The Bullying Epidemic: Causes, Consequences, Prevention, and Interventions

A Senior Honors Thesis

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Introduction

Historically, bullying has always been a problem. In today's society it has become an even larger issue. The consequences of bullying reach way beyond the act itself. More active steps need to be taken to prevent the needless suffering involved in bullying. This paper will discuss the broad definition of bullying, as well as the specific components involved in an acute bullying situation. The various types of bullying and victimization prevalent in today's society will also be examined. The psychological characteristics of bullies, victims, and bully-victims will be discussed, specifically common traits, behaviors, and disorders that contribute to their actions. Contributing factors of the bullying phenomenon will be examined, including both internal and external factors. The long lasting effects of bullying on both the bully and the victim will be discussed. This includes increased criminality, substance abuse, and psychopathology in the bully, and increased mental health implications, depression, and suicidal ideation in the victim. In order to combat bullying, a variety of interventions have been examined and discussed in this paper. Prevention programs targeting schools, homes, and individuals are discussed to diminish bullying and increase awareness. Also federal and legal actions that have been put into place will be discussed. Increasing awareness and understanding through prevention programs, as well as creating intervention programs to stop the issue after its begun, is key to combating the current level of bullying in society.

Overview of Bullying and Victimization

Bullying, as defined by Dan Olweus (2003), the original pioneer of bullying research in Scandinavia in the 1970s, refers to repeated exposure to negative actions by one or more other students. This behavior is accompanied by an aggressive component, in which the bully intentionally inflicts injury or discomfort on another individual. Bullying often includes an

inherent imbalance of power or an asymmetrical power relationship, implying the individuals

being exposed to the aggressive behavior struggle with defending themselves. Many times, the

aggressive component of bullying is proactive, meaning it often is predatory, done simply to

display the bully's power, and occurs without any perception of threat from the victim (Olweus,

2003). These behaviors are generally consistent, lasting for at least a year or more. It has been

suggested that the intentional and unprovoked nature of bullying, aiming to cause pain and

distress to another human being can even be classified as a form of abuse (Kumpulainen et al.,

1998).

   Bullying has rapidly increased in prevalence from the 1980s when it was first studied.

Olweus' original study in 1980 found 15% of students age 8 to 16 were involved in bullying,

whether as a bully or a victim. Of this 15%, 9% were victims and 6% to 7% were bullies. In

Olweus' 2001 study, the number of victimized students increased by 50%, while the students

acting as bullies increased by 65%. It has been suggested that this may be due to negative

societal development (Olweus, 2003).
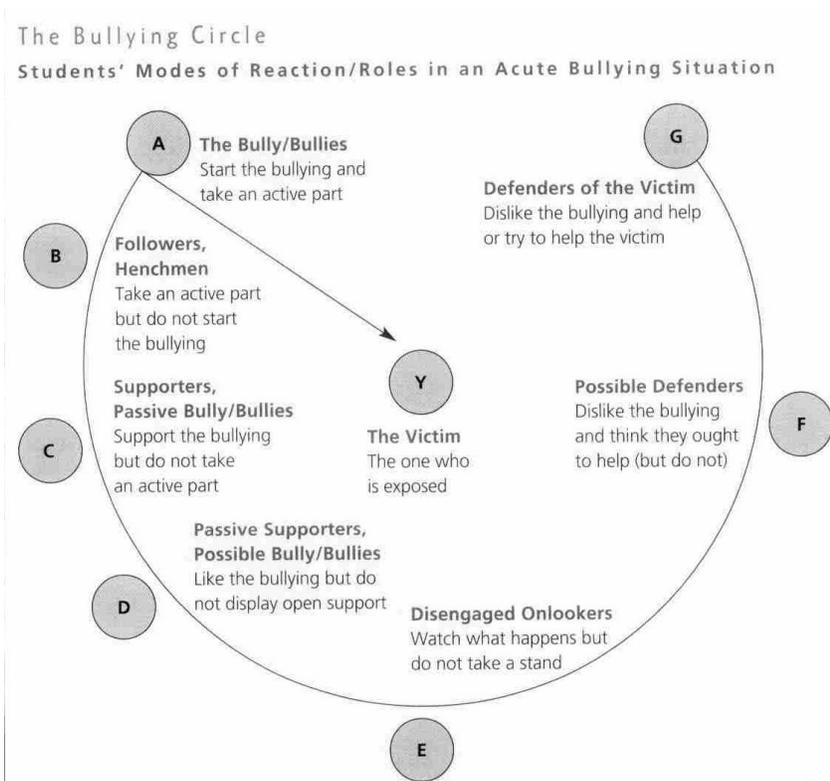
The bullying process is intricate and consists of many components. Each component and individual has a role in the process and it is the combination of these that create a bullying situation.

The bullying circle seen to the left, as proposed by

The Bullying Circle
Students' Modes of Reaction/Roles in an Acute Bullying Situation

A — The Bully/Bullies
Start the bullying and take an active part

B — Followers, Henchmen
Take an active part but do not start the bullying

C — Supporters, Passive Bully/Bullies
Support the bullying but do not take an active part

D — Passive Supporters, Possible Bully/Bullies
Like the bullying but do not display open support

E — Disengaged Onlookers
Watch what happens but do not take a stand

F — Possible Defenders
Dislike the bullying and think they ought to help (but do not)

G — Defenders of the Victim
Dislike the bullying and help or try to help the victim

Y — The Victim
The one who is exposed

Figure 1. The bullying circle. From "A Profile of Bullying," by D. Olweus, 2003, *Educational Leadership, 60*, p. 14. Copyright 2003 by Dan

Olweus.

Olweus, is a model of students' role in an acute bullying situation and lays out their relationship.

In the center of the circle is the victim. This individual is the target of aggression by

peers. In a national sample of 6th to 10th graders, 11% were found to be victims in bully

situations (Holt, Finkelhor, & Kantor, 2007). These individuals are more likely to be female and

passive or submissive (Olweus, 2003). However, a smaller percentage of victims, approximately

15% to 20%, are provocative victims who display aggressive behavior that may instigate the

offender (Olweus, 2003). These individuals are generally referred to as bully-victims because

they are likely to react aggressively to victimization, making them both a perpetrator and a target

of bullying behavior (Holt et al., 2007).

Surrounding the victim are seven types of peers, beginning with the bully who starts the

process. This individual engages in aggressive behavior, which is meant to inflict injury or

discomfort on a peer (Olweus, 2003). A national sample found 13% of 6th to 10th graders were

bullies (Holt et al., 2007). Specifically, it has been found that approximately three times as many

boys are bullies (Kumpulainen et al., 1998). Most are between the ages of eighteen and thirty

four and are three times as likely to be born in the United States. A large percentage of bullies

have no education beyond high school and have low socioeconomic status with an annual

income of less than or equal to $35,000 (Vaughn et al., 2010).

The bully is often supported by other group members. Following closely behind the

bully, as outlined in Olweus' bullying circle, are the followers or henchmen. They take an active

part in the bullying, but are not the initiators. Next are the supporters or passive bullies who do

not take an active part in the situation, but support the bully. Similarly, there are passive

supporters and possible bullies that support the bullying, but do not openly display their

acceptance. Another group of involved individuals are the disengaged onlookers who watch the situation, but do not take a stand. Possible defenders, on the other hand, dislike the bully and consider helping but do not follow through. Lastly, there are defenders of the victim who dislike the bullying and reach out to help the victim (Olweus, 2003).

Within this circle, there are many forms of victimization in which a bully can partake. These can be categorized into direct and indirect bullying. Direct bullying is also known as physical bullying; it consists of overt physical acts directed towards peers (Holt et al., 2007). This can take the form of hitting, shoving, punching, slapping, scratching, or throwing objects. This type of bullying is more common in the younger population of boys (Kumpulainen et al., 1998).

In contrast, indirect bullying is more common in girls. It can either take the form of verbal or psychological means of harassment. Verbal bullying, the act of name calling, spreading rumors, or creating gossip is the most common form of bullying (Kumpulainen et al., 1998). Psychological bullying can further be broken down in to relational and social bullying. These forms aim to socially ostracize an individual or attempt to damage a peer's reputation or relationships. Both boys and girls report engaging in these types of abusive behaviors more commonly than physical abuse. This is likely because by mid adolescence, indirect bullying, specifically psychological bullying, becomes the norm, as it gradually becomes less socially acceptable to be physically aggressive against peers (Graham & Bellmore, 2007). Despite this, it does not mean that direct forms of bullying cease to exist.

Within these forms of bullying, individuals are targeted due to specific outstanding aspects that make them different from the norm. This could be related to race, ethnicity, or sexual orientation. Minorities often experience more victimization, but "it is not so much

ethnicity *per se* as it is the ethnic composition of classroom and schools that shapes the experience of victimization" (Graham & Bellmore, 2007, p. 142). Minority groups are often targeted because they are negatively impacted by the balance of power as a result of being a smaller group. In ethnically diverse schools containing multiple ethnic groups, the power relations are more balanced, thereby reducing incidents of harassment. Also one group is not seen as more vulnerable than another based upon size (Graham & Bellmore, 2007).

In a study done by D'Augelli, Pilkington, and Hershberger (2002) focusing on lesbian, gay, and bisexual (LGB) bullying, it was seen that more males were victimized, both physically and verbally, than females. Specifically, 59% of gay men and 21% of lesbians were the targets of victimization in high school. Of these, over half experienced verbal abuse and one third reported physical assaults. Youths' sexual orientation is still developing in adolescence and as a result they experience more internal conflict. Victimization of these individuals only exacerbates their already present conflict. These adolescents also are targeted and victimized more easily because they have less support from their parents and other adults (D'Augelli et al., 2002). Participants in the study reported that victimization inhibited their openness about their sexual orientation because, as individuals became more open about themselves and self-identified as LGB, victimization increased. Also, the greater the number of years an individual had identified as LGB and was "out of the closet," the more they experienced victimization (D'Augelli et al., 2002).

Victimization can take place either directly or vicariously. In vicarious victimization, LGB youths were aware of instances of other LGB youths' victimization, such as verbal insults, threats of violence, throwing of objects, sexual assault, shunning, and being punched, kicked or beaten in high school. In these situations, two to three times as many males as females were

known to be attacked. The majority of LGB students in the study reported direct victimization..

Specifically, 59% experienced verbal abuse, 24% were threatened with violence, 20% were

threatened with the disclosure of their sexual orientation, and small percentages of others were

physically attacked, threatened with weapons, or sexually assaulted (D'Augelli et al., 2002).

Cyberbullying is another common form of bullying that is greatly on the rise. As defined

by Patchin and Hinduja (2010), cyberbullying is "willful and repeated harm inflicted through the

use of computers, cell phones, and other electronic devices" (p. 615). Cyberbullies inflict

psychological, emotional, and relational pain on their victims through the use of technology by

harassing, intimidating, threatening and otherwise harming victims (Patchin & Hinduja, 2010).

Due to the rise in sophistication of technology and the increasing ease of access to this

technology in today's society, cyberbullying has greatly flourished. In Patchin and Hinduja's

(2010) study, cyberbullying affected 10% to 40% of youth.

According to Patching and Hinduja (2010), the most common form of cyberbullying

occurs when the offender posts something online about another individual meant to make others

laugh. The second most common form of offending through technology is the sending of

computer instant messages, text messages or e-mails to another person with the intention of

making fun of them or making them upset. Additionally, victims in the study were commonly

victimized by upsetting posts on social networking sites (Patchin & Hinduja, 2010).

This form of victimization is easy for adolescents because it allows the bullies to remain

virtually anonymous. It is difficult to police conversations and interactions through technology

(Patchin & Hinduja, 2010). This decreases the bully's worries or fears concerning being caught,

fostering their belief that inappropriate communication is acceptable in cyberspace. It also is

much easier for a person to be cruel or malicious to another person when they are not face to face

(Patchin & Hinduja, 2010). Through the use of technology, interpersonal interaction is no longer an issue; therefore the bully's insecurity or second thoughts they may have originally experienced, if face to face with their victim, is limited. Thus, digital harassment and victimization are easier through technology.

Psychological Profile and Behavioral Characteristics

There are many broad warning signs exhibited by a child who is becoming a bully or is being bullied. In a child suspected of bullying others, it is important to look for instances of increased violence, including both physical and verbal fights. The child is likely to refuse to accept responsibility for his or her actions and may be quick to blame others. The individual is also likely to feel empowerment and competitiveness to be superior (Department of Health & Human Services, n.d.).

The following table is a brief summary of the psychological profile and specific characteristics of bullies, victims, and bully-victims:

Psychological profiles of early adolescents

	Victim	Bully	Bully-Victim	Socially Adjusted
Psychological Adjustment				
Depression	High	Low	High	Low
Social Anxiety	High	Low	High	—
Loneliness	High	Low	High	Low
Self-Esteem	Low	High	Low	High
Attributions				
Self Blame	High	Low	High	—
Perceptions of School Climate				
Unsafe	High	Low	High	Low
Unfair	Low	High	High	Low
Social Adjustment				
Disliked	High	Low	High*	Low
Cool	Low	High	—	—
Academic Achievement				
GPA	Low	Low	Low*	High
School Engagement	Low	Low	Low*	High

Table 1. Psychological profiles of early adolescents. From "Peer Victimization and Mental Health During Early Adolescence," by S. Graham and A. D. Bellmore, 2007, *Theory Into Practice, 46,* p. 140. Copyright 2007 by S. Graham and A. D. Bellmore.

Psychological Profile and Behavioral Characteristics of a Bully

It has been demonstrated through a variety of research studies that externalizing behaviors are heavily associated with the psychological behaviors and characteristics demonstrated by a bully. Externalizing behaviors are defined as "a grouping of behavior problems that are manifested in children's outward behavior and reflect the child negatively acting on the external environment… these externalizing disorders consist of disruptive, hyperactive, and aggressive behaviors" (Liu, 2004). According to Liu (2004), the terms "externalizing behavior" and "antisocial" are used almost synonymously, however externalizing behavior is used to describe less severely disruptive and destructive behavior. The externalizing behaviors most commonly seen in bullies are delinquency, aggressive tendencies, and self-destruction. These are also coupled with additional common characteristics such as impulsiveness, difficulty paying attention, and physical strength (Ivarsson, Broberg, Arvidsson, & Gillberg, 2005).

Males and females experience differences in their externalizing behaviors. Both male and female bullies are generally dominating and have a high self confidence (Kumpulainen et al., 1998). However a male, as previously described, is more likely to participate in physical and/or direct bullying. This is done through the male's disruptive behavior, as well as his physical strength. Additionally, he is likely to experience more difficulty concentrating (Kumpulainen et al., 1998). A female bully, on the other hand, uses indirect forms of aggression. She is likely to be unbalanced, rude, talkative, and use gossip and/or vulgar language against her victims (Kumpulainen et al., 1998).

Often times these characteristics lead the bully to feel a sense of empowerment. Their self-confidence allows them to gain a role as a leader (Kumpulainen et al., 1998). This power leads the bully to experience a high social status, making them less rejected by their peers. Despite their newfound popularity, they feel they are treated unfairly at school; however they do not view school as unsafe. They tend to blame their peer difficulties on the hostile intententions of others, rather than on their own behavior and aggressive qualities (Graham & Bellmore, 2007).

Psychological Profile and Behavioral Characteristics of a Victim

On the other hand, an individual that is a victim of bullying is likely to be reclusive. According to the Department of Health & Human Services (n.d.), he or she may run away from home, lose interest in friends and family, or avoid school. There may be a change in eating habits and general health, including an increase in headaches and gastrointestinal distress. The individual may have unexplained injuries and may report missing belongings. They are likely to feel helpless, engage in self harm, and even discuss suicide (Department of Health & Human Services, n.d.).

Victims experience the opposite behavioral characteristics of bullies: they tend to internalize behavioral problems. According to Liu (2004), these behaviors are "problems that more centrally affect the child's internal psychological environment rather than the external world." These are often manifested as withdrawal, anxiety, inhibition, and depression (Liu, 2004). In addition, victims are more likely to be lonely, immature, possess poor communication skills, and have poor problem solving skills (Kumpulainen & Räsänen, 2000). These behaviors often lead the individual to experience low self-esteem and a constant negative mood, possibly even resulting in anhedonia, or an inability to experience pleasure in normally pleasurable

situations (Kumpulainen et al., 1998). It is suggested that these characteristics may be partially

due to high levels of self blame. These individuals have a tendency to blame themselves for the

bullying (Graham & Bellmore, 2007). They do not exhibit proactive qualities because they

believe there is nothing that can be done. As a result, victims often avoid school and have

increased absences because they perceive school as unsafe, although they generally do not

believe school rules are unfair or that they are mistreated by teachers (Graham & Bellmore,

2007).

Psychological Profile and Behavioral Characteristics of a Bully-Victim

Bully-victims, those who are both bullies and victims of bullying, experience the most

negative behaviors. They possess the externalizing behavioral issues of bullies, as well as the

internalizing behaviors of victims. They are likely to experience social problems, identity issues,

self-destruction, suicidal ideation, and other psychological issues such as obsessions,

compulsions, hallucinations, delusions, and hyperactivity (Ivarsson et al., 2005). Furthermore,

they often experience poor self regulation, including lower levels of self control and less

emotional regulation than bullies. As a result, they are more prone to frequent displays of temper

than bullies. Due to their impaired social skills and problem solving, they perceive that they have

little control over problems and are more likely to blame external sources for their actions

(Ragatz, Anderson, Fremouw, & Schwartz, 2011). Bully-victims share the ideation of a victim in

that they feel unsafe at school; however, their thoughts align with a bully's in that they do not

think the school rules are unfair (Graham & Bellmore, 2007).

Due to the bully-victim's social and cognitive deficits, they are often placed in a position

of relative isolation, which increases their vulnerability to association with antisocial peers.

These peers are likely to reinforce negative behaviors, such as physical aggression, involvement

in substance abuse, lying, and avoiding school (Ragatz et al., 2011). Once the bully-victim has

found a group of peers, they are likely to develop a sense of empowerment, which helps them

rise into a position of power. This triggers resentment in others, which leads to aggressive

competition for power, thus resulting in victimization of the original bully (Holt et al., 2007). As

they become rejected by their peers, they no longer enjoy the social benefits of being a bully,

leading to a decline in social support. This can manifest in two different reactions: turning

inward and feeling bad about themselves or turning outward and aggressing against their

perpetrators (Graham & Bellmore, 2007).

Causes and Contributing Factors

There are many contributing factors to bullying. These prevalent factors in a bully's or a

victim's family, community, and relationships throughout their upbringing are likely to

negatively impact their personality, behavior, and psychological wellbeing. Common influences

are dangerous neighborhoods, family instability and/or violence in the household, child

maltreatment, lack of supervision, low income, and more (Holt et al., 2007).

Causes and Contributing Factors of a Bully

The biosocial interaction model, shown below, has been used to explain the causes of a
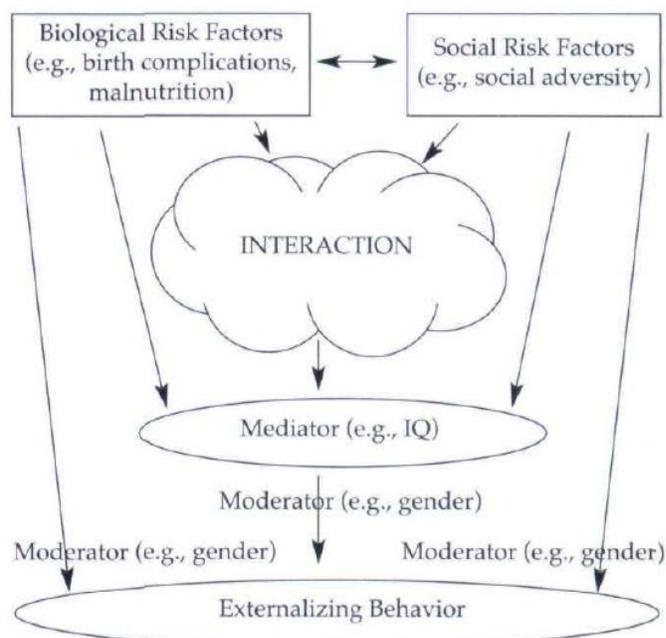
bully's externalizing behaviors.
This model suggests an interplay
between biological and social factors
experienced during a mother's
pregnancy that influence a child and
his/her development of externalizing

Figure 1. Biosocial interaction model of childhood externalizing behavior. From " Childhood Externalizing Behavior: Theory and Implications,"

by J. Liu, 2004, *Journal of Child Psychology and Adolescent Psychiatric Nursing, 17,* p. 98. Copyright 2004 by J. Liu.

behavioral characteristics. Biological factors include genetic and maternal factors that impede

fetal growth and development. Examples of factors negatively influencing pregnancy are

maternal malnutrition, illness during pregnancy, smoking, use of drugs and/or alcohol, and birth

complications. These conditions may alter fetal growth and development, thereby affecting a

child's cognitive ability (Liu, 2004). Poor cognitive ability is likely to predispose a child to

externalizing behavioral problems. Social factors that a mother may experience during pregnancy

also can predispose a child to developing externalizing behaviors. Examples consist of, but are

not limited to, poverty, high levels of psychosocial stress, and negative attitudes toward the

pregnancy, teen pregnancy, and alcohol and/or drug abuse. It is the interaction between both

these biological and social factors, combined with poor parenting, maternal rejection, and/or

social adversity that directly predispose a child to externalizing and antisocial behavioral

problems (Liu, 2004).

Additionally, potential bullies are most strongly influenced by domestic violence, poor

family functioning, and corporal punishment during childhood. According to Baldry (2003),

bullies are 1.8 times as likely as their peers to be exposed to domestic violence. Simply

witnessing parental violence greatly increases the risk that children will develop bullying

tendencies; these children are 3.5 times as likely to be involved in physical aggression at school

and 2 times as likely to be involved in indirect aggression, such as gossiping or excluding

individuals (Baldry, 2003).

Overall, children raised in dysfunctional families experiencing domestic and parental

violence are more inclined to exhibit externalizing behaviors and deviance. Bandura's social

learning theory can be applied to bullying: a cycle of violence is created as children observe and witness violent behaviors among their parents (Baldry, 2003). By being directly exposed to aggression, children learn to use violence to handle situations. For instance, if parents use direct forms of victimization against each other, such as hitting and throwing, the child is also more likely to partake in forms of direct bullying. On the other hand, if a child is exposed to verbal insults and threatening, they are more likely to use indirect forms of bullying (Baldry, 2003). The same idea can be applied to gender: exposure to the father's violence against the mother is more likely to lead male children to bully, while witnessing a mother harming a father makes female children 3 times more likely to bully (Baldry, 2003). In general, this imbalance of power and aggression in poorly functioning families encourages the children to dominate others (Baldry, 2003).

Child maltreatment and corporal punishment (CP), such as spanking, are likely to increase the tendency toward bullying. More frequent use of CP is strongly related to psychological and physiological maltreatment of the child, neglect, intimate partner violence, depression, and alcohol/substance abuse (Taylor, Manganello, Lee, & Rice, 2010). In Taylor et al.'s (2010) study, two or more instances of CP per month when a child was 3 years of age was a strong predictor of higher levels of aggression when the child is 5 years of age. Specifically, more frequent use of CP at age 3 increased the child's likelihood to be aggressive at age 5 by 49% (Taylor et al., 2010). Even when all maternal parenting risks were controlled for, frequent use of CP with 3 year olds still increased the odds of the children being more aggressive by age 5 (Taylor et al., 2010).

An array of psychological conditions and disorders likely resulting from a child's upbringing commonly influence the development of bullying. The most prevalent disorders seen

in bullies are alcohol and substance abuse disorder, including nicotine dependence and marijuana use disorder. Also seen are antisocial personality disorders, bipolar disorders, major depressive disorders, attention deficit disorders, conduct disorders, paranoid personality disorders, and histrionic personality disorders (Vaughn et al., 2010). Many bullies are identified with antisocial personality disorder at age 10 (Staubli & Killias, 2011). The strongest predictor of antisocial personality disorder is the presence of a violent home life (Baldry, 2003). Conduct disorder, an aggressive form of antisocial behavior consisting of fighting, cruelty, and bullying, places individuals at a higher risk of growing up as a delinquent adolescent, a violent adult, or even a criminal. Hyperactivity, another important element of externalizing behavior present in bullies, has been seen to lead children to a life of bullying and criminality (Liu, 2004).

Additionally, bipolar disorders are often found in bullies as evidenced by their rage responses and interpersonal aggression. Paranoid personality disorder is often related to the individual's misperception of others' harmless behaviors as provocative, leading them to respond inappropriately with aggressive behaviors. Alcohol abuse disinhibits neuroregulatory processes, which often increases bullying behaviors without the individual fully being aware (Vaughn et al., 2010). These disorders develop for a number of reasons, but are all positively correlated to bullying behaviors.

Causes and Contributing Factors of a Victim

In addition to the many risk factors contributing to the development of bullying behaviors, there are many factors leading to an increased likelihood of victimization. As with risk factors for bullies, the majority of factors related to victimization arise during childhood and one's upbringing. Child maltreatment and sibling victimization have a greater influence on victims than bullies (Holt et al., 2007). Physical and sexual abuse experienced in the home

increases the vulnerability to peer victimization in the school environment (Meltzer, Vostanis, Ford, Bebbington, & Dennis, 2011). As seen in Meltzer et al.'s (2011) study, women who reported being bullied as children were more likely to also report sexual abuse during their childhood. Moreover, men who were victims of bullying also were more likely to report having been severely beaten at home during their childhood (Meltzer et al., 2011). Abused girls become more submissive, thus increasing their likelihood of becoming a possible target of bullying in the school environment (Baldry, 2003).

As with the development of bullying tendencies, interparental violence increases the risk of victimization as well. Parental violence can lead to maladjustment, causing a lowered self esteem, depression, and fear in a child. These factors all increase a child's susceptibility to victimization, because they may reduce his or her capacity for assertiveness when victimized at school (Baldry, 2003).

Causes and Contributing Factors of a Bully-Victim

Bully-victims, on the other hand, combine the risk factors of both bullies and victims. These individuals experience a higher degree of conventional crime victimization, such as larceny and attacks, then bullies or victims. They also experience a higher level of child maltreatment and sibling victimization, such as physical abuse and neglect.A bully-victim experiences more sexual victimization than both bullies and victims, as well (Holt et al., 2007).
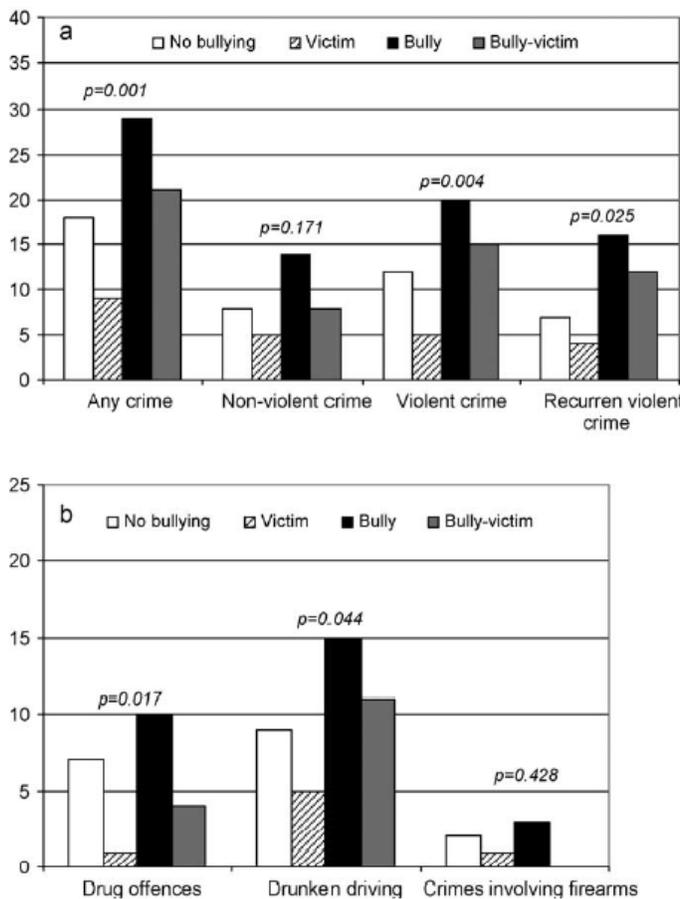
Bully-victims experience familial instability, as do both bullies and victims, however there are more power issues seen within the families of bully-victims. These individuals often see their father as more powerful than their mother; however they do not see either parent as powerful as themselves (Kumpulainen et al., 1998). This increases their sense of power, resulting in a need to dominate others.

There are also many paradoxal group dynamics that aid in the development of a bully-victim. When bully-victims are victimized, they learn bullies are not necessarily punished for their antisocial behavior. The victim adopts these behaviors and becomes a bully-victim. Also, as a victim, they are excluded from the groups they desired to be a part of; therefore they adopt aggressive and negative behaviors in order to get closer to the group. Many times when they are victimized, they exhibit inadequate coping strategies. This causes them to vent their frustration on younger, defenseless children in a bullying manner (Staubli & Killias, 2011).

Effects of Bullying

The act of bullying negatively affects all those involved: the bullies themselves, the victims, and bully-victims. From the time that bullying begins, those committing the act of bullying and those being victimized are likely to be negatively impacted. Bullies are likely to lead a life of crime and victims are at increased risk of severe mental health implications.

Although victims have a greater likelihood of experiencing negative mental health diagnoses, bullies also are at increased risk of experiencing an array of psychological disorders ranging from substance abuse disorder, depression, low self esteem and anxiety, to severe personality disorders such as

Figure 1. Prevalence of criminal behaviour studying the subjects of subgroups of bullying behaviour. From "Bullying Behaviour and Criminality: A Population-Based Follow-up Study of Adolescent Psychiatric Inpatients in Northern Finland," by A. Luukkonen, K. Riala, H. Hakko, and P. Räsänen, 2011, *Forensic Science International, 17,* p. 108. Copyright 2011 by A. Luukkonen, K. Riala, H. Hakko, and P. Räsänen.

antisocial personality disorder and psychopathy.

Effects of Bullying on a Bully

Bullies are also have a high risk of partaking in criminal actions during adulthood. There have been a variety of studies concerning the link between bullying in adolescence and crime involvement in later adulthood. All yielded comparable results. In a study completed by Staubli and Killias (2011), 60% of bullies between grades 6 and 9 were convicted of a crime at least once by the age of 24 and 40% of bullies in the same age group received more than 3 convictions. In a different study by Luukkonen, Riala, Hakko, and Räsänen (2011), it was determined that bullies are at approximately twice the risk of committing any crime. Specifically, the charts above demonstrated a statistically significant association between violent crimes, recurrent violent crimes, drug offences, drunk driving and bullying behaviors (Luukkonen et al., 2011).

Lastly, research by Olweus (2011), demonstrated the average bully has 4 times the number of convictions than a nonbully. Concerning total crimes committed, 54.8% of the convicted were bullies, while 25.9% were nonbullies. The odds of a bully being convicted of a crime was greater than five times that of a nonbully (Olweus, 2011). The odds of a bully being convicted of a violent crime were six to eight times higher than for nonbullies (Olweus, 2011).

These statistics are explained largely by the bully's personality traits, such as deviance and antisocial behavior. According to Kumpulainen and Räsänen (2000), a deviant child is forty times more likely to also be deviant at age fifteen. Antisocial behavior is also strongly influenced by the presence of hyperactivity in a child. Hyperactive children have higher rates of conduct problems and antisocial tendencies, thus they are more likely to also be deviant (Liu, 2004). This deviance is likely to a more accepting attitude towards aggression, leading to

increased criminal thinking and antisocial behavior (Ragatz et al., 2011). According to the

deviance generalization hypothesis, "if an individual engages in one type of antisocial behavior

(e.g. bullying), he/she is more likely to commit other antisocial acts; for example, drug use,

gambling and robbery" (Ragatz et al., 2011).

   There are two types of aggression related to antisocial behavior: proactive and reactive

aggression. Both types of aggression, if prevalent in childhood, are strong predictors of adult

crime and violence. In fact, early onset of aggressive behavior is the strongest predictor of later

criminal convictions (Liu, 2004). Proactive aggression is more common in bullies, however both

are evident in bullying behavior in children, adolescents, and adults. Proactive aggression is

defined as instrumental, carefully planned, prearranged, and callous. Proactive aggressors often

have little regard for society's rules and behave in a way that will most benefit themselves.

Specifically, they manipulate others to take part in activities that will directly benefit themselves.

Reactive aggression, although not as common as proactive aggression, is still noted in bullying

behavior. This type of aggression is defined as impulsive and thoughtless. Generally, it is

carried out in response to provocation. This type of aggression is inversely related to stress

immunity, meaning individuals partaking in reactive aggression have more anxiety than others in

the same situation. They resort to risky aggressive behavior as a result of this anxiety.

Following their actions, they typically blame external provocations for their impulsive aggressive

response to the situation (Ragatz et al., 2011).

   Ragatz et al.'s (2011) study noted that both types of aggression correspond not only with

antisocial behavior, but also with higher incidence of psychopathic traits in adults and

adolescents. Proactive aggressors often experience common traits of psychopathology consisting

of callousness, disregard for the rights of others, impulsiveness, manipulation, parasitic

tendencies, and increased propensity to commit violent criminal acts. Fearlessness and low levels

of empathy are also components of psychopathology, but are more heavily linked to reactive

aggressors (Ragatz et al., 2011). The links between deviance and aggression of a bully's

behavior and subsequent antisocial and psychopathic behavior supports the statistical evidence

that bullying is strongly correlated with criminality.

Effects of Bullying on a Victim

Victims, on the other hand, do not experience increased likelihood of engaging in

criminal activity. However, they are greatly at risk for developing mental health problems.

Below is a table of common mental health implications experienced by victims.

TABLE 3. Gender Differences on Mental Health Indicators

Indicator	Males (n = 174–193)		Females (n = 143–154)		Total (N = 317–350)		
	M	SD	M	SD	M	SD	t
Brief Symptom Inventory							
Somatization	.69	.83	.73	.76	.70	.80	.42
Obsession-compulsion	1.25	.97	1.37	.91	1.30	.95	1.09
Interpersonal sensitivity	1.34	1.09	1.33	.99	1.33	1.04	.12
Depression	1.30	1.01	1.25	.97	1.28	.99	.48
Anxiety	.96	.92	1.09	.94	1.02	.93	1.23
Hostility	.90	.86	.94	.82	.92	.84	.40
Phobic anxiety	.64	.79	.62	.78	.63	.78	.23
Paranoid ideation	1.11	.89	1.09	.86	1.10	.88	.21
Psychoticism	1.00	.83	.90	.81	.96	.82	.21
Global Severity Index	.92	.71	.94	.66	.93	.68	.21
Trauma Symptom Checklist							
Dissociation	.90	.67	1.02	.69	.96	.68	3.02
Anxiety	.70	.53	.81	.50	.75	.52	3.90*
Depression	.86	.55	.98	.59	.91	.57	4.28*
Sexual abuse trauma	.69	.57	.86	.60	.76	.59	8.27**
Sleep disturbances	1.09	.75	1.32	.79	1.19	.77	6.61**
Sexual problems	.76	.54	.72	.52	.75	.53	.43
TSC total	.83	.48	.92	.48	.87	.48	1.89
Total substance use	1.45	.46	1.51	.39	1.47	.43	1.37
Suicidality							
Lifetime suicide ideation	2.23	.93	2.33	1.07	2.27	.99	.96
Suicidal ideation in last year	1.84	.89	1.94	1.09	1.88	.92	1.10
Suicide ideation related to sexual orientation	3.45	1.33	3.62	1.19	3.52	1.28	1.11
Suicide plans in last week	.31	.70	.37	.75	.33	.72	.70
Personal Homonegativity	.21	.12	.17	.10	.19	.11	4.08***

*p < .05. **p < .01. ***p < .001.

Table 3. Gender differences on mental health indicators. From "Incidence and Mental Health Impact of Sexual Orientation Victimization of Lesbian, Gay, and Bisexual Youths in High School," by A. R. D'Augelli, N. W. Pilkington, and S. L. Hershberger, 2002, *School Psychology Quarterly, 17,* p. 159. Copyright 2002 by A. R. D'Augelli, N. W. Pilkington, and S. L. Hershberger

Victims are more likely to experience depression, have a poor self esteem, diminished self regard, and experience difficulty in later sexual relationships. Specifically, if an individual is victimized during adolescence, they are most likely to experience internalizing behavior, relationship difficulties, and psychomotor symptoms three years later (Kumpulainen & Räsänen, 2000). Additionally, victims are at increased risk of social isolation, eating disorders, and deterioration of academic performance (Staubli & Killias, 2011). Futhermore, victims also commonly avoid school. Their absenteeism is often related to depression and fear they will be bullied and harassed at school. Victims' low self esteem can be explained either by their experience of being victimized, causing them to think less of themselves, or because those who have lower self esteem to begin with are more likely to be targeted as victims (Kumpulainen et al., 1998).

In addition to the increased incidence of depression experienced by victims, they are at increased risk for suicidal ideation and behavior. There is a strong correlation between victimization in childhood and lifetime suicide attempts. In fact, adults that reported being bullied in their childhood were greater than two times as likely as other nonbullied adults to attempt suicide later in life (Meltzer et al., 2011). Those frequently bullied between the ages of 6 and 11 were three times as likely to have attempted suicide by age 19 to 20 (Staubli & Killias, 2011). Many victims experience longstanding depression leading to thoughts of suicide. These feelings of defeat and entrapment may be reactivated by periods of low mood (Meltzer et al., 2011). However, even when controlling for longstanding depression, Meltzer et al. (2011) still found there to still be a strong correlation between victimization and suicidal ideation.

In previous studies, suicidal thoughts and behaviors have been linked to impaired problem solving. Individuals exposed to traumatic childhood experiences, especially those that were victims of bullying, experience a decreased specificity of their autobiographical memory. This diminishes their ability to retrieve memories and reduces memory specificity, thus impairing their problem solving (Meltzer et al., 2011). This is linked to suicidal behaviors and self harm.

Aside from mental health implications, victims of bullying also experience an array of physical and somatic health problems. Both male and female victims experience more headaches as a result of bullying, as well as neck, shoulder, arm, leg, and knee pain. Female victims report a higher prevalence of abdominal pain and neck and shoulder pain than male victims. Overall, there is an increased level of symptomology noted in victims in the form of complaints, frequent visits to the school nurse, and school absenteeism due to actual or perceived threat of physical harm (Lien, Green, Welander-Vatn, & Bjertness, 2009).

Effects of Bullying on a Bully-Victim

Bully-victims experience a combination of the effects that occur both in a bull and a victim. Children who are bully-victims at an early age have many concurrent psychological symptoms. They also have more psychological symptoms later in life than bullies or victims alone (Kumpulainen & Räsänen, 2000). They often have a lower self esteem, lack success in school, are more socially isolated, and have a wider array of problem behaviors than either bullies or victims alone (Holt et al., 2007).

Additionally, bully-victims are more likely to become criminals. They are classified more often as violent offenders and property offenders, and less often as drug offenders. Furthermore, they had the highest levels of both proactive and reactive aggression (Ragatz et al., 2011). It has

been suggested by Ragatz et al. (2011) that a bully-victim's impaired emotional regulation due to previous victimization, as well as their tendency to exhibit attitudes supportive of aggression, leads them to be more likely to interpret others' ambiguous acts as hostile. This false perception of hostility may trigger their reactive aggression (Ragatz et al., 2011). Bully-victims also scored higher in both primary and secondary psychopathology than bullies alone. Characteristics such as callousness, manipulation, and self centered thoughts place them in the category of primary psychopathology, while their high levels of irresponsibility and engagement in self-defeating behavior places bully-victims in the realm of secondary psychopathology (Ragatz et al., 2011).

Proposed Interventions

Various interventions to help decrease bullying have been studied and tested. Different models have been implemented and proven successful. The majority of research concludes interventions need to target an entire population, not just one individual, in order to be successful. Also, students, teachers, and parents must receive the appropriate education concerning bullying, and collaborate to create a better environment that promotes nonviolence.

The Olweus Bullying Prevention Program was the first comprehensive school wide intervention implemented on a large scale. This program targets multiple systems to help reduce bullying (Blank et al., 2010). This includes creating school-wide anti-bullying policies, training teachers to properly address incidents precipitating bullying in the classroom, and as offering informational workshops for parents to attend (Vaughn et al., 2010). By incorporating teachers, administrators, and parents, there is large adult involvement, both combating bullying and acting as positive role models. This prevention program focuses on empowering these adults to limit unacceptable behavior both at school and in the home environment. To do so, there must be

consistent application of nonphysical and non punitive sanctions implemented when rules are violated or one's behavior is unacceptable (Olweus, 2003).

Olweus' (2003) study found that by implementing this intervention system, the opportunity and rewards structure for bullying behaviors was changed. There were fewer opportunities and rewards offered for bullying. By offering sanctions rather than rewards for unacceptable behavior, behaviors were more likely to be improved. In fact, Olweus (2003) found in his study that implementing this system showed a marked 50% decrease in bullying in bully and victim problems. Additionally, the study found a clear reduction in antisocial behaviors in general, as well as an overall improvement in the social climate of the classroom. Students also reported increased satisfaction with social life (Olweus, 2003).

Based off Olweus' prevention program, primary preventive programs at the school wide level were created. These interventions were based off the assumption that bullying is a systemic social problem and the culture of the entire school must be altered in order to decrease bullying. The solution is the collective responsibility of everyone in the school, including teachers, staff and administrators (Graham & Bellmore, 2007). Through extensive research, it has become evident that rather than focusing on the bullies and victims selectively, "multidisciplinary, whole school interventions are the most effective, non-stigmatizing means to prevent and manage bullying behaviors" (Pearce, Cross, Monks, Waters, & Falconer, 2011). A 20% decrease in bullying rates has been noted as a result of this whole school approach (Pearce et al., 2011).

Interventions must target the school, classroom, home, and individual levels. Schools need to strive to promote prosocial behaviors and skills, while simultaneously preventing problematic behavior. To prevent further bullying and disruptive behavior, levels of bullying, violence, aggression, delinquency, and victimization need to be addressed. Prosocial behaviors

and skills can be promoted in a variety of ways. Examples include the following among others: promotion of positive behavior change, conflict resolution, social competency and resilience training, peer support, and teaching methods of coping with change (Blank et al., 2010).

At the school level there must be an increase in awareness of the problem, heightened monitoring, and use of consistent responses and policies to incidents of bullying. The students should receive information about bullying and its effects, and be involved in decisions about rules related to bullying. Teachers, staff and administrators should receive training about strategies for preventing peer harassment. Students' behavior should be closely monitored and consequences for inappropriate and aggressive behavior should be implemented. On the parent level, parents should be provided with information about school policies (Graham & Bellmore, 2007). Parents also need to be engaged and involved in their child's life (Pearce et al., 2011). When these measures are implemented, students reported a decrease in bullying and victimization and teachers report a decrease in reports of student bullying. Decrease were also noted in antisocial behavior, as well as increases in students' perceptions of a positive school climate (Graham & Bellmore, 2007).

There are six necessary components for a whole school intervention to be successful. These components, or indicators, were developed by Pearce et al. (2011) to reduce bullying. The first indicator is "building capacity for action." This requires strong leadership in the school, specifically a strong principal. Strategies should be simple and easy to implement with adequate resources and organizational support. The second indicator is a "supportive school culture" to create and maintain a positive ethos that discourages bullying and encourages building a positive school culture and classroom environment. Peers should be engaged and a positive relationship should be built between teachers and students. The third indicator is "proactive policies,

procedures and practices," which involves clear rules and defined punitive strategies and disciplinary sanctions. The fourth indicator is "school community key understandings and competences." This indicator requires educating staff, students, and parents to raise awareness about the issue of bullying. This can be done by providing information directly to parents, as well as educating teachers about properly dealing with bullying through professional learning and development. The fifth indicator is a "protective school environment," which includes a well designed, maintained, and supervised school environment. Lastly, the sixth indicator is "school-family-community partnerships." This focuses on developing partnerships between students' families and key local organizations, as well as engaging parents in activities to decrease bullying (Pearce et al., 2011). Together, these six indicators create a successful intervention incorporating the entire school in order to combat bullying through school wide rules, consistent consequences of bullying, training for teachers and staff, involvement of parents, and general strategies to prevent bullying.

Teachers specifically have a role in intervening during a bullying situation. They are responsible for their students' safety and they should never ignore a bullying incident. In fact, teachers should respond to each incident they witness. This helps to communicate to the perpetrator that their actions are unacceptable and will not be tolerated, and also helps the victim to feel less powerless (Graham & Bellmore, 2007). By responding to each incident, teachers are reinforcing consistency to help alter the school's culture. Teachers also should use bullying incidents as teachable moments to open doors for conversations about bullying and its negative impact (Graham & Bellmore, 2007). Additionally, they should teach life skills to decrease violence and delinquency (Blank et al., 2010). Most importantly, teachers should be role models for their students. They should refrain from partaking in bullying behaviors between coworkers

and/or other adults (Blank et al., 2010). As a teacher it is their job to act as a good example for the students.

School administrators and teachers can implement multimedia teaching devices, such as information booklets, video sessions, and virtual computer programs to deter violence and to assist with bullying education. An example of a computer based aid to bullying education is entitled Fun with Empathic Agents to achieve Novel Outcomes in Teaching, also known as FearNot! This teaching tool addresses anger management and conflict re solution through a series of virtual modules, which aid in decreasing an adolescent's beliefs that are supportive of violence. The program also suggests various nonviolent strategies victims are able to use. Students are able to virtually observe the outcomes of each suggested strategy. This is a safe, engaging, time efficient, and low cost approach to decreasing bullying behaviors (Sapouna et al., 2011). In fact, Sapouna et al. (2011) found in their study that students who participated in and completed the FearNot! program were four times less likely to participate in bullying than those who were not involved in the computer based program.

Students are an essential piece of the whole school approach to limiting bullying. Schools would benefit from training students to be peer mediators. As peer mediators, students are able to aid in conflict resolution, and promote pro social behaviors and skills (Blank et al., 2010). Furthermore, students connect better with people their own ages. Students are also more likely to resolve conflicts by talking to their peers, because they are more likely to feel that their fellow students understand their problems better than adult.

In addition to teachers, parents play a specific and vital role in the whole school approach as well. Parental involvement is a key element in limiting bullying in schools. More competent and positive parenting has been shown to reduce conduct issues in children (Liu, 2004). Parental

involvement also helps enrich a child's social development, promote child-parent

communication, and decrease levels of violence (Blank et al., 2010).

　　　　School nurses also play a vital role in the whole-school approach to decreasing bullying.

It is important for the school nurse to be seen as someone students can turn to for support.

Additionally, prevention of self harm and suicide is key for the school nurse; he or she should be

aware of the warning signs of suicide and distress. These warning signs consist of an obvious

change in eating and sleeping habits, sustained depressed mood for more than two weeks, talking

about suicide, formulating a plan and making final arrangements for suicide, an unusual change

in regular behavior, increased drug and/or alcohol use, and an increase in social withdrawal.

School nurses should also advocate and promote school programs on respect, safety, and anti-

bullying. Any bullying they witness should be properly reported and documented (Reynolds,

2011). Overall, the school nurse should assist in creating a safe environment.

　　　　School nurses are not the only members of the health care team that can help decrease

bullying. Community health nurses also play an important role. Research done by Liu (2004),

has determined that better prenatal care and better social services help decrease the risk factors

involved in the development of bullying behaviors. Specifically, decreasing maternal birth

complications and bettering nutrition leads to better cognitive development. By increasing the

child's cognitive ability, there is a decreased likelihood of a child experiencing externalizing

behaviors that lead to bullying behaviors (Liu, 2004). However, in order to help decrease birth

complications and malnutrition during pregnancy, nurses are needed. Liu's (2004) research has

shown that both pre and postnatal home visits by nurses helped to decrease juvenile delinquency

15 years later. Evidently, community health nurses, in addition to school nurse, are able to play

a role in decreasing bullying.

In addition to the proven successes of the whole-school approach to decreasing bullying, targeted interventions are useful as well in certain situations. For instance, bullies should be taught strategies to help handle peer conflict. Aggressive students and bullies often cannot handle peer conflict because they assume other people are acting with hostile intent when they are not. These student should be taught to more accurately infer others' intentions and recognize that provocations are accidental, not intended (Graham & Bellmore, 2007).

Similarly, there are targeted interventions for victims. Victims often suffer many mental health problems due to being bullied. They should be taught to alter their maladaptive and dysfunctional thoughts concerning the causes of their troubles in order to produce changes in their thoughts and behavior (Graham & Bellmore, 2007). Victims should also be taught how to cope. This can be done through active problem solving approaches to stress and active coping strategies to reduce stress (Sapouna et al., 2010).

Lastly, there are targeted interventions that can be implemented for bully-victims. Most interventions combine those previously described for bullies and victims. Bully-victims are often rejected by their peers; therefore it is beneficial to teach self presentation strategies to help them manage the other people's impressions of them. It is also beneficial to teach bully-victims to know when to apologize or express remorse. This can help improve the behavior of aggressive youth who are also victimized (Graham & Bellmore, 2007).

There have been many federal actions implemented to combat the issue of bullying. Various federal committees have been formed, such as the Federal Partners Steering Committee on Bullying. Also, federal conferences have been held, such as the Bullying Prevention Summit, and a federal campaign called Stop Bullying Now! has been formed. This campaign is a national media campaign focused on individuals ages 9 to 13, as well as adults. It is meant to raise

awareness and prevent and/or reduce bullying behaviors. It supports research on the bullying

epidemic and identifies appropriate preventative strategies and interventions. The campaign has

an interactive website consisting of "webisodes," interactive games, facts, tips, and information

concerning prevention and interventions for both students and parents to help raise awareness

about the issue of bullying (Bryn, 2011).

　　　While there is currently not a federal anti-bullying law, individual states have laws and/or

policies concerning bullying. Forty-one states have both laws and policies concerning bullying

and harassment, while 8 states have laws only. New York State is one of the forty-one states with

both anti-bullying laws and policies. These laws and policies cover bullying, harassment,

discrimination and cyberbullying targeting the following characteristics: race, color, weight,

national origin, ethnicity, religion, sexual orientation, disability, and gender/sex. New York has

11 laws concerning bullying, 10 of which are education laws and one is a penal law (U.S.

Department of Health & Human Services, n.d.). The New York Penal Law 240.30 defines

bullying as aggravated harassment in the second degree, which his considered a class A

misdemeanor (N.Y. PEN. § 240.30, n.d.). New York State also signed into effect the Dignity for

All Students Act, effective July 1, 2012. This amended the State Education Law by creating a

new article to combat bias-based bullying, harassment, and discrimination in public schools by

students and school personnel. The act includes awareness and sensitivity to the individuals of

difference races, nationalities, ethnicities, religions, sexes, gender identities, sexual orientations,

mental and/or physical abilities, etc. All public elementary and secondary schools are protected

under the law. It also requires all districts to appoint a minimum of one staff member in each

school to handle all bullying incidents occurring on school property, on a school bus, and at

school sponsored events. It also requires all incidents of bullying or bias-based harassment to be

reported to the New York State Department of Education (Child Abuse Prevention Services, 2012). The creation of these laws is evidence of progression made towards diminishing bullying.

Conclusion

Bullying is an issue that should not be taken lightly. It has many negative effects on all those involved, as well as to society. The impact on victims is much more well known to the public, however it is important to remember the negative effects of bullying on the perpetrator. Bullies and victims often experience lifelong psychological implications as a result of bullying behaviors and incidents. Victims struggle with poor self esteem and many other psychological and physiological stressors that can last a lifetime if untreated. Bullies tend to end up in the criminal justice system and diagnosed with mental health disorders as well. It is imperative for society to take a more active role in the prevention, early detection, and treatment for both victims and perpetrators of bullying in order to limit long term consequences of the problem.

References

Baldry, A. C. (2003). Bullying in schools and exposure to domestic violence. *Child Abuse &
Neglect*, *27*(7), 713-732.

Blank, L., Baxter, S., Goyder, E., Naylor, P. B., Guillaume, L., Wilkinson, A., Hummel, S., &
Chilcott, J. (2010). Promoting well-being by changing behaviour: A systematic review
and narrative synethesis of the effectiveness of whole secondary school behavioural
interventions. *Mental Health Review Journal*, *15*(2), 43-53.

Bryn, S. (2011). Stop bullying now! A federal campaign for bullying prevention and
intervention. *Journal of School Violence*, *10*, 213-19. doi:
10.1080/15388220.2011.557313

D'Augelli, A. R., Pilkington, N. W., & Hershberger, S. L. (2002). Incidence and mental health
impact of sexual orientation victimization of lesbian, gay, and bisexual youths in high
school. *School Psychology Quarterly*, *17*(2), 148-67. doi: 10.1521/scpq.17.2.148.20854

Child Abuse Prevention Services. (2012). *Dignity for all students act (dasa): Nys's anti-bullying
law*. Retrieved from http://www.capsli.org/bully-prevention-center/dignity-for-all-
students-act-dasa

Department of Health & Human Services (n.d.). *Recognizing the warning signs*. Retrieved from
http://www.stopbullying.gov/topics/warning_signs/index.html

Graham, S., & Bellmore, A. D. (2007). Peer victimization and mental health during early
adolescence . *Theory Into Practice*, *46*(2), 138-46. doi: 10.1080/00405840701233081

Holt, M. K., Finkelhor, D., & Kantor, G. K. (2007). Hidden forms of victimization in elementary
students involved in bullying. *School Psychology Review*, *36*(3), 345-60.

Ivarsson, T., Broberg, A., Arvidsson, T., & Gillberg, C. (2005). Bullying in adolescence:

    psychiatric problems in victims and bullies as measured by the youth self report (YSR)

    and the depression self-rating scale (DSRS). *Nordic Journal of Psychiatry*, *59*(5), 365-73.

Kumpulainen, K., & Räsänen, E. (2000). Children involved in bullying at elementary school age:

    their psychiatric symptoms and deviance in adolescence: an epidemiological sample.

    Child Abuse & Neglect, *24*(12), 1567-1577.

Kumpulainen, K., Räsänen, E., Henttonen, I., Almqvist, F., Kresanov, K., Linna, S., Moilanen,

    I., Piha, J., Puura, K., & Tamminen, T. (1998). Bullying and psychiatric symptoms

    among elementary school-age children. *Child Abuse & Neglect*, *22*(7), 705-717.

Lien, L., Green, K., Welander-Vatn, A., & Bjertness, E. (2009). Mental and somatic health

    complaints associated with school bullying between 10th and 12th grade students; results

    from cross sectional studies in Oslo, Norway. *Clinical Practice and Epidemiology in*

    Mental Health, *6*, doi: 10.1186/1745-0179-5-6

Liu, J. (2004). Childhood externalizing behavior: Theory and implications. *Journal of Child and*

    Adolescent Psychiatric Nursing, *17*(3), 93-103.

Luukkonen, A., Riala, K., Hakko, H., & Räsänen, P. (2011). Bullying behaviour and criminality:

    A population-based follow-up study of adolescent psychiatric inpatients in Northern

    Finland. *Forensic Science International*, *207*(1-3), 106-110.

Meltzer, H., Vostanis, P., Ford, T., Bebbington, P., & Dennis, M. S. (2011). Victims of bullying

    in childhood and suicide attempts in adulthood. *European Psychiatry*, doi:

    doi:10.1016/j.eurpsy.2010.11.006

N.Y. PEN. § 240.30. Retrieved from Laws of New York website:

    http://public.leginfo.state.ny.us/LAWSSEAF.cgi?QUERYTYPE=LAWS+&QUERYD

ATA=$$PEN240.30$$@TXPEN0240.30+&LIST=LAW+&BROWSER=BROWSER+
&TOKEN=13176117+&TARGET=VIEW

Olweus, D. (2003). A profile of bullying at school. *Educational Leadership*, *60*(6), 12-17.

Olweus, D. (2011). Bullying at school and later criminality: Findings from three Swedish community samples of males. *Criminal Behaviour and Mental Health*, *21*, 151-156. doi: 10.1002/chm.806

Patchin, J. W., & Hinduja, S. (2010). Cyberbullying and self-esteem. *Journal of School Health*, *80*(12), 614-21. doi: 10.1111/j.1746-1561.2010.00548.x

Pearce, N., Cross, D., Monks, H., Waters, S., & Falconer, S. (2011). Current evidence of best practice in whole-school bullying intervention and its potential to inform cyberbullying interventions. *Australian Journal of Guidance & Counselling*, *21*(1), 1-21. doi: 10.1375/ajgc.21.1.1

Ragatz, L. L., Anderson, R. J., Fremouw, W., & Schwartz, R. (2011). Criminal thinking patterns, aggression styles, and the psychopathic traits of late high school bullies and bully-victims. *Aggressive Behavior*, *37*, 145-160

Reynolds, D. V. D. (2011). Preventing bullycides: The school nurse's role in breaking the link between victimization of sexual minority youth and suicide. *NASN School Nurse*, *26*(1), 30-4.

Sapouna, M., Wolke, D., Vannini, N., Watson, S., Woods, S., Schneider, W., Enz, S., Hall, L., Paiva, A., Andre, E., Dautenhahn, K., & Aylett, R. (2010). Virtual learning intervention to reduce bullying victimization in primary school: A controlled trial. *Journal of Child Psychology and Psychiatry, and Allied Disciplines*, *51*(1), 104-12.

Staubli, S., & Killias, M. (2011). Long-term outcomes of passive bullying during childhood: suicide attempts, victimization, and offending. *European Journal of Criminology*, *8*(5), 377-85. doi: 10.1177/1477370811415761

Taylor, C. A., Manganello, J. A., Lee, S. J., & Rice, J. C. (2010). Mothers' spanking of 3-year-old children and subsequent risk of children's aggressive behavior. *Pediatrics*, *125*(5), doi: 10.1542/peds.2009-2678

U.S. Department of Health & Human Services (n.d.). *Policies & laws*. Retrieved from http://www.stopbullying.gov/laws/index.html

Vaughn, M. G., Qiang, F., Bender, K., DeLisi, M., Beaver, K. M., Perron, B. E., & Howard, M. O. (2010). Psychiatric correlates of bullying in the United States: Findings from a national sample. *Psychiatric Quarterly*, *81*(3), 183-95. doi: 10.1007/s11126-010-9128-0