Nine out of 10 elementary students have been bullied by their peers, according to a simple questionnaire developed by researchers at Lucile Packard Children's Hospital and the Stanford University School of Medicine. What's more, nearly six in 10 children surveyed in the preliminary study reported participating in some type of bullying themselves in the past year.

The survey explored two forms of bullying: direct, such as threatening physical harm, and indirect, such as excluding someone or spreading rumors. The researchers say the five-minute questionnaire is the first simple, reliable way for teachers and physicians to identify kids at risk and to measure the success of interventions aimed at reducing bullying in schools.

"We know that both bullies and victims tend to suffer higher levels of depression and other mental health problems throughout their lives," said child psychiatrist Tom Tarshis, MD, lead author of the study. "We need to change the perception that bullying at school is a part of life and that victims just need to toughen up."

Tarshis was completing a fellowship in child psychiatry and research at Packard Children's at the time he developed the questionnaire. He is currently the director of the Bay Area Children's Association. The research will be published in the April issue of the Journal of Developmental and Behavioral Pediatrics.

"When I first started to study this subject, there was no real questionnaire that had been tested," said Tarshis. "We couldn't take the next step until we had a tool that we knew worked."

Although the classic definition of bullying brings to mind fistfights in the schoolyard, other more subtle forms of torment also were surveyed. Tarshis recounted a girl in the ninth grade whose friends decided to stop speaking to her, spread nasty rumors about her and exclude her from activities, all right under the nose of an unsuspecting teacher.

"It was a little distressing how prevalent the problem is even in the middle- to upper-middle-class schools we surveyed," said Tarshis.

He and his co-author, Lynne Huffman, MD, associate professor of pediatrics and of psychiatry at the School of Medicine, surveyed 270 children in grades three through six in two schools in California and one in Arizona to determine if the 22-item questionnaire yielded statistically accurate results. Students were scored based on their
responses - never, sometimes or often - to such statements as, "At recess I play by myself," "Other students ignore me on purpose," and "Other students leave me out of games on purpose."

Tarshis and Huffman then compared the results to those of other, more complicated surveys intended to identify bullies and victims. They also administered their survey twice to 175 of the students to determine if the results were consistent over time. They found that the responses were highly reliable, and the survey was easily understood and completed by even the youngest students in the sample.

"We found it particularly interesting that these indications of victimization and bullying are apparent at very young ages," said Huffman. "Our hope is that this questionnaire will be utilized by teachers, pediatricians and even child psychiatrists to identify those children needing early and direct intervention."

The stakes are high. Previous research has shown that, without intervention, bullying behavior persists over time: a child who is a bully in kindergarten is often a bully in elementary school, high school and beyond. Such behaviors are not without consequence, though. These career bullies are not only slightly more likely than their peers to serve prison time as adults, they also tend to suffer from depression.

Perhaps not surprisingly, kids who are routinely victimized exhibit higher levels of depression, anxiety and suicidal thoughts than do non-victims. Such statistics highlight the importance of being able to identify at-risk kids and assess the effectiveness of interventions.

Efforts to stop school bullying have been gathering steam for several years. Those most likely to be effective, according to Tarshis, promote an attitude change from the principal to the recess monitors to the parents. They range from presentations to entire schools to discussions with individual students about how to respond when they are bullied or when they see someone bullying another student.

"Positive peer pressure is an important component of effective intervention," said Tarshis. "When uninvolved students step up and let the perpetrator know that their behavior is not acceptable, it's a powerful message."

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