Disclosures: Drs. Eisenberg, Sege, Srabstein and Wright report no relevant financial disclosures.

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POINT / COUNTER

How can a pediatrician help prevent bullying?

POINT

The bully

One act of bullying does not condemn a child to a lifetime of violent offending. Try to discover the reason for the behavior – was this pseudo-bullying, true bullying or provocative victimization?

Sally Kuykendall

- Pseudo-bullying is when a child mimics aggressive behaviors witnessed in society. Pseudo -bullying lacks either the underlying imbalance of power or the intentionality that define bullying. The child may be bored, frustrated, have poor social skills or is testing limits.
- True bullying is abusing social, intellectual, political or physical power to intentionally hurt a specific person or group of people. The underlying causes may also be boredom or frustration, but in this case, there is an intention to hurt.
- Provocative victimization is when a victim counters bullying with aggression. Provocative victims are of special concern because they are at greater risk for mental health disorders, such as substance abuse or weapon carrying.

Step 1: Call the behavior bullying – don't sugarcoat it. Giving the behavior a name makes it real.

Step 2: Listen carefully. Do not jump to conclusions or rush for a fix (you may do more harm than good). Deconstruct any victim blaming. Deconstruct depersonalization of the victim. Help the perpetrator to see the victim as a real person with basic human rights of safety and security. Deconstruct any perceived admiration from bystanders. Differentiate between feigned respect out of fear and true respect due to admiration.

Step 3: Empower the victim. Ask privately, what he/she feels are appropriate consequences. If both parties are willing, facilitate an apology, keeping the victim safe.

Step 4: Implement natural consequences — restitution, maintain a distance between the perpetrator and the victim, follow up with potential henchmen. Do not bully the perpetrator, as this only teaches the perpetrator and bystanders to strive toward becoming a bigger bully.

Step 5: Set clear and consistent expectations for future behavior.

Step 6: Continue monitoring the perpetrator, victim and henchmen.

Step 7: Provide alternative opportunities that put the perpetrator's leadership skills to (carefully monitored) pro-social use.

A final caveat is to avoid the most common mistakes. Do not bully an already aggressive child. Do not allow yourself to be manipulated into acting as a henchman. Some bullies manipulate adults into punishing provocative victims, further perpetuating bullying. Do not believe that one conversation or one program is a magic pill and it will never happen again. Bullying is addressed by using the same techniques as good parenting, set clear and consistent expectations, allow natural consequences, model respectful, caring and inclusive behavior. Supervise children to protect them from making poor choices.

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COUNTER

The bullying victim

After health care professionals are clear that the child is being bullied, privately ask the parent or guardian what has been done regarding reporting the situation to school officials. Some helpful points for health care professionals to keep in mind include:


James Brown

- Provide the parent with documentation stating how being bullied is affecting the child's social-emotional or physical functioning. A parent can use this documentation to leverage school officials to provide a complete intervention.
- Provide the parent with the state's anti-bullying law, which can be found at www.bullypolice.org.
- Encourage parents to find what their child's student handbook states regarding the steps school officials will take to respond to reported bullying.

- Inform the parent that reporting the incident solely to the secretary, teacher or school counselor does not guarantee the disciplinarian will know what is occurring. Make all communication directly to the principal.
- Ask parents to inquire if the bully's parents were notified. Often, school officials will talk to the bully but forgo notifying the parent.
- Remind the parent that their child (the target of the bullying) can avoid being re-victimized by the school's intervention (eg, taken out from recess or having her/his locker moved to another hall). The bully(ies) need to be held accountable, not the victim(s). Pediatricians need to remind the victim that it's not his/her fault.
- With written parent permission, the child's health care provider can place a call to the school's disciplinarian, asking that the concern be noted and placed in the child's school file.

If all these attempts fail to bring results, parents can voice their concern to the school superintendent and further, at the monthly school board meeting.

James Brown, PhD, is an assistant professor of social work at the University of Wisconsin-Oshkosh. Disclosure: Dr. Brown reports no relevant financial disclosures.

Related articles

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Comment by Kathleen Conn, PhD, JD -- March 16, 2011 02:39 PM
Bullying is a hot (and sad) topic. The Point/Counter comments by James Brown, Ph.D. urge health care professionals to provide parents of children who are bullied at school with their state's anti-bullying law and go to www.bullypolice.com. First, this web site is not always up to date. Second, if this advice about giving parents information about their state's anti-bullying law is given to parents, it may lead them to believe that their state's anti-bullying law can be used as the basis of a lawsuit against a school district that has not obeyed the mandates of the law. That is misleading. Several courts have ruled that state anti-bullying laws do not have an implied private right of action, meaning that the statutes cannot be used as a cause of action in a court of law by parents seeking to hold school districts accountable for not remedying the bullying of their child. For example, see court the decision from the state of Connecticut (Dornfield v. Berlin Board of Education, 2008 WL 5220639 (Conn. Super. Sept. 26, 2008)). See also Arizona's O'Dell v. Casa Grande Elementary School District No. 4 (2008 WL 5215329)