

Disclosures

No relevant financial disclosures

I will not discuss off-label uses of drugs or devices

Learning Objectives

1. **Describe** the scope, epidemiology, and consequences of bullying behaviors.
2. **Discuss** appropriate screening and evaluation methods.
3. **Formulate** a patient-centered and developmentally appropriate approach to managing bullying.

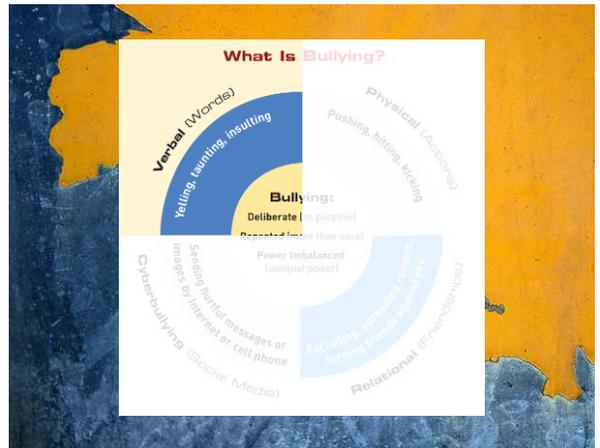
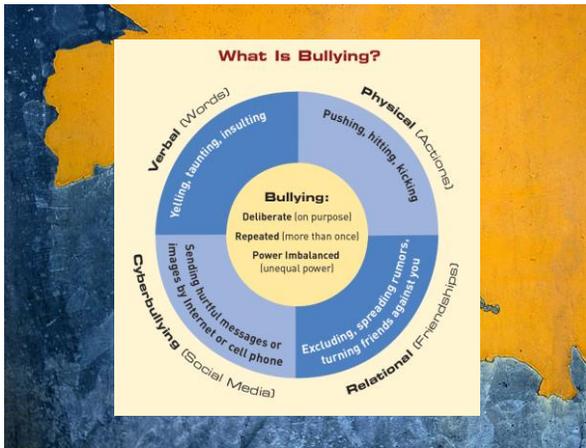
Jason is 14 and was punched in the face at school. He is quiet and sad appearing and has trouble telling you what happened.

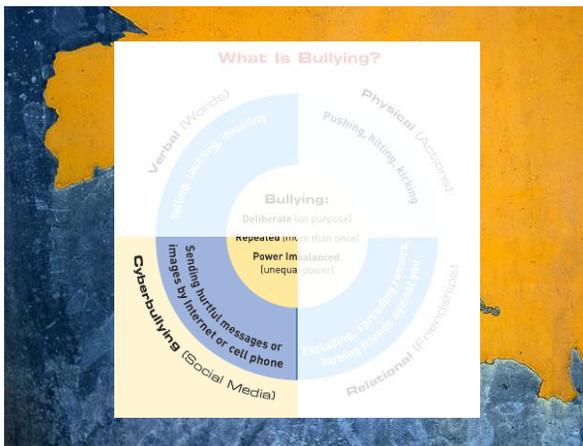
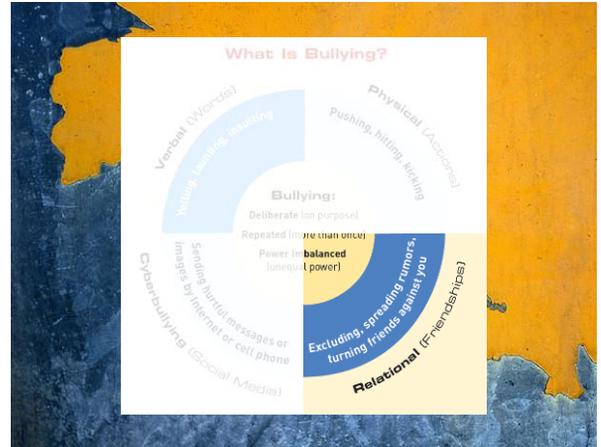
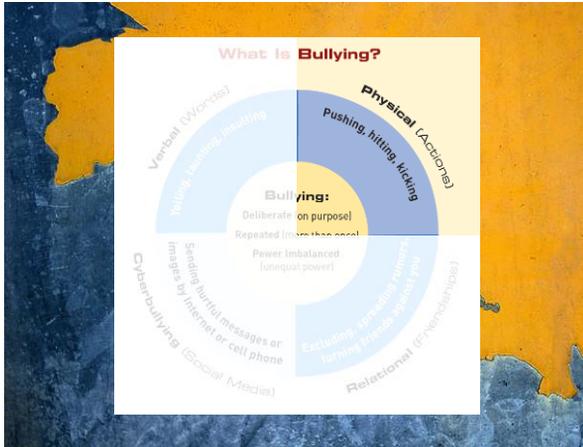
His mother tells you that he has been bullied for some time. He also suffers from various forms of cyber-bullying.

Have you had patients who struggle with bullying?

How about cyber-bullying?

Definitions





Definitions

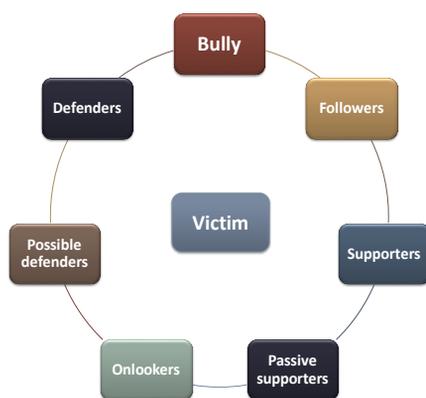
Direct bullying (boys): aggressive behavior(s) in the presence of the target

- **Physical:** punching, shoving, hair-pulling, tripping
- **Verbal:** calling hurtful names, teasing, threatening
- **Other:** stealing/damaging property

Definitions

Indirect bullying (girls): aggressive behavior(s) not directly communicated to the target

- **Relational:** rejection, rumor spreading, humiliation, isolation
- **Electronic:** aggression perpetrated through technology



Epidemiology

29.9% of 15,686 students, grades 6-10, reported moderate or frequent involvement in bullying, as a bully, victim, or both (WHO)

77% have been involved in the bullying circle



Risk Factors

Bullies may bully as a way of coping with their own problems

- low self-esteem
- loneliness and anxiety/depression
- poor self control
- harsh parental behavior
- defiant and disruptive behavior



Risk Factors

Bullies target children who deviate from “norms”

- LDs, ADHD, autism
- Overwt/underwt, physical disability or disfigurement
- Sexual or cultural minority
- Submissive, shy, sensitive, or fearful personalities
- Provocative or aggressive



Why Bullying?

Why does bullying occur?

- Conflict is entertainment
- It is sanitized and glamorized
- It is laughed about – Mean Girls
- And rewarded – video games



Why Bullying?

Why in adolescence?

- Puberty – influx of sex hormones
- Physical growth spurts and interpersonal discrepancy
- Prefrontal cortex – impulse control





Violence in Media

Fear/Anxiety

Desensitization

Increased aggression



Violence in Media

Fear/Anxiety

– victims

Desensitization

– bystanders

Increased aggression

– bullies



LGBTQ Youth

- GLSEN National School Climate Survey 2009
 - 86.2% experienced harassment at school
 - 32.7% skipped at least one day of school in the preceding month because of feeling unsafe
- LGBTQ Youth: Experiences with Violence
 - > 2x as likely to have attempted suicide than heterosexual peers

Bullying and BMI

- Overweight youth are 2x as likely to be victims as healthy wt peers (*Lumeng et al, Pediatrics 2010*)
- Among weight-loss treatment seeking youth (*Puhl et al, Pediatrics 2013*):
 - 64% report weight-related victimization
 - 36% reported teasing/bullying for five years



More than just “kids being kids,”
bullying needs to be considered in
a **developmental context.**

Who am I?

Someone others degrade

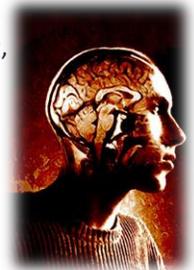
Am I normal?

A peer defining you as
abnormal and worthy of
bullying can be
devastating.

Consequences

Bullies

- violence, vandalism, stealing,
weapon carriage, drug use
- school failure
- suicidality



Consequences

Victims

- depression, suicide, anxiety
- school avoidance and failure
- psychosomatic symptoms
- poor self care
- weapon carriage and fighting
- low self-esteem and isolation



Consequences

Bully-victims

- anxiety and depression
- impulse-control problems
- antisocial behaviors and illegal activities



ORIGINAL ARTICLE

ONLINE FIRST

Adult Psychiatric Outcomes of Bullying and Being Bullied by Peers in Childhood and Adolescence

William E. Copeland, PhD; Dieter Wolke, PhD; Adrian Angold, MRCPsych; E. Jane Costello, PhD

Table 1. Associations Between Bully-Victim Groups and Young Adult Psychiatric Outcomes*

| Outcome | Weighted % of Participants per Group | | | Victim vs Neither, OR | | Bully-Victim vs Neither, OR | | Bully vs Neither, OR | |
|---------------------------------|--------------------------------------|-----------------|------------------|-----------------------|---------|-----------------------------|---------|----------------------|---------|
| | Neither (n = 789) | Bully (n = 189) | Victim (n = 305) | OR (95% CI) | P Value | OR (95% CI) | P Value | OR (95% CI) | P Value |
| Depressive disorders | 3.3 | 5.0 | 10.2 | 3.4 (1.5-7.9) | .004 | 4.2 (2.4-25.5) | <.001 | 1.6 (0.6-4.1) | .36 |
| Suicidality | 5.7 | 2.0 | 9.0 | 1.6 (0.7-4.0) | .29 | 5.9 (1.7-17.4) | .004 | 0.3 (0.1-1.2) | .10 |
| Anxiety disorders | 6.3 | 12.5 | 24.2 | 4.3 (2.3-8.1) | <.001 | 7.1 (2.4-18.3) | <.001 | 2.1 (0.7-6.3) | .18 |
| Generalized anxiety | 3.1 | 9.1 | 10.2 | 3.6 (1.4-8.3) | .008 | 3.9 (1.4-10.5) | .02 | 3.2 (0.9-13.5) | .11 |
| Panic disorder | 4.6 | 5.8 | 12.1 | 3.2 (1.5-6.7) | .002 | 13.1 (5.3-34.1) | <.001 | 1.3 (0.5-3.2) | .56 |
| Agoraphobia | 2.3 | 2.7 | 11.1 | 5.3 (2.8-13.9) | <.001 | 4.9 (1.9-23.8) | .04 | 1.2 (0.3-4.2) | .78 |
| Antisocial personality disorder | 2.1 | 9.4 | 0.5 | 0.3 (0.1-1.1) | .06 | 1.3 (0.3-5.3) | .74 | 4.6 (1.9-22.3) | .04 |
| Alcohol disorders | 16.4 | 29.0 | 15.6 | 1.6 (0.5-7.7) | .53 | 1.5 (0.4-4.1) | .41 | 2.1 (0.9-4.8) | .09 |
| Marijuana disorder | 15.9 | 24.8 | 14.7 | 0.9 (0.3-2.7) | .77 | 1.0 (0.4-2.5) | .97 | 1.8 (0.8-4.0) | .19 |

*Participants were categorized as neither, victim only, bully, and victim (hereafter referred to as bully-victims), or neither. The odds ratios (ORs) and 95% CIs in bold are significant at P < .05.

JOURNAL OF ADOLESCENT HEALTH

Schapiro LE et al. Association between Victims of Bullying and Weapon Carrying Among High School Students in the United States.

Survey of 15,000 high school students

20% of high school students reported being victims of bullying within 12 months

~250,000 bullying victims were carrying guns, knives or clubs to school within 30 days of survey

School Shootings

US Secret Service Report (2002)

- 41 shooters involved in 37 attacks
- Shooters rarely acted impulsively
- Before most incidents, people knew student was considering an attack
- Many had experienced bullying
- 67% had felt persecuted, threatened, attacked or injured



Intervention

Stop it before it starts

Physicians are one part of a network of care



Intervention

“Health care providers can think of bullying on a continuum of harassment, and look for the same signs they would note for any other type of abuse.”

– Dr. Marla Eisenberg



Schools

State bullying prevention statutes take a “rules and punishment” approach to addressing bullying

- school policies, encourage reporting, punish bullies
- school resource officers

Zero tolerance (“get rid of the bullies”) and simple short-term solutions (suspension) don’t work though



What Can Physicians Do?

Individual level

- supportive intervention and anticipatory guidance

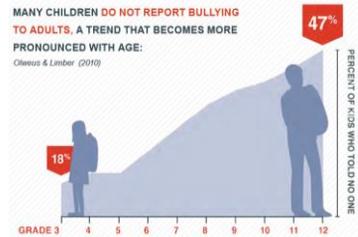
Community level

- awareness and advocacy



Reporting

Older youth and boys are less likely to report



Screening

Questions for students

- Tell me how school is going. How many good friends do you have in school?
- Who do you eat lunch with?
- Is there an adult at school you can talk to?
- Do you ever feel afraid to go to school? Why?
- What do you do if you see others being bullied?

Screening

For parents

- Has your child been bullied or hit by others?
- Has your child demonstrated bullying or aggression toward others?
- Do you ask regularly about these issues?

Supportive Intervention

Recognize bullying – identify internalizing symptoms

Support parents in interacting with schools

Write to the school to document sequelae

Make referrals when needed

“You aren’t alone, it’s not your fault, I can help.”

Anticipatory Guidance

It is OK to seek adult help if you feel threatened

Reporting is not tattling

It is important to stand up for victims—get adult help if you don’t feel safe helping by yourself



For Parents

Encourage children to pursue what they love

Never ignore it and never blame the child for being bullied

Don’t tell them to fight back

Work *together* to find solutions

Keep a record of all incidents



Bystanders



Bystanders

- Bystanders may feel
 - Powerless to change the situation
 - Guilty for not acting
 - Fearful of getting hurt and becoming a victim
- “The whole drama is supported by the bystander.
Theater can’t take place if there’s no audience.
N. Labi
- Prepare children to be helpful bystanders

Helping the Bully

One of the focuses needs to be on helping bullies develop more appropriate behaviors

Many kids who are bullies actually have a lot of leadership potential

Interacting With the School

Understand leverage provided by state and federal civil rights laws

The Individuals with Disabilities Education Act (IDEA)

- If a student on an IEP is being or engaging in bullying, it must be addressed in an IEP meeting

Laws

Federal laws on bullying and harassment

- Title VI Civil Rights Act of 1964 – **race, color, or national origin**
- Title IX Education Amendments of 1972 – **sex**
- Section 504 Rehabilitation Act of 1973 & Title II ADA (1990) – **disability**

Laws

Schools may violate a student's federal civil right to education if:

- Harassment is based on race, color, national origin, sex, or disability
- It creates a hostile environment
- It is not adequately addressed by school employees

Advocacy

Bullying awareness among teachers, administrators, parents and children

Adoption of evidence-based prevention programs

Legislative advocacy

Public health messaging through print, electronic, or online media



What is Cyberbullying?

“An aggressive, intentional act or behavior that is carried out by a group or an individual, using electronic forms of contact, repeatedly and over time against a victim who cannot easily defend him or herself.”



Why Cyberbullying?



- Constant access
- (Seemingly) anonymous
- No feedback about hurtfulness
- Wide audience, devastating speed
- Cyberbullies of all shapes & sizes



Estimates range from 10% to 40%

Hurtful comments (13.7%) and rumors (12.9%) spread online are among the most common

Girls are more likely to spread rumors while boys are more likely to post hurtful pictures or videos

For Parents

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www.glasbergen.com



"YOUR MOTHER AND I FOUND OUT YOU'VE BEEN BLOGGING. WE DON'T KNOW WHAT THAT MEANS, BUT WE'D LIKE YOU TO STOP."

For Parents

Learn what teens are doing online

Keep computers in highly trafficked areas

Search for your child's name

Stop, Copy, Block, Tell

If necessary, involve police





For Teens

Digital mastery

- Never reveal passwords
- Never put identifying or locating information online
- Don't do anything online you wouldn't in person
- Don't respond to harassment



For Bystanders

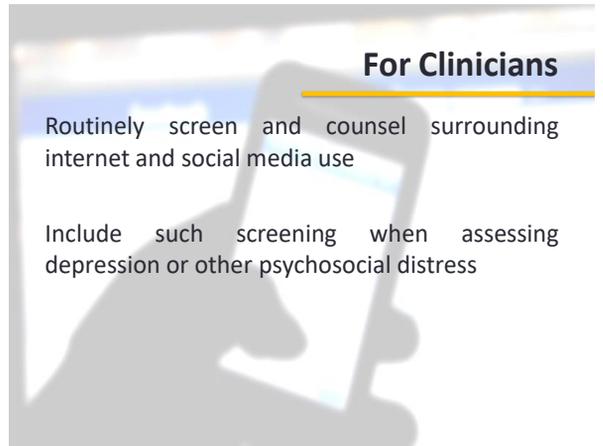
Those who forward hurtful emails, visit hateful websites, or provide cell phone photos or videos

Can encourage or discourage a bully by their actions

For Clinicians

Routinely screen and counsel surrounding internet and social media use

Include such screening when assessing depression or other psychosocial distress



Social Media Trends

Focus is on illusions of ephemeral and anonymous interactions



JAMA Pediatrics
Formerly Archives of Pediatrics & Adolescent Medicine

Van Geel et al. Relationship Between Peer Victimization, Cyberbullying, and Suicide in Children and Adolescents: A Meta-analysis. 168(5):435-42. 2014

Peer victimization was related to both suicidal ideation (OR 2.23 [95% CI, 2.10-2.37]) and suicide attempts (2.55 [1.95 -3.34])

Cyberbullying was more strongly related to suicidal ideation compared with traditional bullying



Megan Meier



Phoebe Prince



Tyler Clementi

66



Dharun

Anyone with iChat, I dare you to video chat me between the hours of 9:30 and 12. Yes it's happening again.

about 21 hour's ago via Power Twitter

6 foot wall of lobster crab and shrimp. I love rutgers.

about 22 hours ago via ttd

Finally shelled out for Mercurial Vapors.

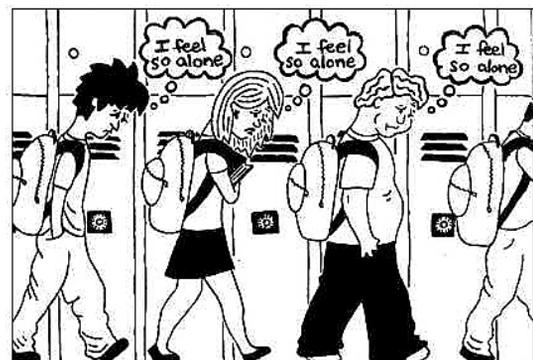
7:47 AM Sep 21st via ttd

@nikmash WTF is its head sticking through the fence?

7:06 PM Sep 20th via Twitter for iPad in reply to nikmash

Roommate asked for the room till midnight. I went into molly's room and turned on my webcam. I saw him making out with a dude. Yay

8:17 PM Sep 19th via web



Katie Jordan / The Tattoo



THE NEW ENGLAND JOURNAL OF MEDICINE

MEDICINE AND SOCIETY

Debra Kohn, Ph.D., Editor
 Health Effects of Dramatic Societal Events —
 Ramifications of the Recent Presidential Election
 David R. Williams, Ph.D., M.P.H., and Morgan M. Medlock, M.D., M.Div.

“In a national (nonrepresentative) survey of 2000 elementary and high school (K–12) teachers, more than half of respondents said that since the 2016 presidential campaign began, many of their students had been ‘emboldened’ to use slurs and name calling and to say bigoted and hostile things about minorities, immigrants, and Muslims. Not surprisingly, 67% of these teachers reported that many U.S. students (especially immigrants, children of immigrants, and Muslims) were scared and worried and had expressed concerns or fears about what might happen to their family after the election. Even some native-born black children whose ancestors have been in the United States for centuries expressed concerns about a return to slavery or being sent back to Africa.”

Summary

1. Bullying behaviors are common and deeply consequential.
2. Eliciting disclosure, supporting victim-centered intervention, and addressing sequelae are essential.
3. Prevention is the only foolproof option.



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