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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- 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
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)
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

Self
- Suicide
- Self-harm

Interpersonal
- Family/partner
- Community

Collective
- Social
- Political
- Economic

Children
Peers
Elderly

Acquaintance
Stranger

Types of Violence

Physical

Sexual

Psychological

Neglect
Nature & consequences: definition

Nature of violence

Interpersonal

Family/partner

Child

Partner

Elder

Physical

Sexual

Psychological

Deprivation or neglect

World Health Organization

Preventing child maltreatment
Nature & consequences: life course approach

Felitti VJ, Anda RF
**Adverse Childhood Experiences (ACEs) Study**

<table>
<thead>
<tr>
<th>Experience</th>
<th>Increase in Risk</th>
</tr>
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<tbody>
<tr>
<td>Emotional Abuse</td>
<td>1.7x</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>1.5x</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>1.4x</td>
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<tr>
<td>Emotional Neglect</td>
<td>1.3x</td>
</tr>
<tr>
<td>Physical Neglect</td>
<td>1.4x</td>
</tr>
<tr>
<td>Domestic Violence</td>
<td>1.4x</td>
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<tr>
<td>Mental Illness</td>
<td>1.4x</td>
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<tr>
<td>Substance Abuse</td>
<td>1.3x</td>
</tr>
<tr>
<td>Household Criminal</td>
<td>1.7x</td>
</tr>
</tbody>
</table>

ACEs increase risk of heart disease*  

Dong et al, *Circulation*, 2004

*After correcting for age, race, education, smoking & diabetes*
Eight country* ACE study in university/college students

ACEs are common:

<table>
<thead>
<tr>
<th>ACE Category</th>
<th>Prevalence</th>
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</thead>
<tbody>
<tr>
<td>Physical abuse:</td>
<td>18.6%</td>
</tr>
<tr>
<td>Sexual abuse:</td>
<td>7.5%</td>
</tr>
<tr>
<td>Domestic violence:</td>
<td>14.6%</td>
</tr>
<tr>
<td>Parental separation:</td>
<td>14.1%</td>
</tr>
<tr>
<td>Emotional neglect:</td>
<td>11.8%</td>
</tr>
<tr>
<td>Emotional abuse:</td>
<td>8.0%</td>
</tr>
<tr>
<td>Household member depressed:</td>
<td>10.0%</td>
</tr>
<tr>
<td>Household member alcoholic:</td>
<td>16.4%</td>
</tr>
<tr>
<td>Household member incarcerated:</td>
<td>5.3%</td>
</tr>
<tr>
<td>Household member street drug user:</td>
<td>2.6%</td>
</tr>
</tbody>
</table>

Increased risks of:

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Increased Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attempt suicide</td>
<td>49 fold</td>
</tr>
<tr>
<td>Current smoking</td>
<td>3 fold</td>
</tr>
<tr>
<td>Street drugs</td>
<td>6 fold</td>
</tr>
<tr>
<td>Problem drinker</td>
<td>10 fold</td>
</tr>
<tr>
<td>Underage sex</td>
<td>3 fold</td>
</tr>
<tr>
<td>5+ sexual partners</td>
<td>4 fold</td>
</tr>
<tr>
<td>Physically inactive</td>
<td>2 fold</td>
</tr>
</tbody>
</table>

*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
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**

- **Home**
- **Education and Employment**
- **Eating**
- **Activities**
- **Drugs**
- **Sexuality**
- **Suicide and depression**
- **Safety 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;
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
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

• Heath: 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

• Social and Education:
  • Interdisciplinary family counseling; role of media and professional conferences
  • Early positive parenting; EBF
  • School child protection units
  • School curriculum

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

Be a buddy, not a bully
You are not alone
Merci
Thank you
 شكراً
References

• Bullying among middle-school students in low and middle income countries, Lila Fleming and Kathryn Jacobsen, Oxford University 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
Main emotions in adolescence.

- **Agitation**: 10.10% - 89.90%
- **Stress**: 15% - 85%
- **Peurs et craintes**: 43.10% - 56.90%
- **Irritabilité**: 33.50% - 66.50%
- **Nervosité**: 40.70% - 59.30%
- **Solitude**: 43.70% - 56.30%
- **Découragement**: 37.30% - 62.70%
- **Désespoir**: 46.40% - 53.60%

**Self-esteem**
Breastfeeding decreases the prevalence of obesity in childhood at age five and six years, Germany.

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

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 across 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 being 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 to determine 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.