



GUIDELINE	
Bullying	
Scope (Staff):	School Health
Scope (Area):	CACH, WACHS

This document should be read in conjunction with this [DISCLAIMER](#)

Aim

To describe the role of nurses in schools relating to identification, support and referral for bullying in young people.

Risk

Where bullying is not identified or responded to with a timely intervention, it is likely to lead to poor mental health outcomes and social isolation.

Background

Bullying is the repeated and ongoing misuse of power in relationships, by an individual or group over one person or a group of people, involving behaviours that cause harm, often on the grounds of difference such as culture, social status or disability.¹ Bullying is a serious and insidious form of violence within the school system² and is associated with an increased risk for developing mental health problems in adolescence, and can persist in to adulthood.¹

Bullying happens in all age groups¹, and may occur online (cyberbullying) or face-to-face.² Bullying can take several forms, and may be:

- Overt, that is, face to face, such as name calling or physical intimidation or violence.³
- Covert, that is, bullying which occurs beyond the view of adult, such as threatening looks, or spreading rumours³
- Cyberbullying, that which occurs online.⁴

Cyberbullying occurs when bullying is perpetrated using technology such as the internet or mobile phone, and may occur on social media or using text messages.⁵ Approximately 20% of young people experience cyberbullying in any calendar year, while approximately 27% of students in years four to nine reported experiencing face-to-face bullying in the preceding school term.³ Research has identified that cyberbullying can happen to anyone, not just those generally considered more vulnerable. Confident, outgoing individuals can also be targeted, with both girls and boys reporting experience of cyber bullying.⁶ Cyberbullying is similar to face to face bullying, though it may differ in the following ways:

- It can be difficult to escape, be invasive and can occur at any time 24 hours a day
- A person can be targeted while at home
- It can involve harmful material, such as an explicit photos sent to an individual in confidence, which is then shared with peers. Such material could then be

widely and rapidly disseminated to a large audience, for example, rumours and images can be posted on public forums or sent to many people at once

- It can provide the young person who bullies with a sense of relative anonymity and distance from the young person being bullied, so there is a lack of immediate feedback or consequences.¹ It is worth noting, however, that cyberbullying may be carried over into face to face bullying.

For the young person being bullied the effects can be far reaching. A young person who has been bullied not only has to endure the trauma of the episode, but often lives in fear of its re-occurrence.⁵ These young people are far more likely to experience a wide range of physical (insomnia, abdominal pain, headache, fatigue), psychological (anxiety, depression, suicidal thoughts), and social (isolation, truanting) problems when compared to those that do not experience bullying.^{1, 2} In addition, incidents of bullying often cause enormous stress for the young person's family and can create a generalised school climate of tension and intimidation, which leads to reduced engagement in learning.⁵

There is no single path that leads a young person to bully another or to being bullied; however poor social adjustment is a common element. A number of risk factors and warning signs have been identified which are outlined in Appendix A.

Students may play different roles in bullying: they may be the individual being bullied; they may be the bystander, or they may be the individual carrying out the bullying behaviors.¹ Relationships between young people are changeable, and young people may at some point take on different roles. It is important to note that the terms "bully" and "victim" have the potential to label young people, rather than the behaviour and may lead to further stigmatisation in the future.⁷ In order to separate the act from the person, the use of the terms "young person who bullies" and "young person who is bullied" is preferred.

Bystanders; peers/people who witness bullying, play an important role in bullying behaviour. Bystanders adopt many roles; joining in, cheering, passively watching and on occasion, intervening.⁸ Sometimes, attention is given to the young person who bullies rather than the young person who is being bullied. This may inadvertently reinforce the dominance of the young person who bullies, and their position within the peer group.¹

Early identification of bullying is vital and nurses in schools are well placed to identify young people at-risk and/or the warning signs of bullying others or being bullied.⁹ It is important, therefore, that staff not only have knowledge about successful means for preventing bullying but also for assessing young people who bully or have been bullied and providing effective brief interventions.²

Key Points

- The role of the nurses is to support the young person deal with consequences of bullying. It is the responsibility of the school to manage bullying.
- It is preferred to separate the act from the person and use the terms "*young person who bullies*" and "*young person who is bullied*".⁷
- Ensure the young person being bullied is safe and arrange support, in collaboration with the Student Services Team.
- Nurses working in secondary schools need to be competent in undertaking a HEADSS adolescent psychosocial assessment procedure. This document should be used in conjunction with the *HEADSS assessment guideline* and the *HEADSS Assessment*:

Handbook for nurses working in secondary schools. Refer to: Working with Youth- A legal resource for community based health workers for information about legal matters including duty of care, sharing information with third parties, consent and mature minors.

- Seek advice from your line manager or principal if you suspect the bullying behaviour breaches legislation, or is a criminal act. Although bullying is not a specific criminal offence in Australian law, criminal and civil laws may apply to aspects of bullying behaviour.¹⁰ Australian law protects people over the age of 16 from harassment and discrimination. Schools are legally liable under the Schools Act to protect children.
- If the young person is at risk of self-injury or suicide, immediate action must be taken to ensure their safety. Refer to the *Suicide risk response protocol* and action accordingly.

Process

Steps	Additional Information
<p>1. Immediate response/initial session</p> <ul style="list-style-type: none"> • If the young person is distressed take them to a quiet, safe place. • Help them calm down by encouraging slow, relaxed breathing. • Provide medical attention if needed. • Assure the young person that you will stay with them until they feel calm. 	<ul style="list-style-type: none"> • Always ask the young person if they have been bullied or are engaging in bullying, if the signs are there. A young person may not always ask for support if they feel afraid, or ashamed. • Reassure the young person that you are taking the incident seriously and that the reported bullying will be acted on by the school.
<p>2. Discuss confidentiality</p> <ul style="list-style-type: none"> • Early in the consultation explain confidentiality, privacy and the limits of confidentiality. • Seek consent to liaise with family members and/or school staff. 	<ul style="list-style-type: none"> • Check understanding by the individual. • Clearly document that confidentiality has been discussed.
<p>3. Health counselling</p> <ul style="list-style-type: none"> • Respond to the issue the young person presents with. • Explore the context of the bullying behaviour. • Reassure the young person that you believe them. • Let the person know you are available to talk. Encourage the young person to involve other members of School Services Team e.g., year coordinator or school 	<ul style="list-style-type: none"> • Invite the young person to return to conduct a HEADSS psychosocial assessment, if appropriate. • If a previous <i>HEADSS assessment</i> has been conducted, ascertain if the young person's situation has changed. • Facilitate empowerment by encouraging the young person to make decisions, set goals and adapt behaviour/communication to achieve their desired outcomes. Ask questions that help the young person to come up with their own solutions. • Offer information, literature,

Steps	Additional Information
psychologist.	websites and support services, as appropriate. <ul style="list-style-type: none"> Remind the young person that managing bullying is the responsibility of the school.
4. Refer <ul style="list-style-type: none"> In the first instance, follow the bullying protocol implemented at the school, with referrals made to the appropriate services on site, where available. 	<ul style="list-style-type: none"> If there are ongoing concerns for the young person, they should be referred to a general practitioner or relevant local services.
5. Parental support <ul style="list-style-type: none"> Provide practical, non-judgmental and reassuring support to parents. Provide crisis contacts. Provide links to online resources for parents. 	

Documentation

Nurses will document according to local processes.

Related internal policies, procedures and guidelines
The following documents can be accessed in the Community Health Manual: Internet link or HealthPoint link
Confidentiality and adolescents
HEADSS adolescent psychosocial assessment procedure
Mental health in adolescence
School-aged health services
School-aged health services - secondary

The following documents can be accessed in School Health Resources: HealthPoint link
HEADSS Assessment: Handbook for nurses working in secondary schools
Lesbian, Gay, Bisexual, Transgender, Intersex or Questioning + (young people)
Medicare for young people Department of Human Services, Government of Western Australia
Working with Youth– A legal resource for community-based health workers. Perth:

Department of Health Western Australia; 2007. (Revised 2013.)
Useful resources
For Community Health Staff
<p>The National Centre Against Bullying (NCAB) - is a peak body working to advise and inform the Australian community on the issue of childhood bullying and the creation of safe schools and communities, including the issue of cyber safety. http://www.ncab.org.au</p>
<p>Better Access initiative (Medicare) - offers patients improved access to mental health practitioners through Medicare, via 10 sessions per calendar year. Referrals need to be made by the young person's GP.</p>
For Students
headspace
beyondblue – Ph: 1300 22 4636
ReachOut
For Schools
<p>BeYou - provides educators with knowledge, resources and strategies for helping children and young people achieve their best possible mental health.</p>
<p>Bullying. No Way! – Information for students, teachers, parents and public</p>
<p>Friendly Schools Plus – A social and emotional wellbeing and anti-bullying initiative for schools, recognised nationally and internationally as a comprehensive, evidence-based approach that can reduce bullying behaviour.</p>
<p>Newsletter items – pre-prepared and suitable for cutting and pasting into school newsletter.</p>
<p>Student Wellbeing Hub – Guided by principles of the National Safe Schools Framework, has resources available that promote student wellbeing and development of respectful relationships.</p>
For Parents
Raising Children Network

Appendix A: Behaviour indicators


	Being bullied	Bullying others
Primary aged children (Years 1-6)	<ul style="list-style-type: none"> • Increased quietness • Withdrawal from family interaction • Visible sadness • Withdrawal from friends and from activities once enjoyed • An increase in days off school (complaints of headaches and stomach-aches) • Poor school performance (drop in grades) • Loss of appetite • Sleep disturbance (including bed wetting) • Only uses bathroom at home/frightened to use the bathroom at school • Torn clothes or unexplained cuts and bruises • Reporting behavioural problems such as fights with other students 	<ul style="list-style-type: none"> • Changes in friendship groups (particularly the loss of a friendship group) • Expressing a dislike of school and teachers • A desire to 'show off' • Acquisition of items or goods that could not have been bought without parental knowledge • Unexplained outbursts of anger • Becoming easily frustrated • An unwillingness to do homework • Hitting or trying to dominate younger brothers or sisters
Secondary aged children (Years 7-12)	<ul style="list-style-type: none"> • Unspecified headaches, stomach-aches (frequent requests to stay at home) • Outbursts of anger • Unexplained cuts and bruises, torn and mud-splattered clothing • Hitting out, flinching • Tiredness (often linked to sleep disturbance) • Loss of appetite • Unexplained crying • Unwillingness to walk or travel to school alone • Avoidance of students once classed as 'friends' • Stealing money • Staying late at school (to avoid encounters with students outside of school) • Becoming introverted, sullen and self-effacing • Expressing self-doubt • Becoming easily distracted, forgetful (an indication that they are preoccupied with something else) 	<ul style="list-style-type: none"> • Changes in friendship groups (particularly the loss of a friendship group) • An unexplained but overall decline in grades • Expressions of disaffection with school • Desire to 'show off', especially in front of others • Ownership of items or goods that could not have been bought without parental knowledge • Expressed anger or irritation with fellow students (including making disparaging comments about them or threatening to hit them) • Frustration with homework • Domination or subjugation of siblings

Adapted from: Department of Education and Training. A review of literature (2010-2014) on student bullying by Australia's Safe and Supportive School Communities Working Group. Queensland 2015, p87.

References

1. Department of Education and Training. A review of literature (2010-2014) on student bullying by Australia's Safe and Supportive School Communities Working Group. Queensland 2015.
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This document can be made available in alternative formats on request for a person with a disability.

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