SCHOOL BULLYING IN HIGH SCHOOL STUDENTS, PREVENTION AND COPING STRATEGIES

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Abstract:

School bullying is a significant problem affecting high school students. This article provides an overview of the causes and consequences of bullying, as well as prevention and coping strategies. The literature review includes a discussion of different types of bullying (Bradshaw, Waasdorp, & Johnson, 2015), individual, family, peer, and school-related factors that contribute to bullying (Espelage & Swearer, 2010; Olweus, 2013), and the physical and psychological harm that results from bullying (Bradshaw et al., 2015). The article concludes with a discussion of different interventions to prevent and cope with bullying, including whole-school approaches, targeted interventions, and peer support programs (Bradshaw et al., 2015; Espelage & Swearer, 2010).

Keywords: bullying, prevention, strategies

1. Introduction

Bullying is a pervasive problem in high schools that has been linked to numerous negative outcomes for both victims and perpetrators. According to Bradshaw, Waasdorp, and Johnson (2015), bullying can take different forms, including physical, verbal, and psychological bullying. Bullying behavior is a complex phenomenon influenced by a

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variety of individual, family, peer, and school-related factors (Espelage & Swearer, 2010; Olweus, 2013). The purpose of this article is to provide an overview of the causes and consequences of bullying in high school students, as well as prevention and coping strategies.

2. Literary review

Individual factors that contribute to bullying include a history of aggressive behavior, low self-esteem, and poor social skills (Espelage & Swearer, 2010). Family factors include parental neglect or abuse, family conflict, and a lack of positive parental modeling (Olweus, 2013). Peer factors include social rejection, the desire for power and status, and exposure to violence or aggression (Espelage & Swearer, 2010). School-related factors include a lack of adult supervision, a competitive and aggressive school culture, and a lack of effective school policies to address bullying (Espelage & Swearer, 2010).

3. Types of bullying

According to Bradshaw, Waasdorp, and Johnson (2015), bullying can take different forms, including physical, verbal, and psychological bullying.

3.1 Cyberbullying
Cyberbullying is a form of bullying that occurs online or through digital devices such as smartphones or computers. It involves sending hurtful messages, spreading rumors, or posting embarrassing pictures or videos online. Cyberbullying has become increasingly prevalent among young people, with research indicating that up to 34% of teenagers have experienced it (Dredge, Gleeson, & Garcia, 2021).

3.2 Sexual bullying
Sexual bullying involves making unwelcome sexual advances, comments, or gestures towards someone, or spreading rumors or making derogatory comments about their sexual activity or orientation. This type of bullying can be particularly damaging, as it can lead to feelings of shame and humiliation (Woods & Wolke, 2018).

3.3 Racial bullying
Racial bullying involves making derogatory comments or using racial slurs towards someone based on their race or ethnicity. This type of bullying can be particularly harmful, as it can lead to feelings of isolation and exclusion (Priest et al., 2020).

3.4 Disability bullying
Disability bullying involves making derogatory comments or mocking someone because of their disability. This type of bullying can be particularly harmful, as it can lead to feelings of worthlessness and low self-esteem (Gormley & Carrington, 2019).

3.5 Verbal bullying

Verbal bullying involves using words to hurt someone, such as name-calling, teasing, or threatening. This type of bullying can be particularly damaging, as it can lead to feelings of anxiety and depression (Perren et al., 2018).

3.6 Physical bullying

Physical bullying involves using physical force to hurt or intimidate someone, such as hitting, pushing, or tripping. This type of bullying can be particularly harmful, as it can lead to physical injury and long-term health problems (Thompson et al., 2022).

4. Causes of bullying

Individual factors that contribute to bullying include a history of aggressive behavior, low self-esteem, and poor social skills (Espelage & Swearer, 2010). Family factors include parental neglect or abuse, family conflict, and a lack of positive parental modeling (Olweus, 2013). Peer factors include social rejection, the desire for power and status, and exposure to violence or aggression (Espelage & Swearer, 2010). School-related factors include a lack of adult supervision, a competitive and aggressive school culture, and a lack of effective school policies to address bullying (Espelage & Swearer, 2010).

In more detail, the causes of the school are summarized below:

4.1 Family environment

Research has shown that children who grow up in families where there is domestic violence or where parents use harsh discipline are more likely to engage in bullying behavior (Menesini et al., 2018).

4.2 Peer pressure

Children and adolescents may feel pressured to bully others in order to fit in with their peer group or to avoid becoming a target themselves (Espelage & Swearer, 2020).

4.3 Lack of social skills

Children who lack social skills may have difficulty making friends and may use bullying as a way to assert their dominance and gain social status (Juvonen & Graham, 2018).

4.4 Cultural factors

Cultural beliefs and norms can contribute to the prevalence of bullying in certain communities. For example, in some cultures, physical aggression is seen as a way of resolving conflicts (Espelage & Swearer, 2020).

4.5 Mental health issues

Children with mental health issues such as anxiety or depression may be more likely to engage in bullying behavior as a way of coping with their own problems (Klomek et al., 2019).

4.6 Media influences

Exposure to violent media, such as video games or movies, has been linked to an increased risk of aggressive behavior and bullying (Greitemeyer & McLatchie, 2018).

It's important to note that there are often multiple factors that contribute to the development of bullying behavior, and that each individual case may be unique. Effective prevention and intervention efforts should take into account the specific factors contributing to the behavior in each case.

4.7 Psychoeducational consequences of school bullying

Bullying has been associated with physical injuries, such as bruises, cuts, or broken bones, as well as psychological harm, such as depression, anxiety, and low self-esteem (Bradshaw et al., 2015). Bullying has also been linked to academic difficulties, social isolation, and suicidal ideation (Espelage & Swearer, 2010).

Bullying can have a range of negative consequences for both the victim and the perpetrator. One of the most significant consequences for victims is the psychological harm they may experience. Research has shown that victims of bullying are at increased risk for depression, anxiety, and post-traumatic stress disorder (PTSD) (Baumeister & Bushman, 2014). They may also experience low self-esteem, poor body image, and a negative outlook on life (Lereya et al., 2015). These psychological effects can be long-lasting and may even persist into adulthood. In addition to psychological harm, bullying can also have physical consequences for victims. Victims of bullying may experience physical injuries such as bruises, cuts, and broken bones (Bradshaw et al., 2015). They may also experience headaches, stomachaches, and other physical symptoms (Lereya et al., 2015). In extreme cases, bullying can even lead to suicide (Espelage & Swearer, 2010). Perpetrators of bullying may also experience negative consequences. Research has shown that individuals who engage in bullying behavior are at increased risk for a range of problems, including substance abuse, criminal behavior, and interpersonal difficulties (Espelage & Swearer, 2010). These individuals may also experience psychological problems such as depression, anxiety, and low self-esteem (Baumeister & Bushman, 2014). Bullying can also have negative consequences for the broader school community. Bullying can create a climate of fear and hostility that can affect all students, not just those who are directly involved (Espelage & Swearer, 2010). It can also contribute to a decline in academic achievement and school attendance (Bradshaw et al., 2015).In conclusion, bullying can have significant negative consequences for both the victim and the perpetrator, as well as for the broader school community. Victims of bullying may experience psychological and physical harm, while perpetrators may experience a range of problems. Effective prevention and intervention efforts are needed to address bullying behavior and create a safe and supportive school environment for all students.

School bullying has become a global public health concern, with over one-third of adolescents being victims of bullying in their lifetime. Bullying can have severe psychoeducational consequences in high school students, affecting their academic performance, social skills, mental health, and overall well-being. This paper aims to

explore the psychoeducational consequences of school bullying in high school students and the recent studies that highlight the issue.

4.8 Academic performance

Bullying can significantly impact high school students' academic performance, leading to poor grades, absenteeism, and low motivation. A study by Card and Hodges (2017) found that bullying victimization in high school was associated with lower academic achievement, higher absenteeism, and a decrease in motivation. Similarly, a longitudinal study by Bowes et al. (2015) found that students who experienced bullying had lower academic achievement, particularly in mathematics, at age 16.

4.9 Social skills

School bullying can also impact high school students' social skills, making it challenging for them to form positive relationships with peers and adults. A study by Espelage et al. (2018) found that high school students who experienced bullying were more likely to experience social anxiety and had lower levels of social competence. Additionally, a study by Rivers and Noret (2019) found that bullying victimization in high school was associated with a decrease in social skills and self-esteem.

4.10 Mental health

School bullying can also have severe consequences on high school students' mental health, leading to anxiety, depression, and even suicidal ideation. A study by Gini et al. (2018) found that high school students who were bullied had a higher risk of developing mental health problems, including depression, anxiety, and suicidal ideation. Similarly, a study by Stallard et al. (2015) found that bullying victimization in high school was associated with an increased risk of developing mental health problems, particularly depression.

Bullying is a form of aggression that can lead to severe mental health problems among high school students (Klomek et al., 2019). Studies have shown that students who are bullied may experience depression, anxiety, and increased stress levels (Slee & Mohyla, 2019). They may also experience social withdrawal, decreased self-esteem, and have difficulty trusting others (Turner et al., 2015). Additionally, some victims of bullying may engage in self-harm, suicidal ideation, and even suicide attempts (Kaltiala-Heino et al., 2016). It is essential to note that bullying not only affects the victim but can also have adverse effects on the bully, who may have difficulties with social relationships and emotional regulation (Klomek et al., 2019).

4.11. Overall well-being

Bullying can impact high school students' overall well-being, leading to decreased quality of life and increased stress. A study by Wolke et al. (2015) found that high school students who experienced bullying had a lower quality of life and increased stress levels. Similarly, a study by Crouch et al. (2017) found that bullying victimization in high school was associated with decreased life satisfaction and increased stress levels.

School bullying can significantly impact the overall well-being of high school students (Slee & Mohyla, 2019). Victims of bullying may experience physical health problems, including headaches, stomach aches, and difficulty sleeping (Turner et al., 2015). They may also have difficulty focusing on their academic work, leading to decreased academic performance and decreased school attendance (Slee & Mohyla, 2019). Socially, students who are bullied may experience isolation and difficulties making friends, leading to a lack of social support (Turner et al., 2015). The impact of bullying on overall well-being can be long-lasting, affecting the victim's relationships, career, and mental health in adulthood (Slee & Mohyla, 2019).

It is important to recognize the severity of school bullying and its consequences on students' mental health and overall well-being (Klomek et al., 2019). By promoting a safe and supportive school environment and providing effective interventions to support victims of bullying, we can prevent further harm and promote positive mental health and well-being among high school students.

5. Prevention and coping strategies

Various interventions have been developed to prevent and cope with school bullying, including whole-school approaches, targeted interventions, and peer support programs. Whole-school approaches involve changing the school culture to promote positive relationships among students and reduce bullying behavior (Bradshaw et al., 2015). Targeted interventions involve identifying and providing support to students who are at high risk for bullying or victimization (Espelage & Swearer, 2010). Peer support programs involve training students to become allies to victims and to promote positive social norms (Bradshaw et al., 2015).

Bullying has been associated with physical injuries, such as bruises, cuts, or broken bones, as well as psychological harm, such as depression, anxiety, and low self-esteem (Bradshaw et al., 2015). Bullying has also been linked to academic difficulties, social isolation, and suicidal ideation (Espelage & Swearer, 2010). Various interventions have been developed to prevent and cope with school bullying. Whole-school approaches involve changing the school culture to promote positive relationships among students and reduce bullying behavior (Bradshaw et al., 2015). Targeted interventions involve identifying and providing support to students who are at high risk for bullying or victimization (Espelage & Swearer, 2010). Peer support programs involve training students to become allies to victims and to promote positive social norms (Bradshaw et al., 2015).

Bullying is a complex and multifaceted problem that has been extensively studied in recent years. According to Bradshaw, Waasdorp, and Johnson (2015), bullying can take many forms, including physical, verbal, and psychological bullying. Physical bullying involves acts such as hitting, kicking, or pushing, while verbal bullying involves name-calling, teasing, or making hurtful comments. Psychological bullying, also known as relational bullying, involves behavior that is intended to harm someone's social relationships, such as spreading rumors or excluding someone from a group. Some types

of bullying, such as cyberbullying, involve the use of technology to harass or intimidate others (Hinduja & Patchin, 2018). Bullying behavior is influenced by a variety of individual, family, peer, and school-related factors (Espelage & Swearer, 2010; Olweus, 2013). Individual factors that contribute to bullying include a history of aggressive behavior, low self-esteem, and poor social skills (Espelage & Swearer, 2010). Family factors include parental neglect or abuse, family conflict, and a lack of positive parental modeling (Olweus, 2013). Peer factors include social rejection, the desire for power and status, and exposure to violence or aggression (Espelage & Swearer, 2010). School-related factors include a lack of adult supervision, a competitive and aggressive school culture, and a lack of effective school policies to address bullying (Espelage & Swearer, 2010). Bullying has been linked to numerous negative outcomes for both victims and perpetrators. Victims of bullying are at increased risk for physical injuries, such as bruises, cuts, or broken bones, as well as psychological harm, such as depression, anxiety, and low self-esteem (Bradshaw et al., 2015). Victims may also experience academic difficulties, social isolation, and suicidal ideation (Espelage & Swearer, 2010). Perpetrators of bullying are at risk for a range of negative outcomes as well, including substance abuse, criminal behavior, and interpersonal difficulties (Espelage & Swearer, 2010). In recent years, a number of interventions have been developed to prevent and address bullying behavior. Whole-school approaches involve changing the school culture to promote positive relationships among students and reduce bullying behavior (Bradshaw et al., 2015). These approaches typically involve a combination of classroom-based instruction, teacher training, and policy changes that address bullying behavior. Targeted interventions involve identifying and providing support to students who are at high risk for bullying or victimization (Espelage & Swearer, 2010). These interventions may involve individual counseling, social skills training, or mentoring programs. Peer support programs involve training students to become allies to victims and to promote positive social norms (Bradshaw et al., 2015). These programs aim to reduce bullying behavior by changing social norms and promoting positive relationships among students.

In conclusion, school bullying is a serious problem that requires a multifaceted approach to prevention and intervention. The causes of bullying are complex and involve individual, family, peer, and school-related factors. Bullying can have significant negative consequences for both victims and perpetrators. Interventions such as whole-school approaches, targeted interventions, and peer support programs have been developed to address bullying behavior. Effective prevention and intervention efforts require collaboration among educators, parents, and students to create a safe and supportive school environment for all students.

Conflict of Interest Statement
The authors declare no conflicts of interest.

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Sarris Dimitrios is a clinical psychologist and teaches as a special education lecturer at the University of Ioannina. He studied psychology and pedagogy at the University of Ioannina. He continued both at the level of basic studies, separately, in psychology and the sciences of education: Licence, University of Bordeaux II (France), Maitrise University of Bordeaux II, and at the level of postgraduate studies, separately, in psychology and the sciences of education: DEA, Bordeaux II University and in clinical psychopathology: DEA, Bordeaux II University, DESS Psychopathologie Clinique, Bordeaux II University, DEA Psychopathologie, Bordeaux II University.

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