



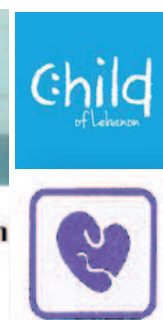
ADOLESCENT HEALTH AND EDUCATION: ROLE OF EDUCATION AND THE PROTECTION OF CHILDREN AT RISK

EXPERT CONSULTATION ON PROTECTING CHILDREN FROM **BULLYING AND CYBERBULLYING**.

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President-Elect, ISCPAN



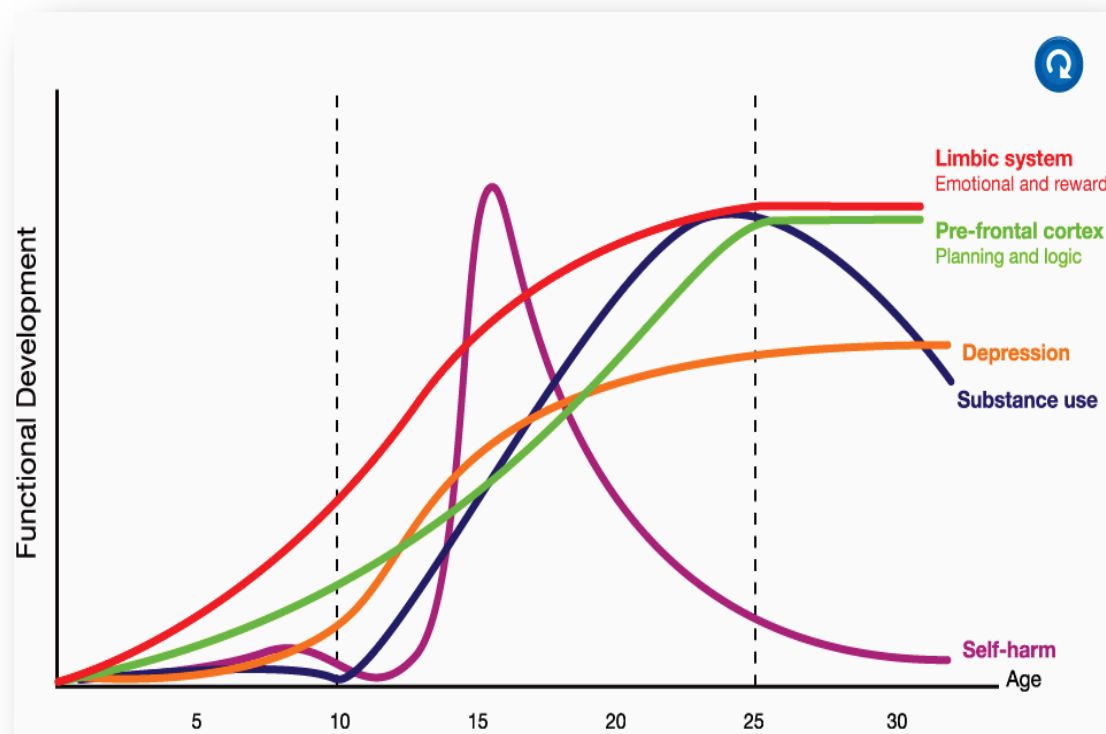


Introduction: Definition of Risk: LGBT?

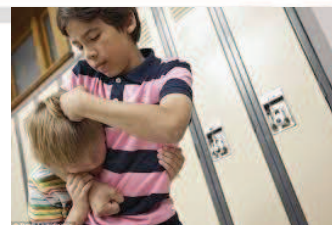
Physical challenge? Family at risk? Computer and Phone? School? Adolescents? Brain?



- Adolescence:
  - one of the most dynamic stages of human development: **Good health is presumed**
  - **rapid development:** physical and mental health conditions, substance use disorders, and health risk behaviors .
- Changes: dramatic physical, cognitive, social, and emotional change
  - **Separation and autonomy.**
  - **Uncertainty and paradox**
- **Preventive care visits** for adolescents provide opportunities for early identification and appropriate management and intervention



Effect of Trauma



■ In one study: **LGBT** young adults who experienced victimization at school during their adolescence were **2.6** times more likely to have **depression**.

■ LGBT young adults who experienced victimization at school during adolescence were **5.6** times more likely to attempt **suicide**.
(Russel et al, 2011)

Adv Child Dev Behav, 2014;47:261-300.

Factors affecting academic achievement among sexual minority and gender-variant youth.

Poteat VP, Scheer JR, Mereish EH.

Abstract

Experiences of victimization among sexual minority youth (e.g., lesbian, gay, bisexual, transgender; LGBT) and gender-variant youth remain pronounced in many schools. Although much work has shown the connection between homophobic bullying and mental and physical health, there has been limited attention to how victimization impedes learning, academic achievement, and other school-related outcomes for these youth. In this chapter, we propose several pathways through which victimization leads to academic disparities among sexual minority and gender-variant youth, with attention to its effects on individual learning processes (e.g., motivation, concentration, self efficacy, and other cognitive stressors) as well as broader psychological and social processes (e.g., mental health, school avoidance, harmful coping strategies, exclusionary discipline). We also consider protective factors (e.g., social support, Gay-Straight Alliances, extracurricular involvement, nondiscrimination policies, inclusive curriculum) that could promote resilience and suggest potential mechanisms by which they may operate. In doing so, we aim to stimulate ideas for an advancement of research in this area.

PMID: 25344999 [PubMed - indexed for MEDLINE]



Am J Community Psychol. 2015 Mar;55(1-2):167-78. doi: 10.1007/s10464-014-9642-6.

Reflecting resiliency: openness about sexual orientation and/or gender identity and its relationship to well-being and educational outcomes for LGBT students.

Kosciw JG¹, Palmer NA, Kull RM.

Author information

Abstract

For lesbian, gay, bisexual, and transgender (LGBT) youth, coming out (i.e., disclosure of LGBT identity to others) can be a key developmental milestone, one that is associated with better psychological well-being. However, this greater visibility may come with increased risk of peer victimization. Being out, therefore, may reflect resilience and may unfold differently depending on ecological context as some spaces may be more or less supportive of LGBT youth than others. This article explores a model of risk and resilience for outness among LGBT youth, including whether it varies by community context. We tested our hypothesized model with a national dataset of 7,816 LGBT secondary school students using multi-group structural equation modeling. Consistent with our hypotheses, outness was related to higher victimization but also to higher self-esteem and lower depression. Greater victimization was related to negative academic outcomes directly and indirectly via diminished well-being. The increases in victimization associated with outness were larger for rural youth, and benefits to well-being partly compensated for their lower well-being overall. This article suggests that being out reflects resilience in the face of higher risk of victimization, in addition to promoting well-being in other ways. Nonetheless, contextual factors influence how this model operates among LGBT youth.

PMID: 24691967 [PubMed - in process]

Am J Orthopsychiatry. 2014 Nov;84(6):635-43. doi: 10.1037/ort0000037.

Being out at school: the implications for school victimization and young adult adjustment.

Russell ST¹, Toomey RB², Ryan C³, Diaz RM³.

Author information

Abstract

Many lesbian, gay, bisexual, and transgender (LGBT) adolescents disclose their sexual and/or gender identities to peers at school. Disclosure of LGBT status is linked with positive psychosocial adjustment for adults; however, for adolescents, "coming out" has been linked to school victimization, which in turn is associated with negative adjustment. This study investigates the associations among adolescent disclosure of LGBT status to others at school, school victimization, and young adult psychosocial adjustment using a sample of 245 LGBT young adults (aged 21-25 years, living in California). After accounting for the association between school victimization and later adjustment, being out at high school was associated with positive psychosocial adjustment in young adulthood. Results have significant implications for training of school-based health and mental health providers, education and guidance for parents and caregivers, fostering positive development of LGBT youth, and developing informed school policies and educational practices.

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PMID: 25545431 [PubMed - in process]



Stages of adolescent development

Early adolescence

- Moodiness, sense of identity
- Less attention to parents, friendships importance
- **Peer group influence** & interests; clothing styles
- Occasional experimentation: cigarettes marijuana, & alcohol
- Increasing career interest
- Sexuality: Shy, privacy, body experimentation, worries about normality

Middle adolescence

- Self involvement, low opinion on parents; withdrawal
- Complaints about parents interference with independence / sadness [psychological loss of the parents]
- **Effort to make new friends, frequently changing relationships**
- Greater capacity for setting goals
- Sexuality: Concerns about attractiveness, movement towards heterosexuality, fears of homosexuality

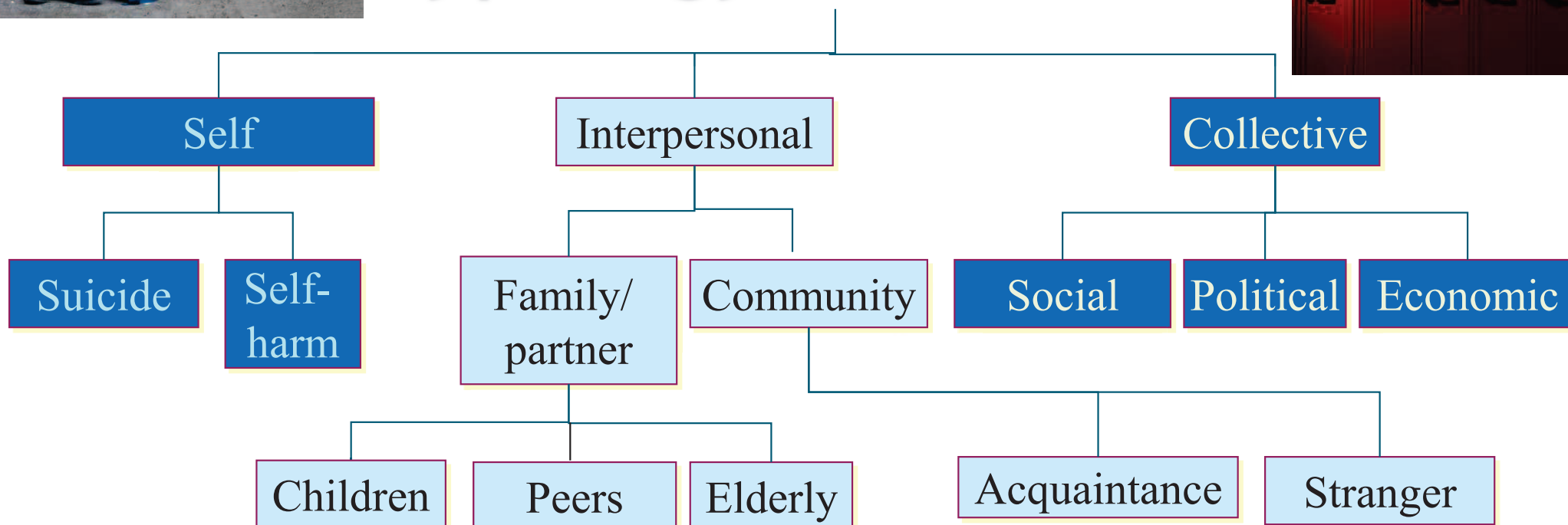
Late adolescence

- Firmer identity, pride in work
- Greater emotional stability
- **Stable interests**, higher level of concern in future, thoughts about one's role in life
- Concerned with serious relationships
- Sexuality: clear sexual identity, capacities for tender and sensual love



Typology of Violence

Bullyproof Webinar
Starting Soon »



Physical

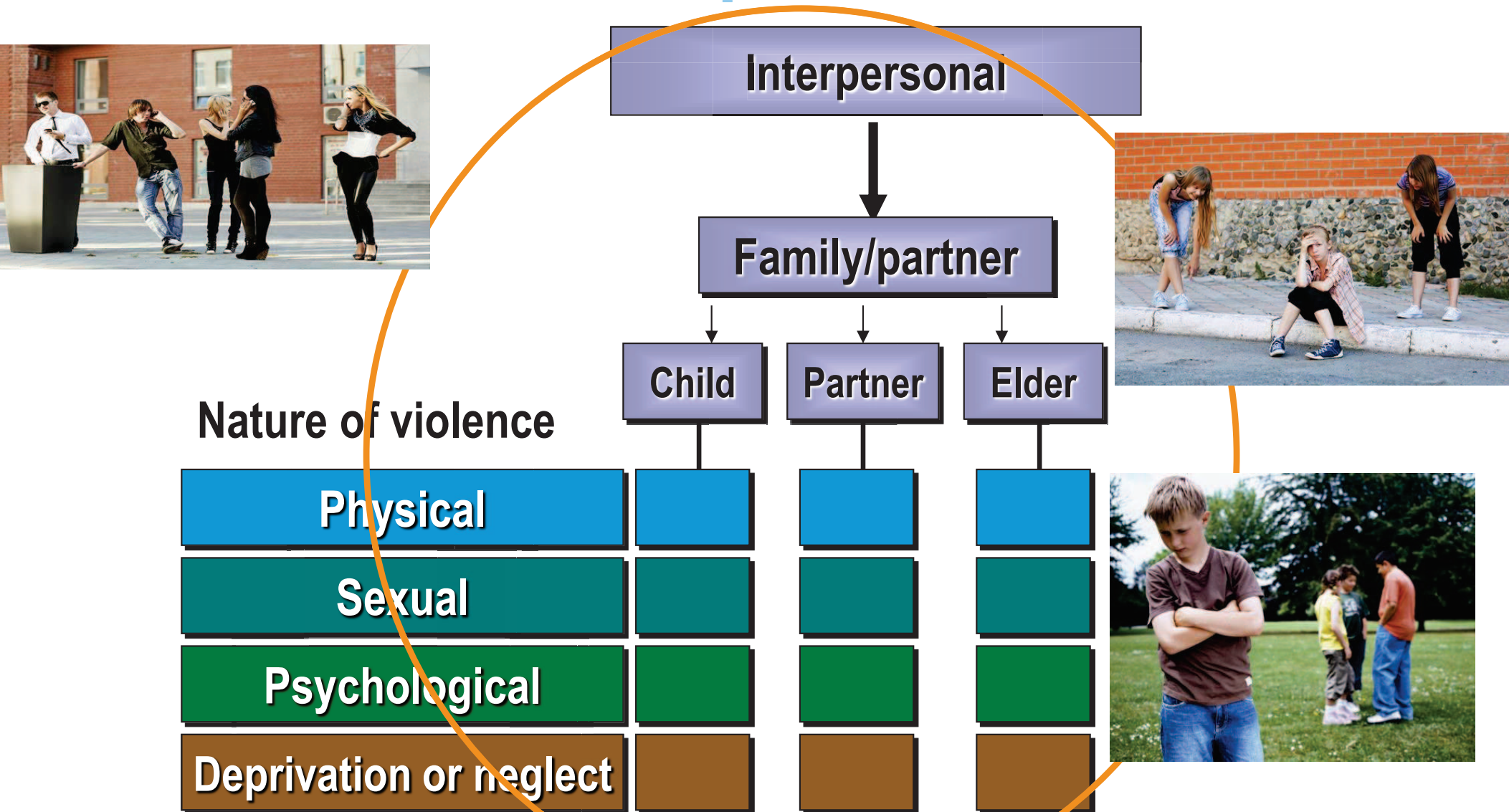
Sexual

Psychological

Neglect



Nature & consequences: definition



Nature & consequences: life course approach

Death

Felitti VJ, Anda RF

Am J Prev Med. 1998 May;14(4):245-58.

Early
Death

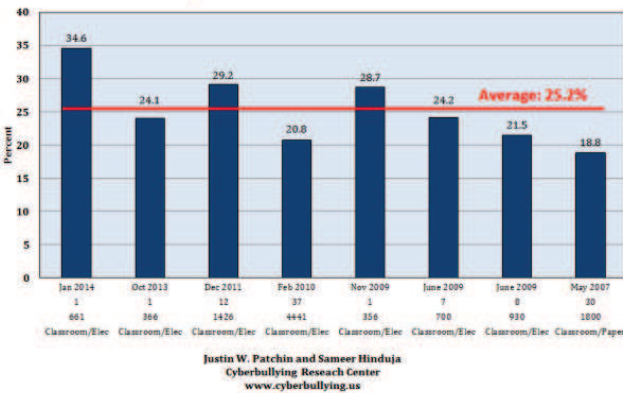
Disease,
Disability

Adoption of
Health-risk Behaviors

Social, Emotional &
Cognitive Impairment

Adverse Childhood Experiences

Lifetime Cyberbullying Victimization Rates
Eight Different Studies 2007-2014



Birth



Adverse Childhood Experiences (ACEs) Study

ACEs increase risk of heart disease*

Dong et al, *Circulation*, 2004

Emotional Abuse	1.7x
Physical Abuse	1.5x
Sexual Abuse	1.4x
Emotional Neglect	1.3x
Physical Neglect	1.4x
Domestic Violence	1.4x
Mental Illness	1.4x
Substance Abuse	1.3x
Household Criminal	1.7x



*After correcting for age, race, education, smoking & diabetes

Eight country* ACE study in university/ college students

ACEs are common:

⑩ Physical abuse:	18.6%
⑩ Sexual abuse:	7.5%
⑩ Domestic violence:	14.6%
⑩ Parental separation:	14.1%
⑩ Emotional neglect:	11.8%
⑩ Emotional abuse:	8.0%
⑩ Household member depressed:	10.0%
⑩ Household member alcoholic:	16.4%
⑩ Household member incarcerated:	5.3%
⑩ Household member street drug user:	2.6%

Increased risks of:

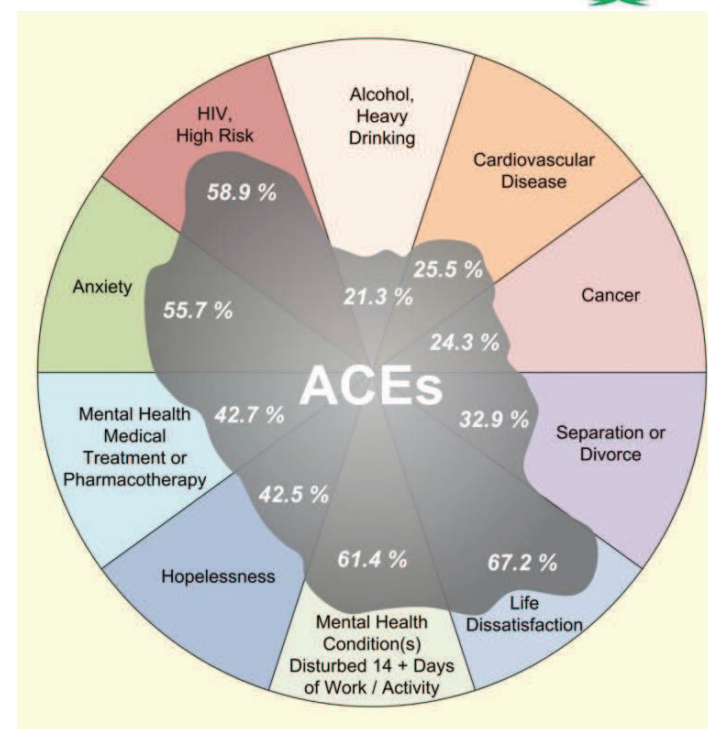
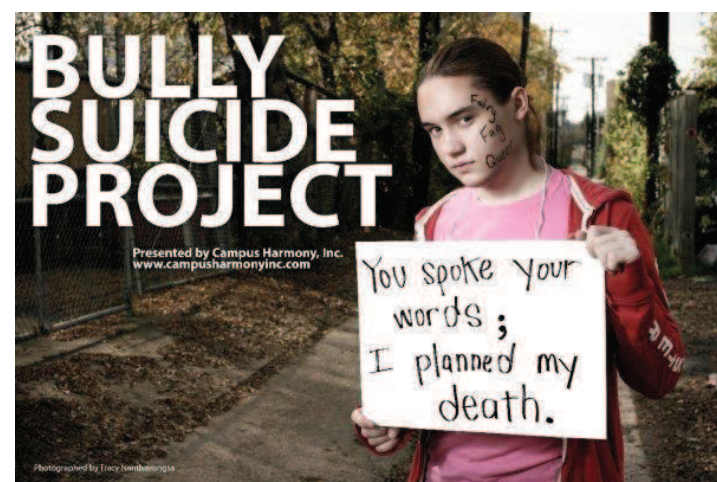
•Attempt suicide	49 fold
•Current smoking	3 fold
•Street drugs	6 fold
•Problem drinker	10 fold
•Underage sex	3 fold
•5+ sexual partners	4 fold
•Physically inactive	2 fold

*Albania, Latvia, Lithuania, FYR Macedonia, Montenegro, Romania, Russian Federation, Turkey



Suicide Risk/Depression Screening

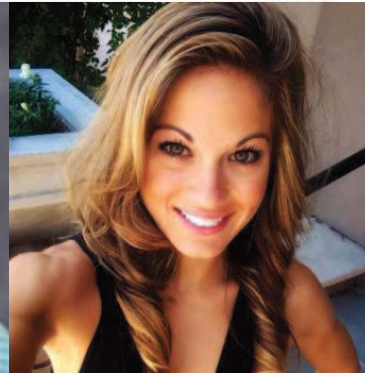
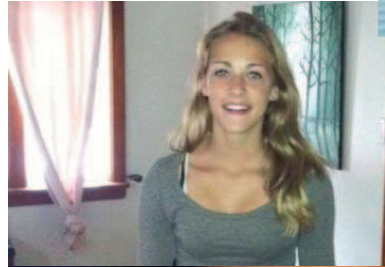
- **Sleep** disorders Appetite/**eating** behavior change.
- Feelings of “boredom”.
- Emotional outburst and highly **impulsive** behavior.
- History of **withdrawal/isolation**.
- **Hopeless/helpless** feelings;
- History of past suicide attempts, depression, psychological counseling.
- History of **suicide in family or peers**.
- History of drug/alcohol abuse, acting out/crime, recent **change in school**
- History of recurrent serious “**accidents**”.
- Psychosomatic symptomatology.
- Suicidal ideation.
- Decreased affect on interview, **avoidance of eye contact – depression posturing**.
- **Preoccupation with death** (clothing, music, media, art).
- History of psychosocial/**emotional trauma**.





Self esteem

- Despair, solitude, feelings of fear, anxiety: significant increase with reduction in self esteem
- Suicide: significant increase with reduction in self esteem
- **Parental support:** important influence on self esteem





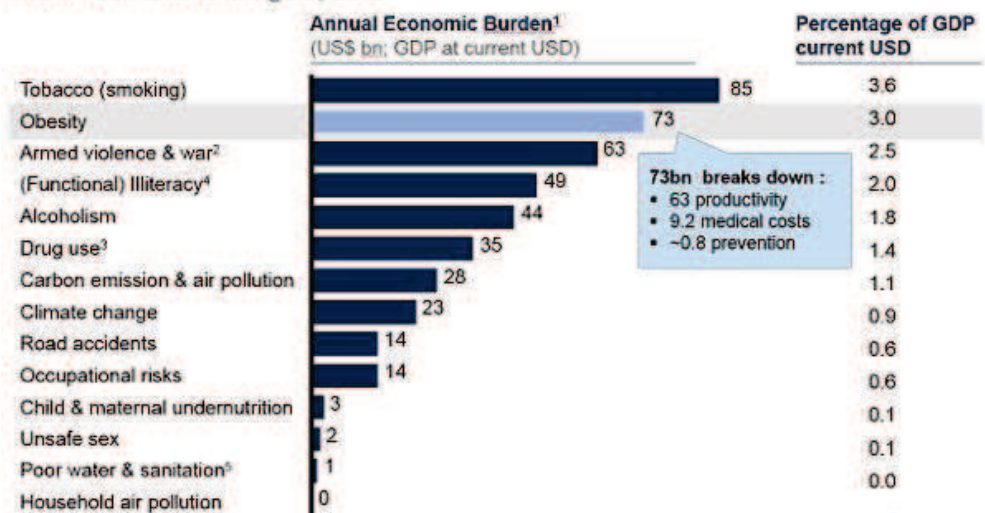
Self esteem

- ❑ No significant difference: **self esteem** v/s **gender**
- ❑ Adolescents carrying a **fire arm**: Males
- ❑ Serious suicidal thoughts in last 12 months: **9.39%**
- ❑ **Automutilation & suicide** : independent behaviors



Obesity is one of the top three UK social burdens generated by human beings

Selected global social burdens, estimated annual UK direct economic impact and investment to mitigate, 2012

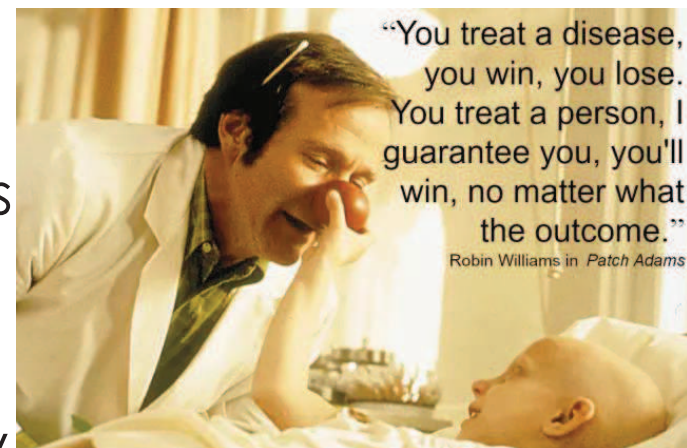


¹ Based on 2010 DALY data from the Global Burden of Disease and 2012 economic indicators from the Worldbank, excluding associated revenue or taxes, including lost productivity due to disability and death, direct cost, e.g. for healthcare, and direct investment to mitigate, GDP data on PPP basis
² Including military budget ³ Includes associated crime and imprisonment ⁴ Includes functional illiteracy ⁵ Excl. lost time to access clean water source



Psychosocial medical history in well care visit

- Major cause of morbidity and mortality: **unintentional injuries** (motor vehicle accidents, drug or alcohol use).
  - Next: pregnancy, sexually transmitted disease (STD), eating disorders, and mood disorders.
  - Situations are not easily amenable to physiologically-oriented health care provider...**may not even show up on the standard interview**
- **H**ome
  - **E**ducation and **E**mployment
  - **E**ating
  - **A**ctivities
  - **D**rugs
  - **S**exuality
  - **S**uicide and depression
  - **S**afety from injury and violence (high risk behaviors)





Confidentiality



- **Trusting environment** : patient privacy encourages and increases honest seeking care during health care visit.
- **Stigmatizing conditions**: reproductive, sexual, public and psychiatric health: private information will not be disclosed to family or employers without their consent.





Guidance for parents



- Discuss **normative** physical, psychosexual and psychosocial development; Social climate; Community assessment;
- Assist in making appropriate parental decisions and **adapting parenting practices** to meet teen's needs
- Counsel on the importance of **parental involvement** and attitudes on adolescent behaviors
- Discuss bullying. Discuss the importance of being positive **role models**
- Counsel to monitor teen's use of **online** social media
- Counsel to **take seriously any comments** or indications of bullying in their teen; Seek out support; Provide training; Respond consistently and appropriately;



على الأهل التأكد من الأمور التالية في هذه المرحلة:

التأكد من أن المراهق:	التأكد من أن المراهق:
يعاني من مشكلة في العضة	يعتني جيداً بجمه وأسنانه
يتبع لدى ممارسة الرياضة	يعلم وظائفه الشخصية
يعاني من آلام متكررة أو إرهاق دائم	ينام جيداً وبالانتظام
يشكو من خوف غير مبرر وغير منطقي	يأكل بشكل صحي وموثر
يشعر بالحنن أو غيظ الصدر أو يشكو باستمرار	يمارس الرياضة بانتظام
تظهر علامات عدم الاهتمام أو الإستمتاع بالقيام بأي عمل	يتصرف بشكل جيد في البيت
يدخن التبغ أو التبيك	علاقته جيدة مع الأهل
يشرب الكحول	يتصرف بشكل جيد في المدرسة
تعاين المخدرات	علاقته جيدة مع الأصدقاء
يعاني من مشاكل في التحصيل العلمي	يقوم بنشاطات خاصة
يعاني من تقلبات مزاجية غير طبيعية	مستقل في الدراسة والحياة اليومية
	لديه في الشخصية

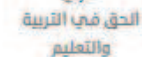
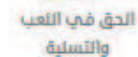
الإيمان

الانتحار

التسريب
المدرسي

The recommendations in this statement do not indicate an exact standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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Sustainable Development Goals- 2030; 169 targets/ 300 indicators

1. End poverty
2. End hunger / improve nutrition
3. **Ensure healthy lives across life course**
4. **Inclusive / equitable education**
5. Gender equity / empower women
6. Water and sanitation for all
7. Sustainable energy
8. Sustainable work and employment
9. Resilient infrastructure / industry
10. Reduce inequality
11. Make cities safe / sustainable
12. Sustainable consumption patterns
13. Combat climate change
14. Conserve marine resources
15. Protect ecosystems
16. **Promote inclusive societies**
17. **Global partnerships**



Psychological Maltreatment

Safety at School

ISPCAN Psychosocial Response
for Child Abuse and Neglect



ISPCAN Mental Health Curriculum

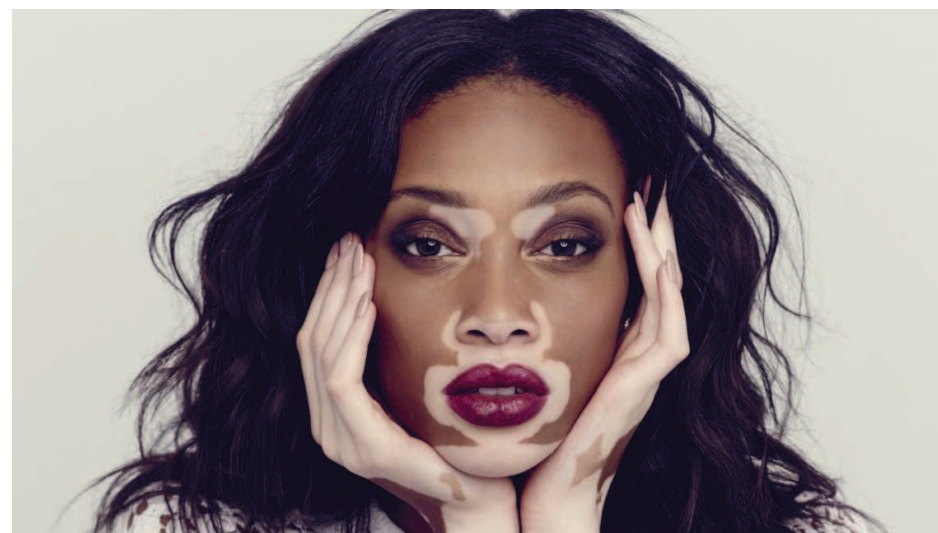
Draft presented at the 16th ISPCAN International Congress on Child Abuse and Neglect, September 3, 2006, York, UK. Reviewed by Kempe Center 2013





Conclusion: « Bullying always stops »

- Bullying is probably one of the most **difficult and prevalent** problems that families and schools face today.
- **Victimization** is strongly associated with adverse childhood experiences: depression, loneliness, and low social and global self-esteem.
- Students who are the target of bullying are likely to **avoid going to school** because they fear for their safety.
- **School Bullying** assessment and prevention need further attention globally and in the Arab region.





The way forward: Tomorrow is today

• Legal and Policies:

- CRC: Revisit Article 19 where appropriate; address opportunities and coalitions
- Adolescent health requisites in national bodies and country reports
- Child and Youth participation and outreach

• Health: PHA + CRA

- Research and Knowledge:
  - Brain development: Early and late childhood.
  - Prevalence and consequences: I-CAST, etc.
  - interaction with other life indicators: ACE, etc.
- Adolescent health: pediatric groups
  - Primary health care and health records
  - Mental health in curriculum and secondary prevention: DSM, ICD, etc.
  - ER response and tertiary prevention



High Time to Stop Violence Against Children
2016 | *The Countdown to 2030 has started!*
UN Study on Violence Against Children +10

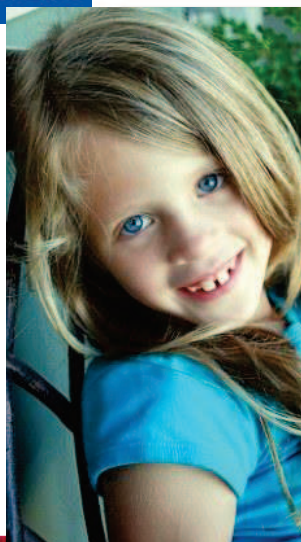
• Social and Education:

- Interdisciplinary family counseling; role of media and professional conferences
- Early positive parenting; EBF
- School child protection units
- School curriculum



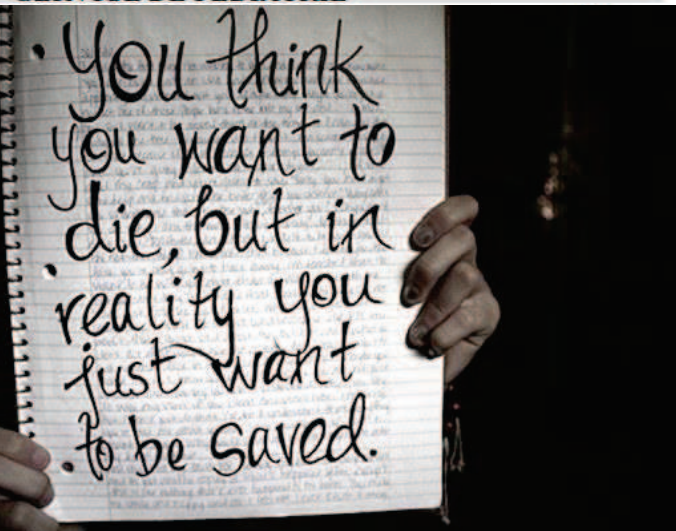
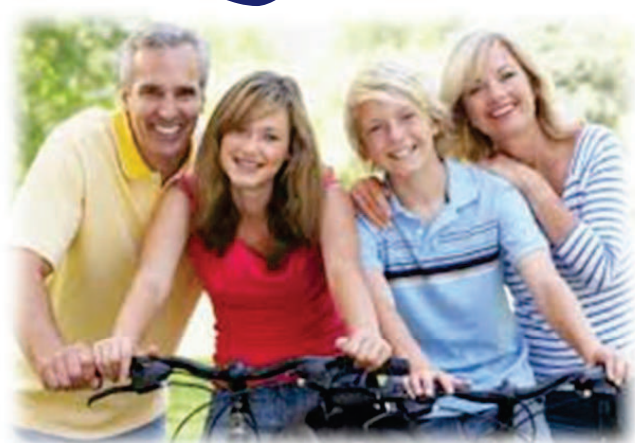


Merci
Thank you
شكراً



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SERVICE DE PÉDIATRIE



Protecting Children in Arab Countries: Opportunities and Challenges





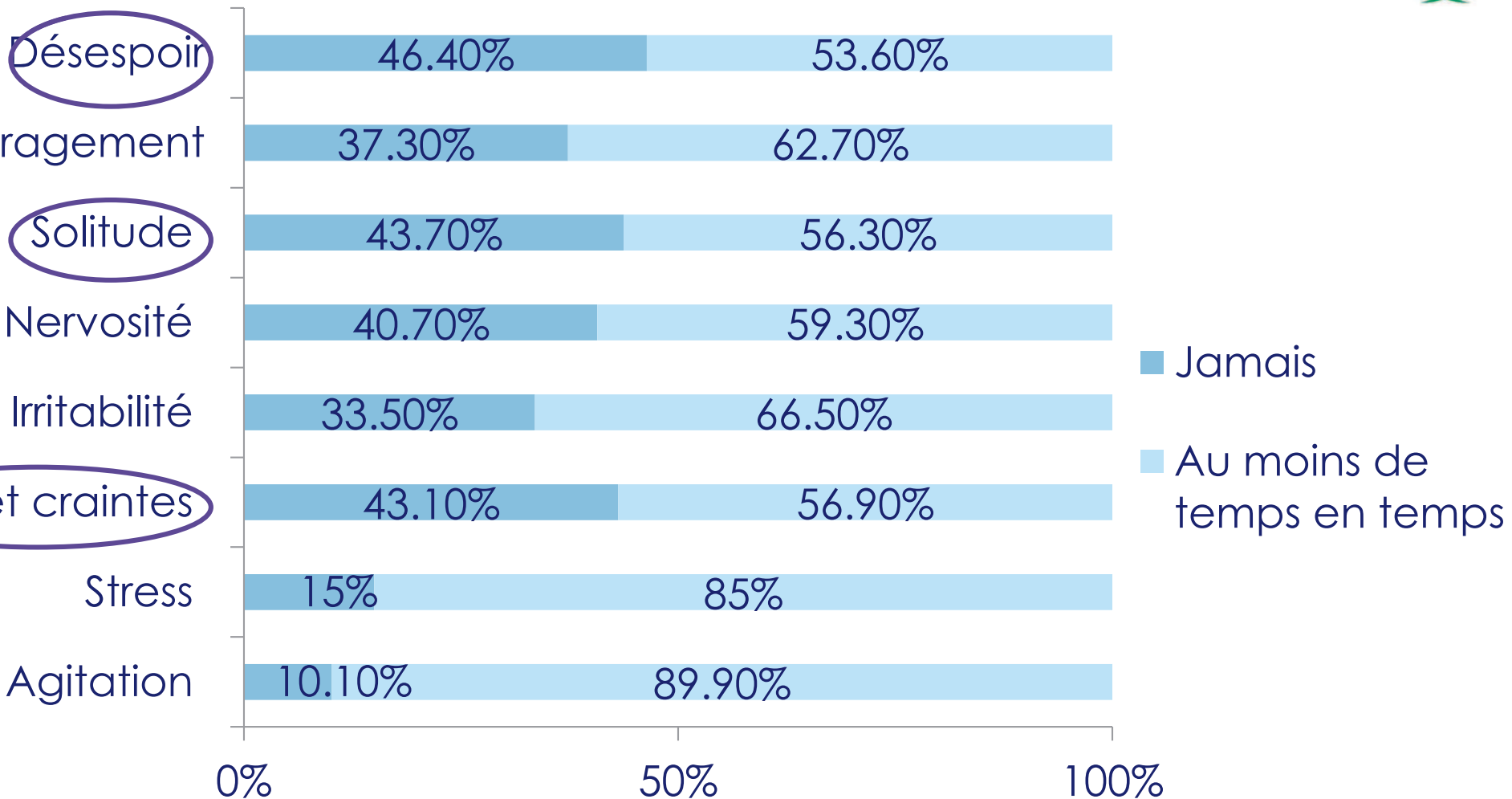
References



- *Bullying among middle-school students in low and middle income countries*, Lila Fleming and Kathryn Jacobsen, Oxford Univeristy Press, 2009.
- *Magnitude and Impact of Bullying among school pupils in Muscat*, Muna ALSaadoon, Yahya Al Farsi, Scientific World Journal, 2014.
- *School Bullying in the Arab World: A review* , Shahe Kazarian, Joumana Ammar, The Arab Journal of Psychiatry, 2013



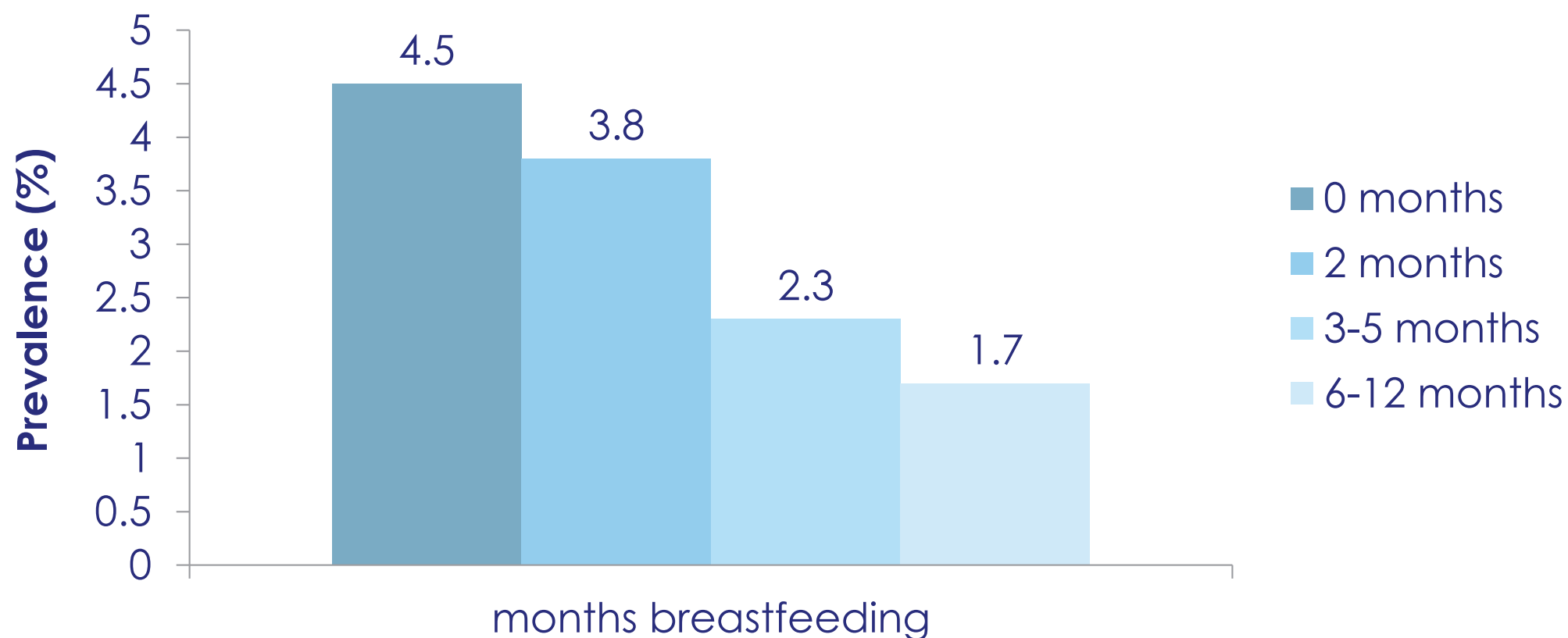
III. Self esteem



Main emotions in adolescence.



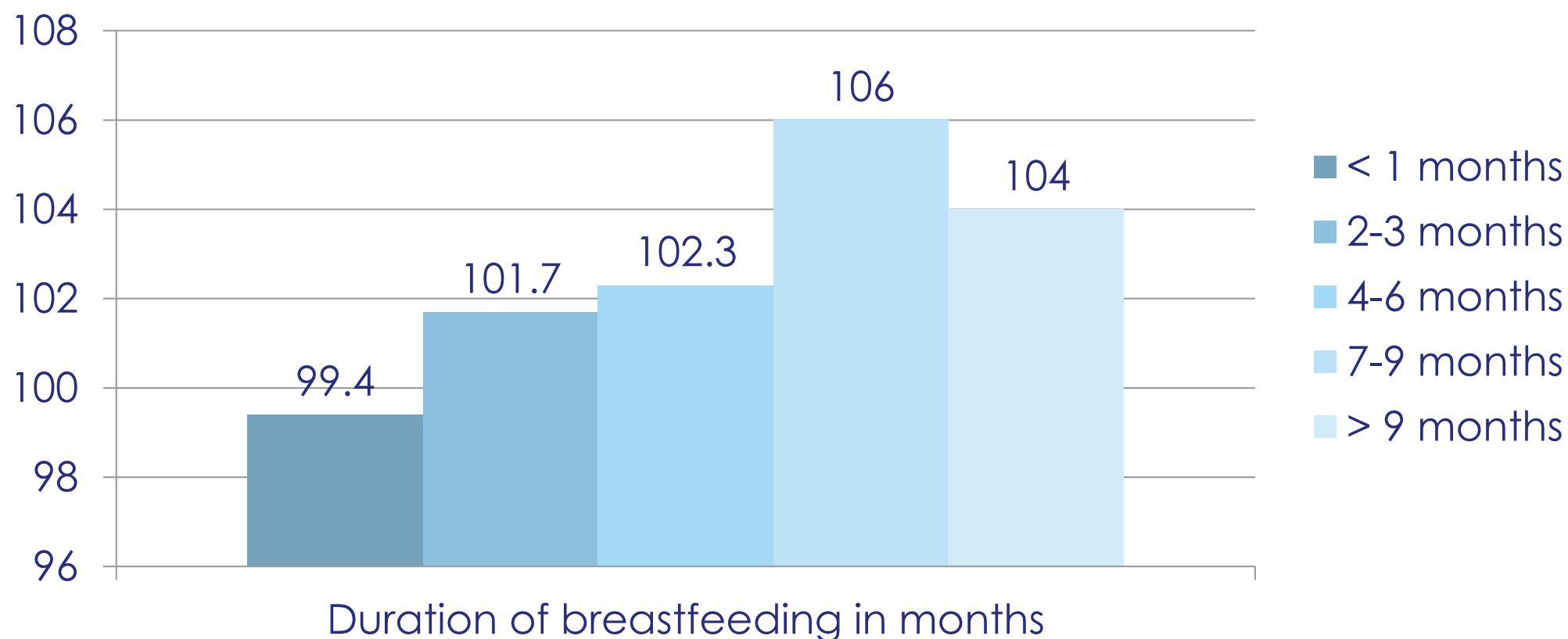
Breastfeeding decreases the prevalence of obesity in childhood at age five and six years, Germany



Adapted from: von Kries R, Koletzko B, Sauerwald T et al. Breast feeding and obesity: cross sectional study. *BMJ*, 1999, 319:147-150.



Duration of breastfeeding associated with higher IQ scores in young adults, Denmark



Adapted from: Mortensen EL, Michaelsen KF, Sanders SA, Reinisch JM. The association between duration of breastfeeding and adult intelligence. *JAMA*, 2002, 287: 2365-2371.



Magnitude and Impact of Bullying across the world

- Bullying at school:
  - STRESS that affects children
  - serious **academic, physical, social** and **psychological** consequences.
- **global** problem:
  - incidence : 9 to 45 % among males and 5 to 36 % among females *
  - Multiples studies accross North America, USA, Canada, India, Korea, Zambia showed almost the same prevalence (age-adjusted) around **30%**

*Craig et Al ; 2009



Situation in the Arab world- Available studies



- **Turkey** , 2007: **17 %** of primary students admitted having been bullied
- **Israel** , 2006 : bullying was found in **15 %** of students
- Comparison of peer bullying among high school students in **Iran and Turkey**: Iranian students were significantly more victimized physically than their Turkish counterparts, whereas the Turkish students were more isolated than the Iranian students.
- Cross Sectional study done in **Oman** in 2006-2007, including 1229 eight-grade students; the results showed:
  - **76.5 %** reported been bullied
  - No sexe ratio discrimination
  - Most common type is **verbal** (47.7%) followed by social
  - Most common site for bullying is **school** (80%) then bus then the neighbourhood
  - The perpetrator is **older** (60%)
  - The number of pupils who **missed > 7 school days** is higher among bullied students



Impact of being bullied



Lebanon

- Mental Health factors associated with bullied adolescents :
  - 48.5 % of the one feeling **sad** have been bullied
  - 75.2 % of the one feeling **lonely** have been bullied
  - 83.6 % of the one experiencing **insomnia** have been bullied
  - 23.4 % of the one having **suicidal ideation** have been bullied
- Risk behavior associated with bullied adolescents :
  - 24% are consuming alcohol, 5 % are using drugs

Jordan

- Mental Health factors associated with bullied adolescents :
  - 57.6 % of the one feeling **sad** have been bullied
  - 75.6 % of the one feeling **lonely** have been bullied
  - 78.5 % of the one experiencing **insomnia** have been bullied
  - 19.7 % of the one having **suicidal ideation** have been bullied
- Risk behavior associated with bullied adolescents :
  - 35.7 % are smokers

UAE

- Mental Health factors associated with bullied adolescents :
  - 51.1 % of the one feeling **sad** have been bullied
  - 79.1 % of the one feeling **lonely** have been bullied
  - 79.9 % of the one experiencing **insomnia** have been bullied
  - 22 % of the one having **suicidal ideation** have been bullied
- Risk behavior associated with bullied adolescents :
  - 31.5% are smoking



Situation in the Arab world- Available studies

- Interest in school bullying in the Arab World is recent : 88 % *of studies are conducted after 2005*
- Main studies aimed the prevalence among middle-school adolescents (13-15 years old) in different arabic regions ; through GSHS surveys *
  - United Arab Emirates: 20.9 %
  - Morocco : 31.9 %
  - Lebanon : 33.6%
  - Oman : 49.1 %
  - Jordan : 44.2 %

* *Health behavior measurement tool*



Socio-cultural perspective- Arab region

- Informal surveys of teachers in Lebanese Schools suggest that peer-on-peer bullying occurs on the basis of **religious sects** (Shiite vs Sunni), **physical appearance** (crooked teeth, overweight) and **perceived sexual orientation**.
- Oman study shows that **physical appearance** is the most reported reason followed by academic performance.
- **Mass media** that glorify Violence among Arab youth is a major factor incriminated.