

September 2014



Bullying and the School Aged Childs

Many parents wonder whether their child is the victim of bullying. Bullying is a growing problem, with an estimated 160,000 children in the U.S. missing school each day out of fear of being targeted by others. The behaviours we know as bullying are seen in children as young as three, and these behaviours are becoming more frequent and aggressive than ever before.

Bullying is not a normal or expected childhood experience. It can be understood as a child intentionally causing pain or suffering to another child. There is often a difference in power or strength (social status, age, size, popularity) between the bullied and the bully. Bullying can recur over a long period of time and is not a disagreement or a clash of personalities.

There are five types of bullying that parents should be aware of:

1. Physical Bullying: hitting, scratching, biting, etc.
2. Verbal Bullying: name calling, insults, etc.
3. Social Bullying: rumours, lies, mimicking, etc.
4. Psychological Bullying: intimidation, manipulation, terrorizing, stalking



Resources

To access your EAP Web site, visit www.myfseap.com (you will need your assigned Group Name and Password).

Subscribe

Join our mailing list and receive the next issue of *Solutions* directly by e-mail.

If you are a client of FSEAP and would like to add a group of employees to the *Solutions* mail list for "green" distribution, please contact the [Web administrator](#) or your FSEAP Workplace Consultant.

Please consider the environment before printing this document.

Back Issues

For back issues of *Solutions*, please visit the archive on your *MyEAP* Web site. *Solutions* is accessed from the *MyHealth* menu.

To access your *MyEAP* Web site, visit www.myfseap.com (you will need your assigned Group Name and Password).

5. Cyber bullying: use of technology to verbally, psychologically or socially bully. This takes place on social networking sites, email, mobile phones and chat rooms.

It is important for parents to know that many children will not readily tell anyone that they are being bullied. This is particularly true of boys, who may be ashamed to appear weak and unable to fend off the aggressive behaviors of another child. Children may feel that the actions that adults take to protect them from further attacks make them more of a target. Some children feel ashamed and believe that "there must be something wrong with me for this to happen."

Children who are bullied are at risk for developing depression and anxiety. If the bullying goes on for a long time, or is particularly terrifying or disturbing, the child might develop a severe reaction known as PTSD.

What to Look For If You Suspect Bullying

Behaviours:

- Resistant to going to school in the morning; might say "I hate school"
- Resistant to riding the school bus
- Afraid to be left at school, clingy
- Withdrawn, sullen, listless, refusal to discuss the problem
- A change in usual behavior or personality
- Wants to get home to use the bathroom (bullying often occurs in school bathrooms)
- Fewer if any friends. Doesn't want to be part of the "group"

Emotions:

- Talks about wanting to run away. Might make statements such as "I wish I were dead"
- Anxious, depressed, angry with no obvious cause
- Crying jags
- Upset or angry after getting a text or going on line

Physical:

- Unusually hungry after school (may involve having his or lunch taken or held hostage for favours)
- Unexplained physical injuries such as scratches, bruises, cuts, etc
- Unexplained damage to toys, school supplies, clothing; loss of belongings, lunch money, etc.
- Physical aches and pains like stomach aches, headaches, asking to go to see the school nurse frequently
- Change in eating patterns, either over-eating or under-eating

What to Do if You Suspect Bullying

There are many reasons that a child may show one or more of the above signs and it is important that you consider that bullying may not be the cause. Start by talking with your child about his or her experience. Say that you are worried and would like to help. You can approach your child using direct or indirect questions but in either case, your tone and delivery should be calm and reassuring.

Examples of Direct Questions: "Are you being teased at school?"; "Is



Quick Links

[e-News Archive](#)
[MYEAP Web Site](#)
[About FSEAP](#)



someone picking on you?"

Examples of Indirect Questions: "Did you enjoy your lunch today?" "Who did you sit with?" "Who are your special friends this year?"

Watch your child's body language for indicators that they are afraid to speak or are particularly upset by questions about bullying. Older children and teens might use words like "drama," and "messing around" when describing bullying. Assure your child that he or she is not "in trouble" for sharing information with you and emphasize that you believe them when they tell you they have been victimized. Emphasize that you are there to help.

If you have reason to believe that your child is experiencing bullying:

- Speak with his or her teacher, coach, or the adult who is responsible for them in the setting in which they are being targeted.
- Describe your concerns and ask them to share their observations with you.
- Ask how your child interacts with others, who his or her friends are, whether or not there has ever been a suspicion that your child has been bullied.
- Make certain that the teacher or coach is considering all kinds of bullying, not just physical attacks. Ask to have your concerns shared with the other adults in the situation and for any observations to be brought to your attention.
- If you are not satisfied, you should contact the person in charge, whether it is the principal, head coach, or superintendent.

Emotional, psychological and physical reactions that do not resolve once the bullying stops should be monitored closely. Children who have experienced bullying can continue to feel unsafe and alone. If you observe persistent social withdrawal, anxiety, physical discomfort, interrupted sleep and exaggerated startle responses, you should consult with a children's mental health professional or your EAP.

Valerie Mills-Milde, MSW, RSW

fseap offers confidential professional assistance on a wide variety of personal and work-related issues. For more information on your EAP, call 1.800.668.9920 or visit your MyEAP Web site at www.myfseap.com.

This newsletter is to provide timely information to readers; contents are not intended as advice to individual problems. Please contact your EAP professional for assistance. Editorial material is to be used at your discretion and does not necessarily imply endorsement by Family Services Employee Assistance Programs.

All articles Â© Family Services Employee Assistance Programs (FSEAP), except where noted otherwise. Please note that the posting of the *Solutions* newsletters or any articles in whole or part on any public Web site is prohibited. Customers and clients of FSEAP can access an online archive of current and back issues: log on to www.myfseap.com using your assigned Group Name and Password and select *Solutions* Newsletter from the *MyHealth* menu. To request permission to reprint specific *Solutions* articles, contact FSEAP at info@fseap.com.