

The effect and consequences of bullying

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ABSTRACT

There is little doubt today that being bullied is an adverse and stressful experience that casts a shadow on children's and adolescents' well-being and development. But this has not always been the view. After several years of general skepticism about the true impact of bullying victimization, it is only recently that researchers, mental health professionals and policy makers have started to pay attention to the potentially harmful consequences of being bullied in early life. For the most part, studies of the consequences of bullying in schools have concentrated upon health outcomes for children persistently bullied by their peers. Conclusions have been influenced by how bullying has been conceptualized and assessed, the specific health outcomes investigated, and the research method and data analysis employed. Results from cross-sectional surveys suggest that being victimized by peers is significantly related to comparatively low levels of psychological well-being and social adjustment and to high levels of psychological distress and adverse physical health symptoms. Retrospective reports and studies suggest that peer victimization may contribute to later difficulties with health and well-being. Longitudinal studies provide stronger support for the view that peer victimization is a significant causal factor in schoolchildren's lowered health and wellbeing and that the effects can be long-lasting. This research article helps define bullying, forms of bullying together with the health effect and consequences of bullying.

Keywords: Bullying, Mental health, Physical health, Well-being.

INTRODUCTION

Bullying is a form of aggression, characterized by repeated psychological or physical oppression, involving the abuse of power in relationships to cause distress or control another. It is a complex and serious problem, which expresses differently according to age, gender, culture and technology. Although bullying is traditionally understood as physical aggression, there are many other strategies that young people use to control and distress others. Bullying has become one type of violence that threatens a young person's wellbeing both in schools and in the neighborhoods [1] [2]. Bullying creates effects that are felt by individuals, families, schools, and the society as whole and may result in the young people feeling powerless, intimidated and humiliated by the aggressive deeds of fellow mates. This vice may occur in many settings, such as

schools, after-school programs, or in a youth's neighborhood.

According to [3], bullying among school-aged youth is increasingly being recognized as a noticeably huge problem affecting well-being and social functioning. While a certain amount of conflict and harassment is typical of youth peer relations, bullying presents a potentially more serious threat to healthy youth development. [4] [5] define bullying as a specific type of aggression in which: (1) the behavior is intended to harm or disturb, (2) the behavior occurs repeatedly over time, and (3) there is an imbalance of power, with a more powerful person or group attacking a less powerful one. This asymmetry of power may be physical or psychological, and the aggressive behavior may be verbal, physical, or psychological.

The world health organization (WHO) on the other hand describes bullying as a multifaceted form of mistreatment, mostly seen in schools and the workplace. It is characterized by the repeated exposure of one person to physical and/or emotional aggression including teasing, name calling, mockery, threats, harassment, taunting, hazing, social exclusion or rumors. [6] More recently, the phenomenon of cyber bullying has become prevalent. It specifically involves communication technology, especially the internet, mobile telephones and text messaging, to cause distress to individuals.

Bullying and peer harassment has been an issue of concern to many educators for a long time [7]. Bullying is anonymous as it occurs any time in any place either in school or outside, it involves millions of people without regard to geographical barriers. Bullying takes different forms including physical and cyber forms of bullying. The use of technology as a means of communication has led to an increase in cyber bullying which involves the use of social networking sites to harass others. It is done by either posting negative message or pictures against the other party, this has been accelerated by the use of Facebook, twitter or YouTube, and cell-phones have also been used in many instances. [8] Bullying and peer victimization in schools are serious concerns for students, parents, teachers, and school officials in the United States of America and around the world [9].

Forms of Bullying

Bullying occurs in various forms. There are two major forms of bullying. They are school bullying and cyber bullying.

School Bullying

Learning institution brings together students from different backgrounds with the aim of providing them with education. Students are able to interact in class and also outside the classroom. Outside the classroom students are often alone without their teachers. School going children and youths undergo different experiences while in school, these experiences are either positive or negative.

School bullying can be described as victimization and intimidation of students by their fellow peers in a school environment. When students are frequently and repeatedly intimidated or victimized over time by more powerful peers this result in psychological effect to the affected students [10]. Repeated threatening, verbal cursing, teasing, physical attacks or exclusion can occur anywhere anytime within the school environment [11]. Aggression among students is common but bullying is unique because it involves repeated pattern of harassment because it involves two students or group of students with one being stronger than others [12].

School bullying and peer victimization are major social problems affecting children and adolescents in all parts of the world [13]. About one in five elementary school and 1 in 10 middle school students in the United States is bullied [14]. Approximately 15% of Swedish school children are involved either as victims or bullies, and even a greater number are involved if assistants to the bully or defenders of the victim are included [15]. Research studies report high prevalence of bullying worldwide and resultant increases in somatic complaints, depression, anxiety, school refusal, and an overall lower self-esteem in students who are bullied [16].

Bullying involves; the bully, the bully-victim and the bystanders, bullying has a negative impact on the health and academic performance of teenagers involved regardless of their level of participation. Brown and colleagues in their study enumerated that bully victims have documented somatic symptoms such as sleep difficulties, bed-wetting, headaches, stomach aches, fatigue, and school-related problems. They can also experience low self-esteem, anxiety, depression, and suicidal ideation, and may feel socially rejected or isolated. Children who bully often suffer from low school bonding and adjustment, which can be associated with low school competence and increased truancy. Moreover, bullies are more likely to be involved in various self-destructive or

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antisocial behaviours such as fighting, vandalism, carrying weapons, stealing, and getting in trouble with the law [17].

In more recent years, correlations have been found between perpetrators of school shootings and their reports of being bullied, persecuted, threatened, or injured prior to the violent attack [18]. Victims of bullying are more likely to feel they are not socially acceptable, this weakens their ability to stand for themselves and even fight for certain positions. In situation where someone cannot stand for themselves they become more prone to becoming easy targets. Social withdrawal and shyness in anticipation of being bullied can be associated with peer rejection which is a result of victimization [19].

Studies have documented several factors that propagate or slow down the possibilities of bullying occurring in schools; boys are more often likely to be involved in bullying than girls, both as bullies and as victims [20]; [21]. Children from families with low socioeconomic status, divorce or separation, harsh home environments, child abuse, or authoritarian parenting styles, may be at higher risk for both bullying and victimization. Race/ ethnicity and urban/rural locale also play significant but minor roles in predicting bullying experience [22]. Age also seems to determine whether someone is likely to be bullied or not, most victims had been bullied at younger ages, 7 to 9 years, and the bullies bullied others most often at a later period, 10 to 12 years. This age-related decline in the risk for becoming a victim of bullying can, according to [23], be explained primarily by younger children being among a greater number of children who are older than they are and who are in a position to bully them [24].

Cyber Bullying

Bullying is a proactive form of aggression, which is intentional, repeated over time, and involves an imbalance of power between the victim and the perpetrators [25]. Cyber bullying is the use of internet and other digital communication devices to practice this act; it is also known as online bullying or online harassment. It is

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the use of various electronic means of communication to harass others or send defamatory information about them to others [26]. Online harassment is done by posting negative messages or pictures to social space against the wish of the other party, this has been accelerated by the use of Facebook, twitter and YouTube, as well as Mobile phones. They manifest in the form of online fighting, harassment, stalking, impersonation, outing, trickery, exclusion, and more via the Internet, personal Web sites, e-mail, blogs, instant messaging, and chat rooms [27].

Cyberspace provides opportunity for the youth to bully each other and lack of control from parents or any authority can be linked to the increase in the number of incidents being reported [28]. The use of cell phones is also on the rise and messages can be sent to a large group of people at the same time. Quite often there are no strict regulations and follow up on the kind of information going through this sites therefore the violators find a way to insult others without being noted [29].

In the past, institutions have not focused so much on this form of bullying, as more focus had been directed on physical bullying. However institutions are realizing the need to direct efforts in research and studies on this form of bullying due to the rise in the number of cases reported [12]. Approximately 70% of the youth have experience cyber bullying at some point during their studies and 20% to 50% of the students have acknowledged being directly involved in cyber bullying others. There is rapid increase in the use of cyber space among the youth in the age bracket of 12 to 17 years in the last ten years [25].

Studies show that 75% of the youth use mobile phones, which is an increase from 24% in the year 2004 [3]. Those bullying online are more likely to be older than those who bully physically and that cyber bullying is more pronounced in middle school and then it declines in high school [8]. Studies shows that 29% of the youth using the cyber space have been mentally affected by online harassments, 22% of the youth between the age of 11 to 16

years have reported incidents of cyber bullying according to a survey conducted in British high schools in 2008 [19]. Research shows that 28% of the students have been bullied at least once or twice in the school life time, 25% of the victims experience cyber bullying once or twice a month, 11% experience it once or twice a week and 8% almost daily. It is noted that 6.8% of the victims are also involved in bullying others, of this percentage 17% said they have bullied once [13]

Studies indicate that cyber bullying has negative effects to both the victim and also the bullies; the bullies will later develop criminal behaviours. In most cases it results in negative physical, social and psychological problems such as extreme stress, being upset fear and depressive symptoms. Cyber bullying is widely known to identify with many negative symptoms including low performance in class and general academics, lower school satisfaction, lower commitment to academics and school in general. Negative school perception drives the students away from school and they will be absent from school in many occasions with no specific reasons.

Cyber bullying is linked to psychological harm and suicidal thoughts or suicide among victims. It increases anxiety and emotional distress and in certain cases it results in self-mutilation as the victim tries to relief pressure or as a way of coping with this harassment against them. This type of bullying can be compared to other forms of bullying in accordance to the forms it employs. It is said that cyber is indirect form of primary bullying and others say that it is a distinct type of bullying. All types of bullying exhibits the same mental effects in the victim and also the bully.

According to studies, boys are more likely to bully than girls, boys use physical and cyber bullying and girls are likely to use verbal means. Girls have higher experience of cyber victimization than boys although studies show that the percentage of both boys and girls linked to cyber bullying is almost the same. These studies show that there might be

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variations between perpetration and victimization of cyber and traditional bullying. There is a relationship between ages and bullying as bullying is mostly linked with adolescent. There is no specific reason as to why they are bullied. It is the responsibility of the school administration staff and social workers to create and maintain a safe and healthy learning environment for the students. This responsibility has been limited to laws and regulations that have been designed by the authorities aimed at protecting the students from bullying. The laws and regulations have limited the ability of staff members to protect students against cyber bullying. The privacy law in particular limits anyone from assessing records or monitoring private actions on cyberspace. School staff might not realize in time that bullying has occurred or they might not realize it at all putting the victims who do not report such incident to long life suffering. This will develop until a point where it results in serious catastrophic incidents such as homicide in schools.

In the recent past few school administrators had limited information about the existence of cyber bullying among the students. There is no efficient regulatory body or authority regulating the interaction within the cyber space thus enabling the spread of negative communication unabated [22]. Setting regulation that aims at regulating the use of the social networking sites is an important step towards finding a lasting solution. It is important that the victims are encouraged to report incidences of online harassments and ensure that perpetrators are dealt with [25]

Cyber bullying in many cases is also linked to substance abuse among the youth, they tend to perceive the use of alcohol and cigarette as a stress management strategy. Alcohol abuse has been associated with bullying; both the bully and the victim have been found to drink too much, smoking also is one of the substances abused by the youth. The victims might be forced to take alcohol or smoke in the process of bullying [21]

The Persistent Effect of Childhood Bullying Victimization on Mental Health Problems

To date, relatively little is known about the long-term impact of bullying, as only a few longitudinal studies with prospective measures of bullying victimization in childhood have followed participants into adult life. 'Long-term' is characterized here not only by the age of the participants when outcomes were assessed, but also by the time lag between exposure to bullying victimization and mental health problems. So far, four longitudinal cohorts have documented the adult outcomes of childhood bullying victimization, at least 10 years apart, with adequate consideration for childhood mental health problems and other confounders.

The Epidemiologic Multicenter Child Psychiatric Study is a prospective nationwide birth cohort study from Finland [6]. Information on bullying victimization was collected from parents, teachers and children themselves in 1989, when the participants were aged 8 years. Findings from this cohort have indicated that girls who were frequent victims of childhood bullying had increased rates of suicide attempts and completed suicides up to age 25 [11]. Male participants who had been victims of bullying had higher rates of anxiety disorders between ages 18 and 23 years [12], and increased risk of heavy smoking [14]. Most data on young adult outcomes in these studies were gathered from military call-up, national psychiatric and hospital discharge registers, and thus may underestimate distress, especially among females and victims who did not seek treatment.

This limitation was addressed in an accelerated population-based study with outcome measures collected during research-based assessments, the Great Smoky Mountain Study from North Carolina in the United States. Information on bullying victimization was collected on multiple occasions from caregivers and children themselves when the participants were between the ages of 9

and 16. Compared to those who had not been bullied in childhood, victims of bullying, and especially bully/victims, had increased rates of psychiatric disorders including agoraphobia, depression, anxiety and panic disorders in their early to mid 20s, up to 14 years after exposure.. Participants who had been bullied in childhood also had high rates of suicidality, but not of antisocial personality or substance use disorders.

The long-term impact of childhood bullying victimization was further investigated in National Child Development Study (NCDS), or the 1958 British Cohort Study, a 50-year prospective follow-up of a UK birth cohort [2]. Information on bullying victimization was collected from parents when participants were aged 7 and 11, in 1965 and 1969. Analyses were undertaken first to ensure that bullying victimization assessed in the mid-1960s referred to the same concept as bullying today: reassuringly, findings indicated that as shown by other contemporaneous studies, bullying victimization was associated with known childhood correlates including low parental socioeconomic status, low IQ, as well as emotional and behavioral problems. Supporting the findings from the two other cohorts, but extending them through the inclusion of outcomes at midlife, the NCDS study showed that victims of bullying in childhood reported high levels of psychological distress not only at age 23 but also, and most importantly, at age 50, nearly 40 years after exposure [5].

Participants who had been victims of bullying in childhood had higher prevalence of psychiatric disorders in midlife, including depression and anxiety, compared to participants who had not been bullied. The effects were small but similar to those associated with other adverse childhood

exposures measured in this cohort study such as placement in care or exposure to multiple adversities within the family. Strikingly similar to findings from the United States, participants in NCDS who had been bullied in childhood had

increased rates of suicidality, but not of alcohol dependence. The fourth birth cohort study partially corroborates the pattern of findings observed so far. The Christchurch Child Development Study is a longitudinal examination of 1265 individuals born in Christchurch New Zealand, in 1977 (Fergusson, Horwood, Shannon, & Lawton, 1989). Data on bullying victimization were collected when participants were aged 13, 14 and 15 by asking their parents whether they experienced problems at school including 'being teased, bullied by other children'. Participants reported on mental health outcomes at ages of 16-21, 21-25 and 25-30.

Bullying victimization and outcome measures were pooled across age periods and may blur the long-term impact investigated here. Findings indicated that victims of bullying had an increased risk for anxiety disorder in later years [23].

Consequences of Bullying

The movement to counter bullying owes much of its impetus to claims that being repeatedly bullied can have serious consequences for the health and well-being of victims. These claims date from the 19th century at least, when public debate following the publication of *Tom Brown's School Days* focused on the harmful effects of bullying in English public schools (1). However, there was little systematic research to examine such claims until Professor Dan Olweus' series of 1970s studies on the nature and effects of bullying in Scandinavian schools (2). Since then, numerous studies of the short- and long-term consequences of school bullying have been carried out in many parts of the world. Although they have mainly focused on the effects on bullying's victims, they have also given

Bullying should be considered as another form of childhood abuse alongside physical maltreatment and neglect. Several rigorous studies reviewed above provide strong and robust support for an independent contribution of childhood bullying victimization to the development of poor outcomes throughout the life

some attention to the possible social consequences for those who bully others and also to the possible consequences of being involved in bully-victim problems as both bully and victim.

Studies investigating the consequences of involvement in bully-victim problems have focused upon possible negative mental and (or) physical health outcomes. Four categories of negative health conditions can be identified:

1. Low psychological well-being: This includes states of mind that are generally considered unpleasant but not acutely distressing, such as general unhappiness, low self-esteem, and feelings of anger and sadness.

2. Poor social adjustment: This normally includes feelings of aversion toward one's social environment, evident through expressed dislike for school or workplace, manifest loneliness, isolation, and absenteeism.

3. Psychological distress: This is considered more serious than the first 2 categories and includes high levels of anxiety, depression, and suicidal thinking.

4. Physical unwellness: Here, there are clear signs of physical disorder, evident in medically diagnosed illness. Psychosomatic symptoms can be included in this category. Researchers have used subjects' responses regarding their health condition, obtained either through interviews (6) or through questionnaires that in some cases employ standardized measures of health status (7). In addition, some studies have examined the social or legal outcomes for children who frequently engage in bullying at school (for example, by reviewing criminal records) (2).

CONCLUSIONS

span, including mental, physical and socioeconomic outcomes. Therefore, efforts focusing on stopping bullying behaviors should not only be supported but also be widened to provide appropriate help to the young victims and prevent children and adolescents from becoming the target of bullying.

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