Bullying among Secondary School Students: Review Article

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Abstract:

Background: Bullying among youth at school continues to be a global challenge. Being exposed to bullying may be especially hurtful in adolescence, a vulnerable period during which both peer group belonging and status become key concerns. **Aim**: In the current review, we first summarize the definition, prevalence, types, causes of bullying. We proceed by highlighting how to diagnose and screen for bullying . We end by providing some suggestions for the next decade of research in the area of bullying intervention among secondary school students. **Conclusion**: Bullying in childhood is a global public health problem that impacts on secondary school students. Bullying is extremely prevalent and its prevention programs are essential.

Keywords: Bullying**,** students, victim**.**

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Introduction

Bullying is an unwanted aggressive behavior by a person or group against a targeted victim that has the intent to harm either physically or emotionally **[1].**

Bullying in childhood is a major public health problem affecting an estimated one third of children worldwide that increases the risk of poor health, social and educational outcomes in childhood and adolescence. It has been classified by the WHO as a major public health problem. Bullying exists in its traditional, sexual and cyber forms, all of which impact on the physical, mental and social health of victims, bullies and bully–victims **[2].**

It is characterized by repeated victimization within a power-imbalanced relationship, bullying encompasses a wide range of types, frequencies and aggression levels, ranging from teasing and name calling to physical, verbal and social abuse **[3].**

Definitions:

The most commonly used definition of bullying was developed by Daniel Olweus in the 1970's and 80's. Olweus describes bullying as "intentional, repeated, negative (unpleasant or hurtful) behavior by one or more persons directed against a person who has difficulty defending himself or herself." **[4].**

Bullying is often defined as repetitive and intentional aggressive behavior by one individual or group against another in situations where there exists some sort of power differential between the bully and the victim in terms of physical size, social status, or other features. Bullying behavior can include anything from name-calling to outright physical assault. What has been termed relational bullying can involve such actions as spreading rumors or the active

ignoring or exclusion of certain individuals. Bullying can also occur online in the form of text messages, emails, and social media posts **[5].**

Differential diagnosis of harassment and physical abuse:

Harassment is similar to bullying because someone hurts another person through cruel, offensive and insulting behaviors. Harassment is different from bullying in that it is a form of discrimination. Harassment is a much broader term than physical abuse. Harassment can encompass physical, verbal, and emotional actions, while abuse is generally understood to be a physical act. Sexual abuse also happens specifically to children and adolescents. Sexual harassment is a fairly broad term, so it can be difficult to define it. Sexual harassment is any unwanted sexual behavior, especially in professional places such as schools or workplaces. Some instances of sexual harassment are ongoing, while others occur as isolated incidents **[6].**

Prevalence of Bullying

A 2019 report from the United Nations Educational, Scientific and Cultural Organization (UNESCO) **[7]**, examined the global prevalence of bullying in childhood and adolescence using data from the GSHS and HBSC studies along with addition data from the Progress in International Reading Literacy Study **[8]** and the Program for International Students Assessment **[9]**. It found that almost one in three (32%) children globally had been the victim of bullying on one or more days in the preceding month, and that 1 in 13 (7.3%) has been bullied on six or more days over the same period **[7]**. However, there is substantial regional variation in the prevalence of bullying across the world, ranging from 22.8% of children being victimized in Central America, through 25.0% and 31.7% in Europe and North America, respectively, to 48.2% in sub-Saharan Africa **[2].**

There is also significant geographical variation in the type of bullying reported, with direct physical and sexual bullying being dominant in low-income and middle-income countries, and indirect bullying being the most frequent type in high-income regions. Nevertheless, bullying is a sizeable public health problem of truly global importance **[2].**

Types of bullying

Participants in childhood bullying take up one of three roles: the victim, the bully (or perpetrator) or the bully–victim (who is both a perpetrator and a victim of bullying)**[10].**

Victims and bullies either belong to the same peer group (peer bullying) or the same family unit (sibling bullying), although bullying frequently occurs in multiple settings simultaneously, such as at school (peer bullying) and in the home (sibling bullying), representing a ubiquitous ecology of bullying that permeates the child's life **[11].**

Three main types of bullying are observed, the typical characteristics of which are illustrated in **table 1**. While traditional bullying has been recognized and studied for many decades and is often accepted as an inevitable aspect of a normal childhood **[12]**, cyberbullying represents a relatively new phenomenon in which childhood bullying now takes place through digital modalities. The widespread uptake of electronic devices has reached almost complete saturation among adolescents in high-income countries, with users checking their devices hundreds of times and for hours each day **[13].**

Table (1): Typical characteristics of the main types of childhood bullying **[2].**

Types	Typical characteristics	Examples
Traditional bullying	Direct physical (overt physical aggression or assaults)	Pushing, punching and kicking
	Direct verbal (overt verbal attacks that are highly personal)	Teasing, taunting or threatening behavior directed at the victim's appearance, abilities, family, culture, race or religion
	Indirect and emotional (covert behavior that damages peer relationships, self-esteem or social status)	Passing nasty notes, offensive graffiti, defacing or damaging personal property, exclusion, ostracism and shaming
Sexual bullying	Sexually bothering another person (may also be referred to as 'sexual harassment')	Inappropriate and unwanted touching, using sexualized language and pressurizing another to act promiscuously
Cyberbullying	Aggressive behavior or emotional manipulation delivered through digital technology, specifically mobile phones, the internet and social media	Spreading false stories about a victim online, posting digital media featuring a victim online without permission, excluding a victim from participation in an online space

Causes of bullying:

The etiology of bullying is complex and may depend on multiple issues including individual, social, and family issues **[14].**

▪ **Victims**

Although there are many causes of bullying, certain risk factors may attract bullies to their victims.

- Children who are different from their peers
- Children who are weaker (than bullies)
- Children who are socially isolated, less popular, and have few friends
- May have underlying feelings of personal inadequacy

▪ **Bullies**

These children may have the following characteristics:

- Increasingly aggressive behavior and can be easily frustrated
- Tendency to blame others for their issues
- Unable to accept responsibility for their actions
- May be overly competitive and worry about their reputation or popularity
- May have friends who bully others
- May perceive hostile intent in the action of others
- May have a desire for power or dominance

It is not necessary that a bully is stronger or bigger than their victim. The power imbalance can be due to many things including popularity, strength, or cognitive ability **[15].**

Factors That Influence Bullying

Two large-scale international surveys regularly conducted by the WHO—the Global School-based Student Health Survey (GSHS) and the Health Behavior in School-aged Children (HBSC)—provide data from 144 countries and territories in all regions of the world. These data identify specific factors that strongly influence the type, frequency and severity of bullying experienced by children and adolescents globally **[2].**

Table (2) Summary of factors that influence child and adolescent bullying **[2].**

Influencing factor	Description
Sex differences	Globally, girls and boys are equally likely to experience bullying. Boys are more likely to experience direct physical bullying; girls are more likely to experience direct verbal and indirect bullying. Boys are more likely to be perpetrators of direct physical bullying, while girls are more likely to be perpetrators of indirect and emotional bullying. Girls are more likely than boys to experience bullying based on physical appearance. Globally, there are no major differences in the extent to which girls and boys experience sexual bullying, but there are regional differences. Girls are more likely than boys to be cyberbullied via digital messages, but there is less discrepancy between the sexes in the prevalence of cyberbullying via digital pictures.
Age differences	As children grow older, they are less likely to experience bullying by peers. Age differences are less pronounced for bullying perpetration. Older children may be more exposed to cyberbullying.
Not to conforming gender norms	Children viewed as gender non-conforming are at higher risk of bullying.
Physical appearance	Physical appearance is the most frequent reason for bullying. Body dissatisfaction and being overweight are associated with bullying.
Physical and learning disability	Physical and learning disability is associated with increased risk of being bullied.
Race, nationality or color	Bullying based on race, nationality or color is the second most frequent reason for bullying reported by children.
Religion	Compared with other factors, religion is mentioned by far fewer children as a reason for being bullied.

Socioeconomic status	Socioeconomic disadvantage is associated with increased risk of being bullied. A similar relationship is seen between self-perceived social status and cyberbullying.

Migration status	Immigrant children are more likely to be bullied than their native-born peers.
School environment	A positive school environment reduces bullying.
Educational attainment	Overall, educational attainment is a protective factor against being bullied.
Peer and family support	Family support and communication can be an important protective factor.

Psychiatric Comorbidities with Bullying

Bullying is a distressing experience that often lasts for years, persists into adulthood, and correlates with current and future psychiatric issues **[16]**. If the bullying (or being bullied) does not stop or interfere with functioning at school or with friends, pupils should be assessed for potential psychiatric issues **[17]**.

Comorbidity of these disorders [such as depression, anxiety, conduct disorder, oppositional defiant disorder, Post-Traumatic Stress Disorder (PTSD), and attention deficit hyperactivity disorder (ADHD)] occurs among children involved in bullying **[18]**. At the same time, it is comparatively uncommon in non bullied children. In addition, separation and generalized anxiety disorder, dysthymia, depression, and panic disorder may be found in the results of an examination of a child who has been the victim of bullying**[19]**.

During adulthood, victim and bully-victim males are at an increased risk for anxiety and personality disorders characterized as histrionic, borderline and paranoid. Bullying can begin early in life and persist into adulthood, leading to poor mental and physical health and compromised interpersonal relationships**[17]**.

A study in Finland followed bullied elementary school boys into adulthood. This study claimed that bullying could have significant social and psychological effects over time. Boys who bullied others showed that adults are much more prevalent than their unbullying counterparts in antisocial personality disorder, criminality, and convictions**[20]**.

Bullying in childhood is also associated with an increased risk of substance abuse (alcohol, cannabis, and nicotine use disorder), depression and anxiety in adulthood. In addition, the results indicate that having a psychiatric disorder can increase your risk of being bullied as a youth **[21]**.

Suicide is the second highest cause of mortality among adolescents aged 15 to 29 **[22]**. Students who have been bullied are twice as likely to have suicidal thoughts and are 2.6 times more likely to attempt suicide than students who have not been bullied. In addition, Suicidal conduct is reported by students, whether they are bullies, victims, or witnesses. In 2014, About17.7% of school-aged kids attempted suicide due to bullying behavior, according

to the Youth Risk Behavior Survey (YRBS) **[23]**.

These negative consequences highlight the importance of further research into bullying to develop effective intervention strategies. We must first comprehend violence and bullying to prevent them. Examining the individuals involved in bullying would be a good first step toward understanding **[17]**.

Diagnosis and Screening of Bullying 2021).

For adolescents, one screening tool that can help guide the conversation and also identify potential coexisting mental health concerns and psychosocial risk factors is the HEEADSSS (home environment, education/employment, eating behaviors, activities with peers, drug use, sexuality, suicide/depression, safety) assessment. It is vital to reassure the adolescent that the information they disclose will be kept confidential unless there is a safety issue (risk of harm to self or others or concerns for child abuse or neglect) **[1]**.

Table (3): Red flags for identifying bullying participant status

Victim	Physical complaints: -insomnia -abdominal pain -headaches -new-onset enuresis	Psychological symptoms: -depression -loneliness -anxiety -suicidal ideation/gestures	School problems: -academic failure -social problems -lack of friends
	Behavioral changes: -irritability -poor concentration -school refusal -substance abuse	Unique features: -children with chronic medical illnesses -physical deformities -students in special education	Physical examination: -torn or damaged clothing or belongings -unexplained cuts, bruises, and scratches
Bully	Attitude toward behavior: -desire to obscure the problematic behavior	Features: -aggressive -overly confident -lack empathy -oppositional or conduct problems	High-risk families: -physical punishment -model violent behavior in conflict resolution
Bully-Victim	Physical complaints: -Psychosomatic complaints (insomnia, headaches, abdominal pain, etc.) similar to victims.	Psychological symptoms: -externalizing behavior and conduct disorder problems -depression and anxiety -suicidality -substance use or abuse	School problems: -school disengagement and academic failure -social isolation and exclusion by peers -increased likelihood of bringing weapons to school
Bystander	Psychological symptoms: -anxiety -depression -suicidal ideation	School problems: -academic difficulties -school avoidance -feeling unsafe at school	

A host of behavioral changes, somatic complaints, mood and anxiety concerns, and clinical findings may be indicative of bullying victimization. Several behavioral patterns and familial risk factors can be associated with perpetration of bullying as well **[24]**.

Children affected by bullying should be screened for common coexisting mental health conditions such as depression and suicidality, anxiety, PTSD, and ADHD. Because of the high likelihood of bullies being victims themselves, it is advised that all children affected by bullying (whether as a bully, victim, bully-victim, or bystander) be screened for such mental health conditions. Broad-based screening checklists such as the Pediatric Symptom Checklist (PSC) or the Child Behavior Checklist (CBCL) may be useful to screen for psychological impairment in general **[25]**. More specific screening measures such as the Revised Children's Anxiety and Depression Scale (RCADS), Patient Health Questionnaire (PHQ-9) modified for teens, Beck Depression Inventory, and the NICHQ Vanderbilt Assessment Scale may be of utility if there are concerns for a specific mental health diagnosis **[1]**.

Interventions for bullying

- Clinical Interventions

The clinician should provide support, counseling, and appropriate referrals for the child or adolescent who is impacted by bullying. The first step is to emphasize to the youth that they have demonstrated great courage in disclosing this information and that there is help available. For victims, it is important to highlight that the bullying they are experiencing is in no way their fault. Let them know that they are not alone and encourage them to disclose their experiences to their caregivers or other trusted adults.

Provide children and parents with clear, up-to date information and resources about bullying and its impacts **[26]**.

Examples include the Stop Bullying website from the United States Department of Health and Human Services, the Bullying UK website from Family Lives, and the Cyberbullying Research Center website. Prompt and appropriate referral to mental health professionals should be made for coexisting conditions **[26]**.

Further interventions for bullying victims include participation in extracurricular activities that encourage positive peer relationships and promote self-esteem such as sports, school clubs, and community service organizations **[25]**.

- School-Based Interventions

Clinicians can work with schools and communities to advocate for bullying prevention and intervention programs. A systematic review of bullying interventions found that whole-school anti bullying programs were most effective in reducing bullying. A whole-school approach entails a collaborative action plan involving the entire school community including senior school leadership, teachers and staff, parents, and students **[27]**. These interventions can include teacher trainings, increased supervision of students' outdoor activities, consistent reporting and response strategies, classroom curriculum, conflict resolution training, individual counselling, and school policies that foster a positive social climate of anti-bullying on campus **[28]**.

Interventions empowering bystanders to become upstanders also decrease bullying and are less resource-intensive than whole-school approaches. There is a witness in 80% of bullying situations, and if that witness intervenes there is a 50% chance of stopping the bullying act **[29]**. Upstanders can be taught to safely intervene by telling a teacher or helping the victim escape the situation **[30]**.

The KiVa anti-bullying program, a whole-school intervention from Finland, has been adopted by many U.K. schools and offers online toolkits. The All Together Online Hub from the Anti-Bullying Alliance helps schools create action plans and audit their current anti-bullying practices. Some ineffective practices to avoid include large anti-bullying assemblies, zero tolerance policies, disciplinary actions such as suspensions, or direct peer mediation between the bully and victim **[28]**.

Educating youth and parents about cyberbullying is important for prevention. A meta-analysis summarized promising school-based cyberbullying intervention programs **[31]**. Parents should be advised to keep home computers in easily visible places, discuss expectations for responsible online behavior, and encourage their children to notify adults immediately of cyberbullying. Clinicians should advise families to document harmful posts, report the cyberbullying to online platforms, and if a potential crime is occurring then notify police **[1].**

Conclusion: Bullying in childhood is a global public health problem that impacts on secondary school students. Bullying is extremely prevalent and its prevention programs are essential.

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