

Sexual Bullying

Addressing the Gap Between Bullying and Dating Violence

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Millions of youth in the United States are involved in some aspects of bullying behavior. Increasing rates of youth violence, including horrific violent school events, have brought national attention upon the phenomenon. Bullying is a broad construct that covers a wide variety of behaviors from name calling to physical abuse, and it is associated with serious negative health outcomes. Sexual bullying appears to be antecedent to more severe forms of relationship violence, and it is proposed as a conceptual link between bullying and more advanced forms of sexualized violence, such as teen dating violence and adult forms of intimate partner violence. **Key words:** *adolescent, bullying, dating violence, perpetration, sexual harassment, social behavior, victimization, violence*

BULLYING, a commonly recognized global phenomenon, has increasingly received national attention.¹ Understanding the phenomenon of bullying is important because it may provide the earliest opportunity for intervening in the lives of young adolescents. Frequently the emergence of bullying victimization or perpetration is the first sign of problematic behavior that, if left unchecked, can alter normal childhood development and establish maladaptive patterns of behavior. Recent studies have linked bullying behavior to physical as well as mental and behavioral health outcomes.²⁻⁴ The first nationally representative survey in the United States to focus on the phenomenon of bullying reported

that more than 5 million or 29% of US youth experience some form of bullying behavior.¹ Some youth experience more than 1 form of bullying, that is, they may be recipients of bullying (victims), perpetrate bullying behavior, or observe bullying encounters without being directly involved.

Existing research has addressed the occurrence of phenomena related to bullying behavior, sexual harassment, and dating violence separately. Relationships among these concepts have not been studied, and only a few research studies are reported in the nursing literature. The 1 exception is a review by Cavendish and Solomone that links bullying and sexual harassment.⁵

Seldom is the focus on the very young adolescent of middle school age. Age is a critical element in the explication of bullying and bridging the gap to sexualized violence. The purpose of this manuscript is to conceptualize sexual bullying (SB) as a form of bullying that relates to this age group and addresses the gap between bullying and dating violence. A secondary aim is to contribute to the nursing literature related to bullying and sexual harassment. Figure 1 depicts the relationships of SB and its intersection within the overlapping areas of bullying, sexual harassment, and dating violence.

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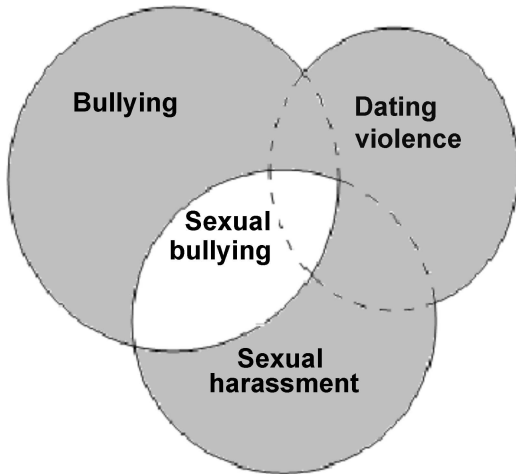


Figure 1. Sexual bullying: Intersection of bullying, dating violence, and harassment.

HISTORICAL PERSPECTIVE

Early research on bullying behaviors summarized by Whitney and Smith was begun in the 1970s by Olweus in Norway.⁶ He is first credited with bringing the bullying phenomenon to the forefront of public attention, and his research has contributed greatly to understanding the phenomenon. He pioneered a bullying questionnaire, the "Olweus Bullying Survey," with huge samples between 25 000 and 50 000. Olweus concluded that at least 15% of Norwegian students ($N = 84\ 000$) were involved in some form of bullying behavior.⁷ Nine percent ($N = 52\ 000$) were victims and 7% ($N = 41\ 000$) perpetrated bullying regularly. Seventeen percent of the victim group ($N = 9000$) admitted bullying others. Similar studies were conducted in other European countries. Many of them used a modified Olweus questionnaire. Despite these early research efforts in Europe, bullying and peer sexual harassment had been overlooked in the US public school system until the first major study conducted by the American Association of University Women Foundation in 1993.^{5,8,9} Horrific violent events in schools and precedent set-

ting court cases (Davis vs Morgan, 1999) have caught public interest focusing attention on bullying behavior as 1 of the underlying issues in some of these events.¹⁰

Before the most recent catastrophic event on the college campus of Virginia Tech University, the most well-known instance of school violence occurred at Columbine High School in Littleton, Colorado, in 1999, where 11 students and 1 teacher were killed by 2 students.¹¹ Fortunately, such events are rare (0.068 per 100 000 between 1994 and 1999), although media coverage makes them seem like everyday occurrences.¹² However, it is of note that student perpetrators of homicide were more than twice as likely to have been bullied by other students (odds ratio 2.57, 95% confidence interval [CI], 1.12-5.92). As a result, bullying is no longer considered a normal part of childhood and has now become a major area of research in the United States.

Most of the research related to the phenomenon of bullying appears in interdisciplinary journals in the fields of psychology, sociology, and education. Although nurses care for children and adolescents in a variety of community settings, such as schools, school-based clinics, camps, and primary care, the nursing literature has a void in the area of bullying research. The majority of nursing articles focused on the marginally related concept of workplace sexual harassment and the topic of bullying behaviors experience by nursing students during their training in Ireland.¹³ In the last 10 years, few articles have addressed bullying in relation to adolescents. Articles featured in *Nursing Standard*, *Nursing Times*, *Nursing Management*, and *Canadian Nurse* were often 1-page blurbs, case-study reports, opinion pieces, or editorial in nature. Fewer than 30 articles were research-based or peer-reviewed when CINAHL, the nursing database, was searched. Of those, approximately half were studies conducted with samples outside the United States, that is, in Norway, Ireland, United Kingdom, Australia, New Zealand, Finland, and Sweden.

Vessey has pioneered work in the area of instrument development for the assessment of teasing/bullying victimization.¹⁴ A recent study used the Childhood Assessment and Teasing Scale to operationalize the concept of teasing in a cross-sectional predictive model testing design with a sample of African American adolescents.¹⁵ Qualitative work by Berman¹⁶ reported about women and girls on the subject of sexual harassment, and only 2 reviews have been published in the nursing literature on the phenomenon of bullying.^{5,17}

THEORETICAL FRAMEWORK

Ecological and developmental principles are central to understanding the phenomenon of bullying behaviors. The reader is referred to a conceptual model that has guided research conducted by the author, based on Spencer's Phenomenological Variant of Ecological Systems Theory.¹⁵ It dynamically combines the well-accepted ecological systems model with developmental processes and associated risk characteristics that predict either positive or negative outcomes.¹⁸ The derived model captures environmental factors, including community, family, and peer influences, and relates them to coping mechanisms, and health outcomes. One might reflect that an ecological model has a public health focus that evolved from the medical model,¹⁹ yet nurses agree that the concepts of person, environment, and health are central to nursing and constitute nursing theory.²⁰ The intent of the related research is to identify unhealthy behaviors such as bullying and dating violence, to institute measures of prevention, a major premise in nursing practice.¹⁵ Nurse researchers, whose studies demand a broad environmental perspective, can build on established borrowed theories to develop nursing theory. In addition, other nursing theories can be incorporated into antibullying and antiviolence research, such as Leininger's *Transcultural Nursing* and Pender's *Health Promotion*.²¹

DEFINITION OF BULLYING

The Dutch word *boele* is the etymological origin of the modern word, "bully."²² The original meaning of the words *boele* (Dutch) and *buble* (German), synonymous with lover, brother, sweetheart, was influenced by the word *bull* (ox) and evolved to mean one who frightens, terrorizes, or abuses the weak. By dictionary definition, *bullying* denotes a set of behaviors that imply aggression or anti-social behavior.²³ Many investigators use the definition of *bullying* put forth by Olweus. Bullying is "aggressive behavior or intentional harm doing" carried out "repeatedly and over time in an interpersonal relationship characterized by an imbalance of power."^{7(p1175)} Actions can be direct, including physical contact, name calling, mean looks, and obscene gestures or indirect bullying such as isolation tactics and rumors. Stein states that the definition of *bullying* has become so broad that almost anything can be called bullying behavior and warns against the dangers of trivializing serious deviancy by lumping all behaviors under this broad term.¹⁰ Nansel and associates' study in the *Journal of the American Medical Association*, considered to be a landmark study in the United States on the topic, defines *bullying* as a type of behavior intended to harm or disturb the victim.¹ The bullying behavior (physical, verbal, or psychological) is repetitive and an imbalance of power is evident with the more powerful person attacking the less powerful one.

CHARACTERISTICS OF BULLIES, VICTIMS, AND BULLY-VICTIMS

To be consistent with the social science literature worldwide, the categories of bully, victim, and bully-victim are used. However, it is important to think of these categories as reflective of the behavior exhibited rather than assigning a personal label to an individual. Thus, it is helpful to think of some adolescents as instigators of bullying behavior and others as the recipients of said behavior.

Instigators of bullying behavior (bullies/perpetrators)

Bullies have certain characteristics that distinguish their behavior from victims. Studies have found that bullying perpetrators are more often associated with deviance or negative behaviors such as smoking, drinking, and disliking school.^{1,24} Like victims they are sometimes excluded from activities, yet bullies do have friends.^{25,26} These friends of bullies were also likely to be aggressive (a protective factor for victimization) and female bullies were likely to have smaller, but more cohesive groups of friends.²⁶ Bullies tend to associate with other bullies and have significant health problems including depression and suicide ideation.^{27,28}

Recipients of bullying behaviors (victims)

Recipients or victims of bullying have been studied the longest, primarily to determine what characteristics made them vulnerable. Variables associated with being bullied include the following: poor mental health, hopelessness, loneliness, being ignored, not being included, decreased self-confidence, decreased self-image, trouble making friends, decreased number of friends, lower or higher economic situations, negative health appraisal, and moodiness.^{26,29,30} In contrast to the bully group, results are mixed as to whether or not victims have fewer friendships or less reciprocated friendships.^{26,31} Nansel et al¹ found that the victim-only group had more difficulty making friends than either the bully-only or bully-victim group (odds ratio = 1.92, 95% CI, 1.42-2.49). Mouttapa et al²⁶ found that victims, who had aggressive friends, reported less victimization (adjusted odds ratio = 0.83, $P < .01$) as compared with victims, who had victimized friends. Poor coping ability was a significant risk factor for being bullied for both genders (boys: odds ratio 1.14, 95% CI, 1.12-1.28, $P = .024$; and girls: odds ratio 1.33, 95% CI, 1.15-1.54, $P = .0001$) suggesting that lack of social skills is associated with aggressive behaviors

for bullying perpetrators, and lack of social skills in victims creates "opportunities" for victimization.²⁹

Bully-victims

Bully-victims, that is, adolescents who sometimes are bullies and at other times are victims, are an especially high-risk group and may be the most prone to negative health outcomes.^{32,33} Australian, 6th- to 10th-grade bully-victims were more likely to be male (relative risk ratio [RRR] = 2.1, 95% CI, 1.64-2.63), to report psychosomatic symptoms (RRR = 1.97, 95% CI, 1.37-2.81), to smoke (RRR = 1.81, 95% CI, 1.26-2.59), and to spend more than 3 evenings a week out with friends (RRR = 1.41, 95% CI, 1.11-1.80).³⁰ These bully-victims did not have a strong affiliation to school and spent less time engaging in after-school activities and interacting with friends on school grounds.³³ It was unclear from these studies whether they were bullies, who are retaliated against or whether they are victims first, who later imitate aggressive behavior or act aggressively as part of a traumatic response.

SCHOOL FACTORS

Bullying occurs most often on the playground and then in the classroom.³⁴ After that, hallways and routes to and from school were the most common places.³⁵ These locations are clear indications that bullying is occurring either under the watch of teachers or when supervision is slack. Fifty-four percent of the students reported that the teacher tried to stop the bullying behavior "some of the time."³⁶ Another study found that teachers were unlikely to stop the behavior, as they ignored it.³¹

Few studies have assessed the linkage between bullying involvement and violent behavior. Higher rates of fighting were found for bullies (odds ratio = 5.20, 95% CI, 4.16-6.49), victims (odds ratio = 2.39, 95% CI, 1.82-3.14), and bully-victims (odds ratio = 3.58, 95% CI, 2.46-5.21) in the national study

by Nansel et al.¹ In a later report based on the same sample, bullying (both perpetration and victimization) was strongly and consistently associated with violent behaviors, such as weapon carrying, frequent physical fighting, and being injured in a fight.³⁷ Stronger associations were found for the bullies. One other study of 14-year-olds ($N = 190$) seeking treatment for injuries in an emergency department, reported that weapons were present 25% of the time in the precipitating incident, especially if at least 1 female was involved.³⁸ Although bullying behavior was not directly assessed, the study cited teasing and being disrespected as common reasons for the incident. If girls were involved, the incident and resulting injury was most often related to a previous altercation or fight. The National Crime Victims Survey reported that victims were more likely to carry weapons to school than their nonbullied peers (3.7% vs 1.4%).³⁹ This translates to 139 760 victimized students resorting to bringing a weapon to school for protection. In a study of sixth to eighth graders 3.2% of the respondents made threats with a weapon and 2.8% actually hurt someone with a weapon.⁴⁰ In the same study, 6.2% of the victims said they were threatened with a weapon and 3.2% were hurt with a weapon.

Peer support for bullying behavior and participant roles

Youth who are not directly involved in the bullying behavior, either as a bully or as a victim of bullying, may engage in other participant roles that perpetuate the bullying phenomenon. Several studies have described these roles as follows: (a) the neutral role of outsider or bystander, who stays out of the situation but lurks in the vicinity and does not intervene in any way, (b) the defender of the victim, and (c) the assistant or reinforcer to the bully.^{6,41,42} The bystander roles vary from 23% to 48% across these studies. By their inaction these onlookers actually encourage the continuance of bullying. Prevalence rates of defender roles vary from 17% to 54% and assistant/reinforcer roles from 6.2% to 19.5%. Twenty-seven percent of middle school stu-

dents compared with 47% of the high school students did nothing, because they did not think they should intervene, and 19% and 20% respectively did not feel it was their business to interfere.⁶ The trend toward apathy increased with grade level.

FAMILY FACTORS

In 1 study bullies were more likely not to have a father figure at home and more likely to have more disruptive family relations.⁴³ Conversely, victims were more likely to be more positively involved with family members. Family factors were also significantly associated with teenage violence including poor housing conditions, having a convicted parent by age 10, a separation from parents by age 10, and parental disharmony. Only a few studies explored the relationship between family influences and bullying behaviors,^{34,43,44} and only 1 study measured parental maltreatment finding that maltreated youth attending summer camps were more likely to bully their peers.⁴⁵

FORMS OF BULLYING AND GENDER DIFFERENCES

Most prevalent types of bullying included being physically hurt (kicked or hit), being called nasty names, being threatened, being excluded, having their belongings taken or violated, and being subjected to racial slurs.^{6,31,36,46} Two studies examined gender difference with respect to types of bullying.^{6,36} One study reported more indirect forms for girls, such as name calling particularly in upper grades.⁶ The other study reported more physical assault for boys, but equal amounts of name calling, in 52% to 58% of the sample.³⁶

There appears to be differences in the perspectives that boys and girls have regarding the acceptability of violent acts, maladaptive coping responses to violence, and related health outcomes. When assessing overall violent experiences girls reported sexual assault (15.3%) as the most common type

of violent act and boys experienced aggravated physical assault most often (18.4%).⁴⁷ Foshee confirmed these findings and also reported that girls suffered more injuries from physical violence and sustained more psychological abuse.⁴⁸ Girls reported more psychological bullying such as rumors and sexual comments, whereas boys experienced more physical bullying.^{1,6,42} Boys bullied more and were bullied more than girls in most studies. Both boys and girls were bullied by boys; however, it was more common for girls to be bullied by boys than by girls ($P < .001$). Also the number of girl victims seems to decline more quickly with age.⁴⁶ This may be due to the fact that by the upper grades, girls may find a niche more easily than boys and benefit from the friend protection factor and/or they become victims of intimate partner violence.⁴⁹

THE CONCEPT OF SEXUAL BULLYING

Bullying behaviors are most prevalent between sixth and eighth grades and then the incidence of bullying behaviors appears to decline. This does not necessarily mean that tendency toward bullying also decreases. Two possible explanations are that the victims stop reporting or the bullying changes form, imitating more adult behaviors, such as SB or dating violence.

Sexual bullying is proposed as a relatively new and related concept that bridges the gap between early adolescent bullying and dating violence that usually occurs later in adolescence, young adulthood, and adulthood. Sexual bullying terminology is more easily associated with the middle-school-age group than some terms currently used to describe behaviors of very young adolescents. Focus groups with middle-school-age youth revealed that even the word *dating* is not always applicable to these young adolescent.⁵⁰

Specifically, sexual harassment, sexualized violence, and dating violence are concepts that may not be the most appropriate words to describe the behaviors of very young adolescents. Those terms are more often associ-

ated with individuals in work settings and/or older individuals, who are already engaged in formal dating relationships. Although sexual harassment and peer sexual harassment are terms more often associated with deviancy in school settings, these labels may be easily dismissed, trivialized, or not accepted as problematic in the lives of young adolescents. Therefore, SB is a dimension of bullying behavior that may be more readily understood by young adolescents, male and female, and the adults who care for them.

To explicate the concept of SB, it is necessary to examine the existing literature for dating violence, sexual harassment, and bullying behaviors. These concepts are closely related and SB represents the intersection of all 3 of these concepts and also the overlap with sexual harassment as diagrammed in Figure 1. The reader is referred to existing reviews in the literature related to these topics. Glass et al⁵¹ reviewed studies focused on the young adolescent and dating violence. Several reviews of sexual harassment exist in the literature. Fineran and Bennet⁸ identify peer sexual harassment as a sex discrimination issue. Sevrer⁵² reviews theories of sexual harassment, historical underpinnings, and future directions.

Labeling unwanted sexual behavior as sexual harassment for legal purposes is understandable.⁵³ Uniformity in definition is important to avoid methodological issues. However, societal norms frequently discount experiences of children and youth in general, including those experiences related to sexual behavior. Notions such as "boys will be boys," bullying is a "rite of passage," "no harm done," and "passing phase" contribute to the trivializing of this unwanted bullying behavior, which can range from often unrecognized sexual overtones to unmistakable, harmful sexual behavior. With this in mind SB is carefully suggested as a bridge term for young adolescent behavior of this kind. A following proposed definition of SB builds on the Olweus definition:

Sexual Bullying is a dyadic process in which 1 individual is the recipient of (repeated) unpleasant

teasing, taunting, harassing, or threatening behavior inflicted by another individual. The instigator of said behavior acts with a conscious malicious intent and at least 1 party has a sexual interest in the other. The instigator's behavior may appear "romantic" in nature, yet there is a lack of consideration or appreciation for the recipient, and a power imbalance exists. The social environment allows this behavior.

Although SB is a type of romantic encounter, that has the potential to develop into relationship violence at any age, it is used here to describe the unhealthy teasing pattern that occurs when youth in their middle-school years are beginning to notice the opposite sex (or the sex they are attracted to). It is important to distinguish SB from the broader concept of bullying. Sexual bullying is an early form of sexual harassment that has the potential to escalate to more severe forms of abuse such as severe physical violence, emotional abuse, and even date rape. Here the focus is on a dyadic relationship rather than identification with a dominating group or run-of-the-mill peer aggression. Gender and culture are central to the concept of SB. It is also important to distinguish healthy sexual play from SB. Furthermore, general harassment is not necessarily bullying in that it may not conform to the Olweus definition described earlier; that is, it may not have all 3 components: repetitiveness, malicious intent, and a power imbalance. In the same sense, dating violence, which overlaps with bullying and harassment, may be purely physical or emotional in nature and not include sexual overtones, sexualized violence, or forced sex. One could argue that the nature of the partnership connotes sexual interest; however, this is an assumption. In this conceptualization of SB, sexual behavior or interest is a key element.

Examples of unwanted sexual behavior that are common to middle-school-age youth include (a) sexual comments, leering looks, and sexual jokes; (b) being shown sexual doodles, pictures, or photographs; (c) sexual messages/graffiti written in school restrooms; (d) name calling such as slut, gay, or *lesbo*; (e)

being flashed or mooned; (f) being touched, grabbed, rubbed against, or pinched; (g) being trapped or cornered and subjected to sexual advances or the threat of such advances; (h) having your clothing altered in a sexual way; that is, pulled up or down revealing intimate areas or being given a "wedgy"; (i) being the subject of sexual rumors including telephone and Internet messaging; and (j) being forced to do something sexual such as kissing or oral sex.⁹

Of great concern is that the bullies abuse power and are aggressive in peer relationships and this may be extended to romantic relationships. Initial romantic relationships form in the context of peer groups. Negative characteristics that bullies bring to the relationship create undesirable conditions for healthy relationship formation. For example, in 1 study, bullies were found to have less positive and equitable views of friends especially boy/girlfriends.⁵⁴ They reported that young adolescents who have difficulty with peer relationships and also have a history of a bullying perpetration may be at risk for continued problems, when they begin to engage in romantic relationships. One can refer to adult sexual offender literature to know that very often sexually inappropriate behaviors are documented early in life retrospectively. Identifying inappropriate sexual behavior such as SB and intervening early may prevent deviant behavioral patterns from forming.

Bullies began dyadic dating 1 and 1½ years earlier than nonbullies and were involved in more advanced types of dating.⁵⁴ Bullies were less likely to report not ever having a girl/boyfriend (22%) than the comparison group (44%) ($P < .001$). Bullies tended to benefit from early dating by achieving status in their peer group. Dating was not necessarily a true desire related to early maturing. In addition, bullies were frequently introduced to advanced dating through the influence of older friends. Because bullies are known to be more antisocial, they are ill equipped to handle these new peer romantic relationships. Therefore, lack of social skills is likely

to influence new peer romantic relationships, and relationships that are not healthy may be formed. Also bullies reported more physical (10%) and social aggression (27%) with dating partners than their nonbullying counterparts (8% and 5%, respectively).⁵⁵ This between-group difference was significant at the $P < .001$ level for social aggression and at the $P < .05$ level for physical aggression. Bullies also demonstrated less affection and less intimacy in romantic relationships and engaged in coercive tactics to keep the relationship viable more often than nonbullies. This is particularly worrisome and a possible pathway to adolescent dating violence and subsequent adult intimate partner violence if not addressed in adolescence. Only a few studies have stressed this linkage.⁵⁴⁻⁵⁶

DISCUSSION

Sexual bullying is conceptualized as a link between the phenomenon of bullying and the phenomenon of dating violence to increase the understanding of these phenomena, and to advance the science by addressing these topics as they pertain to young adolescents. This is particularly important because a sparse amount of nursing literature exists, and unchecked bullying behaviors can lead to a host of negative health outcomes including forms of continued violence such as dating violence. There are both research and practice implications for nurses and other professionals interested in promoting positive health outcomes in children and adolescents.

Ethical and legal considerations are particularly important when the population of interest is children. The Centers for Disease Control and Prevention defines *sexual violence* as "sexual activity where consent is not obtained or given freely."^{57(p1)} Whether it is called SB, sexual violence, or sexual harassment, the same ethical principles and legal obligations hold true. Nurses and other professionals are mandatory reporters, and they must be acutely aware of situations that warrant reporting, and follow the laws in their

state. Readers are cautioned against trivializing acts of SB that are serious forms of sexualized violence.

Research implications

Recent research has focused on the association between bullying behaviors and negative health outcomes. Further studies to establish an understanding of mediating and moderating variables in relationships between bullying perpetration/victimization and behavioral outcomes such as forms of continued violence are needed. There has been a void in the literature related to the assessment of health in violence research related to children, particularly physical health. Identifying appropriate measures for this age group and using statistical methods capable of testing complex interactions related to the concepts of bullying and SB are also indicated. Implementing and evaluating studies in the United States that focus on changing the school culture, rather than victim-oriented studies, that is, making victims less vulnerable or prosocial must be supported. Results from these studies must reach mainstream America so that mixed messages are avoided and adults who are entrusted with the care, teaching, and upbringing of the nation's youth are knowledgeable about the consequences of unchecked bullying. It is important to prevent well-meaning adults from implementing interventions that are intended to "fix the victim." Support services should be available to youth who are bullied, but more emphasis is needed to change the social environment by intervening to curtail the behavior of the bullies. Olweus and other European researchers have found that simple solutions such as increasing supervision in prime locations where bullying occurs can dramatically reduce perpetration.⁷

Practice implications

Successful interventions in Europe have reduced bullying by as much as 50%. Strategies included teaching social skills, capitalizing on efforts to change norms of the

school environment, developing clear rules and consequences, and increasing supervision and parental involvement in antibullying campaigns.^{1,30} In addition, promising programs include restorative justice programs and mentoring programs. These methods are more positive, constructive, and humane than harsh discipline and punitive methods, such as expulsion and suspension. Such tactics do not foster the formation of healthy relationships.

The magnitude of the prevalence rates reported in this article alone should be enough evidence for public policy to focus on bullying. However, further support can be gained from recent research efforts that focus on negative health outcomes as well as the trajectory of continued violence and stable victimization. Early intervention is warranted before recipients of bullying feel that regardless of their action, they are powerless to change the situation. If the bullying behavior is not halted, stable patterns of victimization may ensue. Such patterns may also become normalized as dating relationships emerge and these patterns may persist into adulthood.

CONTRIBUTIONS TO NURSING THEORY AND PRACTICE

This article advances nursing science in several important ways. Issues related to youth violence and adolescent health are not clearly understood. Much of the research has been done abroad in terms of bullying behaviors and intervention strategies. Furthering this scientific body of knowledge within the nursing paradigm is of paramount importance. Nurses are often the ones who are confided in, consulted with, and have the opportunity to introduce health education into the curriculum. The emphasis on school bullying and sexual-harassment policies in the school

settings have crated an opportune time for nursing research and practice.

Nurses embrace a holistic approach in the prevention of youth violence that to date has been dominated by the disciplines of psychology and sociology. The fact that nurses are clinicians/practitioners and can intervene effectively in conjunction with routine assessments of adolescents creates this unique opportunity. Nursing research in this area will add to theoretical model testing and inform practice.

CONCLUSIONS

Sexual bullying, terminology more easily associated with young adolescents, is proposed as a conceptual term to more clearly identify the overlap between bullying, dating violence, and sexual harassment. Conceptualizing bullying behaviors to include SB as an antecedent of sexual harassment and dating violence will advance nursing science by encouraging investigators to examine the relationships between bullying behaviors and early forms of sexualized violence in the young adolescent. Testing these linkages and disseminating the findings can potentially facilitate attitude and environmental change, and in turn lead to the formation of healthier intimate relationships.

Identifying the complexities of bullying and SB to determine the most appropriate intervention strategies, and the critical timing to counter this extensive public health problem and prevent other forms of violence from developing should be a national priority. Nurses are well positioned in a variety of settings such as schools, ambulatory clinics, family practice sites, and camps to identify unhealthy situations related to this phenomenon and to intervene in a timely and appropriate fashion.

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