

Bullying:

What it is, the affects and how to help

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When we look back at our childhood most of us can remember at least one experience of bullying; as a victim, bystander or as a bully. Unfortunately bullying and the experience of being bullied is not a new phenomena and many young people and adults can attest to this. The statistics are alarming with research commissioned by the Federal Government indicating that one student in every four in Australian schools is affected by bullying.

It is the fourth most common reason young people seek help from children's help services. Children experiencing bullying are three times more likely to show depressive symptoms and nine times more likely to have suicidal thoughts. Bullying isn't free of severe consequences for the bullies either, with those who bully having a one in four chance of having a criminal record by the time they are thirty as well as the consequences of punishment and enduring regret for their behaviour, particularly if the effects are severe for the victims. The Murdoch Children's Research Institute study indicated that girls were much more likely than boys to be victims of both cyber and traditional bullying.¹ The east availability and access to communication technology has meant that bullying doesn't stop when children come home from school, it continues into the bedroom.

What is bullying?

So what are we talking about when we refer to "bullying"? Bullying is repeated physical, verbal, psychological or social aggression directed towards a person that is intended to cause fear or harm, and involves a real or perceived power imbalance.

Researchers have identified four main types of bullying:

1. Physical; characterized by physical acts of

1. aggression, such as hitting, punching, or pushing.
2. Verbal; characterized by spoken aggression, such as name calling, repetitive teasing, verbal threats, inappropriate sexual comments.
3. Relational; also referred to as social exclusion bullying, is characterized by rumor spreading and purposefully leaving others out of activities or interactions, friendship withholding and purposely embarrassing others in public to humiliate and isolate them.
4. Cyber; which involves peer aggression committed using technology such as text messages, emails or social networking sites.

Who gets bullied?

The research suggests that the children most likely to be victims of bullying are those who:

- are more socially anxious, have a sensitive temperament or are submissive and withdrawn
- are less competent in understanding social norms
- have fewer high-quality friendships.

Also children who have a learning difficulty, impairment or disability of some kind tend to be at higher risk for bullying. Sometimes it is the children who are high achievers or 'tall poppies' who are targeted of bullies however, these children usually fair better because they have a more robust self esteem and higher social competence.

Some children don't appear to be the usual targets of bullies but because of some significant change of circumstances in their lives or a serious stressor they can become more vulnerable. For example, a child who is usually popular and socially competent after a significant stressor like parental separation or death may become anxious and distressed and appears sad. This could make the child more vulnerable to being bullied and because of their compromised functioning they are less able to cope.



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Effects of bullying

Bullying can affect many aspects of a young person's life, including their psychological, emotional and physical wellbeing. Depending on how bad the bullying is, and how long it goes on for, these negative psychological effects can last a long time and for some have been found to persist into adulthood. Bullied children often become bullied adults.



The emotional and behavioural signs that suggests a child may be experiencing bullying are varied and are by no means conclusive include:

- appearing stressed, anxious, depressed, sad or angry
- frequent tears
- becomes withdrawn
- changes in sleep patterns
- reports feeling alone and alienated from others
- changes in eating patterns
- decline in academic performance
- reporting increased frequency of headaches or illness, especially before going to school. Sometimes this occurs on Sunday nights because the child is thinking about returning to school
- becomes aggressive and unreasonable
- and refuses to talk about what is wrong.

Over the longer term bullying can also lead to the development of more serious mental health problems including:

- clinical depression
- lowered self-esteem
- an anxiety disorder
- poor academic performance and low attachment to school, leading to truancy and bad test scores
- self harming behaviours such as cutting or burning the skin, alcohol and drug use
- feelings of helplessness and suicidal thoughts, and
- in extreme cases, completed suicide.

So how do you help & protect children from bullying?

Research indicates that one of the best defences against bullying for your child is to build good emotional resilience and supportive social relationships. Resilience is the social and emotional ability to deal with the ups and downs of life. It is about being in control and believing in one's ability to work through setbacks and risk situations in a capable, effective manner. This capacity for resilience empowers the child to develop coping behaviours, to persist in the face of failure, to bounce back with confidence and a healthy self-esteem.

Having supportive friends and family are also buffering factors from the negative consequences of bullying. If you are a parent you can build your child's social and emotional resilience by listening to your child and giving sensible advice about handling bullying behaviourⁱⁱⁱ Unfortunately if they are facing a repetitive bully, telling the bully that they are hurting their feelings will not work but will likely make them appear weak and attract further targeting. Being aggressive is also not a good option as it can be seen as a threat and may escalate the situation further, resulting in violence.

The research suggests that children need to learn to be assertive to deal with bullies, not submissive or aggressive. Assertive means standing up for themselves and being confident without putting the other child down or being aggressive. Do some role plays or play acting with your children to help make the assertive behaviour familiar and will help your child feel competent, confident and prepared for these difficult situations. Teach your child how to act unimpressed and unscared and to use neutral language along with how and who they should seek help from at school.

Group programs run at Lakeside Rooms such as Enhancing Emotional Resilience for children and the Sugar & Spice program specifically developed for girls to help them with social relationships are a fun and effective way of teaching these skills to children.

There are also some great resources developed by the government for young people, parents and teachers at <http://www.bullyingnoway.gov.au/> and <http://au.reachout.com/>. The Bullying No Way site has a great free App that can be downloaded for young people called 'Take a Stand' which provides information about bullying and interactive animations on bullying situations and allows them to choose different endings to see what happens next.

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So how do you help & protect children from bullying? Cont'd.....

The school environment also has a significant impact on the occurrence and harmful consequences of bullying at school. Investigate what the school policy is for dealing with bullying and if your child is being victimised firstly discuss with the classroom teacher and school principal. If you do not get a satisfactory result with this take the matter to the next level; the regional education department office. If it is a private school, inform the head office of that school service provider. Beyond that then consider the Education Department Minister and your local member of parliament. You are your child's best advocate and the efforts you make and how you conduct your child's advocacy will be a model for them.

If the bullying is online or outside of the school, collect all the evidence you can and take the complaint to the police.

What if you suspect your child is engaging in bullying behaviour?

If you suspect or have evidence that your child is engaging in bullying behaviour, investigate further including discussing this with your child (in a private calm environment) to understand the motivation for the behaviour. The reasons for this could be many, one of which may be that their social competence is low and they don't know how to appropriately manage challenging social situations. This is a related but distinct area of the bullying problem and you may require specialist advice about how to help your child and protect them and others from serious consequences.



ⁱ The issue of girl bullying, also known as relational aggression will be addressed in an upcoming article.

ⁱⁱ More information about cyberbullying will be available in future articles

ⁱⁱⁱ A future article will provide more detailed advice about how to effectively question, listen and respond to your child about bullying.

When should we seek help of a Specialist?

There are many reasons to seek the help of a specialist (psychologist, school counsellor, child and adolescent psychiatrist) for yourself or for your child or teenager. Firstly, it can be beneficial to seek help or advice as a preventative measure to build skills so that you and your child know how to cope with these potential difficulties and feel confident to do so.

Secondly, if you feel your child is suffering from any of the more serious symptoms then seek help from your doctor and or a contact a specialist. If you suspect your child is engaging in self harming behaviour or experiencing suicidal thoughts immediately seek help from your doctor about how to urgently access services. The other option is to contact services like: Lifeline 131 114, The Suicide Callback Service on 1300 659 467 or Parentline on 1300 30 1300 and they will advise you about whom to contact in your local area.

About the Authors

Terri Sheldon is a clinical psychologist who has been working in the field for almost 30 years and has extensive experience in child, adolescent and adult psychology across community and hospital settings in both government and private practice organisations, including Barrett Adolescent Inpatient Centre, Early Intervention Services in Disability Queensland, Community Child and Mental Health Services and in private practice in Brisbane and the Gold Coast. Terri has been a long standing member of the Australian Psychological Association and as a registered psychologist with the Psychology Registration Board she has endorsed area of practice as a Clinical, Counselling and Educational and Development Psychologist. In her private practice from Lakeside Rooms at Robina on the Gold Coast she currently specialises in the assessment and treatment of children, adolescents and adults with a broad range of developmental and mental health issues.
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Leanne Jones is a psychologist with 15 years experience in the assessment and diagnosis of a wide range of childhood developmental, behavioural and emotional difficulties including anxiety, depression, attentional problems, autism spectrum disorders, intellectual disability and learning difficulties. Leanne worked in Sydney for the children's charity Learning Links for ten years, being involved in the assessment and diagnosis of childhood developmental, behavioural and emotional difficulties. In addition, she coordinated a reading program in Australia and New Zealand to assist children with reading disorders, facilitated group counselling programs for children and provided professional supervision to professional psychologists. Leanne practices from Lakeside Rooms at Robina on the Gold Coast.