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The Bully and the Victim: Psychiatric Effects of Bullying

THE EFFECTS OF BULLYING ON THE BULLY AND THEIR VICTIMS

Roughly a third of children in the United State are involved in bullying either as a bully or victim or both. What interventions can be made to prevent or combat this all too common part of childhood and what can physicians do to help families and the children who are affected by bullying.

You are listening to ReachMD XM157, The Channel for Medical Professionals. Welcome to The Clinician's Roundtable. I am your host Dr. Jennifer Shu, practicing general pediatrician and author. Our guest is Dr. Young Shin Kim, Assistant Professor of Child and Adolescent Psychiatry at the Yale University School of Medicine and expert on bullying.

DR. JENNIFER SHU:

Welcome Dr. Kim.

DR. YOUNG SHIN KIM:

Hi, Thank you for having me here.

DR. JENNIFER SHU:

Let us start with a basic definition of bullying and how does it differ from kids just being kids?

DR. YOUNG SHIN KIM:

Bullying is a behavior that has 3 characteristics. First, this is an intentional behavior to cause psychological or physical pains in the victims. Secondly, there is imbalance of the power between the perpetrators of bullies and the victims. So it is not just kids being rough and having some struggles or conflicts, but it is more like bigger kids against the smaller kids or larger number of children against the smaller number of children, older children against the younger children; like these instances, there are imbalances of power. So, it is not easy for the victims to stand up against the bullies; and thirdly this is not just a single instance. It is more happening in the repetitive fashion. So these three characteristics make it different from other kids being kids or being rough or having problems or troubles with those children.

DR. JENNIFER SHU:

Now how many repeated acts does it take to qualify a bullying. Is it two enough?

DR. YOUNG SHIN KIM:

Well there is not really number specified, but it is not more like, you know, two or three times in a consistent manner that we will see that as bullying behaviors rather than just happened once or twice.

DR. JENNIFER SHU:

Now are rates are going really that high, about 30% of all kids in the United States?

DR. YOUNG SHIN KIM:

Yeah, unfortunately and sadly it has been true. So, there is a well-known study conducted by the WHO, which is looking at like 20 something countries to see how many children are involved with bullying. They range it from 9% in the North European countries to about 50% in other poor European countries; and for the United States, it is 26%. So it varies from 9% to 50%, but it is between 20 to 30% in the United States.

DR. JENNIFER SHU:

And this is also an international problem you are saying. How high is it in some other countries?

DR. YOUNG SHIN KIM:

Yeah. It is universal phenomenon actually, you can see 9% was the lowest we could get from the WHO study, which looked at 25 or for countries with the same method; meaning, we ask children if they were involved with bullying and then look at them how many children endorsed the yes answer and to 9% was in North European Country, either Sweden or Norway. By the way, these countries are the ones who identified bullying as a problem, significant problem, not kids just going up about 30 years ago and

they began to launch national campaign for anti-bullying programs and that is one of the reason why these countries has lowest prevalence of bullying, as low as 9%; and some of the countries like some poor European countries like Lithuania, it is about 50%; and in Japan and Korea it is about 30%to 40% reported. So it is universal phenomenon.

DR. JENNIFER SHU:

Is there a difference between boys and girls who are the bullies or are victims of bullies?

DR. YOUNG SHIN KIM:

Well in the past, people thought bullying is only for boys because we only included the physical type of bullying like rough or pushing and shoving and physically intimidating other children. So at that time, it is mostly related to boys. However, as we began to understand the aggression and aggressive behaviors better, we began to include relational type of bullying, which is excluding other children from joining social activities, spreading rumors, and isolating these children from social interactions. So that type of relational aggression in bullying when those were included the rate for the bullying involvement for girls went up. So right now, we think there is not a huge difference in terms of involvement of bullying as a bullies or victims between boys and girls, but that might be some differences in terms of types, what types of bullying kids get involved between boys and girls if there is any difference.

DR. JENNIFER SHU:

You know for the bullies, we put on a tough act. A lot of people will say we are just hiding their feelings of insecurity or low self-esteem. They do not have friends. Is that true statement?

DR. YOUNG SHIN KIM:

Well again, it is pretty interesting to see other children's attitude for kind of thinking about the bullies. Some kids adore these aggressive bullies. Some kids completely reject these behaviors. So I guess it depends on some bullies would present those behaviors in a very vast masculine or aggressive behaviors. But some bullies do not have those problems at all, like really high self-esteem, from good family background, then good academics; then some of those kids become bullies too like some of these instances we talked about we learnt in the past couple of months is like the cheerleader physical bullying instance in the Florida and those girls were popular and doing pretty well, but they picked the one victim and severely bullied this girl for no reason.

DR. JENNIFER SHU:

Let's talk a little bit about how physicians can find out if their patients may be bullies or victims? We will talk a little bit about risk factors for bullying behavior. Are there some red flags that might show that a person is likely to become a target of a bully?

DR. YOUNG SHIN KIM:

That is a very good question. When the pediatricians or family doctors see kids come to their office and begin to notice that there are lots of somatic complaints that is not really well explained and looks depressive, has sleep problems and talk less and there are mood changes and do not want to go to school. Those kinds of vague behavioral changes might be a really good indicator for being involved in bullying in school, probably as a victim. Some of the studies indicate that actually the kids, who were involved with the bullying, also be associated with somatic complaints and physically and this is more often than the kids were not involved with bullying. So as the rule of the thumb, it is pretty safe and wise to ask the children when they come to the doctor's office to ask about their school and peer relationships and if there is anything going on especially for the bullying, and we know that it is pretty common.

DR. JENNIFER SHU:

So, would you recommend asking directly to the child are you a bully or are you a victim of bullying or do you suggest more of get an idea of how happy the child is in school?

DR. YOUNG SHIN KIM:

That might be one way if the kids are intelligent enough to understand what they mean like bully victims and things like that, but it might be also helpful to ask kind of some specific behaviors. Are there some of the main kids who just leaves you out from the play activities? When you ask questions those children, they just ignore you or they make you carry their bags and humiliate that kind of more like behavior, description of the behavior might help probably younger children better to tell you if they were involved with those behaviors as a bully or victims, that might be easier for the younger children; but also even for older children, some of the people don't think those relational type of bullying behaviors like excluding others or spreading rumors and that type of things is not a typical bullying. So may be lay out those behaviors for them so they can identify if those behaviors happened to them or they doing it.

DR. JENNIFER SHU:

Now if a parent comes to a physician looking for some help to deal with bullying, is there some specific advice or particularly effective interventions that a physician can suggest?

DR. YOUNG SHIN KIM:

For the anti-bullying program there has been effective and successful is something very simple that we do everyday. First of all, when those kinds of things happen, they will make it a secret because when you make it a secret that kind of somehow conveys to your children that it is your fault. So, it is nobody's fault. Mother or father who talk about these should take it very seriously and then grownup should begin a conversation, talk about this with a teacher, sometimes with the child together and then when the bullies are identified, we will bring in and their families too. So the adults begin dialogue between them and take them very seriously and try to stop them and whenever the grownups are

aware of this kind of things, especially teachers, they would be more vigilant in identifying those instances; when it happens, they stop it right there and follows through this, talk with the victims and bullies and then talk with the grownups and also it is very important to have these anti-bullying rules in the class like we are not going to tolerate any bullying behaviors in the class at our school. So the roles of bystanders in the classroom; for example, lets say bullying is happening and the kids who are watching this instance, is kind of enjoying this and cheering it up. That conveys that is kind of part of a way too passively participate in bullying. Whereas the other kids who are stopping these bullying behaviors and don't accept it or tolerate it and then in obvious that becomes an intervention, right there. So it is not just a matter for the victims or perpetrators, it has to be the whole group's activities and actions and especially the role of grownups are very important. Many such victims fail to tell their parents or teachers because parents know about it and then they don't do much about it or do something and that doesn't follow up, followthrough. So what happens is the victims get even more troubled because perpetrators will now get mad at the victims and then you parted time for the victims. So they stop then talking about it with adults and don't trust them and that is a big problem that has happened a lot. So, for bullying to stop, we grownups have lots of work to do and also those rules have to be applied to the members of the families that household too. So the rules have to be consistent throughout.

DR. JENNIFER SHU:

I would like to thank our guest Dr. Young Shin Kim. We had been discussing the effects of bullying on the bully and their victims. I am Dr. Jennifer Shu.

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This is Dr. Young Shin Kim, Assistant Professor of Yale School of Medicine in New Haven.

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