Coll. Antropol. **38** (2014) Suppl. 2: 211–214
Case report

Bullying among School Children: A Case Report

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A B S T R A C T

The case study shows an example of peer violence, a physical attack on a high school student. The attacker was a child his own age attending the same school. Immediately after the attack the victim visited his chosen family doctor accompanying by mother. After interviewing in calm and safe environment and physical examination he was referred to the hospital emergency, because of evident trauma. During the follow up, it was obvious that the patient is interested in talking about the event but is uncomfortable to do so in front of his mother. Having obtained the mother's permission the conversation was carried out alone and the patient revealed all the details regarding the assault as well as his own feelings. The case study contains a description of the incident, the basic information regarding types of abuse amongst children, information on how to approach a victim as well as the obligation to report every type of abuse.

***Key word**: bullying, physical abuse amongst children, reporting, family doctor*

Introduction

Bullying is defined as repeated, negative acts committed by one or more children against another child. It may come in the forms of physical, verbal or different kinds of emotional bullying, such as friendship manipulation or intentional exclusion from common activities. It should be differentiated from child abuse or child neglect which mostly happens within the family context[1].

According to the literature, bullying is a highly prevalent phenomenon, ranging from 15–59%[2,3]. In Bosnia and Herzegovina around 16% of students experienced at least one from of bullying almost every day, while 7% of students constantly bullied other children[4]. In a study done by Buljan-Flander, prevalence of bullying in Croatia is at a worrying level and it happens in all age-groups, mostly in the 7th and 8th grade of primary school. The boys more frequently bully other children but are also more frequently bullied than the girls[5]. The types of bullying are also related to gender differences. The boys are mostly bullied physically and girls emotionally[6].

Children involved in such violence, either as victims or perpetrators, shows poor psychological and emotional adjustment and have more health problems. If exposed to bullying at school children will develop negative attitude towards school and other students and will have problems focusing on their school work. Also, these children are more prone to developing different types of psychological disorders, anxiety, phobias and symptoms of depression than children who had never been exposed to violence[4]. Involvement in school a bulling victim was a strong indicator of trauma symptoms, particularly anxiety, anger, posttraumatic stress, dissociations and had high probability to develop depressive symptoms. But, at the same time school bullying usually has a certain impact on the school atmosphere in general[6,7].

Until 1998, school medicine service was responsible for providing primary health care for school children in Croatia. Afterwards, it mostly became the responsibility of family doctors (FDs) and rarely pediatricians. The main aim of this case report is to discuss the role of FD in the diagnosis and management of school bullying.

Case Report

One day, at the end of my working shift, a 15-year old boy entered my practice, accompanied by his mother. The school had called the mother because her son was punched in the head by another boy. The victim was very quiet, avoiding direct eye-contact, giving only short answers. He was not ready to talk about the incident and circumstances, saying that he was there only because the school requested so.

Received for publication November 8, 2014

The patient was fully conscious, oriented both in space and time and was not experiencing any kind of pain, vomiting or vertigo. There was a hematoma on his nose and right eye covering both his upper and lower lid, normal papillary light reflex and no hematoma of the eye bulbuls. There were no signs of other physical injuries. The boy was referred to the hospital emergency (ER) for additional examinations. The mother was present at all time in the examination room. At the end, I asked her if this incident had been reported to the police. She told me that it had been, by the school itself.

The next day, the boy accompanied by his mother returned with the medical documentation from the ER. The fracture of nasal septum was diagnosed and the patient's nose was externally immobilized. No pathology or any other type of trauma was found during eye fundoscopy. Again, the boy was very quiet and abrupt in answering my questions, constantly looking at his mother during the conversation. After the mother left the room the patient was ready to talk more openly. He said he had an argument with a boy from school during recess. The bully threatened him, telling him that he would wait for him after school. My patient became afraid because the bully was well known for his abusive behavior. This is exactly what happened. The bully, together with some other boys, attacked him immediately after school. In the beginning, my patient tried avoiding the punches, but later started to defend himself. The other students stood around them, just watching. At the time my patient was much more concerned with getting punished by the school than he was about being attacked or being in physical pain. Although he was only defending himself he still felt guilty and embarrassed to go to school.

At the end of our conversation, he allowed his mother to enter the room. She was completely unaware of the physical and psychological violence against her son. The boy had never talked about it at home. Now, he was talking about how helpless he felt, the anger towards his bully but also about how the school would punish him regardless of the fact that he was only defending himself.

During the following week we talked several more times, every time more openly. He was getting ready to return to school. Six month later he told me that he had got a school warning pending expulsion and that the bully had already been expelled. He had also been included in the workshop on abusive behavior management organized by the local institution for Social Affairs.

Discussion and Conclusion

According to the Croatian normative, abusive behavior recognition and victim protection mechanisms need to be implemented into all the segments of society[8]. As far as protecting children, it is an imperative to implement intervention procedures into the school system and work on developing both pro-social skills and interpersonal relations[9]. It is very important to point out the fact that the teachers are not obliged to react in cases of violent behavior if they estimate that the children involved are old enough to solve their own problems or, in other words, that they have enough experience and knowledge to protect themselves against the bullies[9].

Similarly, FDs are not and should not be excluded from this problem matter. As shown in the paper on Virovitica S.O.S. phone line regarding family violence, a medical worker i.e. a family doctor should provide care without judging the victims behavior, ask questions about possible presence of violent behavior within the family, thoroughly document the act of violence and its consequences, educate the victim about family violence, provide information about where the victim can get help and support, encourage the victim to assess the dangers she and her family members are exposed to and plan her safety. Furthermore, the conversation about violence should not be limited only to physical violence since there are other types of problematic behaviors linked to control issues[10]. The same procedure must be applied to other types of abusive behavior, including a school bulling and it must be clear that reporting violent behavior is an obligation and not someone's good will gesture. It is estimated by the regulations that only by reporting and sanctioning bullies can stop to violent behavior[8,10,11].

There is no dilemma about whether to report a violent act against a child since according to the Family Act everyone is obliged to inform the social services about children's rights violation, including medical professionals who notice evidence of possible child abuse[12]. The mere suspicion of any kind of violent behavior or child abuse is a valid enough reason for reporting. Even in cases where there isn't enough information[8]. Violence can be reported to either Social Services, Juvenile Delinquency Centre within the local Police Station or directly to Municipal or County State's Attorney Office[11,12]. Unfortunately, according to the survey carried out amongst medical workers by Šarić, only 27% of the examinees stated that they are well informed about the problem of violence against children whereas 67% stated that they were merely informed[13]. What is worrying is the fact that even medical professionals do not consider reporting violent behavior as an obligation. In a lot of cases medical professionals are not directly involved in reporting child abuse since they do not want to meddle in people's private lives and do not think it is their professional responsibility[13]. The similar results were obtained from the study of knowledge and attitudes of pediatricians, general practitioners, family doctors and school children doctors. They only rarely or occasionally detected the problem of abuse. Although they clearly take their duties professionally, they are aware that they have not had enough education and consequently they do not have enough knowledge in this field. Up to 86% of pediatricians and 83% of general practitioners, family doctors and school children doctors want further education in the field of child abuse and neglect[14].

Family doctor in his work is likely to come across victims of some form of abuse including school bullying. In such cases it is important to sustain a calm and safe environment. Give the victim enough time to open up and

start describing the course of events and details. Try describing the course of events in as many details as possible using victim's terminology. Show compassion and tell the victim they are not to blame. Direct the victim to undergo an examination at a specialized institution if there is a need to tend to physical injuries. Also, the victim needs psychological help as the psychological trauma following abuse can cause serious psychological disorders[8,10,11].

When reporting abusive behavior it is necessary to list all the information about the incident as well as the detailed description of the course of events. Furthermore, it is necessary to describe all visible signs of physical abuse, note down in the victim's words verbal assaults if spoken during physical abuse. Also, in cases of emotional abuse everything spoken by the bully should be noted[8,10,11].

As it is pointed out in the research carried out by Buljan-Flander, it is also important to pay attention to the bullies, in other words children, who are the perpetrators. These children, in comparison to children who are not involved in violent acts, more often suffer from depression, are prone to having suicidal thoughts and are diagnosed with psychiatric disorders[15]. As it is the case with the boy described earlier, there are more and more counseling centers opening up and workshop being organized within schools, social centers or non-government institutions focusing on anger control management[16–18].

Most of the programmes are based on UNICEF recommendations »For a safe and encouraging environment in schools«. UNICEF Office for Croatia has been implementing a bullying prevention project for five years. In accordance with the adopted Criteria of quality assurance and sustainability, schools which have successfully implemented all seven steps of UNICEF programme are every three years awarded a renewal/confirmation of their Violence-Free status. By adopting the mentioned criteria, the schools made a commitment to continuously keep the established values and activities aimed at prevention and reaction to bullying[19].

Acknowledgements

This study was supported by the Foundation for the Development of Family Medicine in Croatia and WHO Collaborating Centre for Primary Health Care, School of Public Health »Andrija Štampar«, School of Medicine, University of Zagreb.

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VRŠNJAČKO NASILJE: PRIMJER BOLESNIKA

SAŽETAK

U radu je prikaz slučaj vršnjačkog nasilja, radilo se o fizičkom napadu na srednjoškolca. Napadač je bio dječak njegove dobi i napad se dogodio u školi koju su obojica pohađala. Žrtva se u ambulantu obiteljske medicine javila neposredno nakon napada, obavljen je pregled, žrtva je upućena na daljnju obradu u bolnicu. Prilikom prvog pregleda pacijent je

vrlo šturo iznio slijed događaja, kako se radilo o malodobnoj osobi prvi pregled obavljen je uz prisutnost roditelja. Tijekom kontrolnog pregleda vidjevši da pacijent želi razgovor o događaju, ali je roditelj bio prepreka za iznošenje detalja i osjećaja, razgovor je uz dopuštenje roditelja obavljen bez njegove prisutnosti. Tijekom tog razgovora s pacijentom doznaju se detalji napada, ali i pacijent pokazuje sve osjećaje koje ima. U radu je prikazan opis slučaja, ali i osnovne informacije o vrstama zlostavljanja u djece, pristup zlostavljanoj osobi i obveza prijavljivanja svih oblika zlostavljanja.