

## **Peer Abuse**

In some cases of child abuse, the alleged perpetrator will be a child. In these situations, the child protection procedures should be adhered to for both the victim and alleged abuser, that is, it should be considered a child protection issue for both children.

Work must be done to ensure that perpetrators of abuse, even when they are children themselves, take responsibility for their behaviour and acknowledge that the behaviour is unacceptable.

It is important that clarity exists in respect of which behaviours constitute peer abuse, particularly child sexual abuse. Consultation with the health board should help to clarify the nature of any sexual behaviour by children which gives rise to concern.

## **Bullying**

Bullying can be defined as repeated verbal, psychological or physical aggression conducted by an individual or group against others. It is behaviour which is intentionally aggravating and intimidating, and occurs mainly in social environments such as schools, clubs and other organisations working with children.

It includes behaviours such as teasing, taunting, threatening, hitting or extortion behaviour by one or more children against a victim. While the more extreme forms of bullying would be regarded as physical or emotional abuse and are reportable to Health Board or Gairdai, dealing with bullying behaviour is normally the responsibility of the club where it is taking place.

Training for and coaches/volunteers should include modules on raising awareness and developing techniques for dealing with bullying.

It is important to recognise the impact that bullying and discrimination can have in the lives of young people. Some people may not regard bullying and discrimination as child abuse because of the settings in which this often takes place and also because it is often other young people who are responsible for the behaviour.

It is recognised that bullying is an increasing problem. It is imperative that clubs should have in place a policy to deal with bullying, and that volunteers/coaches are aware of this policy and of procedural guidelines to deal with bullying.

In situations where the incident is serious and where the behaviour is regarded as potentially abusive, the club should consult the relevant Health Board with a view to drawing up an appropriate response such as a management plan. (Children First 1999)

## **What is Bullying?**

Bullying is often defined in terms of three components.

- ❖ It must occur over time, rather than being a single aggressive act.
- ❖ It involves an imbalance of power, the powerful attack the powerless.
- ❖ It can be psychological, verbal, or physical in nature.

## **Types of Bullying**

**Child to child** – includes physical aggression, verbal bullying, intimidation, damage to property, stealing property and isolation

**Adult to child**- this includes the use of repeated gestures or expressions of a threatening or intimidatory nature, or any comment intended to degrade a child

**Child to adult**- this includes the use of repeated gestures or expressions of a threatening or intimidatory nature by an individual or group of children

A UK study found that the most common experiences of bullying and discrimination reported by young people was at the hands of other young people.

This included:

- ❖ Being called names, insulted or verbally abused;
- ❖ Being deliberately embarrassed and humiliated by other children;
- ❖ Being made to feel different or like an outsider;
- ❖ Being lied about;
- ❖ Being physically assaulted or threatened with violence;
- ❖ Being ignored.

In the study, boys were most likely to experience physical bullying or threats, have property stolen or damaged. Girls on the other hand, were more likely to be ignored or not spoken to.

Bullying by adults was a less common experience however one in ten reported this. Of this type of bullying the most common reported experiences were:

- ❖ Being deliberately embarrassed or humiliated;
- ❖ Being unfairly treated or verbally abused;
- ❖ Being ignored or not spoken to.

### **What makes a child more likely to be bullied?**

- ❖ Being different in any obvious way, e.g. Having a physical disability, an unusual tone of voice, being timid or belonging to an ethnic or racial group.
- ❖ Lacking confidence and not being able to mix. This can result in name calling, slagging or physical abuse.

- ❖ Being very clever or good at what you do. Others may be jealous and you may get a cruel nickname “Lick”
- ❖ Being very weak intellectually. Children can be very hurt and distressed by name calling such as “thick” “spa” “dummy”
- ❖ Children from homes where there are problems are also vulnerable. Children can have an alcoholic or drug user in the family, a family member in jail or a relative with mental problems who sometimes acts in a bizarre manner in public.
- ❖ An overprotective parent can also attract unwarranted attention.
- ❖ Children whose hobbies are different and are not in line with main stream culture, anything that can be miss-interpreted by others as making them “snobby” or “different”.
- ❖ Children’s physical appearance, prominent physical features (teeth eyes, ears lips nose), wearing different or old-fashioned clothes, being awkward or clumsy, too big or small or fat.
- ❖ Sexual undertones. Children can be jeered about their perceived sexuality or their lack of experience of sexual matters.
- ❖ Children who react easily. The child who gets upset easily and is quick to react to jeering.
- ❖ Wearing glasses, teeth braces.

### **Response to Bullying**

Vigilance is the most potent deterrent against bullying so that children and young people who bully will know that it will be dealt with, and the victims of bullying will have confidence in this.

**Ensure adequate supervision at all times**

There needs to be open discussion about bullying and a clear statement of its unacceptability. In confronting the bully or bullies in relation to specific incidents it is important to:

- ❖ Be absolutely certain about the known facts
- ❖ Confront the “bully/bullies” with the allegations
- ❖ Make it clear that the behaviour is unacceptable
- ❖ See each “bully” separately if appropriate
- ❖ Be specific about sanctions if the bullying does not stop
- ❖ Follow up to check that the behaviour has ceased
- ❖ Record all instances of bullying and action taken.

**Only serious instances of bullying behaviour should be referred to the Health Board.**