

A Look at Bullying in Canada

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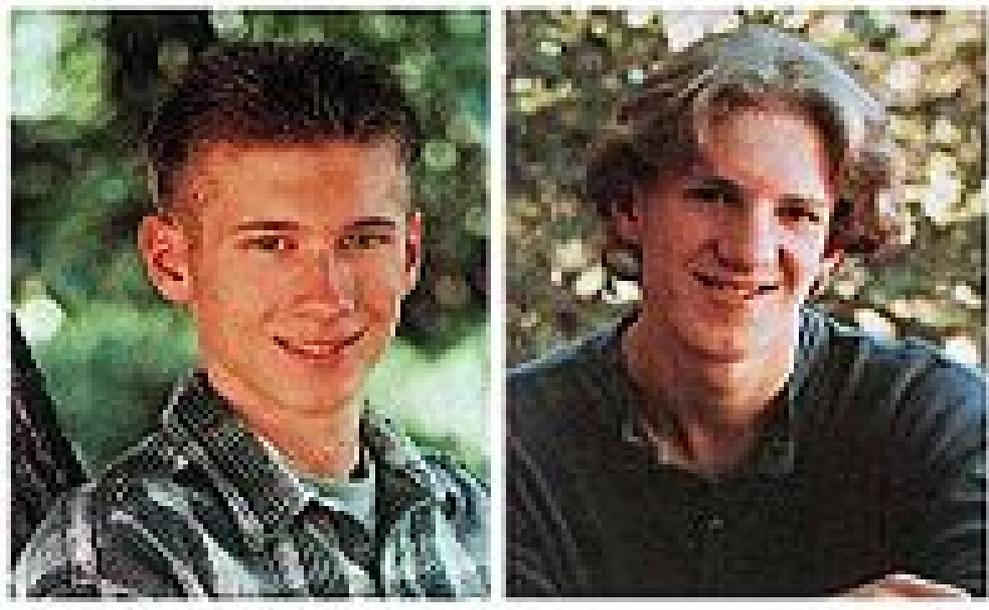
Why Bullying?

- Major problem in Canada
 - Affects far more children
- Encounter in our practice
- Evidence-based research
 - anti-bullying strategies

Objectives

- To define bullying and recognize it as a major public health issue
- To identify children who are bullies, victims and bully-victims and understand the possible consequences of bullying
- To discuss effective anti-bullying strategies and provide bullying resources available locally
- To discuss the pediatrician's role in the complex dynamics of bullying

Columbine Revisited



Eric Harris

Dylan Klebold

What made them do it?

-
- US Secret Service, 2000
 - the attacker : “bullied, attacked, threatened or persecuted “ prior to the incident.

US Safe School Initiative, Washington DC

What is Bullying?

- A form of aggression
 - one or more children
 - repeatedly and intentionally intimidate
 - victim unable to defend himself or herself

Glew et. al. Pediatrics in Review, 2000; 21:183-189

Key Elements

- Harm intended
- Imbalance of power
- Aggressive behavior
- Victim distressed



Definition

- Bullying
 - not about anger
 - not a conflict
 - Contempt: powerful feeling of dislike

Barbara Coloroso, The Bully, the Bullied and the Bystander

Forms of Bullying

- Physical
 - Hitting, shoving, kicking
 - Stealing/damage property
- Verbal
 - Name-calling, hurtful teasing
 - Humiliation
 - Making people do things they don't want to do

Canadian Public Health Association Safe School Study, 2004.

Forms of Bullying

- Social
 - Excluding others
 - Spreading gossip or rumours
 - Making others look foolish

Canadian Public Health Association Safe School Study, 2004

Forms of Bullying

- Electronic or Cyber bullying
 - Using the internet, email, text messages
 - Threaten or hurt
 - Embarrassing someone
 - Spread rumours or reveal secrets

Canadian Public Health Association Safe School Study, 2004

Cyber bullying

- Difference with other forms
 - Cowardly
 - Very wide audience at remarkable speed
 - Outside of legal reach of schools and school boards



2004 Bullying.org Canada Incorporated

Forms of Bullying

- Forms change with age
 - school playground bullying
 - sexual harassment, gang attacks, date violence
 - assault, marital violence, child abuse, workplace harassment and elder abuse



Pepler and Craig, 1997

Epidemiology

- Common problem worldwide
 - affecting 1 in 5 school-aged children.
- Proportion of school-aged children who report being bullied consistent between countries
 - Australia (17 %)
 - England (19%)
 - Japan (15%)
 - Norway (14%)
 - Spain (17%)
 - United States (16%)

CMAJ, October 2001, 165 (9)

Canadian Statistics

- 4,763 children in grades 1 to 8
 - 6% admitted bullying others
 - 15% reported being victimized
 - 2 % reported being both bullies and victims

Pepler and Craig, 1997

Trends

- Victimization decreases across grade levels
 - 26% of grades 1-3 children
 - 15% of grades 4-6 children
 - 12% of grades 7-8 children

Prevalence

- WHO Health and Behavior of School-aged Children (HBSC) Data
 - Canada comparable to other countries
- Prevalence rates:
 - 10% of boys and 7 % of girls bullied others
 - 17% of boys and 18% of girls targets

Cyber bullying statistics

- Young Canadian internet users
 - 25% prevalence



Where and when does bullying occur?

- School playgrounds every 7 minutes
- Once every 25 minutes in class.
- Hidden from teachers
 - Only 4% intervened

Pepler and Craig, 1997

Where and when does bullying occur?

- Common places
 - Hallways, playgrounds and classrooms
- Common times
 - Recess and lunch periods
- Incidence of schoolyard aggression inversely related to the number of supervisors on duty

Perry et al, Develop Psychol, 1988

Subject Narrative

“ I think teachers should be there more often! Half the time kids get bullied and nobody sees it. So when the kid goes to tell the authorities of the school, nobody really believes because there was no one around! So the kid will be harassed even more. Because they told.”

Grade 8 girl, CPHA Safe School Study, 2004

Myths about Bullying

- *Myth 1: “Bullying is just a stage, a normal part of life. I went through it, my kids will too.”*

Myths about Bullying

- *Myth 2: “If I tell someone, it will just make it worse.”*

Myths about Bullying

- *Myth 3: “Just stand up for yourself and hit them back.”*

Myths about Bullying

- *Myth 4: “Bullying is a school problem, the teachers should handle it.”*

Myths about Bullying

- *Myth 5: “People are born bullies.”*

Are there gender and age differences in bullying patterns?

- Is bullying different for boys and girls?
 - boys > girls
 - particularly in direct physical bullying.

Alsaker and Brunner, 1999; Olweus, 1999

Gender differences

- Bullying forms
 - Boys: more physical bullying
 - Girls: more psychological bullying.
- Victim experiences
 - Boys: physically bullied and threatened
 - Girls: indirect forms of bullying

Smith, 1999; Smith and Sharp, 1994

Why do they bully differently?

- Boys
 - power and dominance
- Girls
 - sense of affirmation and affiliation

Besag , 1998

Response differences

- Response to bullying
 - Boys: anger
 - Girls: sadness; more likely to tell someone

Rigby, 1998

Does bullying decrease as students get older?

- Incidence decreases as children get older
- Better anti-bullying skills

Rigby and Slee, 1995; Olweus, 1999

The Bully, The Victim and The Bully-Victim

What are bullies like?

- Hyperactive, disruptive
- Impulsive and overactive
- Aggressive
- Assertive and easily provoked

Bullies

- Boys
 - stronger
 - need to dominate others
- Girls
 - physically weaker than other girls
- Lack empathy
- No remorse

What are families of bullies like?

- Come from dysfunctional homes
- Have poor relationships and lack communication

Rigby, 1994

Families of Bullies

- Strong hierarchical power structures
- Authoritative parents

Bowers et al, 1992

Bullying and Family Characteristics

- Olweus (1992)
 - very weak links
 - Aggression and
 - levels and amount of education
 - parental income
 - social class or socio-economic conditions

Bullying and Family Characteristics

- Losel (1997)
 - Bullies
 - higher risk, disadvantaged families
 - alcohol abuse, divorce, parental conflict and unemployment

What are victims like?

- Anxious and withdrawn.
- Lack self esteem and self confidence
- Physically weak
- Unpopular
- Less developed social skills

What are families of victims like?

- Overprotective parents.
- Family stress
 - Illness
 - Immigration
 - Marriage break-up

What are bully-victims like?

- Most insecure and least likeable
- Most unsuccessful in school.
- Provocative victims causing tension around them
- Greatest risk of adjustment difficulties

What are the consequences of being bullied?

- Fear
 - Depression
 - Low self-esteem
 - Chronic absenteeism
- 90% of those bullied
 - drop in grades,
 - an increase in anxiety
 - loss of friends or social life

Hazler, Hoover, Oliver, 1992

Consequences

- 7% of eighth graders
 - stay home at least one day a month
- Kochenderfer and Ladd , (1996)
 - Significant correlations between victimization and school avoidance ($r = .33$)

Somatic Complaints

- Williams et. al. (1996)
 - 2,962 students ages 8 to 9 years
 - somatic complaints associated with victimization

Association Between Reported Bullying and Other Health Symptoms

SYMPTOM

ODDS RATIO

Having trouble sleeping

3.6

Feeling unhappy or sad

3.6

Having stomach-aches

2.4

Having headaches

2.4

Wetting the bed

1.7

Somatic Complaints

- Fekkes and colleagues (1999)
 - 2766 Dutch elementary school children between ages 9 to 12 years.
 - Odds ratios:
 - Headache 3.0
 - Sleeping problems 2.4
 - Abdominal pain 3.2
 - Bedwetting 2.9
 - Feeling tired 3.4
 - Depression 7.7

Psychosomatic and Psychosocial Symptoms

- Fekkes and colleagues (2006)
 - Prospective study of 1118 children ages 9-11
 - Victims
 - higher chances of developing new psychosomatic and psychosocial symptoms
 - Children with depressive and anxiety symptoms
 - higher chance of being newly victimized

International cross-sectional Study

- Health Behavior in School aged Children Working Group (1997-98)
 - Included 123, 227 students ages 11, 13 and 15 years of age
 - 28 countries in Europe and North America
 - Canada with 6,567 participants
 - Largest sample

International cross-sectional Study

- Results
 - Risk of high symptom load increased with increasing exposure to bullying in all countries
 - Strong and graded association between bullying and 12 physical and psychological symptoms

The Future...

The Future...

- What becomes of the
 - Bully
 - Victim
- Consequences of bullying
- Prevention programs
- Role of the pediatrician

What becomes of the bully?

- Do they 'grow out of it'?
- Do they change?



Bullies: Do they ever change?

- Olweus 1987
 - Retrospective study
 - ID'd as bully in grade 6-9
 - 60% 1 conviction by 24
 - 35-40% ≥ 3 convictions by 24 (vs. 10%)

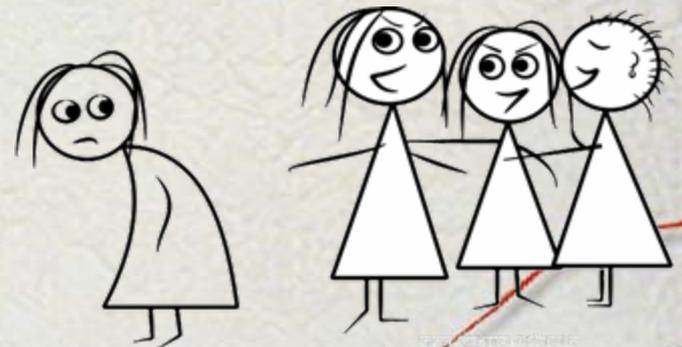
What Becomes of the Victim?

- Normal part of growing up?
- Do they 'Get over it'?



Victims - long lasting effects?

- Gladstone et al 2006
 - Experience of childhood bullying strongly correlated with
 - General anxiety
 - Social phobia
 - Agoraphobia



Suicidal Ideation/Attempt

- Sense of powerlessness by victims
 - Self destructive acts such as suicide
- Klomek et al 2007
 - Association with bullying/victimization and
 - Depression
 - suicidal ideation
 - Suicide attempt



Consequences of Bullying

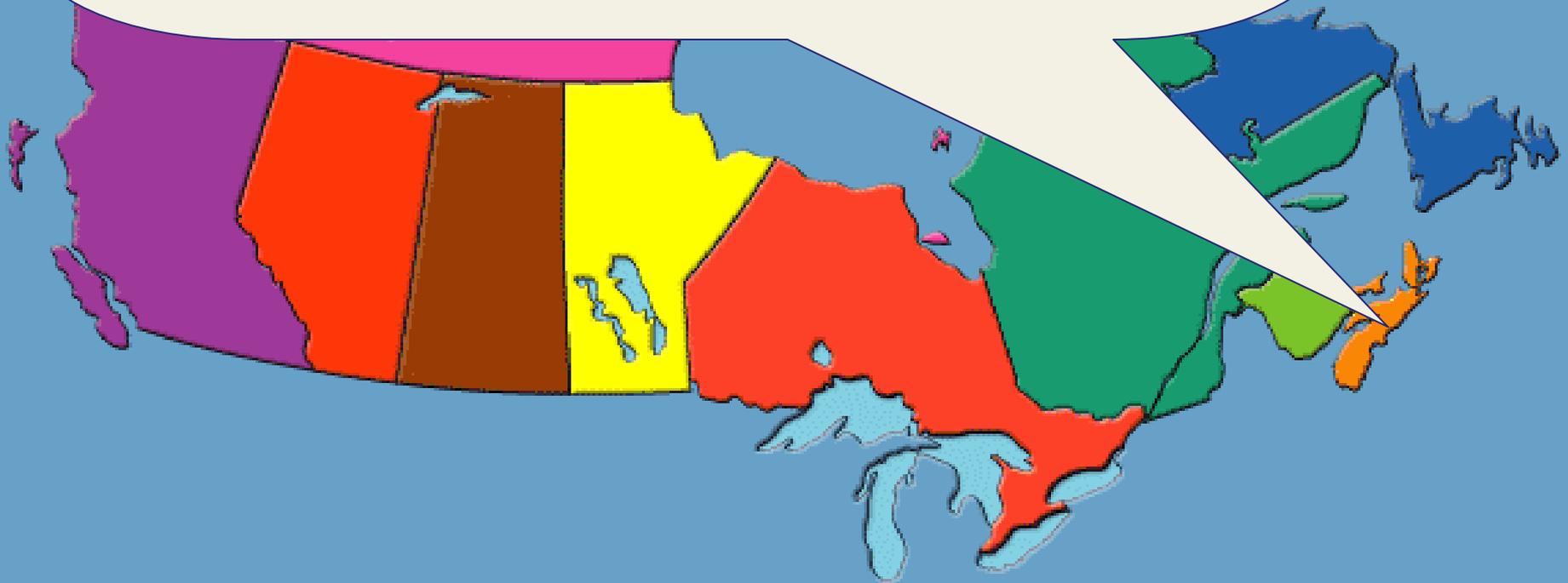
- React with
 - Lethal retaliation
 - Kentucky
 - Oregon
 - Mississippi
 - Colorado

Here in Canada???



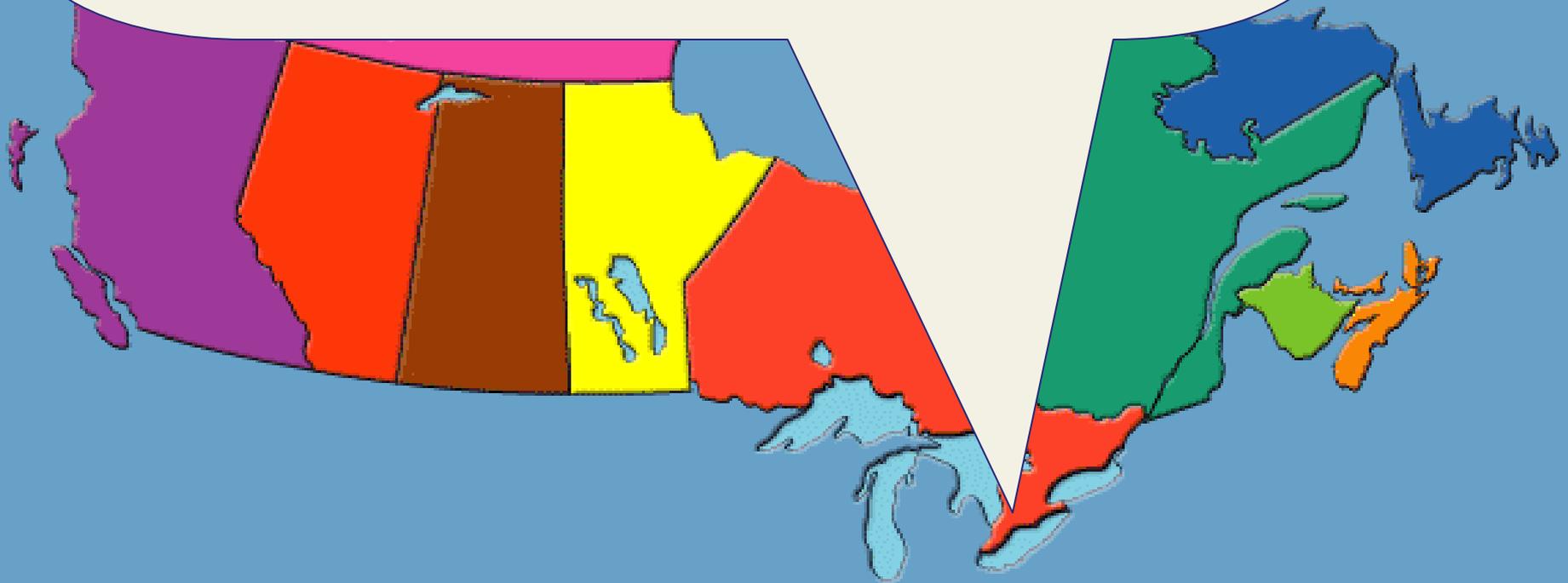
April 2002 - Halifax, NS

14 yo boy shot himself at home. Suicide note stated distraught after being tormented by students at school.



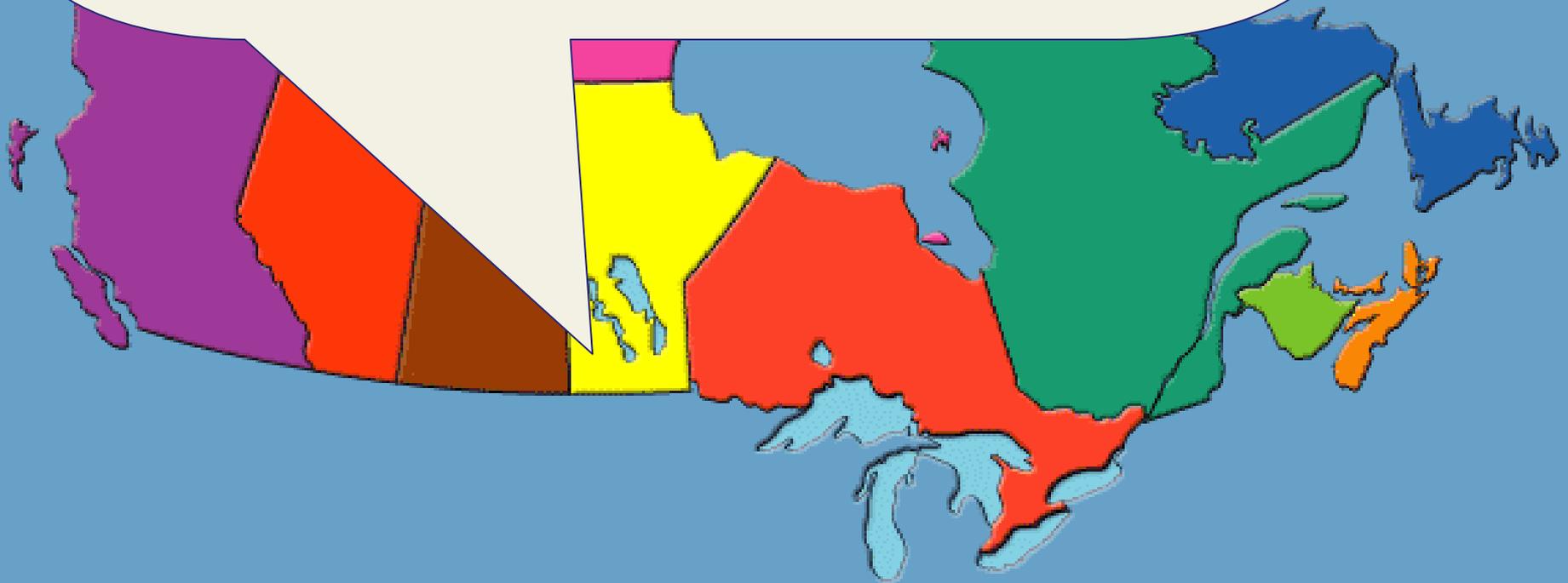
1998 - Chatham, ON

10 yo boy found hanging, unconscious, from
coat hook in elementary school bathroom.
Died four days later.



2005 - Roblin, MB

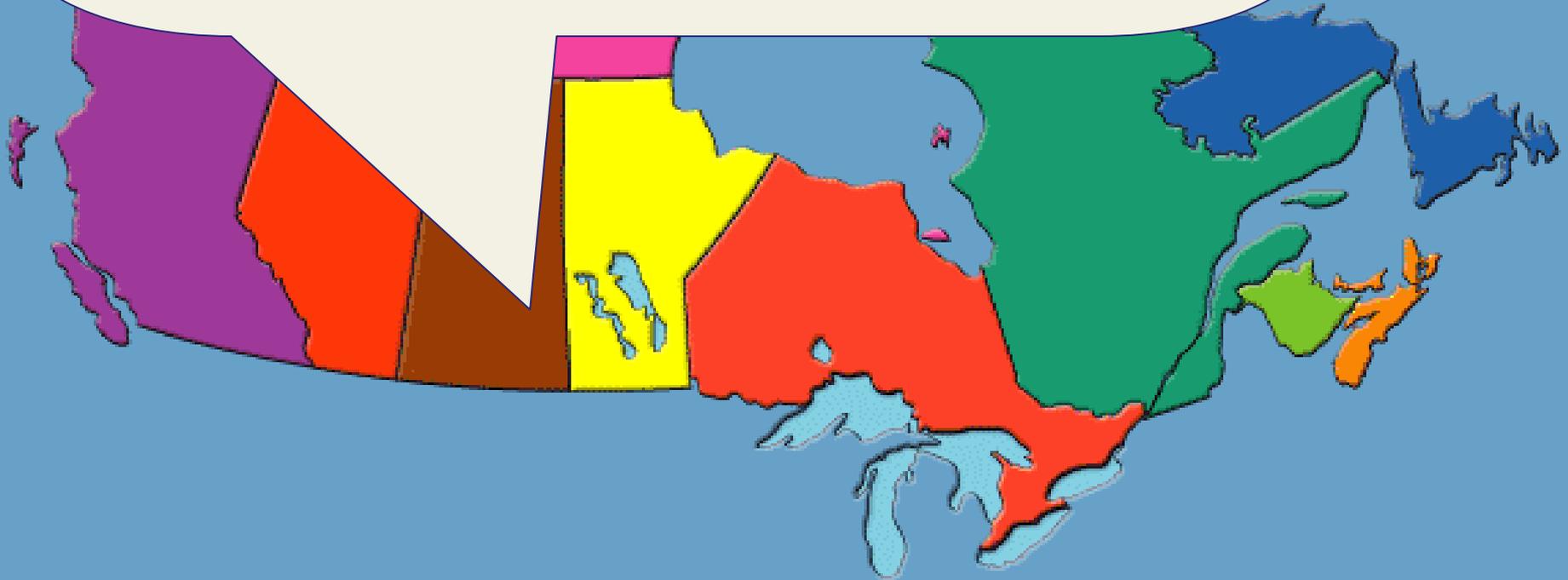
16 yo boy hung himself after persistent bullying
at a local high school.



2004 - Canora, SK

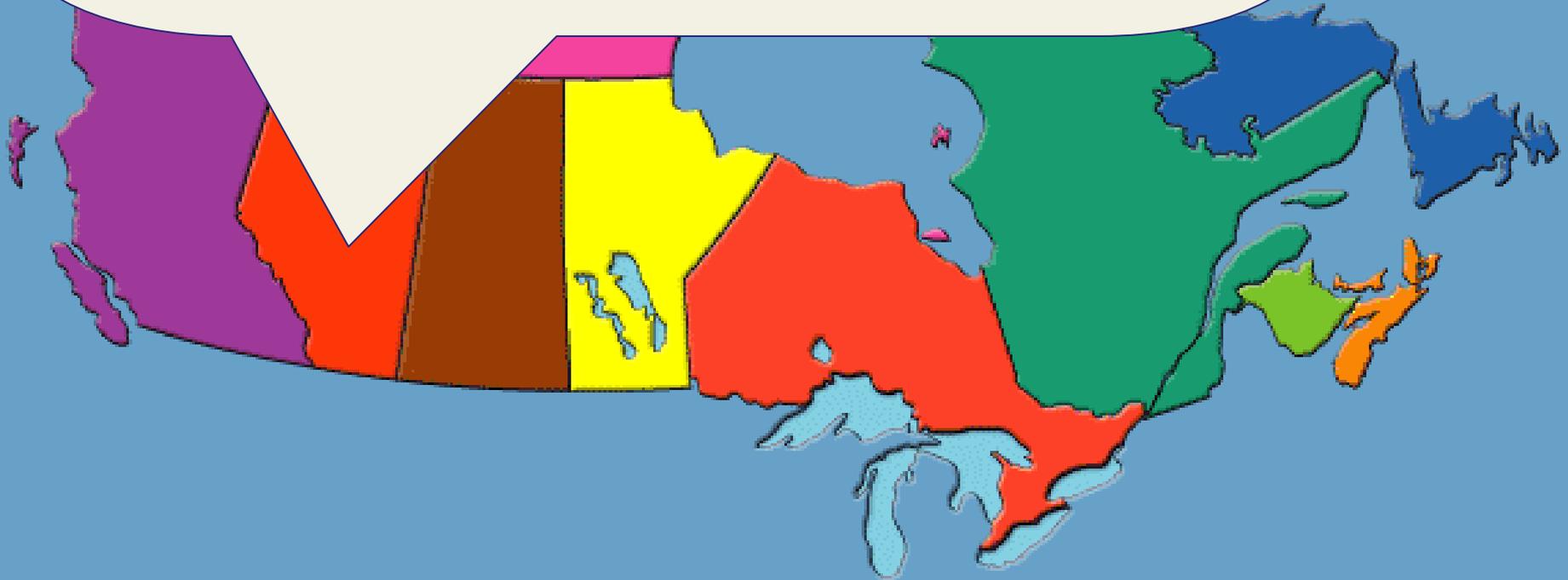
14 yo girl committed suicide because she was
being bullied.

16 yo boy shot himself after 2 1/2 months of
being picked on at school.



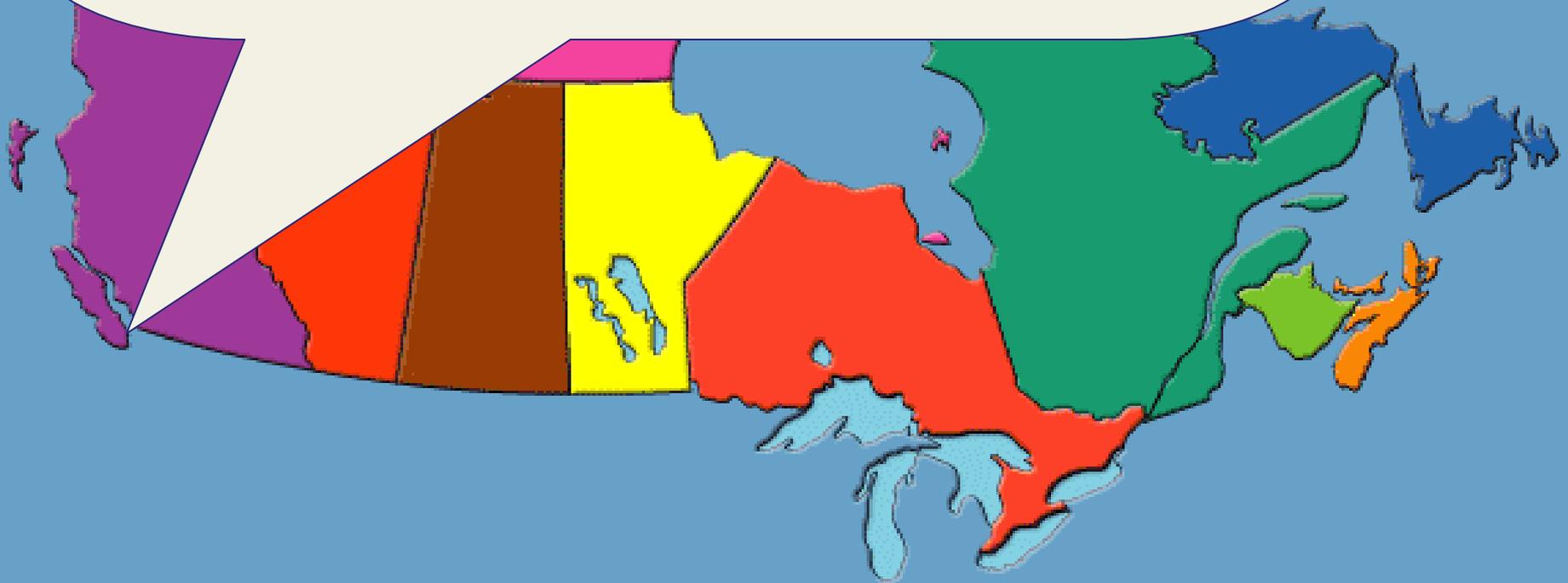
1999 - Taber, AB

14 yo male, after having dropped out of school because ostracized by classmates, walked into his high school and randomly shot at 3 students - killing one and injuring another.



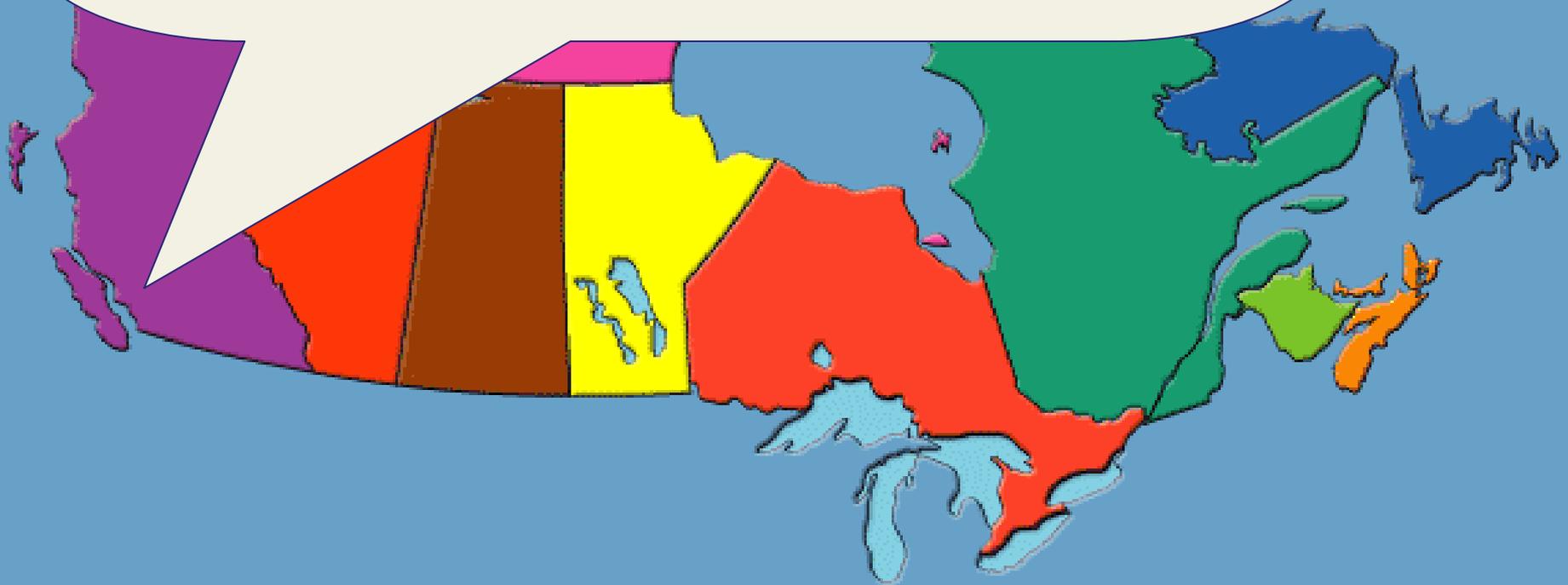
1997 - Victoria, BC

14 yo girl beaten by 7 classmates
(6-girls, 1-male) and left to drown.



2000 - Mission, BC

14 yo girl bullied by three girls in school hung herself in bedroom with dog leash.



Suicide Note

“If I try to get help it will get worse. They are always looking for a new person to beat up and they are the toughest girls. If I ratted they would get suspended and there would be no stopping them. I love you all so much”

Prevention Programs



International Involvement

- Implementation of anti-bullying programs
- Multiple versions
 - Stricter rules
 - Recognize and halt bullying
 - Classroom discussions
 - Curricular activities
 - Meetings with bullies, victims, and their parents

International Involvement

- Olweus Bullying Prevention Program
 - 30-70% reduction in student reports of bullying
 - Reduction of general antisocial behavior
 - Improvements in classroom order and discipline



Alberta School Boards

- Supporting Safe, Secure, and Caring Schools in Alberta
 - Comprehensive framework to deal with and prevent violence in school
 - TAB program
 - Teasing and Bullying: Unacceptable Behavior

TAB Program

- Institute for Stuttering Treatment and Research (ISTAR)
 - Project to improve attitudes toward children who stutter
 - Developed into program to change culture of aggression in schools
 - Grades 4-6

TAB Program

- Communities awareness
- Not ostracizing bullies
- Designed
 - Teachers
 - Parents
 - Students

TAB Program

- Discussion, written exercises, role play
 - ID bullying behavior
 - Fun teasing from bullying
 - Tattling vs telling
 - Conflict resolution
 - Rules, consequences, behavior changing processes

TAB Program

- Improved
 - Attitudes towards victims of bullying
 - Belief in their ability to deal with bullying
 - Ability and desire to discuss bullying
 - Intention to tell adults if bullying occurs



Edmonton City Law

- March 11, 2003
 - Edmonton became the first Canadian City to make bullying illegal
 - *‘A person who communicates with someone in a way that makes the person feel harassed - the comment, threat, or action is made in a public place and threats are repeated’*

Edmonton City Law

- Fine tormentors minimum of \$250
- Pay with cash or community service

- Grande Prairie, June 2007
 - First youth bullying workshop

Role of the Pediatrician...

1. ID problem
2. Counseling
3. Screen for co morbidities
4. Advocating for violence prevention



Glew et al, Peds in Review: 2000

Identify the Problem

- Familiar with characteristics of youth that may be involved with bullying
 - Aggressor
 - Aggressive, demanding, mean, little empathy
 - Victim
 - Overweight, small, disabled, shy, quiet, anxious, insecure, “different”

Identify the Problem

- Sensitive to signs and symptoms
 - Headaches
 - Stomach aches
 - Limb pains
 - Insomnia
 - Sadness
 - Enuresis



Identify the Problem

- Screening questions for children
 - How are things going at school?
 - At recess, do you usually play with other children or by yourself?
 - Have you ever been teased at school? What about? How long has it been going on?
 - Have you told the teacher?

Identify the Problem

- Screening questions for parents
 - Concerns that their child is having problems with other children
 - Frequent visits to school nurse
 - Teacher mentioned that child is often by him/herself

Counseling

- Children who are bullied
 - Appearing insecure invites more bullies
 - Stand up straight, eye contact, relaxed arms, strong voice
 - Raise self esteem of the child
 - Extracurricular activity
 - Build confidence
 - Meet other children

“Walk, talk, squawk”

- Bullying encounter
 - Walk away
 - Talk to the bullies - brief and NOT provocative
 - Squawk to a teacher or parent
 - Ratting versus reporting



Counseling

- Children who bully
 - Meeting between both parents
 - No tolerance policy by teachers
 - Family therapy



Counseling

- Family therapy
 - 22 boys aged 14-16 ID'd as having bullying behavior
 - Enrolled 6 months family therapy
 - Decreased bullying behavior
 - Reduction in expression of anger
 - Increased social functioning

Nickel et al. Pediatrics; 2005

Counseling

- School and community
 - Encourage parents to meet with teachers
 - Awareness of issue
 - Supervision
 - Bullying prevention
 - Safe environment

Screen for co-morbidities

- Using DSM-IV criteria, screen for
 - Separation anxiety disorder
 - Generalized anxiety disorder
 - Panic disorder
 - Dysthymia
 - Depression
 - Conduct disorder
- Refer to psychiatrist/psychologist

Advocate for Violence Prevention

- Support school and community implementation and maintenance of anti-bullying programs
- Familiar with resources available

Resources

- www.bullying.org
- **Goals**
 - They are not alone in being bullied
 - That being bullied is not their fault
 - Positive alternatives to dealing with bullies

Resources

- www.teamheroes.ca
 - 3-11 y.o
- www.B.Free.ca
 - 12-17 y.o
- www.bullyfreealberta.ca
 - Parents, adults

Resources

- 1-888-456-2323
 - 24 hour hotline
 - Trained counselors
 - Referrals if needed

Summary

- Aware that bullying is a common problem for our pediatric population
- Recognize warning signs and symptoms
- Understand the pediatrician's role
 - ID problem
 - Counsel
 - Screen
 - Advocate

Special Thanks

- Marilyn Langevin
Speech Language Therapist at ISTAR

November 19 - 24, 2007



“Stand Up!” (to bullying)