



**Testimony of
Jorge C. Srabstein, MD
Medical Director
Clinic for Health Problems Related to Bullying
Children's National Medical Center**

**Bill 19-11
Bullying and Intimidation Act of 2011
Committee on Libraries, Parks and Recreation
Council of the District of Columbia
May 2, 2011**

Madam Chairwoman and members of this Committee, I am Jorge Srabstein, MD, a child and adolescent psychiatrist at Children's National Medical Center's,

Children's National Medical Center (Children's National) is pleased to support Bill 19-11, "Bullying and Intimidation Act of 2011". Children's National commends Council members Brown and Thomas for their leadership in introducing this legislation.

With 283 beds, more than 1,330 nurses, and 550 physicians, Children's National Medical Center is the only exclusive provider of pediatric care in the Washington metropolitan region. For the last several years Children's National has spearheaded clinical and advocacy efforts for the prevention of bullying related public health risks.

Estimates of Bullying and Related Health Risks in the District of Columbia

There is no present information documenting the frequency of bullying and related health problems in the District of Columbia. Extrapolating from available national data of prevalence, we can estimate that approximately 15,000 District of Columbia students, in grade 6-12, have been involved in bullying behaviors as a victim and/or as perpetrator, at least once or twice in the previous two months. They are at a significant higher risk, compared to their peers who do not participate in bullying, in experiencing an array of health and safety risks. Approximately 1,300 District students who are victims and/or perpetrators of bullying may suffer from a cluster of health-related risks occurring at least once a week or more including depression, irritability, anxiety, sleeping difficulties and headaches. Furthermore, they are at high risk of being overweight, running away from home, being involved in physical fights, abusing alcohol and drugs, carrying a weapon to school, and, above all, inflicting self injuries.

According to the Center of Disease Control, in 2007, approximately 700 adolescents attending District schools tried to commit suicide resulting in injuries, poisoning or drug overdosage requiring emergency medical care. How many of them suffered from frequent emotional and physical symptoms linked to participation in bullying? How can we prevent bullying related toxicity?

Comments about Bill 19-11

The Bullying and Intimidation Act of 2011 provides a significant first step towards a public policy for the prevention of bullying and its related toxicity. Consistent with most of the enacted anti-bullying statutes in the United States, it requires the implementation of policies prohibiting harassment, intimidation or bullying on public school property and at school functions, while encouraging the establishment of bullying prevention programs. In contrast to similarly enacted state laws, this bill is perhaps the first one in the country to extend its bullying prevention requirements and recommendations to other public environments such as libraries, parks and recreation programs and university settings. This widening in the jurisdiction of statutory bullying prevention requirements constitutes an excellent reflection to the evolving awareness that bullying occurs along the lifespan, across different social settings including schools, homes, neighborhoods and workplace. Bill 19-11 constitutes an excellent framework for further bullying prevention public policy strategies in our nation's capital. Towards this end we respectfully recommend that future initiatives address:

- Promotion of public awareness about the nature, toxicity and prevention of bullying and cyber-bullying;
- Development of safe schools through programs that enhance mutual respect, sensitivity and support of others, tolerance to diversity and disapproval of bullying and cyber-bullying;
- Implementation of research-based, school-wide bullying prevention programs for all students attending elementary, secondary and tertiary education;
- Fostering the necessity and obligation to report incidents of bullying, as a conscientious community public health attitude, with safeguards against any threat of retaliation or liability for those who report, and support or guidance in reporting bullying/cyber-bullying incidents through a hotline;
- Monitoring and detecting bullying incidents;
- Providing school intervention through school counselors or nurses to protect and support students who are being bullied. Perpetrators should be counseled or sensitized about the harm inflicted, while helped to develop respect, empathy, tolerance and sensitivity to others; and
- Consideration of referral for medical evaluation and treatment for victims and perpetrators who experience physical and psychological symptoms linked to bullying.

Thank you for the opportunity to testify. I am happy to answer any questions.

Background

Nature of bullying

Bullying is a form of maltreatment characterized by the repeated exposure of one person to either physical aggression by one or more people and/or emotional aggression through teasing, name calling, mockery, threats, harassment, taunting, and social exclusion; through malicious rumors being spread about oneself; and/or through being dared to do something dangerous, inappropriate or against one's will in order to gain acceptance, approval or avoid loss of support.

Bullying is prevalent around the world, and it can occur simultaneously across different social settings, including the school environment, Internet, home, and the workplace. It is estimated that 47 percent of US students (higher in some other countries) are involved in bullying, as victims and/or bullies, with others being adversely affected as passive participants (witnesses or encouragers).

Health and safety risks linked to bullying

Students involved in bullying suffer from a wide spectrum of physical and emotional health problems, including frequent depression, irritability, anxiety, sleeping difficulties, headaches, stomachaches, and eating disorders. Furthermore, participation in bullying as a victim and/or as a perpetrator is significantly linked to safety risks including running away from home, daily smoking, alcohol and drug abuse, carrying a weapon, school absenteeism, physical fights, self-inflicted or accidental injuries and, above all, suicidal attempts. This form of maltreatment has been linked, during the last two decades, to hundreds of deaths from suicide, accidental injuries, and homicide. There is research-based evidence indicating that psychiatric symptoms and conditions can be antecedents and consequences of bullying.

Students who are in the dual roles of both being bullies and victims (victim-perpetrators) have been found to be the most vulnerable among those who participate in bullying and appear to experience a wide display of problems. They are especially at risk in attempting or completing suicide before age 25, as well as committing repeated criminal offenses between ages 16-25. Moreover, they are usually misunderstood and less protected when they are judged to be responsible for their victimization as they also mistreat others.

Children's National and Anti-Bullying Prevention Efforts

For the past several years, Children's National has supported efforts to prevent bullying and its related health risks, through clinical, research and advocacy activities. This work has led to the development of a Coalition for the Prevention of Bullying, which was conceived as a volunteer partnership of representatives of different community sectors. The main objectives of this initiative are to 1) promote awareness about the nature and toxicity of bullying; and 2) advocate for the implementation of strategies and policies for a whole-community approach to the prevention of bullying.

The Clinic for Health Problems Related to Bullying at Children's National Medical Center provides psychiatric evaluation and treatment of children and adolescents who participate in bullying as bullies and/or victims, and who experience frequent physical and emotional symptoms or educational problems. The goal of this clinic is to provide a stabilization of impulsivity and mood difficulties that may lead to bullying others, as well as provide treatment for physical and emotional consequences of being bullied.

For the past six years, Dr. Srabstein, on behalf of Children's National, has provided testimony before the Maryland General Assembly in support of legislative initiatives requiring a bullying reporting system and prevention strategies for Maryland public schools. In June 2010, Dr. Srabstein rendered testimony before the US House Education and Labor Committee's Subcommittee on Healthy Families and Communities, providing recommendations for the enactment of bullying and cyber-bullying prevention legislation, as part the "Elementary and Secondary Education Reauthorization Act (ESEA)."

In addition to his legislative advocacy, Dr. Srabstein participated in an ad-hoc working group providing support to the Maryland State Department of Education in the development of a Model Bullying Prevention Policy.

Children's National has supported the development of symposiums and the publication of research studies to raise international awareness about the significant health problems associated with bullying along the lifespan. In a recent editorial published by the World Health Organization Bulletin, Drs. Srabstein and Leventhal have highlighted the global public health significance of bullying with an international call for the development of public health policies.

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Jorge Srabstein, M.D. , Medical Director, Clinic for Health Problems Related to Bullying, Children’s National Medical Center <http://www.childrensnational.org/FindADoctor/DoctorProfile.aspx?DoctorId=613&Name=Jorge%20Srabstein> , last accessed 02/21/11