

Bullying in children

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By definition, an act of bullying involves an intention-to-harm and a power differential between the bully and the target. This power differential separates bullying from reciprocal aggressive acts¹. In elementary schools, the prevalence of bullying ranges from 11.3% in Finland and 19% in the United States to 49.8% in Ireland.

Bullying can take many forms³:

- Physical bullying e.g. hitting, punching, pushing, taking a child's possessions, pinching, chasing, tripping etc.
- Verbal bullying e.g. teasing, sarcasm, name-calling, making threats, making negative references to one's race or religion etc.
- Nonverbal or emotional bullying e.g. intimidation through gestures, social exclusion, spreading rumours, scapegoating, making fun of the way a child acts, looks or talks etc.
- Cyber bullying e.g. using the internet or text messaging to intimidate, put-down, spread rumours or make fun of someone

Children who bully fall into one of two categories³:

1. Those who bully others but are not bullied themselves, and
2. Those who bully others and also are bullied.

Most children fall into the first of these two categories.

There is no single cause of bullying among children. Individual, family, peer, school, and community factors can place a child at risk for bullying his or her peers³.

Children who bully their peers regularly tend to be impulsive, hot-headed, dominant, easily frustrated, lacking empathy, having difficulty in following rules and viewing violence in a positive way^{1,4}.

Children who bully are more likely than their non bullying peers to live in homes where there is a lack of warmth and involvement on the part of parents, overly-permissive parenting, a lack of supervision by

parents, harsh, physical discipline and a model for bullying behaviour^{1,5}. Children who bully are more likely to have friends who bully and who have positive attitudes toward violence^{1,6}.

A common myth is that "children who bully are loners". In fact, children and youth who bully usually have at least a small group of friends who support or encourage their bullying⁷. Another common myth is that "children who bully have low self-esteem". In fact, most research indicates that children and youth who bully have average or above-average self-esteem^{1,8}.

Bullying can be a sign of other serious antisocial or violent behaviour. Children who frequently bully their peers are more likely to get into frequent fights, to be injured in a fight, vandalize property, steal property, drink alcohol, smoke, be truant from school, drop out of school, and carry a weapon^{1,9}. Boys identified as bullies in middle school were four times as likely as their non-bullying peers to have more than one criminal conviction by age 24 years¹.

Children who bully others and also are bullied tend to be impulsive and/or hyperactive, quick-tempered and quick to fight back if provoked, have low social competence (e.g. have trouble reading the social cues of peers), lack good social problem-solving skills, be more immature than their peers, have negative attitudes and beliefs about him/herself and others, perform poor academically, be isolated and rejected by peers and be easily influenced by peers^{1,4,10}. There is a particular reason to be concerned about children who bully and who also are bullied. Research shows that these children tend to have some of the social and emotional problems of bullied children (e.g. poor relations with classmates, loneliness, depression, suicidal thoughts) and the behavioural problems of children who bully (e.g., involvement in fights, lower academic achievement, smoking)^{4,6,7,11}.

The most effective methods of bullying reduction involve a whole school approach. This method includes assessing the problem, planning school conference days, providing better supervision at recess, forming a bullying prevention coordinating

group, encouraging parent-teacher meetings, establishing classroom rules against bullying, holding classroom meetings about bullying, requiring talks with the bullies and victims, and scheduling talks with the parents of involved students².

What should a parent do if his/her child is bullying others³?

- Make it clear to his/her child that you take bullying seriously and will not tolerate this behaviour.
- Develop clear and consistent rules within your family for your children's behaviour. Praise and reinforce your children for following rules and use non-physical, non-hostile consequences for rule violations.
- Spend more time with your child and carefully supervise and monitor his or her activities. Find out who your child's friends are and how and where they spend free time.
- Build on your child's talents by encouraging him/her to get involved in pro-social activities (such as clubs, music lessons, non-violent sports).
- Share your concerns with your child's teacher, counselor, or principal. Work together to send clear messages to your child that his or her bullying must stop.

References

1. Olweus D. *Bullying at school: What we know and what we can do*. New York: Blackwell; 1993.
2. Dake JA, Price JH, Telljohan SK. The nature and extent of bullying in school *Journal of School Health*, 2003; **73**(5): 173-80.
<http://dx.doi.org/10.1111/j.17461561.2003.tb03599.x>
3. *Bullying: Children who bully*. Available from: http://www.education.com/reference/article/Ref_Children_Who_Bully/
4. Cook CR, Williams KR, Guerra NG, Kim TE, Sadek S. Predictors of bullying and victimization in childhood and adolescence: A meta-analytic investigation. *School Psychology Quarterly*, 2010; **25**: 65-83.
<http://dx.doi.org/10.1037/a0020149>

5. Nickerson A, Mele D, Osborne-Oliver KM. Parent-child relationships and bullying. In Jimerson SR, Swearer SM, Espelage DL, Editors. *Handbook of bullying in schools* (pp. 187-197). New York: Routledge; 2010.
6. O'Brennan L, Bradshaw CP, Sawyer AL. Examining developmental differences in the social-emotional problems among frequent bullies, victims, and bully/victims. *Psychology in the Schools*, 2009; **46**: 100-15.
<http://dx.doi.org/10.1002/pits.20357>
7. Juvonen J, Graham S, Schuster MA. Bullying among young adolescents: The strong, the weak, and the troubled. *Pediatrics*, 2003; **112**: 1231-7.
<http://dx.doi.org/10.1542/peds.112.6.1231>
8. Slee PT, Rigby K. The relationship of Eysenck's personality factors and self-esteem to bully-victim behaviour in Australian schoolboys. *Personality and Individual Differences*, 1993; **14**: 371-3.
[http://dx.doi.org/10.1016/0191-8869\(93\)90136-Q](http://dx.doi.org/10.1016/0191-8869(93)90136-Q)
9. Nansel TR, Overpeck MD, Haynie DL, Ruan WJ, Scheidt PC. Relationships between bullying and violence among US youth. *Archives of Pediatric Adolescent Medicine*, 2003; **157**: 348-53.
<http://dx.doi.org/10.1001/archpedi.157.4.348>
10. Kumpulainen K, Räsänen E. Children involved in bullying at elementary school age: their psychiatric symptoms and deviance in adolescence. An epidemiological sample. *Child Abuse and Neglect* 2000; **24**(12):1567-77.
[http://dx.doi.org/10.1016/S0145-2134\(00\)00210-6](http://dx.doi.org/10.1016/S0145-2134(00)00210-6)
11. Kim YS, Koh Y, Leventhal B.. School bullying and suicidal risk in Korean middle school students *Pediatrics*, 2005; **115**: 357-63.
<http://dx.doi.org/10.1542/peds.2004-0902>

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