

Childhood Bullying

A Review and Implications for Health Care Professionals

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KEYWORDS

• Bullying • Childhood bullying • Childhood violence • Bullying children

KEY POINTS

- Approximately 25% to 30% of children are affected by childhood bullying, either as a bully or as a victim.
- There are some common characteristics of bullies and victims. Knowing these will allow the health care provider to identify children at risk for or involved with bullying.
- Both bullies and victims have short- and long-term consequences of bullying.
- It is imperative that health care providers have knowledge about bullying.
- Health care providers need to take a pivotal role in assessing their patients for bullying and provide interventions as needed.

A teacher was teaching her class about bullying and gave them the following exercise to perform. She had the children take a piece of paper, crumble it up, stomp on it, and really mess it up, but be careful not to rip it. Then she had them unfold the paper, smooth it out, and look at how scarred and dirty it was. She then told them to tell it they were sorry. Now even though they said they were sorry and tried to fix the paper, she pointed out all the scars they had left behind. And that those scars would never go away no matter how hard they tried to fix it. That is what happens when a child bullies another child. They may say they are sorry but the scars are there forever.

—Anonymous.

BACKGROUND AND INTRODUCTION

Bullying is a widespread problem in our communities and schools that has perplexed school officials, teachers, parents, students, health care providers, and researchers for decades. Childhood bullying is certainly not a new concept; however, because

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of persistently high prevalence rates and the short- and long-term consequences of bullying, it is demanding more attention. It is normal child behavior to occasionally tease, play fight, and have disagreements with peers; however, bullying is a far more serious behavior that has short- and long-term academic, physical, and emotional effects on both the victim and the bully. It is crucial for nurses to be knowledgeable about bullying so that bullying can be assessed better and necessary interventions can be made available to those in need.

The purposes of this article are to describe bullying and the prevalence of bullying in the United States, discuss the common characteristics, including risk factors, of bullies and victims, discuss the short- and long-term consequences of bullying, and provide recommendations and considerations for assessing and intervening for bullying during childhood.

BULLYING OVERVIEW AND PREVALENCE

Bullying, which can be described in numerous ways, includes verbally, physically, and/or psychologically aggressive behavior that is intentionally harmful to another person and occurs repeatedly over time to an individual who is perceived to be less powerful physically and/or psychologically.¹ Bullying can involve physical overt behavior as well as verbal attacks, and nonverbal, nonphysical acts that are indirect and subtle. Obvious types of bullying include physical violence or threats, verbal abuse, and taunting or teasing, whereas less-obvious bullying can include social exclusion, manipulation of friendship, and negative text messages or Internet posts about someone. The most common form of bullying is verbal abuse and harassment, followed by social isolation and derogatory comments about physical appearance.² Bullying often occurs in an area with less adult supervision, such as bathrooms, playgrounds, cafeterias, and bus stops.² Often, bullies select someone who they perceive as different from themselves physically, emotionally, or intellectually. Bullying usually is a way for the bully to deal with their own problems. Bullies may also need to feel more superior to their peers or think bullying will gain them acceptance of their peers and make them feel more popular or important.³

Both boys and girls are involved in bullying others; however, there is conflicting evidence regarding the differences in bullying behavior between genders. Espelage and Swearer⁴ caution against making definitive conclusions about gender differences in bullying. However, research does support that boys are more likely than girls to be bullies and are themselves also victimized by their peers. Girls are more likely to be victims of bullying during early adolescence.^{5,6} The literature is more conclusive regarding age and ethnicity trends of bullying. Bullying increases for boys and girls during the late elementary years, peaks during middle school, and decreases in high school.⁷ According to the US Department of Justice, Bureau of Justice Statistics' 2009 National Crime Victimization Survey: School Crime Supplement, students in higher grades were less likely to report bullying as compared with sixth graders. Students in sixth and seventh grade reported bullying the most and students in eighth grade were 50% less likely to report bullying, whereas 12th graders were 76% less likely to report bullying when compared with students in 6th and 7th grade.⁸ There were no differences found in the prevalence of bullying by race or ethnicity.⁸

American children aged 8 to 15 years report that bullying is a greater problem than racism, pressure to have sexual intercourse, or use of alcohol and other drugs (Kaiser Family Foundation, 2001).⁹ In a survey of over 5000 students in grades 7, 8, and 11 in an urban public school district, 26% of students were involved in bullying.¹⁰ In another large study conducted by the National Institute of Child Health and Human

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