# **Emerging Minds.**

National
Workforce
Centre for Child
Mental Health

### Key considerations for practitioners responding to childhood bullying

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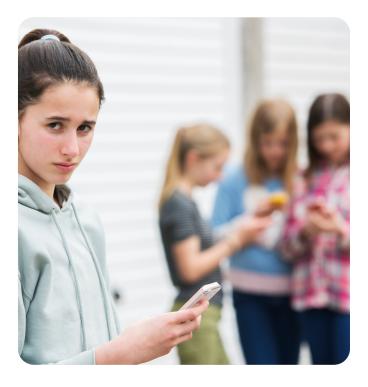
### **Key messages**

- Supporting all practitioners to respond effectively to children's disclosures of bullying involvement though the development of clear understandings and frameworks
- Privileging the child's voice in responses to childhood bullying
- Supporting contextual practices that avoid stigmatising labels such as 'bully' or 'victim' and work holistically with all children
- Considering ways to work across systems to support children experiencing bullying

#### Who is this resource for?

This resource was developed for practitioners who work with children and want to better respond to their disclosures of bullying involvement. It offers key considerations for providing supportive and curious responses to children who are experiencing bullying behaviour and those who are engaging in bullying behaviour. It builds on the foundation of five key aspects that support an understanding of childhood bullying as introduced in the Emerging Minds' online course <u>Understanding child mental health and bullying</u>.

If you are presently working with a child and/or the parent of a child who has been involved in bullying, you might also like to review, and refer parents to, our <u>resources written for families</u>.



#### Introduction

There are many considerations for practitioners wishing to respond to childhood bullying and support the mental health of children experiencing or engaging in bullying behaviour.

Childhood bullying is a complex issue that has previously fallen to the education system to address, but with bullying increasingly extending outside the school environment, all practitioners who work with children, parents and families have an important role to play.

Children's mental health can be significantly impacted by bullying, and this is true for both those who are experiencing it and those who are engaging in bullying.

As a practitioner who develops trust with a child, you are well placed to provide support regarding their bullying involvement through understanding the effects of bullying and its complexities. By developing a clear understanding of childhood bullying, privileging children's voices in your responses, moving away from labels like 'bully' and 'victim', and working across a child's systems, you can increase your skills and confidence in addressing this persistent childhood issue.

### Being clear about your understanding of bullying as a practitioner

There are many popular and competing explanations of childhood bullying available to parents and practitioners. Some of these can unhelpfully stigmatise those children engaging in bullying behaviour or disqualify the agency of children experiencing bullying by ignoring their capacity to manage its effects. It is important that practitioners understand what constitutes bullying behaviour, while also considering the impact on the child, their individual context, and acknowledging differences in understandings of bullying.

This paper uses the national definition of bullying from Australian Education Authorities:

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Bullying is 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.

(BULLYING. NO WAY! 2022)

There are three elements within this definition that separate bullying from other types of conflict. These are:

- power imbalances
- repetition of behaviour; and
- an intention of harm.

Therefore, bullying is a complex social behaviour that goes beyond acts of aggression.

While these elements can support a distinction between bullying and other forms of conflict, incidences of potential bullying should not be dismissed if they do not entirely meet these criteria as children and adults can view these elements in vastly different ways (Mishna, 2004; Monks & Smith, 2006; Vaillancourt et al., 2008). For example, repetition may not be a required element as a single incident can still elicit the fear of ongoing abuse (Juvonen & Graham, 2014). Research has consistently found that children consider repetition less in their definitions of bullying than adults (Vaillancourt et al., 2008; Commissioner for Children and Young People South Australia, 2018).

In contrast, power is an almost essential element. As above, bullying involves an imbalance of power that is commonly favoured towards the child engaging in bullying, that works to make the child experiencing the behaviour feel powerless (Juvonen & Graham, 2014).

Children who have been subjected to bullying and its related power imbalances experience diminished confidence or self-worth (Stephens, Cook-Fasano & Sibbaluca, 2018). They may believe that the treatment they have received is evidence of their flaws. Practitioners can support children by emphasising the power imbalances or by focusing on the intentions of the children who are using bullying behaviour. This shifts the focus away from the child's assumed flaws onto the intentions of those who are engaging in bullying. It can reassure children that the intention of the behaviour is to inflict emotional harm or distress and it is completely natural for them to be affected. Therefore, it is vital that practitioners understand the nuances of bullying as a complex social behaviour beyond acts of aggression to ensure their responses are appropriate.

In the following video (2 minutes, 7 seconds)
Dr Lesley-Anne Ey discusses the importance
of understanding the elements of bullying and
developing shared meaning in working with children
and families to address childhood bullying.



## Privileging the child's voice in your responses to bullying

While an understanding of bullying behaviour is paramount to working with children experiencing bullying, practitioners can focus on children's perspectives and privilege the child's voice in their responses to bullying.

In the past, adults have commonly decided what is best for children, including how to protect them from harm (O'Higgins-Norman, 2020). There was less focus on the unique knowledge and experience that children bring to decisions about their lives and what happens within them. This is true for many childhood experiences, including bullying. Since children's voice and agency are new considerations in research on bullying, it makes sense that these have also been missing from bullying interventions. Anti-bullying initiatives and interventions would be more successful if they were designed by and evaluated with children, since they are the experts in what it is like to be a child in today's world (O'Higgins-Norman, 2020).

Children are best able to describe their context, the people in it, and the impact that bullying behaviours have on them. They can support practitioners in their responses if practitioners are willing to ask. Children and practitioners can work together to explore the best response for that child's context, whether the child is engaging in or experiencing bullying behaviour. Children have many of their own ideas about what should be done about bullying and can provide insight into what might be helpful or unhelpful in practitioners' responses. Therefore, involving children in responses to bullying needs to be embedded throughout practice, rather than just tokenistic, to ensure children's voice and agency are truly being respected (O'Brien-Higgins, 2020).

In practice, this involves asking the child how they would like to address the situation, offering suggestions and seeking the child's agreement or disagreement; then seeking a child's permission before speaking with those around them (if safety is not an issue) before coming to a mutually agreed-upon solution.

In the following video (3 minutes, 21 seconds) Dr Lesley-Anne Ey outlines why the child's voice is important for practitioners in interpreting the child's perspectives on their behaviour or experiences, and working together to find strategies for feeling safe and intervening in bullying.



### Avoiding labels and considering the context around bullying behaviour

Labelling a child as a 'bully' or 'victim' can reinforce assumptions about who a child is and how they will behave. As 'bullies', children may be considered 'aggressive', 'impulsive', 'naughty', or 'bad', while 'victims' are seen as 'insecure', 'weak', 'different' or 'socially isolated' (Stephens et al., 2018). Each of these descriptions brings with it a set of attributes or beliefs that are often automatically applied to a child without consideration of their context and experiences. Therefore, focusing on labels provides only a rudimentary understanding of the situation.

Furthermore, labelling can impact a child's sense of identity. A 'bully' label can become self-fulfilling for a child who begins to be treated as problematic, and whose more positive social attributes and values are then disqualified or ignored. This process gradually reduces opportunities for behaviour change (Burns, Maycock, Cross & Brown, 2008). Children labelled as 'victims' can often feel disempowered and unable to do anything about their situation, which can lead to feelings of self-blame and helplessness (McDougall & Vaillancourt, 2015).

Children who engage in bullying behaviour may be doing so because they feel pressure to conform, are seeking popularity, or the behaviour has been normalised in their environment (Burns et al., 2008; Tippett & Wolke, 2015). For children who are experiencing bullying, they may be more vulnerable to experiencing the behaviour due to factors such as their relationships, physical appearance or religion (Gardella, Fisher, Teurbe-Tolon, Ketner, & Nation, 2020).

Labels distract from the complexity of why children are experiencing or engaging in bullying behaviour. Exploration of the child's context is therefore vital. Context provides practitioners with the information that allows greater understanding of where the child is coming from and what might be happening for them, or what may have happened to them. This approach focuses on moving away from asking 'what is wrong with you?' towards 'what might be happening for you?'.

In the following video (3 minutes, 9 seconds) Dr Lesley-Anne Ey describes how by moving away from labels like 'bully' and 'victim' practitioners can help children engaging in bullying understand the impacts of their behaviour, and empower children experiencing bullying to validate their responses, while developing strategies to reshape behaviours.



### Working across systems to support children around bullying involvement

Childhood bullying has traditionally been viewed as an issue to be addressed by the education system (Dale et al., 2014). However, given the increasingly wide reach of bullying due to the growth of communications technology, childhood bullying no longer exists only within the confines of the school environment (Smith et al., 2008; Dale et al., 2014). More recently, there have been calls for a public health approach to childhood bullying (Srabstein, 2009; Dale et al., 2014; Robinson, 2021). This inevitably means practitioners need to feel confident in working and communicating across systems to effectively respond to bullying behaviour.

Positive connections with family and peers, and within schools and other institutions (e.g. sporting teams or other hobbies), have all been consistently demonstrated as the most protective factors both for children who are experiencing and/or engaging in bullying behaviour (Conners-Burrow et al., 2009; Bowes et al., 2010; Kendrick, Jutengren & Stattin, 2012; Bayer et al., 2018). Therefore, working with a child to explore their connections in detail; highlighting those connections that appear supportive to the child; and providing the child with skills or opportunities to enhance these connections, can be powerful ways to respond to bullying behaviour.

Children who experience bullying behaviour, but have multiple positive connections, have been found to experience better mental health outcomes than children who have limited connections (Bayer et al., 2018; Kendrick et al., 2012). These positive connections support children in several ways. For example, having a supportive friendship group can help a child's psychosocial adjustment, which in turn can increase their self-confidence and decrease the impact of negative messages received when experiencing bullying behaviour (Gardella et al., 2020). Children who have more positive social connections are also less likely to engage in bullying behaviour. For children who engage in bullying behaviour, supportive friends may lead a child to be less aggressive and more respectful to others by positively influencing their social skills and overall wellbeing (Gardella et al., 2020).

If children have multiple safe connections they may feel more comfortable disclosing their experience of or engagement in bullying to peers or an adult. Children may not disclose their experiences for numerous reasons, including feelings of shame or fear, or because they have previously received unhelpful or inappropriate responses (Dale et al., 2014). Therefore, if these connections are lacking or unpredictable, children may hesitate to share their experiences with anyone. This results in a greater negative impact on, and risk to, their mental health and wellbeing.

In the following video (4 minutes, 31 seconds) Dr Lesley-Anne Ey discusses the importance of the child's context and connections with others in reshaping behaviours and building confidence.



#### **Summary**

Bullying is a pervasive childhood experience. It can be difficult for practitioners to know how to respond and whether it is within their scope to respond or an issue for the education system.

This paper is aimed at providing you with an opportunity to consider key issues and challenges in order to better respond to childhood bullying with the children you work with. The objective of this paper is not to cover all considerations, but those that can be helpful in providing you with a place to start in your work with children who are either experiencing or engaging in bullying behaviour.

It is vital that practitioners are prepared to respond, as childhood bullying will have considerable and ongoing impacts on child mental health if it continues to be left solely to the education system to address.



### Suggested resources

<u>Understanding child mental health and bullying</u> <u>online course</u>

Working with children who are experiencing or engaging in bullying behaviour webinar

<u>Childhood bullying and mental health – part one podcast</u>

<u>Childhood bullying and mental health – part two podcast</u>

Working with families to prevent bullying practice paper

Exploring bullying in context: Children's relationships, friendships and social functioning practice paper

<u>Supporting families to navigate school responses to bullying practice paper</u>

Emerging Minds Families information about childhood bullying and strategies

#### References

Bayer, J. K., Mundy, L., Stokes, I., Hearps, S., Allen, N. & Patton, G. (2018). Bullying, mental health and friendship in Australian primary school children. *Child and Adolescent Mental Health*, 23(4), 334–340.

Bowes, L., Maughan, B., Caspi, A., Moffitt, T. E. & Arseneault, L. (2010). Families promote emotional and behavioural resilience to bullying: Evidence of an environmental effect. *Journal of Child Psychology and Psychiatry, 51*(7), 809–817.

Bullying. No Way! (2022). <u>Understanding bullying</u>. Canberra: Australian Education Authorities.

Burns, S., Maycock, B., Cross, D., & Brown, G. (2008). The power of peers: Why some students bully others to conform. *Qualitative Health Research*, 18(12), 1704–1716.

Commissioner for Children and Young People South Australia. (2018). *The Bullying Project: What South Australian children and young people have told us about bullying*. Adelaide: Commissioner for Children and Young People SA.

Conners-Burrow, N. A., Johnson, D. L., Whiteside-Mansell, L., McKelvey, L. & Gargus, R. A. (2009). Adults matter: Protecting children from the negative impacts of bullying. *Psychology in the Schools, 46*(7), 593–604.

Dale, J., Russell, R. & Wolke, D. (2014). Intervening in primary care against childhood bullying: An increasingly pressing public health need. *Journal of the Royal Society of Medicine*, 107(6), 219–223.

Gardella, J. H., Fisher, B. W., Teurbe-Tolon, A. R., Ketner, B. & Nation, M. (2020). Students' reasons for why they were targeted for in-school victimization and bullying. *International Journal of Bullying Prevention*, 2, 114–128.

Juvonen, J. & Graham, S. (2014). Bullying in schools: The power of bullies and the plight of victims. *Annual Review of Psychology*, 65, 159–185.

Kendrick, K., Jutengren, G., & Stattin, H. (2012). The protective role of supportive friends against bullying perpetration and victimization. *Journal of Adolescence*, 35(4), 1069–1080.

McDougall, P. & Vaillancourt, T. (2015). Long-term adult outcomes of peer victimisation in childhood and adolescence: Pathways to adjustment and maladjustment. *American Psychologist*, 70(4), 300–310.

Mishna, F. (2004). A qualitative study of bullying from multiple perspectives. *Children & Schools*, 26(4), 234–247.

Monks, C. P. & Smith, P. K. (2006). Definitions of bullying: Age differences in understanding of the term, and the role of experience. *British Journal of Developmental Psychology, 24*(4), 801–821.

O'Higgins-Norman, J. (2020). Tackling bullying from the inside out: Shifting paradigms in bullying research and interventions. *International Journal of Bullying Prevention*, 2, 161–169.

Robinson, E. (2021). <u>Identifying and responding to bullying</u> in the pre-teen years: The role of primary health care practitioners. Adelaide: Emerging Minds.

Smith, P. K., Mahdavi J., Carvalho M., Fisher S., Russell S. & Tippett, N. (2008). Cyberbullying: Its nature and impact in secondary school pupils. *Journal of Child Psychology and Psychiatry*, 49, 376–385.

Srabstein, J. C. (2009). Be aware of bullying: A critical public health responsibility. *American Medical Association Journal of Ethics*, 11(2), 173–177.

Stephens, M. M., Cook-Fasano, H. T. & Sibbaluca, K. (2018). Childhood bullying: Implications for physicians. *American Family Physician*, *97*(3), 187–192.

Tippett, N. & Wolke, D. (2015). Aggression between siblings: Associations with the home environment and peer bullying. *Aggressive Behaviour, 41*(1), 14–24.

Vaillancourt, T., McDougall, P., Hymel, S., Krygsman, A., Miller, J., Stiver, K. & Davis, C. (2008). Bullying: Are researchers and children/young people talking about the same thing? *International Journal of Behavioural Development*, 32(6), 486–495.

