




# BULLYING IS A SAFETY AND HEALTH ISSUE HOW PEDIATRIC AUDIOLOGISTS CAN HELP

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At a 2011 White House summit, bullying was elevated from a “harmless rite of passage” to a public safety/public health issue. Children who have disabilities are up to two to three times more likely to be bullied than their nondisabled peers. For children with hearing loss who are bullied, pediatric audiologists may be the only adults in their lives to broach the topic of bullying and recommend appropriate treatment, referral, and management protocols.

## IF IT IS NOT ALREADY ON YOUR CALENDAR

make a note: October Is National Bullying Prevention Month (PACER Center, nd). The topic of childhood bullying deserves our attention, since up to 30 percent of children in the United States are bullied while at school (U.S. Department of Education, 2011; Centers for Disease Control and Prevention, 2012). More than 50 percent of students witness a bullying incident each week, and about 15 percent of students who do not show up at school cite “fear of being bullied” as a primary reason (Centers for Disease Control and Prevention, 2012). (See TABLE 1 for additional “red flag” behaviors.) At a 2011 White House summit, bullying was elevated from a “harmless rite of passage” to a public safety/public health issue ([www.cnn.com/2011/politics/03/10/obama.bullying/index.html](http://www.cnn.com/2011/politics/03/10/obama.bullying/index.html)).

A relatively new concern is cyberbullying, whereby children use the Internet to send hurtful or intimidating texts, post embarrassing photos, or create fake/demeaning profiles. Cyberbullying is especially worrisome because it can be done anonymously and at all hours of the

day. More than ever, school-aged children have unsupervised access to the Internet, and when they are “attacked” through social media and texts, they are often alone and vulnerable, with no witnesses to provide support (Didden et al, 2009; Bauman and Pero, 2010).

Probably not surprising but still alarming, children who have disabilities are up to two to three times more likely to be bullied than their nondisabled peers (Sullivan, 2006; Banks et al, 2009). Because these statistics include children with hearing loss, we write this article to ask for support from pediatric audiologists, who may be the only adults in a child’s life to broach the topic of bullying. Below we provide a rationale for our concerns, results from a survey completed by audiologists, and a proposed screening process.

### “Kids Don’t Tell”

One of the most worrisome findings from the research on bullying is the observation that victims rarely report an incident (Smith and Shu, 2000; Petrosino, 2010). Children tend to confuse “telling” with “tattling” and may feel ashamed about their inability to “stand up for themselves.” When they do bring the issue up to an adult, the adult often does nothing (breaches their trust) or actually makes the problem worse by blaming the victim for overreacting. However, if children do not talk to someone about the problem, it usually does not go away and, in fact, could escalate. Since hearing loss affects language development, we have to be aware that our patients may not know the differences between bullying (repeated, unwanted aggressive behaviors that involve an imbalance of power) and teasing, and may not be able to explain what bullying means. Pediatric audiologists who accept the responsibility for the overall well-being of children with hearing loss (not just their ears) face an important new challenge: to be part of their support system by

helping children talk to us about bullying so that appropriate actions can be taken.

### Health-Care Providers Are Screening for Bullying Problems

In the last two years, pediatricians and other health-care providers have developed protocols to screen for bullying concerns (American Academy of Pediatrics, 2009; U.S. Department of Health and Human Services, 2013). The screening procedures are designed to pose questions during wellness exams and routine visits about feeling safe in school, the child’s friendships, bullying, and reporting protocols. However, pediatric audiology does not yet have such a protocol to help address and prevent bullying among children with hearing loss. This realization prompted us to develop a survey to investigate if individual screening methods are being implemented and if a universal screening protocol should be created to ensure that bullying is being adequately addressed.

### Survey: Do Audiologists Screen for Bullying Problems?

In September 2012, the authors (with others; see the acknowledgments at the end of the article) invited 444 members of the American Academy of Audiology (Academy) identifying themselves as pediatric audiologists to complete a short survey (approved by the University of Akron Institutional Review Board). The request was also sent to the entire membership of the Educational Audiology Association, which ensured intentional recruitment overlap. Both efforts together yielded 308 respondents. Detailed results were shared at AudiologyNOW! 2013 (English et al, 2013); the “typical” or modal respondent was a person who holds a doctor of audiology (AuD) degree; has 20 or more years of

TABLE 1. Common “Red Flag” Behaviors Observed Among Children Who Experience Bullying

<b>Physical Symptoms</b>	Headaches, dizziness, sleep disorders, weight fluctuations
<b>Psychological Symptoms</b>	Feeling alone or left out, nervousness, insecurity, suicide ideation, depression, anxiety
<b>Behavioral Symptoms</b>	Irritability, bad temper, poor concentration, poor school performance, school avoidance, suicide attempts

Source: Hamburger et al, 2011.

TABLE 2. Bullying Screening Questions—Probes for Students

Probe Question	Responses/Proposed Actions
<b>Question 1</b> I'd like to hear about how school is going. Tell me about your friends in school. How many good friends do you have in school?	If "I have many/several (or a number that reflects a reasonable number of friends)," proceed to Question 2.
	If "I have no friends or few friends," follow up with further probes: Why do you think that is? How do you define "good friends"? Pending response, audiologist should discuss situation with parent, classroom teacher, teacher of the deaf (TOD), and/or school counselor and determine necessary follow-up actions to facilitate development of friendships.
<b>Question 2</b> Do you ever feel afraid to go to school? Why?	If "no" or other response that indicates no fear of school, proceed to Question 3.
	If "yes" or other response that indicates fear, formulate probe questions based on the response to "Why?," such as "Tell me more" or "What kind of help are you getting from school (teacher, counselor, principal)?" Make sure student understands and can identify characteristics of bullying behavior. Fear may be bullying related or due to another reason (e.g., difficulty communicating with peers or staff, fear or dislike of a teacher, sexual issue); adjust follow-up probes accordingly. Pending responses, audiologist should discuss situation with parent, classroom teacher, TOD, and/or counselor and determine necessary follow-up actions. Anything abuse related MUST be reported according to school's policies and procedures.
<b>Question 3</b> Do other kids ever bully you at school, in your neighborhood, or online? Who bullies you? What do they say or do?	If "no," make sure student understands and can identify characteristics of bullying behavior, proceed to Question 4.
	If "yes," proceed to Question 5 to ask about resources (school and community), if student is currently getting help, and what help is needed. Discuss situation with parents, teachers, and/or school counselors to determine what follow-up actions are needed, including Individual Education Program (IEP) support.
<b>Question 4</b> What do you do if you see other kids being bullied?	If a reasonable response that includes appropriate school and community resources is provided, then no further action is needed. Be sure to follow up at future audiology appointments.
	If the student does not seem to be aware of resources, discuss with him or her the available resources (school antibullying program) and people he or she should talk with (e.g., teacher/counselor, adult whom he or she can trust). Review IEP needs/services to address bullying needs.
<b>Question 5</b> Who can you go to for help if you or someone you know is being bullied?	If student can identify appropriate resources, then no further actions are necessary.
	If student does not know, be aware of school and community resources; have a list, pamphlets, referral contacts to provide students and families when needed.

experience, at least some of which was in pediatric audiology; and provides services in school and clinical settings.

A set of questions on bullying policies and concerns provided the following information:

- Almost half (43 percent, N = 138) of respondents worked in settings that had formal policies on how to respond to/help with bullying. Their role was typically to report concerns to teachers, principals, Individualized Education Program (IEP) teams, parents, and/or pediatricians.
- When asked if they themselves actively screened for bullying problems, 8 percent (N = 9) said yes.

- When asked if they addressed bullying concerns on an IEP or 504 Plan, more than two-thirds (69 percent, N = 76) indicated no.

- To the question, "Is there a need for guidance for audiologists regarding bullying?" the majority (88 percent, N = 223) of respondents indicated yes.

To summarize: about half of the respondents worked in settings with formal policies to address bullying incidents after they have occurred, but in most cases these policies did not include proactive screening procedures. It seems most policies also do not result in modifications to an IEP. There was very strong agreement regarding the need for guidance to address bullying.

### Helping Kids Tell: A Proposed Screening Protocol

In response to the call for guidance, a proposed protocol is offered here. First, the Bullying Decision Tree (FIGURE 1) was developed to help audiologists begin the process of incorporating screening techniques into their audiology practice, while considering all three participants: audiologist, child, and parent. The goal is to help audiologists recognize the warning signs of bullying, investigate community and school resources, prepare to ask questions and respond to answers, and provide ongoing preventative support.

#### The First "Branch"

The first question on the decision tree is directed to the audiologist: "Are you prepared to ask about and respond to concerns about bullying?" If the answer is NO to either question, the audiologist needs more information. No audiologist should screen until he or she is fully prepared to respond. Therefore, preliminary research into local resources is essential. This may include investigating multidisciplinary, community-based coalitions that provide counseling and community services. Our settings may have social workers or other experts who can provide guidance. Another valuable connection is the local school district. Most school districts have safe school policies and bullying policies. Finding out how your local school district handles these situations is an important first step prior to beginning to screen.

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SUICIDE RISK.**

### The Second and Third “Branches”

These parallel paths address both the child and parent. When we broach the topic of bullying, we immediately reach a decision point based on the child’s and/or the parent’s answer. “Yes” answers take us in one direction, “no” in another.

Anticipating audiologists’ concerns about what to say during these sensitive conversations, in TABLE 2 we offer

suggestions on how to proceed. These sample dialogues have been adapted from the American Academy of Pediatrics (2009) guidelines. The questions are comprised of five main probes. Based on how the child responds to the main probe, the audiologist is prompted to proceed to the next question or is directed to follow up with additional probes in order to gain more insight about the situation. If the discussion indicates any type of bullying



FIGURE 1. Bullying decision tree.

or bullying-related problems, the audiologist can assist in recommending appropriate treatment, referral, and management protocols for students, including appropriate IEP goals and accommodations (see TABLE 3).

If the discussion does not indicate any type of bullying or bullying-related problems, the audiologist may offer preventative approaches. Comparable dialogues with parents have also been created.

When asking these probe questions, the audiologist may encounter reasons to be concerned about the child's risk for self-harm. In this situation, we must follow our facility's protocol and call the suicide prevention hotline for support. It has been shown that involvement in bullying is closely associated with suicide risk (Nordqvist, 2013). Middle school students are three to five times more likely to have suicidal ideations and attempt suicide if they are involved in bullying, compared to uninvolved pupils.

## Next Steps: Expanding Our Role with Appropriate Training

The Academy *Scope of Practice* states that "the audiologist provides counseling regarding the effects of hearing loss on communication and psychosocial status in personal, social, and vocational arenas" (Academy, 2004). We hope colleagues will agree that screening for bullying problems is a necessary refinement of these responsibilities. Our responsiveness to the growing problem of bullying will make a difference.

There is still a great deal of work to do. We recognize the need to develop training materials, workshops, and measures of effectiveness. Questionnaires on bullying problems currently exist; perhaps we should adapt them to include communication concerns. A Web site to provide a home for materials is under development. As work continues, we ask for your support: even though we may

TABLE 3. Sample Individualized Education Program (IEP) Goals and Activities

<p><b>IEP Goals: Social Skill Development</b></p>	<p>Discuss, analyze, and practice appropriate social and pragmatic language behaviors (e.g., sharing, thinking before acting, taking turns in discussion, respecting others' opinions).</p> <p>Participate in friendship groups, activities with peers who are deaf and hard of hearing, and opportunities to interact with adult role models who are deaf or hard of hearing.</p> <p>Discuss the importance of full communication access and how miscommunication may lead to false perceptions of situations.</p>
<p><b>IEP Goals: Self-Advocacy Skill Development</b></p>	<p>Identify bullying and know how to report it.</p> <p>Explain intent behind "telling" vs. "tattling."</p> <p>Tell the difference between playful teasing and bullying.</p> <p>Be able to say "no" or "stop that."</p> <p>Use a signal system when in need of friend or adult intervention.</p>
<p><b>Supplementary Aids, Services, Program Modifications, Supports</b></p>	<p>Ensure audibility and speech intelligibility and/or sign access so child can effectively communicate and interact with peers.</p> <p>Provide hallway and playground monitoring by school staff.</p> <p>Allow child to leave class early to avoid hallway incidents.</p> <p>Use social stories to help child understand difficult situations when they occur.</p> <p>Conduct in-service training session for school staff to understand child's disability and vulnerability.</p> <p>Conduct in-service informational session for classroom peers to help them understand child's disability and/or child's use of assistive technology or interpreter (i.e., things that are "different").</p> <p>Set up a "no questions asked" procedure for child to remove himself or herself from a situation where bullying behavior occurs.</p>

not initially feel comfortable with screening, we should recognize that our uneasiness is insignificant compared to what our patients and students might be going through if we do not reach out. Let's be there for them. 🗣️

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For further information and access to the bullying dialogue questions that have been developed, please contact Carrie Spangler at [cls132@uakron.edu](mailto:cls132@uakron.edu).

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## Recommended Resources

**Hands & Voices** ([www.handsandvoices.org](http://www.handsandvoices.org)) is coauthoring, with Kidpower, information on age-specific development of safety skills: <http://deafed-childabuse-neglect-col.wiki.educ.msu.edu/>.

**PACER's National Bullying Prevention Center:** [www.pacer.org/bullying/resources/students-with-disabilities/](http://www.pacer.org/bullying/resources/students-with-disabilities/).

**StopBullying.gov:** [www.stopbullying.gov/prevention/talking-about-it/index.html](http://www.stopbullying.gov/prevention/talking-about-it/index.html).

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