# PUBLIC HEALTH LAW RESEARCH:

Making the Case for Laws that Improve Health

**POLICY BRIEF** 

## **Anti-bullying Laws: A Blueprint for Prevention**

June 2015

#### Introduction

Youth violence is a significant public health concern that leads to injuries, death and poor mental health outcomes (Dahlberg & Mercy, 2009; CDC, 2003; Juvonen, Graham & Schuster, 2003; Wang, Nansel & Iannotti, 2011). Of all forms of violence, bullying involvement, either as perpetrator or target, is most commonly experienced by today's youth (Perlus, Brooks-Russel, Wang, & Iannotti, 2014).

Bullying is defined as unwanted, repeated aggression that leads to a power imbalance, with the perpetrator holding power over targets of bullying. This power differential interferes with personal relationships, and results in feelings of hopelessness and stress (Ybarra, Espelage, & Mitchell, 2014). Bullying can be physical (hitting), verbal (name-calling), relational (social isolation or humiliation) and cyber (e-mail, text or other electronic postings or communications) (Gladden, Vivolo-Kantor, Hamburger, & Lumpkin, 2013; Wang, Iannotti, & Nansel, 2009). Recent surveys conducted in schools in the United States from 2010-2014 have found that bullying occurs about once a month in 37 percent of all public schools (Gray & Lewis, 2015), and that 20-28 percent of middle and high school students report being targets of bullying at school each year (Robers, Kemp, & Truman, 2013; CDC, 2012). Middle school children experience the highest rates of bullying, impacting about a third of all 6th and 7th graders in the United States (Robers et al., 2012).

Being a perpetrator or target of bullying can have immediate consequences, and both are related to involvement in violence, depression and criminal offenses later in life (Farrington, Losel, Ttofi, & Theodorakis, 2012). Those who both bully and get bullied (e.g., bully-victims) are especially troubled. They are by far the most socially ostracized by their peers, most likely to display conduct problems, and least engaged in school compared with perpetrators and targets, and they also report elevated levels of depression and loneliness (Juvonen, Graham, & Schuster, 2003). Furthermore, bullying involvement either as perpetrator, target, or both has been shown across 47 studies to be associated with more than twice the risk of suicide ideation and behaviors (Holt et al., 2015). In one study, about 44 percent of middle school children who were both perpetrators and targets of bullying reported trying to hurt or kill themselves (Espelage & Holt, 2013).

In the past two decades, states in the United States have enacted anti-bullying laws<sup>1</sup> as a strategy to prevent and respond to acts of bullying on school campuses. State anti-bullying laws are found primarily in state education code, although some may be found in the criminal justice code. As of April 2014, 49 states and the District of Columbia had enacted anti-bullying legislation, with Montana being the lone exception (LawAtlas, 2014). There is currently no U.S. federal anti-bullying law.

Anti-bullying laws are thought to improve the school safety climate by providing a blueprint of response strategies and intervention activities to be carried out by states, local communities, administration/staff of schools, and students (Dresler-Hawke & Whitehead, 2009). Anti-bullying laws are hypothesized to work by mandating schools to define prohibited bullying behaviors, develop specific policies and procedures, and raise awareness. These activities operate at multiple levels (state, community, district, school) to improve the climate of the physical and social learning environment at schools (Espelage, 2014).

This Knowledge Asset includes information about the impacts of bullying; the public health framework for anti-bullying laws; the language and content of these laws; and current evaluation studies on the implementation and effectiveness of anti-bullying laws.

<sup>&</sup>lt;sup>1</sup> Anti-bullying laws differ from anti-bullying policies, which are guidelines provided often by a state department of education for implementing anti-bullying activities which likely align with state anti-bullying laws (if they exist). While the 49 states have a law, of these, 41 also have state policies (Department of Education, 2011; www.stopbullying.gov).

Public Health Law Research Program http://publichealthlawresearch.org

### Research and Evidence

- Perpetrators and targets of bullying face mental health and academic achievement challenges.
- Anti-bullying policies and laws may have great potential to impact larger populations if viewed as public health interventions that target individual children, their schools and their communities.
- In the United States and other countries, state and local governments have enacted a wide variety of anti-bullying legislation using different recommendations or frameworks for the law. While many of the frameworks share similar elements, the most effective anti-bullying laws have yet to be identified.
- The effectiveness of anti-bullying laws and policies can be judged by how widely they are implemented at the school level, whether and how they prevent bullying, how they assist those most at risk of bullying, and how they treat those with established problems. A small body of evidence on the effectiveness of anti-bullying laws now exists.

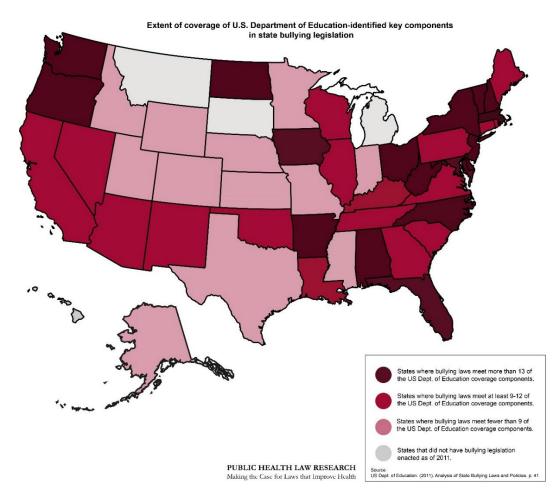


Figure 1: Extent of coverage of US Dept. of Education-identified key components in state bullying legislation.

Public Health Law Research Program http://publichealthlawresearch.org

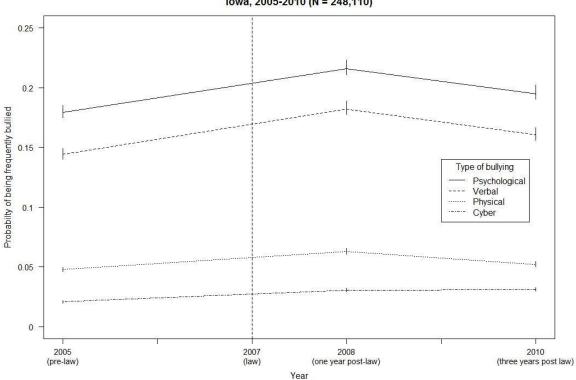


Figure 2. Probability of being frequently bullied by year, lowa, 2005-2010 (N = 248,110)

Figure 2: From Ramirez et al. (in preparation), Evaluation of Iowa's anti-bullying law

# **Policy Implications**

Bullying is clearly a major problem with many public health consequences linked to depression, violence, suicide, and emotional or psychological development. Altogether, those who are victims, perpetrators and bystanders of bullying bear the consequences of this public health challenge.

Public awareness about bullying has prompted a rush to pass legislation and appear responsive. However, a gap still remains regarding the evidence base on the effectiveness of laws/policies in reducing bullying. Recognizing bullying as a public health issue and developing policies or interventions on sound public health principles that address the entire social ecology of youth from the home, school, community and sociopolitical environment could be the first step in reducing the incidence of bullying and promoting emotional development and academic achievement. However, unfunded policy mandates that lack enforcement, accountability and evaluation are not likely to produce any significant reductions in bullying.

To inform best practices for bullying prevention, a number of critical questions must be answered. First, are anti-bullying laws effective? Early promising research indicates that anti-bullying laws are associated with increased awareness as well as reductions in bullying behaviors both in one state (Iowa) and in 25 states across the country. Additional research is needed to confirm these results and

explore if these laws also protect youth often targeted for bullying because of race/ethnicity, sexual orientation, disability, intellect, or physical appearance.

Second, given that 49 states with anti-bullying laws differ in their language, content, required and recommended elements, it still is not known what types of laws are most effective. Evidence suggests that "ideal" legislative and policy components identified by the US Department of Education are protecting children against bullying. Accordingly, students living in states whose anti-bullying laws state a purpose, describe the jurisdiction for regulating bullying, define prohibited behaviors, include enumerated groups, and/or require school district policies have lower bullying victimization rates than students in states that do not have these components. Although promising, in order to be valid and generalizable, findings must be replicated in research studies using strong scientific designs with multiple school communities across the country.

Third, because bullying behaviors are complex, understanding how laws improve the developmental pathways of youth at risk for bullying as victim, perpetrator and victim-perpetrator is essential. Do behaviors change because the school climate is improved, and/or because social norms are changed? Do these mechanisms impact all forms of bullying, and even other forms of youth violence (e.g., weapons carrying, fighting) and risky behaviors (e.g., drug/alcohol use)? Unraveling these mechanisms will enhance our ability to develop laws that actually work. Knowledge about successful anti-bullying laws is highly valuable to legislators and constituents amending laws in existence or creating new laws or policies.

Also critical is knowledge about which elements of the law are most challenging to implement, as well as what factors enhance implementation efforts. From only one study thus far, we know that Iowa schools are doing moderately well in implementing most of the provisions of Iowa's antibullying law. Still, schools are having difficulty in interpreting the legal definition of bullying, often misinterpreting behaviors that leads to both over- and under-reporting of bullying. Bullying behaviors are complex. In fact, many allegations of bullying are unfounded or misidentified, and among cases where bullying occurs, parties involved rarely fall into clean categories of perpetrator or target. To no surprise, schools are therefore challenged when pursuing disciplinary sanctions. Some take a zero-tolerance stance which leads to highly reactive and punitive approaches that do not address underlying behavioral and social problems among adolescents. Schools have a limited capacity to punish but great capacity to educate students about bullying prevention and prosocial behaviors. In fact, states like Massachusetts mandate anti-bullying skills training programs for students, staff and parents. In other states like Iowa and South Carolina, anti-bullying skills training or programming is recommended or encouraged. The focus on prevention training is admirable, however, in reality, schools are often hard-pressed to adopt programs and trainings. While the evidence is growing, still, the most cost-effective anti-bullying programs, campaigns and trainings are still relatively unknown.

Although challenges exist, our country has come a long way in bullying prevention with now almost all U.S. states with an anti-bullying law. These laws are meant to serve as blueprints for response and prevention with legislative teeth to require their implementation. "The intent is noble," as one Iowa school district administrator shared. But, the passage of anti-bullying laws represents just the tip of

Public Health Law Research Program http://publichealthlawresearch.org

the iceberg; much more is needed to understand if the requirements and recommendations of these laws can be implemented and are, in fact, effective.

Financial and human resources and expertise must be shared with schools tasked to implement numerous, unfunded mandates. Some steps are now being taken in the right direction. In 2014, the National Institute of Justice began funding school violence research that requires partnerships between researchers and school partners. Legislators need to be part of this collaborative effort to understand if the laws they have passed are working, and to identify the weak points in current laws for improvements through amendments. Similarly, schools, the constituents responsible for implementation, need the knowledge, skills and resources to carry out these provisions. Envision a toolbox from which schools can select from a menu of evidence-based approaches that align with state anti-bullying requirements, such as model policies that are feasible to implement, remedial plans and mental health supports that work, and cost-effective training and programming.

#### **Author**

Marizen Ramirez, PhD, University of Iowa Injury Prevention Research Center, Department of Occupational and Environmental Health, College of Public Health

### **Review Panel**

Judy Chiasson, PhD, Los Angeles Unified School District

Dorothy Espelage, PhD, Department of Educational Psychology, University of Illinois, Urbana-Champaign

Mark Hatzenbuehler, PhD, Department of Sociomedical Sciences, Mailman School of Public Health, Columbia University

### **Additional Resources**

http://www.stopbullving.gov/laws/key-components/

http://www.stopbullving.gov/laws/

http://lawatlas.org/query?dataset=anti-bullying-laws

http://www.lgbtmap.org/equality-maps/safe school laws

http://www.bridgit.com/

For further explanation of the evidence and a full list of references, please visit <a href="http://phlr.org">http://phlr.org</a>