Bullying

Bullying (clinical term: 13ZF.)

Introduction

Bullying is defined as the intentional, unprovoked abuse of power by one or more children to inflict pain or cause distress to another child on repeated occasions. It occurs in social groups with clear power relationships and low supervision, to some extent in all schools, and often without apparent provocation.

Presenting complaints

Bullying can have a major impact on the physical and mental health of victims, as well as on their education. It is perceived as stressful by those who experience it (ref 251).

Victims of bullying may present with a variety of psychosomatic symptoms or mental health problems, including the following:

- sleeping difficulties
- bed wetting
- feeling sad
- headaches
- stomach aches
- irritability, poor concentration
- depression, suicidal ideation, deliberate self-harm
- somatic symptoms
- anxiety
- social dysfunction.

Health professionals seeing school children who present with any of these should consider bullying as a possible contributory factor.

There is some evidence to suggest that bullying can have long-term mental health effects (ref 252, 253). Former victims of bullying are more likely than non-victimized peers to:

- be depressed
- be anxious
- be lonely
- have low self-esteem
- feel less comfortable with the opposite sex.

References

251 Sharp S. How much does bullying hurt? The effects of bullying on the personal well being and educational progress of secondary aged students. Education Child Psychol 1995, 12(2): 81-88.

252 Hawker D, Boulton M. Twenty years' research on peer victimisation and psychosocial maladjustment: a meta-analytic review of cross-sectional studies. J Child Psychol Psychiatry 2000, 42(4): 441-455. (CI) This is a meta-analysis of cross-sectional studies. Results suggest that victimization is most strongly related to depression, and least strongly to anxiety. There was no evidence that victimization is more strongly related.

253 Deater-Decker K. Recent research examining the role of peer relations in the development of psychopathology. J Child Psychol Psychiatry 2001, 42(5): 565-580.

Diagnostic features

Compared with other children, 'passive victims' of bullying tend to:

- be cautious
- be sensitive
- be quiet
- be more anxious and insecure
- have fewer friends
- feel unhappy and lonely
- have low self-esteem
- have a negative view of themselves and their situation
- look upon themselves as failures
- feel stupid, ashamed and unattractive.

A smaller group - 'proactive victims' - is characterized by a combination of anxious and aggressive reaction patterns. These children have concentration difficulties, may be overactive and often behave in ways that cause irritation and tension around them. Their behaviour frequently provokes other children who retaliate in a negative fashion. Although any child can be bullied, it is more likely to occur to the following vulnerable children. Those who:

- are shy or lacking in close friends at school
- come from an overprotective family environment or a family experiencing crisis or distress
- come from a different racial or ethnic group from the majority
- differ in some obvious respect from the majority, eg by stammering, having a physical disability or being of short stature
- have special educational needs
- provoke their peers by their inappropriate behaviour
- have Asperger syndrome or other autistic spectrum disorder.

Essential information for patient and family

- Bullying is more common in boys and in the youngest pupils in a school.
- The commonest type of bullying is general name-calling, followed by being physically hit, being threatened and having rumours spread about the bullied individual.
- Research suggests an incidence of about one in five for being bullied (with higher figures for children who attend remedial classes or who are of Asian origin) and up to one in ten for bullying others.

General management and advice to patient and family

- Encourage the child to tell their parents and teacher. Reassure them they were right to tell and that the adults will try to work together to keep them safe.

- In the first instance, bullying should be dealt with by approaching the school directly to inform it of the problem. Consider involving a school or practice counsellor (ref 254).

- Encourage parents to raise the issue with school, possibly against the child's wishes, if the problem persists.

- Bullying interventions in schools include:
  - the setting up of whole-school policies
  - curriculum-based strategies
  - intervening in bullying situations by working directly with pupils involved in bully/victim problems
  - setting up school tribunals or 'bully courts'
  - assertiveness training for victims
  - making changes to playgrounds
  - peer-led interventions (eg peer counselling
  - working with lunch-time supervisors.

- Being bullied is one of the stressors most strongly associated with suicidal behaviour in adolescents. Both bullies and victims are at increased risk of suicide (ref 255). Bullies need help too (see Conduct disorder - F91#).

References

254 Dawkins J. Bullying in schools: Doctors' responsibilities. Br Med J 1995, 310: 274-275.

255 Kaltiala-Heino R, Rimpela M, Marttunen M, Rimpela A, Rantanen P. Bullying, depression and suicidal ideation in Finnish adolescents. Br Med J 1999, 319: 348-51. (CV) Adolescents who are being bullied and those who are bullies are at an increased risk of depression and suicide. The need for psychiatric intervention should be considered not only for victims of bullying but also for bullies.

Liaison and referral

Bullying by fellow pupils is a primary responsibility of the school; every school should have an anti-bullying policy.

Referral to a specialist Child and Adolescent Mental Health Service is advised if the child or adolescent:

- is severely depressed
- has suicidal thoughts
- is self-harming
- shows social withdrawal
- refuses to eat
- is severely anxious or has insomnia
- is developing school refusal.

Resources for patients and families

Anti-Bullying Campaign 020 7378 1446
Provides help if a child is being bullied or if a child is a bully.

Childwatch 01482 325 552
Website: http://www.childwatch.org.uk
Advice for children on bullying and abuse that occurs at home and at school.

ChildLine 0800 1111 (24-hour helpline)
Website: http://www.childline.org.uk
Telephone service for all children and young people provi ding confidential counselling, support and advice on any issue. Parents can also write to ChildLine.

Kidscape 020 7730 3300
Website: http://www.kidscape.org.uk/childrenteens/childrenteensindex.shtml
This is a charity set up to protect children from danger – whether from peers, adults they know or complete strangers.

NSPCC (National Society for the Prevention of Cruelty to Children) 0808 800 5000 (helpline)
Website: http://www.nspcc.org.uk/html/home/needadvice/bullying.htm
Charity specializing in child protection and the prevention of cruelty to children.

Bullying Online http://www.bullying.co.uk
Gives help and advice for parents and pupils in dealing with school bullying.

The Bullying Project http://www.bullying.org
Provides online mentoring support programmes, as well as educational resources.
A leaflet is available from the Royal College of Psychiatrists (http://www.rcpsych.ac.uk): The emotional cost of bullying

Tackling Bullying: Listening to the Views of Children and Young People. Summary Report by Christine Oliver and Mano Candappa of the Thomas Coram Research Unit, Department for Education and Skills, 2003. Available from ChildLine, 45 Folgate Street, London E1 6GL; tel: 020 7650 3200; website: http://www.dfes.gov.uk/bullying/.