THE INTERSECTION OF SUBSTANCE USE & BULLYING

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LEARNING OBJECTIVES

• Understand the common risk factors of bullying and potential risk factors for substance use disorder

• Identify additional risk factors regarding cyberbullying

• Categorize other factors that lead to bullying and bully victimization

• Understand the impact of substance use on the adolescent brain

• Actions and interventions to address and/or prevent adolescent substance use or use harm reduction approaches to lessen the impact
BULLYING DEFINED

Bullying is the use of force, coercion or threat, to abuse aggressively dominate or intimidate.

One essential prerequisite is the perception (by the bully or by others) of an imbalance of physical or social power.

This imbalance distinguishes bullying from conflict.

Bullying is the activity of repeated, aggressive behavior intended to hurt another individual, physically, mentally, or emotionally.

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BULLYING IS FREQUENT FOR YOUTH

Bullying is among the most reported discipline problems in public schools

Nearly 14% of public schools report that bullying happens at least once a week

Reports of bullying are highest for middle schools (28%) followed by high schools (16%), combined schools (12%), and primary schools (9%)
WARNING SIGNS FOR BULLYING

Not all children who are bullied show warning signs, however, you should be alert for:

- Unexplained injuries
- Lost or destroyed clothing, books, electronics, or jewelry
- Frequent headaches or stomachaches, feeling sick or faking illness
- Difficulty sleeping or frequent nightmares
- Declining grades, loss of interest in schoolwork, or not wanting to go to school

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RISK FACTORS FOR BULLYING AND SUBSTANCE USE OVERLAP

Studies also support the notion that aggressive behavior and substance use co-occur because each behavior is an attempt to cope with peer rejection. An extensive review of literature published in 2010 in School Psychology Quarterly supported the notion that risk factors for bullying and substance abuse overlap. Risk factors for bullying and bully victimization, such as social difficulties, negative community influences and academic struggles, are also risk factors for substance abuse.

Committee on the Biological and Psychosocial Effects of Peer Victimization (2016)
ALONE-A SHORT BULLYING VIDEO

https://www.youtube.com/watch?v=OxS5siu60y0
TYPES OF BULLYING

- Psychological
- Verbal
- Physical
- Cyber

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THE MAIN PLATFORM FOR BULLYING IN CONTEMPORARY CULTURE IS ON SOCIAL MEDIA WEBSITES

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SOCIAL BULLYING

• Social bullying involves damaging a person’s reputation or relationships.

• It usually occurs behind the person’s back, in front of groups of people or online.

• The goal of social bullying is usually to put others down or to gain social power.

• Social bullying may also occur because the bully wants to maintain his or her social status.
EXAMPLES OF SOCIAL BULLYING

• Excluding others
• Ghosting on social media
• Spreading rumors
• Sharing fake stories
• Humiliating others publicly
• Posting embarrassing photos or videos online
VERBAL BULLYING

• Verbal bullying includes saying or writing things that are meant to cause harm

• It can occur face-to-face or via phone call, text, social media or other medium such as:
  • Flaming
  • Teasing
  • Name-calling
  • Taunting
  • Threatening
  • Messaging

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SOCIAL & VERBAL
BULLYING STATISTICS

- Name calling 44.2%
- Teasing 43.3%
- Spreading rumors or lies 36.3%
- Threatening 27.4%
- Stealing belongings 27.3%
- Sexual comments or gestures 22.3%
PHYSICAL BULLYING

• Physical bullying is the easiest to recognize. It involves causing physical damage to a person or their property.

• The visible side effects of physical bullying can include black eyes, bruises or scars, but physical bullying also causes psychological side effects.

• Like verbal or social bullying, the goal of physical bullying is to make the victim and others believe the bully has power.
PHYSICAL BULLYING STATISTICS

- Pushing or shoving 32.4%
- Hitting, slapping, or kicking 29.2%

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CYBER BULLYING

• Cyberbullying is a relatively new type of bullying, but it has drastically changed how people bully others and how victims experience bullying.
• Cyberbullying involves bullying behavior conducted through computers, cellphones, tablets and other electronic devices.
• Cyberbullying can occur via text message, email, social media, online forums and other electronic mediums.
• Research indicates that the psychological side effects of cyberbullying may be more severe than traditional bullying.
• Risk of suicidal ideation and suicidal behavior seems to be even greater in those who are cyberbullied.
OVERWHELMED-A SHORT VIDEO

- https://www.youtube.com/watch?v=vJz2b5lnp0
AUDIENCE QUESTION

• What are your thoughts after watching the video?
CYBER BULLYING HAS A FAR REACH

Cyberbullying can involve name-calling, shaming or rumor-spreading that once involved a handful of people can now involve entire schools, workplaces or communities if conducted online.

The purpose, intent and consequences of bullying haven’t changed, but a new medium has amplified its effects.

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CYBER BULLYING STATISTICS

• 4.5 million youth aged 12 to 17 — a group representing 19 percent of American adolescents — had been cyberbullied

• 25% of girls were much more likely to be cyberbullied

• 14% of boys and teens who were cyberbullied were more than twice as likely to have used tobacco, alcohol or marijuana

• Teens who spent more time online were more likely to be cyberbullied

Kowalski et al., (2014)
SUBSTANCE USE & BULLYING - THE LINK
For victims of bullying, the experience can be life-altering, especially if it occurred during formative years.

Numerous studies that have found how bullied people develop conditions such as depression, anxiety, panic attacks, suicidal behavior, and other mental health problems.

Often, the physical or emotional injury that bullying causes becomes too unbearable and victims seek an escape often through alcohol or drugs.

This occasional escape to forget the pain or trauma could lead to a lifelong habit.

Tharp-Taylor (2009)
RESEARCH SHOWS

• A recent study involving more than 4,000 students found that children who are bullied in fifth grade are more likely to experiment with drugs and alcohol during the next five years

  Earnshaw et al. (2020)

• A study in Finland discovered the harmful effects of workplace bullying. The study found that victims of workplace bullies are more likely to take antidepressants, sleeping pills, sedatives and other psychotropic medications

  Lullukka et al. (2012)
BULLYING EXERTS PSYCHIATRIC EFFECTS INTO ADULTHOOD

• Once considered a childhood rite of passage, bullying lingers well into adulthood

• Bullies and victims alike are at risk for psychiatric problems such as anxiety, depression, substance abuse, and suicide when they become adults

Tharp-Taylor (2009)
2011 Youth Risk Behavior Surveillance System (YRBSS) on a nationally representative sample of 15,425 high-school students from across the United States

Results suggested that the effects of traditional and cyberbullying victimization on suicidal thinking, suicide planning, and suicide attempts were mediated by violent behavior, substance use, and depression.

Results also suggested reciprocal paths between substance use and violent behavior.

Reed, Nugent, and Cooper (2015)
HOW BULLYING LEADS TO SUBSTANCE USE
THE RELATIONSHIP BETWEEN BULLYING AND SUBSTANCE USE AMONG MIDDLE AND HIGH SCHOOL YOUTH

- Bullying and substance use examined among 74,247 middle and high school students
- Bullying is most prevalent among middle school youth
- Substance use is most prevalent among high school students
- Bullies and bully-victims more likely to use cigarettes, alcohol and marijuana
- Victims and students not involved in bullying less likely to use substances

Radliff et. al., (2012)
• “If we can intervene with bullies while they’re in middle school, we may be able to help them before they start experimenting with substance use”

• “This might be especially important in middle school, where bullying is more prevalent, but substance use is still relatively rare”

Radliff et. al., (2012)
BULLYING & SUBSTANCE USE

• The connection between drug use and bullying is more pronounced in bullies than in victims of bullying
• Bullies abuse substances more often, which is part of a set of problem behaviors
• Typically, they have low self-esteem and turn to bullying others to feel stronger and more confident
• Perpetrators of bullying seek to self-medicate with alcohol or drugs to deal with underlying mental health problems that are at the core of their aggressive behavior
• Bullies are also more likely to contact and communicate with peers who display the same kind of behavior or reinforce it

Radliff et. al., (2012)
BULLYING AND SUBSTANCE USE

Bullying can lead to physical violence, mental health problems and other life difficulties.

It’s also a risk factor for substance use.

It’s difficult to find a direct link between bullying and substance use because both behaviors are relatively common.

More than 17 percent of children have tried an illicit drug by eighth grade, and nearly 50 percent have used an illicit drug by their senior year.

2016 Monitoring the Future survey
The association between substance use and bullying as substance use varied according to the amount of bullying.

Among middle-school students, only 1.6% of those not involved in bullying reported marijuana use. But 11.4% of bullies and 6.1% of bully-victims used the drug.

Among high school students, 13.3% of those not involved in bullying were marijuana users — compared to 31.7% of bullies, 29.2% of bully-victims, and 16.6% of victims.

Radliff et al., (2012)
POTENTIAL SIGNS OF BULLY VICTIMS

• Inexplicable injuries
• Frequent stomach aches or headaches, feeling sick often, pretending to be sick
• Lost or destroyed items
• Sleeplessness, frequent nightmares
• Poor academic performance, losing interest and/or not wanting to go to school
• Unexplainable changes in eating habits, binging or skipping meals – bullied kids will often skip lunch and come home starving
• Plummeting / poor self-esteem
• Isolation, avoiding social situations
• Talking about suicide, attempting to run away from home, cutting themselves
# POTENTIAL SIGNS OF BULLYING

- He/she is reported to be getting into fights often
- Becomes more aggressive
- Has unexplained new items or extra money
- Never takes responsibility for his or her actions
- Always blames others for conflicts that arise
- Becomes increasingly competitive, being popular at school becomes a top priority

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UNDERSTANDING THE ADOLESCENT BRAIN

Why teenagers and young adults are more vulnerable
Adolescence is the phase of life between late childhood and adulthood. It is a time not only of physical maturation, but also of mental and emotional development into an independent, responsible adult. The major developmental tasks of adolescence include the establishment and nurturing of intimate relationships and the development of identity, future perspectives, independence, self-confidence, self-control, and social skills. Konrad et. al., 2013
THE ADOLESCENT FRONTAL LOBE

Frontal Lobe is responsible for executive functioning tasks such as:

- Planning
- Strategizing
- Organizing
- Maintaining attention
- Shifting attention

The adolescent brain does not have a fully developed frontal lobe

Konrad et. al., 2013
POTENTIAL PROBLEMS

- Short term memory is impaired with easy distraction
- There is inappropriate behavior with difficulty using social cues and information to direct, control, or change personal behavior
- Inhibition impaired
- The frontal lobe functions as the CEO
- The adolescent brain is just learning how to use the prefrontal cortex, however, it is not always very successful at it
WHEN THE FRONTAL LOBE IS MOST VULNERABLE

When emotions are called on first to solve a problem

During times of peer influence

Konrad et. al., 2013
AUDIENCE QUESTION

HOW COULD THIS CONTRIBUTE TO SUBSTANCE USE AND BULLYING?
THE ADOLESCENT AMYGDALA

Emotional center of the brain

Use more often in the decision-making process, since the frontal lobe is not fully developed

Fight, flight or freeze response

Responsible for impulse reactions, emotional reactions, fear, and is also used in the decision-making process of adolescents

Konrad et. al., 2013
IMPLICATIONS OF AMYGDALA ON ADOLESCENT BEHAVIORS

Results in adolescents making more decisions based on emotional reactions rather than reasoning

Less capable ability to weigh long-term consequences

Developing adolescents tend to use their Amygdala when responding to other people's emotions, yielding more reactionary, less reasoned perceptions of situations than adults

Konrad et. al., 2013
A function of brain development

Teens self appraisal is tied into what they believe others think of them

Why does this matter?
ALCOHOL AND THE ADOLESCENT BRAIN
DUKE UNIVERSITY STUDY

• 7 million youth binge drink once a month
• Effects of alcohol has lasting impact on the adolescent brain, particularly in the area of the hippocampus which is responsible for memory
• Teen brains do not recover as quickly after drinking
• Adolescent brains are more vulnerable to alcohol
• Teens don’t get tired after drinking the same way that adults do
• Teens are also less vulnerable to balance problems and hangovers from drinking

Schepis et. al., 2019
**IMPLICATIONS OF ALCOHOL USE IN ADOLESCENCE**

- Drinking during the teen years significantly increases an adolescent's chances of substance use disorder in adult life.
- Drinking, even moderately in teen years significantly damage the hippocampus.
- The long-term damage of drinking in adolescence significantly more than in the adult.
- These damages are long term.

Schepis et. al., 2019
SUCCESSFUL ACTIONS & INTERVENTIONS

HOW WE CAN PULL TOGETHER TO ADDRESS BULLYING?
EDUCATION WORLD
RECOMMENDATIONS
SCHOOL, CLASSROOM & INDIVIDUAL LEVELS
• Survey to determine the extent of the problem
• Educate school about bullying behaviors, response strategies, and available resources
• Increased supervision in the cafeteria, hallways, bathrooms, and on the playground, where most bullying behavior occurs
• Form a group, to manage the Anti-Bullying program and evaluate its success
• Provide meetings between parents and school staff
• Discussions of bullying issues at PTO meetings
AT THE CLASSROOM LEVEL

Curriculum that is Evidenced-Based that promotes kindness, communication, cooperation, and friendship and includes lessons and activities stressing empathy, anger management, and conflict resolution skills.
DEVELOP CLASS RULES AGAINST BULLYING

Rules should be brief and clear. Olweus suggests the following examples:

• We will not bully other students
• We will try to help students who are bullied
• We will include students who might be left out
• Immediate consequences for aggressive behavior and immediate rewards for inclusive behavior
• Possible sanctions

Olweus 2003
Immediate consequences for aggressive behavior and immediate rewards for inclusive behavior. Possible sanctions include having the bully:

• apologize
• discuss the incident with the teacher, principal, and/or parents
• pay for damaged belongings
• spend time in the office or another classroom;
• forfeit recess or other privileges
AT THE INDIVIDUAL LEVEL

• Serious talks with bullies and victims
• Serious talks with the parents of bullies and victims
• Role playing of non-aggressive behavior with bullies
• Role playing of assertive behavior with victims
MEDIATION APPROACH

• The mediator asks each of the students in turn to explain the situation as he/she sees it.

• The other student is required to listen without interrupting and, at the end, to summarize what has been said – to the satisfaction of the speaker.

• Each is then asked to make suggestions as to how the issue might be resolved. The mediator records each suggestion without unnecessary comment.

• Each suggestion is listed, then examined and discussed to discover one to which they agree will resolve the conflict.
RESTORATIVE PRACTICE APPROACH WITH OTHERS

• Restorative practices are designed to restore damaged relationships between individuals or groups.

• They require that the ‘offender’ or “bully” acknowledges wrongdoing and the harm he or she has caused, and then acts restoratively through an apology and compensatory action.

• This approach may be applied at a meeting with the bully and other interested parties such as parents, or a classroom of students.

Rigby, (2010)
RESTORATIVE PRACTICE APPROACH WITH THE BULLY AND VICTIM BOTH PRESENT

In the presence of the victim, ‘the bully’ is asked the following questions:

• What happened?
• What were you thinking of at the time?
• What have you thought about since?
• What do you think you need to do to make things right?
• How can we make sure this doesn’t happen again?

Rigby, (2010)
RESTORATIVE PRACTICE APPROACH WITH THE BULLY AND VICTIM BOTH PRESENT

In the presence of the bully, ‘the victim’ is asked the following questions:

• What did you think when you realized what had happened?

• What have you thought about since?

• What impact has this incident had on you and others?

• What has been the hardest thing for you?

• What do you think needs to happen to make things right?

Rigby, (2010)
AUDIENCE QUESTION

• What are your thoughts on these recommendations?
REFERENCES


• Committee on the Biological and Psychosocial Effects of Peer Victimization: Lessons for Bullying Prevention; Board on Children, Youth, and Families; Committee on Law and Justice; Division of Behavioral and Social Sciences and Education; Health and Medicine Division; National Academies of Sciences, Engineering, and Medicine; Rivara F, Le Menestrel S, editors. Preventing Bullying Through Science, Policy, and Practice. Washington (DC): National Academies Press (US); 2016 Sep 14. 4, Consequences of Bullying Behavior. Available from: https://www.ncbi.nlm.nih.gov/books/NBK390414/

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• StopBullying.gov A federal government website managed by the U.S. Department of Health and Human Services 200 Independence Avenue, S.W. Washington, D.C. 20201.


RESOURCES

• Centers for Disease Control and Prevention
  • Stopbullying.gov
• National Institute of Mental Health
• Bullying Statistics
• Psych Central
• Health Prep
• Psychology Today
• Education World
• Addiction Resource