

Bullying

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Children's
of Alabama®

BULLYING

&

ANTIBULLYING

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- **Residency**: West Virginia University School of Medicine, Department of Behavioral Medicine
- **Licensed Psychologist** for 38 years in Alabama
- Past President of Alabama Psychological Association
- 14 years as senior psychologist at the Children's Behavioral Health at Children's of Alabama
- Private Practice (9 years)
- Director of Student Services, Mountain Brook Schools (12 years)
- **Currently**:
 - Director of Family Life and Adult Education, Prince of Peace Parish/School
 - Executive Director of ALL IN MOUNTAIN BROOK, non-profit devoted to youth safety and well-being
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DISCLOSURE

- No financial ties or interests to disclose related to this topic.
- No non-financial ties or interests that would influence this presentation.

LEARNING OBJECTIVES

At the completion of this program, participants will be able to

- *identify some of the psychosocial and medical presentations of victims of bullying and common characteristics of children who are more likely to be bullied
- *describe the complex relationship between bullying and suicide
- *know some questions that, in an office setting, may help assess whether a child is being bullied
- *summarize the adult responses to bullying that victims say helped them, failed to help them, and made things worse

BULLYING

Deliberately making
someone else feel bad,
especially when occurring
as a pattern.

◎Aggressive: Intent to harm

◎Imbalance of power

- Social Standing / Support

- Physical

◎Pattern / recurrence

Bullying impacts

- student achievement
- social adjustment
- has significant psychological implications
- correlated with suicidal behavior/suicide
- routinely includes medical complaints & pattern of reluctance or refusal to attend school

Medical Presentations

- Headache
- Abdominal pain
- Poor appetite
- Poor sleep onset
- Dizziness
- Anxiety/depression
- Exacerbation of existing symptoms

VICTIMS

“It is not politically correct to suggest that some children have physical and personality characteristics that place them at risk for victimization, but it is true.” (Swearer, et al.)

- new kids, especially girls
- kids with little peer support
- kids who are gender atypical
- racial, ethnic, religious minority status
- any characteristic that makes them stand out
- emotional kids, most psychiatric disorders

Peaks in middle school

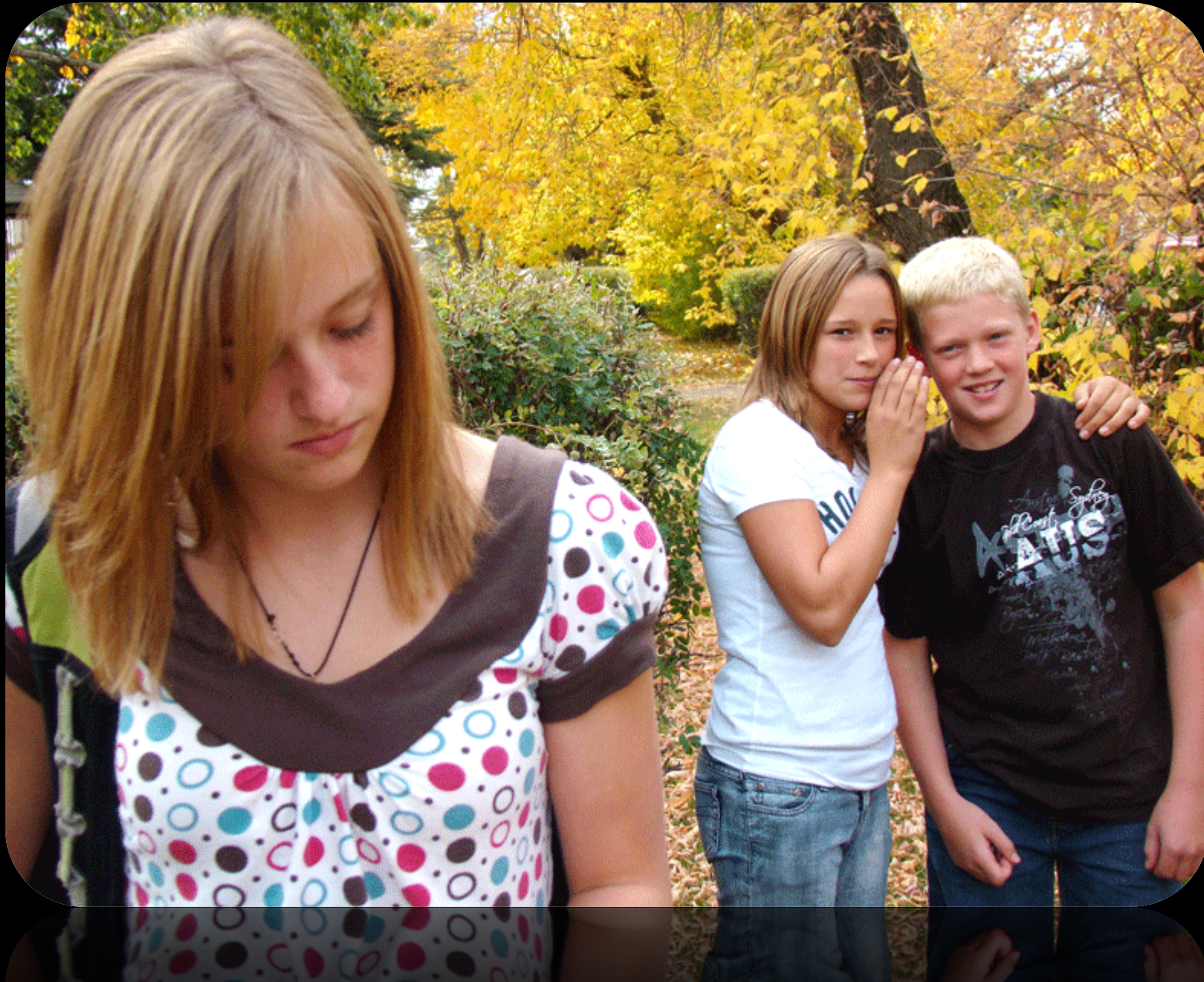
In high school, looks less like
bullying, more like harassment
(sexual, ethnic, religious)

We may only be aware of tip of iceberg.

Bullying occurs in unmonitored places,
including cyberspace.

Often carefully hidden, subtle, social.

Plausible Deniability



BULLIES, VICTIMS, BULLY/ VICTIMS

- All 3 groups are **AT RISK** and in need of intervention
- Potential negative outcomes for all groups: depression, anxiety, involvement in interpersonal violence or sexual violence, substance abuse, poor social functioning, poor school performance, including lower grade point averages, standardized test scores, and poor attendance.
- Bully-victims have the highest risk for suicide - related behavior of any groups that report involvement in bullying.
- Role of **DEPRESSION** in bullying

- Depression makes youth more vulnerable to
bullying
- Depression makes youth more vulnerable to
suicide
- Multiple factors contribute to suicide,
including **depression**
- Bullying as a contributor to suicide:
social isolation? And especially as a
TRIGGER

BULLYING AND YOUTH SUICIDE

- Public / media perception
- Suicide is always multifactorial & complex
- Professionals should avoid endorsing blame

WHAT CAN PARENTS DO?

IF YOUR CHILD IS BULLIED...

- Be aware of danger of **making things worse.**
- A problem with **PUNISHING** bullying.
- Our emotional control is important.

IF YOUR CHILD IS BULLIED...

- Work closely and cooperatively with school.
- Avoid “Us against the schools” approach
- Recognize it is complex problem to be worked over time.

IF YOUR CHILD IS BULLIED...

- First and foremost: Offer **comfort and support. LISTEN.**
- TRY to respect child's wishes about your involvement.
- Help child understand the role of his or her reaction.

ADVICE FOR KIDS

- **Avoid the bully and use the buddy system.**
- **Understand what crying/anger does for the bully.**
- **Act brave, walk away, and ignore the bully.**
- **Tell an adult.**
- **Talk about it.**
- **Problem: These are all difficult**

QUESTIONS TO ASK

- Do you have nicknames?
- What's recess/break like for you? PE? lunch?
- Have you been teased?
- What kinds of things do the others tease you about?
- (social media?)

WHY MIGHT A CHILD NOT TELL AN ADULT?

- fear of retaliation
- fear the adults will make it worse
- believe adults can't help
- “snitching”
- hope it will go away

HELPING VICTIM

- praise the victim's non-violent response
- assure LONG TERM availability to listen and help
- help student develop peer support (new friend, school activity that provides connection and support)
- enlist the help of other students...and higher their social profile, the better
- be vigilant and monitor on an ongoing basis

WHAT VICTIMS SAY HELPS & HURTS

helped	Didn't help or hurt
Listened to me	Punished other students
Gave me advice	Sat down with me & other students together
Checked in with me over time	Said they would talk to other students
	Processed it in class
	Brought in a speaker
	Talked with whole class about it
	Told me to work it out
	Told me to ignore it
	Told me if I acted different it wouldn't happen
	Ignored me

QUESTIONS?