



Prevention of Bullying in School: An Emerging Area in the field of School Social Work

Dahunlyne Shylla¹ Kavita V. Jangam² Preeti Jacob³

ABSTRACT: Student's mental health is considered one of the most important aspects to ensure their overall well-being. The mental health of students in school can be affected because of various reasons. One of them is bullying among students in school. Most of the time, bullying behaviours are just being ignored and considered a part of growing up. Bullying can have both short and long-term implications for the mental health of students. The effect is on both victims of bullying and also for those who bully as well. Thus, bullying needs to be addressed in schools. This paper is based on the author's clinical experience and research. This paper aims to highlight the issues and impact of bullying on children, the existing intervention model, and the social work profession's role in preventing the same. This paper argues that the professional social worker has a major role in creating awareness and sensitizing all school stakeholders on bullying. This paper would also discuss the scope for school social workers to facilitate and contribute to preventing and managing bullying in school.

Keywords: Bullying, mental health, school mental health program



©2020 This work is licensed under the Creative Commons Attribution 4.0 International License. To view a copy of this license, visit <http://creativecommons.org/licenses/by/4.0/>.

School social workers have a major role in schools based on the schools' needs and are wide-ranging from working with students, family, teachers, support staff, and school administration (Constable & Montgomery, 1985). There are various issues confronting school, and one among them is bullying. It is a universal phenomenon and one of the public health concerns. Bullying is considered to be one of the growing societal problems. It can occur in various contexts, such as the workplace and home. It was observed that school bullying does occur, but it might differ in its severity, but no school is free of bullying.

^{1,2, &3} National Institute of Mental Health and Neuro-Sciences, India

In India, the prevalence of bullying rate ranges from 30% to almost 98% (Kshirsagar et al., 2006; Ranjith et al., 2019; Rao et al., 2018; Srisiva et al., 2013), indicating bullying as a very common issue in the school, however not much attention given to this area. The experience of bullying can be harrowing for students. Many children develop emotional and behavioural problems due to bullying experiences (Bhuyan & Manjula, 2017; Gini, 2008; Fisher, H.L. et al., 2012). So looking into its effect, the intervention should not cater only to the child who is being bullied but also to children who bully and the students who observed the incident or bystanders.

There are many misconceptions associated with bullying; the most notable one is the belief that bullying is a part of 'normal' behaviour and the developmental phase during childhood and is considered a character-building process. (National Bullying Prevention Center, 2020; Wolke & Lereya, 2015) Thus, bullying incidents go unnoticed in school, and they don't feel the need to intervene. The lack of knowledge and difficulty in identification among school aggravate bullying issues.

Thus, there is enormous work looking into how to prevent and intervene in bullying issues arising in school. Literature has suggested the importance of the role of schools in preventing and managing bullying in schools. Strategies have evolved to address the issue.(Baldry & Farrington, 2004; Rigby, 2010; Teglas & Rothman, 2001; Vreeman & Carroll, 2007). A social work professional can extend social work intervention in various schools through school mental health programmes. Bullying prevention can be one of those activities. There is ample scope for the social work profession in school mental health programmes in the form of prevention, promotive and remedial aspects and can use their experiences and knowledge to assist schools in preventing and managing bullying issues in schools. (Staples, 2016)

Understanding bullying

For professional social workers to intervene in school, it's necessary to understand various dimensions of bullying. It's crucial to have a thorough understanding of bullying's general issues in the school context.

A student is said to be a victim of bullying when he or she is being exposed repeatedly over some time and been subjected to victimization by one or more students. It is also often seen in these children the imbalance of power where the students being bullied have difficulty defending themselves (Olweus, 1993).

Bullying behaviour has the following characteristics.

In order to differentiate bullying from other aggressive or violent behaviours, there is a

need to look for certain characteristics such as a desire to hurt and inflict pain on other students, a student is being hurt in the process whether physical or psychological, it is against students who are less powerful(physical or psychological) directed by powerful students, it is often without no reason and justification, and this act is enjoyed by the students who bully or bullies.

Olweus (1997), a pioneer in bullying research, stated that bullying could take various forms. It is not limited only to physical, but also include psychological, verbal actions, or direct or indirect form of bullying.

- Direct bullying is through physical means like kicking, pushing, and hitting.
- Indirect bullying or relational form include the contact, by words, making faces or mean gestures, spreading faults rumours and intentionally excluding the child from the group.

Sometimes, bullying may also involve uncomfortable sexual advances by the bully. Another form of bullying on the rise in the current scenario is cyberbullying; it is a form of harassment via e-mail, cell phones, and social media.

Impact of Bullying on Mental health of the student

As mentioned earlier, bullying can have a detrimental effect on the student's mental health. Bullying can lead to serious and ongoing problems. Even if the students involved in bullying as either a victim or a bully or both as a bully/victim, it has been seen to be associated with very poor psychosocial adjustment school dropout, poor psychosocial adjustment(Bhuyan & Manjula, 2017; Nansel et al., 2001; Sigurdson et al., 2015). Children involved as a bully stated that they were more likely to report health problems such as headaches, loose motions, and fever, as mentioned in some studies and even facing neglect and criticality from elders (Gini & Pozzol, 2013). Victims of Bullying were found to have poorer academic performance, low self-esteem, feeling sad, preferring to stay alone, school refusal, in extreme cases, even suicidal attempts and suicide were reported due to bullying. (Bowker et al., 2012; Ford et al., 2017; Jamir & Devi, 2014)

Bullying has long term consequences, as well. A victim who has been bullied during childhood had higher chances of having depression and anxiety during adulthood. (Sigurdson et al., 2015). Bullies are more likely to drop out of education, lower educational qualifications, and be involved in criminal activities and substance use (Farrington, 1993; Jenna Hennessey, 2013; Lereya et al., 2013; Radliff et al., 2012). Bully/victims are likely to have lower education, are more likely to be unemployed, have difficulty making and maintaining friendships in the long run, and

have poor socialization skills. (Kochel et al., 2015; Nansel et al., 2001, 2004)

As many research studies found that bullying has a drastic effect on the students (Arseneault et al., 2010; Fisher, H. L., Moffitt, T. E., Houts, R. M., Belsky, D. W., Arseneault, L., & Caspi, 2012; Jamir & Devi, 2014; Ranjith et al., 2019; Rigby, 2003; Wolke et al., 2013). So, school social worker needs to be vigilant while working with students or need to provide awareness to all the stakeholder in the schools to identify the signs of the possibility that students are being bullied, involved in bullying and what are the possible reasons that students do not reach out for help.

Strategies to handle and intervene in a bullying situation

As a school social worker, the main role is to work with the entire school system, advocacy and network.

To intervene on school bullying issues required planning and involving targeting the entire stakeholder in the school. Prevention and intervention have to focus on various levels in school. Briefly, the following are a few models or approaches being used to intervene in Bullying by Ken Rigby, a pioneer in Bullying research from various studies on intervention strategies (Rigby, 2010). Any school social worker or counsellor, before applying any approaches, need to be careful in understanding bullying situation and whether these approaches can be applied or not in their school looking into various aspects whether schools are well equipped or not and the resources available.

- Using the Traditional disciplinary approaches: By developing School policies, setting rules and regulations, sanction bullying behaviour as per existing policies in schools.
- Strengthening the target/victim of Bullying; Helping the victims to handle bullying issues. e.g. focus on assertiveness skills
- Mediation-It's a process where a mediator, a teacher, or a trained peer mediator can resolve issues that cause conflict. It is important to note that mediation can occur only if the students who bully and students who are being bullied agree to seek help.
- Restorative practice- it is designed to restore the damaged relationships between students being bullied and the group. Here, firstly, the offender involved in bullying must acknowledge and act restoratively, e.g. by writing an apology. It may be applied at community conferences with other interested parties, e.g., parents or the classroom teacher.

- Support Group Method- it involved seven steps: First, the interview begins with the victim. Second, a meeting with a group of students, including both the bullies and other students, is conducted in the victim's absence. The third step involves talking to the victim. Fourth, when the victim is ready, convene a meeting and explain the problem to both sides. Fifth, promote a shared responsibility among the bully or bullies on how to resolve the issues through the change in behaviour or action. Sixth, Asked for ideas on how to bring about change, after which Leaving it up to them to decide and Seventh, call for a meeting to review and finally arrive at a consensus.
- The Method of Shared Concern: The methods involve many stages
Stage 1-Identify and interview the student suspected to be a bully/ bullies one by one. Interview the targeted student and ensure no one will be punished and try to gain confidence.
Stage 2-Meet the students who are suspected to be bully/ bullies and ascertain the progress
Stage 3-Help them to agree to a certain plan.
Stage 4-Final meeting to help students to negotiate on acceptable solutions to resolve conflict.

An observation by the author on the role of a School Social worker/School mental health provider in the Indian context

There are various challenges that Professional social workers face in the country, the importance of school social worker in school has not been understood, very few schools do appoint school social worker, mostly a counsellor is appointed to address mental health issues in schools. One must remember that a social worker works as a school counsellor or school social worker, or school mental health services in schools as a Job Profile. The following are their task based on their role and responsibility in the school.

- First and foremost is the Role of School social worker should be in tune with the WHO model, which highlighted which are all the psychosocial problems and issues on mental health that schools can encounter and who all are affected by the same (Hendren, Birrell Weisen, Orley, & World Health Organization. (, 1994).

- Besides working and helping children who are being bullied and children involved in bullying or the peer/bystander, the school social worker needs to work with the school's entire stakeholders.
- As mentioned earlier, the first prerequisite school social worker or school mental health providers need to be equipped with knowledge and skills on mental health issues in general and school mental health, particularly, need to understand bullying issues and be familiar with the school system. (e.g. State board, Central Board of School Education(CBSE), Indian Certificate of Secondary Education (ICSE), private or Gov. funded etc.)
- Need to update oneself on evidence-based bullying intervention Programme and how it can be applied in the Indian schools and familiar with the Existing policies on bullying.
- Be a part of the school team to develop and frame rules and regulations to address and prevent bullying.
- Creating an awareness programme on bullying to all the stakeholder in the schools and their role and responsibility to prevent
- Involve in developing a programme on prevention of bullying catering to all stakeholder in the schools (teachers, support staff, management, parents and students).
- Capacity building programme to address issues confronting teachers like their mental health concerns and also focusing on enhancing their competency and self –efficacy.
- Programme for parents to address parenting issues, parent mental health.
- As a member, there is a need to collaborate and consult with others in the school system.
- Carried out an assessment on the identification of various mental health issues in the school.
- Reporting and responding to bullying incidents.
- There is a need for intervention directly with children and parents in whatever approach such as individual, group, and family modalities.
- As referral services, the need to collaborate and coordinate with mental health professionals, Child care agencies (Child welfare committee, Juvenile Justice Board for further referral services as certain issues might be challenging to address in the school concerning child safety pertaining to severe form of bullying.

Thus, to sum up, overall, schools can handle bullying in various ways, and the school social

worker can facilitate the same.

- ✚ Develop Rules in schools on bullying
- ✚ Develop classroom rules along with the students
- ✚ Create a positive climate in the classroom
- ✚ Encourage Pro-social behaviour in the classroom.
- ✚ Coordination between all school staff and be vigilant in high-risk areas in schools (corridor, schools bus, toilets, playground, canteen)
- ✚ Please encourage students to share their issues and problems with adults.
- ✚ Help student to correct their problem behaviour with a supportive attitude.
- ✚ Provide one-to-one feedback and not in front of the whole class.
- ✚ Identify children involved in bullying activities or who are being bullied.
- ✚ Referral to a mental health professional (Psychiatrist/Psychiatric Social worker/Psychologist/counsellor)

Conclusion

Therefore, it is understandable that schools and their system are entirely not responsible for meeting all the student's individual needs. But when the need or issues in school directly affect students' learning and well-being, the school needs to be equipped to address the challenges. And one of the challenges that school is facing is bullying. As discussed above, it is evident that bullying can have a drastic impact on the mental health of the students, which affects their learning and interpersonal relationship in various and profound ways.

So, to address these challenges facing the school, Beside the above task, Social worker working in school mental health activities have a major role in sensitizing and provide awareness to various school on the ill effect of bullying behaviour has on students irrespective of being a bullied, Victim, or peer observing the bullying activity in school. As (Mthethwa, 2016; Whitted & Dupper, 2005) stated the importance and it also emphasized the role of social workers play in schools and view that school social worker needs to be updated in their knowledge which is continuously based on social work practice

Although School Social work has been working in various prevention and promotion activities as a part of the school mental health programme, it was observed that the area of prevention of bullying is a newly emerging area which hasn't received due attention as a part of school mental health activities and if prevention programme has been carried out also very less is

known about the same. No evidence is available to practice in the Indian context.

There is a need to enhance training in the area of mental health in a school of social work, which should reflect in their fieldwork practicum, social work curriculum focusing more of skills-based to enable social work trainees to equip with skills and competency in working in the area of school social work.

References

- Arseneault, L., Bowes, L., & Shakoor, S. (2010). Bullying victimization in youths and mental health problems: Much ado about nothing? *Psychological Medicine*, *40*(5), 717–729. <https://doi.org/10.1017/S0033291709991383>
- Baldry, A. C., & Farrington, D. P. (2004). Evaluation of an intervention program for the reduction of bullying and victimization in schools. *Aggressive Behavior*, *30*(1), 1–15. <https://doi.org/10.1002/ab.20000>
- Bhuyan, K., & Manjula, M. (2017). Experiences of Bullying in relation to psychological functioning of young adults: An exploratory study. *Indian Journal of Social Psychiatry*, *33*(3), 240. <https://doi.org/10.4103/0971-9962.214604>
- Bowker, J. C., Ostrov, J. M., & Raja, R. (2012). Relational and overt aggression in urban India: Associations with peer relations and best friends' aggression. *International Journal of Behavioral Development*, *36*(2), 107–116.
- Constable, R. T., & Montgomery, E. (1985). Perceptions of the School Social Worker's Role. *Children & Schools*, *7*(4), 244–257. <https://doi.org/10.1093/cs/7.4.244>
- Farrington, D. P. (1993). Understanding and Preventing Bullying. *Crime and Justice*, *17*, 381–458.
- Fisher, H. L., Moffitt, T. E., Houts, R. M., Belsky, D. W., Arseneault, L., & Caspi, A. (2012). Bullying victimisation and risk of self-harm in early adolescence: a longitudinal cohort study. *BMJ*, *344*, 1–9.
- Ford, R., King, T., Priest, N., & Kavanagh, A. (2017). Bullying and mental health and suicidal behaviour among 14- to 15-year-olds in a representative sample of Australian children. *Australian & New Zealand Journal of Psychiatry*, *51*(9), 897–908.
- Gini, G. (2008). Associations between bullying behaviour, psychosomatic complaints, emotional and behavioural problems. *Journal of Paediatrics and Child Health*, *44*(9), 492–497.
- Jamir, T., & Devi, N. P. (2014). The relationship between bullying victimization, self-esteem and depression among school going adolescents. *International Journal in Management and Social Science*, *2*(12), 477–489.

- Jenna Hennessey, V. D. (2013). Bullying and Substance Use in Children and Adolescents. *Journal of Addiction Research & Therapy, 04*(04). <https://doi.org/10.4172/2155-6105.1000158>
- Kochel, K. P., Ladd, G. W., Bagwell, C. L., & Yabko, B. A. (2015). Bully/victim Profiles' differential risk for worsening peer acceptance: The Role of friendship. *Journal of Applied Developmental Psychology, 41*, 38–45. <https://doi.org/10.1016/j.appdev.2015.05.002>
- Kshirsagar, V. Y., Agarwal, R., & Bavdekar, S. B. (2007). Bullying in schools: prevalence and short-term impact. *Indian pediatrics, 44*(1), 25.
- Lereya, S. T., Winsper, C., Heron, J., Lewis, G., Gunnell, D., Fisher, H. L., & Wolke, D. (2013). Being bullied during childhood and the prospective pathways to self-harm in late adolescence. *Journal of the American Academy of Child and Adolescent Psychiatry, 52*(6), 608-618.e2. <https://doi.org/10.1016/j.jaac.2013.03.012>
- Mthethwa, E. (2016). Implementation of Appropriate Minimum Body of Knowledge in. *African Journal of Social Work, 6*(1), 42–50.
- Nansel, T. R., Craig, W., Overpeck, M. D., Saluja, G., & Ruan, W. J. (2004). Cross-national consistency in the relationship between bullying behaviors and psychosocial adjustment. *Archives of Pediatrics and Adolescent Medicine, 158*(8), 730–736.
- Nansel, T. R., Overpeck, M., Pilla, R. S., Ruan, W. J., Simons-Morton, B., & Scheidt, P. (2001). Bullying behaviors among US youth: Prevalence and association with psychosocial adjustment. *Journal of the American Medical Association, 285*(16), 2094–2100.
- National Centre for Prevention of Bullying: Common Views and Myths about Bullying <https://www.pacer.org/publications/bullypdf/BP-1.pdf>
- Radliff, K. M., Wheaton, J. E., Robinson, K., & Morris, J. (2012). Illuminating the relationship between bullying and substance use among middle and high school youth. *Addictive Behaviors, 37*(4), 569–572. <https://doi.org/10.1016/j.addbeh.2012.01.001>
- Ranjith, P. J., Jayakumar, C., Kishore, M. T., Binukumar, B., & Bhaskar, A. (2019). Association between bullying, peer victimization and mental health problems among adolescents in Bengaluru, India. *Indian Journal of Social Psychiatry, 35*(3), 207.
- Rao, M., Sonpar, S., Sen, A., Seshadri, S. P., Agarwal, H., & Padalia, D. (2018). A Study on the Prevalence and Nature of Ragging Practices in Selected Educational Institutions in India. *Contemporary Education Dialogue, 15*(2), 187–202.
- Rigby, K. (2003). Consequences of Bullying in Schools. *Canadian Journal of Psychiatry, 48*(9), 583–590.

- Rigby, K. (2010). *Bullying Interventions in Schools: Six Basic Approaches*. Aust Council for Ed Research. http://www.bullyingawarenessweek.org/pdf/Bullying_Prevention_Strategies_in_Schools_Ken_Rigby.pdf
- Sigurdson, J. F., Undheim, A. M., Wallander, J. L., Lydersen, S., & Sund, A. M. (2015). The long-term effects of being bullied or a bully in adolescence on externalizing and internalizing mental health problems in adulthood. *Child and Adolescent Psychiatry and Mental Health*, 9(1), 1–13. <https://doi.org/10.1186/s13034-015-0075-2>
- Srisiva, R., Thirumoorthi, R., & Sujatha, P. (2013). Prevalence and prevention of school bullying-a case study of Coimbatore City, Tamilnadu, India. *International Journal of Humanities and Social Science Invention*, 2(1), 2319-7714.
- Staples, J. (2016). *Understanding School Social Workers ' Roles in Bullying Prevention and Intervention*. (Master's thesis)
- Teglasi, H., & Rothman, L. (2001). A classroom-based program to reduce aggressive behaviour. *Journal of School Psychology*, 39(1), 71–94.
- Vreeman, R. C., & Carroll, A. E. (2007). A systematic review of school-based interventions to prevent bullying. *Archives of pediatrics & adolescent medicine*, 161(1), 78-88.
- Whitted, K. S., & Dupper, D. R. (2005). Best Practices for Preventing or Reducing Bullying in Schools. *Children & Schools*, 27(3), 167–175. <https://doi.org/10.1093/cs/27.3.167>
- Wolke, D., Copeland, W. E., Angold, A., & Costello, E. J. (2013). Impact of Bullying in Childhood on Adult Health, Wealth, Crime, and Social Outcomes. *Psychological Science*, 24(10), 1958–1970.
- Wolke, D., & Lereya, S. T. (2015). Long-term effects of bullying. *Archives of Disease in Childhood*, 100(9), 879–885.