

BHIPP BULLETIN

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BULLYING

In this final article in our school series, we will discuss the issue of bullying. Bullying consists of aggressive behavior, meant to cause distress or harm, involves a power imbalance, and happens repeatedly over time. This is not the same as teasing. Teasing is often playful and some use teasing as a way of fitting in, it's not repetitive and does not target someone's disabilities, ethnicity, faith or other characteristics.

Bullying may be verbal, physical, relational, or occur via technology. Cyberbullying may occur via texting, email, and social media or by creating. Cyberbullying has become increasingly common, particularly among adolescents. What makes cyberbullying unique is that the person being targeted may not know the identity of the bully or why they are being targeted. Additionally, unlike the victim or traditional bullying, the content used to harass the victim via technology can be quickly and easily disseminated to many people and may remain accessible well after it is initiated. Victims of cyberbullying may be exposed to bullying whenever they use technology, not just when the bully is in close proximity. Boys tend to make physical threats or intimidate their peers, while bullying by girls is often verbal. Estimates show that up to half of children are bullied at some point during their school years, and 10% are bullied on a regular basis.

There are a number of mental and behavioral health concerns associated with bullying:

- Children who are bullied face numerous challenges – they are more likely to avoid school, drop out of school, perform lower academically, experience low self-esteem, and higher levels of anxiety and depression. They are more likely to attempt suicide, both as children and later in life.
- Those who bully others display higher levels of aggression and impulsivity, are more likely to abuse alcohol and drugs, and have higher rates of criminal and delinquent behavior.
- While bullying can occur for a number of reasons, some children may be targeted based on their race, religion, sexual orientation, or disability. It is important to talk with children about their school environment and relationships with their peers, even if you do not suspect they are being bullied.

HOW PRIMARY CARE CLINICIANS CAN HELP

The following tips may be helpful in assisting children who are victims of bullying:

- Encourage children to stand tall, stay calm, and walk away from difficult situations. Do not encourage them to fight back.
- Teach them phrases they can use to advocate for themselves such as: "I do not like when you talk to me like that" or "Please stop doing that."
- Encourage children to ask a trusted adult for help.
- Make school officials aware of the problem, and work with them to identify solutions.

If children who are being bullied become withdrawn, depressed, or reluctant to go to school, or if their academic performance begins to decline, further consultation or intervention may be necessary. Seeking help early on from a child and adolescent psychiatrist, or other mental health professional, may help reduce the risk of long-term emotional consequences.

If you are aware that a child is bullying others, it is important to intervene. Demonstrate to the child that he or she can get what they want without teasing, threatening, or hurting others. Help the child understand the impact of his or her behavior, and be a positive role model by demonstrating positive social interactions.

-Dr. Nicole Gloff, BHIPP Consultant



Behavioral Health Integration
in Pediatric Primary Care

Phone & Fax:
855-MD-BHIPP
(855-632-4477)

Website:
www.mdbhipp.org