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## Bullying in School-Age Children

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### ABSTRACT

Bullying is a phenomenon in the form of negative actions against peers with the aim of hurting, done repeatedly, accompanied by physical or verbal aggression, relational disorders, which are hurting others by social manipulation, and malicious rumors. Bullying is a major public health problem should not be tolerated because it has a psychological impact on perpetrators and victims. The impact of bullying is increasingly widespread, it can even lead to suicide. Bullying in schools is the forerunner of violence in society. Emotional Mental Health Impacts caused by Bullying include symptoms of depression, anxiety, psychotic symptoms, ADHD symptoms, problems conduct, ASPD disorders, and suicide attempts. In addition, bullying also has an impact on substance abuse, crime, and delinquency. Seeing the magnitude of the impact, it is necessary tackle bullying in a holistic and comprehensive manner. The treatment consists of handling the whole school level, classroom level, and individual level, one of which is through CBT and parent training.

### 1. Introduction

Bullying is a disorder that often occurs in school-age children. Victims of bullying can experience psychological and somatic symptoms that can last into adulthood. Psychological symptoms include difficulty in socializing, shutting down, anxiety, depression, suicidal ideation, attempted suicide, and eating disorders (anorexia or bulimia nervosa). Somatic symptoms may include decreased appetite, headaches, sleep disturbances, abdominal pain, and fatigue.<sup>1-6</sup> In addition to having an impact on the victim, it turns out that the perpetrator also tends to have suicidal behavior and ideas.<sup>7</sup> Bullying is also associated with substance use and other psychiatric disorders. Mental, emotional and behavioral disorders are intermediary factors that link behavior bullying with criminal acts. According to a 2009 study by Jelsberg & Friestad, bullying can cause psychiatric disorders, such as disruptive behavior, are risk factors

for crime. In addition, bullying, especially in women, can increase the tendency to self-harm and aggression towards other people.<sup>8</sup>

Bullying, among school-age children, is a major public health problem, both domestically and internationally.<sup>2,9</sup> In 2011, approximately 30% of American adolescents reported experiencing bullying in moderate levels of their roles as perpetrators, victims, or both. More specifically, a representative sample of adolescents nationally in the United States, 13% reported being perpetrators, 11% reported being a victim, and 6% reported being victims and perpetrators.<sup>9</sup>

Bullying is a behavior that is not normal for the development of children's health and should not be tolerated because it can cause serious psychological impacts, both for the perpetrator and the victim.<sup>2,10</sup> It is important for various parties, including health

workers, both in mental health and basic health services to recognize psychological and somatic symptoms in vulnerable children so as to accelerate the identification and eradication of these violent incidents.<sup>1</sup>

Seeing the magnitude of the impact of bullying on mental health, it is important for us to understand this condition so that later appropriate treatment for behavior bullying and preventive actions can be carried out properly.

### **Definition**

Bullying is a phenomenon in the form of negative actions against peers, with the intention to hurt. Bullying occurs repeatedly and can be in the form of either physical or verbal aggression and relational violence, injuring another person with the purpose of social manipulation, social exclusion, and malicious rumors.<sup>2-6,11</sup>

There are many definitions of bullying, but overall, the literature suggests there are five essential components. There are three essential components related to aggressive behavior and two other essential components that are not related to aggressive behavior. The components of bullying related to aggressive behavior are the desire to injure, the harmful effects, and the direct or indirect action. Another component of bullying is repetition and power imbalances.<sup>12</sup>

### **Incidence of bullying**

A large-scale survey in various countries reported that violence occurred 9-32% and the incidence of bullying was 3-27% (Stassen Berger, 2007). In a WHO (World Health Organization) survey on behavioral health in school-age children in 35 countries, the average incidence of victims and perpetrators of bullying is 11% each.<sup>12</sup> Incidents of bullying often begin to occur in children aged 8 years.<sup>10</sup> Generally, the incidence of bullying decreases with increasing age, although there is also an increase in the incidence in students transitioning from primary to secondary school. As they aged, children develop social skills,

which are their protective factor against bullying.<sup>12</sup>

Some previous studies suggested that men were more likely to be involved in bullying, but subsequent studies, which included indirect forms of bullying, showed fewer differences between the sexes. Women are more often involved in bullying verbal and relational, while men are more involved in bullying physical.<sup>12</sup>

In general, bullying can occur in all schools. The prevalence from many countries shows that almost all children have experienced bullying in schools at various levels, either as perpetrators, victims, or bystanders. Students from different countries have different perceptions about what constitutes bullying. In the UK, bullying is described as mocking, annoying and bullying. In western countries, bullying involves older students bullying younger children, usually physically and verbally. In contrast, in Korea and Japan bullying usually occurs in the form of social exclusion by large groups such as the whole class.<sup>12</sup>

Bullying is a serious problem and can continue to spread.<sup>2-6</sup> A CDC (Centers for Disease Control) study of American high school students showed that over a 12-month period, nearly 14% of students seriously considered suicide, about 11% made plans to end their lives, and 6.3% attempted suicide. The CDC also states that suicide is the third most common cause of death in adolescents aged 12-18 years (CDC, 2010).<sup>10</sup> Increased attention to behavior bullying associated with a high risk of psychiatric disorders has been carried out since the last 10 years.<sup>8</sup>

In Indonesia, according to research by the NGO (Non-Governmental Organization) Semai Jiwa Amini Foundation on more than 1,300 students and teachers in Jogja, Surabaya and Jakarta, there is bullying in all the schools studied. Bullying that occurs is generally in the form of threatening, twisting, isolating, slapping, hitting, kicking and even using sharp weapons.<sup>13</sup> The manager of the Child Protection Plan Indonesia program, Amrullah, stated that in 2006, the Central Statistics Agency (BPS) recorded cases of violence against children reaching 25 million, with various forms, from mild to severe. In addition, BPS

data in 2009 shows that the police noted that of all reported cases of violence, 30% of them were committed by children, and of the 30% of violence committed by children, 48% occurred in school environments with varying motives and levels. Amrullah stated that violence in schools can cause students to feel excluded, decrease in learning achievement, drop out, and lack of self-confidence, even psychological pressure on students who become victims.<sup>14</sup>

### **Types of bullying**

Bullying can take many different types of behavior. Physical or direct bullying, injures the individual in real terms, but indirect bullying acts in ways such as stealing or damaging the victim's property that can hurt emotionally. This also applies to verbal bullying, which can take the form of nicknames, insults, or bullying. Social or relational bullying is the behavior that disrupts the victim's relationship with his/her peers, such as social exclusion or spreading gossip. Bullying can be based on physical characteristics/disability, race, age, religious/philosophical beliefs, culture, gender, or sexuality.<sup>2,12,15</sup>

### **Characteristics of individuals involved in bullying**

In the bullying process, there are perpetrators and victims. In addition, there are also children who are around the perpetrators of bullying and their victims who are also involved in the process as observers who support the perpetrators or victims (bystanders). There are studies which state that in a classroom, almost all individuals are involved in bullying, either as perpetrators, victims, or supporters.<sup>4,11</sup>

### **Characteristics of bullies**

Studies from the 1970s show that bullies are those who are hyperactive, troublemaker in class, extroverted, and experienced delays in reading. Olweus (1978) shows that perpetrators are those who are confident, resilient, and have a positive view of themselves. In the 1980s, perpetrators were found to

be physically strong and exhibit aggressive behavior. In the early 1990s, perpetrators were those with externalizing provocative, inappropriate and aggressive behavior; they tend to be impulsive and do not do well in school. Slee and Rigby (1993) found that perpetrators were impulsive, hostile, uncooperative, and had poor social sensitivity. A 1999 Rigby, & Slee study found that perpetrators lack empathy for their victims.<sup>16</sup>

Bullies are usually more aggressive than other students. Some of them have poor social skills, making it difficult to form positive relationships, but some have good social competence, which allows them to manipulate others. There is still uncertainty about the relationship between low self-esteem and a person's vulnerability to being a bully. Bullies usually come from families with parental involvement bad controls, such as inconsistencies and harsh discipline. In elementary school, children tend to ignore bullies. Unlike the case in high school, bullies usually become popular. Bullies normally associate with peers who also is an actor and they have a susceptibility to peer pressure.<sup>16</sup>

The impacts associated with behavior bullying were loneliness, poor academic achievement, difficulty in social adjustment, increased risk of drug and alcohol use, involvement in criminal acts,<sup>12</sup> and depression susceptibility compared to other children who were not involved in bullying.<sup>16</sup> Research also states that there is a relationship with violent behavior that will occur in adulthood. Some of these abusers act aggressively towards their partners, use harsh physical discipline on their children, and their children then have a tendency to become bullies.<sup>12</sup>

### **Characteristics of observers**

There is a study which states that 85% of bullying in schools generally occurs accompanied by the presence of other peer groups.<sup>12</sup> Classmates are those who are often observers. Observers often end up supporting the perpetrator for fear of becoming the victim of bullying.<sup>16</sup>

The role of supporter was as an assistant of bullies,

such as making threats, strengthen, or encourage bullying. On the other hand, there are also children who act as defenders of victims, who try to stop them, or outsiders/observers who choose not to be involved.<sup>12</sup>

### **Characteristics of bullies/victims**

There are 6% of bullies are victims of someone who ended up being bullies.<sup>16</sup> They are usually young people who become bullies after previously being victims of bullying. The proportion of this group is generally greater in primary school children than in secondary school children. Bullies/victims usually have poor socialization skills and act against the norms of their peer group, such as being aggressive or harassing other children. They can have low self-esteem, have difficulty adjusting socially, have trouble concentrating, and have low problem-solving skills.<sup>12</sup> In addition, they also tend to exhibit behavioral problems and neurodevelopmental disorders, such as Attention-Deficit Hyperactivity Disorder (ADHD), learning disorders or deficits of information processing. A 2003 study showed that ADHD children on medication had a tendency to bully others. They also have a high risk of being bullied.<sup>16</sup>

There is evidence that bullies/victims are usually brought up by parents who are inconsistent, sometimes rude, and lack of warmth. These children are less likely to have social support compared to victims of passive bullying. This causes them to have a greater risk of experiencing the effects of psychological problems.<sup>12</sup>

### **Characteristics of victims of bullying**

The majority of victims are passive people. The identified risk factors for victims include peer rejection, experiencing difficulties in social situations, and experiencing loneliness. Victims, understandably, have low self-esteem and tendency to fall into a state of depression and anxiety.<sup>12</sup>

Research shows that some victims usually come from overprotective family and also experience bullying from their siblings. Children with physical

disabilities also have a vulnerability to become victims.<sup>12</sup>

The act of friendship acts as a protective factor: having a number of close friends can lower a person's risk of becoming a victim. Other protective factors include high social competence, low aggression, and low anxiety.<sup>12</sup>

The effects of childhood bullying can last for a long time. Some adults who have experienced bullying in the past report experiencing depression, low self-esteem, and interpersonal difficulties as adults. They are also more prone to have suicidal ideation or attempts, or to retaliate.<sup>12</sup>

### **Factors affecting the event of bullying**

There are several theories that describe the causes of bullying. Existing theories include the deviation hypothesis, bully/victim's problems, and the child's biopsychosocial environment.<sup>16</sup>

In the 1970s, the popular view of bullying, is deviation hypothesis where it was stated that the victims were people who did have deviation.<sup>16</sup> The study also showed that other factors are more important than previous theories. Olweus (1993) provides an overview of the bully/victim problem that can develop in boy groups: Among boys in a class, it is normal to have conflict and tension from different children. Usually, there are also somewhat aggressive interactions, partly for joking, as a form of self-declaration and to test the strength of the relationship between boys. If there are potential actors (or several) in a group, this can affect the activities of the children. The interactions will become more violent, louder, and violent. If there are also potential 'scapegoats' to become victims in a class, namely those who are anxious, insecure, afraid to express opinions, and have physical weaknesses, they will soon be found by the bullies. Gradually, the 'scapegoat' will become more isolated from his peers.<sup>16</sup>

In several studies, a relationship was found between poor parenting and bullying. Craig, Peters and Konarski conducted a study with respondents of parents with children aged 4-11 years. Low

socioeconomic status, unemployment, and being a parent too young are factors associated with poor parenting and lack of parent-child interaction; this is found in both children who are victims and perpetrators of bullying. Rigby and Slee show that perpetrators usually come from families with low levels of love, parents who are critics and educators who are rigid.<sup>16</sup>

Harachi, Catalano and Hawkins found that incidence of bullying were higher in boys whose parents used corporal punishment or violence. Junger-Tas and van Kesteren state that parents who spank and apply strict discipline have children who are more likely to be bullies. Olweus studied male school children who were quiet and isolated; He found that bullying was linked to overprotective mothers and critical and distant fathers. Rigby showed that boys who were bullied reported poor relationships with their fathers, and girls who were bullied had poor relationships with their mothers.<sup>16</sup>

Mangklara et al. conducted a study in Greece with results stating that being a bully is related to several dimensions regarding the socioeconomic status of parents, while being a victim of bullying has no relationship with socioeconomic status. This study indicates that lower socioeconomic status is associated with an increased risk of a child becoming a bully.<sup>17</sup>

In general, the level of parental education is not related to the character of the perpetrator or victim of bullying. However, there are several small groups of variables that show relationship with behavior related to bullying. Fathers with technical education have a lower risk of having children who are bullies or victims of bullying. Mothers with a secondary school education background are associated with a lower risk of having children who are bullies.<sup>17</sup>

In addition, poor academic performance in school, which is an indicator of adaptability in school, is associated with an increased risk of being a bully. However, there is other evidence which also states that there is a relationship between an increased risk of being a bully and good performance at school when a

bully is bullied. This can be explained that someone who has extreme academic achievement feels that he is not part of the average group of their peers. This perception can lead to stress, antisocial behavior, such as bullying.<sup>17</sup>

There are also other interesting findings in the study of Mangklara et al. This shows the relationship between BMI and being a victim of bullying. Type II obesity (BMI>30) was found to have a greater susceptibility to being a victim of bullying.<sup>17</sup>

### **Diagnosis**

To recognize the occurrence of bullying in a school environment, an assessment is carried out using various methods. A commonly known and commonly used method is to use a self-administered and anonymous questionnaire. By using a questionnaire, schools can obtain an overview of bullying events that occur in their school environment to later become the basis for preparing relevant prevention and anti-bullying programs. The frequently used and standardized questionnaires include the Olweus Bullying Questionnaire (OBQ) and a collection of other questionnaires summarized in the Compendium CDC (Centers for Disease Control).<sup>9,18</sup>

### **Impact of bullying on emotional mental health**

The prevalence of psychiatric problems has doubled in adolescents when compared to children who experience bullying. There are 15-25% of adolescents who report experiences of psychiatric disorders, 5-10% of whom experience major depressive disorder and approximately 4-11% experience anxiety. There are also 5-10% who experience problems or disorders related to substance use, where there is another 1% who experience psychotic symptoms.<sup>8</sup>

A study on conditions associated with bullying behaviour stated that bullying is a distressing experience and can predict the occurrence of psychiatric symptoms and disorders in the future.<sup>2-6</sup> There is also a study by Sourdaner et al which stated that from information about the status of perpetrators and victims of bullying in boys aged 8 years, it was

found that a third of men were at risk of developing psychiatric disorders in young adulthood.<sup>8</sup>

A boy who engages in bullying as a perpetrator has a threefold risk of developing a psychiatric disorder 10-15 years later, while a victim has a fivefold risk. In addition, being both the perpetrator and the victim of bullying also increases the risk of psychiatric deviance in the offender if the bullying occurs at age 12 compared to when the age of 8 years. Meanwhile, in the case of victims of bullying, the younger they are when they are involved in bullying, they will be more problematic when traced 3-7 years later.<sup>8</sup>

### **Symptoms of depression**

Of all the other psychiatric symptoms, symptoms of depression associated with bullying are the most studied topic. A prospective study showed that there was a 4.2-fold increased risk of depressive symptoms in students who were victims of bullying 6 months earlier, students who experienced depressive symptoms 6 months earlier had a 3.4-fold risk of being bullied.<sup>8</sup>

Half of the studies reporting gender differences in bullying found that male victims were at greater risk of developing depressive symptoms than female victims. The other half of the studies reported conflicting results. Two studies related to the relationship between sex and bullying showed that female perpetrators had a higher risk of developing depressive symptoms than male perpetrators. There are also 3 other studies which found that victims of bullying had a higher risk of depressive symptoms, which is 3.8-32.2 times, compared to all other groups.<sup>8</sup>

In a 10-year prospective study conducted by Klomek et al. It was found that individuals who were bullied at age 8 had a three-fold increased risk of developing depressive symptoms by the time they were 18 years old compared to those who were not involved in bullying.<sup>8</sup>

### **Anxiety**

Most of the studies that have been conducted show that there is a relationship between being a victim of

bullying and anxiety. Victims of bullying have a 1.5-3.5-fold risk of experiencing anxiety symptoms compared to individuals who are not involved. A 2-year cohort study stated that a history of being a victim of bullying predicts the future occurrence of anxiety symptoms, but that anxiety symptoms do not precede the occurrence of an individual being victimized. A similar study stated that anxiety occurred 3 times more often in students who were bullied 6 months earlier, while the risk of becoming a victim of bullying after a student experienced anxiety 6 months earlier was 2 times.<sup>8</sup>

A study using the ICD-10 psychiatric diagnosis reported that being a victim of bullying at the age of 8 years increased the risk of developing an anxiety disorder in young adults 2.6-fold in men. An investigation into the relationship between bullying and social phobia showed that boys with symptoms of social phobia had a 3-fold risk of being bullied and girls with similar symptoms 2.8-4.3 times the risk. Another study showed that repeated victimization at the age of 13 was a 2.6-fold risk factor for anxiety at the age of 14 in girls, but not in boys.<sup>8</sup>

There is a cross-sectional study that found that being a bully causes a 3.8-fold risk of anxiety, while being a bully/victim has a 6.4-fold risk. Another prospective study also showed that bullying/victimization at the age of 8 years increased the risk of developing an anxiety disorder 5.2-fold in young adults.<sup>8</sup>

### **Psychotic Symptoms**

Four out of five studies suggest that victims of bullying have a higher risk of experiencing psychotic symptoms or psychotic-like symptoms than those who have never been involved. A prospective study showed that individuals who were victims of bullying at the age of 8 or 10 years had an almost 1.9 times risk of experiencing psychotic symptoms at age 12 than those who were not involved. In addition, a long exposure relationship was also found as a risk factor for psychotic symptoms, which was 4.6 times in victims bullying of chronic or severe. Bullying is considered

severe when the victim experiences both types of bullying: overt, for example direct verbal and physical aggression, and relational, for example social exclusion.<sup>8</sup>

The risk of psychotic symptoms in bullies and bullies/victims was 9.9 times higher than in other individuals who were not involved. The risk for bullies to experience psychotic-like symptoms is 1.3 times compared to individuals who are not involved.<sup>8</sup>

### **Symptoms of Attention-Deficit Hyperactivity Disorder (ADHD), conduct problems, and Antisocial Personality Disorder (ASPD)**

Being a bully has consistently been found to be associated with conduct problems. Emond et al. showed in a prospective study that bullying other children at preschool age has a tendency to develop conduct aggressive disorder. Similarly, a 15-year prospective study showed that among men who were bullied or bullied/victim at the age of 8 years had a 2.9 to 3.9-fold risk to develop ASPD. In an examination of the risk of conduct problems in victims and bullies/victims, both groups were more than twice as likely to experience conduct problems as individuals who were not involved.<sup>8</sup>

Research on the relationship between bullying and ADHD and hyperactivity has consistently shown that there is a 2.1 to 3.8-fold increased risk. In addition, being a victim of bullying is also associated with a 2.4 to 10.8-fold increased risk for experiencing ADHD symptoms and hyperactivity. A study assessing the risk of hyperactivity in bullies/victims showed that there was a 2.5-fold increased risk, higher than in other groups.<sup>8</sup>

### **Attempted suicide**

Suicide is one of the leading causes of death for young people in many countries. Bullying is one of the risk factors associated with suicide. According to a study, victims of bullying have a 1.5-5.4-fold increased risk of attempting suicide. Bullies also have a higher risk as the victim, that is 2.3 to 9.9-fold. The risk of having suicidal ideation in bullies/victims is the

greatest compared to other groups, which is 1.9-10 times.<sup>8</sup>

The relationship between suicidal behavior related to sex has also been investigated. A prospective study showed that bullying in boys was not associated with suicide. In girls, being a victim of bullying is a risk factor for suicide. Another study conducted by Eisenberg et al. confirmed that and female victims have a higher risk of committing suicide than men.<sup>8</sup>

### **Holistic and comprehensive bullying management**

The management of bullying should begin through an assessment of the problem size of the components in the schools involved (using an anonymous questionnaire). Comparison of the findings with other studies provides a starting point for addressing the problem with the involvement of all school staff, government, parents, and students. The interventions carried out should be divided into three levels, namely at the overall school level, the classroom level, and the individual level.<sup>3,19</sup>

Both at the school level as a whole and in the classroom, there must be an explicit policy stating that bullying is not allowed in schools. This policy must be adhered to by all staff, government, parents, and all students. Student opinions should be scrutinized from the outset of policy-making planning.<sup>3,19</sup>

Bullying requires sanctions for wrongdoing. This could take the form of meeting the bullies face-to-face with regard to their behavior and depriving them of privileges if necessary. As in all other cases, it is important that the sanctions imposed do not inconvenience the staff more than the perpetrators. Attention needs to be given to avoid overly punitive attitudes that will later become a model of revenge behavior which is actually the initial problem. Young bullies tend to have serious problems with antisocial tendencies. Guidance and supervision are needed and parental support is also needed to direct the child to behave prosocially.<sup>3,19</sup>

Not all things can be achieved through the improvement of the school environment alone. Bullying is a serious, silent, vicious process, which

must be thoroughly addressed as soon as possible. For this to be achieved, bullies must be confronted and interviewed so that they are fully aware that their behavior is intolerable. In addition, the immediate task in this regard is to offer protection to the victim in order to prevent further attacks. All protective measures must be taken with the knowledge and consent of the victim. Victims often ask their parents not to do anything to stop the abuse. In this case, the steps that can be taken are to build children's confidence, develop their abilities, and encourage them to mingle with the right peers.<sup>3,19</sup>

A cognitive-behavioral (CB) approach combined with parental training is the best way to promote positive change in students with special needs who have peer problems. CB interventions focus on reducing problematic behaviors (such as aggression and impulsivity) and increasing positive behaviors (such as social skills, problem solving). Instructions that focus solely on behavior or cognition alone are not effective with these students. This CB approach was developed based on the belief that thoughts, feelings, and actions are interrelated. Behavior is related to thoughts and beliefs, which are acquired through experience. Therefore, both experience and interpretation of experience can be changed.<sup>3,20</sup>

## 2. Conclusion

Bullying is a major public health problem. Bullying should not be tolerated because it has a psychological impact on perpetrators and victims of serious problems. The impact of bullying is increasingly widespread, it can even lead to suicide. Bullying in schools is the forerunner of violence in society. Emotional Mental Health impacts caused by bullying include symptoms of depression, anxiety, psychotic symptoms, ADHD symptoms, conduct problems, ASPD disorders, and suicide attempts. In addition, bullying also has an impact on substance abuse, crime, and delinquency. Seeing the magnitude of the impact, it is necessary to immediately tackle bullying in a holistic and comprehensive manner. The treatment consists of handling the whole school level,

classroom level, and individual level, one of which is through CBT and parent training.

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