



Bullying in Young People: Tips for GPs

Dr Emma Scott, Senior Research Fellow, Warwick Medical School

Dr Faraz Mughal, GP and RCGP Clinical Fellow for Mental Health

Bullying is the systematic abuse of power characterised by repeated psychological or physical aggression with the intention of causing distress to another person and is a major risk factor for both acute and long-term physical and mental health problems, poor educational attainment, and difficulty in developing normal social relationships.

The main types of bullying¹ are:

- Physical bullying: This can involve hitting, kicking, stabbing and setting alight, including filming on digital devices, and theft, commonly of money or mobile telephones;
- Verbal (psychological/emotional) bullying: name-calling, teasing, intimidation, spreading rumors, isolating an individual from the group or emotional blackmail
- Cyber-bullying such as sending mean messages (including racist, sexist or homophobic name-calling or threats), sexual harassment, posting real or manipulated images online, creating websites to make fun of the victim.

Over half of school-aged children in the UK have experienced bullying.² Although it is often viewed as a playground problem occurring in both primary and secondary schools, bullying is becoming increasingly community-based with social media giving bullies access to their victims 24/7.³ Bullying occurs at similar rates across different ethnicities⁴ and socio-economic strata.⁵ There are, however, gender differences: girls are more likely to experience psychological, emotional and cyber-bullying, whereas boys are more likely to be physically bullied.² Parents may seek advice about their child who is the bully which can be difficult for parents to accept. There could be an underlying reason for a child to begin bullying behaviour such as low self-esteem.

Top Tips for General Practice:

Bullying can affect anyone. Don't discount the possibility of bullying because the young person doesn't look like a victim.

Bullying doesn't just happen at school. Social media has made cyber-bullying more common and the victim may not know the perpetrators. Sibling bullying is not always the older sibling victimising the younger one; the younger child could be the perpetrator and parents could be complicit. Safeguarding must always be considered as physical, sexual (grooming) or emotional harm (through abuse or neglect) may be occurring.

Young people and their parents would welcome GP support. They recognise the physical and mental health implications of bullying and view primary care as key to managing these issues. The GP is also seen as independent from both the school and family making them easy to talk to.⁶

Young people who are being bullied are twice as likely to present with vague symptoms such as headaches, abdominal pain, and sleep problems.⁷ They are at increased risk of depression, eating disorders, self-harm, and suicide.⁸ Maintain a high index of suspicion about bullying throughout the consultation.

If you suspect bullying, ask. Early intervention is key. Making a disclosure of bullying is very difficult and requires courage. Young people who have been bullied say that they would prefer GPs to ask about bullying rather than having to broach the topic themselves.⁶

Whenever possible, young people should be given the opportunity to speak to their GP alone. Young people may not want to disclose bullying in the presence of their parent/carer.

Know your local resources and support options. In cases of severe mental illness consider a CAMHS referral. There may also be local services run by third sector organisations. When the bullying occurs at school, working in partnership with the school (through school nurses) can be key.⁹ This, however, should only be done with the informed consent of the young person as they may not want the school to become involved and school intervention may worsen the bullying.

Provide brief information and appropriate signposting if you suspect bullying, even without a disclosure. This can assist a young person in understanding their situation and increase their self-esteem and determination to seek help.

Ensure your practice is youth friendly. Many young people do not know that they can attend an appointment without a parent/carer accompanying them and find the process of booking and attending an appointment intimidating. There are simple steps practices can take to make the practice more accessible.¹⁰

Be open and genuine. It may take time, possibly several visits, for the young person to build confidence and trust. Sensitive questioning, expression of interest and genuine concern for the young person are all essential to establish a safe environment for disclosure:

“As long as they were friendly and genuine I would quite happily talk about problems if someone was there to listen. I wouldn’t talk if it was spoken about in a generic way like a check mark against their daily tasks” (Bullying victim, female, aged 22).⁶

Useful resources for young people and families

<http://www.youngminds.org.uk/> - the voice of young people’s mental health and wellbeing

Big white wall – a safe online community for young people who are not coping

<https://www.bigwhitewall.com/landing-pages/landingV3.aspx?ReturnUrl=%2f#.WJMPIbaLSV4>

Digital risk and resilience resources – MindEd

<https://www.minded.org.uk/course/view.php?id=402>

MindEd for Families – ‘Bullying and what to do as a parent’

<http://minded.e-lfh.org.uk/families/index.html#/>

Childline - <https://www.childline.org.uk/> - advice for young people suffering from bullying

Kidscape - <https://www.kidscape.org.uk/> - advice for parents and young people on preventing bullying and protecting children.

Acknowledgements: We thank all the RCGP Clinical Advisors who provided comments on an earlier draft

References

1. Anti-Bullying Alliance. <http://www.antibullyingalliance.org.uk> (last accessed 03 Apr 2017)
2. Health & Social Care Information Centre (2015). *Health and Well-being of 15 year olds in England: Findings from the What about YOUth? Survey 2014*.
<http://content.digital.nhs.uk/catalogue/PUB19244/what-about-youth-eng-2014-rep.pdf> (last accessed 03 Apr 2017)
3. Smith PK, Mahdave J, Carvelho M, Fisher S, Russell S & Tippett N (2008). Cyberbullying: its nature and impact on secondary school pupils. *J Child Psychol Psychiatry* 49(4): 376-385
4. Tippett N, Wolke D & Platt L (2013). Ethnicity and bullying involvement in a national UK youth sample. *J Adolesc* 36(4): 639-649
5. Due P, Meno J, Harel-Fisch Y *et al* (2009). Socioeconomic inequality in exposure to bullying in adolescence: a comparative, cross-sectional, multi-level study in 35 countries. *Am J Public Health* 99(5): 907-914
6. Scott EJ, Dale J, Russell R & Wolke D (2016). Young people who are being bullied – do they want general practice support? *BMC Family Practice* 17:116
7. Gini G & Pozzoli T (2009). Association between bullying and psychosomatic problems: A meta-analysis. *Pediatrics* 123(3): 1059-1065
8. Wolke D, Lereya ST, Fisher HL *et al* (2013). Bullying in elementary school and psychiatric symptoms at 18 years: a longitudinal population-based cohort study. *Psychol Med* 44(10): 2199-2211
9. Department for Education (2014). *Preventing and Tackling Bullying: Advice for Head Teachers, Staff and Governing Bodies*.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/444862/Preventing_and_tackling_bullying_advice.pdf (last accessed 03 Apr 2017)
10. GP Champions for Youth Health (2015). *Toolkit for General Practice*.
http://www.youngpeopleshealth.org.uk/wp-content/uploads/2015/06/GPToolkit_ONLINE.pdf (Last accessed 03 Apr 2017)