NEARLY 1 IN 3 STUDENTS IN THE UNITED States (27.8%) report being bullied during the school year. Bullying can come in several different forms, including name-calling, exclusion, and violence. Three defining characteristics of bullying are that it is deliberate, repeated, and power imbalanced. Children with special health care needs are at a higher risk for bullying. Developmental disabilities, motor difficulties, communication disabilities, and physical impairments may make children with special healthcare needs bigger targets for bullying. They are also more likely to be left out by peers and to have fewer friends, leaving them more vulnerable to bullying. On the other hand, children with developmental or emotional/behavioral disorders may also act aggressively or impulsively and their behavior may be perceived as bullying.

What are the effects of bullying on the children involved?
• Bullying may have many devastating short- and long-term effects on the children involved. Bullying affects children’s ability to learn, decreasing academic achievement and school participation. Children who are bullied are also more likely to suffer from depression, anxiety, and other health complaints.
• Students who bully others are at increased risk for substance use, academic problems, and violence later in adolescence and adulthood. They are also likely to experience depression, anxiety disorders, and psychological distress. In the long-term, being a bully in childhood may affect a child’s ability to build close relationships.

What can families and healthcare providers do?
Because of the devastating consequences of bullying, healthcare providers play a crucial role in acting as leaders in bullying prevention, detection, and intervention.
Social isolation: signs that the child has few or no friends; and
Unexpected mood shifts, irritability, and sudden outbursts of temper.

Children who are bullied may display one, all, or none of the warning signs. Thus, special attention must be paid to any changes in the child's behavior, and frequent discussion may be important to ensure that any issues are detected.

Detecting children who bully may be more difficult than detecting those who are bullied. This is because those who bully may also exhibit similar signs as children who are bullied, such as psychosomatic symptoms, depressive symptoms, and anxiety. Providers should ask parents if a child:
• Exhibits aggressive or manipulative behavior with others;
• Is quick to blame others;
• Does not accept responsibility for their actions; or
• Exhibits obsessive needs to win or dominate others, or to be the best at everything.

While these signs do not always mean that the child is bullying other children and may be explained simply by the child’s personality or their development, it is important to speak with parents about any concerns and advise parents to contact the school to understand whether the behavior is repetitively and deliberately targeted towards other children.

When talking to children, parents and providers should not just ask the child if he or she is being bullied or is involved in bullying. First, they should ask about the social aspects of their lives and their friendships, and then ask about bullying in a general sense at the child’s school and neighborhood. The adult can then start to ask about the child’s specific situation, paying attention to the child’s reactions and body language. For example, the adult should monitor if he or she behaves in a shy or withdrawn manner when discussing peer relationships and activities. Silence may often be a powerful indicator that something is happening. However, adults should also realize that these signs can indicate other issues, such as depression and substance abuse, which must also be investigated. If the child is non-verbal, providers may suggest that parents ask others like teachers, school aides, and bus drivers to be vigilant about possible bullying of the child.

The extent of involvement in bullying must be assessed, understanding how often it occurs, in what situations or settings, the period of time over which the child has been involved, and what forms of bullying have been used. This will help in devising a strategy to end the situation.

Resolving the situation
Tertiary prevention: If a child displays the consequences of bullying, several steps may be taken to resolve the issue.
• Adults must be aware of the importance of not labeling students as ‘bullies’ or ‘victims.’
• The provider’s role may involve helping other adults to recognize the physical and psychological symptoms associated with bullying involvement.
• It is important to have a discussion of social relationships and peer interaction and to follow-up with children who indicate that they have been targeted or excluded from peer groups, or appear to have been bullying others, in order to monitor the situation and the child’s wellbeing.
– Health care providers should also be prepared to advise parents of children involved in bullying situations on effective ways to help their child and monitor the situation.
– Children who bully require interventions to stop aggressive behavior, promote empathy and prosocial behavior, and reduce reinforcement patterns within the peer group.
– Children who are victimized might need support in developing assertive strategies as well as friendship skills and opportunities.
– Parents of children exposed to domestic violence might require support to model healthy relationships for their children.
• Families and providers should make sure they notify the school about the bullying situation. Schools must
offer a safe environment for children with special healthcare needs.

– It is important to ensure that, should a child who is being bullied have a medical reaction, the supervising adult responds to the medical reaction first before dealing with the bullying. For this reason, parents must make sure that the school staff is aware of the proper way to deal with the child’s medical needs.

• For children with Individualized Education Plans, parents and providers may work in collaboration with school teachers to develop an effective IEP that includes measurable, specialized, goals relating to socioemotional skills that meet the basic needs of the child and ensure that he/she receives the necessary services and support in and out of the classroom.

• Providers should make appropriate referrals, ensuring the child and family receives the necessary psychosocial support and medical treatment, including mental health therapy and services if needed. This process must maintain the privacy and confidentiality of the youth.

Useful Resources
• The Connected Kids: Safe, Strong, Secure program includes a Clinical Guide and 21 handouts for parents and teens on topics such as bullying, discipline, interpersonal skills, parenting, suicide, and television violence. Connected Kids for Continuity Clinics—Free Connected Kids materials are available to pediatric residency programs’ continuity clinics, with support from the Friends of Children Fund. Continuity clinic directors can e-mail connectedkids@aap.org to sign up to receive materials.

• For more information on AAP Policy and the role of healthcare providers, see ‘The Role of the Pediatrician in Youth Violence Prevention’ which addresses bullying.

• For more information of state-policy and the rights of students with disabilities, see the DC Anti-Bullying Law.

• Read ‘Walk a Mile in Their Shoes’ for a report and guide on Bullying and the Child with Special Needs.

• Stop Bullying Now! Is a U.S. Department of Health & Human Services Web site that helps children understand what bullying is and how harmful it is. It features a resource kit with tips and facts, and includes an extensive database of resources about bullying prevention.

References

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