Relationship between Bullying and Anxiety among Young children

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Abstract

Background: *Bullying affects the children who are bullied in many parts of their lives either physically, psychologically, educationally or academic achievement. Nurses have a crucial role in bullying management and it's effect on children. Nurses should teach parents how to set adequate limits for a child's behavior at home.* ***Objective:*** *Find out the relationship between bullying and level of anxiety among children.* ***Settings:*** *The study was conducted at the Out Patient Department of Kafer El Dawar central Hospital.* ***Subjects:*** *A purposive sampling of 200 children and their mothers who attended to the previously mentioned setting.* ***Tools:*** *Three tools were used. Tool I: Characteristics of Children and their Mothers and Medical History Assessment Sheet. Tool II: Gatehouse Bullying Scale (GBS). Tool Three: Multidimensional Anxiety Scale for Children (MASC)* ***Results:*** *The study revealed that more than two thirds of bullied children (69.5 %) had moderate anxiety level and only 30.0% of them had severe anxiety level. Moreover, more than half of the mothers of bullied children (59 %) reported that their children sometimes felt tense or uptight.****Conclusion:*** *It can be concluded that more than two thirds of children who frequently bullied had moderate anxiety. In addition, a bout half of bullied children experienced anxiety through tense or uptight, nervous and feeling strange. Moreover, there was no statistical significant differences between degree of bullying and level of anxiety among bullied children.* ***Recommendations:****The media should focus on the physical, psychological and social impact of bullying on children and their families to raise awareness about bullying in society. Moreover, Bullying-related health education sessions for parents and their children should be held in hospitals, pediatric outpatient clinics, and schools.*

Keywords: Bullying, Anxiety, Young Children.

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Background

Bullying is an epidemic, rampant, widespread, and pervasive and its effects can be catastrophic. It occurs in many circumstances in which children interact with each other such as communities, schools and even homes . Bullying statistics are staggering, scary and merit serious consideration and immediate action (Loveless, 2021). Bullying is a worldwide problem that can has negative effects on the general child climate and on his right to live and learn in a safe environment without fear. Worldwide, according to World Health Organization (WHO) and National Institute of Health and Human Development (NICHD), it was estimated that 200 million children around the world are being bullied by their peers. It is estimated that 10-15 % of children repeatedly bully others, Younger children in elementary and middle schools are more likely to bully physically than older children in high school, While verbal, social and cyber bullying increased between the ages of 11 and 15 years . In addition , in 2017 it was estimated that 20-28 % of children aged from 6-12 years in the United States experienced bullying daily .

Moreover it was reported that 6-16 % of children aged from 6-12 years experienced cyberbullying (UNISCO, 2017) . In Egypt, it was found that 70 % of children aged from 7-17 years have been subjected to bullying (National Center for Educational Statistics, 2019) .

Bullying can be defined by American Medical Association's definition as a form of aggressive behavior that occurs in an intentional and repeated manner causing another child to feel hurt. (Unicef , 2021) .

There are actually six types of bullying including physical ,verbal ,social ,sexual , cyber and psychological bullying . Physical bullying is the most obvious form of bullying including physical harm. Verbal Bullying is the other type of bullying , it using words, statements, and name-calling to gain power and control over a target. Social bullying can include such behaviors as spreading rumors and excluding victims from activities. Sexual bullying consists of repeated, harmful, and humiliating actions that target a person sexually .Cyberbullying occurs when a child uses the internet, a smartphone, or other technology to harass, threaten, embarrass, or target another child and psychological bullying such as nasty looks, stalking, manipulating someone to think bullying is a figment of his/her own imagination (Marengo et al., 2018).

Bullying can be occur for many reasons such as development and acquisition of aggressive and exposed to bullying behavior at home, school, or through the media. Feeling ignored at home or suffering from a negative relationship with their parents ,feeling vulnerable and powerlessness. Moreover, Jealousy and attention-seeking, lack of emotional and psychological security ,prior experience of bullying ,lack of awareness of the real harmful impact of bullying on victims increase risk of bullying (Unicef , 2021) .

Bullying affects the children who are bullied in many parts of their lives either physically, psychologically, educationally or academic achievement (Al-Raqqed, 2017). Basically, there are several changes and harmful impact of bullying on children . Physical harms considered the most consequences of bullying which are significant and can have a lasting impact. For instance, bullied children often experience anxiety which result in a variety of health issues, including being sick more often and suffering from ulcers. Persistent anxiety may cause pain and distress which impact almost every aspect of children lives leaving them feeling lonely, isolated, vulnerable, anxious, stomach pain, headache and difficulty eating and sleeping (UNESCO, 2017) .

Considering psychological effects, bullying may develop psychological and emotional issues such as depression, and generalized anxiety. Also different phobias, obsessive compulsive disorder and may even resort to substance use and abuse, bedwetting, irritability and aggression (Moore,et al. 2017). Bullying can cause extreme emotional distress in children and has been correlated with incidents of suicide. Signs of bullying are similar to signs of other types of stress as loss of appetite , withdrawal ,depression, school refusal and decrease school performance. Bullying at school affects academic achievement since bullied children feel fear and weak and in the same time affects students' personality traits and self-confidence. Bullied children are weak, shy, and anxious. They have decreased academic achievement ,school participation and loss of interest in activities (Al-Raqqad, 2017).

Prevention of bullying needs attention of parents, educators and school administrators, health care providers ,policy makers ,families and other concerned with the care of children. Community service is considered a first step for right direction and collaboration with parents, school cultures , and nurses that enhance, decrease and prevent bullying. Bullied children may need time to understand , accept , and develop a plan to deal with the violence. Initially they are may be confused , denial , and not ready

to acknowledge the problem. So policies and rules of schools that address bullying are important to set actions and expectations for preventing bullying. Parent should help their children to surround themselves with supportive friends who will help them feel happy and supported. They should listen to their children when they have stories from their own experiences and talk with them about ways in which they can problem solve (Marengo et al , 2018).

Nurses have a crucial role in bullying management and its effect on children. They should help children to identify bullying language and actions by themselves. They also should teach children effective communication method and establish immediate bullying action plan with children. Moreover, they should promote self awareness of the children and increase self esteem. As well as , they should establish a strategy that helps children to identify and deal with bullying and it's prevention (Osanloo, 2015).

The nurse is the corner stone in educating parent about prevention and dealing with bullying. so, they should create a safe and secure environment for their children that enhance social, physical, and psychological wellbeing.Nurses have a counselling role to assist children and referrer them to appropriate therapist. Nurses should educate parents to observe their children's behavior, appearance and mood. Nurses should teach parents how to set adequate limits for a child's behavior at home (Nabors, 2020).

Aims of the Study

Find out the relationship between bullying and level of anxiety among children.

Research question

What is the relationship between bulling and anxiety among young children?

Operational definition:

Bullying: is a form of aggressive behavior in which someone intentionally and repeatedly causes another person injury or discomfort.

Anxiety: is the mind and body's reaction to stressful, dangerous or unfamiliar situations.

Materials and Method

Materials

Design: Descriptive correlative research design was used to accomplish this study.

Setting:

This study was conducted at the Out Patient Department of Kafer El Dawar central Hospital . The outpatient clinic on the ground floor. It consists of one large room and joined with large waiting area. The out patient received from 100 - 150 children daily.

Subjects:

A purposive sampling of 200 children and their mothers who attended to the previously mentioned setting. The children fulfilled with the following criteria:

- *Age ranged from 6-12 years .*
- *Exposed to any type of bullying.*
- *Free from mental retardation.*
- *Free from speech problem.*
- *Free from mental difficulties such as attention deficit and hyper activity*

- *The study sample was selected based on Epi info program which was used to estimate the sample size with the following parameters:*

Population size = 15.000 children
Prevalence rate = 50 %
Margin error = 5 %
Confidence level = 95 %
Minimum sample size = 200 children

Tools

three tools were used to collect the data.

Tool One: Characteristics of Children and Medical History Assessment Sheet: it was developed by the researcher, it included the following 3 parts:

Part I: Characteristics of Children such as: age, sex, religious, number of siblings and order of child.

Part II: Children medical history: such as presence of chronic diseases, allergy and congenital anomalies.

Part III: Characteristics of Mothers such as: age, level of education, working status, type of family and socioeconomic level.

Tool two: Gatehouse Bullying Scale (GBS):

It was developed by Bond, L., Wolfe, S., et al.(2007). It assessed the occurrence and type of bullying (overt and covert) . Test-retest reliability (kappa) ranged from 0.63 to 0.83 . Tool validity was measured by Cronbach's alpha ranged from 0.83 to 0.90 . The GBS consists of 4 main items with 3 subscale questions for each one. The response of the 4 main items is Yes or No, while the response of 3 subscale questions is ranged from One to Three.

Scale score computed by taking the mean score of questions across the four items.

It categorized as the following:

Score 0 represents not bullied.

Score 1 represents bullied but not frequently and not upset.

Score 2 refers to bullied, either frequently or upset, but not both.

Score 3 represents bullied frequently and upset.

Tool Three : Multidimensional Anxiety Scale for Children (MASC) :

It was developed by Maruich S ,et al . (1999). It was developed to assess and measures a broader range of emotional, physical, cognitive and behavioral anxiety symptoms in children aged from 6 -19 years. Test –retest reliability was satisfactory to excellent with coefficient correlation = 0.933 . The tool validity(all Cronbach's alphas ≥ .78). It consists of 39 items with total score ranged from 0-117. It is 4 point Likert scale ranged from 0-3 .Score 0 represents never true, score 1 refers to rarely true ,score 2 refers to sometimes true, score 3 refers to often true. The total score can be classified as the following: Score 0 refers to no anxiety. From 1- 39 refers to mild anxiety . From 40 -78 refers to moderate anxiety. From 79-117 refers to sever anxiety.

.II. Method

1. The Approval of the Ethical Research Committee of Faculty of Nursing at Alexandria university was obtained before conducting the study.
2. Written approval was obtained from the responsible authorities of the previously mentioned setting after explaining the aim of study.
3. Tool one was developed by the researcher after a thorough review of related literature and translated to the Arabic language.
4. Tool II and III was translated into Arabic language.
5. Reliability of the 2 tools II and III was ascertained using the appropriate statistical test. Reliability of tool II was test-retest reliability (kappa) ranged from 0.63 to 0.83 , test –retest reliability of tool III was satisfactory to excellent with coefficient correlation = 0.933
6. Validity of tool II was ranged from 0.83 to 0.90 , validity of tool III was identified using the Cronbach Coefficient Alpha test where (all Cronbach's alphas ≥ .78)
7. A pilot study was carried out on 20 children to test clarity and feasibility of the tool. The necessary modifications was done accordingly. Those children were excluded from the study subjects.
8. Every mother with her child was interviewed separately to collect the necessary data after greeting them and explanation the aim of the study.
9. Every mother with her child was interviewed individually in the room beside the waiting area which had comfortable seats , enough lights and good ventilation.
10. Every child and his mother were interviewed together to avoid child anxious using tool I , II ,III, IV.
11. Each interview session lasted approximately from 15-20 minutes in the previously selected settings to collect the necessary data.

12. Data collection of the study covered a period from the first of June 2021 to the end of September 2021.
13. After data collection, the necessary statistical analysis was done.

Statistical analysis of the data

Data were fed to the computer and analyzed using IBM SPSS software package version 20.0. (Armonk, NY: IBM Corp) Qualitative data were described using number and percent. Kolmogorov-Smirnov test. was used to verify the normality of distribution Quantitative data were described using range (minimum and maximum), mean, standard deviation and median .Significance of the obtained results was judged at the 5% level.

The used tests were

1 - Chi-square test

For categorical variables, to compare between different groups.

2 - Fisher's Exact or Monte Carlo correction

Correction for chi-square when more than 20% of the cells have expected count less than 5.

3 - Pearson coefficient to correlate between two normally distributed quantitative variables.

Ethical Considerations:

- Written consent from children's parents was obtained after explaining the aim of the study and their children voluntary participation and right to withdraw their children from the study at any time.
- Confidentiality of data of children and parents was maintained throughout the implementation of the study and anonymity of subjects was considered.

Results

Table 1 demonstrates characteristics of bullied children ,it was found that the age of more than one third of bullied children (38.0 %) ranged from 10 to 12 years and about 33 % of them were aged from 8-10 years. Moreover ,it was found that nearly two third of bullied children (66.0%) were males .34.0 % were females . The table also illustrates that more than half of children (55.0 %) had one sibling and 32.5 % of bullied children had two siblings. More than half of bullied children (53.0 %) were the first child and more than one third (39.5 %)of them were the second child.

Table 2 highlights medical history of bullied children. It was found that 6.5 % of bullied children had chronic diseases . It was clear that 53.8 % of them had diabetes and 38.5% had cardiac disease. In addition, it was clear from the same table that more than quarter of bullied children (28 %) had an allergy and 73.2 % of them had chest allergy. The table also illustrates that 6.0 % of bullied children had congenital defects and 33.3% of them had arm and leg defects.

Table 3 highlights assessment of bullying among children. It was found from the table that the majority of children (97.5%) were teased or named recently. More than half of them (51.8%) were teased most of days and 64.1 % of them were quiet upset. The table also explicates that 48.5 % of children faced spreading rumors recently. 43.3% of them faced rumors most of days. Moreover, 52.6 % of them were upset a bit and only 10.3% were not upsetting at all . The table also demonstrates that more than half of children (57.5%) were deliberated left out of things recently . Furthermore, 46.1% of them were upset most of days and only 20.0 % of those children deliberated less than once/week. In addition, more than half of deliberated children (59.1%) were quietly upsetting. It was clear from the same table that 32.5 % of children were threatened physically or actually hurt by another one. In addition, 41.5% of them were threatened once/week and about 21.5% of them were threatened less than once a week .In relation to degree of up setting, 63.1% were quiet upset and only 3.1% were not upset at all.

Table 4 illustrates total score of bullying assessment among bullied children. It was

found that more than half of bullied children (57 %) were frequently bullied. Moreover 36 % of them were frequently bullied where as only 7 % of them were not frequently bullied or upset.

Table 5 represents level of anxiety among bullied children. It was found that more than two thirds of bullied children (69.5 %) had moderate anxiety level . Moreover, only 30.0% of them had severe anxiety level.

Table 6 explicates correlation between degree of bullying and anxiety level among bullied children . It was observed from the table that, 71.4 % of children who were not frequently bullied had moderate anxiety level and only 28.6 % of them had severe anxiety level. The table also showed that, 74.6 % of children who were frequently bullied had moderate anxiety level and 24.6 % of them had severe anxiety level. In addition, 61.1% of children who were frequently bullied and upset had moderate anxiety level and 38.9 % of them had severe anxiety level. There was no statistical significant difference between degree of bullying and level of anxiety among bullied children.

Discussion

Bullying remains for decades the threat that increases the risk of adverse health, social and educational outcomes in children's life. Furthermore, it can address anxiety, behavior changes and depression. Preventing and stopping bullying became a global issue involving nurses and other health care professionals who collaborate and commitment to create a safe environment where children can thrive socially and academically without fear **(UNICEF, 2021).**

The bullying is more common between young children. The findings of the present study revealed that the majority of bullied children were between the ages from 10 to 12 years. These findings may be attributed to the negative attitudes of peers of the bullied children because they at the end of elementary level where they simply are older, struggle socially, require power, have low self-esteem, and desire to feel better about themselves **(Wolke, 2014)**. These findings are in agreement with a study conducted by **Dulmus and Sowers (2013)** who found that older children have intense desire to be a dominate younger children and become a part of popular group that encourage them to be less internalizing of potential bullying problem to young children.

The children were exposed to bullying through teasing, spreading rumors, deliberating left out of things and threating physically or actually hurting by another child **(Hamburger et al., 2011)**. The present study revealed that the majority of bullied children exposed to bullying through teasing or naming. These findings could be explained in the context that bullying through verbal abuse is considered low-level of bullying, making children less susceptible to punishment more than physical bullying. Moreover, this type of bulling needs no effort or weapon to upset the victim. The current finding is congruent with the study of **Owing (2015)** who reported that types of bullying had a various level of punishment and severe cases of bullying should be punished as a criminal and less level of bullying as teasing or naming deserves less level of punishment which may be a verbal warning. These findings are contradict with report of **UNESCO (2019)** which revealed that, the physical bullying is the frequent type of bullying reported by boys and girls following by sexual bullying and psychological bullying came in the third stage regardless the type of punishment.

The present study illustrated that, about half of bullied children were quite upsetting from exposing to bullying. These findings could be explained in the context that bullying has several harmful impacts on children as withdrawal, angry, loss of appetite, depression, fear and school refusal. These findings are in agreement with a study conducted by **Gillespie et al. (2015)** and **Rigby (2022)** who found that the majority of children who were bullied expressed unhappy, anger and constantly upsetting as an adaptive strategy to deal with bullying.

Bullying is closely in a great relation with anxiety either generalized, social or panic attack **(Patry, 2015).** The present study revealed that about half of bullied children exposed to anxiety related to bullying through feeling tense or uptight, nervous, feeling strange, afraid of

other people thinking that they were stupid, afraid other children will make fun at them, scaring from bad weather, the dark, heights or animals and try to do every thing right (table 6). These findings may be attributed to negative outcome of bullying and it's worst consequences. It might make the child hesitant, nervous, anxious, suspicious, anger, stress or unsure with activities and surrounded by feelings of helplessness and hatred themselves and others **(Delara,2016).** These findings are support by **Singh et al. (2017)** who clarified that, children who are bullied get lower self-confidence and develop a strong mistrust of peers and other people. Moreover, bullied children arise fear, anger and violence as a defense mechanism to bullying behaviors.

Anxiety is one of the most dangerous consequences of bullying. The current study demonstrated that about one third of children who frequently bullied had moderate anxiety. This finding could be justified by early intervention of caregivers or parent to address the bullying problem. The present study shown that more than half of bullied children let someone know right away when getting upset or scared (table 6). This finding is congruent with the study done by **Jeong et al. (2013)** which revealed that bullying not only possess mild depression but also rating moderate anxiety range because of setting up coping strategies by community agencies which increase the awareness toward bullying behaviors. This finding is not compatible with the finding of the study done by **Okoli** and **Ettu (2018)** which shown that, children who are bullied exhibited level of depression and more severe anxiety.

Conclusions

It could be concluded that, more than two thirds of bullied children had moderate anxiety level and slightly less than one third of them had sever anxiety level. In addition, there was no statistical significant difference between degree of bullying and level of anxiety among bullied children.

Recommendations

- The media should focus on the physical, psychological and social impact of bullying on children and their families to raise awareness about bullying in society.
- Bullying-related health education sessions for parents and their children should be held in hospitals, pediatric outpatient clinics, and schools.
- A hotline to answer mothers' /children queries on harassment behavior and management should be established and advertised in all mass media.

Table (1): Characteristics of Bullied Children

Data of Children	N = 200	
	No	%
Age /years		
• 6 > 8	58	29.0
• 8 >10	66	33.0
• 10 ≥ 12	76	38.0
Sex		
• Male	132	66.0
• Female	68	34.0
Religion		
• Muslim	196	98.0
• Christian	4	2.0
Number of siblings		
• No	11	5.5
• One	110	55.0
• Two	65	32.5
• Three	13	6.5
• More than three	1	.5
Mean ± SD.	1.42 ± 0.72	
Order between brothers		
• First	106	53.0
• Second	79	39.5
• Third	11	5.5
• Fourth	4	2.0

Table (2): Medical History of The Bullied Children

Data of Children	N = 200	
	No.	%
Presence of chronic disease	**N=13**	**6.5**
• Cardiac disease	5	38.5
• Diabetes	7	53.8
• Rheumatoid	1	7.7
Presence of an allergy	**N=56**	**28.0**
• Insects	4	7.1
• Antibiotic	8	14.3
• Chest	41	73.2
• Diary allergy	3	5.4
Presence of congenital defects	**N=12**	**6.0**
• Skin staining	2	16.7
• Arm/ Leg defects	4	33.3
• Short stature	2	16.7
• Facial defects	3	25.0
• Hypospadias	1	8.3

Table 3 : Assessment of Bullying among Children

	Assessment of Bullying among Children	N= 200	
		No.	%
1	**Teasing or naming the child recently**	195	97
1a	**Duration / times**		
	Most days	101	51.8
	once a week	68	34.9
	Less than once a week	26	13.3
1b	**Degree of upsetting**		
	Not at all	8	4.1
	A bit	62	31.8
	quite upset	125	64.1
2	**Spreading rumors recently**	97	48.5
	Duration / times		
2a	Most days	42	43.3
	once a week	36	37.1
	Less than once a week	19	19.6
2b	**Degree of upsetting**		
	Not at all	10	10.3
	A bit	51	52.6
	quite upset	36	37.1
3	**Deliberating left out of things recently**	115	57.5
3a	**Duration / times**		
	Most days	53	46.1
	once a week	39	33.9
	Less than once a week	23	20.0
3b	**Degree of upsetting**		
	Not at all	6	5.2
	A bit	41	35.7
	quite upset	68	59.1
4	**Threating physically or actually hurting by another child**	65	32.5
4a	**Duration / times**		
	Most days	24	36.9
	About once a week	27	41.5
	Less than once a week	14	21.5
4b	**Degree of upsetting**		
	Not at all	2	3.1
	A bit	22	33.8
	quite upset	41	63.1

Table 4 : Total Score of Bulling Assessment among Bullied Children

Degree of Bulling	N = 200	
	No.	%
Not frequently bullied or upset	14	7.0
Frequently bullied	114	57.0
Frequently bullied and upset	72	36.0

Table 5: Level of Anxiety among Bullied Children

Level of Anxiety among Bullied Children	N = 200	
	No.	%
Mild anxiety (1–39)	1	0.5
Moderate anxiety (40–78)	139	69.5
Severe anxiety (79–117)	60	30.0

Table 6: Correlational Between Degree of Bulling and Anxiety Level among Bullied Children

Anxiety Level	Degree of Bulling						χ^2	^{MC}p
	N = 200							
	Not frequently Bullied or upset (n = 14)		Frequently bullied (n = 114)		Frequently bullied and upset (n = 72)			
	No.	%	No.	%	No.	%		
Mild anxiety Level	0	0.0	1	0.9	0	0.0		
Moderate anxiety Level	10	71.4	85	74.6	44	61.1	5.848	0.213
Severe anxiety Level	4	28.6	28	24.6	28	38.9		

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