Bullying Basics for Emergency Providers

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Definition of bullying and the roles youth play

The different types of bullying

The impact exposure to bullying has on health

The role of healthcare providers
• You are dispatched to an elementary school to see a 10 y/o male who is having difficulty breathing

• The boy appears extremely distressed

• He is tachypneic and tachycardic

• He tells you that he has a severe peanut allergy and 2 of his classmates who are always mean to him were threatening to smear peanut butter on him
Bullying

• Unwanted aggressive behavior with intent to do harm

• Real or perceived power imbalance

• Behavior is repetitive (highly likely to be repeated)

Roles

- Victim
- Bully
- Witness
- Bully-victim
Types of Bullying

- Physical
- Verbal
- Social (indirect, relational)
- Cyber
The Social Age

59% of youth < 10 yrs old use social media

52% ignored Facebook’s age limit of 13

21% of youth posted negative comments starting at 11

26% ‘hijacked’ another’s profile without permission

65% of 8-14 y/o involved in a cyber-bullying incident

The Social Age, Knowthenet.uk.org. 2014.
Risk Factors

- Appearance
- Obesity
- Disability
- LGBTQ youth
- Special health care needs/chronic diseases
- Learning disabilities/ADHD
- Academic or other achievement

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- Different
- Threat to social status
Food Allergies

Child and parental reports of bullying in a consecutive sample of children with food allergy

- 31.5% of the children reported bullying specifically due to food allergies
- Bullying frequently including threats with foods, primarily by classmates

Edgewater Elementary School Parents Want Student Home Schooled Over Peanut Allergy
Is he being bullied and does that matter?

- Being bullied has significant short and long term adverse consequences
- Mental and physical health
- Social relationships, economic status
How do you know if he’s being bullied?

Bullying:

- Unwanted aggressive behavior with the intent to do harm
- Real or perceived power imbalance
- Behavior is repetitive (highly likely to be repeated)

◆ Perception
◆ Healthcare
Victim

- Depression
- Anxiety
- Loneliness
- Decreased self esteem
- Eating disorders
- PTSD
- Suicidality
- Substance abuse
- Fatigue
- Increased CRP

- Headaches
- Stomachaches
- Enuresis
- Change: sleeping/eating
- Frequent URIs
- Dizziness
- MSK pain
- Obesity
- School avoidance
- Poor academic performance

Poor long-term outcome: health, economic status, social relationships

Early experiences are built into our bodies

Significant adversity can produce:
- Physiologic disruptions that undermine the development of the body’s stress response systems
- Affect the developing brain, cardiovascular system, immune system, and metabolic regulatory controls

Physiologic disruptions can persist and lead to lifelong impairments in both physical and mental health

Abuse by Peers vs. Adults

- 2 cohorts, 2 countries, >5000 youth
- Physical/emotional/sexual/or severe maladaptive parenting
- Peer abuse (bullying)
- Being bullied by peers worse long-term adverse effects on young adults’ mental health
- Both > peer > adult
- Anxiety, depression, self harm, suicidality

As youth get older, spend more time with peers and those interactions take on increased importance

• The patient was transported to the ED with persistent SOB.

• What if during the course of ED his visit you find out that he is really the one who has been doing the bullying?
Bully

- Depression
- Anxiety
- Suicidality
- Substance abuse
- Fatigue
- Sleeping problems
- Back pain
- Headache
- Stomachache
- Delinquent/criminal behavior

- Children with mental health disorders 3x more likely to bully
- Long-term: poor financial, social outcomes, risky illegal behavior
  - risk did not persist after controlling for confounding factors
  - behavior marker anti-social tendency, indicator vs. cause

The Relationship between Bullying and Suicide

Bullying behavior and suicide-related behavior closely related

Perpetrators and targets both at increased risk

Any bullying involvement considered a stressor contributing to feelings

- helplessness
- hopelessness

raising the risk of suicide

The Relationship Between Bullying and Suicide: What We Know and What it Means for Schools

National Center for Injury Prevention and Control
Division of Violence Prevention
Bully-Victim

- Turns out he was bullying others last year and now he is being targeted

- Highest risk – mental health sequelae
  - depression, anxiety, substance abuse, suicidality

- Long-term impact: health, economic, social relationships

• Or rather than having bullied, what if he is actually a witness to the bullying?

• Depression, anxiety, substance abuse, suicidal ideation
  – Theory – cognitive dissonance
  – Fear getting a friend in trouble
  – Fear alienation
  – Fear retaliation
  – Do not initially recognize behavior as bullying
  – Believe that adults will not help
Witness

- Afraid of becoming the next target
- Tries to avoid standing out
- Worried their friends make them vulnerable
- Watched a classmate get bullied after trying to intervene
- Saw someone ‘destroyed’ by bullying - feels anxious, sad, hopeless
- Can’t concentrate, anxious
- Thinks about aligning with bully
How often will you see patients exposed to bullying?

- Starts in elementary school (22%), peaks in middle school (26%), persists into high school (20%)

- Bullying behavior exhibited in preschool/kindergarten

- Persists in tertiary education, graduate schools, workplace

Bullying/Cyberbullying Prevalence

• Youth Risk Behavior Surveillance 2015
  – high school students, during the previous 12 months
  – 20% bullied on school property (25% F, 16% M)
  – 16% bullied electronically (22% F, 10% M)

• Cyberbullying Research Center
  – >15,000 middle/high school students (2007-2016)
  – average (lifetime) victim 28%
  – average (lifetime) bully 16%
Bullying in Michigan

- MI YRBS 2015 - high school students
  - 26% students reported being bullied on school property
  - 19% reported being bullied electronically

- Bullying peaks in middle school
- Youth exposed in any role are at risk

Percentages - only a fraction of those whose health is at risk

Bullying as part of the differential

- Depression
- Anxiety
- Suicide
- Substance abuse
- PTSD
- Irritability
- Sadness
- Fearfulness
- Loneliness
- Decreased self-esteem
- Self harm
- Injuries

- Changes in eating, sleeping pattern
- Headaches
- Abdominal pain
- Fatigue
- Eating disorders
- MSK Pain
- Enuresis
- More frequent URIs
- Dizziness
- School avoidance, poor performance
- Delinquent behavior
Differential vs. Screening

• Screening
• Pre-clinical state as well as clinical

• Goal
• Sensitive topics
• Asking
Asking

• Behaviors
  – Physical, verbal, social, cyber
  – Do your classmates ever spread rumors or purposely excluding others? Do they fight or take/destroy people’s stuff? Say mean things or post them on line?

• All roles
  – Has that ever happened to you?
  – Have you ever seen that happen/done that to someone else?

• General
  – How do your classmates treat each other
  – Do you feel safe at school, do you like school
Opportunity to educate

- No one deserves to be mistreated
- It is OK ask an adult for help or to report what you see
- It is important to help others — and to get an adult if you don’t feel safe helping by yourself
- Hanging around and watching a fight or bullying makes it look like you support what is happening
- Supporting victims privately and in small ways can still make a difference
- Discuss ways to report bullying if they see or experience it
What if the answer is YES?

SEERS

- Safety assessment
- Evaluate
- Educate
- Refer
- Support
Resources

- NoBLE bullying hotline (Common Ground)
- Crisis Text line
- National Suicide Prevention Lifeline

- The Bully Project
- Pacer’s National Bullying Prevention Center
- Stopbullying.gov
- International Bullying Prevention Association
- Cyberbullying Research Center
- Michigan Attorney General’s Cybersafety Initiative

- Global Health Initiative for the Prevention of Bullying
- NoBLE
Questions?

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