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RESEARCH ARTICLE

BULLYING IN SCHOOL: ADDRESSING BULLYING STATUS AND BEHAVIORAL CORRELATES AMONG SCHOOL CHILDREN-A REVIEW

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INTRODUCTION

Bullying and peer victimization among school aged children is a universal problem, well recognized as behavior issues to have short and long-term consequenceson physical and mental health (Copeland et al, 2013; Moore et al., 2017; Waasdorp, et al., 2017). According to Olweus bullying is defined as a physical, verbal, or emotional attack or harassment that is planned to cause distress, fear, or injury to the target (Olweus 2013). Bullying is mainly the use of blackmail, abuse, force or aggressively foreboding someone by others to harm other individuality by mentally, physically or emotionally. Bullying is a case in which one individual is picked as the target of repeat aggression by one or others. Bullying can also result in lack of trust, suicidal tendency and stress. It is not necessary that bullying can occur only once or likely to happen only for one time. It can happen repeatedly with the same person also. Bullying can happen in any number of places, contexts, or locations. Sometimes that place is online or through a cellphone. Bullying that occurs using technology is considered electronic bullying and is viewed as a context or location.

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ABSTRACT

School bullying has become an issue of serious concern in the past two decade.Bullying is characterized by repeated physical or psychological intimidation that can have longstanding effects for victims and bullies alike. These articles present information on the impacts and directions of different subgroups of bullies and victims, highlight the important buffering role that positive adults and school officials can play in preventing the negative effects of bullying and victimization, and emphasize the importance of considering school contexts. The sequence of articles on bullying is also helpful in suggesting several important opportunities of future research on bullying and peer victimization.

The places where bullying can develop can be playing field, transport vehicles, lunch counters, classroom andrest room. It can appear while the victim happens to travel to school or while coming back (Olweus D.2013; Bradshaw, et al., 2007; Gladden et al., 2013). Bullying is a repetitive aggressive behavior that causes damage to another person. Bullies and their victims exist in an unequal power relationship. Bullying behavior is upsetting and can have a significant impact on a person's social, physical and emotional health. Bullying can take many forms, whether direct or indirect, or through physical, verbal, social and cyber behaviors, the harmful impact not just the person bullied, but for anyone who witnesses the action as well(Juvonen J, Graham S. 2014).Cyber bullying can take place through e-mails, chat rooms, instant messages, websites, or videos or pictures posted on websites or sent through cell phones (Connell, J. H., & Dworkin, J. 2012). These tragic events have led to increasing attention on the issue, with prevention efforts becoming a priority. Bullying is a serious problem that can dramatically affect the ability of students to progress academically and socially. As we know that bullying has negative educational, physical, and psychological repercussions on a student's life and bullying negatively affects the active and more passive participants. A comprehensive intervention plan that involves all students, parents, and school staff is required to ensure that all students can learn in a safe and fear-free environment.

Extent of the bullying problem and behavioral correlates

Bullying is a maleficent occurrence not only distinctive to a specific culture but widespreadglobally (Chan, HCO. and Wong, 2015).Bullying begins in the primary grades with 26% of primary students reporting that it occurs on a daily or weekly basis; it rises in the middle school grades where 43% of students report it, and then bullying declines in the secondary school where 25% of students report it (DeVoe et al., 2004). Bullying appears to peak at about eighth grade for boys and ninth grade for girls (Solberg et al., 2007). Authors stated that bullying "declines precipitously" after seventh grade. The incidence of bullying is also related to maturation, with increased risk for children who reach puberty earlier (Pepler, 2006). There is a definite pattern of increased bullying as students enter middle school, but simultaneously the victimization rate declines with age. This suggests that more middle school students get involved in bullying, but they target a smaller group of victims (Craig et al., 2009).

Research indicates that there are three main groups of adolescents involved in behaviors. The indicative of bullying behaviorare: Bullies, victims, and bully-victims, who are bullies in some social interactions and victims in others (Furlong MJ, etal., 2010). Children who bully others lack empathy with their victims, they never admit that their victims are weaker; they insist that the victim provokes them, and they misread the behaviors of their peers and assume bad intentions. The victims are individual who are directly or indirectly affected by destructive engagements of bullies and often absenteeism from school (Losey, B.2017). Bully-victims are those children who become bullied by a prevailing person but also execute bullying to hold a sense of power in their survives. Those children are morevulnerable to adverse consequences of bullying equated to pure victims or bullies (Dewar, 2017; Holt et al., 2015). Bullying is a serious threat among school going children and youth today and it is most commonly reported discipline problems in public schools. According to the Centers for Disease Control and Prevention (CDC,), nearly 14% of public schools report that bullying happens at least once a week.

Reports of bullying are highest for middle schools (28%) followed by high schools (16%), combined schools (12%), and primary schools (9%). Reports of cyber bullying among public school attending students are highest for middle school (33%), followed by high school (30%), combined schools (20%) and primary schools (5%) (Centers for Disease Control and Prevention.2017). Students who exhibit bullying behaviors cause peers to experience anxiety, depression, and low selfesteem. For teachers and schools, bullies may cause distracted attention and focus toward the bully, in an effort to minimize disrupting a class or the school milieu. As a result, the resources allocated for quality learning are spent elsewhere, and may become depleted when teachers "burn out" (Mundy, et al. 2017). School children who had been victims only (who never bullied others) might develop depressive disorders and agoraphobia as adults. But worse had greater risk for depressive disorders, anxiety disorder, generalized anxiety, panic off were children who were both bully victims and bullies - they experienced all types of depressive and anxiety disorders, and suffered most severely from suicidal thoughts, depressive disorders, generalized anxiety and panic disorder, compared with the other groups of participants. In fact, about 25% of these participants said they had suicidal thoughts as

young adults, and about 38% had panic disorder (Gini G andPezzoli T.2009; Lereya, et al., 2015; Ttofi et al., 2011). A study of teen's ages 13 to 17 from HarrisInteractive found that 58 percent of middle school students and 56 percent of high school students admitted feeling angry as a result of cyberbullying experiences. Thirty-seven and 32 percent respectively felt hurt, while 18 and 11 percent felt scared (Harris, S. 2004). Bogart, et al. (2014).reported that children who were bullied experienced negative physical health compared to noninvolved peers. Australian research studies investigated the incidence of bullying have report estimates of victimization involvements extending between 5 to 65%(Cross, D,et al., 2015;Thomas, HJ,etal., 2017).Some studies recommend that children and youngsters who are both offenders and targets of cyber bullying, found a distinct group with the maximum threat for psychological problems, such as gloomy and fretfulness symptoms, as well as for lower levels of health and well-being in overall (Beckman, 2012; Juvonen, Graham, 2014; Kowalski, and Limber, 2013). A common method of examining mental health issues separates internalizing and externalizing problems (Sigurdson et al., 2015). Internalizing symptoms include problems directed within the individual, such as depression, anxiety, fear, and withdrawal from social contacts. Externalizing symptoms reflect behavior that is typically directed outwards toward others, such as anger, aggression, and conduct problems, including a tendency to engage in risky and impulsive behavior, as well as criminal behavior. Externalizing problems also include the use and abuse of substances. Children who were bullies tend to have a higher risk of abusing drugs as adults and are likely to have criminal convictions. The research showed a significant association between bullying and lifetime disorder behaviors. Research has shown that 60% of boys who bullied others in middle school had a criminal conviction by the age of 24(Vaughn, 2010).

Understanding Why Bullying Occurs

There are multiple factors that can contribute to bullying behavior in children and adolescents such as:

Feeling insecure 1 Picking on someone who seems emotionally or physically weaker can provide a feeling of importance, popularity, or control.

Lack of awareness. Some teenagers don't know or realize that it's unacceptable to pick on others who are different because of size, looks, race, or religion, particularly those that frequently see this behavior from other people in their lives.

Behavioral role models. Being exposed to aggressive and unkind interactions in the family, harsh parenting by caregivers or other areas of their life can result in teenagers treating others the same way.

Behavioral problems. It's part of an ongoing pattern of aggressive behavior and attitudes towards accepting of violence. Several other factors associated with a higher likelihood of victimization include; poor peer relationships, Low self-esteem and perception by peers as different or quiet (TippettN,and Wolke D.2014).

Addressing bullying behavior and guidance: Bullying can threaten students' physical and emotional safety at school and can negatively impact their ability to learn. The best way to address bullying is to stop it before it starts. Every adult whocares for children has a duty to guide, correct and entertain them toward appropriate behaviors (Tippett, and Wolke D.2014). Children's behaviors and adults' responses to these behaviors have a powerful impact on children's development.Learning to manage behaviors through positive guidance is crucial for children's participation in school and home experiences and for their overall growth. Consider some of the children in your own life and the different behaviors they engaged in as they were growing up.It is important to recognize that guidance is a partnership that adults do to children. Instead, guidance is a partnership that adults partake with children. When adults have appropriate expectations for children, they are less likely to feel frustrated and to act out(Santos R. M., and Cheatham, G.2014).

Behavior guidance for school children:

- demonstrates respect for children
- is based on an understanding and knowledge of each child, including background, culture,
- community and family
- is proactive and positive
- recognizes the child's strengths
- does not use any form of corporal punishment or any discipline that is unreasonable in the
- circumstances
- does not involve making judgements about children and families.

Avoid these mistakes

- Never tell the child to ignore the bullying.
- Do not blame the child for being bullied. Even if he or she provoked the bullying, no one
- deserves to be bullied.
- Do not tell the child to physically fight back against the kid who is bullying. It could get the
- child hurt, suspended, or expelled.
- Parents should resist the urge to contact the other parents involved. It may make matters worse.
- School or other officials can act as mediators between parents.
- Follow-up. Show a commitment to making bullying stop. Because bullying is behavior that repeats or has the potential to be repeated, it takes consistent effort to ensure that it stops(Waasdorp, TE, 2012).

Educating children an acceptable behavior

Children before enters to the school the preventive arrangements against bullying should be initiated at home setting itself (John B Pearce, Anne E,1998). A parent has a role to play on educating their children and they must:

- established a model of respectable relations
- have attired aggression control themselves
- impart the children that forceful hostility is intolerable
- stop any expression of undesirable hostility promptly
- recognize and name the contrary special effects of offensive violence
- designate how the target of hostility impressions
- educate caring and empathic affairs.
- make sure children know how to get help.

How adults can help prevent bullying: There is an urgent need to put into action effective interventions that work to address bullying in order to prevent the negative short- and long-term effects of bullying, including suicides.

Strategies which are recommended to help prevent bullying include:

- Promote Healthy Family Environments: Approaches such as early childhood visits as well as parental skills and family therapy programs can help support a healthy developmental environment for children.
- Early Childhood Education: Providing quality preschool education early in a child's life can influence how a child behaves later in his or her school life. Education that establishes a positive foundation can be the cornerstone for healthier social, behavioral and academic development in the future.
- Youth Skills Training: Strengthening the skills of today's youth through school-based programs can help cut the bullying statistics.
- Community Actions: By creating protective community settings, children can find safe places to reduce their exposure to risks. Community outreach programs to promote bullying awareness can also help.
- School Health Interventions: Youths who have been or are at risk for exposure to violence, display problem behaviors or have been involved in violence could benefit from treatment to prevent future risk and harm.Educate the children and adolescents caring and empathic affairs(Shetgiri R. 2013).

Conclusion

Bullying is a pervasive problem that immensely affects the youth today. It has associated short-term and long-term negative consequences. It is important to recognize signs of bullying and then helping the victims deal with it effectively. Immediate intervention and long-term follow-up can help mediate some of these effects. It is authoritative that schools, families, and communities work together to understand bullying and its consequences and find ways to decrease, and hopefully eradicate bullying both in schools and communities.

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REFERENCES

- Bradshaw, C.P., Sawyer, A.L., & O'Brennan, L.M. 2007. "Bullying and peer victimization at school: Perceptual differences between students and school staff." School Psychology Review, 36(3): 361-382.
- Beckman, L.; Hagquist, C.; Hellström, L.2012.Does the association with psychosomatic health problems differs between cyber bullying and traditional bullying?. Emot. Behav. Diffic,17: 421–434.
- Bogart LM, Elliott MN, Klein DJ, *et al.* 2014.Peer victimization in fifth grade and health in
- tenth grade. Pediatrics, 133:440-7.

- Centers for Disease Control and Prevention. Youth risk behavior surveillance—United States, Morbidity and Mortality Weekly Report–Surveillance. 2017. Summaries 2018, 67(SS08. Available from https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2017/ss6 708.pdf
- Chan, HCO. & Wong, DSW.2015.The overlaps between school bullying perpetration and victimization: Assessing the psychological, familiar, and school factors of Chinese adolescents in Hong Kong. Journal of Child and Family Studies, 24: 3224-3234.
- Connell, J. H., & Dworkin, J. College students' information and communications technology (ICT) use with parents. Association of Higher Education Parent/Family Program Professionals Journal. 2012, 2(2):2-17.
- Copeland WE, Wolke D, Angold A, Costello EJ. 2013.Adult psychiatric outcomes of bullying
- andbeing bullied by peers in childhood and adolescence. JAMA Psychiatry, 70:419–426.
- Craig W, Harel-Fisch Y, Fogel-Grinvald H, Dostaler S, Hetland J, Simons-Morton B *et al.* 2009.A cross-national profile of bullying and victimization among adolescents in 40 countries. International Journal of Public Health, 54:216–224.
- Cross, D, Lester, L, Barnes, A.2015. A longitudinal study of the social and emotional predictors and consequences of cyber and traditional bullying victimization. International Journal of Public Health,60: 207–217.
- DeVoe, J. F., et al. 2004.Indicators of school crime and safety: Washington, DC: U.S. Government Printing Office. (NCES 2005–002/NCJ 205290).
- Dewar, G. When Bullies get bullied by others: Understanding bully-victims. 2017.
- http://www.parentingscience.com/bully-victims.html.
- Furlong MJ, Sharkey JD, Felix ED, Tanigawa D, Green JG.(2010). Bullying assessment: A call for increased precision of self-reporting procedures. In: Jimerson SR, Swearer SM, Espelage DL, editors. Handbook of bullying in schools: An international perspective. New York, NY: Routledge. 329–345.
- Gini G, Pozzoli T.2009. Association between bullying and psychosomatic problems: A meta-analysis. Pediatrics, 123(3):1059–1065.
- Gladden RM, Vivolo-Kantor AM, Hamburger ME, Lumpkin CD. 2013. Bullying surveillance among youths: Uniform definitions for public health and recommended data elements, Version 1.0. Atlanta, GA; National Center for Injury Prevention and Control, Centers for Disease Control and Prevention and U.S. Department of EducationAvailable from;
- https://www.cdc.gov/violenceprevention/pdf/bullyingdefinitionsfinal-a.pdf
- Harris, S. 2004. Bullying at school among older adolescents. Prevention Researcher, 11(3):12-14.
- Holt, MK, Vivolo-Kantor, *et al.* 2015. Bullying and Suicidal Ideation and Behaviors: A Meta- analysis. Pediatrics, 135(2): e496-509.
- John B Pearce, Anne E.1998. Thompson Practical approaches to reduce the impact of bullying, Arch Dis Child, 79:528– 531.
- Juvonen J, Graham S. 2014. Bullying in schools: the power of bullies and the plight of victims. Annul Rev Psychology, 65: 159 -85.

- Kowalski, R.M.; Limber, S.P.2013. Psychological, physical, and academic correlates of cyber bullying and traditional bullying. J. Adolesc. Health, 53: S13–S20.
- Lereya ST, Copeland WE, Costello EJ, Wolke D. 2015. Adult mental health consequences of peer bullying and maltreatment in childhood: Two cohorts in two countries. The Lancet Psychiatry, 2(6):524–531.
- Losey, B.2011. "Bullying, Suicide, and Homicide: Understanding, Assessing, and Preventing Threats to Self and Others for Victims of Bullying" New York, NY; Routledge.
- Moore *et al.*2017.Consequences of Bullying Victimization in Childhood and Adolescence: A Systematic Review and Meta-Analysis, World J Psychiatry, Mar 22; 7(1):60-76.
- Mundy, L. K., Canterford, L., Kosola, S., Degenhardt, L., Allen, N. B., & Patton, G. C.2017. "Peer Victimization and Academic Performance in Primary School Children." Academic Pediatrics. 17(8): 830–836.
- Olweus D. 2013.School bullying: Development and some important challenges. Annu. Rev.
- Clinical Psychology, 9:751–780.
- Pepler, D. J. 2006. Bullying interventions: A binocular perspective. Journal of Canadian
- Academy of Child and Adolescent Psychiatry, 15: 16-20.
- Santos R. M., & Cheatham, G. 2014.Front Porch Series: What You See Doesn't Always Show What's beneath: Understanding Culture-based Behaviors. Head Start Early Childhood Learning & Knowledge Center (ECLKC),https://www.virtuallabschool.org/schoolage/guidance/lesson-1.
- Sigurdson, Johannes Foss A.M. Undheim, JL Wallander, S. Lydersen, and A. M. Sund.2015. The long-term effects of being bullied or a bully in adolescence on externalizing and internalizing mental health problems in adulthood. Child Adolesc Psychiatry Mental Health, 9: 42.
- Shetgiri R. 2013.Bullying and victimization among children. Adv Pediatrics., 60(1):33–51.
- Solberg, M.E., Olweus, A., Endresen, I.M. 2007Bullies and victims at school: Are they the same pupils? British Journal of Educational Psychology,77(Pt 2):441-64.
- Thomas, HJ, Connor, JP, Lawrence, DM, et al.2017. Prevalence and correlates of bullying victimization and perpetration in a nationally representative sample of Australian youth. Australian and New Zealand Journal of Psychiatry,51: 909–920.
- Tippett N, Wolke D. 2014.Socioeconomic status and bullying: a meta-analysis. Am J Public
- Health, 104(6): e48-59.
- Ttofi, M. M., Farrington, D. P., Lösel, F., Loeber, R. 2011.The predictive efficiency of school bullying versus later offending: A systematic/meta-analytic review of longitudinal studies. Criminal behavior and Mental Health, 21: 80–89.
- Vaughn, M. G., Qiang, F., Bender, K., DeLisi, M., Beaver, K. M., Perron, B. E., & Howard, M. O.2010.Psychiatric correlates of bullying in the United States: Findings from a national sample. Psychiatric Quarterly, 81(3):183-95
- Waasdorp, TE, Pas, ET, Zablotsky, B, *et al.* 2017.Ten-year trends in bullying and related attitudes among 4th to 12th-graders. Pediatrics, 139: e20162615.
- Waasdorp, TE, Bradshaw, CP, Leaf, PJ. 2012, The impact of schoolwide positive behavioral interventions and supports on bullying and peer rejection: a randomized controlled effectiveness trial. Archives of Pediatrics & Adolescent Medicine, 166 (20): 149–156.