Emerging Minds.

National Workforce Centre for Child Mental Health

Primary health support for bullying in the middle years: Learnings for practitioners

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Bullying in the middle years: A public health issue

It has been estimated that around 25% of children and young people in Australia experience bullying across their lifetime, while around 7% will engage in bullying (Victorian Department of Education and Training, 2021). It is well-established that children and young people who experience or engage in bullying are at a greater risk for poorer mental health outcomes (Victorian Department of Education and Training, 2021). While definitions of bullying vary, the national definition for Australian schools defines bullying as:

> **an ongoing and deliberate misuse of power in relationships through repeated verbal, physical and/or social behaviour that intends to cause physical, social and/or psychological harm…[with] immediate, medium and long-term effects on those involved, including bystanders.**
>
> VICTORIAN DEPARTMENT OF EDUCATION AND TRAINING, 2021

Research suggests that bullying is a common issue in the middle years (that is, ages 8 to 14; Murdoch Children's Research Institute, 2022). This period is characterised by important change and transition, including those that are physical (for example, puberty), social (for example, school and family) and emotional. At these ages strong support networks and systems are especially critical, particularly for those experiencing vulnerabilities like bullying. Despite the importance of the middle years, this period has received less attention from researchers and policy makers.

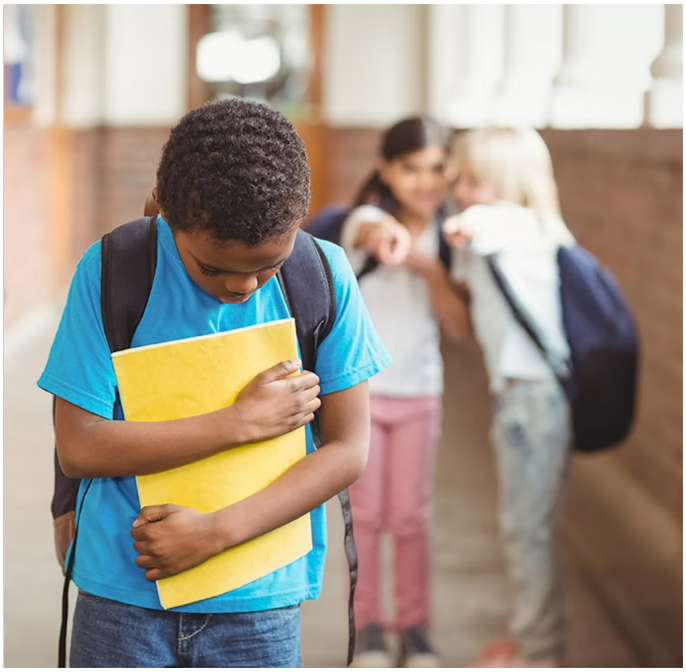
A note on terminology

In this resource we use the term 'parent' to refer to anyone playing a significant caring role in a child's life, and acknowledge that this could include biological parents, grandparents, other relatives, adoptive parents, adults in blended families, kinship carers and many other roles.

The current study: Exploring bullying in the middle years

The Childhood to Adolescence Transition Study (CATS) is an Australian longitudinal study on health and emotional development through the middle years which includes over 1,200 participants. The Centre for Adolescent Health (Murdoch Children's Research Institute), on behalf of the Parenting Research Centre, analysed the CATS data to explore whether children and young people who experienced or engaged in bullying during the middle years were more likely to access primary health care. Furthermore, the profile of those who presented to primary health care services was examined, by history of bullying.

While the primary health care practitioners involved in the CATS were GPs, nurses and paediatricians, other professionals who support the wellbeing of children and young people will also find the results interesting.



Bullying was prevalent in the middle years and tended to persist over time

The prevalence of bullying experience and bullying engagement amongst CATS participants who provided information on bullying is reported in Table 1. However, it is important to note that this information is specific to that sample and cannot be used to make conclusions about population-level prevalence more broadly.

Within the CATS, 43% of participants reported they had experienced bullying (that is, at least once in the past four weeks) at Year 7. Information was not available for 21% of the study participants. Table 1 summarises the prevalence of different types of bullying that were experienced at Year 7 among CATS participants. Non-physical types of bullying were often more prevalent than physical bullying in this sample.

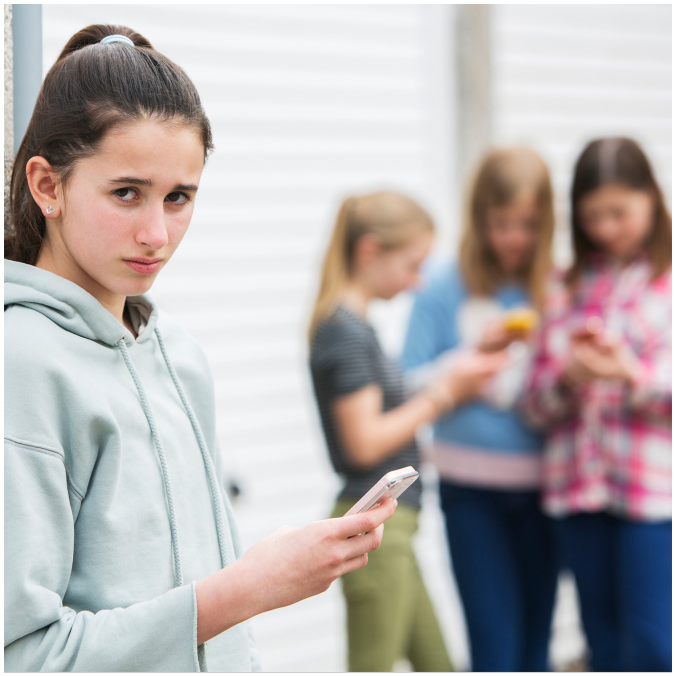
Table 1: Prevalence of types of bullying at Year 7

Type of bullying	Prevalence*	Missing**
Physical	10%	21%
Verbal	25%	20%
Relational - being left out on purpose	15%	21%
Relational - being talked about behind back	23%	23%
Cyberbullied - conducted via internet or mobile phone	6%	20%

** Number of individuals who experienced this type of bullying as a percentage of available (i.e. non-missing) responses.*

*** Number of individuals who had missing responses for that type of bullying as a percentage of the total sample.*

The prevalence of bullying experiences amongst CATS participants across time was also investigated, with participants followed from Years 3 to 7. Around three quarters (73%) of the participants reported that bullying persisted over time (where 'persistent' was defined as experiencing bullying at two or more of Years 3 to 7). For around half of the participants (48%), bullying was both frequent and persistent (where 'frequent' was defined as experiencing bullying at least once a week in the past four weeks).

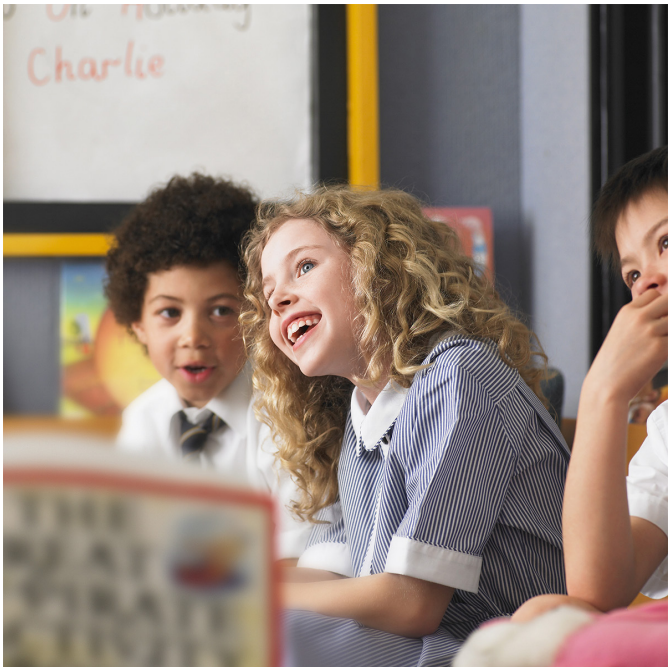


Children and young people who experienced bullying in the middle years were more likely to access primary health care in the future

Drawing together the study findings, children and young people who experienced or engaged in bullying in the middle years were more likely to report having accessed primary health care.

When types of bullying experiences were explored (for example, physical or verbal), participants who had experienced of any of these types (at Year 7 and regardless of frequency) were more likely to have accessed primary health care (by Year 9). Hence primary health care practitioners should be aware that any one of these diverse bullying experiences in the middle years can increase the likelihood of a child or young person presenting to them.

Importantly, bullying did not have to be frequent or repeated for participants to be more likely to present to primary health care practitioners. For example, those who experienced a single episode of relational bullying or cyberbullying (across Years 3 to 7) were about twice more likely to have accessed primary health care services (by Year 9).



Children and young people who experience bullying in the middle years were more likely to report mental health challenges

The study also explored the wellbeing profiles of children and young people who accessed primary health care services, by history of bullying. There was suggestion that among the children and young people who reported access to primary health care, those with experience of bullying had a higher chance of having reported mental health problems, including:

- depressive symptoms
- self-harm
- psychotic-like experiences
- peer relationship problems.

Children and young people who engage in bullying in the middle years are more likely to access primary health care

The study also explored the prevalence of children and young people in CATS participants who engaged in bullying across Years 3 to 7. Engaging in bullying was defined as bullying, threatening, intimidating or starting physical fights with others. Information was not available for 58% of the study participants. These findings are summarised in Table 2.

Table 2: Prevalence of young people engaging in bullying across Years 3 to 7

Type of bullying engagement		**Prevalence**
Bullied, threatended and/ or intimidated	Single episode	18%
	Persistent (i.e. at two or more of Years 3 to 7)	23%
	None	59%
	Missing	58%
Initiated physical fights	Single episode	11%
	Persistent	12%
	None	77%
	Missing	64%

Importantly, not only were those who experienced bullying at Year 7 more likely to access primary healthcare in the future (that is, by Year 9), but also those who engaged in bullying. Children and young people who engaged in bullying were around twice as likely to have accessed primary health care (relative to peers who had not engaged in bullying).

What can primary health care practitioners do to respond to bullying in the middle years?

Analysis of this research found that children and young people who experienced or engaged in bullying were more likely to present to primary health care services. Additionally, primary health care practitioners can be trusted professional contacts for families. These findings highlight the valuable opportunities for identification and early intervention of bullying in primary health care settings.

As a primary health care practitioner, you can respond to bullying by:

- **Being vigilant for bullying in the middle years.** Research has shown that bullying is prevalent in the middle years (Victorian Department of Education and Training, 2021). Additionally, the current study found that children and young people who had experienced or engaged in bullying were more likely to present to primary health care services (compared to those with no experience of or engagement in bullying behaviour). It's important that you are open and alert to the presence of bullying in preteens.

- **Providing a sense of safety to support disclosure.** Children and young people should have a range of environments in which they feel safe to disclose bullying, including in primary health care settings. They should also be encouraged to speak to whoever they choose about the issue (Murdoch Children's Research Institute, 2022). For those who have experienced bullying, your validation of their experiences and emotions will be paramount (Vaillancourt, Faris & Mishna, 2017).
- **Keeping in mind that parents or schools may not be aware of bullying.** Not all children and young people will talk to their parents or trusted adults at school about bullying (Murdoch Children's Research Institute, 2022). For example, 40% of children who experience bullying won't disclose this to their parents (Scott, Dale, Russell & Wolke, 2016). Therefore, a lack of reported bullying by children and young people does not mean that bullying is absent. As such, you have an important role in screening and identification (refer to the following for more information).
- Exploring the possibility of past or ongoing bullying where a child or young person in their middle years presents with:
  - mental health challenges – for example, depressive or psychotic-like symptoms, or self-harm (Childhood to Adolescence Transition Study, 2021)
  - peer relationship problems (Scott, Dale, Russell & Wolke, 2016)
  - multiple physical symptoms – for example, somatic symptoms (Stephens, Cook-Fasano & Sibbaluca, 2018)
  - school avoidance (Childhood to Adolescence Transition Study, 2021)
  - self-harm (Childhood to Adolescence Transition Study, 2021).

  Children themselves view primary health care practitioners as having a role in identifying and helping children who experience bullying; for example, in Dale, Russell & Wolke's (2014) study of 96 children, around half expressed they would be comfortable if their GP asked about bullying in a consultation.
- **Responding effectively to bullying through advocacy and support.** This is essential for supporting the wellbeing and mental health of children and young people. Your responses could include:
  - **Advocating for the child or young person and family** when working with the school and in other community settings where bullying may be occurring. Encourage caregivers, schools and others involved in the child's life to actively monitor and respond to bullying (Carr-Gregg & Manocha, 2011).
  - **Monitoring and responding to emotional and social challenges**, including mental health concerns and peer relationship issues (Childhood to Adolescence Transition Study, 2021). This may include screening for psychological distress or mental health concerns (Childhood to Adolescence Transition Study, 2021; Carr-Gregg & Manocha, 2011). Consider what extra supports can be put in place for the child or young person, including if a Mental Health Care Plan would be helpful. There are often waiting times for mental health services, so other responses will also be important (Carr-Gregg & Manocha, 2011).
  - **Helping increase protective factors for the child or young person.** For example, encourage the family and school to engage the child or young person in positive activities at school and in the community. These may help build confidence and increase positive friendships, while providing models of how to treat others in a positive way (Carr-Gregg & Manocha, 2011). You could also explore potential referrals to agencies in the local community for such activities. Refer to *Working with Families to Prevent Bullying* for further information on preventing and responding to bullying by strengthening a child's social connections.
  - **Providing psychoeducation and resources about bullying to families,** including how to respond effectively to support the child's or young person's wellbeing. The Raising Children Network has a range of bullying resources that can be provided to parents (for example, on how to spot signs of bullying and how to support their child if bullying is present).
- **Actively monitor bullying through follow-up** with the family, school and any other community agencies involved in the response. This includes scheduling regular reviews with the family to monitor these issues. You may also be in the position to act as a central management point and support a coordinated response.

Further reading

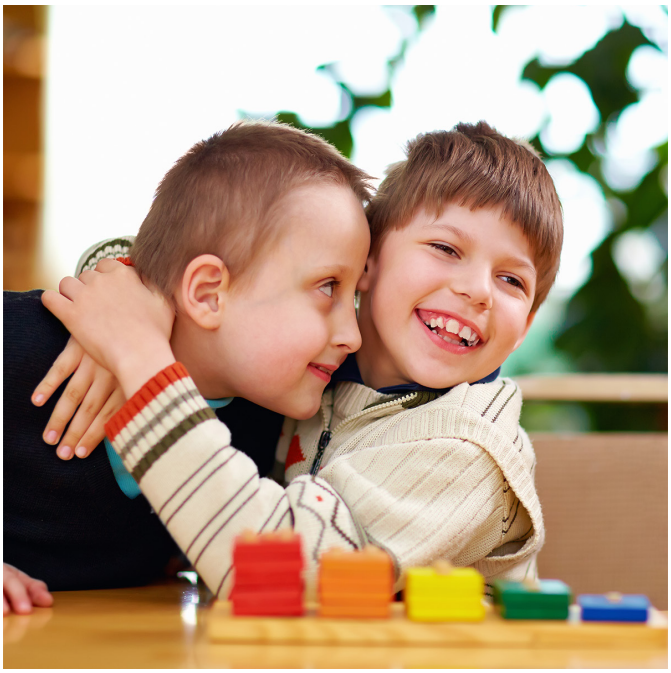
Emerging Minds practice paper: *Identifying and responding to bullying in the pre-teen years: The role of primary health care practitioners*

Emerging Minds practice paper: *Working with families to prevent bullying*

Australian Medical Association (AMA): Guidance for Doctors on Childhood Bullying

Royal Australian College of General Practitioners (RACGP) clinical guidelines: Sibling and peer bullying (from *The White Book*, 5th edition, Chapter 10 'Children and young people')

Emerging Minds online course: Understanding childhood bullying and mental health



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