

Bullying HURTs! Assessing and managing the bullied child

Vishal Madaan, MD, FAAP, and Alyson Kepple, BS

Helping a bullied child begins with recognizing risk factors and teaching ways to minimize confrontation

Technological developments—most notably, the increasing popularity of social networking sites such as Facebook—have led to a resurgence in the prevalence of bullying.^{1,2} The unlimited reach and anonymity of “cyber” bullying has introduced new challenges for pediatricians and child psychiatrists. Traditional bullying—defined as a specific form of aggression that is intentional, repeated, and involves a disparity of power between the victim and perpetrators—remains more common, with 54% of middle school students reporting verbal bullying, compared with 14% reporting at least 1 episode of electronic bullying over 2 months.² Compared with students who weren’t bullied, middle and high school students who were bullied were 3 times more likely to report seriously considering suicide, engaging in intentional self-harm, being physically hurt by a family member, and witnessing violence in their families.³

Although bullying occurs frequently and is closely associated with several psychiatric conditions, including attention-deficit/hyperactivity disorder,⁴ depression,¹ and anxiety,¹ clinicians often don’t thoroughly assess patients to determine if they’ve been bullied and rarely intervene. The mnemonic **HURT** may aid in the clinical assessment and management of bullied children.

Help empower the child who is being bullied by encouraging him or her to find appropriate help from teachers, school counselors, or other resources, which may decrease the likelihood of psychological and physical consequences.

Understand the risk factors for being bullied, including less parental support,² violent family encounters,³ and obesity,³ that may contribute to a child’s emotional experiences or behavior in ways that make him or her an easy target for bullying.²

Recognize a child who is at risk for being bullied and ask about his or her peer relations at school and use of online social networks. At-risk children warrant further evaluation for depression, anxiety, loneliness, and low self-esteem.

Teach the child why others engage in bullying so he or she may avoid actions and words that instigate or provoke a bully, and discuss techniques for dealing with confrontations.

References

1. Kowalski RM. Cyber bullying: recognizing and treating victim and aggressor. *Psychiatric Times*. October 1, 2008.
2. Wang J, Iannotti RJ, Nansel TR. School bullying among adolescents in the United States: physical, verbal, relational, and cyber. *J Adolesc Health*. 2009;45(4):368-375.
3. Centers for Disease Control and Prevention. Bullying among middle school and high school students—Massachusetts, 2009. *MMWR Morb Mortal Wkly Rep*. 2011; 60(15):465-471.
4. Holmberg K. The association of bullying and health complaints in children with attention-deficit/hyperactivity disorder. *Postgrad Med*. 2010;122(5):62-68.

Dr. Madaan is Assistant Professor and Associate Program Director and Ms. Kepple is a Fourth-Year Medical Student, University of Virginia Health System, Charlottesville, VA.

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