

# The background and history of bullying psychology essay



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Bullying can lead suicide and death, According to Centers for Disease Control suicide is caused death number three in adolescent. Study by Yale University (2008) adolescent that became victim of bullying 2 to 9 times more likely consider to suicide. Suicide case related bullying must be prevent, this situation contrary with the reality that even bullying occurs in school, but sometimes people does not aware or just think that as naughtiness of the children. From CDC (2011) prevelance of student who involved in or affected by bullying are 43. 9% students middle school and 30. 5% students high school, study by Owusu et al. (2011) found that 40. 1% of the total sample student being bullied and likely significant have negative psychological health than students who do not become bullied. Study by Allison, Roeger and Reinfeld-Kirkman (2009) show that nearly one-fifth of adults reported having experience of bullying when they at school and this study also found that those who had been bullied significantly poorer mental and psychological health. Acording data from Global School Health Survey (GSHS) of WHO, 2007 prevalence of bullying in Indonesia is 49 %, Thailand 27, 8% in 2008 and Filiphina 35. 7% student in 2004. Moreover with a population of adolescents are 1, 2 billion in worldwide which is 18-25% adolescent in Asia (WHO, 2010) and there are 3, 6 million adolescent or 18 % of the total population in Indonesia (National office of Statistic, 2010) if we did not immediatly adres this problem, the future of the adolescent will be dangerous.

The studies show evidenced that bullying is very dangerous for the future of students as it could cause depression or even suicide. In 2010, Kvarme, Helseth, Sateren and Natvig found that school children who have been

bullied felt helpless, lonely and excluded when they were bullied, students who have been bullies have an increased risk of developing anxiety, depression. Study by Owusu, Hart, Oliver and Kang, (2011) also found that victim of bullying were significantly more likely to report negative psychological health such as signs of depression, suicide ideation, being so worried that affect sleep and loneliness. Moreover study from Korea shown that Victim perpetrators reported more suicidal/self injurious behaviors (Kim, Koh, Laventhal, 2005). In 2010, Patchin and Hinduja found that Students who experienced cyberbullying both as a victim and an offender, had significantly lower self esteem than who had little or no experience with cyberbullying and also study by Schneider, O'Donnell, Stueve and Coulter (2012) found that victim of bullying report low school performance and school attachment, psychological distress was highest among victim of bullying.

Study about the intervention also have been conduct to overcome bullying. Blossnich and Bossarte (2011) found that having adults and staff that supervising hallways was associated with 26% decrease of peer victimization. The impact of the Olweus prevention program study by Bowllan (2011) found that teacher statistically significant improvements in their capacity to identify bullying, talk to students who bully and talk with them. Study by Boulton, Bishop, Baxandall, et al. (2007) found that a majority of participant want that peer counselling as problem solving related bullying. Also study by Li, Washburn, Dubois, et. al (2011) found that student who involved with Positive Action Program have 37% fewer violence behaviors and 41% fewer bullying behavior. The intervention program did not effective if we did not understand the bullying as problem.

Topic in this study about bullying in adolescent, this topic will be help us to undestand bullying as problem. To support this topic and to identify the gap of knowledge in the community, about 25 articles that related with this topic has been colected. The articles that used were publish in 2004-2012 at the data base at Ebsco Host and Science Direct.

This paper will help student to gain more knowlegde, support the idea about the bullyingin adolescent and will help to conducting the tesis in the future. In order to make a better understanding about the content of the paper. This paper will summarize the article from the definition of the phenomena, the objective, design, sample and the result of the study. And finnaly will expalin about gap of knowledge and how to fulfill the gap as the tesis plan.

## **Summarizing Result**

### **Definition of phenomena**

#### **1. Bullying**

Definition of Bullying is repeated intentional infliction of injury or discomfort (physical or nonphysical) on another person over time in an imbalanced relationship (Olweus, 1994). In addition to physical and nonphysical forms, bullying can also be categorized as direct or indirect, Direct bullying includes threatening, stealing, hitting, and verbal abuse, whereas indirect bullying involves social isolation, spreading rumors, and ignoring ( Van der Wal MF, de Wit CAM, Hirasing RA, 2003).

Bullying as a type of interpersonal violence in which there is a power imbalance between victim and bully, typically characterized by repeated

aggressive verbal and/or physical behavior with intent to harm or disturb the victim (Nansel et al., 2001; Olweus, 1993, 1994).

According to Royal College of Psychiatrists (2006) Bullying is a form of aggression that can be in a hurtful manner such as hit or punch other, kick or trip other up, take or spoil other things, call other names, tease other, give other nasty looks, threaten other, make nasty rumours or stories about other, spread nasty rumours or stories about other, not let them join in play or games and not talk to them.

The operational definition of Bullying is aggression behavior that is hurtful in manner in direct (threatening, hitting, punching other) and indirect (verbal abuse, teasing, giving other nasty looks, and making nasty rumours about other) with effect on physical and psychological health which is done by other people with more power in some period of time.

## **2. Adolescent**

The United Nations Population Fund (UNFPA) defines adolescents as being between the ages of 10 and 19. This definition is the same as the World Health Organization (WHO) definition of adolescent.

According to the American Academy of Child and Adolescent Psychiatry, adolescence is divided into three stages: early adolescent (11-13 years of age), middle adolescent (14-18 years of age) and late adolescent (19-24 years of age).

According to the United Nations Children's Fund (UNICEF) in 2005, the stages of adolescence can be separated into three: early (10-13 years of age), middle (14-16), and late (17-19).

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In early adolescence, physical changes include physical and sexual maturation. These changes continue through middle adolescence into the late stage, adolescents are thought to be less concerned with their body image than they are during early adolescence. Cognitively, adolescents in the early stage develop concrete thinking abilities, while in middle and late adolescence, the young person moves to thinking abstractly and can develop reasoning skills. Emotionally, adolescents in the early stage are beginning to explore decision-making opportunities, while in the middle stage, they begin to develop a sense of identity, established more fully in late adolescence. Socially, during this stage, peers become a bigger influence and sexual interest usually begins. During the middle stage of adolescence, peers continue to hold influence, and sexual interest develops further. Finally, in the late stage, transitions to work and further schooling take place.

Overall, The operational definition of the adolescent is young people that age around 10-19 years old.

## **Objective of the study**

The most objective of the previous studies was the association bullying with psychological distress (Schneider, O'Donnell, Stueve, et al., 2012; Undheim and Sund, 2010; Kim, Koh and Leventhal, 2005), Risk factor of bullying (CDC, 2011; Fitzpatrick, Dulin and Piko, 2007), Psychological adjustment (Wei and Williams, 2009; Owusu, Hart, Oliver, et al., 2011), School safety (Blosnich and Bossarte, 2011), Psychosocial environment (Meyer-Adam and Conner, 2008), Depression (Kaltiala-Heino, Frojd and Marttunen, 2010; Fleming and Jacobsen, 2009), Self esteem ( Patchin and Hinduja, 2010), Preception about bullying (Frisen, Jonsson and Persson, 2007; Juvonen and Gross, 2008), <https://assignbuster.com/the-background-and-history-of-bullying-psychology-essay/>

Program intervention (Bowllan and Nancy, 2011), Health quality of life (Allison, Roeger and Reinfeld-Kirkman, 2009), Suicide (Kim, Koh and Leventhal, 2005) and also to examine the prevalence of bullying such as study by Schneider, O'Donnell, Stueve, et al.(2012) . The other objective was to explore the bullying experience (Kvarme, Helseth, and Natvig, 2010; Willis and Griffith , 2010), Peer counselling (Boulton, Trueman and Bishop, 2007) and perspective of bullying (Brown, Birch and Kancherla, 2005).

## **Design**

Most of the article using quantitative design for their study which is Cross sectional studies (Wei and William, 2009;, Owusu, Hart, Oliver, et all., 2011; Undheim and Sund, 2010; Blossnich and Bossarte, 2011; Hensershot, Dake, Price and Lartey, 2006; Kim, Koh and Leventhal, 2005; Fitzpatric, Dulin and Piko, 2007; Juvenen and Gross, 2008; Patchin and Hinduja, 2010), and Retrospective studies (Meyer-Adams and Conner, 2008; Allison, Roeger, and Reinfeld Kirkman, 2009; Brown, Brich and Kancherla, 2005; Bond, Wolf, Tollit, Butler and Patton, 2007; Chapell, Hasselman, Kitchin et all., 2008; Gukin and Lewis, 2006). The rest of the article use descriptive study (Schneider, O'Donnell, Stueve, et all., 2012), , Quasi experimental (Kaltiala-Heino, Frojd and Marttunen, 2010 & Bowllan and Nancy, 2011), Randomised Control Trial (Li, Washburn, Dubois et all., 2011) and the qualitative study that use explorative design ( Kvarme, Helseth, Sateren and Natvig, 2010 & Willis and Griffith, 2010) and phenomenological (Boulton, Truemen, Bishop et all., 2007 & Frisen, Jonsson and Perddon, 2007).

## **Sample /participant**

Most of sample that use in that studies were students and only one study that use nurse as sample (Schneider, O'Donnel, Stueve, et al., 2012). Range of the sample size was from 11 (Willis & Griffith, 2010) to 20, 406 (Schneider, O'Donnel, Stueve, et al., 2012). The type of sampling that most use in 25 articles was random sampling (Hendershot, Dake et al., 2006; Patchin and Hinduja, 2010; Allison, Roeger and Reinfeld, 2009; Guckin and Lewis, 2006) and the other use purpose sampling, clustered sampling and total sampling with survey and the rest of the article did not explain about the method that use to take sample.

Most of the studie were conduct in America and Europe from 25 articles only 2 studies that conduct in Asia which is in Taiwan by Wei and Williams (2009) and in Korean by Kim, Koh and Levental (2005) . The age of the sample size that use in was student in middle school and high school or both of them example study by Schneider, Shari Kessel, O'Donnell, Lydia, Stueve, Ann, Coulter, Robert W. S., (2012) sample was use student in grade nine-twelfth.

## **Instrument**

Most of the instruments that used in the previous studies are different. Only study by Owunsu, Hart, Oliver et al.(2011) and study by Flemming & Jocebsen (2009) are same used Global School Based Health Survey (GSHS). This instrument develop by WHO and conducted among students aged 13-15. This instrument used to identify health behavior and protective factor among student aged 13-15. This instrument did not specific to identy bullying but there are some content about bullying in GSHS. The instrument that specific to identify bullying was Olweus Questionnaire in this instrument <https://assignbuster.com/the-background-and-history-of-bullying-psychology-essay/>

identify of bullying about exposure to various physical, verbal, indirect, racial, and sexual forms of bullying/ harassment, how students bully others, where bullying occurs, pro-bully and pro-victim attitudes, and the extent to which the social environment that used in study by Bowllan and Nancy (2011). The other instrument to identify bullying was Gatehouse Bullying Scale (GBS) whis is in good to moderate test- retest reability (rho 0. 65) that used in study by Bond, Wolfe, Tollit et all.(2007).

Study by Undheim and Sunud (2010) was to asses prevalence of beeing bullied and behaving aggresively toward other and the psychosocial characteristics of exposed student, so they used the Mood and Feeling Questionnaire to identify psychosocial characteristic of students.

The other instrument that used were Beck Depression, Rosenberg self esteem and ect.

## **Main result**

Study by Centers for Disease Control and Prevention (2011), shown that student who involved in or affected by bullying are 43. 9% students middle school and 30. 5% students high school, and ussually Bully victims were more likely to report violent family encounters than bullies and bullies were more likely to report such encounters than victims. the prevelance of cyberbullying and school bullying was 15. 8% of students reported cyberbullying and 25. 9% reported school bullying in the past 12 months with a majority of cyberbullying were also school bulying and then Victimization was higher among nonheterosexually youth. The Victims report low school performance and school attachment. Psychological distress was highest among victims of

both cyberbullying and school bullying. (Schneider, Shari Kessel, O'Donnell, Lydia, Stueve, Ann, Coulter, Robert W. S., 2012).

The school nurses identified the most common barrier to dealing with bullying, which included bullying taking place where the nurse is not supervising (49%), someone else in the school being more qualified to address bullying (41%), not having enough time (26%), and not being prepared to handle the problem (25%). Only 14 % stated that there were no barriers to dealing with student bullying. (Hendershot C; Dake JA; Price JH; Lartey GK, 2006). In African American Adolescents Bullying behavior was higher than reported for other general student. And age, family violence, negative peer relationships and behavioral risks all contributed to increased odds of students reporting bullying behavior. (Fitzpatrick KM; Dulin AJ; Piko BF., 2007).

The ages which most students had been bullied at school were between 7 and 9 years. Bullies said bullying took place when they were 10 to 12 years old. The most common reason as to why individuals are bullied was that they have a different appearance. (Frisén A; Jonsson A; Persson C., 2007). When bullied, almost half said they fight back, about a fourth tell an adult, and 20% do nothing; only 8% try to talk to the bully. Nearly two thirds claimed they tell or try to stop bullying when they see it, but 16% do nothing, and 20% join in. Frequent bullies were more likely to think it is cool, to fight back when bullied, and to join in when others are bullied. Two classes of victims were apparent. Victims who also bully often said that bullying occurs because others are not friendly to bullies or because bullies want to get their way, many also admitted that they do not know how it can be stopped. Victims  
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who do not bully were most likely to do nothing when bullied but to try to stop the bullying of others. (Brown SL, Birch DA, Kancherla V., 2005).

Data from Northern Ireland the incidence of victimization within the peer group of respondents was very high in comparison not only to previous. The report 59. 2% of the respondents said that schools were proactive in bullying and did have an official policy in place and one quarter of respondents and victims who would approach the teacher and also 50. 4% of all respondents believed that their school provided real help for victims. (Guckin CM, Lewis CA., 2006).

Study by Kvarme LG; Helseth S; Sæteren B; Natvig GK. (2010). Nearly one-fifth of adults reported having experience bullying when they were at school. Those reporting that they had been bullied experienced significantly poorer mental and psychological health compared to those who had been bullied (Allison S; Roeger L; Reinfeld-Kirkman N., 2009). The students felt helpless, lonely and excluded when they were bullied, students who have been bullies have an increased risk of developing anxiety, depression and They wanted the bullying to be recognized, assistance from the staff to stop the bullying, and to be included by their peers and from other study Victim of bullying were significantly more likely to report negative psychological health compared with those who reported not being bullied. such as signs of depression, suicide ideation, being so worried rried that it affects sleep and loneliness. (Owusu, Andrew, Hart, Peter, Oliver, Brittney, Kang, Minsoo. 2011).

Moreover, study from Korea shown that Victim perpetrators reported more suicidal/self injurious behaviors and suicidal ideation in the previous 6 months. In female students, all 3 school bullying groups had increased suicidal ideation for the previous 2 weeks but not in male students. (Kim YS; Koh Y; Leventhal B, 2005). Students who experienced cyberbullying both as a victim and an offender, had significantly lower self esteem than who had little or no experience with cyberbullying (Patchin JW; Hinduja S., 2010). Students who reported being bullied in the past month were more likely than nonbullied students to report symptoms of depression. A higher number of days of being bullied in the past month was associated with a statistically significant increase in reported rate of sadness and hopelessness. (Fleming LC, Jacobsen KH. 2009).

## **Conceptual framework**

Most of the study did not use conceptual framework, some of the study use the conceptual framework example study by Kvarme, Helseth, Seteran and Natvig, (2010), used Quality of Life (QOL) and Solutions Focus approach and framework and also study by Wei and Williams, 2009 use The information Processing Model as a framework..

## **Limitation**

The article that review have some limitation in some study data source use self-reported single item such as study by Schneider, O'Donnel, Stueve et al. (2012), CDC(2011), Undheim & Sund (2010), Hendershot, Dake, Price et al (2006), Boulton, Trueman, Bishop et al( 2007), Juvenen and Gross(2008), self-report of negative behaviours was used as a basis for outcome measures in study by Brown, Birch and Kancherla(2005) and self report as subject to <https://assignbuster.com/the-background-and-history-of-bullying-psychology-essay/>

recall and social desirability bias, but some study use multiple source, cause discrepancy between measure (Wei and Williams, 2009). In the content of study did not explore contextual influences on the behaviors and the complex role that bystanders student and parents and adults in the community study by Schneider, O'Donnell, Stueve et al.(2012) , The sample size that use only small sample (Kvarne, Helseth, Deteren and Natvig, 2010), The sample was limited to school nurses who were member of NASN (Hendershot, Dake, Price et al., 2006), Knowledge about theoretical framework to analysis and interpretation data of school nurses and researchers are limited. Use cross sectional study and causality cannot be implied (Kvarne, Helseth, Deteren and Natvig, 2010), The result cannot be generalized to similar age out of school adolescents (Owusu, Hart, Oliver et al., 2011; Undheim & Sund, 2010; Willish & Griffith, 2010; Fitzpatrick, Dulin and Piko, 2007; Frizen, Jonsson and Persson, 2007, Meyer-Adam & Conner, 2008, Kaltiala-Heino, Frojd, and Marttunen, 2010; Patchin & Hinduja, 2010; Bowllan & Nancy, 2011; Li, Washburn , Dubois et al., 2011) with only one moderatly size city and participant restricted age range, None of the questions used in the analysis assessed the source of bullying, since there no item in the survey(Owusu, Hart, Oliver et al., 2011), The questionnaire must be more specific (Blosnich and Bossarte, 2011; Kim, Koh and Leventhal, 2005; Fleming and Jacobsen, 2009) and the length of the survey are limited (Fleming and Jacobsen, 2009).

## **Gap of the Knowledge**

The article that have been review can be categorize become three part.

Article that shown the prevalence of bullying or phenomena of bullying.

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The ages which most students had been bullied at school were between 7 and 9 years. Bullies said bullying took place when they were 10 to 12 years old. The most common reason as to why individuals are bullied was that they have a different appearance. (Frisén A; Jonsson A; Persson C., 2007). In African American Adolescents Bullying behavior was higher than reported for other general student. And age, family violence, negative peer relationships and behavioral risks all contributed to increased odds of students reporting bullying behavior. (Fitzpatrick KM; Dulin AJ; Piko BF., 2007).

Article that shown the effect of bullying.

Study by Kvarme LG; Helseth S; Sæteren B; Natvig GK. (2010). Nearly one-fifth of adults reported having experience bullying when they were at school. Those reporting that they had been bullied experienced significantly poorer mental and psychological health compared to those who had been bullied (Allison S; Roeger L; Reinfeld-Kirkman N., 2009). The students felt helpless, lonely and excluded when they were bullied, students who have been bullies have an increased risk of developing anxiety, depression and from other study Victim of bullying were significantly more likely to report negative psychological health compared with those who reported not being bullied. such as signs of depression, suicide ideation, being so worried rried that it affects sleep and loneliness. (Owusu, Andrew, Hart, Peter, Oliver, Brittney, Kang, Minsoo. 2011). Moreover study from korea shown that Victim perpetrators reported more suicidal/self injurious behaviors and suicidal ideation in the previous 6 months. (Kim YS; Koh Y; Leventhal B, 2005).

Article that shown about the intervention that can be solution to bullying.

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The school nurses identified the most common barrier to dealing with bullying, which included bullying taking place where the nurse is not supervising (49%), someone else in the school being more qualified to address bullying (41%), not having enough time (26%), and not being prepared to handle the problem (25%). Only 14 % stated that there were no barriers to dealing with student bullying. (Hendershot C; Dake JA; Price JH; Lartey GK, 2006).

The review from the article found that most of the studies conduct in the America and Europe and only two studies that conduct in Asia. Hence, the study about bullying must be improved in Asia especially in Indonesia which is have large population and did not have specific program about bullying.

Bullying that have been study most of them shown the high of prevelance of the bullying, eventhough the prevelance of bullying high but we can see this as real situation condition because the sample that used was only one group of the students so the result of the study can not be generalize. Moreover the adolescent that have been categorie as the stage developmental, so to realy know about phenomena of bullying and prevalence of bullying in adolescent study about bullying in three stage of developmental in adolescent must be conduct in the future.

Understand the effect of bullying and the urgency of this problem, prevention program and intervetion program to decrease prevelence of bullying must be done. But the problem is the program will be fail if we give the program in the wrong student. So identify the student that can be victim of the bullying will be help to prevent the bullying. What the determinats of

personal factors that related to victim of bullying and the association bullying with self esteem which is part of self concept .

## **Who the victim ?**

## **Effect of bullying**

## **Bullying**

## **Intervention of bullying**

## **How to fullfill the gap**

The gap of knowledge that we found can become reseach question. The reseach question that we found were who the victim of bullying?, how the bullying in indonesia and how the relationship between bullying and self esteem?

Reseach question must be answered with study in the future. To answer the reseach question the purpose of the study must be setting. From reseach question in above, the objective of the study are :

The prevalency of bullying in indonesia

To examine the determinants of personal factors that related to bully victim

The association bullying with self esteem.

Instrument

The instrument that used to answer the reseach question are :

The Olweus bully/ victim questionnaire

The Rosenberg scale of self esteem

The reseach design of this study are cross sectional with regression.

Sample

The sample that used are student from the 10-19 years old. With type of sample are stratified sampling.

The conceptual framework

In this study will use conceptual frame work of the developmental of adolescent and the concept of self esteem