



Bullies and Victims: Can You Tell the Difference? Webinar

January 25, 2012
5:30 pm – 6:45 pm

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Bullies and Victims: Can You Tell the Difference?

What is the role of the physician?

- Physicians can become skilled at identifying possible victims and bullies.
- Physicians have roles in:
 - Identifying at-risk patients
 - Screening for psychiatric co-morbidities
 - Counseling families
 - Advocating for bullying prevention in the community





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Bullies and Victims: Can You Tell the Difference?

Think about the following

Have you ever been bullied, witnessed bullying,
or been a bully?



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Case Study: 10 y/o Antonio is in the 5th grade

Antonio is 10 years old and attends Main Elementary School just a few blocks from his home. He is in the 5th grade and is an average student. Antonio has always been a bit shy and somewhat anxious around his peers. He just moved to his new city 3 months ago and has not developed any close friends at his new school, although he does have a “best friend” who lives in a different city. Antonio is unusually tall and thin for his age and is very self-conscious about his appearance.

Over the past month, Antonio has become increasingly withdrawn. Several weeks ago he came home with a tear in his favorite jacket. When his mother asked him what happened, he hurriedly said it was an “accident.” He talks less and less to his peers at school, and when he comes home he goes straight to his room and shuts the door. When his mother tries to talk to him he says nothing is wrong and tells her to go away. She has noticed that recently he is more irritable and is often tearful. His mother worries about him but believes he is going through a phase and will “grow out of it.” She also worries about making Antonio too dependent on her if she gets overly involved in his problems.

From: Knox L (2002). *Connecting the Dots to Prevent Youth Violence*, American Medical Association



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Case study questions

- Do you see a problem and, if so, what is it?
- Why is bullying a serious problem?
- How can you encourage Antonio to talk about what is going on?
- What might you do to help Antonio?



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Bullies and Victims: Can You Tell the Difference?

Prevalence

- Bullying affects nearly one out of every three U.S. children in grades 6-10.
- Verbal bullying is the most frequent form of bullying experienced by both boys and girls. Boys are more likely to be physically bullied by their peers
- 56% of students have personally witnessed some type of bullying at school. (<http://www.stopbullying.gov/educators/index.html>)
- One study found that almost 30% of U.S. students reported moderate or frequent involvement in bullying, with 13% as a bully, 10% as a victim, and 6 % as both (Nansel et al., 2001).



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Defining aspects of bullying/distinguishing bullying from typical peer conflict

- Intent to harm: the bully finds pleasure in trying to dominate the victim
- Intensity and duration: a repeated, ongoing pattern of aggression
- Power of the bully: a perceived imbalance of power that can be a result of age, strength, or size



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Types of bullying

Type of bullying	Direct Acts	Indirect Acts
Physical	Hitting, kicking, shoving, slapping, sexual grabbing, destruction or theft of property	Enlisting a friend to assault someone for the bully
Verbal	Taunting, teasing, racist remarks, sexual harassment, name calling, insults	Spreading rumors
Nonverbal and nonphysical	Threatening or obscene gestures	Exclusion from a group, manipulation of friendships, threatening notes or e-mails

Lyznicki, Mccaffree, Robinowitz (2004)



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Examples of social or relational bullying

- Hard to spot, due to its indirect nature
- Saying mean things or name calling
- Excluding others, such as-
 - Trying to keep others from being a friend
 - Not letting the child join in on an activity
 - Stopping a conversation when the child walks into a room
- Gossiping, revealing personal information, black-mailing, manipulating friendships, use of peer pressure
- Cyber-bullying



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Cyber-bullying

- Definition: Use of electronic devices and information such as e-mail, text messages, mobile phones, and websites to send or post cruel or harmful messages or images about an individual
- The bully doesn't need to be -
 - Physically stronger
 - In the same room or the same town as the victim





Bullies and Victims: Can You Tell the Difference?

Why do some children bully?

- Attention, recognition, prestige, or acceptance in a peer group. (Creating a climate that does not tolerate bullying removes the social power of bullies.)
- Access to an activity or item. Some students use bullying as an excuse to get what they want (e.g., extortion, intimidation).
- A lack of understanding of social, cultural, psychological, or physical differences.



Bullies and Victims: Can You Tell the Difference?

Are there specific clinical characteristics of children who bully?

- No—there is no one clinical type of bully or victim.
- Some children may alternate between being a bully and being a victim (e.g., the “bully-victim”).

Lyznicki, Mccaffree, Robinowitz (2004)



Bullies and Victims: Can You Tell the Difference?

General characteristics of children who bully

- Easily frustrated; have difficulty conforming to rules
- Expect others to pick on them; see threats where none exist
- Dominant personality; may be physically strong, with inflated self-esteem
- May have a psychiatric disorder contributing to aggressive behavior
- Have a positive attitude toward violence
- May experience or witness violence and abuse at home
- May experience lack of parental involvement
- Are at increased risk for school failure and dropout



Bullies and Victims: Can You Tell the Difference?

General characteristics of children who bully

- It is a myth that children who bully are mostly loners with few social skills
- Children who bully do not lack friends—they may have large friendship networks
- They may have a small group of friends who support and encourage their bullying behavior
- Bullies generally have more leadership skills than children not involved in bullying





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Youths who bully may report specific attitudes towards aggression:

- "If someone threatens me, it is okay to hit that person."
- "It feels good when I hit someone."
- "If you fight a lot, everyone will look up to you."
- "Sometimes you have only two choices -- get punched or punch the other kid first."
- "If you are afraid to fight, you won't have any friends."



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Defining aspects of being a victim

- Vulnerability of the victim: The target is sensitive to teasing and cannot adequately defend
- Lack of support: The target feels isolated and vulnerable, and may not report the incident due to fear of retaliation
- Long-term consequences: The damage to the victim's self-esteem is often long lasting and may lead the student to withdraw from school and peers





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Characteristics of children who are bullied

- Quiet, cautious, sensitive, insecure
- Unlikely to retaliate
- May be socially isolated and feel sad or lonely
- May develop non-specific somatic symptoms
- May interfere with social and emotional development
- May feel or believe that they deserve to be taunted, teased, or harassed
- May harm themselves, or even consider suicide rather than endure continued harassment and humiliation
- At risk for depression and poor self esteem

Lyznicki, Mccaffree, Robinowitz (2004)



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Youth who are bullied

- May feel tense, afraid, and unable to concentrate
- Avoid going to school --> truant
- Drop out of school—10% of students who drop out of school do so because of repeated bullying
- Higher rates of depression and suicide
- Anxiety-- recurrent victimization was a strong predictor of self-reported symptoms of anxiety and depression for girls, but not for boys
- Post-traumatic stress disorder
- Substance abuse





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Importance of the peer group

- “Assistants” – physically help the bully
- “Reinforcers” – incite the bully
- “Outsiders” – are inactive and pretend not to see what is happening
- “Defenders” – help the victim by confronting the bully

Assistants and reinforcers can be empowering and give bullies higher status



Lyznicki, Mccaffree, Robinowitz (2004)



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Witnesses may -

- Be afraid of associating with the victim for fear of lowering their social status among their peers, or fear retribution from the bully and becoming victims themselves.
- Fear reporting bullying incidents because they do not want to be considered a "snitch," "tattler," or "informer".
- Experience guilt or helplessness for not standing up to the bully on behalf of their classmate.
- Be drawn into bullying behavior by peer pressure.
- Feel unsafe, a loss of control, or unable to take action.



Bullies and Victims: Can You Tell the Difference?

What can physicians do?

- Physicians can be vigilant for possible signs of victimization or bullying behavior among children and youth.
- Physicians can ask children about their experiences with bullying and discuss possible concerns with parents.
- Physicians can be prepared to make referrals to appropriate mental health professionals within the school or community.



Bullies and Victims: Can You Tell the Difference?

Physicians can identify at-risk patients

- The effects of bullying are rarely obvious.
- Rarely will a child present to a physician with a chief complaint of being bullied.
- If a child does not come with a chief complaint of being bullied, and the signs are not obvious (especially with verbal or non-verbal / social situations), then who are the children at high risk?



Bullies and Victims: Can You Tell the Difference?

At-risk groups

- Some physical or health conditions may increase the risk for victimization, including -
 - Obesity
 - Vision impairments
 - Braces
 - Poor motor skills
 - Physical disabilities
 - Food allergies



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Overweight and Obese Youth

- Overweight and obese boys and girls are more likely to be the victims of verbal bullying (Janssen, Craig Boyce & Pickett, 2004), and the relative odds of being bullied increased with BMI.





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Bullies and Victims: Can You Tell the Difference? Food Allergies

- According to a survey published in the October 2010 issue of *Annals of Allergy, Asthma & Immunology*, researchers at the Jaffe Food Allergy Institute at The Mount Sinai Medical Center in New York found that -
 - About 25% of children are bullied, teased, or harassed because of a [food allergy](#)
 - Among students in grades 6 through 10, the percentage is as high as 50%
 - 21% reported teachers or school staff as the perpetrators
 - 57% of those bullied reported being touched or harassed by the actual food allergen
 - Fortunately, none of the children in the study suffered an [allergic reaction](#) as a result of bullying or harassing
- Recent cases involving bullying and food allergy include a middle school student who found peanut butter cookie crumbs in her lunchbox and a high school student whose forehead was smeared with peanut butter in the cafeteria.

<http://www.acaai.org/allergist/Resources/letters/Pages/BullyingandFoodAllergyWhatCanAllergistsDo.aspx>



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Bullies and Victims: Can You Tell the Difference? Gay, lesbian, bisexual, or transgendered youth

- Young LGBT people may be more at-risk for bullying. Compared to their heterosexual peers, some LGBT kids, teens and young adults are at increased risk for bullying, teasing, harassment, physical assault, and suicide-related behaviors.
- The 2009 National School Climate Survey found that in the preceding year, because of their sexual orientation:
 - 8 in 10 LGBT students had been verbally harassed at school
 - 4 in 10 had been physically harassed at school
 - 6 in 10 felt unsafe at school
 - 1 in 5 had been the victim of a physical assault at school



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Other factors:

- Learning disabilities
 - The “sped” kid
 - Children with poor social skills
- Psychiatric or emotional disorders
- Academically advanced students can be teased



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Warning signs of being bullied at school:

- Has few friends or loses interest in friends.
- Afraid to go to school, use the school bathroom, ride the bus, or take the usual path home.
- Experiences a loss of interest in school or in usual activities
- Comes home with unexplained cuts, bruises, torn clothing, missing or damaged books, items stolen.
- Somatic signs: loss of appetite, headaches, stomach problems, trouble sleeping, nightmares.
- Emotional distress: Feelings of sadness, moodiness, anxiety, withdrawal, low self esteem.



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Warning signs of being bullied at school:

- Loses items such as books, electronics, clothing, or jewelry
- Is very hungry after school from not eating lunch
- Appears sad, moody, angry, anxious or depressed when arriving home
- Often feels not good enough
- Blames self for problems
- Avoids certain places

http://www.stopbullying.gov/topics/warning_signs/index.html



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Possible secondary signs of being a victim

- May often be alone and excluded from peer groups
- May seem not to have a single good friend in the class
- May be chosen last in team games
- May try to stay close to the teacher or other adults during breaks
- May have difficulty speaking up in class or appear anxious and insecure
- May appear distressed, unhappy, tearful
- May show sudden or gradual deterioration of school work

(Olweus, 1993)



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Warning signs of bullying others

- Gets into physical or verbal fights
- Is sent to the principal's office or receives detentions
- Has extra money or new belongings that cannot be explained
- Is quick to blame others
- Will not accept responsibility for actions
- Has friends who bully others
- Needs to win or be the best at everything

http://www.stopbullying.gov/topics/warning_signs/index.html



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Do children who are bullied come for medical care?

- There is an increased frequency of symptoms with greater frequency of being bullied (Health Behavior in School-aged Children-HBSC)
- School nurses are on the front lines--Can students' visits to the nurse's office be correlated with the symptoms of being involved with bullying?
 - Headache
 - Stomach ache
 - Backache
 - Feeling low
 - Bad temper
 - Nervousness
 - Sore/painful limbs
 - Dizziness
 - Tired in the morning
 - Feeling left out of things
 - Not feeling well
 - Difficulty in getting to sleep

How many of these children will reach a doctor's office?



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Bullies and Victims: Can You Tell the Difference?

Why is it important for physicians to inquire about bullying in the exam room?

Bullying has an impact on health

- Physical and emotional injuries
- Nonspecific somatic problems not fully explained
- Long term consequences on physical and mental health



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Bullies and Victims: Can You Tell the Difference?

Why is it important for physicians to inquire about bullying in the exam room?

Bullying is a form of youth violence and needs to be addressed by adults. But why is it so hard to detect?

- Only students know the full extent of bullying at school and can identify more bullies than teachers
- Adults are often unaware of bullying problems (Limber, 2002). Most bullying occurs covertly
- Students often feel that adult intervention is infrequent and unhelpful and they often fear that telling adults will only bring more harassment from bullies (Banks, 1997).



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Bullies and Victims: Can You Tell the Difference?

Why is it important for physicians to inquire about bullying in the exam room?

Bullying is a form of youth violence and needs to be addressed by adults. But why is it so hard to detect?

- In a survey of students in 14 elementary and middle schools in Massachusetts, more than 30 percent believed that adults did little or nothing to help in bullying incidents (Mullin-Rindler, 2003).



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Bullies and Victims: Can You Tell the Difference?

The tasks of a physician

- Early detection
- Assessment of the severity and impact
- Counseling and support
- Encouraging the young person to disclose the bullying to parents
- Developing an action plan with the family

<http://www.racgp.org.au/afp/201103/201103carrregg.pdf>



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The tasks of a physician

- Appropriate referral – e.g., to mental health services
- Broader roles as required, such as:
 - Advocating on behalf of the young person to school officials or other community agencies
 - Encouraging parents to engage their children in positive school and community activities
 - Helping other adults to recognize the physical and psychological symptoms associated with bullying

<http://www.racgp.org.au/afp/201103/201103carrgregg.pdf>



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Children who are bullied may be reluctant to talk about it. Why?

- They may feel ashamed and that they “deserved it”.
- They may have come to believe that if they only “stood up to” the bully, the bullying would stop.
- They may feel weak because they were not able to stop the bullying on their own.
- They may have found that telling adults does no good—that they are blamed, not believed, told to stop tattling, or given advice that doesn’t work.
- They may believe telling an adult is a sign of immaturity or that it is not “macho” (for boys).
- They may not believe that adults will protect them from retaliation





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Ask a child whether he or she has been bullied when the child presents with:

- Problems at school or with friends
- Unexplained somatic or psychosomatic symptoms
- Beginning to use tobacco, alcohol, or other drugs
- Thoughts of self-harm or suicide
- Any of the warning signs previously mentioned



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Screening questions for children

- At recess, do you usually play with other children or by yourself?
- Have you ever been teased at school?
- What kinds of things do children tease you about?
- Have you ever been teased because of your illness/handicap/disability?
- What do you do when others pick on you?
- Have you ever told your teacher or another adult? What happened?
- Do you know of other children who have been teased?

Adapted from Glew G, Rivara F, Feudtner C. Bullying: children hurting children. *Pediatr Rev* 2000;21:186.



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Screening questions for parents

- Are you concerned that your child is having problems with other children at school?
- Has your child's teacher ever mentioned that your child is often by himself or herself at school?
- Does your child visit the school nurse frequently?
- Has your child ever said that other children were bothering him or her?
- Do you suspect that your child is being harassed or bullied at school for any reason? If so, why?

Adapted from Glew G, Rivara F, Feudtner C. Bullying: children hurting children. *Pediatr Rev* 2000;21:186.



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With a child who bullies, the physician can ask specific questions, such as:

- Did you plan to (add specific incident: e.g., take the other boy's lunch money) beforehand, or was it a sudden urge?
- Why did you pick on that particular person?
- What were you thinking when you did it? (e.g., "*I need the money,*" or "*I'll look cool.*")
- How did you feel when you did it? (Example: excited, thrilled, frightened, powerful)
- How do you think the boy or girl who you bullied felt?
- Is there anything happening in your life or in your family that may be upsetting you?



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Consequences of bullying:

- Bullying can lead to significant mental health consequences for both bullies and victims.
 - Being a bully at age 10 is a strong predictor of delinquency at age 19.
 - Being a victim is a strong predictor of depression, up to 36 years later!
- Bullying may lead to more serious forms of aggression and violence.



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Consequences of bullying:

- Weapon carrying - about 50% of boys and 30% of girls who had bullied others in school reported carrying a weapon.
- Substance abuse
- The damage to the victim's self-esteem is often long lasting and may lead a youth to withdraw from school and peers or become more aggressive.



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Bullies and Victims: Can You Tell the Difference?

Case Study: 10 y/o Antonio is in the 5th grade

Antonio is 10 years old and attends Main Elementary School just a few blocks from his home. He is in the 5th grade and is an average student. Antonio has always been a bit shy and somewhat anxious around his peers. He just moved to his new city 3 months ago and has not developed any close friends at his new school, although he does have a “best friend” who lives in a different city. Antonio is unusually tall and thin for his age and is very self-conscious about his appearance.

Over the past month, Antonio has become increasingly withdrawn. Several weeks ago he came home with a tear in his favorite jacket. When his mother asked him what happened, he hurriedly said it was an “accident.” He talks less and less to his peers at school, and when he comes home he goes straight to his room and shuts the door. When his mother tries to talk to him he says nothing is wrong and tells her to go away. She has noticed that recently he is more irritable and is often tearful. His mother worries about him but believes he is going through a phase and will “grow out of it.” She also worries about making Antonio too dependent on her if she gets overly involved in his problems.

You hear through others that Antonio is being teased at school by some of his classmates. You also hear that this is not a one-time event; rather, that it happens several times a week. In particular, you hear that there are two children—a girl, Rebecca, and a boy, Jonathan—who make fun of the way he looks and have convinced most of his classmates to make him sit alone at lunch.

From: Knox L (2002). *Connecting the Dots to Prevent Youth Violence*, American Medical Association



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Case study questions

- Do you see a problem and if so what is it?
 - ✓ *Antonio is a victim of teasing or bullying by his peers.*
 - ✓ *Children may be particularly at risk for bullying and other forms of violence during important transitions in their lives—times when they are going through important changes. Such changes may include a major family transformation such as a divorce or, as in Antonio’s case, a recent move to a new city and a new school.*

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Case study questions

- Why is bullying a serious problem?

✓ *Impact on the victim*

✓ *Impact on the bully*

✓ *Impact on the school/community.*

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Case study questions

- How can you encourage Antonio to talk about what is going on?

✓ *You can tell Antonio that you care and are concerned about him.*

✓ *Ask him to tell you what is going on and give him opportunities to talk to you openly.*

✓ *Explain that telling is not tattling and that telling will help you help him.*

✓ *When he begins to talk, respond to him in an accepting and positive way, and tell him that it's not his fault and that he did the right thing by telling you.*

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Case study questions

- As a health professional, what might you do to help Antonio?
 - ✓ *Add a violence history to patient examinations that addresses exposure to violence, safety issues, stressors in school, family, and community. Gather this history on Antonio.*
 - ✓ *Talk to Antonio's parents/caregivers about bullying and its seriousness. Address any myths they might hold about bullying being a normal part of childhood or rite of passage.*
 - ✓ *Provide information to Antonio's parents about bullying and how to help their child respond to bullying. Give them materials such as the American Academy of Child and Adolescent Psychiatry's Facts for Families No. 80 on Bullying.*

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Poll Question

- Have you ever been bullied, witnessed bullying, or been a bully in your life?
 - ☐ Yes
 - ☐ No
 - ☐ I don't remember



Bullies and Victims: Can You Tell the Difference?

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