Prevention and Intervention of Bullying and Cyberbullying in Schools

Position Statement

NASN POSITION

It is the position of the National Association of School Nurses (NASN) that student health, well-being, and academic achievement are dependent upon a safe, supportive, and equitable school environment that protects students from in-person bullying and cyberbullying. The registered professional school nurse (hereinafter referred to as school nurse) is an essential member of the school team that works collaboratively to prevent bullying, to identity students involved in bullying, and to provide sustained, systemic interventions that halt bullying.

BACKGROUND AND RATIONALE

Bullying is a significant issue in schools and in the lives of students. By definition, bullying is unwanted and repeated aggressive and intentionally harmful behavior involving a perceived or real imbalance of power among school age youth (U.S. Department of Health and Human Services [HHS], 2022a). Bullying behaviors are peer abuse that can be physical, verbal, social/relational, or involve damage to personal property. Bullying that occurs during students' years in school can result in school absenteeism, academic difficulties, social problems, and poor physical or mental health, with potentially lasting negative effects into adulthood (Armitage, 2021; Zhu et al., 2021; Patchin & Hinduja, 2022). This public health problem encompasses both traditional, direct in-person bullying and cyberbullying, also called electronic or internet bullying or harassment. Some students may be involved with bullying in both contexts and others may experience bullying as bystanders or witnesses (Armitage, 2021; Li et al., 2022; HHS, 2021c).

Cyberbullying is a type of bullying that involves the use of digital devices such as computers or cell phones to electronically transmit harmful written material or images, often through various forms of social media (HHS, 2021a). With increasing online internet access and use by youth, cyberbullying is on the rise. Individuals responsible for cyberbullying can act anonymously and may infringe upon others' personal privacy or security (Hinduja & Patchin, 2022; Zhu et al., 2021). Though cyberbullying can take place anytime, anywhere, when it interferes with a safe school learning experience, schools have a duty to make sustained efforts to ensure that it stops (HHS, 2021a; Byrne et al., 2018).

Currently, federal laws do not specifically address bullying, nor are there national mandates for bullying prevention curricula in schools. However, schools that receive federal funding are obligated to address and resolve incidences of bullying, including discriminatory harassment based on race, national origin, color, sex (including sexual orientation and gender identity), age, disability, or religion. States address bullying to varying degrees, in accordance with their own laws, regulations, or policies (HHS, 2022b).

At district and school levels, addressing bullying requires cohesive efforts by school personnel inclusive of school nurses, and also involves students, families, and community members (Gordon & Selekman, 2019; Zhu et al., 2021). School nurses bridge health and education and thus, are well-positioned to lead and facilitate collaboration to address bullying. These efforts can include applying the Whole School, Whole Community, Whole Child (WSCC) model that advances collaborative approaches to learning and health (Advancing IDEAS for Health & RMC Health, 2020; ASCD & CDC, 2014).

The presence of a school nurse every day, all day during school hours enables student access to a trusted adult with whom students can share concerns about bullying. For students who do not disclose bullying, school nurses provide specialized expertise in assessment, screening, surveillance, and monitoring to identify students who may show physical or emotional signs and symptoms indicative of involvement in bullying.

Effective interventions that can reduce bullying include comprehensive evidence-based bullying prevention training, curricula, and programs, along with consistently implemented evidence-based policies (Gordon & Selekman, 2019; Gaffney et al., 2021). Aligning with the Framework for 21st Century Nursing Practice, school nurses engage in continuous quality improvement and as lifelong learners, can keep current on evidence related to bullying through timely professional development and up-to-date peer-reviewed literature ((NASN, 2016; NASN, 2020; NASN, 2022). With this knowledge, school nurses are able to provide best practice prevention and intervention training and programs as well as support for curricular and policy development and implementation.

A safe, supportive, and equitable school community is fundamental to preventing bullying and supporting student learning and academic achievement (ASCD & CDC, 2014; Korpershoek et al., 2020; Gordon & Selekman, 2019). "Schools must begin to incorporate skill specific interventions, such as empathy training and social-emotional learning (SEL) programming to reduce the levels of relational aggression among school-aged youth" (Kim et al., 2022, p. 293). Restorative justice practices that repair and rebuild relationships can effectively reduce bullying by strengthening students' communication and problem-solving skills, for both those who bully or are bullied (Acosta et al., 2019; Reyneke, 2019). Other important educational objectives include promoting the importance of bystander support and guiding youth towards constructive messaging when using social media (HHS, 2021c; HHS, 2018). School nursing advocacy is vital for integrating evidence based SEL curricula that help build a school climate that fosters school connectedness, belonging, positive peer interactions, and a culture of respect (Long & Dowdell, 2021).

School nurses are essential members of the school community who make important contributions to multifaceted efforts to protect students from bullying, so that every student can be free to learn in a safe, supportive, and equitable environment.

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