PENS Position Statement on Bullying Prevention

Sally S. Cohen, PhD, RN, FAAN[1] & Andrew A. Dwyer, PhD, RN, FNP-BC, FNAP[2]

1. New York University Rory Meyers College of Nursing, New York, NY, USA

2. Boston College William F. Connell School of Nursing, Chestnut Hill, MA and Yvonne Munne Center for Nursing Research at the Massachusetts General Hospital, Boston, MA USA

Executive Summary

The Pediatric Endocrinology Nursing Society (PENS) is committed to the advancement of the art and science of pediatric endocrinology nursing. Bullying among peers has received growing attention from scholars, professionals, and activists in education, healthcare, public health, psychology, juvenile justice, civil rights, and media (film, social media, and print). PENS recognizes that bullying among peers is a global problem. Children and youth with endocrine disorders can be at risk for bullying because their physical appearance, behavior, or psychosocial characteristics might differ from those of their peers. All pediatric nurses have a role to play in preventing bullying among children and youth and providing compassionate care to those who face lifelong physical or emotional consequences from it. This position statement outlines recommendations for healthcare providers and organizations to learn more about bullying, be advocates and develop evidence-based interventions to reduce bullying prevalence and ameliorate its effects.

Background

The U.S. Centers for Disease Control and Prevention defines bullying as: Any unwanted aggressive behavior(s) by another youth or group of youths, who are not siblings or current dating partners, involving an observed or perceived power imbalance and is repeated multiple times or is highly likely to

be repeated. Bullying may inflict harm or distress on the targeted youth including physical, psychological, social, or educational harm [bold in original] (Gladden, Vivolo-Kantor, Hamburger, & Lumpkin, 2014, p. 7). Moreover, the pervasive role that technology plays in modern life has broadened the "classical" notion of bullying to cyber bullying, which includes bullying online or using social media. There are growing evidence and consensus that cyber bullying is similar to other forms of bullying that occur face-to-face, except that it takes place through the use of technology (Gladden et al., 2014; Moreno, 2016; National Academies of Science, Engineering, and Medicine, 2016).

In 2015, approximately 20% of all U.S. high school students in grades 9 through 12 reported having been bullied on school property during the preceding 12 months; nearly 16% of students in those grades reported having experienced electronic bullying (through e-mail, chat rooms, instant messaging, web sites, or texting) (Kann et al., 2016). Bullying is contextual. It can occur at home, in schools, neighborhoods, and on the internet. Within these contexts, bullying may involve physical or verbal aggression, relational bullying (e.g., harming an individual's relationships with others), or damaging or stealing property. Importantly, social–cognitive factors (e.g., resilience and self-efficacy) and emotional regulation can "mediate" relationships between bullying and adverse psychological and health outcomes (Liu & Graves, 2011; National Academies of Science, Engineering, and Medicine, 2016, p.7).

National data on bullying among peers are often derived from self-report surveys of children and youth. Such data can be misleading and may contribute to underreporting of bullying as survey respondents may be reluctant to disclose such sensitive experiences. Moreover, longitudinal data on bullying are typically part of large national surveys on youth risk behavior or crime in schools, with target populations of different ages or grades, varied sampling methods and inconsistent operational definitions of bullying (National Academies of Science, Engineering, and Medicine, 2016).

Data on bullying of children and youth with different chronic conditions, including endocrine disorders, are lacking. Relatively limited data suggest that obese children and adolescents are more often victims

of bullying than their peers (van Geel, Vedder, & Tanilon, 2014) and increased rates have been observed in samples of patients with diabetes (Storch et al., 2006) as well as pubertal disorders (Dwyer, Quinton, Pitteloud, & Morin, 2015).

Youth with endocrine disorders are at-risk for engaging in bullying because they may appear physically different from their peers. For instance, children and young adults with endocrine-related metabolic disorders maybe overweight or obese, placing them at risk for being bullied or bullying (Griffiths, et al., 2006; National Academies of Science, Engineering, and Medicine, 2016; Puhl & Latner, 2007). Other youth have endocrine conditions that cause problems with growth and development, which can have dramatic effects on their body image, self-esteem, peer relationships, and quality of life. This includes adolescents with growth hormone deficiency (Kao, Stargatt, & Zacharin, 2015), central precocious puberty (Choi & Kim, 2016), Turner syndrome (Carel et al., 2005, 2006), Klinefelter syndrome (Close, Fennoy, Smaldone, & Reame, 2015; Herlihy et al., 2011), and congenital disorders of sexual development (Bennecke, Thyen, Grüters, Lux, & Köhler, 2017; Johannsen, Ripa, Mortensen, & Main, 2006). Additionally, transgender youth with gender nonconformity may present for endocrine consultations (Kirouac, 2016). These patients often have high psychosocial morbidity and are at risk for victimization, increased rates of depression, substance abuse, and suicide (Cicero & Wesp, 2017; Gordon et al., 2017; Roberts, Rosario, Slopen, Calzo, & Austin, 2013).

In addition to physical appearance, behavior that sets children and youth apart from peers can place them at-risk for bullying (Vessey, DeFazio, & Strout, 2013). For example, children with type 1 diabetes mellitus may require regular visits to the school nurse's office for blood glucose monitoring preceding or following meals and/or physical activity (e.g., physical education classes, or after school sports). Youth with type 1 diabetes need to restrict intake of certain types of high glycemic index foods and might need to take insulin injections or glucagon in response to signs and symptoms of high or low blood glucose levels. Thus, the possibility of a sudden onset of hypoglycemic episodes requiring urgent medical

attention makes these children and young adults stand out from their peers, thereby rendering them vulnerable to bullying (Storch et al., 2006). Pediatric endocrine nurses regularly encounter children and youth who are at increased risk for bullying. A diverse array of clinical, academic, policy, and community-based stakeholders could benefit from the knowledge and expertise that pediatric endocrine nurses can offer to promote and maximize the physical, emotional, mental, and behavioral health of children with endocrine conditions.

Position

As nurses with expert knowledge of the physical and psychosocial factors affecting the health and development of children and youth with endocrine disorders, PENS members should:

1) Encourage the use of evidence-based policies and practices to prevent, identify and respond to bullying in any context including (but not limited to) schools, neighborhoods, communities, online, and via social media;

2) Advocate for enhanced, innovative, and sustainable coordination between health and education professionals to prevent, identify, and respond to bullying using up-to-date evidence;

3) Promote broad dissemination of psycho-educational programs that aim to lessen and remove the stigma of endocrine disorders that affect children and youth;

4) Support the development of empowerment-based programs to help individuals, peer groups, and communities respond to bullying and improve health and wellbeing;

5) Endorse calls for federal agencies to enhance national data collection on bullying among children and youth, including studies of bullying engagement of youth (including those with endocrine disorders);

6) Call for researchers to conduct well-designed studies examining the impact of bullying and victimization on psychological and health-related outcomes (including adherence to treatment and self-management) for adolescents and young adults with endocrine conditions;

7) Advocate for interdisciplinary and inter-professional collaboration among national and state organizations spanning nursing, medicine, public health, education, psychology, juvenile justice, and other stakeholders to prevent, identify, and respond to bullying;

8) Endorse legislative and regulatory actions to protect children and youths from bullying; and

9) Support public and private sector initiatives that improve availability and access to affordable and appropriate mental health services children and youth affected by bullying, especially as it pertains to pediatric endocrine conditions.

This position statement on Bullying Prevention was shared with three other pediatric endocrine nursing societies at the 10th International Meeting of Pediatric Endocrinology and 1st International Pediatric Endocrine Nursing Summit. Subsequently, the PENS position statement was been endorsed by the European Society of Paediatric Endocrinology Nurses (ESPEN), Endocrine Nurses' Society of Australasia (ENSA), and Canadian Pediatric Endocrinology Nurses/Infirmières Canadiennes en Endocrinologie Pédiatrique (CPEN/ICEP). This monumental global endorsement of the PENS statement affirms bullying

prevention as a high priority among the world's pediatric endocrine leaders. Moreover, it also underscores the strong leadership role that PENS has taken in addressing important issues for children and young adults with endocrine disorders.

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