Bullying in Minnesota Schools:
An analysis of the Minnesota Student Survey, 2010
Brief: Personal Characteristics

In 2010, the Minnesota Student Survey (MSS) included two questions regarding relational bullying and over 130,000 sixth-, ninth- and twelfth-grade students responded to those questions. The responses were analyzed in relation to other questions regarding risk and protective factors, including experiences of victimization across environments, school factors, community connections and interpersonal relationships, family characteristics and environment, and personal characteristics. This analysis is organized into separate briefs for each category, and includes a literature review, the MSS data, as well as recommendations for bullying prevention and intervention in schools.

The student categories presented in this report are based on the response patterns to the following questions:

- ***During the last 30 days, how often has another student or group of students made fun of or teased you in a hurtful way, or excluded you from friends or activities?***

- ***During the last 30 days, how often have you, on your own or as part of a group, made fun of or teased another student in a hurtful way or excluded another student in from friends or activities?***

Of those students participating, 42.9 percent reported no involvement in bullying. Thirty percent (30.7%) said they had made fun of, teased, or excluded others once or twice in the last month, and 27.2% said they had experienced those things once or twice in the past month, which does not constitute bullying or victimization at this rate.[i] Of those remaining, 12.6 percent were classified as ***victims*** (were made fun of, teased in a hurtful way, or excluded from friends or activities by others with a frequency of weekly or more), 9.3 percent were classified as ***bullies*** (engaged in the actions listed above toward victims with a frequency of weekly or more), and 3.1 percent were ***bully/victims*** (bullied and victimized at least weekly).

Throughout the reports in this series, several findings emerged consistently.

- Students regularly involved in bullying incidents, whether victim, bully or bully/victim (***bullying-involved students***), have high rates of associated experiences, most of them negative.

- The data in these reports indicate that those classified as bullies have been victims of maltreatment themselves, in many cases.

- Nearly half of all students responding had *no* involvement with bullying as a victim or a bully. Across analyses, the "never involved" group had the lowest incidence of risk factors and the highest frequency of protective factors.

Further information regarding the Minnesota Students Survey can be found in the *Brief: Methodology*, and include the definitions of the terms used in all the briefs.

Literature Review
Involvement in bullying has been associated with other risk factors. Nansel and colleagues (2001) found that bullying behavior was associated with poor psychosocial adjustment, drinking alcohol and smoking, and poor school adjustment. Carlyle and Steinman (2007) also found greater substance use among bully offenders, and Van Cleave and Davis (2006) found an association between having a chronic behavioral, emotional or developmental problems and bullying behavior. Nansel and colleagues also found that bully/victims experienced poor psychosocial adjustment, more social and emotional problems, had a hard time making friends, had poorer relationships with classmates, and reported more loneliness. Challenges with social skills may increase a student's likelihood of being bullied (Nansel et al, 2001). While bullies were more likely to use substances, Nansel's study found that those experiencing bullying were less likely to use alcohol. In general, having a special health care need was associated with experiencing bullying (Van Cleave & Davis, 2006).

It is a common belief that many people are victims of bullying because of physical or social characteristics. When it comes to race and ethnicity though, there seemed to be little agreement in the literature around experiences of bullying and race/ethnicity (Carlyle & Steinman, 2007; Peskin, Tortolero & Markham, 2006; Spriggs, Iannotti, Nansel, & Haynie 2007; Stein, Dukes, & Warren, 2007).

Prevalence of Bullying
The majority of students did not report being regularly involved in a bullying incident. According to the Minnesota Student Survey (MSS), approximately 12.8 percent of all sixth-, ninth-, and twelfth-graders reported that they have been bullied in the previous 30 days (victims); 9.3 percent of those same students reported that they have bullied other students (bullies); and 3.1 percent of students reported that they have both been bullied and have bullied others (bully/victims). A great number of students across the state had *no* involvement in bullying (43.7%). The remaining students experienced or engaged in occasional teasing or exclusion, but not at the frequency (weekly or more) that constitutes bullying for the purposes of this report. The regular involvement in a bullying incident as a victim, bully or bully/victim varied slightly when it came to age, gender, race, poverty and involvement in special education.

Grade Level
The role in a bullying incident varied based on the grade level of a student. Victimization peaked in sixth grade; bullying behavior peaked in ninth grade. For those students who were regularly involved as bully/victims, grade level appeared to have little to no impact on the experience as the reported incidence of bully/victims remained constant across all three grade levels. (Table 1).

Table 1. Demographics: Grade level

	Never Involved	Victims	Bullies	Bully/Victims
6th Grade	34.4%	17.9%	8.0%	3.1%
9th Grade	42.3%	11.8%	11.1%	3.6%
12th Grade	57.3%	7.5%	8.5%	2.6%

Gender
Slight gender differences existed when it came to regularly involvement in bullying incidents. Male students were more likely to report that they bullied or were bully/victims than female students. For the victims, female students were only slightly less likely to report that they have been a victim of bullying than their male counterparts (Table 2).

Table 2. Demographics: Gender

	State Average	Never Involved	Victims	Bullies	Bully/Victims
Males	49.8%	42.6%	13.6%	11.7%	4.0%
Females	50.2%	44.8%	11.9%	6.8%	2.3%

Race/ethnicity
In reference to race and ethnicity, the MSS asked students to describe themselves as American Indian, Black, African, or African American, Mexican American or Chicano/Chicana, Puerto Rican or other Latin American, Asian American or Pacific Islander (including Cambodian, Hmong, Korean, Laotian, Vietnamese), White or I don't know. Students were able to mark all descriptions that apply. For analysis purposes, these response categories were used to identify students into the following demographic groups: American Indian, Black or African American, Hispanic or Latino, Asian American or Pacific Islander, White or I don't know/no answer and more than one race (students who marked more than one racial identity). MSS did not ask any questions related to immigrant status.

For students who reported regular involvement in bullying, students of color report slight variations in their experiences. Black/African American students were slight more likely to report that they had bullied others or that they had been a bully/victim, and Hispanic/Latino students were more likely to report that they had been bullies. Multiracial students and students who did not know their racial identities had the greatest overrepresentation by race or ethnicity as both victims and as bully/victims. White and Asian/Pacific Islander students were underrepresented in all bullying categories (victims, bullies and bully/victims). For those students who reported never having been regularly involved in a bullying incident, race and ethnicity was not a factor (Table 3).

Table 3. Demographics: Racial and Ethnic Identities for Bullying Behaviors

	State Average	**Never Involved**	**Victims**	**Bullies**	**Bully/Victims**
American Indian	1.5%	1.2%	2.0%	2.1%	1.9%
Black/African American	5.5%	5.2%	5.3%	8.5%	7.9%
Hispanic/Latino	4.3%	4.3%	3.7%	5.7%	4.9%
Asian/Pacific Islander	5.3%	6.3%	3.8%	4.2%	4.7%
White	72.2%	73.8%	69.4%	64.9%	64.4%
Multi-racial or Multi-ethnic	6.7%	5.4%	8.9%	9.9%	9.9%
I don't know	4.4%	3.7%	6.9%	4.7%	6.4%

Poverty
The MSS asks students whether they are currently receiving or have ever received free or reduced-priced lunch. While this is not the best known indicator of poverty, it is one many schools use to identify the level of poverty. In 2010, 27.9 percent of the students reported they were currently receiving free or reduced price meals at school. Slightly fewer (25.7%) of those never involved in bullying and slightly more victims (32.6%), bullies (33.3%), and bully/victims (33.1%) reported receiving free or reduced-price meals.

Special Education
When a student has been identified as in need of special education services, an individual education program (IEP) is developed to ensure that their education needs are met and accommodations are made for their disability. In 2010, 16.4 percent of students who answered this question indicated that they have had or currently have an IEP. Students involved in bullying were somewhat more likely to report having had an IEP. Nearly a quarter of victims (22.4%) reported having an IEP at one point in time, 18.5 percent

of bullies, and 20.3 percent of bully/victims. Due to high numbers of missing data, these rates are questionable (38% of students did not answer this question).

Health Characteristics

Weight

The MSS asked ninth and twelfth grade students to report their height and weight. Based on the responses, the student's Body Mass Index (BMI) was calculated. The BMI number was calculated using a standard formula from the Centers for Disease Control and Prevention (BMI-for-age growth charts). Using this formula students were classified as "not overweight", "overweight", or "obese". Based on these categorizations, bullies, victims, and bully/victims reported higher rates of being at risk of and being overweight than their never peers or the state average.

The majority of students were categorized as being not overweight. However, students who were regularly involved in a bullying incident were overrepresented in both the overweight and obese classifications. These students reported at approximately 3 percent higher than their never involved peers for being overweight. Obesity was twice as common in bullying-involved students (victims, bullies and bully/victims) compared to those who were never involved (Table 4).

Table 4. Health Characteristics: Weight

	State Average	Never Involved	Victims	Bullies	Bully/Victims
Not Overweight	78.2%	80.4%	70.5%	71.9%	68.3%
Overweight	12.7%	11.7%	14.7%	14.8%	14.9%
Obese	9.1%	7.9%	14.8%	13.3%	16.9%

Chronic Health Conditions

The MSS asked students to report whether they ever have had a physical health condition or problem that has lasted at least one year. Across the state, 12.3 percent of students indicated this degree of health problem. Only 9.2 percent of those never involved in bullying had health problems. The percentages were higher for bullies and victims, with 17.6 percent of bullies, 21.5 percent of victims, and 23.5 percent of bully/victims experiencing chronic health problems. Bullying experiences appear to be related to chronic physical health problems.

Mental Health Concerns

The survey also inquired about a chronic and current mental health concerns by asking students if they have had a mental health problem that has lasted at least one year and whether they had experienced several mental health challenges. These data indicate a stark difference among groups. Bully/victims, victims, and bullies (in that order) had far higher rates of all areas of concern. Perhaps most concerning is the high rate of suicidal thoughts and attempts in the bullying groups. A relatively high number of students across the state (13.4%) had thoughts of suicide in the past year. For victims (30%), bullies (26.3%) and bully/victims (36.5%) the percentages are two to three times as high. Similarly, 7-10 percent of bullying-involved students reported attempting suicide in the past year vs. the state rate of 2.7 percent. Looking at these data another way, of students who reported attempting suicide in the past year, 36.5 percent were victims of bullying, 24.4 percent were bullies, and 12.7 percent were bully/victims. Note that these categories are not mutually exclusive; students may be victims *and* bullies, in which case their data would count in each category (Table 5).

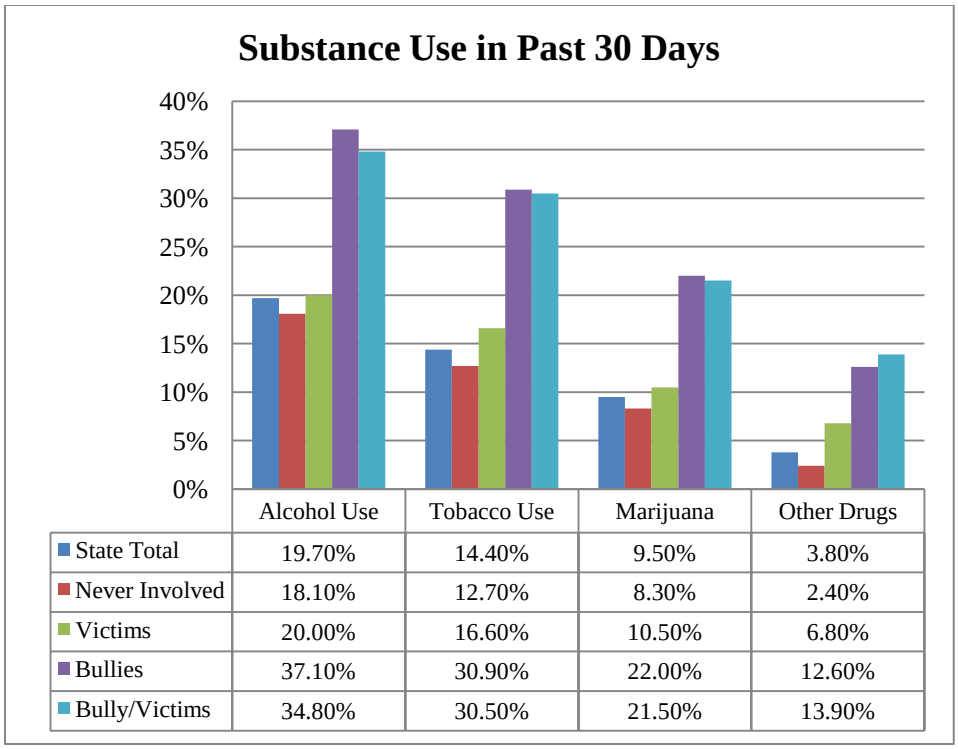
Table 5: Mental Health Concerns

	State Average	Never Involved	Victims	Bullies	Bully/Victims
Chronic mental or emotional health problem	9.8%	5.7%	22.7%	17.6%	26.7%
Treatment for mental or emotional health problem (during the last year)	6.8%	4.6%	15.4%	10.7%	15.7%
Stress or pressure during last 30 days (almost more than I could take)	11.6%	7.3%	27.1%	20.5%	31.9%
Chronic sadness (all or most of the time, past 30 days)	12.1%	4.8%	31.9%	21.6%	34.4%
Extreme hopelessness (last 30 days)	4.9%	2.2%	15.7%	11.3%	19.2%
Chronic worry (all or most of the time, past 30 days)	12.8%	7.2%	31.4%	23.3%	35.2%
Self injury during last year	9.8%	5.3%	21.3%	20.2%	27.5%
Suicidal thoughts during last year	13.4%	7.4%	30.0%	26.3%	36.5%
Suicide attempts during last year	2.7%	1.2%	7.7%	7.1%	11.2%

Alcohol, Tobacco, and Other Drugs: 30 Day Use

The MSS asked several questions related to substance use in the 30 days prior to the survey administration. In general, approximately one-fifth of students report that they have consumed alcohol (19.7%), 14.4 percent of students used tobacco products, 9.5 percent used marijuana, and 3.8 percent have used other drugs in the 30 days before the survey administration.

When looking at the associated behaviors of bullying and substance use, bullying-involved students are more likely to report substance use than their peers who have never been involved in a bullying experience. For all substances, students who have never been involved in a bullying incident reported usage similar to the state average but lower than peers classified as bullies, victims or bully/victims. The differences in rates of use were most significant between the bullies and bully/victims and their counterparts. Bullies were more likely to have used alcohol (37.1% vs. 19.7%), twice as likely to have used tobacco (30.9% vs. 14.4%) or marijuana (22% vs. 9.5%, respectively) and more than three times more likely to have used other drugs (12.6% vs. 3.8%). Bully/victims reported similar levels of use to bullies. Victims were slightly higher than the state average in alcohol, tobacco, and marijuana use, but about twice as high in using other drugs.



	Alcohol Use	Tobacco Use	Marijuana	Other Drugs
State Total	19.70%	14.40%	9.50%	3.80%
Never Involved	18.10%	12.70%	8.30%	2.40%
Victims	20.00%	16.60%	10.50%	6.80%
Bullies	37.10%	30.90%	22.00%	12.60%
Bully/Victims	34.80%	30.50%	21.50%	13.90%

Use of Alcohol and/or Drugs Before, During and After School

Bullying-involved students reported use of alcohol and/or drugs before, during and after school more frequently than the state average and their never involved counterparts. These data follow the same pattern as the results for total alcohol and drug use. Bullies and bully/victims are more likely than average students to use drugs immediately before, during or immediately after school. Victims are slightly more likely to do so (Table 6).

Table 6. Use of Alcohol or Drugs before, after or during school hours

	State Average	Never Involved	Victims	Bullies	Bully/Victims
Before School	5.4%	4.0%	7.7%	16.5%	17.5%
During School	3.6%	2.6%	5.4%	12.1%	13.6%
After School	8.1%	5.9%	11.6%	22.7%	23.8%

Summary

Results of the MSS indicate that white students are slightly underrepresented as bullies, victims, and bully/victims. Bullies, victims and bully/victims are slightly more likely to be overweight and about twice as likely to be obese as are students never involved in bullying. Chronic physical and mental health problems are more likely to be reported by victims, bullies, or bully/victims than by those not involved in bullying. Especially concerning is the finding that one-quarter to one-third of bullying-involved students have had suicidal thoughts in the past year. Those never involved in bullying have low rates of mental health risk factors. Finally, bullies and bully/victims have the highest rates of alcohol, tobacco and other drugs usage compared to their peers. In almost all cases, bully/victims are at greatest risk for unhealthy or harmful health behaviors.

Recommendations

Prevention and intervention
Bullying is best prevented by working to reduce its prevalence, increasing the capacity of adults and students to identify and respond, and utilizing formative (non-punitive) discipline. (Morrison, 2011). To prevent bullying, school staff need to be intentional and consistent in teaching the skills of respect, responsibility and reparation/restoration (Morrison, 2007).

Tiered levels of support
Implementing and maintaining a comprehensive, whole-school bullying prevention or positive school climate program using tiered levels of support is necessary to re-affirm, restore and re-build relationships damaged by bullying (Hopkins, 2004, Morrison, 2007).

Increase bystander and adult skills to intervene
Teach all students how to intervene assertively—walk away, support the child who is the target, report to a responsible adult, or assertively tell the child who is bullying to stop. Adults can treat all students with respect, help all students look valuable in the eyes of their classmates, and learn to intervene in a non-shaming manner to harmful, hurtful behaviors (Pepler, 2007).

Promote students' assets and protective factors
Adults should build students assets and strengths by providing both students who bully and students who have been bullied opportunities in school and out of school to build social skills, find safe places to contribute to the school or community, and connect with caring adults (Benson, 2008).

Differentiate discipline and expand interventions
If a student is identified as bullying other students, in addition to any disciplinary intervention sanctioned by the school, the student should be referred to student assistance staff to explore other experiences of victimization in their life, whether in the family, community or in dating relationships. School policy should allow administrators to differentiate discipline that is formative rather than punitive. (See PrevNet, http://prevnet.ca/Home/tabid/36/Default.aspx > Downloads > formative consequences.)

Attend to the needs of the victim
Districts should establish a policy of attending to the needs of victims of bullying, which may include discussions with student support staff, family members and family health care providers. Interventions such as restorative measures, when applied by a trained, experienced restorative facilitator, can help address the needs of victims, bullies, and other affected parties (Anderson, 1977).

Educate school staff
Teach principals, deans, assistant principals, behavior specialists and staff about the associated behaviors and experiences of victims, offenders and bully-victims. Because the students regularly involved in bullying experiences may have other forms of victimization or trauma, all staff should be trained in the universal precautions for trauma informed care (Hodas, 2006).

Coordinate policy, curriculum and practice
Interconnect bullying data, research, prevention and intervention best practices and that of other victimizations, risk behaviors or perpetration in curriculum, policy and practice. See the Common Principles of Effective Practice regarding "coherent alignment of policies and practices" (implementation teams, continuous feedback loop, shared vision, collaboration, data support, professional development) at: http://education.state.mn.us > Implementation of Effective Practice.

References

Anderson, C. (1997). *Restorative Measures, Respecting Everyone's Ability to Resolve Problems*, Minnesota Department of Education. Retrieved April 12, 2011: http://education.state.mn.us/.

Benson, P. L. (2008). *Sparks: How parents can help ignite the hidden strengths of teenagers.* San Francisco: Jossey-Bass.

Carlyle, K.E., & Steinman, K.J. (2007). Demographic differences in the prevalence, co-occurrence, and correlates of adolescent bullying at school. *Journal of School Health, 77*, 623-629.

Hodas, G. R. (2006). *Responding to childhood trauma: The promise and the practice of trauma informed care.* Pennsylvania Office of Mental Health and Substance Abuse Services, Harrisburg, PA. Retrieved 4/12/2011 from http://www.nasmhpd.org/general_files/publications/ntac_pubs/Responding percent20to percent20Childhood percent20Trauma percent20- percent20Hodas.pdf.

Hopkins, B. (2004*). Just Schools: a whole school approach to restorative justice*. London: Jessica Kingsley, Publishers.

Minnesota Department of Education (2010). *Common Principles of Effective Practice*, http://education.state.mn.us/mdeprod/idcplg?IdcService=GET_FILE&dDocName=002284&RevisionSelectionMethod=latestReleased&Rendition=primary.

Morrison, B. (2007). *Restoring Safe School Communities: A Whole School Response to Bullying, Violence and Alienation.* Sydney: Federation Press.

Morrison, B. & Marachi, R. (2011). *School Climate Series: Bullying Prevention. Understanding and Responding to School Bullying*. Webinar, Safe and Supportive Schools Technical Assistance Center, retrieved March 29, 2011, http://safesupportiveschools.ed.gov/index.php?id=9&eid=16.

Nansel, T. R., Overpeck, M., Pilla, R.S., Ruan, W.J., Simons-Morton, B., & Scheidt, P. (2001). Bullying behaviors among US youth. *JAMA, 285*(16), 2094-2100.

Pepler, D. (2007). *Relationship Solutions for Relational Problems.* Strategies and Solutions to Stop Bullying, Queen's Education Letter, Fall/Winter 2007. Queen's University, Ontario. Retrieved April 12, 2011, www.educ.queensu.ca/alumni

Peskin, M.F., Tortolero, S.R., & Markham, C.M. (2006). Bullying and victimization among black and Hispanic adolescents. *Adolescence, 41*(163), 467-484.

Spriggs, A.L., Iannotti, R.J., Nansel, T.R., & Haynie, D.L. (2007). Adolescent bullying involvement and perceived family, peer, and school relations: Commonalities and differences across race/ethnicity. *Journal of Adolescent Health, 41*, 283-293.

Stein, J.A., Dukes, R.L., & Warren, J.I. (2007). Adolescent male bullies, victims, and bully-victims: A comparison of psychosocial and behavioral characteristics. *Journal of Pediatric Psychology, 32*(3), 273-282.

Van Cleave, J., & Davis, M. M. (2006). Bullying and peer victimization among children with special health care needs. *Pediatrics, 118*, 1212-1219.

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[i] Both questions had the response options of "never", "once or twice", "about once a week", "several times a week" or "every day". A calculated response option for both questions was created that included student responses of "about once a week", "several times a week", and "every day". This category was renamed "weekly or more". Definitions of bullying vary, but there are common elements, including an imbalance of power, intent to cause harm and repetition. According to the U.S. Government website on bullying prevention, StopBullying.gov, "incidents of bullying happen to the same the person over and over by the same person or group of people." For more information, go to http://www.stopbullyingnow.hrsa.gov/.

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