

The Global Implications of Bullying and Other Forms of Maltreatment, in the Context of Migratory Trends and Psychiatric Resources



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KEYWORDS

• Bullying • Maltreatment • Global public health • Migration • Psychiatric resources

KEY POINTS

- Bullying is a multifaceted form of maltreatment, associated with other forms of victimization. It is prevalent across social settings, along the lifespan, and around the world.
- It is necessary to promote international awareness about the serious health and safety risks associated with bullying and other forms of victimization.
- The relevance of higher prevalence of bullying and other forms of maltreatment in certain parts of the world not only has significant public health bearing on those nations affected by them but also worldwide, because migrants carry with them the effects of victimization.
- Psychiatrists practicing in countries with a considerable migrant population should not only advocate for the mental health needs of migrants but also for the development of immigration policies that call for the clinical detection of prior victimization, not for the purpose of deterring the migratory process but, on the contrary, to ensure the provision of adequate health services and follow-up.

INTRODUCTION

There are a growing number of published studies showing a wide range of health problems affecting young people who participate in bullying incidents, as victims, perpetrators, or bystanders.^{1–11} This situation demands a concerted effort of health professionals, and especially child and adolescent psychiatrists, in detecting and preventing bullying-related morbidity and mortality.^{12–14} In this context clinicians may be faced with the emergent understanding of the multiple aspects of the notion of bullying

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as a form of harm, which can be associated with other types of maltreatment,^{15,16} taking place across different social settings^{17–22} and around the world.²³

According to Olweus²⁴ initial definition, bullying is a multifaceted type of abuse characterized by the exposure of a student to intentional and repeated physical and or emotional maltreatment by 1 or more students. Furthermore, an imbalance of power is another requisite in Olweus²⁵ pivotal research concept of bullying, because he stated that “it is not bullying when two students of about the same strength quarrel or fight.”

Child and adolescent psychiatrists facing the need to identify the occurrence of a bullying incident may be challenged by the clinical constraints of determining whether the event meets the research requirements of intentionality, recurrence, and imbalance of power.

It may be difficult, in a clinical setting, to ascertain whether an incident of bullying has been committed deliberately. Furthermore, regardless of intentionality, a victim may still be hurt. Clinical limitations may also be encountered in determining whether there is an imbalance of dominance between the perpetrator and the victim. Again, both of them may be hurting each other, regardless of balance of power, as in the case of physical fights. Hence, a physical fight can be medically understood as mutual physical bullying, aggression, or mistreatment, in which all participants, regardless of balance of power, are simultaneously victims and perpetrators, at significant risk of being injured.¹⁰ In addition, the need for bullying to be repetitive and over time, as specified in its original research concept, may be incongruent with the toxic effects of this form of abuse, because 1 episode may be enough to cause harm.²⁶

In the process of evolving globalization it is relevant to emphasize that what is understood as bullying varies according to various cultures.²⁷ In some languages, words such as *bullismo* (Italian), *mobbing* (Swedish), *ibbuljar* (Maltese), and *zorbalik* (Turkish) can be literally translated into English as bullying. Other languages use terms for bullying such as *kunyanyaswa* (Swahili), *dręczenia* (Polish), and *intimidare* (Romanian), which respectively can be translated as abuse, harassment, and intimidation.

The notion of bullying, as a multifaceted type of maltreatment, encompasses the concepts of harassment, intimidation, abuse, aggression, violence, neglect, rejection, and exclusion. It can also be associated with many other forms of maltreatment, including assault, homicide, extortion, vandalism, human trafficking, ethnic conflict, rape, physical punishment, kidnapping, terrorism, and war.

The significant link of bullying with a wide array of health problems has been reported in different countries. These studies show a significant association between this form of maltreatment and alcohol consumption, posttraumatic stress disorder, psychosis, poor subjective health, headaches, stomach aches, dizziness, sleeping difficulties, irritability, suicidal risk, injuries, and depression.^{28–34}

It has been estimated that almost 10% of adolescent students in the United States experience a cluster of physical and emotional symptoms linked to their participation in bullying incidents both as perpetrators and/or victims.³ These students were 8.14 times more likely to hurt themselves on purpose and 4.20 times more likely to hurt others purposely compared with their peers who were not involved in bullying and who did not have a cluster of physical and emotional symptoms.³

There is a growing awareness that bullying can co-occur in the school milieu, at home among siblings, in dating relations, on cyberspace, in correctional facilities, and at the workplace.^{17–22} Exposure to multiple forms of victimization has been documented to be common.³⁵ Thirty percent of US children and adolescents had been exposed to more than 1 type of victimization, and 10% experienced 11 or more different forms of victimization in their lifetime.³⁵

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