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Review Article

Bullying Among Child and Adolescents: A Short Review

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Abstract

Bullying among children and adolescents is an important public health problem globally but unfolded appropriately in Bangladesh. Previous research revealed at least one third children are affected by bullying in the form of bullies, victims and bully victims. Bullying is most commonly defined as "repeated, intentional aggression, perpetrated by a more powerful individual or group against a less powerful victim". Direct bullying consists of physical and verbal aggression, whereas indirect bullying involves relational aggression. Cyber bullying is the upcoming problem which may be more difficult to identify and intervene with than traditional bullying. Bullies, victims, and bully-victims are at risk for negative short and long-term consequences such as depression, anxiety, low self-esteem, suicidal intent, substance abuse, psychosomatic complains, unemployment, sleep disturbances, and delinquency. Various individual, parental, and peer factors increase the risk for involvement in bullying as well as certain factors also related as protective factors to deal with bullying. Anti-bullying interventions are predominantly school-based and demonstrate variable results however, it is important to choose an evidence-based program, to administer the program with fidelity, and to enlist adequate parental involvement and school personnel effort to make the program effective. Clinicians can play a significant role in identifying bullies and victims; evaluate them for co- morbid conditions; and provide resources and referrals as necessary. Parents, providers, and schools can work together to prevent and intervene in childhood bullying.

Keywords: *Bulling; Bully-Victims; Victims; Bangladesh*

Epidemiology and Definition

Bullying is prevalent in all societies, from ancient civilizations to modern hunter-gatherer societies and considered an evolutionary adaptation with the purpose of gaining high status, dominance, more resources, securing survival, reducing stress and allowing for more mating opportunities [1]. Bullying among children and adolescents is an important public health problem globally but unfolded appropriately in Bangladesh [2-6]. Previous research revealed at least one third children are affected by bullying in the form of bullies, victims and bully victims [5,7-9] with its short and long term consequences. There is no universally accepted definition of bulling and recent controversies are going on regarding the definition [6,10-12]. However, the most accepted definition of bulling describes bulling as "intentional, repeated, negative (unpleasant or hurtful) behavior by one or more persons directed against a person who has difficulty defending himself or herself" and it encompasses "a physical, verbal, or psychological attack or intimidation; an actual or perceived power imbalance between the perpetrator(s) or victim(s); an intent to cause fear, and/or harm to the victim; and repeatedly producing the desired effect" [1-8,10-14].

Types of bulling

Bulling is the pervasive form of aggression that can be classified in different ways [2,4,7,15].

Direct bulling can be subdivided into physical and verbal bulling those are expressed overtly [1-3,5-7,9-10,13-15]. Physical bullying encompasses activities like hitting, pushing, kicking, choking, and snatching something from others [1-3,5-7,9-10,13-15]. Verbal bullying encompasses harassment or intimidation in the form of name-calling, threatening, taunting, malicious teasing, and psychological intimidation using words [1-3,5-7,9-10,13-15]. Indirect bullying mostly expressed as relational aggression, such as social exclusion of victims by manipulating the social influences or injuring the reputation of the victims, gossiping, slandering, sabotage, and convincing peers to exclude victims [1-3,5-7,9-10,13-15]. Cyber bullying is a newly emerging bully which encompasses threatening, harassing, taunting, and/or intimidating a peer using an electronic medium, such as computers, cell phones, and other electronic devices [1-3,5-7,9-10,13-15]. Direct physical bullying usually has its peak in middle school, then decrease, whereas verbal bullying may continue to be elevated throughout high school [2,7,16]. Relational bullying is more common among girls and can lead to feelings of rejection at a critical time in social development [2,7].

Bulling Profiles/ Behaviors

Previous researches indentified three bulling profiles/ behaviors mentioned as bullies, victims & bully-victim [2,17,18]. Bullies are psychologically, socially stronger; involved in bullying to gain or maintain dominance in their peer group and may have a positive attitude toward violence [1,2,4,19]. Boys are more likely to be involved as bullies and are more likely to manifest defiant behavior [2]. The victims are usually passive or submissive victims; may be physically smaller, less assertive, more anxious, insecure, or sensitive than bullies; may have lower self-esteem, may have the lowest social status among peers [1,2]. Bully-victims are those who bully others and are bullied themselves; they also are known as reactive bullies or provocative/aggressive victims [2,4,15]. These may be impulsively aggressive children who respond with aggression to being bullied, or victims who transition from victimization to bullying behavior over a period of time [2].

Effects & Factors of bulling

Bullies, victims, and bully-victims are at risk of developing negative health outcomes in both short and long-term such as depression, anxiety, low self- esteem, and delinquency, physical and psychosomatic symptoms, or borderline personality symptoms, self-harm, poor academic achievement, and physical features, such as being overweight, personality characteristics, aggression, antisocial personality, criminality and substance abuse, poor sleep quality, bad dreams, poor quality of health, suicidal ideation and suicide [1-5,7-9,13,15-20]. Various individual, parental, and peer factors increase the risk for involvement in bullying as well as certain factors also related as protective factors to deal with bullying [2,5]. Anti-bullying interventions are predominantly school-based and demonstrate variable results however, it is important to choose an evidence-based program, to administer the program with fidelity, and to enlist adequate parental involvement and school personnel effort to make the program effective [2,5].

Bullying Reduction

Multilateral and multidimensional involvements are necessary for bulling reduction. School based interventions can play significant roles as well as parents, social workers, health care professionals have important roles in reduction of bulling as well as its effects [2]. Regular screening for bulling effects of the potential bullies or victims; providing counseling and resources, and advocating for bullying prevention may improve the overall scenario [2]. Very important part is the proper awareness regarding the bulling. Previous research revealed different components of reducing the bulling such as Parental trainings to address & identify bulling; proper disciplinary actions; teacher training; proper classroom management, central anti-bulling policy; and other such steps [2].

Conclusion

Bullying is a global threat to both physical and mental health of the child and adolescents. Appropriate evidence based measures need to be taken with multilateral collaboration of clinicians, public health experts, policy makers, parents, school health teams and others such stake holders.

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