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Bullying: Facts and Processes

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North America is still shocked by the revelations of how bullying drove 15 year old Phoebe Prince, a pupil at South Hadley High School, to hang herself in January this year. Sadly, the intensive research on bullying over the last 3 decades can be traced to 1982 when three young boys killed themselves in short succession in Norway, all leaving notes that they had been whipping boys, bullied by their peers¹. Many more suicides attributed to bullying have occurred worldwide since then^{2,3}. Apart from suicide, being a victim of bullying increases the risk of a range of adverse outcomes including increased physical health problems^{4,5}, more behavior and emotional problems and depression^{6-7,8} a higher risk for psychotic symptoms⁹ and poorer school performance¹⁰. The effects of victimization are unique and occur over and above any pre-existing behavior or emotional problems¹¹⁻¹².

What makes bullying different from normal conflicts or arguments? Occasional conflict between peers of the same social stature is adaptive, it helps children to resolve disagreement and to acquire skills of negotiation. In contrast, bullying victimization refers to children being exposed *repeatedly and over time*, to *negative actions* on the part of one or more other students *who are or perceived to be stronger*¹³. It is systematic abuse of power¹⁴ with three crucial elements: repetition, intention to harm, and unequal power. Bullying can be direct including verbal abuse, hitting, kicking, beating, destroying others belongings or blackmail. In contrast, relational bullying refers to deliberate social exclusion of children such as ignoring, excluding them from games or parties, spreading gossip or framing them to be humiliated⁶. Traditional bullying has expanded by “cyber” bullying techniques such as emails, text messages and social networking sites ranging from e-threats to spreading rumors or posting embarrassing pictures or videos. Victims are not even safe in their own homes anymore. Cyber bullying is possible 24/7 and can reach an audience of millions of people at a press of a button. Direct bullying is more frequent at young age and reduces while relational and cyber bullying increases in adolescence. However, bullies usually employ multiple methods of bullying with girls favoring relational to direct bullying strategies more often than boys.

Not all bullies are the same¹⁵ and individual differences matter. There is a small group of so-called “pure bullies” (prevalence: 2-5%). These bully others but never become victims themselves. They are usually confident individuals with good social understanding and skills and manipulate others to act as their henchmen or enforcers. Their approach is labeled ‘cool cognition’ due to their lack of empathy for others¹⁶. Some have suggested that these “pure bullies” may be the managers of the future, hiring and firing without moral concerns. Other bullies are called “Bully-victims” because they get victimized themselves and at other times bully others (5-10%). They are more often hyperactive, easily provoked, aggressive, have low self-esteem, poor in understanding social cues and often break rules in games. They are often the supporters and henchmen for the pure bullies and get often caught. Any child can become a victim (12-30%) but those who remain victims are often more anxious, submissive, withdrawn or physically weak,

show easily a reaction (e.g. run away, start crying, scream for help), have poor social understanding¹⁷ and coping skills and have no or only few friends who can stand up for them¹⁸.

Why do children bully? Bullying is one way to gain social status and a powerful dominant position in the peer group. Individuals who are dominant have better access to material and social resources (the most wanted toy, best role in a game, sexual attention)^{19 20}. Bullying, to enhance social status, requires witnesses and is most prevalent at times when peer status is most valued, i.e. in adolescence. Bullying is a group process. Pure bullies try out different peers and home in on those who have victim characteristics (see above). Although pure bullies are disliked by some peers, they are also perceived as cool and popular. They are socially central to lots of peers, visible and have a high impact. For example, while boys targeting boys in the same class were disliked by boys they were actually highly regarded by the girls. In contrast to these pure bullies who are highly strategic and skilful, bully-victims are hot-tempered and dysregulated and quite a different group: they are the least liked in school. The bully-victims are at risk for all adverse outcome of victims and bullies, i.e. they have the highest rate of psychiatric problems and involvement in crime²¹.

Apart from individual differences between victims, bullies and bully-victims, there are differences in their family upbringing, social support, school environment, neighborhoods and the countries they grow up in^{22-24 25}. For example, both, protective parenting (i.e. managing all conflicts and thereby depriving their child to learn coping skills) or the opposite, ignoring constant sibling bullying, have been found to increase the risk of victimization in school^{26 1 27}. The ethos of the school and how teachers, parents and pupils deal with bullying are highly relevant to the prevalence of bullying. Contrary to common belief, bullying is not more frequent in large or inner-city schools, rather it has been found as or even more often in small schools in rural areas. Once a child has become a victim in a small school there a few alternative peers to make friends in or outside school – the hierarchy is more fixed than in a large school or community²⁸. Similarly, victimization or bullying is generally not related to the general affluence of the school or country but rather determined by the degree of economic inequality of adolescents in schools or between countries. Adolescents who attend schools with larger economic inequality among students, and adolescents who live in countries with larger economic inequality, are at elevated risk of being victims of bullying²⁹. It has been speculated that societies that accept large socio-economic inequality may approve behaviors associated with hierarchies and status differences such as bullying more readily.

A range of intervention approaches have been proposed and some have been tested. The introduction of legislation or school policies by themselves are unlikely to make any difference to bullying^{30 31}. Rather, changes have to start at home with appropriate parenting, no tolerance for sibling bullying, training of teachers and consistent implementation of rules to deal with bullying in school. In particular, positive modeling and teaching alternatives to reaching high peer status is required. This can include collaborative working and compassionate leadership while being allowed to compete in other settings (sport, music) or rewarding support to other students, befriending and peer counseling schemes³². Furthermore, recent technology advances may not just be exploited by cyber bullies but may help victims to practice and learn ways of combating bullying in a safe virtual environment³³.

References

1. Stassen Berger K. Update on bullying at school: Science forgotten? *Developmental Review* 2007;27(1):90-126.

2. Scrabstein JC. Be Aware of Bullying: A Critical Public Health Responsibility. The physician's responsibility to detect acts of bullying and intervene to help those who bully and are victims of bullies. *Virtual Mentor* 2009;11(2):173-77.
3. Kaminski JW, Fang X. Victimization by Peers and Adolescent Suicide in Three US Samples. *The Journal of Pediatrics* 2009;155(5):683-88.
4. Gini G, Pozzoli T. Association Between Bullying and Psychosomatic Problems: A Meta-analysis. *Pediatrics* 2009;123(3):1059-65.
5. Wolke D, Woods S, Bloomfield L, Karstadt L. Bullying involvement in primary school and common health problems. *Archives of Disease in Childhood* 2001;85:197-201.
6. Wolke D, Woods S, Bloomfield L, Karstadt L. The association between direct and relational bullying and behaviour problems among primary school children. *Journal of Child Psychology and Psychiatry* 2000;41(8):989-1002.
7. Sourander A, Jensen P, Ronning JA, Niemela S, Helenius H, Sillanmaki L, et al. What Is the Early Adulthood Outcome of Boys Who Bully or Are Bullied in Childhood? The Finnish "From a Boy to a Man" Study. *Pediatrics* 2007;120(2):397-404.
8. Wolke D, Sapouna M. Big men feeling small: Childhood bullying experience, muscle dysmorphia and other mental health problems in bodybuilders. *Psychology of Sport and Exercise* 2008;9(5):595-604.
9. Schreier A, Wolke D, Thomas K, Horwood J, Hollis C, Gunnell D, et al. Prospective Study of Peer Victimization in Childhood and Psychotic Symptoms in a Nonclinical Population at Age 12 Years. *Arch Gen Psychiatry* 2009;66(5):527-36.
10. Woods S, Wolke D. Direct and relational bullying experience among primary school children and academic achievement. *Journal of School Psychology* 2004;42(2):135-55.
11. Arseneault L, Walsh E, Trzesniewski K, Newcombe R, Caspi A, Moffitt TE. Bullying Victimization Uniquely Contributes to Adjustment Problems in Young Children: A Nationally Representative Cohort Study. *Pediatrics* 2006;118(1):130-38.
12. Arseneault L, Bowes L, Shakoor S. Bullying victimization in youths and mental health problems: "Much ado about nothing"? *Psychological Medicine* 2009;First View:1-13.
13. Olweus D. *Bullying in schools: what we know and what we can do*. Oxford: Blackwell Publishers, 1993.
14. Smith PK, Sharp S, editors. *School Bullying: Insights and perspectives*. London: Routledge, 1994.
15. Haynie DL, Nansel T, Eitel P, Crump AD, Saylor K, Yu K, et al. Bullies, victims, and bully/victims: Distinct groups of at-risk youth. *Journal of Early Adolescence* 2001;21(1):29-49.
16. Sutton J, Smith PK, Swettenham J. Social cognition and bullying: Social inadequacy or skilled manipulation? *British Journal of Developmental Psychology* 1999;17:435-50.
17. Woods S, Wolke D, Novicki S, Hall L. Emotion recognition abilities and empathy of victims of bullying. *Child Abuse & Neglect* 2009;33(5):307-11.
18. Wolke D, Woods S, Samara M. Who escapes or remains a victim of bullying in primary school? *British Journal of Developmental Psychology* 2009;27:835-51.
19. Salmivalli C. Bullying and the peer group: A review. *Aggress. Violent Behav.* 2010;15(2):112-20.
20. Hawley PH. The Ontogenesis of Social Dominance: A Strategy-Based Evolutionary Perspective. *Developmental Review* 1999;19(1):97-132.
21. Sourander A, Jensen P, Ronning JA, Elonheimo H, Niemela S, Helenius H, et al. Childhood Bullies and Victims and Their Risk of Criminality in Late Adolescence: The Finnish From a Boy to a Man Study. *Arch Pediatr Adolesc Med* 2007;161(6):546-52.
22. Bowes LMS, Arseneault LPD, Maughan BPD, Taylor APD, Caspi APD, Moffitt TEPD. School, Neighborhood, and Family Factors Are Associated With Children's Bullying Involvement: A

- Nationally Representative Longitudinal Study. *Journal of the American Academy of Child & Adolescent Psychiatry* 2009;48(5):545-53.
23. Bradshaw CP, Sawyer AL, O'Brennan LM. A Social Disorganization Perspective on Bullying-Related Attitudes and Behaviors: The Influence of School Context. *American Journal of Community Psychology* 2009;43(3-4):204-20.
 24. Analitis F, Velderman MK, Ravens-Sieberer U, Detmar S, Erhart M, Herdman M, et al. Being Bullied: Associated Factors in Children and Adolescents 8 to 18 Years Old in 11 European Countries. *Pediatrics* 2009;123(2):569-77.
 25. Nansel TR, Craig W, Overpeck MD, Saluja G, Ruan WJ, and the Health Behaviour in School-aged Children Bullying Analyses Working G. Cross-national Consistency in the Relationship Between Bullying Behaviors and Psychosocial Adjustment. *Arch Pediatr Adolesc Med* 2004;158(8):730-36.
 26. Wolke D, Samara MM. Bullied by siblings: association with peer victimisation and behaviour problems in Israeli lower secondary school children. *Journal of Child Psychology and Psychiatry* 2004;45(5):1015-29.
 27. Baldry A, Farrington DP. Protective factors as moderators of risk factors in adolescence bullying. *Social Psychology of Education* 2005;8:263-84.
 28. Wolke D, Woods S, Schulz H, Stanford K. Bullying and victimisation of primary school children in South England and South Germany: Prevalence and school factors. *British Journal of Psychology* 2001;92:673-96.
 29. Due P, Merlo J, Harel-Fisch Y, Damsgaard MT, soc Ms, Holstein BE, et al. Socioeconomic Inequality in Exposure to Bullying During Adolescence: A Comparative, Cross-Sectional, Multilevel Study in 35 Countries. *Am J Public Health* 2009;99(5):907-14.
 30. Woods S, Wolke D. Does the content of anti-bullying policies inform us about the prevalence of direct and relational bullying behaviour in primary schools? *Educational Psychology* 2003;23(4):381-401.
 31. Vreeman RC, Carroll AE. A Systematic Review of School-Based Interventions to Prevent Bullying. *Arch Pediatr Adolesc Med* 2007;161(1):78-88.
 32. Ttofi MM, Farrington DP, Baldry AC. Effectiveness of programmes to reduce bullying. Stockholm: The Swedish National Council for Crime Prevention, 2008:92.
 33. Sapouna M, Wolke D, Vannini N, Watson S, Woods S, Schneider W, et al. Virtual learning intervention to reduce bullying victimization in primary school: A controlled trial. *Journal of Child Psychology and Psychiatry* 2010;51(1):104-12.