The Clinician's Response to Bullying

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Bullying and Our Patients

- As many as 1 in 5 children report being involved in bullying, as a bully, a target or both.
- Victims and bullies experience long-term health and behavioral consequences.

Especially Vulnerable Populations

LGBTQ Youth

- 9 out of 10 LGBT students (86.2%) experienced harassment at school; three-fifths (60.8%) felt unsafe at school because of their sexual orientation; and about one-third (32.7%) skipped a day of school in the past month because of feeling unsafe. *(GLSEN National School Climate Survey 2009)*
- LGBT students are 3 times as likely as straight students to say that they do not feel safe at school (22% vs. 7%) and 90% of LGBT students (vs 62% of straight teens) have been harassed or assaulted during the past year. *(GLSEN From Teasing to Torment 2006)*
- Lesbian, gay, and bisexual youth are up to 4 times more likely to attempt suicide than their heterosexual peers. *(Massachusetts Youth Risk Survey 2007)*

Especially Vulnerable Populations

Youth With Disabilities and Other Special Health Care Needs

- According to researchers Wall, Wheaton and Zuver (2009) only 10 studies have been conducted in the US on bullying and developmental disabilities. All studies found that children with disabilities were 2 to 3 times more likely to be victims of bullying than their nondisabled peers.

Youth Who Are Overweight or Obese

- Obese children are more likely to be bullied – especially in grades 3 through 6 – than average weight peers, regardless of gender, race, socioeconomic status, school demographic profile, social skills or academic achievement. *(Pediatrics 2010)*

AAP Response to Bullying

- In 1999, AAP Task Force on Violence published "Role of Pediatrician in Youth Violence Prevention" – no specific mention of "bullying"
- 2009 published revision includes section on bullying, specifically recommending "Promotion and reinforcement of parenting skills plus recognition, screening and appropriate referral as secondary prevention strategies" and use of AAP Connected Kids Violence Prevention program.

AAP Response to Bullying

- AAP Chapter advocacy in states to develop strong bullying prevention laws.
- Professional education to members at annual conference.
- Outreach to state legislators at 2011 National Conference of State Legislatures (NCSL) Summit with presentation by Dr Joseph Wright on “Bullying, Schools, and Mental Health.”

- Do you have a policy in your setting to address bullying?

- Yes
- No

What can clinicians do to help?

- Prevention?
- Helping victims / targets
- Helping bullies
- Helping families
- Consultation with schools

Providing A Safe, Supportive Clinical Setting

A visit with a physician may give children and adolescents a rare opportunity to discuss their concerns about bullying. In the office, physicians are encouraged to:

- Assure the patient that his or her confidentiality is protected.
- Consider displaying posters, brochures, and information on bulletin boards that demonstrate support for bully prevention, intervention, victims, etc.
- Be sure that you, your staff, office forms use gender-neutral, nonjudgmental language so LGBTQ patients will feel supported.
- Provide information about support groups and other resources about bullying to youth and their friends and families.

Primary Prevention Strategies & Tactics

- Prevent development of bullying behaviors
- Reduce opportunities for expression
- Lessen social acceptance and dismissal of bully victimization
- Protective and resiliency-promoting parenting
- Environmental climate change
- Socially dynamic value adjustment (Olweus model)

Victim

Recognizing the Clinical Signs

- increasing complaints of illness to avoid school
- change in eating habits
- significant weight loss/gain
- unexplained cuts, bruises, scratches
- trouble sleeping
- frequent headaches, stomach aches
- anxiety, sadness, depression
- extreme changes in behavior (withdrawing, acting out)
- talk of suicide

Bully

Helping the bully

- Who are the bullies?
- Why are they bullying?
- What can adults do to help them change?

Connected Kids

- Comprehensive, logical approach to integrating violence prevention efforts in practice.
- Includes a clinical guide and 21 handouts for parents and teens including bullying.
- Bullying guidance starts at age 6.
- More information at www.aap.org/ConnectedKids/

- Are you routinely asking about bullying in your practice?

- Yes
- No

Assessment

- Who are your friends?
- Have you been in any pushing or shoving fights?
- Are you afraid of being hurt by any other children?
- Do you feel bullied by other children?
- What do you do to avoid getting into a fight?

Anticipatory Guidance

There are other ways to avoid fights without being a victim (or a bully).

Let's discuss some of these strategies.

- You should get adult help if you think a fight is about to start.
- It is OK to seek adult help if you feel threatened or are being bullied.
- How else can you express your frustration with someone or something.

It is important to stand up for the victim of bullies—get adult help if you don't feel safe helping by yourself.

• Hanging around and watching a fight or bullies makes it look like you think bullying and fighting are good.

Advocacy

- Connect with the state affiliate of your professional association *(eg, AAP state chapter)*
- Become familiar with your state law/public policy addressing bullying
- Assess what changes/improvement needs to be made in your state *(eg, definitions, scope, prohibited conduct, focus on particularly vulnerable populations, reporting, investigation, sanctions, referrals, education and prevention, transparency and monitoring)*
- Offer your expertise to policymakers
- Work on the local level with schools and school districts to improve education and prevention efforts and to ensure compliance

Other Thoughts

- Flash mob bullying
- Anonymous “ganging up”
- The clinician’s response

Summary