

Counselling Psychology

{ *School Bullying*

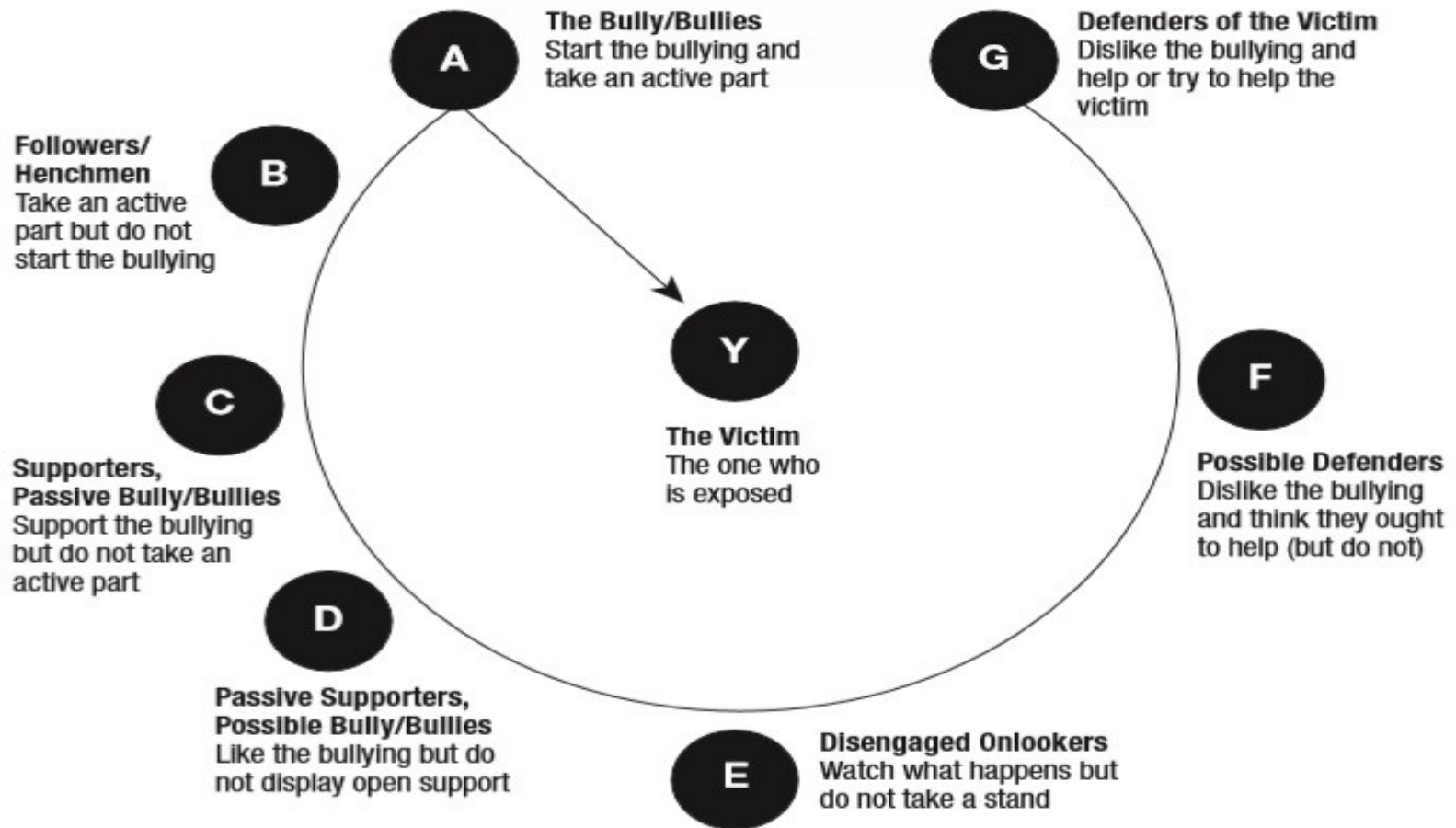
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What is the phenomenon of bullying?



Bullying can be described as the systematic abuse of power. There will always be power relationships in social groups by virtue of strength, size, ability or force of personality. Power can be abused. The definition of abuse depends on the social and cultural context but this word always help us understand and examine human behavior. If the abuse is systematic, repeated and deliberate, bullying seems a good name to describe it.

FIGURE 1
The Bullying Circle
Students' Modes of Reaction/Roles in an Acute Bullying Situation



Olweus D, (2003). A Profile of Bullying at School. Educational Leadership.

http://www.lhsenglish.com/uploads/7/9/0/8/7908073/olweus_profile_of_bullying.pdf

Do you think that bullying can be related to psychological disorders?

- ⌘ A total of 9% of girls and 17% of boys were involved in bullying on a weekly basis. Anxiety, depression and psychosomatic symptoms were most frequent among bully-victims and equally common among bullies and victims.
- ⌘ Eating disorders have also been associated with victims of bullying.

SO bullying should be seen as an indicator of risk of various mental disorders in adolescence.

5-15% primary school children and 3-10% secondary school adolescents become victims of bullying every week.

What are the affects of victimization?

- & Psychosomatic Symptoms
- & Anxiety
- & Depression
- & Low self-esteem
- & Loneliness
- & Isolation
- & Impaired concentration
- & Fear of going to school

& Chronic mistreatments and failure to receive support from the social network have been associated for example with depression. Thus it is *possible* that victimization may be a precursor of mental disorders.

- ⌘ Internalizing problems contributed to becoming a victim which again increased later internalizing symptoms. (Hodges and Perry, 1999)
- ⌘ The direction of causality between victimization and mental health complaints can be thus both ways. Bullying of others might rather be indicative of the bully's psychological problems than a result of exposure. This should be reflected in different mental health problem profiles among bullies and victims.
- ⌘ Victims, bullies and bully-victims differ essentially in personality.
- ⌘ Age and sex did not explain the association between involvement in bullying and mental health problems. Involvement in bullying was associated with an increased risk of co-occurring mental disorders. This is in agreement with the previous findings that victimization correlates with depression, anxiety and psychosomatic symptoms.

Bullying, victimization, depression, anxiety, and aggression in elementary school children

Table 1. Frequencies of group membership

	Primary grades		Junior grades	
	Males	Females	Males	Females
Bullies	23 (4.2%)	13 (2.4%)	27 (5.0%)	20 (3.7%)
Victims	28 (5.1%)	39 (7.1%)	16 (2.9%)	31 (5.7%)
Bully/Victims	30 (5.5%)	21 (3.8%)	25 (4.6%)	28 (5.1%)
Comparisons	54 (9.9%)	51 (9.3%)	51 (9.3%)	89 (16.3%)
Total	135 (24.7%)	124 (22.7%)	119 (21.8)	168 (30.8%)

Craig W. M, (1998). The relationship among bullying, victimization, depression, anxiety, and aggression in elementary school children. Person. individual 24,123-130. Pergamon

Profile differences (typical cases)

Victims

- Introvert
- Passive
- Submissive
- Low self-esteem
- They blame themselves for difficulties
- Sensitive
- Quiet
- Cautious
- Low profile

Bullies

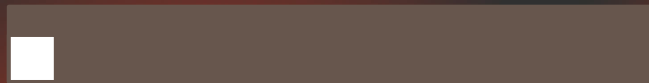
- Aggressive
- Dominant
- Little empathy for their victims
- Anxious
- Insecure
- Pattern of aggressive behavior and physical strength

Bully- Victims

- Personal struggle
- Powerful
- Negative Characteristics
- Low levels of social acceptance
- High scores on neuroticism and psychotism
- Reminiscent
- Rejected by peers
- Provocative
- Start fights

Profile differences (typical cases)

Victims



- Internalizing Disorder (central feature is disordered mood or emotion)

- Depression/Anxiety/Psychosomatic Symptoms/Eating Disorders

Bullies



- Externalizing Disorder

- Drinking and substance use

- Behavioural Problems (Conduct and antisocial disorders)

Table 1 Prevalence of depressive symptoms, anxiety, excessive psychosomatic symptoms, frequent excessive drinking, substance use and eating disorder symptoms in Finnish 14 to 16 year old girls and boys (%)

	Girls	Boys	<i>p</i>
Survey 1997	<i>n</i> =8695	<i>n</i> =8948	
Depressive symptoms	11.1	6.2	<0.0001
Anxiety	4.3	2.5	<0.0001
Excessive psychosomatic symptoms	6.7	2.1	<0.0001
Frequent excessive drinking	9.9	13.4	<0.0001
Use of other substance than alcohol	3.8	3.1	0.008
Survey 1995	<i>n</i> =4453	<i>n</i> =4334	
Bulimia	1.8	0.3	<0.0001
Anorectic symptoms	0.7	0.1	<0.0001

Table 2 Prevalence of various mental health problems according to involvement in bullying and sex among 14 to 16 year-old adolescents (%)

	Involvement in bullying					<i>p</i>
	Not participating	Rarely involved	Bully	Victim	Bully-victim	
Survey 1997						
Depressive symptoms						
Girls	7.5	13.0	25.5	26.3	44.0	<0.0001
Boys	3.0	5.2	13.0	15.7	22.9	<0.0001
Anxiety						
Girls	3.0	4.7	10.3	10.8	17.6	<0.0001
Boys	1.4	1.7	6.0	6.4	8.7	<0.0001
Excessive psychosomatic symptoms						
Girls	4.2	7.9	20.0	15.8	28.3	<0.001
Boys	1.1	1.5	4.8	5.7	10.4	<0.0001
Frequent excessive drinking						
Girls	7.7	11.8	35.8	5.0	22.6	<0.0001
Boys	8.8	13.4	30.5	7.1	19.8	<0.0001
Use of other substances						
Girls	2.3	4.8	19.5	4.5	13.2	<0.0001
Boys	1.5	2.5	10.8	3.2	8.2	<0.0001
(n girls)	(4665)	(3336)	(215)	(398)	(53)	
(n boys)	(2588)	(4850)	(770)	(496)	(183)	
Survey 1995						
Bulimia						
Girls	1.7	1.6	3.4	3.8	3.8	ns
Boys	–	0.2	0.6	0.8	4.3	<0.0001
Anorexia						
Girls	0.8	0.3	3.4	–	3.8	0.0007
Boys	0.1	–	0.3	–	0.9	0.02
(n girls)	(2522)	(1582)	(87)	(183)	(26)	
(n boys)	(1379)	(2175)	(354)	(239)	(116)	

Kaltiala-Heino R, Rimpela M, Rantanen P, Rimpela A, (2000). Bullying at school-an indicator of adolescents at risk for mental disorders. *Journal of Adolescence*, 23, 661-674. doi:10.1006/jado.2000.0351

Can the family's background
define the
child's/adolescent's
involvement in bullying?

Factors that have been connected with the child becoming a bully:

- ✓ Parental hostility and directiveness
- ✓ Lack of warmth
- ✓ Unattending parents

Research has shown that bullying can extend across the generations. The children of bullies often become bullies themselves.

Factors that have been connected with the child becoming a victim:

- ✓ Parental overinvolvement.

It *may* define the child's or adolescent's involvement in bullying. Family characteristics did not explain the effect of involvement in bullying on the disorders. Beyond family structure, family interactions *may* however explain the offspring's involvement in bullying.

Myths about the causes of bullying

1. There is hypothesis that bullying is a consequence of large class or school size, competition for grades and failure at school.
2. Students who are overweight, wear glasses, have a different ethnic origin or speak with a particular dialect are more likely to become victims of bullying.

The causes must be analyzed on two levels: the environmental and the individual level.

Personality characteristics of typical reaction patterns in combination with physical strength or weakness (in the case of boys) are important in the development of bullying problems in individual students.

Also environmental factors such as attitude, behavior routines of relevant adults (teachers-principals) play a crucial role whether this problems will extend in a larger unit.

Overt and indirect aggression:

- ⌘ Research on bullying and victimization has traditionally focused on overt (direct) aggression. (Physical aggression = harms others through physical damage or threat for such damage). Indirect aggression harms others through damage to the peer relationships or threats of such damage. Some forms of indirect aggression are: rejection, exclusion from social activities, ignorance or betrayal.
- ⌘ Female type of aggression is more likely to use indirect aggression than over aggression probably because indirect aggression damages goals that are more important to girls.
- ⌘ Olweus (1991) found that overt aggression in 13-16 years old boys was associated with depression. Depression was characterized as a concomitant of victimization (Neary and Joseph 1994)

Let's focus on the social contexts which facilitate bullying behavior

What is the role of bystander (viewer) in supporting or challenging bullying behavior?

⌘ *IMPORTANT FACTORS:*

- *The school's character and policy of challenging anti-social behavior including bullying.*
- *The part that schools play in creating an atmosphere in which staff consistently encouraged pro-social values and where there were clear sanctions against bullying behavior.*

We have to promote pro-social values and counteracting aggressive anti-social behavior within peer groups

What can schools do?

- a. Communicate clear standards of behavior and consistently enforce them.
- b. Questionnaires to determine the scope of the problem
- c. Monitor playgrounds closely
- d. Encourage parent participation
- e. Provide support and protection to victims
- f. Establish intervention programs

Peer support systems: *Many schools in the UK are in the process of developing peer support systems to counteract bullying and other interpersonal difficulties arising from peer group relationships.*

1. Mentoring
2. Befriending
3. Conflict resolution with approaches based on advocacy / advice giving or counseling

1. Active listening
2. Empathy
3. Problem Solving
4. Supportiveness

1. Direct response to a request for help.
2. Skills and strategies to peer helpers.
3. Adults are supporters and supervisors.
4. Non-punitive interventions.

Effectiveness of peer support in challenging bullying

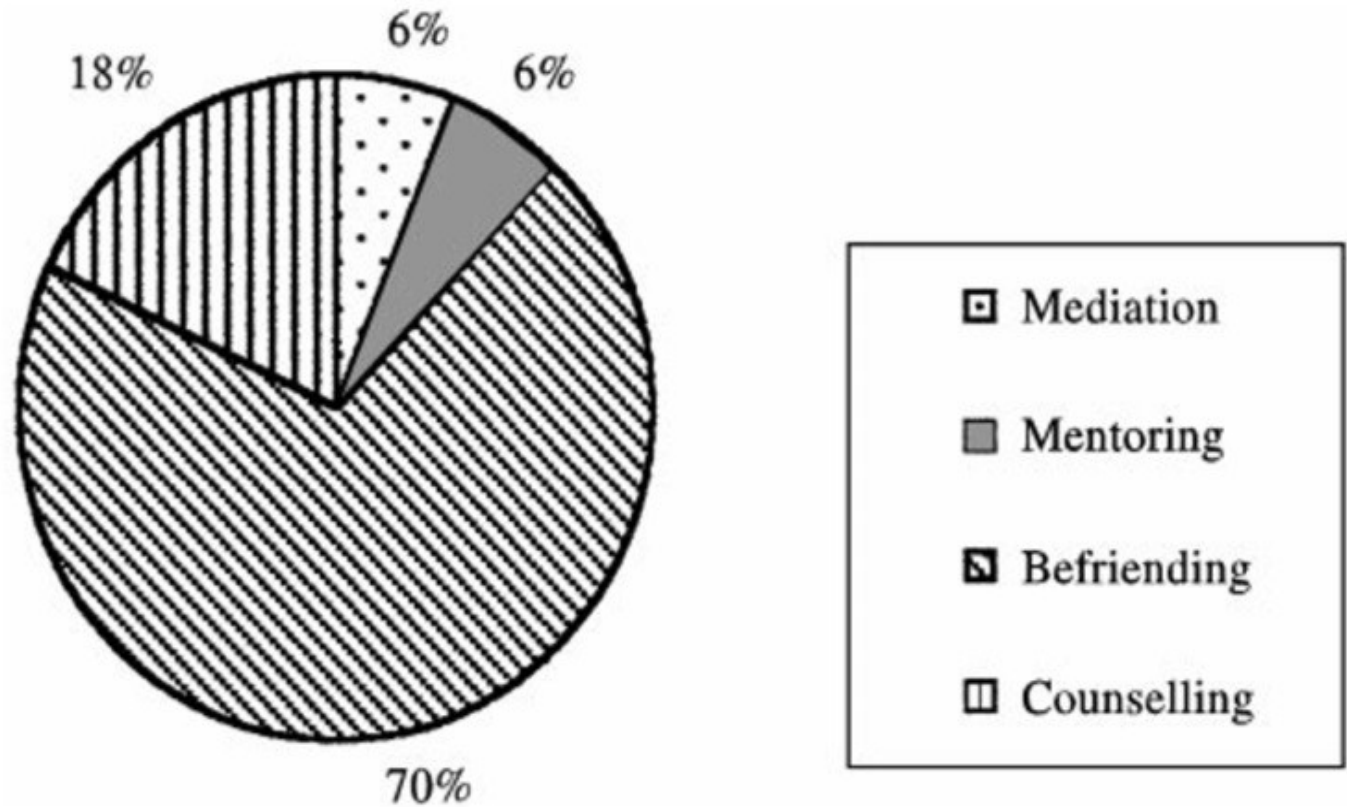


Figure 1. Breakdown of systems by type of peer support.

Peer support systems: Benefits

- i. There is somebody to listen
- ii. Aid to overcome the problem
- iii. Someone cares
- iv. Bullying is reduced
- v. Teachers are freed to do other things
- vi. We have Caring Schools

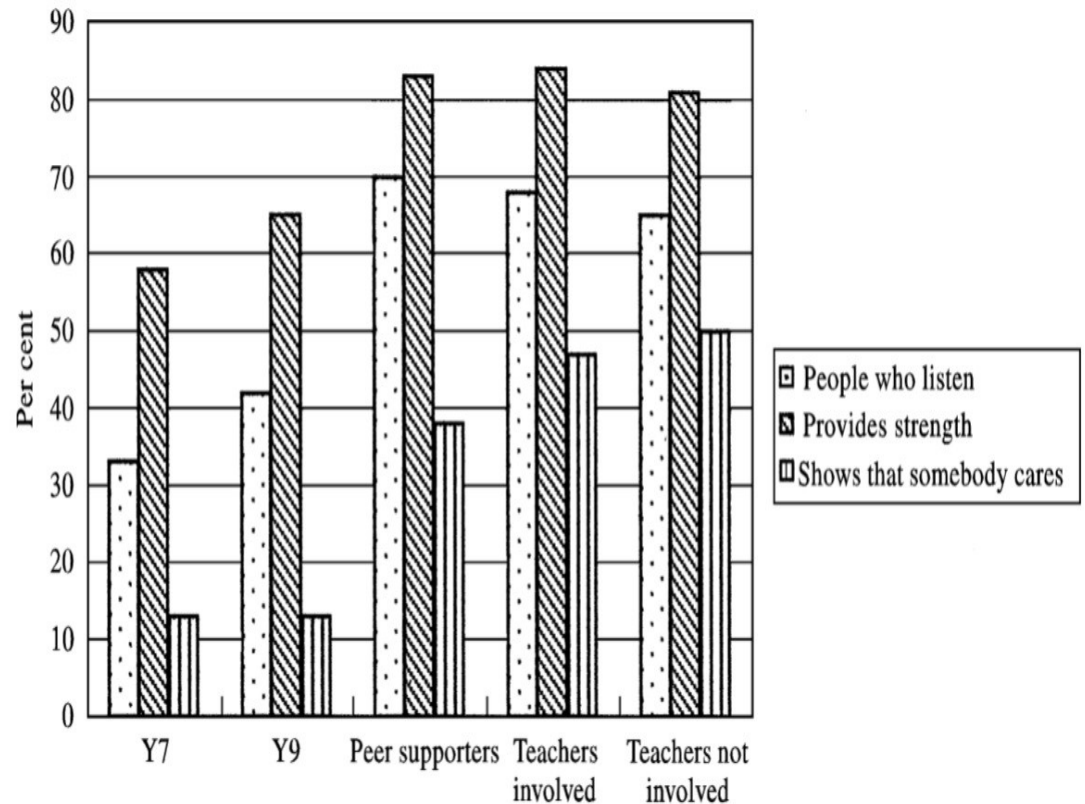


Figure 3. Most frequently mentioned benefits of the system to users, by group.

Naylor P, Cowie H, (1999). The effectiveness of peer support systems in challenging school bullying: the perspectives and experiences of teachers and pupils. *Journal of Adolescence*, 22, 467-479. doi: jado.1999.0241

Peer support systems: Problems

i. Small number of users

ii. Negative attitudes of some teachers

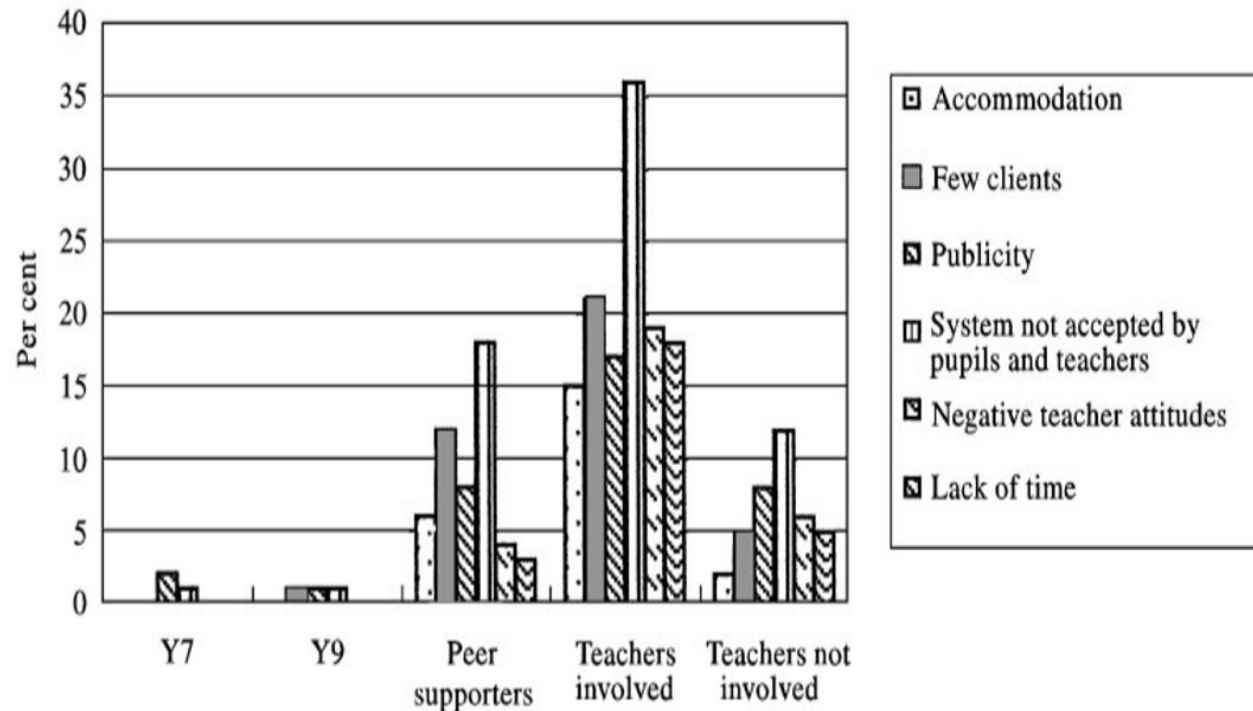


Figure 6. Perceived problems of peer support systems, by group.

Naylor P, Cowie H, (1999). The effectiveness of peer support systems in challenging school bullying: the perspectives and experiences of teachers and pupils. *Journal of Adolescence*, 22, 467-479. doi: jado.1999.0241

Peer support systems: Ways of improvement

- i. More publicity
- ii. Good staff
- iii. Pupil acknowledgement
- iv. Better accommodation
- v. More time
- vi. More training of supporters

⌘ All of the interventions assume that pupils themselves have the potential to adopt a helpful role in relation to peers in distress. All take place outside the classroom and so depend on the school having the resources and commitment to facilitate the peer support systems.

⌘ *BUT* are peer support systems effective in challenging bullying in schools?

- Overtime they improve the social climate of the school.
- Users find them helpful.
- Example: One mediation program reduced aggressive behavior in the playground by 51% to 65%

(Naylor P, Cowie H, (1999). The effectiveness of peer support systems in challenging school bullying: the perspectives and experiences of teachers and pupils. *Journal of Adolescence*, 22, 467±479. doi: jado.1999.0241)

- It can go both ways though. Without peer supervision a peer support system can pose a threat to some individual.

The Olweus Bullying Prevention Program

The Olweus Bullying Prevention Program developed and evaluated over a period of almost 20 years, builds on 4 key principles derived chiefly from research on the development and identification of problem behaviors, especially aggressive behavior. These principles involve creating a school and a home characterized by:

- I. Warmth, positive interest, involvement from adults
- II. Firm limits on unacceptable behavior
- III. Consistent application of non-punitive, non-physical sanctions for unacceptable behavior or violations of rules
- IV. Adults who act as authorities and positive role models

These principles are translated into a number of specific measures to be used at the school, classroom and individual levels.

FIGURE 2

The Olweus Bullying Prevention Program

General Prerequisite

- Awareness and involvement of adults

Measures at the School Level

- Administration of the Olweus Bully/Victim Questionnaire (filled out anonymously by students)
- Formation of a Bullying Prevention Coordinating Committee
- Training of staff and time for discussion groups
- Effective supervision during recess and lunch periods

Measures at the Classroom Level

- Classroom and school rules about bullying
- Regular classroom meetings
- Meetings with students' parents

Measures at the Individual Level

- Individual meetings with students who bully
- Individual meetings with victims of bullying
- Meetings with parents of students involved
- Development of individual intervention plans

[http://www.ted.com/talks/shane koyczan to this day for the bul
lied and beautiful](http://www.ted.com/talks/shane_koyczan_to_this_day_for_the_bul_lied_and_beautiful)

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and participation*