

# Effects of Bullying on the Personality and Academic Performance of School Going Children and Adolescents (6-16 Years)

**Shafia Nazir**

Senior Assistant Professor,  
Deptt.of Home Science,  
University of Kashmir,  
Hazratbal, J&K

**Iqra Mubeen Bala**

Research Student,  
Deptt. of Home Science,  
University of Kashmir,  
Hazratbal, J&K

## Abstract

Bullying is a well-known adversity among school-age children. It is a widespread social phenomenon that transcends gender, age, racial, cultural and geographical boundaries. School is more than the academic instruction that occurs in classrooms. Education that positively influences all elements of human life is an outcome of a positive and nurturing environment that supports and promotes learning. This review paper attempts to present a brief status on major researches over past decade (2000-2017) about ill effects of bullying on victims and perpetrators personality and academic achievement. Among all methods of bullying assessment, self-reports and checklists are most frequently used, in these tools individuals are asked to indicate frequently experienced forms of harassment with a specified time frame or they are asked to express their subjective feelings of being a victim. Besides these, the other tools commonly used include Sociometry, Questionnaires, Peer Nomination Inventories, Impact of Event Scales and Hypothetical Bullying Scenarios and a variety of other self-designed questionnaires most of which were first used in pilot projects to check the validity and reliability of these tools. The result of research work done in past decade, indicates that bullying has direct adverse effects on academic achievement of students as it is impossible for students to unleash their fullest potential if they fear for their safety. The long-term exposure to bullying, cruelty, bias, and hate-motivated behavior can have a tremendous impact on academic success both for the victims and for the perpetrators. Apart from this, bullying in schools can cause children and adolescents to develop a variety of somatic (like sleep disturbances, headaches, stomachaches etc.) as well as psychological symptoms (isolation, withdrawal, school phobia, low self-esteem etc.,) most of which will persist into adulthood, affecting their personality in years to come.

**Keywords:** Bullying, Children, Academic Achievement, Personality.

## Introduction

Bullying is a universal phenomenon with detrimental effects. It is a serious concern for students, parents, teachers, and school officials around the world. More than one out of every five students in middle and high schools report being bullied [33, 34]. Bullying is a subtype of aggressive behavior, in which an individual or a group of individuals repeatedly attacks, humiliates and/or excludes a relatively powerless person. These attacks may consist of physical aggression like hitting or shoving or verbal aggression like taunting or teasing [56]. Initially it was believed that children are bullied due to perceived disabilities ranging from problems with weight to differences in personal hygiene and dress code to way they communicate or the ethnic groups they belong to [30]. Current research however does not support the assertion that certain children are bullied because of their physical appearance (for example, being obese or due to wearing glasses).

## Review of Literature

Most researchers have highlighted the role of psychological characteristics in predisposing students to victimization. Most victims for example, are passive and tend to be more anxious, insecure, cautious, quiet and sensitive. They often appear weak or easily dominated [47] and since the goal of the bully is to gain power over and dominate other individuals, such children make an easy prey. There are grave

school officials, researchers, practitioners and lawmakers in recent years [40]. Bullying has an adverse effect on immediate academic performances of victims and just within few instances of being bullied students begun to develop school phobia leading to absenteeism and eventual school dropout within few years of being victimized [36,9,14,35,5]. In another study by Mishna 2003 [32], it was revealed that victimized children describe themselves as unpopular, unhappy and unsafe at school. These victims reacted negatively towards school, consequently avoiding school more often than their peers leading to absenteeism. They develop a decreased motivation towards studies and thus, attain poor grades in annual examinations. Victims also tend to develop self-doubt, low self-esteem and feelings of defeat [28]. In other study it was found that victims were timid and submissive and more withdrawn and isolated, less cooperative, less sociable and had lesser number of playmates [3]. Students who experience bullying are twice as likely as non-bullied peers to experience negative health effects such as headaches and stomachaches [15]. Besides, bullied children often exhibit a variety of somatic symptoms like poor appetite, frequent bed-wetting, irritability, sleep disturbances, stomach ache and abdominal pain [26, 13, 12]. It has further been observed that continuous exposure to bullying experiences in childhood and early adolescence leaves victims with intrusive and recurrent thoughts and flashbacks from the stressful events which have been linked to mental health issues such as higher levels of anxiety leading to depression, suicidal ideation, self-harm and over all low levels of well-being [16, 51, 11, 18, 43]. Studies by Nansel et al., (2001) [36] and Juvonen et al., (2003) [22] have also indicated that victims of bullying have more feelings of loneliness and a small number of friends as compared to their bully counterparts. Studies conducted by Ledley et al., 2006 [28] and Baron et al., 2008 [4] found that frequent bullying in school life is also related to a less comfort with intimacy and closeness, less confidence in trusting and being dependent on others as well as a greater degree of worrying about being unloved or abandoned in later adult life relationships. Cyber bullying involves using an electronic medium to threaten or harm others. In this type of bullying e-mails, chat rooms, cell phones, instant messages, pagers and online voting booths become tools to inflict humiliation, fear and sense of helplessness [52]. It is also defined as a willful and repeated harm inflicted through the medium of electronic text like traditional bullying poses a variety of serious threats to the mental health and overall wellbeing of victims and if not intervened at right time causes a victim to feel inadequate, overly conscious and may even lead to suicidal ideation and attempts when experiencing these events over a long period of time [18]. Bullies on the other hand develop a poor anger management, a positive perception towards violence and often vent out their frustration through violent actions throughout adolescence after being bullies in early school life [5]. Bullies were also found to be self-focused, highly competitive, exhibitionistic and aggressive. It was also

found that these children lack empathy and tend to be manipulative and self-seeking in their interpersonal relationships and had a ridiculously high self-esteem in the long run [23]. It is evident from a study conducted by Humphrey, 2013 [19] that bullies feel superior and empowered soon after bullying and eventually it becomes their habit to misuse power for gaining authority over weaker people around them throughout life. Cyber bullies since mostly anonymous, don't have any fear of punishment for their offenses and since they do not witness the emotional distress imposed upon their victims they may not realize the extent of the adverse consequences of their behavior [31]. Bully-victims in most instances have been identified to be aggressive, less sociable and less cooperative than victims or bullies. They are observed to lag in leadership qualities as they lack a sense of effective team spirit and hence the capability to work together [44]. Besides affecting victims, bullying also has an effect on bystanders. Those who witness bullying in schools regularly are more likely to exhibit increased depression, anxiety and anger management issues partly due to the fear that bullies may target them next and due to feelings that teachers and other adults are either unable or unwilling to control bully's behavior. In our system where success is measured by an academic yardstick, it is important to understand the effects of school bullying on individual academic achievement. Research indicates that in addition to the negative effects suffered by the direct targets of bullies, witnesses to bullying develop a loss of their sense of security, which reduces learning. Studies also reveal that students who consciously avoid harm at school are expending energy that could otherwise be devoted to learning [21].

#### **Aim of the Study**

The study aimed at ascertaining the influence of bullying on the personality and academic performance of school going children.

#### **Methodology**

To collect information about bullying behavior and its effects on the academic achievement and personality of victims and by-standers different tools were used by researchers. Most commonly used among these tools include a variety of self-reports and checklists. The samples chosen were first identified as victims, bully-victims or bullies using tools like Olweus Questionnaire, Teasing Questionnaire, Social Cluster Mapping etc., and then tools like Susan-Harter Self-perception Profile for Adolescents, Restricted Response Questionnaire, Participant Role Questionnaire and Peer Nomination Questionnaire were used to assess the effects of bullying on students.

#### **Results and Discussion**

Bullying poses a serious threat to academic achievement of students, besides boys are significantly more likely to suffer chronic or increasing bullying than girls as put-forth by a study conducted in Chicago by Ladd et al., 2017. This study which began with 383 kindergarteners (190 boys and 193 girls) from randomly selected public schools in Illinois used annual surveys administered by researchers on

selected sample besides assessing their annual teacher evaluations and standardized reading and math test scores for over a decade. The results indicated that children who suffered chronic levels of consequences of peer victimization that have generated considerable amount of attention from the media and the public, as well as educators, bullying during their school years (about 24 percent of sample) reported of a lower academic achievement, a greater and less confidence in their academic abilities. Students who had experienced moderate bullying that increased in their later school going years (18 percent) had findings similar to students who were chronically bullied. However, students who suffered decreasing bullying (26 percent) showed an improvement in their academic achievement that were similar to children who had experienced little or no bullying (32 percent), which revealed that children could recover in terms of their school engagement and academic achievement if exposure to bullying decreases with time.

A study was conducted by Raqqad et al., (2017) to investigate impact of school bullying on student's academic achievement from teacher's perspective. The study used a descriptive analytical methodology to conduct research on a sample of 200 teachers of 6<sup>th</sup> and 7<sup>th</sup> grades selected from different schools of Amman West area in Jordan. The research results indicated that school bullying affects adversely academic achievement of victims as they consciously avoid harm at school therefore diverting energy that could otherwise be devoted to learning.

Bullying operates in the form of a vicious, repeating series of violent actions that cause social anxiety within a group. Silberg et al., (2016) to assess the psychiatric outcomes of bullying victimization conducted a study on bully-discordant monozygotic (MZ) juvenile twin pairs from Virginia Twin Study of Adolescent Behavioral Development (VTSABD) and did a follow-up into young adulthood for a sample of 2824 monozygotic twins. The results indicated a genuine impact of bullying victimization on children leading to childhood social anxiety, separation anxiety and young adult suicidal ideation the study further pointed out that bullying continues to operate in a systematic cycle that starts with a bully and ends with engaging a whole group.

Craig et al., (2015) conducted a study to understand the impact of traditional bullying and cyber bullying on the mental health of 1125 adolescents with the mean age of 14.15 years old in 6<sup>th</sup> to 12<sup>th</sup> grades from five middle and high schools in Southern Oregon. The California Bullying Victimization Scale was used to measure victims of bullying experiences and Cyber bullying Questionnaire was used to measure cyber bullying victimization whereas psychological symptoms were measured using the Psychological Symptoms subscale of the Strengths and Difficulties Questionnaire. The results from this study confirmed a strong association between cyber bullying and psychological symptoms. However, the results also suggested that traditional bullying uniquely predicts negative psychological symptoms above and beyond cyber bullying.

Jan (2015) to understand the causes and effects of bullying on a total of 40 students and 10 teachers selected via random sampling technique in Elementary Schools conducted a study in district of Mianwali, Pakistan. Restricted Response Questionnaire was the main tool used. The data collected was analyzed by applying SPSS. The study indicated four major causes of bullying as powerfulness, revenge seeking, aggression and jealousy. It also revealed that students mostly tend to protect themselves from getting bullied by remaining absent from the school which in turn affects their academic achievement besides the victims were observed to develop a submissive attitude in peer relationships and seldom connected with them at a deeper level.

To study the effects of peer victimization on psychological and academic adjustment of students Rueger and Jenkins (2014) conducted a study on 7<sup>th</sup> and 8<sup>th</sup> grade 670 students selected randomly from local high schools in Illinois Chicago. Data was collected using a 10-Item Questionnaire that assessed the frequency of verbal, physical and relational victimization experiences. The results suggested that boys reported higher levels of physical and verbal victimization and girls reported higher levels of relational aggression and further indicated a higher level of maladjustment in girls experiencing victimization as compared to boys in later school life.

Smithyman et al. (2014) in a study to understand the long term psychosocial consequences of peer victimization from elementary to high school collected data from a sample of 72 high school students who had been assessed with peer victimization in elementary school (aged 6 years). The study revealed that exposure to peer victimization contributed to a reduced psychosocial adjustment in children and for students who were identified as victims, this effect was present even in their high school years.

Stapinski et al., (2014) conducted a prospective cohort study to understand the association between peer victimization during adolescence and risk for anxiety disorders in adulthood. The sample comprised of 6,208 adolescents. Parents and adolescents were first interviewed about experiences of peer victimization at age 13 and maternal reports of children's victimization were also assessed. Later Clinical Interview Schedule-Revised was used to assess anxiety disorders in adolescents (aged 18 years). Victimized adolescents were found two to three times more likely to develop an anxiety disorder than non-victimized adolescents.. The results further indicated that frequently victimized adolescents were more likely to develop multiple internalizing diagnoses (like headaches, stomachaches etc..) in adulthood.

Totura et al., (2014) conducted a study on a sample of 469 6<sup>th</sup> to 8<sup>th</sup> grade students, selected randomly from 11 middle schools and results suggested that victimization of bullying predicts a diminished academic achievement by imparting a psychological distress in victims, consequently

resulting in a poorer engagement of these students in classroom activities and other academic tasks.

Adult psychiatric outcomes of bullying and being bullied by peers in Childhood and Adolescence" a prospective, population-based study of 1420 subjects (aged 9-16 years) was done by Copeland et al., (2013) and found that effects of being bullied are direct, pleiotropic and long-lasting, with the worst effects for those who are both victims and bullies. The sample was screened 4 – 6 times for identifying bullying behaviors and experiences. The subjects were later categorized as bullies only, victims only, bully-victims, or uninvolved. At each assessment between ages 9 and 16, subjects and their parents reported on whether they had been bullied/teased or bullied others in the 3 months immediately prior to the interview as part of the Child and Adolescent Psychiatric Assessment (CAPA) and all outcomes were assessed through self-report interviews with the *Young Adult Psychiatric Assessment (YAPA)*. A total of 421 children and adolescent participants (26.1%) reported being bullied during at least once whereas 8.9% (N=159) reported of being bullied more than once. Psychiatric problems which included depression, anxiety, antisocial personality disorder, substance use disorders, and suicidality (including recurrent thoughts of death, suicidal ideation, or a suicide attempt) when assessed in young adulthood (19, 21, and 24-26 years) by use of structured diagnostic interviews indicated that victims and bully-victims had elevated rates of young adult psychiatric disorders. It was further concluded that victims had a higher prevalence of agoraphobia, generalized anxiety and panic disorder and that bully-victims were at increased risk of young adult depression, panic disorder, and suicidal ideation. They were found to be at risk for antisocial personality disorder also.

A similar study was conducted by Cornell and Lacey (2013) on a sample of (7304) 9<sup>th</sup> grade to 12<sup>th</sup> grade students and (2918) teachers from (284) Virginia high schools and the results supported the assumption that victimization in school results in a poor academic achievement because of increased psychological distress and decreased student engagement in classroom activities, besides it was found that victims of bullying experience difficulties with socio-emotional functioning and adjustment.

Humphrey (2013) carried out a study about major forms of bullying and its effects on children in 7 local preschools around United States. A pretested interview schedule was used to identify the nature and effects of bullying. The results revealed exclusion, aggression, teasing and gossiping as common forms of bullying and status gain, media influence and gaining attention as major causes of bullying. It also indicated that a bully feels empowered and superior soon after bullying giving them a sense of accomplishment. For the victim effects of bullying are development of self-doubt, lower self-esteem and feelings of defeat and being unloved.

To understand the impact of peer victimization on later maladjustments a longitudinal study was carried out by Perren et al., (2013) on a sample of 478 children of 5<sup>th</sup> to 6<sup>th</sup> grade. Peer

victimization was assessed through peer reports and attributions were assessed through self-reports using hypothetical scenarios. Besides parents and teachers reports on children's maladjustment were also considered. Results confirmed that peer victimization increases externalizing and internalizing problems in victims and it was found that bullying is positively associated with higher levels of hostile attributions. It was also found that children with higher levels of self-blaming attributions in victims was linked more strongly with an increase in internalizing problems after experiencing bullying.

To understand the impact of bullying in Childhood on Adult health, wealth, crime and social outcomes Wolke et al., (2013) carried the Great Smoky Mountain Study- a population based study on a group of 1420 children (aged 9-16 years) selected randomly from Western North Carolina. Of the 1420 subjects assessed in childhood, 1273 (89.7%) were followed up in young adulthood. At each assessment between ages 9 and 16, the child and their parents reported on whether the child had been bullied/teased or bullied others by filling in *Child and Adolescent Psychiatric Assessment (CAPA)*. All subjects were categorized as victims (N=335; 23.6%), bullies (N=112; 7.9%), bully-victims (N=86; 6.1%) or not involved (N=887; 62.5%) and all outcomes except officially recorded criminal offenses were assessed through interviews with the young adults with the Young Adult Psychiatric Assessment (YAPA). The results indicated that participants who reported of being bullied had diagnosed with a serious physical illness or being in a serious accident at any point during young adulthood or having a sexually transmitted disease (report of testing positive for Herpes, Genital warts, Chlamydia, or HIV). Bully-victims in school had the worst health outcomes in adulthood with marked elevation for having been diagnosed with a serious illness, having been diagnosed with a psychiatric disorder, regular smoking and slow illness recovery. Bullies and victims were both elevated on psychiatric problems and regular smoking. Risky/illegal behaviors were elevated for bullies and bully-victims. Bullies were elevated for a range of behaviors including both official felony charges, substance use and self-report of illegal behavior. There was however no evidence of elevated risk for risky/illegal behavior for victims. It was also found that bully-victims had a poor concurrent academic achievement and therefore were at a higher risk for school failure and poor job performance in adulthood.

Bikos and Gregordias (2012) conducted a study to analyze moral judgments of 83 neglected children selected from primary schools in Greece about their bullying experiences. A Sociometric test was conducted in the selected classrooms to identify neglected children and a pre-designed interview schedule was used to collect relevant information from children. The results revealed significant levels of social distress, submission and low self-esteem in children. It indicated that neglected children, who already are considered to have poor social skills and difficulties achieving positive interactions are

negatively reinforced by their bullying experiences resulting in being withdrawn, rule violations, loss of interest for academic achievement and even social denial for bullies. The cause of bullying was founded to be behavioral / instrumental motives these actions of a bully were more attributed to factors like poor anger management and an urge to control others as a means of venting out their aggression and frustration.

Loukas et al., (2012) conducted a study on a sample comprised of 500 participants (10 to 14 years old) to examine models of associations among peer victimization, adjustment problems and school connectedness. The results of this study indicated a positive association between depressive symptoms and change in school connectedness after being victimized. Victims reported of often skipping their classes to avoid social interactions with peers and lagged in school related activities which require one to spend time with peers (e.g., farewell parties, prom nights, camping, trekking activities or night-outs with friends).

Adams and Lawrence (2011) carried out a study to find whether the adverse effects of bullying continue to impact the life of victims once they are enrolled in college. A total of 269 undergraduate students were chosen from randomly selected high schools in rural areas using a self-reported questionnaire. The study showed the participants who were bullied in high/ junior school continued to be victimized in college. The victims reported of feeling isolated and aloof, found it hard to make friends and felt as if no one will listen to them in college. The victims also lacked a sense of belonging to a group and often felt excluded due to an inability to connect with peers.

In another study by Juvonen et al. (2010) the results affirmed that victims experience a consistent decline in their overall academic performance. This study was conducted on a sample of 2,300 6<sup>th</sup> graders selected randomly from 11 public middle schools and the data was collected using Peer Nomination Inventories & Self-perceptions of Victimization Questionnaires.

Panayiotis (2010) conducted a study to examine the prevalence of bullying among Cyprus elementary and high school students. 1645 students were randomly selected from high schools across urban and rural areas of Cyprus. Revised Bullying and Victimization Questionnaire by Olweus (2001) was used to collect data. The results identified a total of 5.4% children as uniquely bullies, 7.4% of children as victims and 4.2% as bully-victims. The study further revealed that older boys were more involved in bullying and showed traits like impulsivity and aggressiveness, besides having a positive perception towards violence. The bully victims were experiencing the worst outcomes in parameters like peer acceptance, temperament, relational and physical victimization and deviation from the norm. The study also indicated a correlation between age and intensity of bullying, as boys go through the early adolescent from childhood the intensity of bullying increases however for girls the intensity remains same.

Ahmed (2008) conducted a study to understand the impact of the bystander's intervention in bullying incidents. A sample of 120 male teachers and 1452 students of grade 7- 10 were randomly selected from primary schools in Bangladesh. The information was collected using two questionnaires designed to find the effect of onlookers either supporting or intervening in bullying scenarios. It was found that students who scored higher on school-connectedness were more likely to intervene. High shame acknowledgement (accepting responsibility, making amends etc.) and a low shame displacement (hitting, shouting and targeting others) were reported as significant predictors of intervening in bullying scenarios taking place in and around schools. The study further indicated the positive effects of bystander intervention in providing emotional support to victims.

Baron et al. (2008) a study was carried whose results indicated that bullies target individuals with low self-esteem to be the receivers of negative abuse which can be both mental and physical in nature. Besides it was found that self-esteem can be damaged and greatly reduced by constant bullying and that bully-victims also tend to display aggressive behaviors which were predicted to adversely affect the quality of their interpersonal relationships in future life. This study was carried on a sample of 262 7<sup>th</sup> grade middle school students aged 6 to 12 years selected using Olweus Bully / victim Questionnaire to identify bully victims and bullies and a total of 30 to 50% of sample reported of being bullied in school.

In another study by Burns et al. (2008) in order to analyze the power of bullies over victim-peers in randomly selected schools across Australia. A sample of 51 students (aged 12 years) was purposively selected to investigate factors that influence students to bully others. A semi structured face to face interview was scheduled with the participants. Analysis using chi-square and ANOVA were conducted to ensure the sample was representative of the Grade 6/7 cohort who reported bullying others ( $X^2 = 23.69$  (df = 2)). The results of the study indicated that participants had developed a sense of correlation between bullying and social norms (the pressure to conform), popularity and social position. The participants reported of being engaged in bullying to maintain an inclusion in the social group. The second cause to support activities of bullying in and around school was found to be labeling (attributing the blame to victim, label of being a bully and status associated with being a bully) which made it difficult to stop the bullying behavior.

Carney (2008) conducted a study to investigate the level of trauma associated with being bullied frequently during adolescence. A group of 91 students (aged 11-16 years) who experienced exposure to bullying in school environment was taken under study. The tools of study included the School Bullying Survey (SBS), Impact of Event Scale (IES) and a Hypothetical Bullying Scenario (HBS). T-test and Analyses of Variance (ANOVA) was applied to analyze the responses. The results showed a proportional relationship between frequency and

intensity of exposure to bullying events with the trauma levels in adolescence years for both victims as well as bully-victims. The study further probed into the nature of coping strategies used by victims /bully-victims to escape continuous intrusive and rather disturbing thoughts of being bullied. The coping strategy used mostly was avoiding the discussion about their school life or their bully classmates. These intrusive thoughts were found to be stressful for individuals who experienced bullying and have been linked to mental health issues such as depression and overall low levels of well-being.

To find whether feelings of rejection (at home and school) increase vulnerability to suicide ideation in victims of bullying, Herba et al. (2008) carried out a study on 1526 children (aged 12years). Peer Nomination Inventories and self-report questionnaires were used to categorize children in victims, bully-victims and uninvolved ones. The study revealed that victims of bullying with rejecting, uninvolved, authoritarian parents reported elevated levels of suicidal ideation as compared to children uninvolved in bullying and having loving, caring and a supporting, positive and nurturing home environment.

Klomek et al. (2008) to test whether high school students aged (9-16years) experiencing frequent bullying behavior are prone to depression and suicidal ideation at later stages in life conducted a study on 2348 boys (aged 8 years) and after a period of 4 years a suicide screening was done to reassess depression, suicidal ideation and attempts, substance abuse and functional impairment. It was found that students who were subjected to bullying behaviors more frequently than their peers, experienced higher levels of depression in coming years along with an increased suicidal ideation.

Patchin and Hinduja (2008) in a study to identify the nature and effects of cyber bullying found that the victims of cyber bullying are inflicted with serious psychological, emotional or social trauma and this study found the same level of stress and anxiety among the victims as in the victims of traditional bullying in classrooms. When comparing those who were aggressors in cyber bullying to those who had no involvement in online harassment the former were in most cases identified as being bully-victims, displaying problematic behaviors in their daily life situations, had a low school contentment and were reported of having substance abuse. The sample consisted of 856 youths between the age of 11 to 19 and found that 16% of total sample receive threatened text messages via their cell phones, 7% had been bullied in Online Chat rooms, and others had been harassed via e-mails send anonymously.

Skrzypiec (2008) administered a survey by involving a sample of 1400 7<sup>th</sup>, 8<sup>th</sup> and 9<sup>th</sup> graders in Australian primary schools and examined the effects of bullying on students learning and their social and emotional wellbeing and mental health status. The analysis found that a third of students who had been seriously bullied also reported having serious difficulties in concentrating and paying attention in class because of bullying and the fear associated with it.

Raskauskas and Stoltz (2007) conducted a nationwide survey of grade 6th to 10th grade students (aged 8 to 19 years) to predict the percentage of children being subjected to bullying behaviors. This study included 15,686 students who had been victims and were chosen by a purposive sampling technique. About 31% of students selected reported of being extremely upset, 19% were extremely afraid whereas 18% reported of being extremely embarrassed by online harassment. Frequent experiences of cyber bullying were shown to threaten the healthy development of self-esteem in children besides contributing to psychological symptoms such as depression and anxiety. The same study revealed that extreme cases of cyber bullying could also cause suicidal ideation in adolescents.

Fekkes et al. (2006) to examine whether there is any relationship between being bullied and having health related problems conducted a 6-month cohort study on 1118 children aged (9-11 years). The data was collected by using self-administered questionnaire for measuring intensity of victimization. It was found that victims experienced a variety of psychosocial and psychosomatic symptoms including depression, anxiety, bedwetting, headaches, sleeping problems, abdominal pain, poor appetite and feelings of tension or tiredness at recalling experiences of bullying.

Kim et al. (2006) carried a research work to analyze the relationship between school bullying and psychopathologic behavior. The study was done on 1655 students of 7th and 8<sup>th</sup> standard in two randomly selected Korean Middle Schools. School bullying was assessed by peer nomination and a Korean Youth Self- Report. After ten months it was found that subjects who were identified as victims showed increase risk of social problems, those who were identified as victim-perpetrators had an increased aggression and externalizing problems. The study proved that psychopathological behavior, including social problems, aggression and externalizing behavioral problems, is a consequence rather than a cause of bullying experiences.

Kshrisagar et al. (2006) conducted a study on the prevalence and short-term impacts of bullying in school going children. The sample comprised of 500 randomly selected children from three local schools. Olweus Questionnaire was used to interview children and parents. The study indicated that bullied children preferred to stay alone, mostly feeling sad, exhibiting symptoms like vomiting, sleep disturbances and school phobia leading to absenteeism.

Perren and Alsaker (2005) explored the social behavior and peer relationships of victims, bully-victims and bullies in preschools through a study conducted on a total of 344 children aged 5-7years. A pre-designed questionnaire was used to categorize children into victims, bully-victims and bullies. Social Cluster Mapping was used to identify peer relationships and personality traits of participants. It was found that victims were timid and submissive and more withdrawn and isolated, less cooperative, less sociable and had lesser number of playmates whereas bully victims were most aggressive among

three, besides they were less cooperative and lacked leadership skills. The bullies were least pro-social and had most effective leadership skills.

Eisenberg et al. (2003) to find associations between weights based teasing and emotional wellbeing conducted a study on 4746 adolescents in grade 7 to 12 from 31 randomly selected middle and high schools across Minneapolis. The study revealed that teasing about body weight was associated with low body satisfaction, low self-esteem, high depressive symptoms and a continuous suicidal ideation and suicidal attempts even after controlling actual body weight.

Mishna (2003) conducted a study on a sample of 100 randomly selected children aged (8 to 13 years) using a pre-designed interview schedule. The study revealed that victimized children describe themselves as unpopular, unhappy and unsafe at school. These victims reacted negatively towards school, consequently avoiding school more often than their peers leading to absenteeism, decreased motivation towards studies and poor grades in annual examinations.

Nieminen and Salmivalli (2002) examined the levels of proactive aggression among school bullies, victims and bully-victims (whose characteristics match to both those of the bullies and of victims, depending on the circumstance they find themselves in) on 1062 children (aged 10-12 years), randomly selected from 48 schools. A Peer Nomination Questionnaire concerning the proactive and reactive aggression of classmates and a Participant Role Questionnaire concerning bullying in the class and the roles associated with it were applied on children and teachers. To examine the effects of both gender and bullying role on a child aggression ANOVA was conducted with peer and teacher reported reactive and proactive aggression as dependent variables ( $p < .001$ ). The study found that bully-victim constituted the most aggressive group of all, and their aggression was both reactive and proactive. Bullies were the second most aggressive group, whereas victims scored low on proactive aggression.

To determine the association between bullying and psychosocial adjustment Nansel et al. (2001) conducted a study on a sample of 15686 students in grade 6 to 10 studying in public and private schools across United States. A self-report questionnaire was used to collect data from the selected sample. Perpetrating and experiencing bullying were associated with poorer psychosocial adjustments (with  $p < .001$ ). Alcohol abuse was negatively associated with being bullied and positively associated with being a bully, whereas smoking and poorer academic achievements were positively associated with both being a bully or a victim.

To examine the differences between bullies, victims, and bully-victims on internalizing psychopathology (depression and anxiety) a longitudinal study was conducted by Swearer et al., (2001) which began in 1999. Participants included 133 (66 males and 67 females) 6<sup>th</sup> grade students from a Midwestern middle school, ages ranging from

1 to 13 years old. The results indicate differences between bullies, victims, bully-victims, and students without bully/victim problems in terms of depression and anxiety. Specifically, it was found that bully-victims and bullies were more depressed than victims and no status students. Bully-victims and victims were more likely to experience anxious symptoms than bullies and no status students. In this study bully-victims emerged as the most impaired group with respect to depression and anxiety, scoring high on both.

Forero et al. (2000) carried a research on 3918 schoolchildren (aged 10-13 years) using Self Report Questionnaires to examine the effects of bullying on psychological and psychosomatic health. It was found that victims tend to be unhappy with school and students who were bullied often felt left out and all alone. They suffered from a variety of psychological and psychosomatic symptoms including poor relationships with peers, absenteeism, depression, anxiety, lower self-esteem and an overall poor level of empathy for others.

Hawker and Boulton (2000) carried out twenty years' research on peer victimization (from 1978 -1997) to assess whether peer victimization is positively related to psychosocial maladjustment of sample under study (aged between 7-14 years). The results affirmed a strong relationship between depression and bullying, whereas it was found that being victimized was least associated with anxiety directly and instead highly associated with low self-esteem leading to depression due to isolation in future years of life.

Sourander et al. (2000) conducted an eight-year longitudinal study to find associations between bullying and severe emotional and behavior problems on a sample of 580 adolescents. The sample was selected at eight years of age and was identified using Rutter scales filled by parents and teachers and Children Depression Inventory filled by children. At age 16 parents of selected sample filled in CBC (Child Behavior Checklist) while the adolescents filled in YSR (Youth Self-Report). It was found that emotional and behavioral problems at age 8 reported by parents and teachers and depressive symptoms reported by children were correlated with suicidal thoughts and behaviors 8 years later.

### **Conclusion**

Bullying whether in its traditional form or cyber bullying has a potential to harm young vulnerable souls. Bullying is a complex form of interpersonal aggression which occurs in many forms adversely affecting various aspects of human personality and is manifested in different patterns of relationships throughout life. Bullying at school negatively affects the self-esteem, confidence and overall feelings of self-worth and competence for both victims and bully-victims besides adversely affecting the academic achievement of those victimized, since bullied children experience fear and feel unsafe in school. To counter this fear, they often withdraw from peer activities or develop a severe school phobia leading to absenteeism. Childhood bullying is not simply a conflict between a bully and a victim, but

occurs as a group phenomenon in and around schools, where several factors serve to promote, maintain, or suppress such behavior.

#### References

- Adams, F.D., Lawrence, G.J. (2011). *Bullying Victims: The Effects Last into College American Secondary Education*, 40(1) 4-10.
- Ahmed, E. (2008) *Journal of Vulnerable Children and Youth* 12 (3):203-213. <http://doi.org/10.1080/17450120802002548>
- Alsaker, F., & Perren. I. (2005). *Bullying in kindergarten and prevention. Understanding and addressing bullying: An international perspective Prev Net publication series*, 1: 230–248.
- Barron, O., Gill, M., Fisher, B. and Bowie, V.W. (2008). 'Why bullying and violence are different: protecting students from both' in *Violence at school: causes, patterns and prevention Social Psychology*, 20: 359–368.
- Bikos, K., Gregordias, A. (2012). *Moral Judgments of Sociometrically Neglected Children Concerning Their Bullying Experiences in the First Grade, International Journal of Humanities and Social Science*, 2 (9):23-29.
- Burns, C. R., Lagdon, S., Boyda, D., & Armour, C. (2008). *Interpersonal Poly-victimization and mental health in males. Journal of Anxiety Disorders*, 40, 75–82doi: 10.1016/j.janxdis.2016.04.002
- Carney, J.V.(2008). *Perceptions of Bullying and Associated Trauma During Adolescence, School of Professional Counseling ASCA*, 11(3):180-188.
- Craig N. H., Simon B. G, Douglas S., Andrew S., Jessica, C. (2015). *Impacts of Traditional Bullying and Cyber bullying on the Mental Health of Middle School and High School Students, Psychology in Schools*, 52(6): 607-617. doi:10.1002/pits.21841.
- Cornell, D. and Lacey, A. (2013). *The Impact of Teasing and Bullying on School-wide Academic Performance. Journal of Applied School Psychology*, 29: 262-283.
- Copeland, W.E., Wolke, D., Angold, D., Costello, E.J. (2013). *JAMA Psychiatry*, Apr;70(4):419-26. doi: 10.1001/jamapsychiatry.2013.504.
- Eisenberg, N, Tracy. L. S., Natalie. D. E. (2003). *Annual Revised Journal of Clinical Psychology*, 20: 211-213.
- Fekkes, M., Pipers, F.I., Freidricks, A., Velloove, S.P. (2006). *Pub Medications Journal*, 117(5): 1568-74.
- Forero, R. Mc Lellan, L., Rissel, C., Bauman, A. (2000). *Pub Medications Journal* 319:344-8. <http://www.ncbi.nlm.nih.gov/pubmed/10435953>
- Gini, G., & Pozzoli, T. (2013). *Bullied children and psychosomatic problems: A meta-analysis. Pediatrics*. Retrieved from [pediatrics.aappublications.org/content/early/2013/09/11/peds.2013-0614](http://pediatrics.aappublications.org/content/early/2013/09/11/peds.2013-0614).
- Hawker, D.S., Boulton, M. J. (2000). *Twenty year's research on peer victimization and psychosocial maladjustment: a meta-analytic review of cross-sectional studies. J Child Psychology Psychiatry* 41(4):441- 455.
- Herba, C.M., Ferdinand. R.F., Stijnene. T., Venstraa. R., Ormel. J., (2008). *J Child Psychological Psychiatry*, 49(8):867-76 <http://doi:10.1111/j.1469-7610.2008.01900.x>
- Hinduja, S. & Patchin, J. W. (2008). *Bullying beyond the schoolyard: Preventing and responding to cyberbullying*. Sage Publications: Corwin Press, 6, 211-218.
- Humphrey, C. (2013). *Domestic violence and child protection: exploring the role of perpetrator risk assessments. Child & Family Social Work*, 12(4), 360–369. <http://doi.org/10.1111/j.1365-2206.2006.00464.x>
- Jan, A., and Husain, S. (2015) *Journal of Education and Practice*, 6(160):43-50.
- Juvonen. J. & Graham. S., *Peer harassment in school: The plight of the vulnerable and victimized* (2010), 49: 64-72, New York: Guilford Press. <http://dx.doi.org/10.1080/15374416.2013.865194>
- Juvonen, J., & Nishina, A., (2003). *Daily reports of witnessing and experiencing peer harassment in middle school. Child Development*, 76, 435–450. <http://doi:10.1111/j.1467-8624.2005.00855.x>.
- Kim. Y.S., Leventhal, B.L. *Prevalence of school bullying in Korean middle school students. Arch Pediatrics Adolescence Med* (2006), 158:737-741.
- Klomek, A.B., Marrocco, F., Kleinman, M., Schonfeld, I.S., & Gould, M.S. (2008). *Bullying, Depression, and Suicidality in adolescents. Journal of the American Academy of Child & Adolescent Psychiatry*, 46, 40-49. <https://doi.10.1097/01.chi.0000242237.84925.18>
- K Shivsagar, V.Y, Agarmal, R., Bavdekar, S. B. (2006). *Bullying in Schools: Prevalence and Short-Term Impact. Indian Pediatrics*, 44:25–8.
- Ladd, W. G., Etkedal. I., and Ladd, B. K. (2017) *Peer Victimization Trajectories from Kindergarten Through High School: Differential Pathways for Children's School Engagement and Achievement. Journal of Educational Psychology*, (5):8-12.
- Loukas, A., Ken, G., Ripperger, S., Denise, E. (2012). *Examining competing models of the associations among peer victimization, adjustment problems, and school connectedness, Journal of American Academy of Child Psychology*, 50: 825-840. <https://doi.org/10.1016/j.jsp.2012.07.003>
- Lyznicki, J.M., Caffree, M.A, Rabinowitz, C.B, *Childhood bullying: Implications for physicians* (2004), 70: 1723-1728.
- Mehta, A., Jaiswal, R., (2012). *Cyber Bullying: An Indian Perspective. International Journal of Legal Insight Vol. 1*, 85-89.
- Mishna, F. (2003). *Learning disabilities and bullying. Journal of Learning Disabilities*, 36(4), 336-347, <https://doi.org/10.1177/00222194030360040501>
- National Center for Education Statistics. (2016). *Indicators of School Crime and Safety: 2015*.



- U.S. Department of Education. Retrieved from <https://nces.ed.gov/fastfacts/display.asp?id=719>
31. National Center for Education Statistics. (2016). *Indicators of School Crime and Safety: 2016*. U.S. Department of Education. Retrieved from <https://nces.ed.gov/pubs2017/2017064.pdf>
  32. Nadine, B. *The Impact of Bullying on Academic Success for Students with and without Exceptionalities*. (2014). *Journal of Bullying and Academic Success*.8:1-44.
  33. Nansel, T.R., Overpeck, M., Pilla, R. S., Ruan, W. J., Simons, M., B., & Scheidt, P. (2001). *Bullying behaviors among US youth: Prevalence and Association with psychological adjustment*. *JAMA: Journal of the American Medical Association*,285,2094-2100. <http://doi:10.1001/jama.285.16.2094>
  34. Olweus, D. (2001). *Peer harassment: A critical analysis and some important issues, Peer harassment in school: The plight of the vulnerable and victimized* New York: Guilford Press.
  35. Panayiotis S. (2010). *Prevalence of Bullying among Cyprus Elementary and High School Students*,*International Journal of Violence and School*, 11:114-128.
  36. Perren, S., Corcoran, L., Cowie, H., Dehue, F., Garcia, D. J., Mc Guckin, C., & Völlink, T. (2013). *Tackling cyberbullying: Review of empirical evidence regarding successful responses by students, parents, and schools*. *International Journal of Conflict and Violence*,6, 283-292.
  37. Phillips, V., & Cornell, D. (2012). *Identifying victims of bullying: Use of counsellor interviews to confirm peer nominations*. *Professional School Counselling*, 15,123–131.
  38. Raskauskas, andStoltz, (2007). *Involvement in traditional and electronic bullying among adolescents*. *Developmental Psychology*,43,564-575
  39. Raqqad, H. K., Bourini, E. S., Talahin, F. M. A., &Aranki, E. R. M., (2017). *The Impact of Bullying On Students' Academic Achievement from Teachers Point of View*, *International Education Studies*; Vol. 10(6): 44-48 <https://doi.org/10.5539/ies.v10n6p44>.
  40. Reed, K. P., Nugent, W., & Cooper, R. L. (2015). *Testing a path model of relationships between gender, age, and bullying victimization and violent behavior, substance abuse, depression, suicidal ideation, and suicide attempts in adolescents*. *Children and Youth Services Review*, 55, 125-137. Retrieved from <http://www.sciencedirect.com/science/article/pii/S0190740915001656>.
  41. Ross, D. (2002). *Bullying*. In J. Sandoval (Ed.), *Handbook of crisis counselling, intervention and prevention in the schools: (2)* pp. 105-135.
  42. Rueger SY, Jenkins LN. *Effects of peer victimization on psychological and academic adjustment in early adolescence*. *School Psychology Quarterly*. 2014;29(1):77–88.
  43. Salmivalli, C., and Nieminen, E. (2002). *Proactive and reactive aggression among school bullies, victims, and bully-victims*. *Wiley Online Library*,28:30–44, doi:10.1002/ab.90004.
  44. Shellard, E. (2002). *Recognizing and Preventing Bullying*. *The Informed Educator Series*.8:62-90.
  45. Silberg, J.L., Copeland, W. Linker, J., Moore, R. (2016). *Psychiatric outcomes of bullying victimization: a study of discordant monozygotic twins*. *Psychological Medical E. pub* 46(9):1875-83 doi:10.1017/S0033291716000362
  46. Skrzypiec, G.; Harvey-Murray, R.; Kreig, S. (2008).*The photo story method as a legitimate research tool in evaluations: More than a nice story* *J. Early Childhood. Res*.38: 8-25.
  47. Smithyman, T.F., Fireman, G.D., & Asher, Y. (2014). *Long-term psychological consequences of peer victimization: From elementary to high school*. *School Psychology Quaterly*,29, 64-76, <http://dx.doi.org/10.1037/spq0000053>
  48. Sourander A, Helstela L, Helenius H, (2000). *Persistence of Bullying from Childhood to Adolescence – A Longitudinal 8-Year Follow-Up Study*. *Child Abuse Neglect*;24:873–81.
  49. Strom, P.S., Strom, R.D. (2005). *Cyberbullying by adolescents: A preliminary assessment*. *The Educational Forum* (70):21- 36.
  50. Stapinski LA1, Bowes L, Wolke D, Pearson RM, Mahedy L, Button KS, Lewis G, Araya R. (2014). *Peer victimization during adolescence and risk for anxiety disorders in adulthood: a prospective cohort study*, *E publications*,31(7):574-82;doi: 10.1002/da.22270. 2014
  51. Totura, C. M., Karver, M. S, Gesten, E.L. (2014). *Journal of Youth & Adolescence*,43(1):40-52. <http://doi:10.1007/s10964-013-9918-4>.
  52. Underwood, M.K (2009). *Persistent versus periodic experiences of social victimization: Predictors of adjustment*. *Journal of Abnormal Child Psychology*,37, 693-704. <http://doi:10.1007/s10802-009-9311-7>.
  53. Wolke D, William, E., Anglod, A., & Jane. E (2013), *Journal of Psychological Science*, 24(10):1958-1970 <http://doi:10.1177/0956797613481608>.