Bullying

Sticks and stones can break...: building a case for when names can hurt you

M Augustyn

Commentary on the paper by Griffiths *et al* (see page 121)

"Power corrupts, and absolute power corrupts absolutely." [Lord (John Emerich Edward Dalberg) Acton]

Bullying as an international problem has been recognised in multiple studies over the last ten years. Almost 30% of teens in the United States (or over 5.7 million) are estimated to be involved in bullying as either a bully, a target of bullying, or both. In a recent US survey of students in grades 6–10, 13% reported bullying others, 11% reported being the target of bullies, and another 6% said they bullied others and were bullied themselves.¹ In a study comparing rates of bullying between England and Germany, major differences were found in victimisation rates, with 24% of English pupils becoming victims every week compared with only 8% in Germany. In contrast, fewer boys in England engaged every week in bullying (2.5–4.5%) than German boys (7.5%), while no differences were found between girls.² Few can argue that bullying is a problem, but if we are to consider solutions, we must explore what got us to the problem in the first place.

In the thought provoking article by Griffiths and the ALSPAC Study Team,³ further evidence of obesity as a risk factor for bullying victimisation and overt bullying behaviour is presented. Perhaps most compelling in this study, they found that *level* of adiposity was significant—that is, overweight status of boys and girls was not found to significantly predict bullying involvement, but obesity was. These results may be seen as further evidence supporting the Transactional Model of Sameroff.⁴ In the Transactional Model, how a child turns out is neither a function of the child alone nor of experience alone, but a combination of an individual and his or her experience. The Transactional Model embeds a child in an environment of social relationships that will amplify some early characteristics and minimise others.

In this model obesity would be viewed as another risk factor in creating a negative social relationship: bullying. It would be added to the list of other risk factors for this behaviour, including: academically advanced or challenged students, physically disabled children, homosexual and transgendered students,

and children with school alienation.^{5,6} A common thread can be seen among these characteristics: power, or more specifically those who have it and those who don't. Exploring *power*—how it is defined and maintained in childhood will be important in exploring effective intervention programmes to overcome the rising volume of bullying behaviour. This work is critically important if we are to shift the culture from one where power defines a child's future to one where equal opportunity exists for all. Only then can we make the playground a place where *even names* cannot hurt you.

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Neonatology

The nursery needs discoveries

V Harrison

Neonatologists need to readdress the factors that influenced past discoveries

"To cure sometimes, to relieve often, to comfort always"

The care of newborn babies has been enhanced significantly by these objectives, but in recent times the

pace of discoveries for curing has slowed considerably.

A GOLDEN ERA, THEN DECLINE

Consider the therapeutic advances over four decades, the two preceding and the

two following 1980. The first period was characterised by a significant decline in neonatal morbidity and mortality. It was highlighted by the prevention of haemorrhagic disease, tetanus, rhesus disease, rubella, apnoea of prematurity, hypoglycaemia, and hyaline membrane disease. Further contributions included phototherapy, resuscitation, intermittent positive pressure ventilation, and continuous positive airways pressure. A golden age of therapy indeed!

By contrast the second period looks rather sparse. It heralded the prevention of neural tube defects, but then the pace of discovery slackened. With the exceptions of surfactant and kangaroo care, advances like oscillation, nitric oxide, and ECMO are applicable to relatively