

## Webinar 38

# Supporting the mental health of children who engage in bullying behaviour

7:15 pm to 8:30 pm AEST  
Thursday 13<sup>th</sup> June 2024

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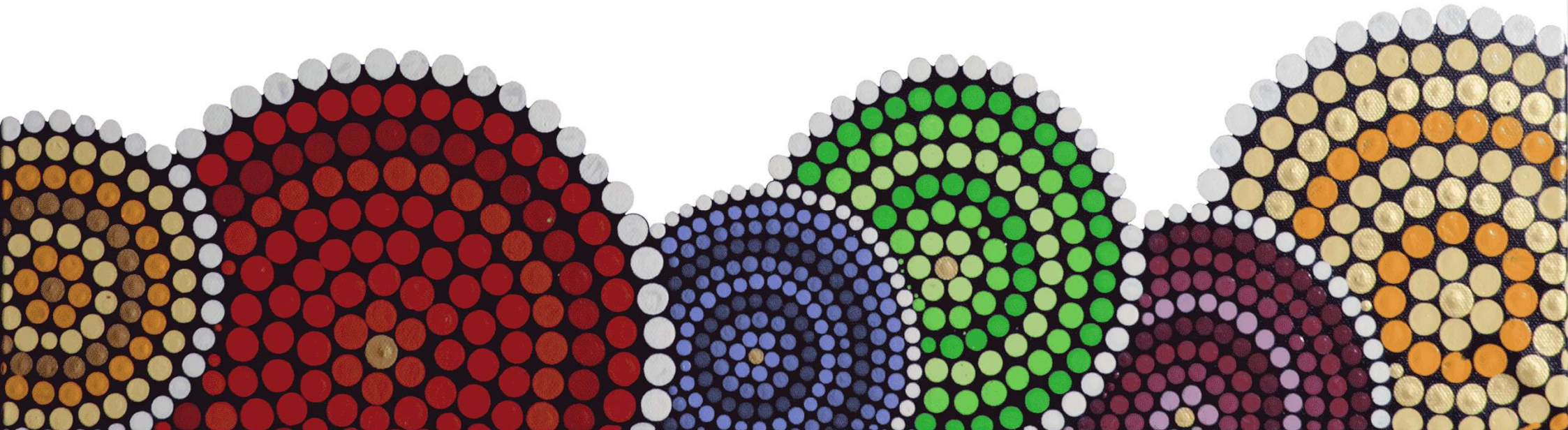
**National Workforce  
Centre for Child  
Mental Health**



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Series Seven begins in September with topics including:

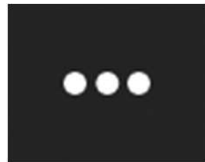
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# Learning outcomes

At the webinar's completion, participants will be able to:

- Outline the importance of understanding why children may engage in bullying behaviour.
- Discuss ways of talking to children, in non-shaming ways, who have engaged in bullying about their behaviours.
- Explore ways to identify children's values and what they value in relationships with others.
- Identify strategies children can use to align their values and behaviour in the future.



# Tonight's panel



**Felicity Kime**  
Peer Worker/Child and  
Family Partner, NSW



**Assoc Prof Lesley-Anne Ey**  
Researcher, SA



**Jessica Staniland**  
Clinical Psychologist, NSW



**Facilitator:**  
**Nicole Rollbusch**  
Practice Development  
Officer, SA



# The Lived Experience Perspective



Felicity Kime

- Background of my child's experience.
- Helpful and unhelpful ways the bullying behaviour was responded to.
- What helped my child transition away from engaging in bullying behaviour.

# The Researcher's Perspective



## What is bullying?



Assoc Prof  
Lesley-Anne Ey

Bullying is characterised by repeated aggressive behaviour, intended to inflict harm or distress upon another who feels powerless to defend themselves due to a social or physical power imbalance (Olweus, 1994).

Types of bullying include:

**Physical bullying**

**Relational bullying**

**Verbal bullying**

**Cyberbullying**

(Armitage, 2021; Campbell & Bauman, 2018; UNESCO, 2019)



# The Researcher's Perspective

## Children who engage in Bullying: Facts and Myths



Assoc Prof  
Lesley-Anne Ey

### Facts

- Children who engage in bullying behaviour are a diverse group
- Bullying is not innate. It is a learnt behaviour

(Foylayan et al., 2020; Kaufman, et al., 2020; Villa, 2020)

### Myths

- Children who engage in bullying have social problems, conduct disorders aggressiveness, hyperactivity, poor attention, emotional impairments and psychosomatic complaints, lack of self-confidence, and pessimism
- Children who bully come from dysfunctional homes or adversity

(Felipe, 2011; Foylayan, 2020; Husky, et al., 2020; Inoko et al., 2011; Meland, 2010)



# The Researcher's Perspective



Assoc Prof  
Lesley-Anne Ey

## The impact of bullying on some children displaying bullying behaviour

May suffer from:

- lower self-belief, lower emotional competence, lower credibility and trust, self-harm
- suicidal thoughts
- more likely to engage in criminal offending and substance abuse
- poor educational and employment outcomes
- higher risk of depression later in life.

(AIHW, 2020; 2021; Chrysanthou & Chrysovalantis 2019; Paulmony, et al, 2022)

# The Researcher's Perspective



Assoc Prof  
Lesley-Anne Ey

## Impacts on children who are involved in bullying behaviour and bullying victimisation

Children who engage in bullying behaviour and suffer bullying victimisation may suffer from:

- externalising and internalising disorders
- mental health impacts (anxiety, depression, eating disorders, separation anxiety, deliberate self-harm behaviours)
- conduct disorders (most severe for children with lower self-esteem and higher failure anticipation).

(Armitage, 2021; Husky et al, 2020; Özdemir & Stattin 2011)

# The Researcher's Perspective



Assoc Prof  
Lesley-Anne Ey

## Support Strategies

- Most health professionals will not see children who are engaging in bullying behaviour – most schools use disciplinary responses.
- Counselling does not work if it is not voluntary – parent collaboration is essential.

### Health response recommendations

- Functional behavioural analysis - where, when and the likely reasons why a behaviour of concern happens.
- Motivational interviewing – setting and working towards goals to change the behaviour within an atmosphere of acceptance and compassion.

### Schools

- Opportunities for self-reflection
- Safety plan, behaviour support plan – working alongside parents and other professionals



# The Clinical Psychologist's Perspective



Jessica Staniland

## Why is it important to understand why a child may engage in bullying behaviour?

- Bullying behaviours won't change (even with consequences) until we manage and support the root cause.
- Preventative approaches are more effective than reactive approaches.
- Why do children engage in bullying behaviour?
  - Negative role-models, observation, exposure, trauma
  - Friendship struggles or being bullied themselves
  - Diagnoses which impact ability to read social cues/result in under=developed social skills – e.g. ASD, ADHD, ID, depression, anxiety
  - Low self-concept = I'm always in trouble, so I may as well not try
  - It serves a purpose – attention (?)
  - Experimentation with new identities – e.g. online personas

*The case of Sam = poor role-modelling, change in family dynamics and attention shift, struggle and exploration of new role and identity within family system and school system*



# The Clinical Psychologist's Perspective



Jessica Staniland

## How can we talk to children who have engaged in bullying behaviour in a non-shaming way?

- Come from a place of them being “good inside” – Dr Becky Kennedy
- Use explorative, clarifying, inquisitive communication.
- Reflect on strengths and positives to delve further – e.g. “Johnny, I know that you are a kind friend and usually show so much compassion for your peers. This behaviour seems unusual for you, what’s going on?”.
- Identify key supports – who are they more likely to open up to?
- Provide child agency in process and help them put themselves in the position of the child who has been bullied “how may that have felt for Henry?”

*The case of Sam: development of relationship with new counsellor, key support at school reaching out, parents acknowledging shift in family dynamics and reflecting on this impact openly.*



# The Clinical Psychologist's Perspective

## How to identify a child's values and what they value in relationships with others?



Jessica Staniland

- We shouldn't assume that children come with strong or ingrained value systems – this sometimes needs to be explicitly taught.
- Child-developed values – e.g. interactions with peers, other key role models.
- Parent-supported values – e.g. modelling, parenting styles, family systems, attachment systems.
- School-supported values – e.g. anti-bullying or social skills programs, direct teaching of respect, established school values and actions, matching with positive peer supports.
- Work may need to be done in each of the above areas FIRST.
- Key values known to protect against bullying behaviours → respect, inclusion, compassion, empathy, tolerance.

*The case of Sam: Once values are instilled (through family & school approaches), we can:*

- *Ask Sam to identify people he looks up to/who are his role models?*
- *Why are these people role-models to him, how do they align with who he wants to be?*
- *What values does that person uphold/how do they show values-based actions?*



# The Clinical Psychologist's Perspective



Jessica Staniland

## Identify strategies that the child can use to align their values and behaviour in the future

- Allow for a sense of self-agency.
- What does values-based behaviour look like? What are their concrete goals?
- What is their own view of whether they are engaging in values-based behaviour?
- What percentage of their behaviours do they believe are values-based behaviours (e.g. 20% versus 80%)?
- What supports do they need in place to become more values focussed?

*The case of Sam: how can his broader support network (e.g. counsellor, family, school) help him to reach his goals, reward his positive values-aligned behaviour and help address any underlying barriers?*





# Q&A Session



**Felicity Kime**  
Peer Worker/Child and  
Family Partner, NSW



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Researcher, SA



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The NWCCMH is funded by the Australian Government Department of Health under the National Support for Child and Youth Mental Health Program.

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