

Policy Brief

Building Bright Futures/Project LAUNCH (Linking Actions for Unmet Needs in Children's Health)
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Focus on Early Childhood Risk Factors to Prevent Bullying

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THE PROBLEM

Bullying can have a significant and lasting negative effects on the aggressor, the victim and those witnessing the bullying. Bullying links to many negative outcomes including impacts on mental health, substance use, and suicide.¹

But how do we stop bullying? While school-age bullying receives significant attention, very little is paid to the connection between early childhood and later bullying. However, research has found that arbitrary acts of bullying among school-age children are very unlikely.² Bullies are made, not born, and this begins at a very early age.

Early childhood presents an unparalleled opportunity to prevent bullying by addressing mean behavior and aggression in early childhood before it becomes organized and intentional. Promoting “pro-social” behaviors such as empathy and kindness during this critical period helps build skills that prevent later bullying behaviors, as well as the risk of being bullied. Research also shows that the prevention of bullying and its consequences can be enhanced by focusing on risk groups in early life.³

BACKGROUND

The national nonprofit, non-partisan research center, Child Trends, recently released a literature review, “*Bullies in the Block Area: The Early Childhood Origins of ‘Mean’ Behavior.*” It documents early aggression and, what the authors call mean behavior, in early childhood settings, connecting this to what we know about school-age bullying and highlighting opportunities for prevention and early intervention.⁴

The Child Trends report and this policy brief do not focus on early childhood “bullying.” Instead, the focus is on aggressive or mean behavior and how it can develop into bullying in the future. Actual bullying in schools is legally defined by three characteristics: 1) harm is intended, 2) it is repeated or has the potential of being repeated, and 3) it represents a power imbalance between the victim and aggressor.⁵ Bullying can be

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physical, verbal or involve social isolation. The rationalization for bullying sometimes includes differences of social class, race, religion, gender, sexual orientation, appearance, personality, reputation, strength, size or ability.⁶

In contrast, aggressive or mean behavior in an early childhood setting is usually about getting something children want or protecting what they consider theirs, like a certain toy or friend. This behavior is especially true for children under age 4.⁷ They may grab a toy away from another child, but harm is not intended. It is important not to confuse typical social and emotional behavior of young children with warning signs that the child is at risk of developing bullying behavior later in life. For example, the aggression associated with temper tantrums by two-year-olds is a well-known developmental phase.⁸ However, aggression is expected to decrease along a developmental trajectory, as social and emotional skills help children increasingly control their emotions as they grow.

It is important for parents and early educators to pay attention to persistent aggressive and mean behaviors in very young children. These can happen in early childhood settings such as child care, preschool, playgroups, kindergarten classrooms and on playgrounds. Kinds of behavior to watch for is excluding a peer from a group or activity, making mean faces, pushing, or regularly grabbing objects.⁹ In older children (4 to 6), aggressive behavior begins to develop into actions that can intimidate other children.¹⁰ If an aggressive child targets another child and makes he or she give up a toy, without intervention, the aggressive child will likely target that child again. If this behavior happens repeatedly, it goes beyond just getting something the aggressor wants and becomes largely about controlling the victim.¹¹

A young child's identity is shaped entirely by their caregivers and immediate environments. The Child Trends report identifies three primary risk factors in the home environment most strongly related to a child's later involvement in bullying: (1) caregiver attachment, (2) parental characteristics, and (3) child maltreatment. It also identifies three other environmental influences on young children: (4) early care and education settings, (5) bias, and (6) television exposure.¹² All of these factors are important to address to prevent school-age bullying behaviors.

Caregiver Attachment: The quality of the infant-parent attachment is a fundamental predictor of a child's trajectory later in life and is the foundation for all future interactions the child has with others.¹³ Securely attached infants feel cared for and protected, and this allows them to focus on exploring the environment and building relationships with others.¹⁴ Secure attachment build's self-confidence, helps children to control their emotions and enables them to experience an emotionally reciprocal relationship. Secure caregiver attachment is a primary protective factor against later violence.¹⁵ Insecurely attached children lack trust and have negative expectations of themselves and others. Insecurity causes difficulty in developing positive relationships with others, and aggression can become a way to increase their control with new people and situations.¹⁶

Family and Parental Characteristics: Family and parental characteristics, play a significant role in the development of bullying.¹⁷ According to the Child Trends report, "exposure to a variety of suboptimal parenting techniques, behaviors or traits may be a risk factor for later bullying involvement (e.g. inappropriate discipline, hostility, low empathy)." Furthermore, the report, "shows that positive parent-child interactions (encompassing cognitive stimulation or emotional support) correlate to a lower likelihood of bullying."

Research has documented a correlation between parental discipline styles and aggression in toddlers, as well as the development of bullying behaviors once the child is older. Maternal characteristics have also been found to be a correlate to bullying, especially low maternal empathy.¹⁸

In one study, family characteristics when a child was five, including low maternal warmth and witnessing domestic violence, were related to bullying at age seven.¹⁹ There is a strong link between home experiences for young children and later involvement in bullying. Conversely, research shows that positive parent-child interactions correlate with a lower likelihood of bullying.²⁰ This includes being played with or read to and having meals with both parents.

Child Maltreatment: Research over decades has found that children who experience child maltreatment often suffer from a range of adverse problems in childhood, adolescence and adulthood.²¹ Infants and toddlers are disproportionately at risk for maltreatment.²²

Research has found an association between physical abuse and aggressive behavior in children and that “children who are directly victimized by caregivers may develop working models of relationships as dangerous and malevolent.”²³

Early and persistent maltreatment can lead to toxic stress and alter brain development, impacting social and emotional domains and more.²⁴ Several studies have found that school-age children and youth who had experienced maltreatment were more likely to both engage in bullying behaviors and be victimized.

Conversely, research has shown that the effects of child maltreatment are mitigated if a child has a positive attachment to a non-abusive caregiver, avoids deviant peer relationships and if teachers focus on positive interactions, address problem behaviors and provide support.²⁵

Child Care Environment: The child care or preschool environment is also a major area to focus on when examining the development of later bullying behavior, particularly because a large number of young children receive care outside of their home.

Early educators can prevent bullying by providing a nurturing and welcoming environment for all children, instructing children in pro-social skills such as sharing and including others, and addressing mean or aggressive behavior when it happens. However, the quality of early care and education programs varies significantly. There are very few studies to date on child care experiences as a predictor of aggression in later childhood. Those studies that have been done focus on quantity (i.e. number of hours a child spends in child care) and more broadly examine externalizing behavior problems.²⁶ There is more research on problem behavior generally in early childhood settings and the importance of social and emotional competence as a way to promote school and future success.²⁷

Other Environmental Factors: Two other areas of a child’s environment have also been found to correlate with later bullying: bias and media exposure. Children as young as 3-years-old have developed gender stereotypes about “things that boys do” and “things that girls do,” in which they apply to themselves and others in play.²⁸ Research also suggests that young children develop “in group” preferences at an early age.²⁹

The second area of environment is television exposure. Whether it is violent or not, significant television exposure has been linked to the development of bullying behaviors as well as being a victim of bullying.³⁰ However, research also finds that quality television focused on building social and emotional skills, such as Mister Rogers’ Neighborhood and Sesame Street, do increase those important skills in young children.³²

In addition to above, longitudinal research has also found that preschool behavioral, emotional and motor problems; socioeconomic status; and, family breakup are related to involvement in bullying at a later age.³³

A key strategy to prevent bullying is to build social and emotional skills in young children. These skills can significantly reduce aggression and are critical to school readiness and positive social and health outcomes throughout life.³³ Social-emotional well-being is the developing capacity of young children to manage emotions; form close, secure relationships; explore the environment and learn (adapted from ZERO TO THREE). When children feel good about themselves, have positive relationships with others, and can control their emotions, they are more likely to succeed in school and beyond.

Early childhood presents a critical opportunity through parent-child relationships and social settings to model, teach and reinforce healthy social and emotional development that includes empathy, kindness, problem-solving and respect. Bullying is learned. To prevent bullying, it must not happen in the first place or must be addressed consistently and as soon as possible. If not, the opportunity is missed to clarify expected behavior and to teach children how to engage in respectful and supportive ways with peers, how to stand up for themselves and how to get help from adults.

WHAT IS BEING DONE IN VERMONT

The medical home, home visiting, early developmental screening and assessment and parent education are key supports for the prevention or early intervention of problem behaviors in young children. Early care and education programs and Head Start/Early Head Start are also critical partners in building a welcoming and respectful classroom environment and addressing mean behavior, aggression and other problem behaviors in these settings. The National Association for the Education of Young Children has many materials and guidance on preventing and addressing pre-bullying in early childhood settings. Child Care Resource of Vermont is also a resource for both families and providers.

There are evidence-based approaches to addressing aggression or other behavioral problems in early childhood settings so parents, teachers and others can promote kindness and compassion. Evidence-based approaches are interventions proven to work and that provide early care settings and schools with tools that enable them to achieve positive results.

One evidence-based framework in promoting healthy social and emotional development in early care and development settings is the *Pyramid Model for Promoting the Social Emotional Competence of Infants and Young Children*, developed by the Center on the Social and Emotional Foundations for Early Learning (CSEFEL), and the Technical Assistance Center on Social Emotional Intervention (TACSEI), which organizes activities along the mental health continuum.

The Pyramid model emphasizes “nurturing and responsive relationships” and “high-quality, supportive environments” for all children (promotion); “targeted social emotional supports” for children at risk for behavioral problems (prevention); and “intensive intervention” for children exhibiting challenging behavior (intervention).³⁴ The bottom level of the Pyramid addresses the importance of building an effective workforce of teachers trained in promoting the optimal development of all children. The result is welcoming, safe, supportive and respectful classroom environment for all children.

The Pyramid model is being implemented in pilot communities as part of Vermont’s Early Multi-Tiered Systems of Support (EMTSS). The overarching focus is to train teachers to create a high-quality environment for all children based on clear expectations and supports. EMTSS relies on routines, social and emotional learning and positive feedback. EMTSS is being piloted in several early care and development settings in

Vermont including the Winooski Family Center in Chittenden County. Over the next several years, EMTSS will continue to offer professional development to regional cohort leaders and early childhood practitioners based on the Pyramid model. EMTSS is an initiative of the Vermont Agency of Education and funded by a State Professional Development Grant (SPDG) and Race to the Top-Early Learning Challenge Grant (RTT-ELC).

For children in kindergarten and early elementary school, Vermont's Positive Behavior Supports (VTPBiS) is a schoolwide approach to creating a positive and safe climate in which students can learn and grow. Currently, 133 schools in Vermont are implementing VTPBiS to improve discipline practices and help students succeed in school.³⁵

At a VTPBiS school, teachers, administrators, and families work together to teach and support clear behavior expectations and positively acknowledge students for meeting these expectations. VTPBiS schools focus on how to be friendly, respectful and listen. VTPBiS schools have demonstrated decreases in behavior problems as well as increases in academic success. Fewer students are referred to special education because they receive support early within the general education environment.³⁶

Similar to the EMTSS Pyramid, VTPBiS involves three tiers of intervention, starting with the "Universal" level, that is designed to support all students. About 15 percent of students will need the "Targeted" support level, which consists of small group interventions. Students with the greatest behavior challenges, about five percent, may require support at the "Intensive" level, which involves individualized and specialized interventions.³⁷ The Vermont State Building Effective Strategies for Teaching Students with Behavioral Challenges (BEST) Team supports VTPBiS implementation in Vermont schools statewide. The BEST project is supported by the Vermont State Agency of Education, and located at the University of Vermont's Center on Disability and Community Inclusion (CDCI).

Within the VTPBiS framework, schools can identify and use practices that have proven to be effective in increasing social and emotional health such as Second Step, Social Thinking or Kelso Choices. These are often referred to as Social and Emotional Learning (SEL) strategies.

Social Thinking is a social skills curriculum developed by Michelle Garcia Winner.³⁸ The curriculum, intended for students with social learning disabilities, especially those with autistic spectrum conditions, is now used widely. Its main focus is on teaching students to think about how others perceive them.

Second Step provides instruction in social and emotional learning with units on skills for learning, empathy, emotion management, friendship skills and problem-solving.³⁹

Kelso Choices teaches students to go to an adult for big problems, but offers a wheel with nine choices so students can solve smaller problems on their own without an adult.⁴⁰

For example, the Integrated Arts Academy (IAA) at the Wheeler School in Burlington institutes both VTPBiS and Second Step for social and emotional support for children. VTPBiS expectations at IAA are called "ROAR": Respect Yourself. Respect Others. Respect All Learning. Respect Property. The Dothan Brook School (DBS) in Hartford also uses VTPBiS, Social Thinking and Second Step. DBS expectations are: We care about others feelings. We keep ourselves and others safe. We are responsible for what we say and do. The Allen Brook School (ABS) in Williston uses VTPBiS and Kelso Choices. The school's expectations are: Be Safe. Be Kind. Be Responsible. These expectations are clearly visible throughout these schools. Other social supports are used, such as schoolwide community meetings, a "take a break" vs. "time out" approach and more. When students meet or exceed expectations they are recognized and praised, and that leads to student, classroom and schoolwide celebrations. IAA also recently did a Dance Residency with the Flynn

Center for the Performing Arts focused on the book “Each Kindness,” by Jackquiline Woodson, that has a powerful anti-bullying message.

According to the IAA principal Bobby Riley, before implementing VTPBiS and Second Step, 30 to 40 percent of students had six or more office visits for behavioral issues. That number is down to 5 to 8 percent.⁴¹ In the area of academics, in 2013-14, 85 percent of students at DBS were reading at or above the standard, with 80 percent reading above their grade level expectation. In that same year, DBS’s NECAP writing results showed the highest scores ever received on the test: 68 percent met or exceeded the standard, a 12 percent increase from the previous year.⁴² Two important benefits to ABS are a more proactive and positive discipline approach and that more students are now able to work through behavior issues in the classroom, which gives them more instruction time. Also, now all kids are rewarded for good behavior, including those who are always doing the right thing.⁴³ DBS and ABS are both recognized as Exemplar Schools, maintaining the highest degree of fidelity to VTPBiS.

With both VTPBiS and EMTSS, there is a shift from defining children by their bad behavior, to thinking about this behavior as a symptom of something larger going on. With these frameworks, early care providers, teachers and administrators increasingly understand that if you support children’s social and emotional development, be very clear about expectations, recognize positive behavior, and provide a welcoming and respectful environment, that everything works better.

Keeping children safe and preventing bullying is a primary focus for the Vermont Department of Education. Per Act 129 of 2012, the Secretary of Education established a diverse advisory council to provide advice and recommendations on harassment, hazing and bullying prevention strategies and resources. The council coordinates statewide activities related to the prevention of and response to harassment, hazing and bullying. Although this council focuses on school-age children, it is an important group that keeps a regular focus on the issue of bullying and more.

RECOMMENDATIONS

The prevention of bullying and its consequences can be enhanced by focusing on behaviors and risk factors in early childhood. Recommendations include:

- Place a broader emphasis on positive social and emotional development in homes, early care settings and schools and use evidence-based practices whenever possible.
- Further expand and sustain EMTSS and VTPBiS in early child care settings and elementary schools.
- Given the number of studies documenting a significant relationship between insecure attachment and a likelihood of involvement in a bullying, continue to explore this link and consider the influence and importance of caregiver attachment when designing interventions.
- Increase evidence-based home visiting and other parent education so caregivers understand the importance of attachment and healthy social and emotional development from birth.
- To help prevent racial or gender stereotypes, parents and other caregivers can talk about race, cultures and gender with children, use books that break down racial and gender stereotyping, and talk about racial and gender stereotypes in the movies and television shows that children watch.
- Ensure early childhood classrooms provide a culture of inclusiveness and celebrate diversity.

- Limit the amount of television children watch. The American Academy of Pediatrics (AAP) recommends that children under 2-years-old do not watch *any* TV and that those older than 2-years-old watch no more than one to two hours a day of quality programming.
- Ensure a continuum of child and family services and supports - beginning at birth - that focus on prevention, targeted services for at-risk families and early intervention and treatment, if necessary.
- Increase efforts to address social problems including poverty, substance abuse and adult mental health problems, which can negatively affect positive parenting.

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About These Policy Briefs:

This is one in a series of policy briefs designed to focus our collective attention on issues that affect our young children and families. These briefs, as well as an annual “How Are Vermont’s Young Children and Families?” report, are part of an initiative by Building Bright Futures State Advisory Council, connected to the Vermont Early Childhood Framework recently unveiled at Governor Shumlin’s Early Childhood Summit in 2013. For more information, call Building Bright Futures at 802-876-5010 or find out more on line: www.buildingbrightfutures.org

About Project LAUNCH:

Project LAUNCH (Linking Actions for Unmet Needs in Children’s Health) is a federal initiative funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). The Vermont Department of Health (VDH) received a five-year SAMHSA Project LAUNCH grant in 2012. Project LAUNCH is being piloted in Chittenden County and is grounded in a comprehensive view of health that addresses the physical, emotional, social, cognitive and behavioral aspects of well-being. Building Bright Futures State Advisory Council, Inc. serves as the grantee of VDH for Project LAUNCH implementation.

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Traci Sawyers holds a M.A. in public policy from Tufts University and has 25 years experience in child and family policy, maternal/child health and behavioral health. In these areas, she has been a writer, lobbyist, researcher, planner, program administrator, consultant, facilitator, grant writer/administrator, elected official, and organizational director. She is currently the Early Childhood Health Policy Expert for Building Bright Futures and Vermont’s Project LAUNCH initiative.