While the psychological effects of individual acts of physical violence (such as the high profile events that are made visible by the media) are profound, similar psychological damage results from the more regularly–occurring, although often under–recognized, acts of interpersonal aggression among youth. Peer victimization, or bullying, occurs through a variety of mechanisms, including harm through physical or verbal means, as well as through exclusion from social groups. Bullying happens in all the settings where youth exist, including at schools, in neighborhoods, and online.

Whatever the means or setting, bullying instills a sense of vulnerability, isolation, and fear in its victims, and affects the general sense of safety at school. While the dynamics of peer victimization are complex, threats, intimidation, rumor, and ostracism have consistently been found to be related to persistent problems in functioning, including: loneliness and dissatisfaction with social relationships (Kochenderfer–Ladd & Wardrop, 2001); emotional distress, including depression, anxiety, and withdrawal (see Hawker & Boulton, 2000 and Kochenderfer–Ladd & Ladd, 2001 for reviews); disruptive behavior problems, including aggression, hyperactivity, impulsivity, and conduct problems (Hannish & Guerra, 2002; Paul & Gillessen, 2003); high–risk behaviors, such as alcohol and drug use (Sullivan, Farrell, & Kliwer, 2006); and nonsuicidal self–injurious behavior and suicidal ideation (Heilbron & Prinstein, 2010).

In addition to its effects on emotional and behavioral health, experiences of persistent bullying can have a profound effect on learning. They have been linked to declines in school attendance (Kochenderfer & Ladd, 1996); school connectedness (You, Furlong, Felix, Sharkey, & Tanigawa, 2008); reduced engagement and control of attention and emotional responses in the academic environment (Iyer, Kochenderfer–Ladd, Eisenberg, & Thompson, 2010); and impaired academic achievement, including class grades and standardized test scores (see Nakamoto & Schwartz, 2009 for meta–analytic review).

In sum, peer aggression results in reduced ability to organize and deploy cognitive and emotional resources in order to learn. These persistent acts of aggression between students, when ignored, create a social norm that will eventually undermine the perceived safety and school climate for all members of the school community, including children who are not directly involved, as well as staff and family members.

In order to combat bullying, schools must provide a variety of resources for all students, including victims, aggressors, and bystanders. The remainder of this What Works Brief focuses on prevention and intervention efforts for the victims of bullying and peer aggression. In order to inform the selection of a more thorough continuum of care, the reader is referred to other What Works Briefs on Physical & Emotional Violence Perpetration (#5); Perceptions of Safety (#3); and Harassment & Bullying (#7).
QUICK WINS: WHAT TEACHERS & OTHER ADULTS CAN DO RIGHT NOW

Be prepared

» Educate yourself on the difference between bullying and other forms of aggression in youth, including discriminatory harassment. Visit stop-bullying.gov to watch the following webinar: Bullying Intervention: What Works

» Maintain clear, predictable rules for interpersonal communication and behavior in your classroom.

» Be a “safe space” where students can report their experiences of bullying in confidence.

» Thoughtfully integrate activities that address issues of bias and stereotyping through your classroom curriculum.

» Read and implement strategies from the following What Works Briefs: Caring Relationships & High Expectations (#1); Meaningful Opportunities for Learning (#2); School Connectedness (#4); and Harassment & Bullying (#7).

Take action

» Take careful notice of students who appear isolated from peers. For example, those students who are often not selected in work groups or who are often left out of conversations. Do your best to connect with those particular students by offering genuine empathy while also referring them to student assistance teams or counselors.

» Help isolated students develop friends by noticing their interests and thoughtfully pairing them with similar peers.

» Be a role model: jump in immediately when you see bullying, reward peer ally behavior, and never play favorites.

» Validate that bullying is not their fault.

» Refocus students toward their hobbies and interests, where they have the most power and control.

» Encourage witnesses to support victims outside of the bullying situation, like eating meals with them, talking to them in the hallways, pairing with them on projects, and supporting them when they report to an adult.

» Advocate for media and technology education at school—help children learn to protect themselves online.
Universal supports are provided throughout the school, to all students. To reduce the odds that physical and emotional victimization will occur, these supports are woven through the policies and practices of the school, and include professional development opportunities for staff. Because they generally require more planning across people, programs, or communities, universal supports may take longer to implement than “quick wins.”

**10 “Best Practices” for bullying prevention & intervention**

1. Focus on the social environment of the school.
2. Assess bullying at your school.
4. Form a group to coordinate the school’s bullying prevention strategies.
5. Train your staff in bullying prevention.
6. Establish and reinforce school rules and policies related to bullying.
7. Increase adult supervision in hot spots where bullying occurs.
8. Intervene consistently and appropriately in bullying situations.
9. Focus some class time on bullying prevention.
10. Continue these efforts over time.

More information about each can be found at: stopbullying.gov/community/tip_sheets/best_practices.pdf

**AVOID peer mediation & peer counseling in cases of bullying**

Learn to distinguish between cases of one-time harassment and chronic victimization, or bullying. Peer-based interventions have been found to be unhelpful, and even harmful, for victims of bullying.
Targeted supports include those resources that are provided to meet the specific needs of students who have been the targets of bullying, or have been injured physically or emotionally by acts of aggression at school. Many of the interventions for targets of bullying focus on building social and emotional competencies, including: coping skills, such as stress reduction skills; emotional regulation skills; and social problem-solving skills. Often times, this work occurs in the one-to-one setting with a trained psychologist, counselor, or therapist. Therefore, the first line of action is for schools to identify referral resources in the community.

Establish Learning Support Teams (LSTs)

Learning Support Teams (LSTs) are established to locate school and local resources, including agencies that provide family and youth health and mental health services; identify school needs and existing resources; and coordinate service delivery across programs and settings. LSTs are used to reduce fragmentation in service availability and ensure that resources are delivered to appropriate students.

For more information on LSTs, visit the UCLA Center for Mental Health in the Schools: smhp.psych.ucla.edu

Establish Student Assistance Programs (SAPs)

Student Assistance Programs (a.k.a., Student Assistance Teams, Child Study Teams, Student Study Teams) are established to perform a number of important duties, including: (1) providing a process within which teachers can refer students that appear to be at-risk; (2) providing a process within which administration can refer students who appear to have behavioral and/or emotional difficulties stemming from challenging life situations; and (3) connecting students to appropriate resources, both at school and within the community. SAPs usually include teachers, administrators, and student assistance staff (counselors, psychologists, speech therapists).

For more information on SAPs, visit:

- The California SAP Resource Center casapresources.org/home.php
- The UCLA Center for Mental Health in the Schools smhp.psych.ucla.edu

Interventions Programs that Can Be Implemented with School Staff & Peers

SAFE SCHOOL AMBASSADORS® (SSA) (community-matters.org/safe-school-ambassadors) empowers student leaders from the diverse groups and cliques on campus and equips them with nonviolent communication and intervention skills to stop bullying and violence among their peers. Check out Safe School Ambassadors: Harnessing Student Power to Stop Bullying and Violence (#4620) from the California Healthy Kids Resource Center: california-healthykids.org/Pages/product.html?record@R4620.

Some students who have been bullied may benefit most from interventions in a one-on-one setting with a trained psychologist, counselor, or therapist. In these cases, it is recommended for schools to identify referral resources in the community. Community agencies often employ the types of skilled staff and evidence-based therapeutic interventions that may not be available in the school setting.

Trained professionals, either in the community or at school, may consider implementing any of the following evidence-based programs only after a thorough student needs assessment:

SOS SIGNS OF SUICIDE is a two-day high school-based intervention that includes screening and education. Students are screened for depression and suicide risk and referred for professional help as indicated. http://nrepp.samhsa.gov/ViewIntervention.aspx?id=53

COPING CAT is a cognitive behavioral treatment that assists students in (1) recognizing anxious feelings and physical reactions to anxiety; (2) clarifying cognition in anxiety-provoking situations (i.e., unrealistic expecta-
(3) developing a plan to help cope with the situation (i.e., determining what coping actions might be effective); and (4) evaluating performance and administering self–reinforcement as appropriate. The intervention uses behavioral training strategies with demonstrated efficacy, such as modeling real–life situations, role–playing, relaxation training, and contingent reinforcement. Throughout the sessions, therapists use social reinforcement to encourage and reward youths, and youths are encouraged to verbally reinforce their own successful coping.


