

BULLYING IN THE PRIMARY CARE SETTING

What is Bullying?

Bullying is the aggressive use of power to intentionally distress another individual. It is a form of peer abuse.

Types of bullying

Direct: Hitting/kicking Name calling Threats Email/text messages Indirect/Relational: Gossiping Spreading rumours Excluding/shunning Emails/text messages

Prevalence in Canada: Children who bully others: 5–15% Children who are bullied by others: 10–20%

What can Primary Care Practitioners do?

Characterize the bullying involvement using the questions on reverse. Support the child. Treat symptoms/injuries requiring immediate attention.

Multidisciplinary involvement

- · Parents, School
 - Often adults are not aware of bullying involvement
- Social Worker/Psychologist
 - Children who bully need strategies to reduce aggressive behaviour, promote empathy
 - Children who are bullied need assertive strategies, friendship skills
- Therapists/Psychiatrists
 - where necessary for depression/anxiety symptoms, suicidality

Resources for Primary Care Practitioners and Families

Promoting Relationships and Eliminating Violence Network www.prevnet.ca

Stand Up 2 Bullying, Canadian Red Cross www.redcross.ca/article.asp?id=24700&tid=108

Stop Bullying Now (US) www.stopbullyingnow.hrsa.gov

Friendly Schools & Families (Australia) www.friendlyschools.com.au/

Canadian Public Health Association acsp.cpha.ca/antibullying/English/bigdeal/bigdeal.html

 $Substance\ Abuse\ \&\ Mental\ Health\ Services\ Administration\ (US)\ mental health\ samhsa.gov/15plus/health$

Questions to ask if you suspect bullying involvement

- 1. How often do you bully others/are you bullied? the more frequent, the higher the risk of problems
- 2. How long have you bullied others/been bullied? prolonged involvement is more likely to have established behaviour patterns

3. Where do you bully others/are you bullied? (eg, school, home, sports, community)

across more relationships, greater risk of problems

4. What types of bullying are used? (eg, hitting, insults, gossiping, text messaging)

though no direct comparisons between types, severity can be measured by distress caused to victimized child



Checklist of indicators

Children who bully others may exhibit: $\sqrt[4]{6}$

- □ □ Physical symptoms (headaches, stomachaces)
- □ □ Suicidal thoughts/suicide (in extreme cases)
- □ □ Poor school function (low grades, dropping out)
- □ □ Behavioural signs (little regard for others' feelings, aggressive with parents/siblings, possessing unexplained items/money)

Children who are bullied by others may exhibit: $\sqrt[4]{2}$

- □ □ Physical symptoms (headaches, stomachaces)
- □ □ Psychosomatic symptoms (difficulty sleeping, bedwetting)
- □ □ Depression/anxiety/psychosis symptoms
- □ □ Suicidal thoughts/suicide (in extreme cases)
- □ □ Poor school function (avoidance/refusal)
- □ □ Behavioural signs (loses items/money, injuries, damaged clothes/items)

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