

AMA Guidance for Doctors on Childhood Bullying



AMA

AMA Guidance for Doctors on Childhood Bullying

Community awareness about bullying is increasing, particularly about bullying among children, and young people. Doctors may have young patients who present with physical and psychological symptoms which could, among other possibilities, indicate they are a victim of bullying.

This resource for doctors provides a brief background on bullying, and some recognised approaches to raising and discussing this issue with young patients and their parents.

What is Bullying?

While there is no universally agreed definition, bullying is widely considered to have three key features:

- a real or perceived imbalance of power between the victim and the perpetrator/s;
- often an intent to “harm” (including to threaten, humiliate, exclude, etc.); and
- repetition.

Bullying can be physical, verbal, psychological or social (covert) and electronic (‘cyber bullying’). Bullying by boys is typically physical and sometimes verbal. Bullying by girls is typically psychological and social.

Among school-aged children, bullying can become more prominent during the transition from primary to secondary school. While schools are a common setting, bullying can also occur in workplaces, sporting groups, social groups, and at home via mobile phones and computers.

Characteristics of children and young people who bully and those who are bullied

Children with certain characteristics are more likely to become targets for bullying. These characteristics include:

- being emotional and less assertive;
- being ‘different’ (for example being Indigenous, having a different cultural background, living in an unusual home environment, being overweight or underweight, having a disability or identifying as gay, lesbian, bisexual or transgender); and
- having poor social skills or few close friendships.

Children and young people who bully others may also have certain characteristics, including:

- an endorsement of aggression;
- being socially manipulative;
- a low tolerance of frustration and difficulty controlling anger;
- low levels of empathy;
- an inability to take responsibility for actions; and
- living in a home environment where parents are uninvolved, and there is minimal supervision.

Bullying and health

Children and young people who are being bullied may present to a doctor with physical health problems such as sleep disturbance, abdominal pain, headaches and loss of appetite. They may also present with high levels of anxiety, depression and suicidal thoughts. For school children, these symptoms can coincide with increased absenteeism and social withdrawal, and also learning difficulties due to poor concentration.

Children and young people are often reluctant to admit that they are being bullied, particularly if they have previously disclosed this but assistance has not been effective in stopping the bullying.

Children and young people who bully others are also at risk of health problems, including depression. It is prudent for doctors to be aware that children and young people who bully could also be the victims of abuse and bullying themselves.

If left unattended, bullying can have significant and negative consequences on all of those involved. It should not be viewed as a normal part of growing up.

Cyber-bullying

Bullying which occurs via electronic and digital communications, such as email, text messages, twitter, and internet social networking sites has become known as 'cyber-bullying'. The longer-term effects of cyber-bullying may be more serious than those of face to face bullying, with a potentially increased risk of suicidal thoughts and behaviours. Young people also report a reluctance to disclose cyber-bullying due to fear of being banned from using their mobile phones or computers.

Talking to young patients about bullying

Doctors are trusted and well placed to discuss bullying with children and young people. If you suspect that the ill-health or poor well-being of a child or young patient could be due to bullying, it may be productive to adopt an informal, but serious and developmentally appropriate, approach to raising the issue. Below is a list of questions, particularly regarding school, that may be helpful in eliciting a young patient's concerns about being bullied.

- How do you feel about school?
- What do you like about school?
- What don't you like about school?
- What would make school a better place for you?
- Who do you like at school? Why do you like them?
- Who don't you like at school? Why don't you like them?
- What sort of things do you do in your free time?
- What sort of things do you do for fun?
- How do you think your friends would describe you?
- What are some of the things you like about yourself?
- Have you felt under pressure?
- Have you got along well with your teachers?
- Have you been afraid of other students?
- Have other students made fun of you?
- Some children and young people experience bullying at school (or work), have you ever had to put up with this?
- Are you getting on with your parents, guardians or carers?

Persistent questioning could become stressful, and it may take more than one consultation for a child or young person to disclose any personal concerns about bullying. It is also important to reassure these patients that this is a problem many children and young people experience. Children and young people who are perpetrators of bullying are also likely to benefit from discussions about the causes and implications of bullying.

In a family consultation where bullying appears to be taking place at school, parents or carers can also be encouraged to raise the problem with appropriate school personnel. Most, if not all, primary and secondary schools in Australia have some type of anti-bullying policy.

Prevention and Intervention

Schools have an important role to play in bullying prevention and intervention. "Whole of school" approaches to prevention (involving students, teachers and parents) are generally more effective. However, success can vary from school to school, meaning that some students may continue to experience bullying, or to be bullies. Initially, they may be referred to a school counsellor. However, most schools are unable to offer ongoing intensive counselling. In this case, a school or a treating doctor can refer children and young people who are experiencing significant bullying, or who exhibit bullying behaviour themselves, to other professionals in the community who can provide the necessary supports, such as psychologists, youth workers and social workers.

As a support to this guidance, the AMA has developed a youth-oriented information brochure on bullying and cyber-bullying, which can be provided to young patients as part of discussions about personal bullying problems. This brochure can be accessed on the AMA website, and hard copies can be ordered from the AMA.



AMA

42 Macquarie Street Barton ACT 2600
Telephone: 02 6270 5400 Facsimile: 02 6270 5499
www.ama.com.au