



PENS Position Statement on Bullying Prevention

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The Pediatric Endocrinology Nursing Society (PENS) is committed to the advancement of the art and science of pediatric endocrinology nursing. This includes establishing standards of practice and a lasting commitment to continued development and refinement of best practices for pediatric endocrine nursing. We believe that excellence in nursing practice is best achieved through concurrent efforts to advance clinical expertise, support professional development, promote nursing research, and recognize nursing excellence. PENS aims to empower nurses worldwide to provide optimal care for children with endocrine disorders. Such children and youth can be at risk for bullying because their physical appearance, behavior, or psychosocial characteristics might differ from those of their peers. Hence, similar to other children and youth, those with endocrine conditions might be bullied, bullies, both bullied and bullies, or bystanders of peer bullying.

The U.S. Centers for Disease Control and Prevention defines bullying as:

Any **unwanted aggressive behavior(s)** by another youth or group of youths, who are not siblings or current dating partners, involving an **observed or perceived power imbalance** and is repeated multiple times or is highly likely to be repeated. Bullying may inflict harm or distress on the targeted youth including physical, psychological, social, or educational harm [bold in original]. (Gladden et al, 2014, p. 7)

Moreover, the pervasive role that technology plays in modern life has broadened the “classical” notion of bullying to cyber bullying, which includes bullying online or using social media. There is growing evidence and consensus that cyber bullying is similar to other forms of bullying that occur face-to-face, except that it take place through the use of technology (Gladden, et al, 2014; Moreno, 2016, National Academies of Science, Engineering, and Medicine, 2016).

In 2015, approximately 20% of all U.S. high school students in grades 9 through 12 reported having been bullied on school property during the preceding 12 months; nearly 16% of students in those grades reported having experienced electronic bullying (through e-mail, chat rooms, instant messaging, web sites, or texting) (Centers for Disease Control and Prevention, 2016). Bullying is contextual. It can occur at home, in schools, neighborhoods, and on the internet. Within these contexts, bullying may involve physical or verbal aggression, relational bullying (e.g., harming an individual’s relationships with others), or damaging or stealing property. Importantly, social-cognitive factors (e.g., resilience and self-efficacy) and emotional regulation can “mediate” relationships between bullying and adverse psychological and health outcomes (Liu & Graves, 2011; National Academies of Science, Engineering, and Medicine, 2016, p.7).





National data on bullying among peers are often derived from self-report surveys of children and youth. Such data can be misleading and may contribute to underreporting of bullying as survey respondents may be reluctant to disclose such sensitive experiences. Moreover, longitudinal data on bullying are typically part of large national surveys on youth risk behavior or crime in schools, with target populations of different ages or grades, varied sampling methods and inconsistent operational definitions of bullying (National Academies of Science, Engineering, and Medicine, 2016).

Data on bullying of children and youth with different chronic conditions, including endocrine disorders, are lacking. Relatively limited data suggest that obese children and adolescents are more often victims of bullying than their peers (van Geel, et al., 2014) and increased rates have been observed in samples of patients with diabetes (Storch, et al., 2004) as well as pubertal disorders (Dwyer et al., 2015).

Youth with endocrine disorders are at-risk for engaging in bullying because they may appear physically different from their peers. For instance, children and young adults with endocrine-related metabolic disorders maybe overweight or obese, placing them at risk for being bullied or bullying (Griffiths, et al., 2006; National Academies of Science, Engineering, and Medicine, 2016; Puhl & Latner, 2007). Other youth have endocrine conditions that cause problems with growth and development, which can have dramatic effects on their body image, self-esteem, peer relationships, and quality of life. This includes adolescents with growth hormone deficiency (Kao, et al., 2015), central precocious puberty (Choi & Kim, 2016), Turner syndrome (Carel, et al., 2005; 2006), Klinefelter syndrome (Close, et al., 2015; Herlihy, et al., 2011), and congenital disorders of sexual development (Bennecke, et al., 2017; Johannsen, et al., 2006). Additionally, transgender youth with gender nonconformity may present for endocrine consultations (Kirouac, 2016). These patients often have high psychosocial morbidity and are at risk for victimization, increased rates of depression, substance abuse, and suicide (Cicero & Wesp, 2017; Gordon, et al., 2017; Roberts, et al., 2013).

In addition to physical appearance, behavior that sets children and youth apart from peers can place them at-risk for bullying (Vessey, DeFazio, & Strout, 2013). For example, children with type 1 diabetes mellitus may require regular visits to the school nurse's office for blood glucose monitoring preceding or following meals and/or physical activity (e.g., physical education classes, or after school sports). Youth with type 1 diabetes need to restrict intake of certain types of high glycemic index foods and might need to take insulin injections or glucagon in response to signs and symptoms of high or low blood glucose levels. Thus, the possibility of a sudden onset of hypoglycemic episodes requiring urgent medical attention make these children and young adults stand out from their peers, thereby rendering them vulnerable to bullying (Storch, et al., 2004).





Pediatric endocrine nurses regularly encounter children and youth who are at increased risk for bullying. A diverse array of clinical, academic, policy, and community-based stakeholders could benefit from the knowledge and expertise that pediatric endocrine nurses can offer to promote and maximize the physical, emotional, mental, and behavioral health of children with endocrine conditions.

Position

As nurses with expert knowledge of the physical and psychosocial factors affecting the health and development of children and youth with endocrine disorders, PENS:

- 1) Encourages the use of evidence-based policies and practices to prevent, identify and respond to bullying in any context including (but not limited to) schools, neighborhoods, communities, online, and via social media;
- 2) Advocates for enhanced, innovative, and sustainable coordination between health and education professionals to prevent, identify, and respond to bullying using up-to-date evidence;
- 3) Promotes broad dissemination of psycho-educational programs that aim to lessen and remove the stigma of endocrine disorders that affect children and youth;
- 4) Supports the development of empowerment-based programs to help individuals, peer groups, and communities respond to bullying and improve health and wellbeing;
- 5) Endorses calls for federal agencies to enhance national data collection on bullying among children and youth, including studies of bullying engagement of youth (including those with endocrine disorders);
- 6) Calls for researchers to conduct well-designed studies examining the impact of bullying and victimization on psychological and health-related outcomes (including adherence to treatment and self-management) for adolescents and young adults with endocrine conditions;
- 7) Advocates for interdisciplinary and inter-professional collaboration among national and state organizations spanning nursing, medicine, public health, education, psychology, juvenile justice, and other stakeholders to prevent, identify, and respond to bullying;
- 8) Endorses legislative and regulatory actions to protect children and youths from bullying; and
- 9) Supports public and private sector initiatives that improve availability and access to affordable and appropriate mental health services children and youth affected by bullying, especially as it pertains to pediatric endocrine conditions.





References

- Bennecke, E., Thyen, U., Grüters A, Lux, A., & Köhler, B. (2017). Health-related quality of life and psychological well-being in adults with differences/disorders of sex development. *Clin Endocrinol (Oxf)*, 86(4), 634-643
- Carel, J.C., Ecosse, E., Bastie-Sigeac, I., Cabrol, S., Tauber, M., Léger, J., Nicolino, M., Brauner R., Chaussain, J.L., & Coste, J.(2005). Quality of life determinants in young women with turner's syndrome after growth hormone treatment: results of the StaTur population-based cohort study. *J Clin Endocrinol Metab*, 90(4), 1992-1997.
- Carel, J.C., Elie, C., Ecosse, E., Tauber, M., Léger, J., Cabrol, S., Nicolino, M., Brauner, R., Chaussain, J.L. & Coste, J. (2006). Self-esteem and social adjustment in young women with Turner syndrome--influence of pubertal management and sexuality: population-based cohort study. *J Clin Endocrinol Metab*, 91(8), 2972-2979.
- Choi, M.S. & Kim, E.Y. (2016). Body image and depression in girls with idiopathic precocious puberty treated with gonadotropin-releasing hormone analogue. *Ann Pediatr Endocrinol Metab*, 21(3), 155-160.
- Cicero, E.C. & Wesp, W.M. (2017). Supporting the health and well-being of transgender students. *The Journal of School Nursing*, 33 (2), 95-108.
- Close, S., Fennoy, I., Smaldone, A., & Reame N. (2015). Phenotype and adverse quality of life in boys with Klinefelter syndrome. *J Pediatr*, 167(3), 650-657.
- Dwyer, A.A., Quinton, R., Pitteloud, N., & Morin D. (2015). Psychosexual development in men with congenital hypogonadotropic hypogonadism on long-term treatment: a mixed methods study. *Sex Med*; 3(1), 32-41.
- Gladden, R.M., Vivolo-Kantor, A.M., Hamburger, M.E., & Lumpkin, C.D. (2014). *Bullying surveillance among youths: Uniform definitions for public health and recommended data elements, version 1.0*. Retrieved from <https://www.cdc.gov/violenceprevention/pdf/bullying-definitions-final-a.pdf>
- Gordon, A.R., Krieger, N., Okechukwu, C.A., Haneuse, S., Samnaliev, M, Charlton, B.M., & Austin, S.B. (2017). Decrements in health-related quality of life associated with gender nonconformity among U.S. adolescents and young adults. *Qual Life Res*, Mar 17. doi: 10.1007/s11136-017-1545-1
- Griffiths, L.J., Wolke, D., A S Page, A.S., Horwood, P., & the ALSPAC Study Team. (2006). Obesity and bullying: different effects for boys and girls. *Arch Dis Child*, 91, 121–125. doi: 10.1136/adc.2005.072314
- Herlihy, A.S., McLachlan, R.I., Gillam, L., Cock, M.L, Collins, V., & Halliday, J.L. (2011). The psychosocial impact of Klinefelter syndrome and factors influencing quality of life. *Genet Med*, 13(7), 632-42.
- Johannsen, T.H., Ripa, C.P., Mortensen, E.L., & Main, K.M. (2006). Quality of life in 70 women with disorders of sex development. *Eur J Endocrinol*, 155(6), 877-885.





- Kann, L., McManus, M.S., Williams, A. H., et al. (2016). Youth risk behavioral surveillance--United States, (2015). *MMWR*, 65(6),1-180. Retrieved from https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2015/ss6506_updated.pdf
- Kao, K.T., Stargatt, R., & Zacharin, M. (2015). Adult quality of life and psychosocial outcomes of childhood onset hypopituitarism. *Horm Res Paediatr*, 84(2), 94-101.
- Kerouc, N. (2016). PENS position statement on transgender youth. Retrieved from [http://www.pens.org/PENS%20Documents/Position%20Statements/PENS%20Position%20State ment%20on%20Transgender%20Youth%20JPN%202016.pdf](http://www.pens.org/PENS%20Documents/Position%20Statements/PENS%20Position%20Statement%20on%20Transgender%20Youth%20JPN%202016.pdf)
- Liu, J, & Graves, N. (2011). Childhood bullying: A review of constructs, concepts, and nursing implications. *Public Health Nursing*, 28, (6), 556-568. doi: 10.1111/j.1525-1446.2011.00972.x
- Moreno, M. (2016). Understanding cyberbullying: Developing an evidence-based definition. Retrieved from <https://www.nij.gov/topics/crime/pages/understanding-cyberbullying.aspx>
- National Academies of Science, Engineering, and Medicine. (2016). *Preventing bullying through science, policy, and practice*. Retrieved from <http://www.nationalacademies.org/hmd/Reports/2016/Preventing-Bullying-Through-Science-Policy-and-Practice.aspx>
- Puhl, R.M. & Latner, J.D. (2007). Stigma, obesity, and the health of the nation's children. *Psychol Bull*, 133, 557–580..
- Roberts, A.L., Rosario. M., Slopen, N., Calzo, J.P., & Austin, S.B. (2013). Childhood gender nonconformity, bullying victimization, and depressive symptoms across adolescence and early adulthood: an 11-year longitudinal study. *J Am Acad Child Adolesc Psychiatry*, 52(2),143-152.
- Storch, E. A., Hedgerkin, A.D., Geffken, G. R., Lewin, A.B., Ohleyer, V., Freddo, M., & Silverstein, J.H. (2006). Bullying, regimen, self-management, and metabolic control in youth with type 1diabetes. *Journal of Pediatrics*, 148 (6), 784-787.
- van Geel, M., Vedder, P., & Tanilon, J. (2014). Are overweight and obese youths more often bullied by their peers? A meta-analysis on the correlation between weight status and bullying. *Int J Obes (Lond)*38(10), 263-267.
- Vessey, J.A., DeFazio, R.L., & Strout, T.D. (2013). Youth bullying: a review of the science and call to action. *Nursing Outlook*, 61, (5), 337-345. doi: 10.1016/j.outlook.2013.04.011

