

Bullying Prevention: Wisconsin Takes a Stand

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INTRODUCTION

Bullying in our schools and neighborhoods is a significant problem for our youth. Over the past decade, professionals in Wisconsin from education, medicine, psychology, public health, and social work have worked to prevent bullying among our youth as part of a larger violence prevention effort. In this paper, we will provide an update on many of these efforts, including an overview of victimization and mental health implications; the impact of gender roles; and discussion of several bullying prevention initiatives, including a new prevention program in Southeastern Wisconsin, a school-based program being implemented across Wisconsin, and an update on the state health plan's bully prevention components. Finally, this article provides a number of resources for professionals and families to learn more about prevention of bullying in Wisconsin and the United States, and strategies for future bullying prevention.

MENTAL HEALTH AND BULLYING

Much like mental illness, bullying cuts across all ages, economic levels, and races.¹ The National Institutes of Health (2000) recently reported that more than 5 million US students in grades 6-11 encounter regular bullying by peers. One out of 7 students reported being victimized.² Bullying negatively impacts both the victims

and the bullies themselves. Bullying behaviors may lead to long-term consequences. Aggressive behavior during childhood leads to other physically aggressive acts, violence, and delinquency. Bullies face peer rejection and social isolation. This type of rejection puts the bully at risk for depression and suicidal ideation.³ Additionally, these bullying behaviors follow youth from the classroom to workplace, potentially limiting personal and career success.¹ Bullying youth may become bullying adults and are more likely to become child and spouse abusers. Bullies identified by age 8 are 6 times more likely to have a criminal conviction by age 24.⁴ Bullying may be linked to other delinquent criminal and gang activities, such as shoplifting, drug abuse, and vandalism.⁴ As adults, bullies have higher rates of alcohol and substance abuse offenses and mental health issues. For these serious reasons, mental health referral and treatment services are needed for the child who bullies.

Bullying causes social and emotional isolation for the victims, who are often stigmatized, shunned, and can even become subjects of discrimination by others. Victims of bullying suffer physical, social, emotional, developmental, and educational losses. Victims should be screened for other mental illnesses and referred to mental health professionals if necessary.³ Children are initially chosen to be victims through their "differentness" from peers.¹ Aggressors often choose children who are quiet, less assertive, and uncomfortable in leadership situations. Also, youth who lack academic success or, conversely, youth with high academic or verbal abilities are at greater risk. Victims can be children that have a disability—an emotional disturbance, developmental delay, or physical disability—or they can be depressed or have other learning or behavior problems.³ In a study on bullying, students listed the effects victimization had on them, including a drop in grades, increased anxiety, development of headaches, abdominal pain, enuresis, poor appetite and depression, a loss of friends or social life as peers reject them, and fear or hatred of school.⁵ Students may also experience

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loneliness, lowered self-esteem, and distorted self-perceptions. The repercussions of 1 episode of victimization can have effects lasting beyond the attacks. Youth may experience post-traumatic stress symptoms such as flashbacks, nightmares, difficulty in concentration, increased startle responses, depression, and suicidal thoughts.¹

GENDER ROLES AND BULLYING

Youth who are perceived to be “different” are more likely to be victimized by bullies. This is especially true for adolescents who don’t conform to expected gender roles and behaviors, or who may be gay, lesbian, bisexual, transgender (GLBT), or questioning their sexual orientation. The American Academy of Pediatrics’ 2004 clinical report “Sexual Orientation and Adolescents” reminds pediatricians that self-awareness of sexual orientation commonly occurs during adolescence, and that special attention is needed to ensure a healthy passage through the challenges faced by youth struggling with sexual orientation issues.⁶ Depending on the support, or lack thereof, they receive, these teenagers may experience profound isolation, fear of discovery, and disruption of the normal development of self-esteem, self-identity, and intimate relationships. Multiple studies document that GLBT youth have higher incidences of general health disparities, suicide attempts and completions, substance use and abuse, harassment, being bullied, and being threatened with a weapon at school.⁷⁻¹⁰

A 2004 nationwide poll of students in grades 9-12 revealed that 5% of America’s high school students identify themselves as lesbian or gay, 16% have a gay or lesbian family member, and 72% know someone who is gay or lesbian. Eighty-one percent of high school students reported hearing anti-gay language in their schools frequently or often. About 40% of GLBT students reported being physically harassed (shoved, pushed, etc.), and 20% reported being physically assaulted (punched, kicked, injured with a weapon) because of their sexual orientation. About 70% of GLBT students reported feeling unsafe in their school, and over 30% had missed at least a full school day in the past month because of those feelings.^{6,11} Clearly, learning in school is severely reduced when students are harassed, bullied, or made to feel unsafe.

In everyday practice, primary care providers for adolescents must consider these negative school environmental factors and consequential health risks associated with non-heterosexual youth. It is important to avoid making assumptions regarding an adolescent’s sexual identity and to ask open-ended questions (e.g. “Have

you had any romantic relationships with boys, girls, or both, or neither?”). It’s also important to ask about any personal experiences of violence or bullying, including physical and verbal abuse, and sexual or intimate-partner violence. During health supervision visits, as well as problem visits, other red flags should be assessed including school avoidance, worsening school performance, drug or alcohol abuse, depression, anxiety, family problems, or even vague physical complaints that cannot be attributed to other causes. Asking the teenager about bullying, harassment, “fitting in,” and gender nonconformity may provide the needed clues to the particular clinical problem. Creating a safe and respectful school environment not only enhances the adolescent’s learning potential, but also is a key component of healthy emotional, physical, and psychosocial development.

MENTAL HEALTH INITIATIVES IN WISCONSIN

Prevention is the most effective tool in eliminating bullying behavior. Intervention is critical and does make a difference. Through the establishment of a positive school climate and the development and enforcement of anti-bullying policies and programs that do not tolerate aggressive behavior, bullying can be stopped.

Eliminating Barriers to Learning

Eliminating Barriers to Learning is a continuing education program in Wisconsin funded by the Center for Mental Health Services designed to reduce stigma and discrimination around mental health issues. The program, designed for secondary school teachers and staff, focuses on mental health issues in the classroom, with the overall goal of eliminating barriers to learning by understanding and addressing mental health issues in the school environment. The program offers information on adolescent social-emotional wellness and provides specific skill-based techniques for classroom use. Obviously, the impact of children’s mental health and bullying on schools—teachers, classrooms, students, and staff—can be significant. The impact, however, of school practices that promote mental health can also make a difference. The stigma surrounding mental health issues and the impact of stigma and discrimination on help-seeking behavior has implications for student social-emotional development, academic success, and, ultimately, career/job achievement and life outcomes.

The Bully Project

FOX 6 Milwaukee, a local Milwaukee television station, is the creator and sponsor of The Bully Project, a groundbreaking program designed to better understand

the problem of school bullying and to develop strategies to reduce it. The project works closely with area schools, students, parents, teachers, mental-health professionals, and local leaders to create a community-based program that addresses a community-wide problem. Project Ujima, a violence prevention and intervention program sponsored by Children's Hospital of Wisconsin, the Medical College of Wisconsin, and the University of Wisconsin-Milwaukee Department of Psychology, joined FOX 6 as a partner in The Bully Project. Project Ujima was awarded a grant by the Helen Bader Foundation to help fund participation in The Bully Project.

Sixty-three schools from 4 Wisconsin school districts are enrolled in The Bully Project. In early April 2004, more than 13,000 students and hundreds of teachers from those schools completed detailed surveys about bullying. Participating school districts include Milwaukee Public Schools, Racine Unified Schools, Kenosha Unified Schools, and the Archdiocese Schools of Milwaukee. Survey results were released in May 2004 and provide important information about school bullying, its possible causes, and potential solutions. All survey results are the exclusive property of and are copyrighted to WITI, Fox 6 Milwaukee. Some of the key findings include the following:

- More than 1 in 4 students (29%) said they have been bullied at school or on their way to/from school.
- More than 1 in 3 students (37%) said they have bullied another student at their school.
- Nine of 10 students saw at least 1 act of bullying or violence at school in the past 30 days. On average, students said they saw at least 3 acts of bullying or violence at school in the past 30 days.
- More than half (56%) of students surveyed said when they see bullying at school, they either "watch to see what happens" or do "nothing." Twenty-eight percent of students said they would tell/ask a bullying classmate to stop, and 9% said they would tell a teacher, counselor, or principal.
- Sixty-five percent of students who have been bullied at school said they did not tell a teacher, counselor, or other school staff member about the bullying.
- Forty-three percent of students who were bullied at school say they did not tell a parent about the bullying.

As part of The Bully Project, FOX 6 also surveyed more than 600 teachers and counselors to get their perspectives on bullying. Results of the teacher survey include the following:

- Seventy-eight percent of teachers and counselors believe bullying is a problem at their school.

- Seventy-two percent of teachers and counselors said they've seen bullying in the classroom, while 86% said they have seen bullying in school hallways.
- Seventy-seven percent of teachers and counselors said they have talked to their students about the dangers of bullying.
- More than half of teachers and counselors (52%) said they do not think their school is doing a good job preventing and stopping bullying.

The Bully Project hosted a community-wide forum in September 2004 to raise public awareness of bullying, to facilitate problem-solving strategies for teachers and parents, and to link schools and families to community resources that can assist in the battle against bullying. More than 400 educators, students, parents, and community leaders received valuable resources and information to help them battle school bullying by attending the FOX 6 Bully Project Community Forum at the Cousins Center. Forum participants received information packets, which included The Bully Project Resource Guide. The 20-page guide lists local, state, and national resources available to schools, students, and parents dealing with bullying. The Bully Project also produced a resource guide for schools. The guide lists various organizations that provide speakers, curriculum, or training to help prevent and deal with bullying. Green Bay Packers quarterback Brett Favre has also joined the battle against school bullying. Mr Favre stars in a new set of public service announcements for the FOX 6 Bully Project to encourage parents and educators to help stop bullying in local schools. Each of the public service announcements directs viewers to The Bully Project Web site (www.fox6milwaukee.com), then click on "The Bully Project", which offers extensive anti-bullying resources for students, educators, and parents. For more information about The Bully Project, contact project coordinator Bob Segall at 414.586.2149 or e-mail thebullyproject@foxtv.com.

Sticks n' Stones: An Anti-Bullying Curriculum

The Wisconsin Clearinghouse for Prevention Resources and the Wisconsin Department of Public Instruction promote a bully prevention program called Sticks n' Stones. Sticks n' Stones is the result of 7 years of curricula development (including game show development for 3 developmental levels), initial research, evaluation, and facilitator training by the Wisconsin Clearinghouse. The Wisconsin Clearinghouse is a program at the University of Wisconsin-Madison, with support provided by the Division of Children and Family Services, Wisconsin Department of Health and Family Services. The Wisconsin Clearinghouse provides information,

training, publications, program models, and facilitation skills in the field of prevention—alcohol, drug, and tobacco use and violence prevention, as well as mental health promotion in order to help youth, families, schools, and communities lead healthy, productive lives. Over the past 2 school years, more than 260 facilitators from Wisconsin schools and youth-serving organizations were trained in the Sticks n’ Stones curriculum. In addition, the Department of Public Instruction provides training for school staff throughout the state through facilitator training by the 12 Cooperative Educational Service Agencies (CESA).

Sticks n’ Stones is both a strong stand-alone program, with a robust science base, focusing on changing both school social climate and individual behavior, and also uniquely developed to support other prevention and character education that agencies already have in place. The development of cognitive sophistication enhances personal reflection and understanding.¹² Cognitive sophistication also broadens the students’ world views and perspectives of others, combines intergroup contact with experiential education, reflective thought, and the opportunity to focus on shared goals and efforts.¹³ It is here that students engage in critical thinking, while defining individual, class, and school goals for behavior representative of inclusion and kindness. This effect is greatly enhanced through the institutional authority of the school, leading to the perception of common humanity and common interests.¹⁴

Sticks n’ Stones is an adjunct that discourages bullying in all its forms, while increasing the social skills that improve interaction among students and between teacher and student for students from kindergarten through grade 12. The positive social changes translate into increased student self-awareness, greater school attachment, increased academic successes, and fewer student absences.

The initial research findings of Sticks n’ Stones show an increased student self-awareness regarding bullying behavior, positive behavior toward others, a decrease or no increase in reports of bullying incidents at the end of the school year in contrast to the norm of a 30% or more increase in student bullying in the course of a school year, a decrease in student self-reports of engagement in bullying following program participation, and a positive change in student behaviors and school climate after the first year of program implementation.

Statewide Initiatives

In March 2004, the US Department of Health and Human Services (DHHS) launched a new campaign to educate citizens about how to prevent bullying and youth violence. This campaign, entitled “Take A Stand.

Lend A Hand. Stop Bullying Now!” was developed by DHHS’ Health Resources and Services Administration (HRSA) in partnership with more than 70 health, safety, education, and faith-based organizations. For more information on this campaign, go to www.stopbullying-preventions.hrsa.gov.

Additionally, the Department of Health and Human Services hosted a national teleconference in April 2004 for all interested state education, public health departments, law enforcement, and community organizations across the country. With local agency involvement, this teleconference was hosted in 5 Wisconsin communities. The purpose of the teleconference was to provide extensive information about effective bullying prevention, highlight successful programs already in existence, and create a platform for meaningful discussion among state and local community representatives. Through the leadership of the Wisconsin Department of Health and Family Services’ Division of Public Health, a planning effort was initiated. A core state bullying prevention workgroup was established and has begun to assemble several key components of a state bullying prevention plan. These elements build on the national campaign and emphasize 4 overarching strategies that will help Wisconsin better address this important issue.

1. Increase public awareness of the problem of bullying across a wide spectrum of stakeholders. The national campaign has a rich array of resources including an extensive, well-developed Web site, but unless this is tied to a state plan to increase awareness, the Web site will be underutilized.
2. Develop and archive all the current state and local best practices in bullying prevention.
3. Develop a statewide network for information sharing. This represents both a challenge and an opportunity. Many new initiatives fail because of a lack of infrastructure and communication following the initial excitement. For Wisconsin, this means finding a lead organization that can coordinate and promote the bullying prevention initiative.
4. Link Wisconsin’s bullying prevention efforts to the *Healthiest Wisconsin 2010* State Health Plan. This plan identifies 11 health priorities that encompass the key critical indicators for a healthy state and citizenry. Intentional and unintentional injuries and violence is the health priority most closely connected to bullying. While the immediate impact may not be as clear as motor vehicle crashes or suicide, the above information about victimization and its mental health implications bears the need for further research.

Bullying is a problem that needs to be addressed on a number of different levels if we hope to eliminate it. Programs should be targeted to individuals and families to raise awareness of the problem, change attitudes and beliefs about the impact of bullying, and work to change family systems that predispose youth to bully. Prevention programs should support school and community policies that promote safe schools and neighborhoods, including fostering environments where youth and adults feel they can report bullying incidents. Prevention programs should also identify and work to address the social and environmental factors that permit and promote bullying. For example, programs should address the social norms that encourage bullying, as well as the media's influence on bullying. As with other behaviors like tobacco, drug, and alcohol use, programs that address the multiple layers of bullying are much more likely to have an impact in the long run.

A primary challenge is how to move forward to integrate these innovative bullying prevention ideas into a larger public health framework despite Wisconsin's current budget constraints. A bright spot is that there is a wide range of interest in both the public and private sector to do something positive to help our youth. Richard H. Carmona, MD, the US Surgeon General, said it well during the launch of the campaign: "By engaging the entire community in this open dialogue we can begin to discuss the problems and potential ramifications of bullying, and then look for ways to prevent it in society. Kids should be able to live and learn without the threat of being harassed."¹⁵

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Appendix. Resources for Bullying Prevention

- *Take a Stand. Lend a Hand. Stop Bullying Now!*: Through the US Department of Health and Human Services / Health Resources and Services Administration Web site at www.stopbullyingnow.hrsa.gov.
- *Wisconsin Clearinghouse*: <http://wch.uhs.wisc.edu/02-Programs/02-SNS-MainPage.htm>.
- *Bright Futures*: at www.brightfutures.org.
- *National Youth Violence Prevention Resource Center* at www.safeyouth.org.
- *Safe Schools/Healthy Students*: The Safe Schools/Healthy Students Initiative is a grant program designed to develop real-world knowledge about what work best to reduce school violence. www.mentalhealth.samhsa.gov/safe-schools/default.asp.
- *15+ Make Time to Listen...Take Time to Talk*: This campaign is based on the premise that parents who talk to their children about what is happening in their lives are better able to guide their children toward more positive, skill-enhancing activities and friendships. Activities are provided to help parents strengthen relationships with their children by spending at least 15 minutes of undivided time with them daily and focusing on them. www.mentalhealth.samhsa.gov/15plus.

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