

# Characteristics of bullying behavior psychology essay



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The behavior of bullying carries a significant social, financial and a medical cost for its victims as well as perpetrators. Data demonstrates it to be a highly prevalent behavior, with powerful and long lasting psychological and social impact [1]. It crosses boundaries of age, gender, ethnic, and other sociodemographic categories, and has been shown to occur within settings as different as elementary school and corporate boardrooms [2].

Involvement in bullying can impair and degrade the quality of life for both victims and perpetrators. This is underscored with work done by Connolly and colleagues [3] that showed children who bully at higher risk of developing severe relationship problems as adults. The trauma of bullying has been shown to be associated with severe and chronic psychiatric pathology, including mood and anxiety disorders, including PTSD, alcohol and drug abuse as well as personality disorders [4]. The most alarming sequela of bullying is its association with increased risk of suicidal behavior [5]. Thus, given the high cost of this behavioral phenomena, bullying should be approached with a collaborative, multidisciplinary effort as a prevalent source of severe trauma, with very high individual and social costs [5].

#### Definition:

The definition of bullying is by no means monolithic, with nuances varying between different researchers, and socio-demographic settings. The principal, overarching framework of the definition of bullying, is established and accepted by the community of researchers involved with this subject matter. Olweus et. al [6] defines bullying as a specific form of aggression, which is intentional, repeated, and involves a disparity of power between the victim and perpetrators. This aggression can be physical, verbal, gestural or

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through intentional exclusion from a group, without apparent provocation on the part of the person being targeted. What sets bullying apart from other forms of abuse, such as child abuse and domestic violence, is the social context in which it occurs and the imbalanced power relationship of the parties involved [6].

Demographics and characteristics of bullying behavior:

Wang and colleagues [7] recently showed that among US adolescents, the prevalence of having bullied others or having been bullied at school for at least once in the last 2 months were 20.8% physically, 53.6% verbally, 51.4% socially, or 13.6% electronically. Males were more involved in physical or verbal bullying, whereas girls were more involved in relational bullying. Boys were more likely to be cyber bullies, whereas girls were more likely to be cyber bullying victims. Compared with 6th graders, 9th and 10th graders were less involved in bullying for physical (bullies, victims, or bully-victims), verbal (victims or bully-victims), relational (victims or bully-victims), or cyber form (bullies). African-American adolescents were involved in more bullying (physical, verbal, or cyber) but less victimization (verbal or relational). Higher parental support was associated with less involvement across all forms of bullying. Having more friends was associated with more bullying and less victimization for physical, verbal, and relational forms but was not associated with cyber bullying. Lemstra et al. [8] investigated bullying in 4,197 youth subjects; in which 23% reported being physically bullied at least once or twice in the previous four weeks. They demonstrated that being male, attending a school in a low-income neighborhood, perception of having

unhappy home life, arguments with parents and feeling like leaving home have been found to be associated.

It is also important to recognize that bullying affects people other than children and adolescents at school setting. Murhtar and colleagues [9] found that almost 70% of medical students in their study had experienced some form of bullying in the past 6 months. Balducci et al. [10] demonstrated that bullying is a prevalent behavior in a workplace, and study of Norwegian workforce by Nielsen and colleagues [11] have show that almost 5% of people see themselves as victims of bullying, with nearly 7% report that they are exposed to a high degree of bullying behaviors, and 1% are exposed to sever bullying.

#### Bullying and Suicidal Behavior:

As previously mentioned, the most striking and dire outcome of bullying for both victims and perpetrators is an increased risk of suicidal ideation, attempts and completed suicide shown to be associated with this behavior. A study that involved 838 youth in 9th-12th grades attending public high school demonstrated that subjects involved in bullying as a perpetrator, victim, or victim-perpetrator were more likely than controls to report having seriously considered or attempted suicide within the past year [12]. Fisher and colleagues [13] demonstrated in twin studies that exposure to frequent bullying predicted higher rates of self injurious behavior even after controlling for pre-morbid emotional, behavioral problems and environmental risk factors. A study by Winsper et al. [14] showed that pre-adolescence subjects involved in bullying, especially in the role of being both a bully and

a victim were at increased risk for suicidal ideation, suicidal and self-injurious behavior. Some data suggests that through novel or worsening psychopathology. Brunstein and colleagues [15] suggested that bullying behavior in the absence of depression or suicidality is not an independent risk factor, but rather amplifies inherent risk of suicidal behavior associated with depression.

Intro to bullying and psychiatric pathology:

Whether or not bullying increases the risk of suicidal and self-injurious behavior directly, it is important to report that it is positively and directly correlated with different psychiatric conditions. Kumpulainen et al. [4] showed that young subjects involvement in bullying, are more likely to struggle with disorders such as attention-deficit hyperactivity disorder, depression, anxiety, and personality disorders.

Bullying and depression:

Multiple studies have demonstrated a clear correlation between involvement in bullying and a higher risk of developing a depressive disorder. Lemstra and colleagues [16] showed that children who were physically bullied multiple times per week were 80% more likely to develop symptoms of depression in comparison to children who never experienced bullying. A retrospective study by Lund et al. [17] claimed that adult men with a self reported history of being bullied at school were significantly more likely of being diagnosed with a depressive disorder later in life; and a prospective study that looked at 2348 boys [18] demonstrated that boys who were both

perpetrators and victims of bullying were at higher risk for developing depression, and suicidal behavior later in life.

#### Bullying and PTSD:

Bullying, although not considered to be a form of acute trauma, has also been shown to be associated with symptoms of Post-Traumatic Stress Disorder (PTSD) [19]. Positive correlation between symptoms of PTSD and exposure to bullying were demonstrated among subjects who experienced bullying at work [20]. Another study that attempted to assess prevalence and intensity of PTSD symptomatology among victims of bullying at work, and tried to show whether victims of bullying were more vulnerable to other distressing life events demonstrated that more than 70% of bully victims developed symptoms of PTSD, and displayed a moderate or severe impairment in social functioning [21].

#### Bullying and other anxiety disorders:

People involved in bullying appear to be at a higher risk of an anxiety disorders other than PTSD. One study demonstrated that social phobia, obsessive compulsive disorder and panic disorder were all positively associated with severe teasing and bullying experiences [22]. Kumpulainen et al. [23] showed that among children victims of bullying anxiety symptoms were as frequent as 8.7%; a number that is significantly higher than controls. Another study demonstrated that being a bully, victim of bullying, or having a role of being both a bully and victim in preadolescence (age period 10–12) significantly predicted development of anxiety symptoms in adolescence (age period 10–17 years) [24]. Data also supports a strong , <https://assignbuster.com/characteristics-of-bullying-behavior-psychology-essay/>

positive correlation between involvement in bullying and development in anxiety symptoms in younger children, in grades five through eight [25], and students age 12-17 [26].

Bullying and substance and alcohol abuse and dependence:

Finally, research has consistently demonstrated that subjects involved in bullying are more likely to use alcohol and illicit psychoactive substances. In one large sample, it was shown that substance use and bullying behaviors co-occurred among 5.4% of adolescents in the United States [27]. Another study, a nationally representative survey of U. S. children in 6th–10th grades, found that alcohol use was associated with increased odds of bullying [28]. A study that consisted of adolescents aged 12–17, who were admitted to an inpatient psychiatry unit showed that the use of any substance (i. e., tobacco, alcohol and drugs) was generally more common among bullies [29]. Finally, a large study based on schoolchildren demonstrated that students who were engaged in bullying were more likely to be smokers and to have had a history of alcohol use [30].