering from an array of health hazards, including headaches, stomachaches, dizziness, backaches, depression or sadness, irritability, bad temper or frequent anger; anxiety or frequent worries, and difficulties falling asleep. During the last two decades, bullying has been linked to hundreds of deaths from suicide, accidental injuries, and homicide. Children who are either victims or perpetrators of bullying are also at risk for engaging in behaviors that threaten the health and life of other children and themselves. These behaviors include suicide plans or attempts, self-injuries, physical fights, and carrying weapons.

As the largest non-governmental provider of pediatric care in the District of Columbia and one of the nation's leading children's hospitals, Children's National Medical Center is committed to the prevention and treatment of bullying. A comprehensive plan to effectively address and combat bullying should include these strategies:

### **Role of the Family**

There is an urgent need to address longstanding cultural perceptions that bullying is a normative part of child development. Changing these perceptions starts with the family unit. Families need to be aware that children who bully outside the home are frequently witnesses to bullying behavior by parents, siblings, and other family members inside the

home. Families should engage in behaviors that prohibit and do not tolerate bullying. Parents should also be educated about the harmful effects of bullying on children.

### **Role of the School**

Traditionally, schools have been at the forefront of helping to safeguard the health and safety of their students by contributing to the prevention and detection of public health hazards. As such, the school's role in utilizing resources to safeguard students from bullying is appropriate and necessary. This includes:

- Developing and implementing a policy prohibiting bullying in schools; standard consequences and remedial actions for persons committing acts of bullying; and procedures for reporting and investigating acts of bullying with safeguards against any threat of retaliation or liability for those who report;
- Monitoring and detecting ongoing bullying incidents;
- Developing and implementing a policy that allows schools to detect and screen for health and mental problems affecting children who are identified as either victims or perpetrators of bullying, with parental consent;
- Providing appropriate training to school counselors and/or nurses to counsel children who are identified as either victims or perpetrators about the harm inflicted by bullying, while also helping them to develop respect, empathy, tolerance and sensitivity for others;
- Utilizing school counselors or school nurses to refer children who experience physical and psychological symptoms linked to bullying for medical evaluation and treatment, with parental consent;
- Requiring students to pledge that they will not bully other students during school activities and report incidences of bullying, whether or not they are directly involved in the incident, and not engage in negative behaviors toward others who report bullying incidents;
- Promoting public awareness about the nature, toxicity and prevention of bullying; and
- Developing a safe school environment through evidenced-based prevention and intervention bullying programs that enhance mutual respect, sensitivity and support of others, tolerance to diversity and disapproval of bullying

### **Role of the Healthcare Provider**

The pediatric health community has an important role to play in the prevention of bullying and youth violence. The pediatrician's role should include:

- Maintaining an accurate database of community-based counseling and treatment resources and, as applicable, making the database available as part of an electronic health record system;
- Advocating for bullying awareness by teachers, educational administrators, parents and children coupled with adoption of evidence-based prevention programs;
- Advocating for the protection of children from exposure to firearms; and
- Participating in practice-based research into youth violence prevention.

## **Role of the Workplace**

Employers should adopt a zero-tolerance policy toward employees who are found to be perpetrators of bullying. Employers should also provide access to appropriate services for employees who are either victims or perpetrators of bullying.

*Approved by Children's National Advocacy and Public Policy, Inc.: April 11, 2011*

*Approved by Children's National Board of Directors: June 8, 2011*