Our goals in bullying prevention: An analogy to drinking and driving

At first glance, it seems obvious that our goal in bullying prevention is to reduce or eliminate peer mistreatment. Yet we suggest an expanded set of goals. To illustrate the idea we will be presenting, we will look at an analogy to drinking and driving and society's efforts to decrease the harm associated with this activity. There are many similarities between peer mistreatment and drinking and driving. For starters, both are potentially harmful yet frequent behaviors. Moreover, some people who choose each behavior are responding to deep-seated problems or are indifferent to the harm they might do. On the other hand, some people who choose each behavior are caring, empathetic people who use poor judgment. Some of these caring, empathetic people are influenced by behavior that is widespread among their group of friends. Most importantly, in both of these situations, the ensuing harm is unrelated to the person's intentions. Anyone who drives at a blood alcohol concentration of at least 0.12 is more likely to hurt or kill another person than is a non-drinking driver. Similarly, anyone who calls names focused on identity or race or sexual orientation or disability, harasses, excludes, or threatens peers is more likely to cause harm than those who encourage and include, whether or not harm is intended.

The motivation behind drinking and driving and peer mistreatment

In both peer mistreatment and drinking and driving, people choose actions that place others' well-being or safety at risk. In both, a wide range of individuals choose these actions. To help clarify this analogy, let's look at the varied populations of people who drink and drive.

For some people who drink and drive, this behavior is related to serious, long-term impairments, including addiction to alcohol. For a second, and much smaller group, drinking and driving is a decision intended to cause harm. The third, and likely the largest, subgroup of people who drink and drive are those individuals without any significant long-term impairment or disorder. These individuals use poor judgment. They may balance the inconvenience of getting themselves and their vehicles home against the risk of harm and decide inaccurately that the inconvenience is so large and the risk is so small that they are better off driving home. They may be part of a social circle in which drinking and driving is normal and accepted. In many cases, the rewards of the behavior are immediate and the risks are not immediate or apparent. Every time one of these people or one of their friends drinks and drives without doing visible harm, they find it easier to repeat the behavior. It is relatively easy for the friends' group norms to accept drinking and driving as an activity with acceptable risk. We all know intelligent, caring people who drink and then get behind the wheel of a car on a regular basis.

For some people who say or do cruel things toward their peers, these potentially harmful actions are rooted in psychological or social impairments. Verbally, relationally, and physically aggressive behavior may be related to many factors including a lack of empathy and conscience, narcissism, or extreme impulsivity. These potentially hurtful behaviors may be related to experiences with child abuse, violence, racism, or trauma. These cruel behaviors may be connected to impairments in social skills, including the inability to communicate with others. For a very few individuals, mistreating their peers is rooted in the desire to harm others.

On the other hand, as with drinking and driving, we also see substantial amounts of what might be called "casual cruelty" –that is, potentially harmful behavior carried out by youth and adults who do not have severe impairments. People in this group do and say mean things to others in the genuine belief that their actions are funny and/or harmless. These beliefs supporting casual cruelty are reinforced by television and exposure to other electronic media. The humor in many sitcoms, reality shows, and other TV programs is primarily driven by put-downs, humiliation of others, making fun of groups or individuals, and similar behaviors that cause real harm in the real world. Reality television makes this dynamic even more explicit, with contestants earning financial rewards and the approval of the audience for successful acts of exclusion, manipulation and sabotage. Often the hosts of these shows demonstrate overt cruelty as well. The rewards of casual cruelty can be immediate, both in television and in young peoples' real lives. These rewards can include a sense of cleverness and the frequent approval of peers. Negative outcomes of cruel behavior may not be so immediate or so obvious, yet they are real.

Stan has surveyed students in schools around the United States about how often they see or hear a range of specific potentially harmful peer actions. One of those actions is the indirect use of biased language. In many of the schools Stan has surveyed, 75 percent or more of students say they have heard statements like, "that test is so gay" once a week or more often in the past month. When Gay, Lesbian, Bisexual, and Transgender (GLBT) youth hear incessant statements that communicate that being gay is bad, they may learn to hate themselves. As reported by Gay Lesbian Straight Education Network (GLSEN) surveys, GLBT youth report that frequent exposure to these statements often does harm. Yet we find it hard to believe that all the students who make these comments have impairments in conscience or empathy, or are bigoted. Rather, it is likely that the majority of the students who say these things are operating from the same lapses of judgment that drive social drinking and driving by caring adults. It is likely that the majority of youth do not see the immediate harm they are causing.

Which subgroup do we work with first?

In the case of drinking and driving, it is likely that social drinkers are a substantial majority of driving drinkers. Because there is no underlying addiction or psychopathology to address, changing the driving behavior of social drinkers is easier than changing the behavior of addicted drinkers. For these reasons, actions that lower rates of drinking and driving by social drinkers will theoretically have a more immediate payoff than interventions which only target

addicted drinkers who drive. One 2009 summary of research states: “Swift and assured sanctions, public awareness and changing attitudes have resulted in a 40% reduction of alcohol related fatalities over the past decade.” This summary goes on to identify “persistent drinking drivers” as a group not similarly affected by these interventions. This shows us that though it is essential to continue to intervene with social drinkers, since they make up a large majority of those who drink and drive, it is also essential to implement interventions that will work with persistently drinking drivers. The same is true in the case of peer mistreatment. That is, we can have a more immediate pay back for our effort to encourage students without psychological or social deficits to be kind to each other, but we still need to also support students with these deficits.

Strategies to reduce drinking and driving and peer mistreatment

The most effective strategies to reduce drinking and driving in whole-population interventions has been a combination of frequent widespread traffic stops, breath testing or other ways to determine blood alcohol levels of drivers, consistently administered consequences for those driving above the legal alcohol limit, public education about the reasons for the traffic stops and about the risks involved in drinking and driving, and media campaigns to recruit the public as allies in this effort through the brilliant “designated driver” campaign.

We believe the idea of the designated driver is superior to the “friends don’t let friends drive drunk” concept for several reasons. First, the action of volunteering to be the designated driver for a group takes place before people have started drinking, and thus is implemented with a clearer mind. Second, there is no element of confrontation or exposure to possible assault. Any of us who have been around people when they’re drinking would agree that taking their keys from them is not always a safe or effective action for a concerned friend. As an additional benefit, the concept of being a designated driver allows a member of a group of friends to refrain from drinking without peer pressure or shaming and without having to state that he or she does not wish to drink.

There is one more key component to successful interventions. Since it is unlikely that we will ever eliminate impaired driving, a focus on reducing harm allows us to broaden our efforts to include impact-absorbing guard rails, divided highways (which make head-on collisions less likely), improvements to vehicle safety such as airbags and increasing use of seat belts, and access to highly effective trauma care and reparative surgery after accidents. This expanded vision of our mission in addressing drinking and driving allows us to define our goals more accurately, have a wider range of effective interventions at our disposal, and subsequently, be more effective.

Parallel to what we have found effective to reduce the rate of drinking and driving, we can make more progress in the short term by focusing on interventions that reduce the rate of potentially harmful actions by young people who do not intend harm and are using poor

judgment, rather than by focusing solely on youth who have significant impairments of conscience or empathy, or who plan to hurt others.

The parallel interventions include the use of clear, consistent rules for peer behavior based on significant youth input; and consistent use of small, predictable, and escalating consequences. We can also help this large, caring group of youth modify their behavior through social norms interventions, in which we help students see that most of their peers actually disapprove of mean behavior and want everyone at school to be safe and to be able to learn.

We can employ a parallel to the concept of the Designated Driver role: youth who choose to be Designated Supporters. These youth choose to spend time with mistreated youth; offer support and encouragement during and away from school; create distractions and otherwise de-escalate mean peer behavior; and, in some situations, discourage that behavior in safe ways. Two such young people wrote in response the following responses to the Youth Voice Project study question, "What have you done to help someone who was mistreated or excluded? What happened when you did that?"

> *"I always talk to kids that don't seem to be talked to so much. I don't think they're as weird as everyone says they are. I think everyone should be treated equally, or at least have a friend to turn to. I think it makes them feel better."* (female in eighth grade)

> *"Sometimes, if I'm in class with some one who doesn't have a lot of friends, then i would be partners with them even though I would rather be partners with some one else. She looked happy that some one asked her to be partners, so I felt pretty good about myself afterwards."* (female in seventh grade)

As with drinking and driving, we should also address the needs of more impaired members of our society, whether those are people with addictions or people who repeatedly or maliciously mistreat others. In both cases, if we do not address the needs of this segment of our population, harm is likely to be done both to self and to others. We need to commit significant resources to help youth and adults in these categories change.

The final parallel we can learn from focuses on reducing the harm that can be caused by drinking and driving or peer mistreatment. For drinking and driving, airbags and impact absorbing barriers on roads make tragic outcomes less likely in collisions. Similarly, in addition to interventions that reduce the frequency of mean peer actions, we also need interventions that build resiliency and social skills—including the ability to respond to traumatic events in ways that reduce damage. We want to build inner strength and reduce harm when hurtful actions take place. To reduce harm, we want to reshape the behaviors of others who surround mistreated youth. When we build close connections between young people and school staff, we lessen the

likelihood of negative outcomes because youth are more likely to seek out and receive emotional support from school staff. When we build a norm of inclusion and kindness among youth who do not routinely mistreat others, those youth are more likely to use supportive and relational responses to mistreatment or isolation. The young people in our research made it clear that supportive inclusion by adults and non-bullying peers make negative outcomes less severe and less likely. Many of our survey respondents wrote about supportive adult and peer actions. Here are three examples of young peoples' text comments:

"Adults talked to me and made me calm and relaxed."

"[After I was treated badly, peers] spent time with me and made me feel good."

[After a prolonged series of cyberbullying events,] *"My absolute best friend stayed by me – she was the only one –and made me feel good about myself and reassured me that I wasn't as mean as the other girls... [What she did] made me feel more confident that I would be able to keep being myself and not let this ruin my life."*

The power of social support, relationships, and encouragement after negative events is well documented in research on resiliency and on social assets. Among the clearest chroniclers of the power of such support is Linda Sanford, the author of *Strong At the Broken Places* (2005). As Stan mentioned in his own personal story, her work documents that we may be stronger *after* trauma – not because of the traumatic event, but because of the support we receive while we are coping with it. The adults and youth who choose the small acts of supportive heroism described above make an enormous difference in preventing the harm that can be inflicted by mean peer behavior.

The last parallel to our efforts to reduce the harm done by drinking and driving is the parallel to the need for trauma medicine, EMTs, and emergency rooms. Mental health treatment for youth who are depressed, who have retreated into learned helplessness or self-hatred, who are considering suicide or violence, or who become anxious and panicky after peer mistreatment is, and will continue to be, needed for us to be able to reduce the harm associated with mean behavior. We want to commend the many teachers, school nurses, school counselors, clinicians, and other educators who work to identify students' needs for mental health care as well as those who help parents and youth access it.

In sum, we believe that our goal in bullying prevention should combine the following elements:

1. Reduce the frequency of thoughtless mean actions that are carried out by youth who do not intend to harm others and who do not have a history of trauma or social skill deficits but instead, may be imitating negative social modeling and/or are striving to fit in with their peers. This reduction can be accomplished through the use of consistent rules and small, escalating consistent consequences. We can also build awareness of the small, frequent effects of mean actions. We can help youth shape positive peer norms.
2. Reduce the frequency of mean actions committed by three other groups of young people:
    a. Youth who have significant deficits in conscience, self-control, or empathy.
    b. Youth who are reacting to traumatic experiences.
    c. Youth who consciously enjoy hurting others.
    Reducing the frequency of mean behavior by this last group of youth (relatively a smaller number of youth) will often require mobilizing significant resources over time, however, is important because of the long term effects their behaviors have on themselves and on others around them. It will be especially important to prevent the harm which their actions can do while we work to change their behavior.
3. Build the cognitive and emotional elements of resiliency in all youth to prepare them to cope positively with others' negative actions and with losses and disappointments. All youth need to learn emotional awareness, emotional self-care, when and how to seek help, and cognitive skills to reduce self-blame and trauma.
4. Strengthen resiliency by building connectedness and relationships for all within the school community so no one has to go through difficult times alone. Supportive relationships prevent harm.
5. Strengthen our community's responses to mistreatment and trauma, including our work to recruit and encourage youth who will mentor, support, and listen to mistreated youth. In addition, we need to build accessible resources which function without stigma to meet the support needs of youth who have been significantly traumatized by peer mistreatment.

References :

David J. Hanson, Ph.D http://alcoholfacts.org/CrashCourseOnMADD.html

A more detailed discussion of interventions with different groups of drinking drivers can be found at http://www.druglibrary.org/schaffer/misc/driving/s21p2.htm