



REVIEW ARTICLE

ASSOCIATION BETWEEN BULLYING OR PEER VICTIMIZATION AND PSYCHOPATHOLOGY SYMPTOMS AMONG ADOLESCENTS

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ABSTRACT

Bullying or peer victimization is a topic for concern among teenagers and youth of society. It is a common type of interpersonal aggression and usually occurs in many forms, patterns, have several consequences either physical or psychological. Bullying behavior is a severe issue and has short-term as well as long-term impact on individual. However, teenagers who are victimized by the perpetrators may develop the psychopathological symptoms and mental health problems, such as, distress, depression, anxiety, social isolation, etc, which also have some serious effects in later life or adulthood and sometimes leads to suicidal ideation. Therefore, this conceptual paper is aimed to explore the relevant studies about the issues of bullying or peer victimization and its association with psychopathology symptoms among adolescents and children. And also observe what it has impact on later life of individual. Furthermore, this paper also intends to explore about the relevant prevention policies and concern of bullying in society.

KEYWORDS

Bullying, Victimization, Psychopathological Symptoms, Depression, Social Isolation

1. INTRODUCTION

The correlation between bullying behavior and symptoms of psychopathology has focused on investigations based on the differences of bullies and victims (Forero et al., 1999). Bullying is a repeated action of interpersonal aggression which is deliberated to show control over other individual. This means that it doesn't happens when there is a divergence between individuals for the sake of acquiring power, but when there is an inequality among the power between individuals (Rigby, 2003). In fact, the meaning of bullying is different in many countries, while for some people, there is no specific term allocated for bullying in their own language (Franberg and Wrethander, 2011). Bullying or peer victimization has the adverse outcomes on child's mental health and is considerable to other forms of child or adolescent maltreatment (Rette and Pawlowski, 2016). It is usually considered as most commonly occurring form of victimization which children and adolescents globally experiences the most (Kim, Koh and Leventhal, 2005). Bullying can be of many forms, for example, physical bullying which involves kicking, pushing, etc., verbal bullying which involves teasing, threatening, etc., relational bullying which involves spreading rumors, etc., cyberbullying which involves damaging and affecting person from behind the screen through social media, etc.

Bullying victimization have some harsh consequences and there are differences in the after effects of bullying, as not all the victims who experiences bullying victimization responds to the same way (Arseneault, Bowes and Shakoor, 2010). Hence, for some people bullying results in internalizing factors which are related to mental health problems and are harmful to individual himself, such as depressive symptoms, anxiety disorder, social isolation etc (Faris and Felmler, 2014), while some may experiences externalizing factors which are related to environmental issues and are harmful to other people, such as violent behavior, becoming

the perpetrator or victimizer by himself, carrying any weapon, etc (Valbedebito et al., 2017; Reijntjes et al., 2011).

1.1 Bullying Outcomes as Psychopathological Symptoms among Children and Adolescent

The effect of bullying is atypical for both children and society. Children who are more prone to exposed by bullying victimization more often by peers, are likely to develop negative psychological outcomes (Lian et al., 2018). Many researches showed that bullying have harsh consequences among children and adolescents, and leads to mental, psychological and behavioral problems (Klomek et al., 2007; Nansel, 2001). Many findings revealed that bullying or peer victimization is associated with psychological distress, such as depression, and anxiety (Razak et al., 2019; Moore et al., 2017). However, the psychological distress and enduring as a result of bullying is enormous. Meanwhile, the problems encountered by victims of bullying behavior involve a broader aspect of some serious mental health disorders (Jantzer et al., 2022). Also it has been further observed that psychopathological behaviors such as, aggressive behavior, societal problems, and problems of externalizing behavior, are merely an outcomes apart from causal experiences of bullying (Kim, Leventhal, Koh, Hubbard and Boyce, 2003). Moore et al. (2017) investigated that there was a quiet "convincing evidences" which ensures that there is profane relation among experiences of bullying victimization and psychopathological symptoms which usually develops later due to victimization, such as depressive symptoms and anxiety disorders.

A number of studies conducted in western countries have observed that the boys are exposed to bullying victimization at much higher rate as than girls, however, indirect form of bullying is quite often committed by girls (Heino, Frojd and Marttunen, 2010; Wang, Lannotti and Nansel, 2009). Recently, the World Health Organization conducted a survey of 25

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countries in order to examine the cases of bullying among children and adolescents. It was reported that boys were more entailed in different types of bullying victimization than girls. Furthermore, victimization that boys were engaged-in was in a much greater amount and were more physically involved, while girls only uses verbal and psychological forms of bullying (Nansel et al., 2003; National Institute of Child Health and Human Development, 2001).

The British National Child Development argued that childhood bullying has a long-term impact on middle life of an individual. There are recent evidences which support this statement in long-run. Takizawa, Maughan and Arseneault (2014) conducted a study and identified that the participants who were encountered to some bullying experience during their childhood have higher rates of anxiety, depressive symptoms, and suicidal thoughts at the age of 23, furthermore, they were also reported absence of relationships in society, financial problems, and considered low quality of life at the age of 50 years. Many studies having the supporting data suggested that bullying victims have more adaption problems and difficulty found in the period of late adolescence or early adulthood (Sourander et al., 2007; Takiwaza et al., 2014). Copeland, Wolke, Angold and Costello (2013) observed that bullying victimization has some negative adverse effects during childhood and adolescent period, moreover, they also argued that victims who had experienced bullying are also at higher risk to psychological maladjustment during adulthood period.

1.2 Bullying as a Public Health Concern

In recent years, bullying has been recorded to be a donated factor for violence among youth in all over the world (Ericson, 2001). Bullying is contemplated to be a general originator of brutality among teenagers and is a common indicator to more severe aggressive behaviors, consists fighting, ragging, weapon carrying, etc, with a nationwide occurrence of 9% to 54% (Nancel et al., 2003). The awareness towards bullying or peer victimization and its associated health risk factors either physical or mental have gotten attention, and a lot of researches have already been observing its adverse impact of psychological health in all over the world (Hong et al., 2019; Sittichai and Smith, 2015). Moreover, bullying victimization most probably occur when the guidance is usually low or may be absent from adults. Recent evidences suggested that bullying is considered to be a most underreported type of victimization in most of the countries, however, its frequency of occurring is way more greater than many other forms of victimization (Sampson, 2002). Hence, there might be a possibility that people do not report the bullying cases due to the shame and hesitation for which they encountered the victimization.

Over many decades, several bullying interventions, strategies, and programs of prevention has been developed and implemented, but still the process of its evaluation to reduce the effects of bullying have not focused on its part of prevention towards mental health problems (Jantzer et al., 2022). However, it has been observed that support from parents and peers usually help the children and works as a protective factor to overcome the after effects of bullying victimization (Zych, Farrington and Ttofi, 2019; Hong et al., 2017). Furthermore, a study investigated that an anti-bullying program namely KiVa was quite efficient for lowering the rate of bullying or peer victimization, as well as reducing its effects and mental health problems which were originated due to bullying behavior, such as, depression and anxiety (Williford et al., 2012).

2. CONCLUSION

Evidences revealed that the pervasiveness of bullying or peer victimization has a harmful impact on victim, society and on the perpetrator itself. It has an association towards the behavior and psychological health for both teenagers and adults. Lowering the effects of bullying may help people, like children, adolescents, and also adults to intercept their following mental health development and related problems. Therefore, bullying or peer victimization is worthy for being a public health issue globally and the researchers, counselors and different policy makers should give it some attention and look it as a victimization itself.

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