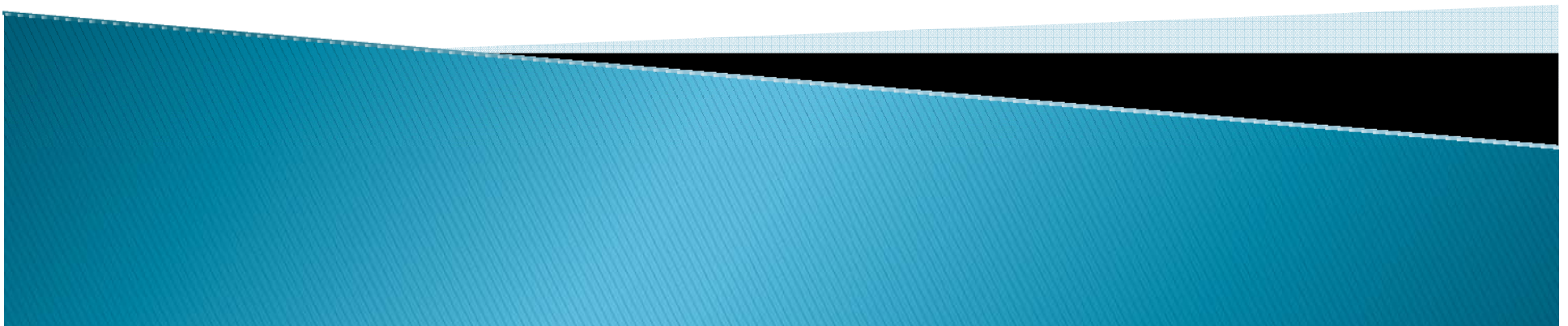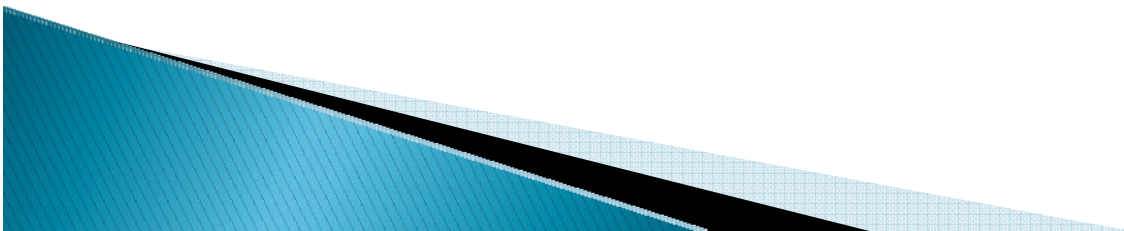# Bullying

พญ.อรวรรณ เลาห์เรณู
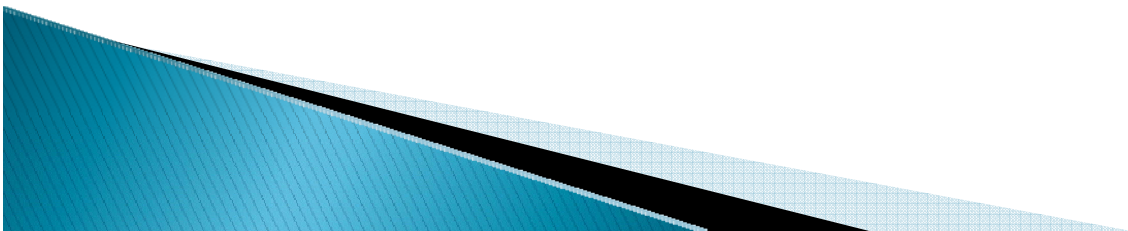**ภาควิชากุมารฯ คณะแพทยศาสตร์ มช.**

Outlines

- Definition
- Epidemiology
- Contributing factors
- Evaluation & screening
- Management

Bullying

- **Key features**
  - Power imbalance between the stronger bully and the weaker victim
  - Intent to harm
  - Repetition of the behavior over time

Bullying

- Physical aggression
  ◦ Hitting
  ◦ Pushing
  ◦ Threatening with a weapon
- Verbal aggression
  ◦ Intimidation
  ◦ Name calling
  ◦ Public humiliation

- Spreading rumors
- Social rejection
- Exclusion from peer groups
- Ignoring

| Direct | Indirect |

Type of bullying

- ▸ Physical
- ▸ Verbal
- ▸ Relational
- ▸ Cyber

Prevalence rates of having bullied others or having been bullied at school in the last 2 months were 20.8% physically, 53.6% verbally, 51.4% socially, or 13.6% electronically.

Wang J, et al. J Adolesc Health 2009;45:368-75.

Forms	Items
Physical	Hit, kicked, pushed, shoved around, or locked indoors
Verbal	Called mean names, was made fun of, or teased in a hurtful way Bullied with mean names, comments race or color Bullied with mean names, comments about religion
Relational	Social isolation: excluded from a group of friends or ignored Spreading rumor: told lies or spread false rumors
Cyber	Bullied using computer or e-mail messages/ pictures Bullied using cell phone
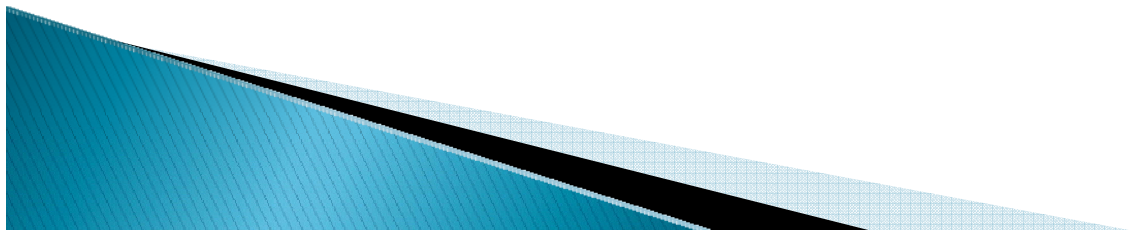
Epidemiology

- 20-30% of middle-upper school students involved with bullying
- Gr.6-10 US students identified
  - 13% as bullies
  - 11% as victims
  - 6% as bullies-victims

Vanderbilt D. Bullying. Developmental and behavioral pediatrics. 2005:141-4.

Prevalence of bullying aggression and victimization: differences by demographic group

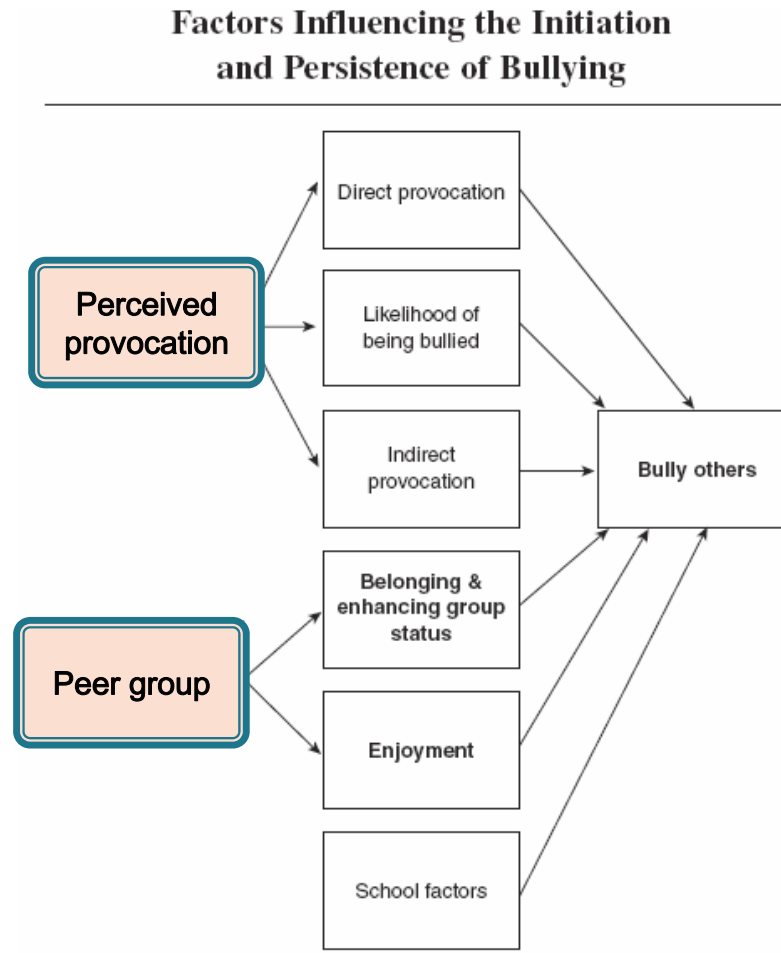|	n	Perpetration	Victimization
Overall	78,068	18.80%	20.10%
Grade			
6	13,077	16.3[†]	22.8[†]
7	12,926	20.0[†]	23.1[†]
8	12,789	22.3[†]	22.5[†]
9	11,730	19.8	18.3[†]
10	10,541	19.3	18.6[†]
11	9099	16.7[†]	16.7[†]
12	8008	15.6[†]	15.5[†]
Gender			
Male	37,676	23.3[†]	22.3[†]
Female	39,142	14.3[†]	17.9[†]
Ethnicity			
White	49,535	15.5[†]	19.5
African American	15,863	27.7[†]	19.6
Hispanic	1689	17.4	16.8
Asian	2464	11.6[†]	16.5[†]
Native American	570	30.9[†]	27.5[†]

Carlyle KE, Steinman KJ. J Sch Health 2007;77:623-9.

Contributing factors

- Settings
- Risk factors
  - Temperament
  - Family, friends, school
  - Characteristics
    - Victims
    - Bullies

Contributing factors

Factors Influencing the Initiation and Persistence of Bullying
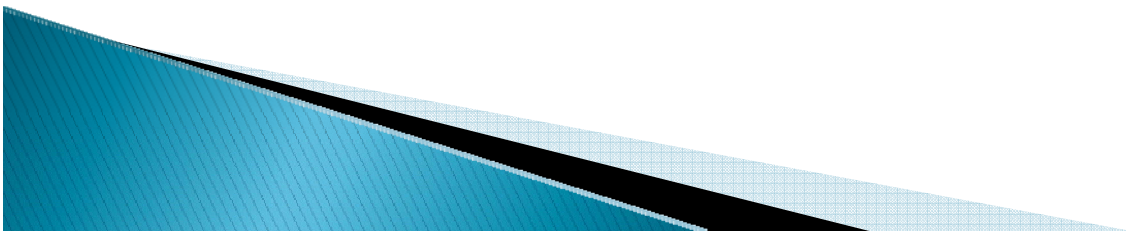
Burns S, et al. Qual Health Res 2008;18:1704-16.
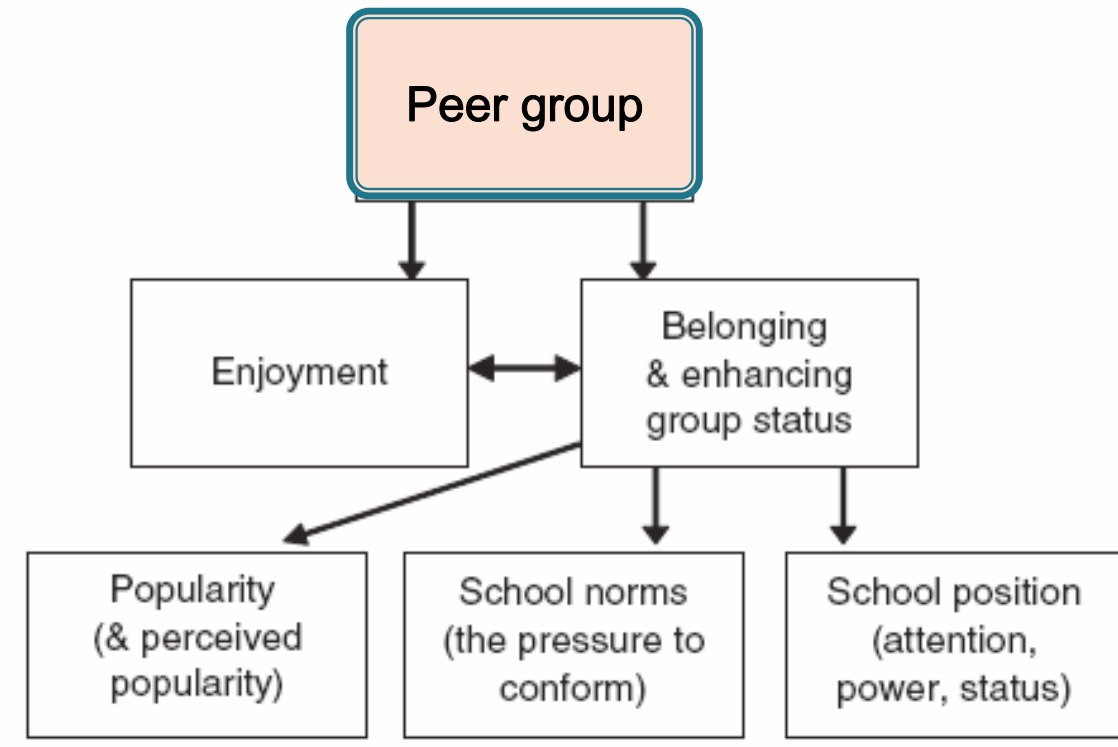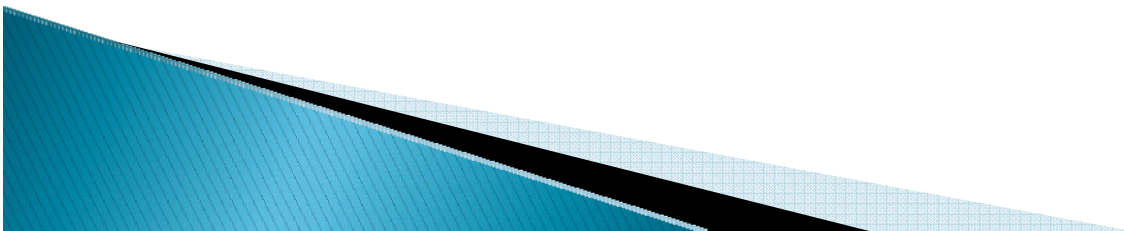
Contributing factors

Peer Group as an Influence on Initiation and Persistence of Bullying

Burns S, et al. Qual Health Res 2008;18:1704-16.

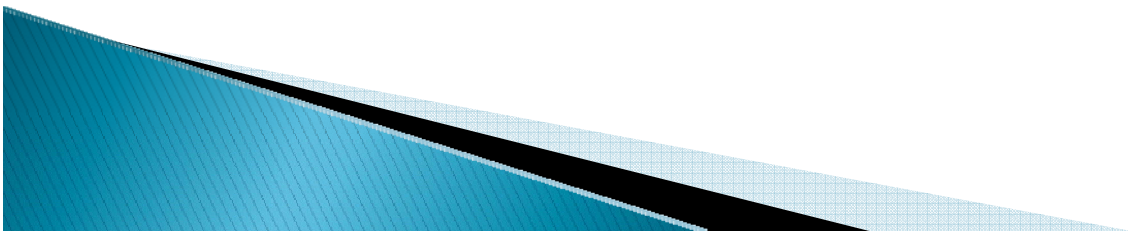# Evaluation

▸ Screening
  ◦ Identifying the victim
  ◦ Identifying the bully
  ◦ Differential diagnosis
▸ Assessment
▸ Referral

Screening, assessment, referral

- Conflicts
- Friendships
- Problem solving
- Communication with adult figures

Screening

Indicators of victimization

Children being bullied might exhibit the following indicators:
- Physical symptoms (headaches, stomachaches)
- Psychosomatic symptoms (difficulty sleeping, bed-wetting)
- Depressive symptoms
- Anxiety symptoms
- Absenteeism from school, refusal to attend school
- A drop in school motivation and performance
- In extreme cases, suicidal thoughts or suicide

Parents might have observed other behavioural signs of victimization:
- Loses items, needs money, hungry after school
- Injuries, bruising, damaged clothing, broken items
- Threatens to hurt self or others

Lamb J, et al. Can Fam Physician 2009;55:356-60.

Screening

Indicators of bullying

Children bullying others might exhibit the following indicators:
- Physical symptoms (headaches, stomachaches)
- Psychosomatic symptoms (difficulty sleeping, bed-wetting)
- Depressive symptoms
- Anxiety symptoms
- Alcohol and substance use
- Poor school functioning (low grades, dropping out)
- In extreme cases, suicidal thoughts or suicide

Parents might have observed other behavioural signs of bullying:
- Little concern for others' feelings
- Aggressive or manipulative with siblings, parents, and others, or with animals
- Possesses unexplained items or extra money

Lamb J, et al. Can Fam Physician 2009;55:356-60.

คำถามสำหรับเด็ก	คำถามสำหรับผู้ปกครอง
▸ เคยถูกล้อเลียนที่โรงเรียนไหม ▸ เด็กคนอื่นๆ ถูกล้อเลียนไหม ▸ เกิดนานเท่าไรแล้ว ▸ เคยบอกครูไหม ▸ ถูกล้อเลียนเรื่องอะไรบ้าง ▸ เคยถูกล้อเกี่ยวกับความเจ็บป่วย/พิการ หรือเรียนไม่ทัน หรือแตกต่างจากเพื่อนๆ ไหม ▸ ในช่วงเวลาพัก เล่นกับเพื่อนๆ หรือเล่นตามลำพัง ▸ เคยต้องย้ายโรงเรียนเพราะมีปัญหากับเด็กอื่นๆ ไหม	▸ ท่านเป็นห่วงว่าบุตรของท่านจะมีปัญหากับเด็กอื่นๆ ที่โรงเรียนไหม ▸ บุตรของท่านไปห้องพยาบาลบ่อยไหม ▸ ครูเคยบอกว่าบุตรของท่านชอบอยู่คนเดียวบ่อยๆ ไหม ▸ ท่านสงสัยว่าบุตรของท่านจะถูกล้อเลียนหรือรังแกที่โรงเรียนจากสาเหตุใดก็ตามไหม เพราะอะไร ▸ บุตรของท่านเคยเล่าว่าถูกเด็กอื่นรบกวนเขาไหม

Vanderbilt D. Bullying. Developmental and behavioral pediatrics. 2005:141-4.

Four questions to assess bullying involvement

QUESTION	CHILD WHO IS BULLYING OTHERS	CHILD WHO IS BEING BULLIED
1	How often do you bully others?	How often are you bullied?
2	How long have you bullied others?	How long have you been bullied?
3	Where do you bully others?	Where are you bullied?
	eg, school, sports, home, neighbourhood	
4 a)	How do you bully others?	How are you bullied?
	eg, hitting, insults, gossiping, text messaging	
b)	How do you think the kids you bully feel?	How do you feel when you are bullied?

Lamb J, et al. Can Fam Physician 2009;55:356-60.

Management

- Individual
- Family
- School system

Management

Associations Between Socioenvironmental and Individual Factors at Age 5 Years With Involvement in Bullying by Age 7 Years

	Involvement in Bullying Between Ages 5 and 7 y			
	Not Involved	Victims	Bullies	Bully-Victims
Characteristics at Age 5 y	Mean (SD) or %	Mean (SD) or %	Mean (SD) or %	Mean (SD) or %
School				
Total no. of children in school	291.1 (133.0)	320.1 (141.0)*	271.4 (140.7)*	273.9 (128.2)
Percentage of children eligible for free school meals	13.8 (12.6)	15.1 (12.9)	14.2 (13.1)	18.2 (13.2)**
Neighborhood				
Vandalism	1.2 (1.5)	1.5 (1.7)*	1.2 (1.5)	1.6 (1.7)*
Problems with neighbors	0.7 (1.1)	0.9 (1.3)**	0.8 (1.2)	1.5 (1.6)**
Family				
SES disadvantage	−0.1 (0.9)	0.1 (1.1)**	0.1 (1.1)**	0.6 (1.2)**
Mothers with depression	29.8	36.9	35.5	52.3**
Parent's antisocial behavior	18.2	25.0*	29.6**	42.0**
Domestic violence	32.9	39.3	47.5**	48.4**
Maternal warmth	0.1 (1.0)	0.1 (1.0)	−0.2 (1.1)**	−0.3 (1.0)**
Stimulating activities	0.1 (0.9)	−0.1 (1.1)	−0.1 (1.1)	−0.5 (1.1)**
Child maltreatment	9.1	18.3**	16.1**	28.0**
Child				
Internalizing behaviors	−0.1 (0.9)	0.2 (1.0)**	0.0 (1.1)	0.5 (1.2)**
Externalizing behaviors	−0.2 (0.8)	−0.1 (0.9)*	0.6 (1.3)**	0.8 (1.2)**

Management

- ▸ Addressing peer victimization
- ▸ Promoting friendships
- ▸ Promoting problem solving and empathy
- ▸ Promoting positive parent-child communication
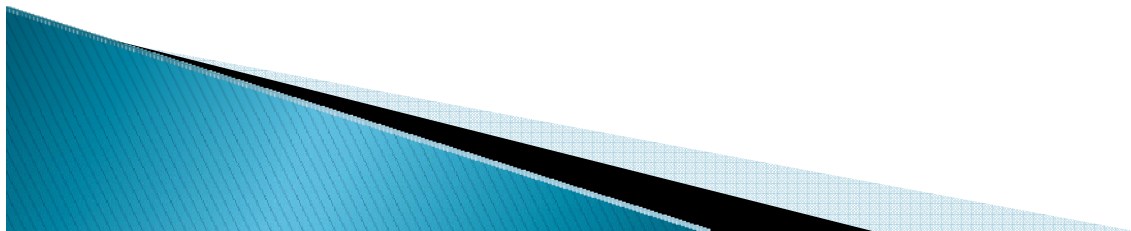
Management

Translation projects (implementation of evidence-based strategies) are needed to get schools up to what we know about bullying.

School personnel can take simple steps to make schools safer, such as increasing supervision in restrooms and on playgrounds.

Both students and teachers need to be taught the difference between tattling (telling an adult about bad behavior to get someone in trouble) and reporting (telling an adult about bad behavior to get help).

Social-emotional education should be incorporated into the daily routine both at home and at school.

Schools must be careful not to reward bad behavior by giving time off or special time to the bully, which can reinforce bullying.

Glew GM, et al. Pediatr Rev 2010;31:e68-74.

Management

Some emotionally disturbed children are served best in special classrooms designed to meet their needs.

Adult indifference to bullying must end because it may be teaching young people to tolerate coercive and abusive behavior.

Parents, school personnel, and pediatricians can educate themselves by reading evidence-based literature on bullying.
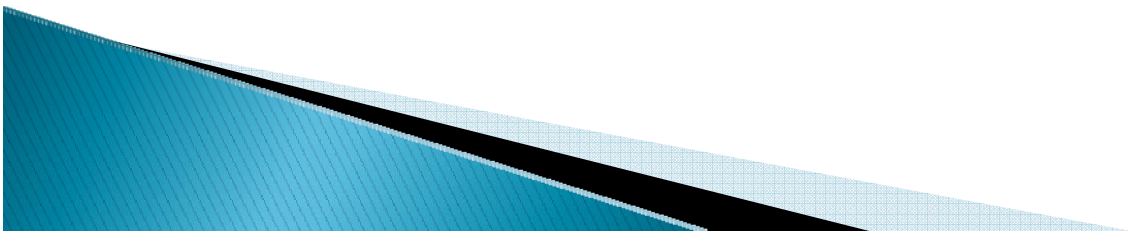
Openness to feedback and discarding stereotypes about bullying may enable parents to respond constructively.

Parents can use community resources (eg, social skills and etiquette classes) to improve their children's social skills.

Pediatricians should advocate for parents with school personnel to make changes to stop bullying.

Glew GM, et al. Pediatr Rev 2010;31:e68-74.

Prevention

▶ Prevention should start at home before going to school

▶ Teach young children how to interact socially, resolve conflicts, deal with frustration

▶ For older children, schools have taken the lead in bullying prevention

Thank You!