



# Anti-Bullying Rapid Review

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## Response by Continence Health Australia

Aim of feedback to Review: provide children who live with incontinence (of bladder or bowel) and their parents, confidence that no matter where a child goes to school toileting needs will be managed in an appropriate way that minimises risk of bullying.

### **The problem**

Bullying in school toilets is the reason that between 28-62% of primary age children avoid defaecating at school. Additionally, school toilets are considered dirty, smelly and frightening, contributing to withholding of urine and stool and potential lifelong elimination dysfunction (1).

Children who experience incontinence at school are at high risk of being bullied, teased and isolated from social interaction. This is bidirectional, meaning that urinary or bowel symptoms are associated with an exposure to bullying and also that bullying creates toileting anxiety and avoidance that may underlie development of bladder and bowel symptoms. Additionally, children who experience faecal soiling can be both victims and perpetrators of bullying (2). Although bullying exposure is multifactorial, there is a clear association between severity of bladder and bowel symptoms and bullying victimisation (3).

Physical forms of bullying have been shown to be associated with both high scores on a bladder symptom measure and high anxiety levels (4). Higher bullying scores are seen in children with urinary tract symptoms than in children free of these symptoms (4). In adolescents, bullying has been associated with 2.9 times the risk for urinary urgency, the precursor of urinary incontinence, due to avoidance of school toilets (5).

Quality of life of children with bladder or bowel dysfunction is significantly impaired. Children with these issues have more problems with peer relationships at school, poorer self-image and more negative perceptions of school than children with normative development (6). Children who experience faecal incontinence have worse quality of life than children with bladder symptoms; co-existing bladder and bowel incontinence confers the greatest risk for impaired quality of life (7).

### **The solution**

Children who experience bladder and or bowel difficulties at school need

- Individualised access to a dedicated clean, safe toilet
- A "no ask leave-card" from the classroom
- Access to continence products and spare clothes
- Non-stigmatised access to staff if assistance to toilet / clean- up is required
- Individualised review by school counsellor to screen for bullying and other mental health risks ie anxiety, toilet avoidance, depression, isolation
- School-level process to recognise toileting issues and referral to continence assessment services

- Teacher education about promoting healthy bladder and bowel function during the school day
- A school continence management plan
- Individualised review by school counsellor to screen for bullying and other mental health risks ie anxiety, toilet avoidance, depression, isolation

All children attending school in Australia must be guaranteed a safe toileting environment. Significant dialogue is required to develop and enact a solution to unsafe toilet spaces in our schools. This may include toilets attached to classrooms, individual toilet cubicles opening directly onto multiple high traffic areas and regular cleaning of toilets (as seen in shopping centres). Engagement with children and parents will likely provide the best targeted solutions.

Children with disabilities that affect toileting, and the 6% of children with normative development that experience urinary incontinence during the day, need psychological and physical safety around elimination. Children with bedwetting who attend overnight school excursions also require privacy, safety and compassion.

Continence Health Australia (formally Continence Foundation of Australia) is the national lead body for continence health in Australia. Continence Health Australia has worked with, and is led by, continence health experts across the medical, nursing, physiotherapy and other allied health sectors. Continence Health Australia works with people of all ages impacted by incontinence and with families and carers, as well as government and other stakeholders to provide support services, education and information aimed at reducing the stigma and restrictions of incontinence. Continence Health Australia is ideally placed to provide options that reduce bullying in schools for all children, particularly for young people living with bladder and bowel symptoms.

Call our National Continence Helpline for free and confidential advice 1800 33 00 66 8am-8pm AEST Mon – Fri

[www.continence.org.au](http://www.continence.org.au)

## References

1. Vernon S, Lundblad B, Hellstrom AL. Children's experiences of school toilets present a risk to their physical and psychological health. *Child: care, health and development*. 2003 Jan;29(1):47-53.
2. Joinson C, Herron J, von Gontard, A & ALSPAC Study Team 2006, Psychological Problems in Children With Daytime Wetting, *Pediatrics*, vol. 118, no.5,pp. 1985-1993,
3. Ching CB, Lee H, Mason MD, Clayton DB, Thomas JC, Pope JC, Adams MC, Brock JW, Tanaka ST. Bullying and lower urinary tract symptoms: why the pediatric urologist should care about school bullying. *The Journal of Urology*. 2015 Feb;193(2):650-4.

4. Zhao PT, Velez D, Faiena I, Creenan EM, Barone JG. Bullying has a potential role in pediatric lower urinary tract symptoms. *The Journal of urology*. 2015 May 1;193(5):1743-8.
5. Shoham DA, Wang Z, Lindberg S, Chu H, Brubaker L, Brady SS, Coyne-Beasley T, Fitzgerald CM, Gahagan S, Harlow BL, Joinson C. 2021. School toileting environment, bullying, and lower urinary tract symptoms in a population of adolescent and young adult girls: preventing lower urinary tract symptoms consortium analysis of Avon longitudinal study of parents and children. *Urology*, 151, pp.86-93.
6. Grzeda MT, Heron J, von Gontard A, Joinson C. Effects of urinary incontinence on psychosocial outcomes in adolescence. *European child & adolescent psychiatry*. 2017 Jun; 26:649-58.
7. Bower WF. Self-reported effect of childhood incontinence on quality of life. *Journal of Wound Ostomy & Continence Nursing*. 2008 Nov 1;35(6):617-21.