

Bullying Behavior among Children and Adolescents: The Psychiatric-Mental Health Perspective

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ABSTRACT

Bullying is a permissive behavior constituting a formidable public health challenge globally. Estimated 30-50% occurrence rate is reported among children and adolescents in Nigerian schools. Bullying behaviour adversely affects all involved including the victims, perpetrators and observers with more futuristic consequences in children and adolescents manifesting as suicide, depression, anxiety, psychiatric disorders, risky behaviour, low self esteem, personality and other psychiatric disorders. Only a few people who have been exposed to bullying escape these consequences due to their positive coping skills, resilience and social support. Prevention is therefore an effective means of eradicating bullying in the society and Psychiatric-Mental health nurses as frontline health care professionals play a crucial role in managing disruptive behaviours such as bullying. They are positioned to identify bullies and-or victims through physical and psychosocial assessment; plan and implement effective interventions such as advocacy, counseling, psycho-education, active screening and motivational interviews. This review discussed the concept of bullying, prevalence, mental health consequences and role of the psychiatric-mental health nurse in preventing bullying.

Keywords: Bullying Behaviour, Children, Adolescents, Psychiatric-Mental health, Nursing

INTRODUCTION

The developmental period is fraught with terrifying experiences and disruptive behaviors like bullying associated with vicious consequences. Bullying is pervasive and constitutes a formidable public health challenge affecting mostly children and adolescents. Tales of bullying abound, and numerous teens and children are afraid to go to school or interact with some of their peer groups because of threats, or victimization they experience. Bullying is perceived to be a normal and harmless rite of passage or an inevitable part of growth and development [1] and little or nothing can be done rather than to accept it as part of life transition. This disruptive form of behaviour is often concealed from adults, occurs over time and

will possibly continue if no measure is instituted. [2]

Bullying is repeated attacks (physical, emotional, verbal) against vulnerable individuals due to power imbalances in the form of size differences, limited strength, sexual orientation, age and disability. [3] An individual may be regarded as a victim only, bullies only, both bullies/victims or neither. [4] Bullying is a pernicious phenomenon not only unique to a particular culture but prevalent globally (Chan & Wong, 2015). Existing literature from population based studies showed the varied prevalence of bullying due to cultural influences, differences in measurement approach and conceptualization of the phenomenon. [5]

Among Nigerian population, the phenomenon of bullying has been studied by some authors with the prevalence rate ranging between 40-80%.^[5-6] Despite this alarming prevalence in Nigeria shown by extant literature the public outcry and action are still low. Most bullying actions go unreported; sometimes, actions are not instituted, or measures are taken later when the psychological damage and pain has already occurred in the individual. Bullying behavior in childhood and adolescents is associated with future psychiatric symptoms.^[1,7] Sourander, et al in their study concluded that individuals who display and experience frequent bullying behavior should be assessed for the possible psychiatric disorder because bullying behaviours are modifiable risk factors for psychiatric outcome especially among females.^[8]

These consequences of bullying can be forestalled through potent anti bullying strategies and family and child-oriented preventions. Tackling bullying behaviors will not only help reduce psychiatric occurrence and symptoms but also mitigate psychiatric possibilities in adulthood.^[9] Psychiatric-mental health nurse play a pivotal role in curbing the scourge of bullying in the society. Hence, this paper seeks to discuss the concept of bullying among children and adolescent focusing on mental health consequences and the role of psychiatric mental health nurse in preventing this pernicious phenomenon. It is hoped that this paper will help reveal present, and long term effect of this maladaptive behavior on the bullies, victims, and perpetrators and measures that can be instituted to forestall bullying in the society.

Concept of bullying in children and adolescents

Bullying is a multifaceted and polysemous term that shifts with circumstances, people involved, time and place of occurrence. This concept has been defined by different authors and various organizations. The widely accepted

definition by educators and researchers was by Olweus,^[3] who defined bullying as when an individual is persistently and over time exposed to negative physical, verbal or relational actions on the part of one or more people as a result of power imbalances with the aim of causing harm to the victims. This definition categorically distinguishes bullying from other forms of aggressive behaviours (where power imbalance is not a prerequisite for action), friendly actions considered socially acceptable among peers, mutual agreements, fighting among equals; single episode of nastiness and social rejections.^[2,10] Another comprehensive definition was provided by Centers for Disease Control & Prevention that defined bullying to be any unwanted aggressive behavior(s) by another youth or group of youths who are not siblings or current dating partners with perceived power imbalance and likely to be repeated multiple times. Although majority of the definitions stated that the behavior is repetitive, the argument by some authors is that individuals who experienced a single episode of bullying should not be compared with one with repetitive experiences. Bullying behaviors often reoccur and is habitual.

Three categories of individuals have been identified to be directly involved in bullying behaviours (victims, bullies, bully-victims) and one category indirectly involved (bystanders or observers). The victims are individual who are directly or indirectly affected by negative actions of bullies. This group usually avoid settings where bullying behaviours frequently happen and seem always to fall ill than normal. They are more likely to avoid attending school and have a higher rate of absenteeism from school.^[11] Bullies are individuals who seek to harm or intimidate those they perceive as vulnerable. The Kansas State Department of Education^[12] identified bullies as usually mean, has fewer friends, aggressive, malevolent, fearless, impulsive, manipulative, and motivated by power and desire to gain popularity.

Evidence indicates that children who bully often do not “outgrow” this behavior, but carry it into their adult, personal, family, and work relationships—if there is no intervention. [13] Bully-victims are those who get bullied by a dominant individual but also perpetrate bullying in an attempt to retain a sense of power in their lives. [14] They are indicated to be most vulnerable to negative outcomes of bullying compared to pure victims or bullies. [14-15] Another group indirectly involved in bullying behavior whom are often unaccounted for are the observers or bystanders. The observers may not be able to intervene due to fear of the bully making them their next target, feel powerless, believes it does not concern them or they cannot really make a significant change to the situation

Bullying is a global phenomenon and occurs in a wide variety of setting like school, home, church, neighborhood, within friendship groups, in online social spaces, through e-mails and text messaging; especially in contexts where adult supervision is limited or non-existent (Steele, 2016). It is a truism that bullying occurs in a variety of setting, however, it is established that bullying is the most common type of aggression and victimization experienced within the school environment compared to other settings. [5,11,16] School bullying occurs in places such as toilet, hall ways, play ground, classroom, changing rooms and corridors where children and adolescents are less seen and supervised by teachers and staff. Bullying between friends, or among siblings whether at home or in school contribute significantly to behavioral and emotional problems of bullies and their targets compared to those involved in only one context, or not involved at all. [17]

Prevalence of bullying among children and adolescence

The number of children and adolescents experiencing bullying are alarming. Bullying rates vary across countries, among genders, age groups, level of education or school type and various

forms. Due to inconsistencies in the conceptualization and definition of bullying by different authors or methodological approach undertaken, many variations exist in the prevalence rate among countries and studies. [18]

A population-based survey among elementary school children in Netherland reported that one third of children were involved in bullying, most (17%) of them were bullies, followed by bully-victims (13%) while the least was pure victims (4%). [19] Also, in an Australian study among adolescence aged 14–15 years; it was reported that one-third (33.9%) of the respondents were involved in bullying in the past month; 18% were bullies; 11.8% bully-victims. [20] Moving down to Africa, the same trend was evident; a study that examined prevalence of bullying behaviour in adolescents from Cape town and Durban South Africa revealed that about one-third (36.3%) of students were involved in bullying behaviour with greater percentage of the sample being victims. [21] Meanwhile a nationwide survey among school-aged adolescents in Malawi revealed that close to half (44.5%) reported being bullied in the past month especially among those 12 years or younger and 14 years of age. [22] Therefore it can be deduced from above studies that between 30- 40% percent of children and adolescent have experienced bullying at some point in their lives.

Bullying is not a new phenomenon in Nigeria rather has been an age long affairs with parents and adults revealing their personal experiences during their school days. There are reported cases of bullying among students in primary and secondary schools in Nigeria with a prevalence rate that differs. [6] In a study done by Adeosun et al, [5] in western Nigeria, he reported that greater than half (56.8%) of the sample had been victims of bullying in the past month. On the contrary, in another study done by Owuamanam, and Makinwa [6] in Ondo, western Nigeria, their findings showed that less than half (28%) of the sample had experienced bullying while

42% had bullied other students. Furthermore, a study done in Port-Harcourt South-South Nigeria showed that three-quarter of the respondents (82.2%) reported being victims of bullying, 64.9% reported being bullies whereas 9.7% and 11.8% were neither bullies nor bullied, respectively. [23] These illustrates that bullying is a common phenomenon among peers in Nigeria.

There is much controversy concerning the bullying rate and forms between genders. Girls commonly engage in indirect bullying than direct bullying (physical and verbal bullying) when compared to boys and more likely than boys to be cyber victims. [24] However, some studies reported no gender difference found in either traditional bullying or cyber bullying [4,18] while another by Burba, et al [25] indicated that the frequency of bullying was almost equal for boys and girls. Bullying occurs in a wide variety of setting with the prevalence rates differing according to the setting. Based on school type, World health organization opined that the incidence of physical bullying is more common in primary school, while cyberbullying occurs more often during secondary school. Bullying was more prevalent in all-boys (90.8%) and all-girls (82.9%) school than in mixed schools (73.5%). [23]

Mental Health Consequence of Bullying

Bullying due to its stressful nature has a significant impact on the health of bullies, victims, bully-victims and even the observers. The impact of bullying is long-lasting and been a bully or victim of bullying during childhood or adolescence has being implicated with negative outcomes in adulthood. Bullying affects young people's mental health, emotions, identity and other aspect of well being. However, the relationship between bullying and mental health is complicated by the bi-directional nature of these issues: some young people are bullied as a result of their mental state and some young people develop mental illness as a consequence of being bullied. Numerous studies have

examined the impact of bullying on mental health with a significant number suggesting that bullying leads to development or worsening of a wide spectrum of mental health problems. [1,4,26-27] The impact of bullying is not only limited to behaviours that are harmful to others (i.e. externalizing problems), but also extends to behaviors that are harmful to self (i.e. internalizing problems). [1]

Bullying and cyber bullying are identified as a risk factor for suicidal ideations and suicide attempts, especially when there is comorbid psychopathology. [20,26] The media has linked bullying to suicide and attempted suicide. [27] Adults who indicated being bullied in childhood were two times more likely than those uninvolved in bullying behaviors to attempt suicide in later life. [28] Moreover, male bully-victims are 18.5 times more likely than those not involved in bullying to commit suicide. [29] An Australian study among 14 to 15 years adolescents reported that bully-victims had the highest risk of self-harm, suicidal plans, suicidal ideation, and suicidal attempts followed by victims then bullies. [20] Hence bullying is a significant risk factor for suicide and its reduction can result to decline of suicidal related problems among adolescents. [20]

A child's self-esteem can be greatly affected even years following bullying occurrence. Research evidence shows that young people who have been bullied (victims) are vulnerable to have low self-esteem and poor self-confidence. [30-31] Meanwhile, Rose, Slaten, and Preast, [32] reported that bully perpetrators do not have higher or lower self-esteem compared to peers who do not engage in bullying. Bullying victimization is more strongly associated with low self esteem in preadolescence and adolescence period compared to late childhood due to increased emphasis on social status and heightened sensitivity at this level of development. [33] Chronic bullying without any intervention may also lead to the individual developing a

negative self identity or esteem in respect to that context.

Children and adolescents involved in bullying are at increased risk of depression. [20] Wolke et al, [29] reported that bully-victims are 4.8 times at risk than those uninvolved in bullying or other categories (bullies, victims and bystanders). Depression resulting from bullying is attributed to an alteration in cortisol response [34] and hypothalamic –pituitary-adrenal axis. [35] While some studies considered depression as a predictor of bullying others considered it an outcome of bullying. [26,36] Lund et al [37] reported that adult men who recalled being bullied at school were at high risk of being diagnosed with depression during midlife (ages 31–51) or of having severe depressive symptoms at the age of 51.

Children who bully tend to be aggressive, quick to anger, impulsive, lack empathy, have a need to dominate others, and have difficulty adhering rules. All these are pointers of behavioral disorders or disruptive behaviours. Research evidence revealed that oppositional and conduct disorder (forms of behavioural disorders) are twice more common among bully-victims than bullies and thrice more common than among victims. [38] In keeping with extant literature, bullying victimization is associated with the development of hyperactivity problems, conduct problems and aggressive behaviours. [5] Individuals with this behavioural anomaly are at high risk of being bullied by their peers and to bully others. [39] Thus behavioural disorders serve as both antecedents and consequences of bullying.

Bullying behaviour has been identified as a probable cause of cigarette smoking and illicit drug use. [40] Although bullying is reported to have no association to use of substances, however, the reason for this finding was not proffered. [4] Matthew, Jennings, Lee and Pardini, [41] in their study reported that men who were bullied as children were more likely to smoke a cigarette and use marijuana as a

way to ease stress and tension. Likewise, reported that victims of cyber bullying are vulnerable to engage in maladaptive habits like alcohol and substance abuse. However, in contrast another study reported that bullying is linked to a decreased risk of engaging in harmful alcohol use in later life. [40]

Bullying increases the risk for anxiety disorders, personality disorder, stress-related psychosomatic problems and high risky sexual behavior. Anxiety disorders such as agoraphobia, post-traumatic stress disorder, generalized anxiety and panic disorders were reported among bullies and their targets while victims would develop social anxiety disorder, especially if they were repeatedly embarrassed or humiliated publicly. [42] Antisocial and borderline personality disorders were indicated to be commoner among peers involved in bullying especially the victims and bully victims compared to those not bullied. [43] Regarding stress related problems; stomach aches, sleeping difficulties, headaches, dizziness and back pain were most common psychosomatic symptoms reported among victims and perpetrators. [7] However, bullies were reported to be at lower risk for psychosomatic problems compared to victims and bully-victims. [44] Risky sexual behaviours such as casual sex, dating violence, sex under the influence of alcohol and drugs were indicated as a maladaptive coping strategy in later life especially among bullies and bully-victims. [7] The problem behaviour theory which posited that problem behaviours tend to co-occur was further used to explain the association between bullying and sexual risky behaviour. [45] Therefore, bullying and sexual risky behaviour can occur simultaneously with the former increasing the vulnerability of the later. In overall, bullying is a disastrous phenomenon that transcends through childhood and adolescent lifecycle sometimes into adulthood with evident mental health consequences. Therefore intensive measures

are required to completely eradicate this bane from our society.

Role of Psychiatric Mental Health Nurse in Prevention of Bullying

Tackling bullying will not only help reduce mental illness symptoms but also mitigate psychiatric and socio-economic difficulties in adulthood. [9] The anti-bullying programmes should aim at reducing the existing problem of bullying, preventing the development of new bullying problems and achieving better peer relations. [10] Bullying prevention requires a holistic approach and joint effort including all stakeholders such as parents, teachers, students and health care providers such as the psychiatric mental health nurse.

The psychiatric mental health nurses (PMHN) play a pivotal role in enhancing the health and wellbeing of children and adolescents including those who bully, victims, bully-victims and bystanders by facilitating, planning and implementing community wide strategies for bullying prevention whenever they interface with individuals, families and communities. [46] Being a key member of the mental health team, the scope, standards of psychiatric mental health nurse and their educational training equips them with pertinent expertise and leadership skill to address the bio-psychosocial needs of children and adolescents who bully and are being bullied. This can be achieved through:

The provision of psychoeducation to teachers and parents about bullying, causes, its deleterious effects, and how to skillfully deal with the incidents; should be the responsibility of the psychiatric-mental health nurse. This will help parents and teachers understand the phenomenon, its prevalence and psychosocial/emotional impact on individuals well being. [47] These specialized nurses also help parents and teachers learn how to identify potential victims, identify a bullying episode, report incidence, how to access available resources locally and also provide information on effective bystander behaviour and pro-social

behaviour to targeted students and groups. [48]

Screening for interactions among adolescents is another a role the PMH nurse. They use their expertise and skill to observe and monitor those children and adolescents within the vulnerable group. They can also screen children and adolescents involved in bullying for possible psychiatric pathologies and enlighten parents, teachers and pupils on how to use symptom checklist. [27] Then those identified will be categorized into bullies, victim and bully-victim for appropriate intervention to be provided.

Furthermore, the PMHN advocates for the integration of mental health services in schools and also work with policy makers to develop policies, strategies and comprehensive plans targeted at addressing bullying. They influence policy at the local, state, and national level to advocate for anti-bullying policies for students who are being bullied [49] and ensure the plans or policies are monitored, reviewed, refined regularly and collaboratively. Meanwhile, they should advocate for monitoring of peers in every setting and at all times. Additionally, encouraging and enhancing, safe and friendly relationship between peers and their parents, guardians or caregivers is a function of the PMHN. [50] They also provide professional counseling services to identified victims of bullying and perpetrators by assisting them to identify the most troubling memories from the abuse learn ways to handle bullying threats and previous trauma.

A Motivational interview is a psychotherapeutic approach that can be used by the PMHN to discourage bullies from engaging in this maladaptive behaviour by making them come to terms with their disruptive behaviour and willingly seek assistance for behavioural change. Again, the PMHN can also employ reality therapy to help peers realize that they have choice in every situation and must be willing to accept the concomitant consequences of each choice they make. They also train peers on alternate and more acceptable way

to handle aggression by dialoguing and “walking away “in the course of the situation and also inform them that without bullying others they can still be popular and make good friends. [51]

Implications for Psychiatry-Mental Health Nursing

This paper suggests the urgent need for early identification, prevention and management of bullying in order to forestall the psychological and psychiatric sequelae often reported in studies before it becomes chronic. Early identification will be promoted through knowledge of the determinants and predictors of bullying. PMH nurses are in a key position to identify bullies and their victims through physical and psychosocial assessment. Then counsel against stereotypes, prejudices, egocentrism, overinflated identity that can lead to bullying behavior among peers.

Nurses should be aware of other indirect and covert forms of bullying such as relational bullying and cyberbullying, which are all detrimental to the individual's health and well being. These forms should be considered while developing bullying prevention and intervention programs because they may go unnoticed. Furthermore, PMH nurses are frontline health care professionals that manage disruptive behaviours such as bullying. Hence, it is pertinent they are adequately trained in screening and identification of bullies and victims and are able to plan appropriate mental health interventions for them.

CONCLUSION

Bullying is like a fluid sipping and soaking through schools and lives of peers. Despite its alarming prevalence around the globe and in Nigeria, the public outcry and action are still low. Most bullying actions go unreported, sometimes actions are not instituted or measure is taken lately when the psychological damage and pain has already occurred on the individual. Psychiatric-Mental health nurses play a key role in prompt identification, prevention and

management of bullies, victims and bully-victims. Therefore they should assume a leadership position in effecting a meaningful social and psychological change in relation to bullying. Furthermore, timely and effective evidence based bullying preventive measures will foster a smooth and tensionless growth and development of a child/adolescence.

Recommendations:

In light of these reviews and conclusion, the following recommendations were suggested to help avert the scourge caused by this pernicious phenomenon:

1. “Say no to bullying” clubs initiatives should be instituted in schools. These will provide for a for entertaining reports from peers; organize workshops and seminars for the students/pupils.
2. There is need for extensive local research to generate empirical evidence on nature and extent, associated causes and consequences of this maladaptive behavior. This will inform context based interventions to eradicate bullying among peers in Nigeria.
3. Nigeria educational system should have a PMH nurse or psychologist working in the schools to provide leadership, professional support, and advice on bullying issues.
4. The media should scale up jingles focused on creating awareness on the menace caused by bullying in the society and on the individuals involved.

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