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Bullying: What Parents, Teachers Can Do to Stop It

Questions for bullying expert Susan Swearer, PhD

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Susan Swearer, PhD, is an associate professor of School Psychology at the University of Nebraska – Lincoln (UNL) in the Department of Educational Psychology. She is also the co-director of the Nebraska Internship Consortium in Professional Psychology; co-director of the [Bullying Research Network](#) and was recently a visiting associate professor of psychology in the Department of Psychiatry, Harvard Medical School. Dr. Swearer is a licensed psychologist in the Child and Adolescent Therapy Clinic at UNL, and is a consultant to National School Violence Prevention Initiative, The Center for Mental Health Services, the U.S. Department of Health and Human Services, and the Office of Juvenile Justice and Delinquency Prevention Technical Assistance Consultant Pool. She has presented dozens of keynotes and workshops on bullying across the United States.

Dr. Swearer is co-editor of the recently published book, “Bullying in American Schools: A Social-Ecological Perspective on Prevention and Intervention” (2004; Lawrence Erlbaum Associates), one of the authors of “Bullying Prevention and Intervention: Realistic Strategies for Schools” (2009; Guilford Press), co-editor of the “Handbook of Bullying in Schools: An International Perspective” (2010; Routledge), co-editor of “Bullying in North American Schools” (in press, Routledge) and is on the editorial review boards for “School Psychology Review,” “Journal of Anxiety Disorders,” “Journal of School Psychology,” and the “Journal of School Violence.” She has written more than 50 professional publications on the topics of bullying and mental health issues.

APA. The news of late seems to be filled with terrible stories about [youngsters being bullied](#), even to the point of [suicide](#). Has bullying become more prevalent or more severe, or is this a case of over-reporting by the media?

Dr. Swearer. We don't know if bullying has become more prevalent or more severe in recent years. We don't have national, longitudinal data that can answer this question. What we do know is that bullying is a problem that reaches into the culture, community, school, peer groups and families. The extent of the problem will vary across different communities and schools. In some schools, physical bullying might be particularly prevalent, whereas in another

school, cyber-bullying might be particularly prevalent. In some schools, there may be a lot of bullying and in other schools, there may be very little bullying. The media are reporting cases where students commit suicide as a result of being bullied because these cases are so tragic and in some cases, have resulted in lawsuits against the bullies and the schools. We should remember that Dr. Dan Olweus, the Norwegian researcher who started studying bullying in the early 1980s, did so partly as a result of three boys, ages 10 to 14, who committed suicide in 1982 as a result of being bullied. Sadly, this is not a “new” problem.

APA. If a parent or teacher suspects a child is being bullied, what are the most effective steps he/she should take to protect the victim?

Dr. Swearer. Parents and teachers MUST intervene when they see bullying take place. First, they must tell the student(s) who are doing the bullying to stop. They need to document what they saw and keep records of the bullying behaviors. Victims need to feel that they have a support network of kids and adults. Help the student who is being bullied feel connected to school and home. Students who are also being bullied might benefit from individual or group therapy in order to create a place where they can express their feelings openly.

APA. Who is more at risk for suicide if bullied? In other words, are there personality traits or markers that parents and teachers should look for when they know a child is being bullied?

Dr. Swearer. There really is no “profile” of a student who is more at risk for suicide as a result of bullying. In the book *Bullycide in America* (compiled by Brenda High, published by JBS Publishing Inc. in 2007), mothers of children who have committed suicide as a result of being bullied share their stories. Their stories are all different, yet the commonality is that the bullying their children endured resulted in suicide. We do know that there is a connection between being bullied and depression, and we know that depression is a risk factor for attempting suicide. Therefore, parents and educators should look for signs that a child is experiencing symptoms of depression.

APA. You have been conducting research on a program called “Target Bullying : Ecologically Based Prevention and Intervention for Schools” that looks at bullying and victimization in middle-school-aged youth. Your findings suggest there are certain psychological and social conditions that fuel bullying. What are they and what are the best interventions to stop the cycle?

Dr. Swearer. I have been conducting research on bullying since 1998 and during this time, I have become increasingly convinced that bullying is a social-ecological problem that has to be understood from the perspective that individual, family, peer group, school, community, and societal factors all influence whether or not bullying occurs. The question that I ask students, parents and educators is: “What are the conditions in your school (family, community) that allow bullying to occur?” The answers to that question are then the areas to address for intervention. We write about how to do this in our book *Bullying Prevention and Intervention: Realistic Strategies for Schools* (by Susan Swearer, Dorothy Espelage and Scott Napolitano, published in 2009 by Guilford Press). Interventions should be based on evidence. Since bullying will vary across schools and communities, each school in this country ought to be collecting comprehensive data on bullying experiences. Then, schools can use their own data to design effective interventions in order to change the conditions that are fueling the bullying in their own school and community.

APA. From your research, what can you tell us about who becomes a bully? Are there different types of bullies? And if someone is a bully as a child, how likely is it that he or she will continue to bully into adulthood?

Dr. Swearer. If we conceptualize bullying from a social-ecological perspective, there is no way to “profile” a bully. If the conditions in the environment are supportive of bullying, then almost anyone can bully. In fact, the mother of a daughter who committed suicide after being bullied once told me that the girls who bullied her daughter were just “regular kids.” The conditions in their small town and small school were breeding grounds for bullying. My research has also looked at the dynamic between bullying and victimization. In one study, we found that kids who were bullied at home by siblings and/or relatives were more likely to bully at school. So, you can see that the dynamic is complex and crosses all areas in which we all function – in our community, family and schools. We do know that if left untreated, children who learn that bullying is an effective way to get what they want are likely to continue bullying behavior into adulthood. Thus, it is critical to intervene and stop the bullying during the school-age years.

APA. How is the growth of social media, such as Facebook and mySpace, affecting bullying?

Dr. Swearer. Technology has definitely impacted bullying. What used to be a face-to-face encounter that occurred in specific locations is now able to occur 24 hours a day, seven days a week. Technology—computers, cell phones and social networking sites -- are all conditions that allow bullying to occur. One way to protect our children is to limit and/or monitor their use of this technology. I ask parents, “Would you let your 12-year-old daughter walk alone down a dark alley?” Obviously, the answer is “no.” The follow-up question is, “Then why would you let your 12-year-old daughter be on the computer or be texting unmonitored?” Parents and kids don’t realize the negative side to technology and social networking sites.

APA. Are there any other trends you’re seeing through your research that you’d like the public to know about?

Dr. Swearer. I really want the public to be aware of the link between mental health issues and bullying. As a licensed psychologist in the Child and Adolescent Therapy Clinic at the University of Nebraska – Lincoln, I and my colleagues have seen an increase in referrals for bullying-related behaviors. Whether students are involved as bullies, victims, bully-victims (someone who is bullied and who also bullies others) or bystanders, we know that in many cases, depression and anxiety may be co-occurring problems. I always assess for depression and anxiety when I’m working with youth who are involved in bullying. Bullying is a mental health problem.

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