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Emerging Minds bullying survey

Emerging Minds, October, 2020

In August 2019, we asked practitioners about their skills and confidence in identifying and responding to bullying behaviours in primary school aged children. The survey, Children (5–12yo) and Bullying Behaviours: Practice Responses, was distributed in the Emerging Minds e-newsletter and gathered information from non-school professionals.

Twenty-seven responses were received; comprising 10 psychologists, five social workers and the rest represented a broad range of professions such as GP, counsellor, occupational therapist, paediatrician, nurse, and family support workers. More than half (52%) worked in metropolitan areas, and 41% worked in regional/rural areas.

What we heard

Almost all respondents indicated that bullying (including cyberbullying) was an issue raised at least sometimes by the children and/or families they worked with (96%), with three quarters indicating it was raised often or always (74%).

The most common age group who experienced or engaged in bullying behaviours was 11 and 12 years old (81%). The presence of bullying behaviours was lower, but still significant, for younger children (9 and 10 years old, 63%; 7 and 8 years old, 41%; and 5 and 6 years old, 19% [multiple answers permitted]).t

The most common reasons for bullying behaviours were (multiple answers permitted):

- Personality/temperament differences, e.g. anxious, introverted (70%)

- Relational/social issues, e.g. exclusion, gossip (67%)

- Behavioural differences, e.g. acting out in class, noisy, poor social skills (63%).

Less common reasons (but still with significant prevalence) were:

- Special needs, e.g. autism, dyslexia (37%)

- Physical differences, e.g. stutter, height (26%)

- Sexual orientation or gender diversity (22%)

- Race, religion or cultural beliefs (19%).

Practitioners' knowledge and confidence

Most respondents said they understood the link between bullying behaviours and child mental health, with 80% indicating their understanding of this link was very good or excellent. A minority of respondents listed their understanding as fair or poor (7%).

When it came to confidence about identifying and supporting bullying, the results were slightly less positive. More than half of respondents (52%) rated their confidence in identifying and supporting bullying as lower than their understanding of the link between bullying and child mental health. This shows us that knowing about the effects of bullying on child mental health may not always mean that professionals

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feel that they can confidently respond to the issue. Sixty-seven per cent of respondents indicated they had high or very high levels of confidence, with 15% indicating their confidence was low or very low.

How practitioners are responding to bullying now?

Respondents identified a broad range of existing bullying-related resources and responses that they used or referred to in their practice. These fell into a number of categories as indicated below:

- Skill-building interventions and tools for the child, e.g. social skilling, resilience and self-esteem building, social stories, assertiveness training, psychoeducation, CBT, role playing.

- Resources or activities, e.g. fact sheets, games, websites, books.

- Information sources, e.g. Headspace, ReachOut, Be You, Tuning In To Kids, clinical guidelines, course materials, school personnel.

- Interventions/information directed at parents, e.g. advocacy, support, including encouraging them to contact the school regarding bullying policies.

- Practice wisdom.

- Assessment and referral.

This range of resources indicates that responses are needed at an assessment, support (information and practice/programs) and referral level, depending on the situation.

What would help practitioners respond to bullying in the future?

In addition to the range of resources that professionals were already accessing, there were several suggestions of what else is needed. There was no single response to this question, but some ideas relating to Emerging Minds' remit included:

- a guide to available resources

- flyers or fact sheets

- social media campaign with links to resources, e.g. Kids Helpline

- methods to build self-confidence and normalise difference

- clinical guidelines

- resources for parents whose children engage in bullying behaviours.

One respondent commented that there was "…more work to be done in early intervention", and several recognised the importance of addressing bullying behaviours for child mental health. A follow-up interview with one paediatrician also indicated that resources were not well tailored to the pre-teen age and developmental stage, despite bullying being highly prevalent in this age group.

Conclusion

Bullying is a common concern for young people who access health and welfare services. While there is good understanding amongst practitioners about the link between bullying behaviours and mental health problems, confidence in addressing these issues does not necessarily accompany this knowledge. While many resources exist, there was a sense that they didn't necessarily cover all needs in this space. Greater attention is needed in the pre-teen years in terms of prevention, early intervention, and developmentally tailored responses.

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