



**Testimony of
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**Senate Bill (SB) 489
Nonpublic Schools Accepting State Funds–Bullying, Harassment, and Intimidation–
Policies**

**Senate Education, Health, and Environmental Affairs
Maryland General Assembly**

March 9, 2011

Children's National Medical Center (Children's National) is pleased to support SB 489, "Nonpublic Schools Accepting State Funds – Bullying, Harassment, and Intimidation – Policies." Children's National commends Senator Conway for her leadership in introducing SB 489.

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 Greater Washington metropolitan region. With six outpatient centers, five primary care practices servicing eight Maryland locations, and specialty care services provided in eight Maryland locations, Children's National is proud to be one of the largest providers of high quality pediatric primary, specialty and emergency care to Maryland's children and families.

Comments About SB 489

There is increasing evidence that bullying is a very injurious form of maltreatment, globally prevalent across different social settings, with a critical public health impact on both victims and perpetrators. The need for its prevention in all schools should be based upon the established statutory precedent to ensure the health and safety of students, as established by Maryland Code articles requiring prevention of communicable diseases, child abuse and neglect, and other public health hazards.

Six years ago, the Maryland General Assembly began enacting legislation to prevent bullying from occurring in public schools. SB 489 is an excellent step towards increasing the protection of health and safety of all children and adolescents in Maryland. It should

serve as a platform for further initiatives to require bullying prevention in all private schools, serving more than 130,000 Maryland children and adolescents. Furthermore, statutory requirements for the prevention of bullying should also ensure the preservation of health and safety of children and adolescents receiving care in day or residential treatment centers, as well as those assigned to juvenile detention facilities.

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 approximately thirty 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, alcohol and drug abuse, carrying a weapon, 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.

Maryland Statutory Bullying Prevention Requirements

Article-Education § 7-424.1 of the Annotated Code of Maryland requires that the State Board of Education develop a model policy prohibiting bullying in schools; standard consequences and remedial actions for persons committing acts of bullying; and model procedures for reporting and investigating acts of bullying. Furthermore, it calls for each county board of education to develop a policy prohibiting bullying in schools, based upon the State model policy, and a bullying prevention program for students, staff, parents and volunteers. It does not address the need to raise awareness about bullying-related health problems and risks, and it does not establish provisions for its prevention and detection.

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 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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