

# Bullying in School

by Lynne Huffman, M.D., Outcomes, Measurement and Research (OM&R) Director, Children's Health Council  
and Tom Tarshis, M.D., M.P.H., President, Bay Area Children's Association

Bullying is a form of aggression in which children repeatedly and intentionally intimidate, harass, or physically hurt a victim. Peers perceive victims of bullying as weaker than aggressors, and victims perceive themselves as unable to respond. Bullying can take many forms: direct bullying can include threats of bodily harm, while indirect bullying is characterized by excluding others from an activity or spreading rumors. Whatever the form, the usual components of this behavior are aggression, repetition, and power discrepancy.

Bullying can affect the physical, emotional, and social health of the children involved. Victims of bullying frequently report sleep disturbances, bedwetting, abdominal pain, headaches, and feeling sad or anxious. Bullies, their victims, and those who are both bullies and victims are at increased risk for depressive symptoms and suicidal thinking. The effects of bullying on emotional health can be persistent; children who are bullied repeatedly go on to be adults with worse self-esteem and more depressive symptoms. Victims of bullying are more likely to have ongoing feelings of isolation and to experience lower social status.

Bullying also affects a child's school experience. Bullying can create problems with school attendance and adjustment, affecting the victim's homework completion or desire to do well at school. Most bullying takes place at school, particularly at times and places where supervision is minimal. Schools where adults tolerate more bullying may have more severe bullying problems. In a study recently published in the *Journal of Developmental and Behavioral Pediatrics*, (Tarshis

and Huffman, 2007), we administered a short survey called the 'Peer Interactions in Primary School (PIPS) Questionnaire' to 270 elementary school-aged children. Dr. Tarshis, child psychiatrist and current president of the Bay Area Children's Association, developed this questionnaire to assess the prevalence and characteristics of bullying. We found that nine out of ten elementary students reported some degree of bullying by their peers. Further, nearly six in ten children who completed the questionnaire reported participating in some type of bullying activity during the preceding months.

This study reinforces our belief that we need to change the perception that bullying at school is a part of life and that victims just need to 'toughen up'. It is striking that these indications of victimization and bullying are apparent at very young ages. Our hope is that this questionnaire will be utilized by teachers, pediatricians, and even child psychiatrists to identify those children needing early and direct intervention.

Efforts to stop school bullying have been gathering steam for several years. We believe those most likely to be effective promote an attitude change, from the principal to the recess monitors to the parents. They range from presentations to entire schools to discussions with individual students about how to respond when they are bullied or when they see someone bullying another student. When treatment is indicated for the sequelae of bullying (e.g., depression, anxiety, school avoidance), intervention services, such as those provided in the CHC Outpatient Clinic, can be helpful.

