



BULLYING BEHAVIOUR: THROUGH THE LENS OF PSYCHOPHYSICAL HEALTH CONSEQUENCES ON SCHOOL ADOLESCENTS IN NORTHERN INDIA

¹ Swati Mudgil, ² Chandra Kumari, ³ Nitika Rastogi

¹ Research Scholar, ² Professor, ³ Research Scholar

^{1,2,3} Department of Home Science (Human Development), Banasthali Vidyapith, Rajasthan- 304022 (India)

¹ mudgil1651997@gmail.com, ² chandrakumari2507@gmail.com, ³ nitikarastogi933@gmail.com

Abstract : This paper responds to the issues of bullies and bullying victims by assessing the prevalence of bullying behavior among school adolescents in north India; studying the psychophysical health consequences of children experiencing bullying; and examining the relationship between bullying and psychophysical health consequences. Bullying assessment scale (BAS) by Chandra Kumari and Vasudha Sharma (2018) was used to assess bullying behavior among adolescents and psychophysical health consequences scale to assess psychophysical health consequences among 300 adolescents (13-19 years old). Results indicate prevalence of bullying in boys is more than girls. Bullying impacts individual are psychophysical health. Findings show that 46% boys and 36% girls exhibit psychophysical health consequences. On the basis of results bullying is a serious problem among school adolescents. The paper propose various suggestions and the need of guide book for prevention of bullying “STAND UP STAND TOGETHER Anti Bullying Works” that would create awareness in the community and develop sensitivity towards the possible outcomes of bullying and help adolescents come out from the clusters of bullying.

Index Terms - Bullying, Psychophysical Health Consequences, Adolescents

INTRODUCTION

Adolescence (13-19 years) is a delicate age and contemplated as minors who easily come in violation with the law. Adolescence ushers in a slew of physical, psychological and behavioral changes. According to G. Stanley Hall adolescence is a period of “storm and stress” a period of a huge developmental transition from childhood to adulthood that can incorporate crucial interconnected physical, mental and psychosocial changes and risk taking behaviors. During this age their exposure to bullying might impact healthy physical, mental and psychological growth. Bullying is an unpleasant act which is potentially dangerous for adolescents.

According to archives of pandemic medicine and the adolescence American psychological association as of April 2014, 40- 80% of children are bullied at some point in school. Bullying is on rise worldwide. Episodes of school bullying have been recorded in Europe, Japan, Canada, Australia and New Zealand and contain comprehensive information on the subject. Studies in various countries have found that without assistance, perpetrators are more likely to have a criminal record than their peers, and victims of abuse continue to experience psychological harm even after the abuse has ended. (Dan Olweus, 1970s). American Indians experienced the highest rate of bullying from grade 6th to grade 12th Evelyn M. Campbell and Susan E. (2013). Bullying phenomenon among school students in the UAE society (33.3% students were involved in bullying incidents, 14.2% were the party causing the bullying incident, while 19.1% were the party upon which bullying was inflicted Ahmad Falah Alomosh and Salman Mohammad Alrahoomi et al (2019). It is important to better understand the problem and, in some cases, its solution. “Tara Kuther, an associate professor of psychology at Western Connecticut State University said- Bullying gets so much more sophisticated and subtle in high school. It’s more relational. Bullying often picks on people over and over again. 61.1% of middle and high school LGBT kids are more prone to be anxious or face discomfort about their sexual orientation than non LGBT students. Receiving

threatening or abusive e-mails or messages is a prevalent kind of cyber bullying. Middle and high school students reported being affected. 33.7% of students who were cyber bullied aged 12-18 years and 64% survived but did not report it (Robin M. Kowalski, and Susan P. Limber, 2012);(Carrie-Anne Myers and Helen Cowie, 2019).

According to a national survey conducted in 2013, 20% of high school students have experienced bullying at school in past years, 15% of students have experienced electronic bullying, and 185 of students reported to be bullied on a weekly basis. Children aged 8-12 years bullying was reported by 31.4% of the 500 children interviewed, causing physical hurt was reported by 16% students. Only 24% parents were aware that their children were being bullied (Sandeep B Bavdekar, 2019).

It will not be innocent to compare bravery to fire and bullying to smoke. Bullying is an elusive, deceptive and difficult to articulate sensation that has evolved over time as techniques of inflicting pain on others. To find a solution to an issue, one must first identify and treat the source of the problem. School bullying and the violence that goes along with it has grown to the point that many newspaper reports on bullying related occurrences are published every year. Bullying is most common kind of violence. Bullying affects over thirty percent of kids in grade five through ten, either as a perpetrator or as a victim. Researchers from “National Institute of Child Health and Human Development” (NICHD), 2019 report that “13% students say that they are bullies and bully other students, 11% report being bullied and 6% say that they are both bullies and victims, 8% of students say that they are exploited at least once a week”. When pupils enter elementary school, episodes of bullying become visible, and by middle school, it has reached its peak, resulting in a drop-off by grade 11 and 12.

Bullying has been recognized as a serious problem in schools for decades, and it is defined repeated maltreatment, either psychologically or physically, by another student or a group of students. Bullying and victimization are a common problem in schools. Physical and psychological are the two key constituents in bullying resulting in imbalance of power and alarming circumstances occurring repeatedly over time. Bullies target those who are unable to define or defend themselves because of their height or strength, or because the victim is less mentally flexible. When it comes to school violence, bullying is one of the most prevalent and potentially harmful types. Each year, more than a quarter of middle and high school kids are exposed to some sort of bullying in the school setting (Neiman, 2011). Bullying has harmful and long term effects on students and is responsible for uplifting hazardous conditions in school environment. Students engaged in repeated aggressive and typical behavior that causes pain, fear, and discomfort to another person, including physical, psychological, social or intellectual harm to the student’s reputation or any sort of harm to the student’s property, can be classified as bullying. This is mainly answerable for creating a negative school environment; which affects other students in school directly and indirectly. Cohn and Canter, (2003); Nansel et al., (2001) observed both boys and girls and reported that boys were both bullied and victimized. According to current school crime and safety data, there is no difference in the perceptions of school girls and boys who are bullied. Amongst boys physical aggressiveness is recorded more often than in girls. Boys are tending to bully both boys and girl students and on other hand bullying of other girls is more common among girls in school. Regardless of geographical and cultural differences, bullying behavior in school children is influenced by gender, age, location, and type of victimization.

To a great extent incidents of bullying take place in schools than outside schools. Physical aggression and violence is used by boy bullies. Furthermore teasing, debarring, rumor-spreading is done by girl bullies. Verbal and physical bullying is a type of bullying. The least common type of bullying is verbal bullying that may be “direct” or “indirect” besides physical bullying is a form of “direct bullying”. Bullying on the internet can be either direct or indirect. It involves the use of electronic equipment or websites to either harass or cause emotional reputational harm to an individual, as states in direct verbal bullying (Kumari Chandra and Sharma Vasudha, 2018). Bullying observed are either in the form of direct physical or verbal bullying as well as psychological bullying. *Direct Physical bullying* include physically targeting the victim and carry out any kind of hurtful act by shoving, tripping, punching, or hitting and even sexual assault. *Direct verbal bullying* is repeated mocking, taunting, teasing, name calling, homophobic or racist remarks. It gives very deep emotional scars to victims. In Psychological *bullying*, bully targets the victim to make him feel bad and makes them suffer psychologically by themselves by gossiping about them, neglecting and humiliating the victims.

Bullying lay its foundation shortly from the elementary schools but does not end there. Copeland, Wolke, Angold, & Costello, 2013; DeVoe & Kaffenberger, 2005 shows that 1 in 3 children have experienced bullying in the school system during their lifetime; they have participated in it in one or another form. Bullying has been reported by students in primary schools, high school students and even middle school students. Bullying rates are not affected by the school, class, size, or location of school (city or villages/government or private schools). Higher rate of bullying is seen in school with socially disadvantaged areas. More bullies and victims are seen in classes where there is large number of students struggling with behavioral, emotional, or academic issues than a class without such students. Repeated exclusion of peers from games, spreading rumors or gossiping, withholding friendships, and pulling faces are all examples of social, indirect, or relational bullying. Indirect bullying is the act of purposely causing emotional distress to another person by spreading stories or lying with the intent of harming their reputation or excluding them from a group.

Developmental research shows that bullying is often associated with egocentric argumentative strategies. 24% of students support bullying when they are not educated and insufficiently informed about the consequences of bullying. Often bullies end up having at least one criminal conviction by 24. Any form of violence or aggression faced by students at home or having negative peer relationships influences them to bully others. Positive relationships can probably reduce bullying. Student with anxiety, depression, or ADHD are strongly associate with being a bully. It’s still alarming that even after taking all the preventive measures to stop bullying in schools. Episodes of bullying still appear worldwide. (Unnever and Cornell, 2004). Placidius Ndibalema et al., (2013)

the study explored the elements of bullying, characteristics of bullies, forms of bullying, reasons and consequences of bullying behavior. Students watching lot of violent movies become the dominant factor for bullying and negative instructional performance turned as bullying. The value of a social ecological framework has been debated by researchers. (Bronfenbrenner, 1979) to gain expertise in school bullying. Thus, bullying behavior isn't simply the end result of individual characteristics, however encouraged through interactions with cultural influence and diverse relationships with peers, families, instructors, and associates. Bully is a torque of other children with words, gestures and intentional groups and materials. They are also unhappy and depressed and lacking in school. For almost 50 years, researchers have been investigating intimidation around the world to provide an empirical foundation for preventative and intervention initiatives and programs. Many researchers have analyzed the data of published and unpublished reports; have concluded that impacts with an average reduction in intimidation of 20% to 30%, the results are modest.

The locations of bullying differ depending on the situation. The majority of bullying in elementary schools takes place on the playground. It happens more in the corridors in middle and high schools, canteens or areas with little supervision. Students mentioned getting bullied in hallways and subways is more than any other place in school. Bus stops and rides tend to be a hostile environment. Because students are alone with the driver, they perceive the driver as non-disciplinary authoritative figure. Bullying can even follow people into adulthood. Bullying has the potential to take over the lives of both bully and victims, causing stress. Bullying can occur at any time and in any area. Bullying victims are often physical weak, sensitive, unhappy, cautious, apprehensive, quiet and withdrawn. They often referred to be docile or subservient. Individuals who possess these qualities are vulnerable since they are perceived to be less likely to be related to. One in three teenagers reported being bullied from which very few parents report to school. Disease control and prevention studies show that students who are gay, bisexual or transgender are five times more likely to be absent from school due to anxiety following bullying due to their sexuality orientation.

It becomes more difficult for teens to know when to intervene; whereas with younger kids, bullying is more physical and, therefore, more clear-cut. Bullying is not a simple act. There is a complete "bullying triangle", include student doing bullying, student getting bullied and bystander. People who play diverse role in bullying: bully students utilize their social and physical authority to continually inflict harm or pain on other students. Bullying victims are students who have been bullied. Bystander students witness bullying and have the option to ignore, encourage, or protect the victim. Students, who assist, on the other hand, do not begin to intimidate, but instead assist and are encouraged to do so by their peers. They may believe that if they don't participate, their social prestige will suffer. Students who promote bullying behaviors, such as laughing at the bully's comments, are thought to play a role in the behavior. Students who are not bullied but observe it are known as outsiders. Students who defend or console the victim are referred to as defendants. There is a link between intimidation and a power imbalance. Due to factors such as size, gender, or age, a bully is considered to have authority. Bully males choose their victims based on their physical weakness, irritability, social group, and cloths. On the other hand, females consider things like appearance and beauty, emotional considerations, being overweight or underweight, and academic standing. During their school years, students with speech impairments (such as stuttering) are bullied to some extent.

This makes teen feel scared, stressed, depressed or anxious. There may also be thoughts of suicide, problems with homework, mood problems, energy levels, sleep and cravings. Bullies might be males or females, and they can be both ostracized and aggressive –this type of bully could make fun of an individual gracefully on their face or hurt them physically, if bully is quite and sneaky, could try to manipulate victims secretly. Spreading anonymous and harmful rumors just to observe what happens. Friendly and fake –they pretend to be friendly so that you tell them things, but then behind your back will do hurtful things against you. It has been observed in the behavior of most bullies, that they have a lot of similarities. They like to have control over others, more focus on themselves, have poor social skills and have difficulty talking with people, it is possible that they will not be worried about people, lacks empathy; they are often insecure and bully others to make themselves feel better.

Students exposed to bullying have more health problems than other students, Hulyakaratas (2019). Fatima Mohammad Al Talahin, et al (2017); Patel, et al (2017) reported that bullying exists in almost every school either governmental or private one but with different levels and also reported high prevalence of bullying. Association between bullying behavior and poor academic performance was noted. Napat Ruangnapakul, Aymen Riyadh Shawkat et al (2019) investigate the current research in Southeast Asia, Research in this area has been comparatively low, but in recent years has begun to appear and manifest. Now a day's it's obvious that bullying makes the weather in the TV and newspapers talking about side effects of bullying on students. It affects all aspects – playground, classroom and internet. Educators are responsible for protecting children in school environment. There is a dire need to identify bullying behavior and also assess psycho physical health consequences. Also a need arises to provide some guidelines for students, teachers and parents who would create awareness about preventing bullying among students. The objective of the study is to examine bullying behavior among school going children, psycho physical health consequences of children experiencing bullying and relationship between bullying and psycho physical health consequences.

NEED OF THE STUDY

The paper emerged from the research project of post-graduation degree program. We decided to continue the research done by Chandra Kumari and Vasudha Sharma where in tool was developed on Indian population to study bullying. We decided to take forward this research work to assess the bullying behavior in relation to psychophysical health consequences to submit new work to this journal. We must recognize that being involved in bullying in any form, whether as a bully, victim, witness, or participants, is hurtful. Believe us when we say that, once you've fallen into the black hole of bullying, it will get increasingly terrible for you every day. Bullying is poisonous, and none of us want it to be a part of our lives. Even if we have only mentioned the poison known as bullying, the consequences and scars can last a lifetime. As a researcher, we recognize that every child is valuable and that no other school student should be subjected to bullying, as it can destroy entire school experience and only lend to the worst outcomes. Students involved in bullying always want to get out of the school all of the time. We are interested in investigating bullying behavior in relation to psychophysical health consequences to come up with certain suggestions that would help in prevention of bullying for healthy growth and development of adolescents.

RESEARCH METHODOLOGY AND PROCEDURE

Research design: Descriptive research design has been used in the study. It helped us to systematically describe phenomenon, situation or population of the research. More specifically, it helped in answering the what, when, where and how in the research.

Participants: The sample consists of 300 (13 to 19 years) school going adolescents (150 males, 150 females) recruited from government and private schools in North India. While collecting data from participants we took equal proportion of females and males. Out of 300 participants collection of data was done from 150 participants of government schools (75 females and 75 males) and 150 participants of private schools (75 females and 75 males). There was an overall heterogeneous group of students who participated in the survey from class 9th to 12th from all private and government schools.

Measures: *Bullying Assessment Scale*- It helped us to find out the extent of bullying among school going children. Bullying assessment scale by Kumari, Chandra and Sharma, Vasudha, (2018) was used to identify the existence of bullying behavior among school going children. The emotional or psychological turmoil of the victim and bullies, the consequences, types and causes.

Psychophysical health consequences scale- This scale was prepared by the investigator. This has been a three point continuum rating scale related to psychophysical outcome symptoms. Ten symptoms - ("*Anxiety*", "*Problem in sleeping*", "*Irritability*", "*Headache*", "*Tension*", "*Fatigue*", "*Poor appetite*", "*Sadness*", "*Skin problems*" and "*Bed wetting*") have been rated.

Procedure: A list of administrators polled the students during regular class hours in November, 2019. Permission letter was taken from the head of department for conducting the study. The principals of school were contacted to seek permission and purpose was explained. The tool was administered to the students with the help of class teacher and asked the students to read the instruction carefully and then fill the tool. We told them the purpose of our visit and explained a bit about bullying and bullying behaviors. Orientation and instructions were given to students for filling the questionnaire and they were informed that their identities would be kept confidential and all the information they provided would be used widely in research. They were asked to fill their truthful responses and not to discuss the answers. During the data collection, researcher scanned the room to see if any of the participants were having any difficulties. Administrators offered assistance to children as required. Participants' identities were not disclosed to anyone other than the researcher.

Data analysis: data thus collected was analyzed employing SPSS version-20.

RESULTS

Data collected were evaluated in light of the researcher's unique goals. The required information collected from the respondent was analyzed and interpreted. This section presents analysis and discussion on "*Bullying*" and "*Psychophysical Health Consequences*" among school going children. Statistical analysis of variance (SPSS version-20) was used to examine frequency, percentage, t-test and correlation to obtain results and interpret it. Table 1 presents frequency and percentage of *Bullying behavior among school going children*.

Table 1.Frequency and percentage of respondent exhibiting the level of bullying

Sr.no.	Range of raw score	Range of z-score	Grade	Level of bullying	Gender	
					Male N=150 (%)	Female N=150 (%)
1	209 and above	+2.01 and above	A	Extremely high	108 (72)	0(0)
2	195 to 208	+1.26 to +2.00	B	High	35(23.3)	0(0)
3	181 to 194	+0.51 to +1.25	C	Above average	7(4.6)	0(0)
4	163 to 180	-0.50 to +0.50	D	Average	0(0)	1(0.6)
5	149 to 162	-1.25 to -0.51	E	Below average	0(0)	26(17.3)
6	135 to 148	-2.00 to -1.26	F	Low	0(0)	92(61.3)
7	134 and below	-2.01 and below	G	Extremely low	0(0)	31(20.6)

Note: Figures in parenthesis indicate percentage of the respondents.

Table 1 depicts that 72% males had extremely high level of bullying, 23.3% males were highly bullied, 4.6% males had an above average level of bullying, 0.6% females had an average level of bullying, and 17.3% females were below average level of bullying, about 61.3% females had low bullying levels and 20.6% females had extremely low levels of bullying.

To see if there is a substantial difference in bullying behavior between males and females, t-test has been applied. Results have been shown in table 2.

Table 2.Mean, Standard Deviation and t-value of bullying behavior among school students

Gender	Mean (SD)	t-value	Significance
Males(N=150)	213.97(10.9)	-66.16	P=0.00**
Females(N=150)	140.82(8.01)		

Note: **p<0.01

Table 2 exhibits the mean value for males is 213.97 and for females is 140.82 and standard deviation for males is 10.90 and for females is 8.01 respectively. p< 0.01 indicates significant difference between male and female students bullying behavior. Since, the mean score of males is higher than females it implies males show higher bullying behavior.

To know whether bullying behavior had psychophysical health consequences, psychophysical health consequences were assessed and result has been shown in table 3. Table 3 reveals the *frequency and percentage of respondents exhibiting the psychophysical health consequences among respondents.*

Table 3.Frequency and percentage of respondents exhibiting the psychophysical health consequences

Sr.no.	Range of raw scores	Grade	Level of psychophysical health consequences	Gender	
				Males N= 150 (%)	Females N= 150 (%)
1	≤6	A	Low	1(0.6)	59(39.3)
2	7 to 13	B	Medium	90(60)	89(59.3)
3	≥14	C	High	59(39.3)	2(1.3)

Table 3 elucidates that males and females respondents falling in the category of low level of psychophysical health consequences were 39.3% females and 0.6% males; medium level of psychophysical health consequences was seen among 60% males and 59.3% females; and 39.3% male respondents and 1.3% female respondents were in the category of high level of psychophysical health consequences.

We found that respondents who were showing higher level of bullying were also showing higher levels of psychophysical health consequences. It includes symptoms faced by children who were bullied in schools. The ten major symptoms include – anxiety, problem sleeping, irritability, headache, tension, fatigue, poor appetite, sadness, skin problems, bed wetting.

To further assess if there was a *significant difference between males' and females' psychophysical health consequences of children experiencing bullying*, t-test has been applied and results shown in table 4.

Table 4. Mean, Standard Deviation and t-value of psychophysical health consequences of school students experiencing bullying

Gender	Mean(SD)	t- Value	Significance
Males(N=150)	12.85(2.21)	-20.464	P=0.04*
Females(N=150)	7.29(2.48)		

Note: * $p < 0.05$

Table 4 shows the mean value for males is 12.85 and for females is 7.29 and standard deviation for males is 2.21 and for females is 2.48. Since, the mean score of male is higher than female; it implies that psychophysical health consequences in school students experiencing bullying are seen higher in males.

To further assess the correlation between bullying and psycho physical health consequences of school going children, correlation test has been applied and result shown in the table 5. The association between bullying behavior and psychophysical health repercussions in school pupils were investigated using correlation analysis.

Table 5. Correlation between bullying and psychophysical health consequences

Variables	Karl Pearson correlation 'r'	'p' value
Bullying behavior	+0.749	P= 0.000**
Psychophysical health consequences		

Note: ** $p < 0.01$

Table 5 reveals that correlation value 'r' between bullying and psychophysical health consequences is + 0.749. This means there is high degree of correlation between the two variables. $p < 0.01$ elucidating that correlation is significant at 1% level of significance. The bullying behavior is significantly related to psychophysical health consequences. This implies that as the bullying score increases, the psychophysical health consequences will also increase. Psychophysical health of victims would deteriorate showing symptoms of anxiety, problem sleeping, irritability, headache, tension, fatigue, poor appetite, sadness, skin problems and bed wetting.

Bullies use destructive testing, shaming, and intimidation tactics, individuals who are smaller or less able to define them, in particular. They believe that are superior to other students, or they criticize others for being strange or unseal. As a means of asserting power, bullies regularly fight with others. Bullies are aggressive towards their classmates and, more often than not, adults. They have a favorable attitude towards violence, are impulsive and enjoy dominating people; they have a limited empathy and have a minimal amount of worry or insecurity when it comes to their victims. They may be driven by desire of power and control, and this provides them with gratification in implying suggestion.

DISCUSSION

While looking into the extent and effects of bullying among the school students the main objectives were to examine: (1) bullying behaviour among school going children; (2) psycho physical health consequences of children experiencing bullying; (3) relationship between bullying and psycho physical health consequences.

In terms of bullying occurring among school going children it is evident that 72% of males have extreme high level of bullying, 23.3% males are highly bullied, and therefore, it shows that males are involved in bullying more than females. It was seen that 4.6% males show above average level of bullying and further if we talk about average level of bullying than only 0.6% females are involved. 17.3% females are involved in below average level of bullying. There are only 17.3% of females who are mildly involved in bullying and have a below average level of bullying. As to the extent of bullying the selected students –related factors the following are the drawn results- 61.3% females come in the range of low level of bullying and only 20.6% females are involved in extremely low level of bullying. In terms of bullying behaviors seen among respondents the finding shows that there is a significant difference in bullying behavior seen between male respondents and female respondents. Since the scores of males are higher than females, therefore males show higher bullying behavior as compared to females in schools. Jansen .W.P. (2012), concluded that One-third of the children were involved in bullying, most of them as bullies (17%) or bully-victims (13%). Patel, et al (2017); Varma, et al (2017) reported that prevalence of bullying was 49%. Boys were more likely to be bullies. Corboz .J. (2018) found that 49.7% of boys and 43.3% of girls reported having experienced more than one instance of violence victimization in the past month, and 31.7% of boys and 17.6% of girls disclosed perpetration of more than one instance of violence in the past month, with considerable overlap found between experience of victimization and perpetration, particularly among boys.

With regard to psychophysical health consequences of bullying it was seen that bullying have a greater effect on an individual's physical and psychological health. Those respondents who showed bullying behavior were also tested with a psychophysical health consequences scale and were showing low, medium and high level of psycho physical health consequences. 0.6% of males and 39.3% of females show low levels of psychophysical health consequences and on the other hand 60% males and 59.3% females have shown medium level of psychophysical health consequences. Highest numbers of respondents have shown high level of psychophysical health consequences. 39.3% are males and 1.3% are females who are falling in the category of high level of bullying. Since, it is seen that score of males is higher than females; psychophysical health consequences on school students experiencing bullying are seen higher in males. The consequences are reflected in the form of various symptoms- anxiety, problem sleeping, irritability, headache, tension, fatigue, poor appetite, sadness, skin problem, bed wetting. Hulya Karatas (2019) found that kids who reported being bullied a lot were more likely to have headaches, weep a lot, be worried and have sleep issues. Durga Khadka Mishra et al (2018) finding show that there is a link between bullying and psychosomatic symptoms. Robin M. Kowalski, and Susan P. Limber, (2012); Eric Van Damml (2012) reported bully/victim groups had the most negative scores on most measures of psychological health, physical, health, and academic performance.

The association and its significance between bullying behavior and psychophysical health consequences in school pupils were investigated using correlation analysis. The data reveals that correlation between bullying and psychophysical health consequences is + 0.749. This means that there is high degree of correlation between the two variables. This implies that as the bullying score increases, the psychophysical health consequences will also increase.

Sense of security amongst students is the most important concern when we are talking about bullying among school students. Physical or sexual violence, public humiliation, were not included during middle school. Bullies in high school often intricate teasing, social exclusion yet glimpse of physical violence, sexual violence together with public humiliation occurs shortly as well as not given a voice in schools. Hallways, locker rooms, restrooms, cafeterias and bus stops are the most common places for bullying in schools due to very less adult supervision. Despite the fact that both males and females are victims of bullying, some dissimilarities are conspicuous– for bullying to a greater extent indirect discrete means are used by females like intentionally leaving someone out of activities or spreading rumors on the other hand males are moreover involved in physical assaults, verbal taunts and threats which is a direct, overt bullying behaviors. In school campus most under- reported and extensive problem related to safety of students is bullying.

It is possible to detect and check a long term detrimental effect of both the bully and the victim. Many schools and authorities still look in bullying as an erroneously restricted spectrum of antisocial behavior allowed in school recess yards. Occurrence of bullying can be spotted during elementary school; all grade levels are most frequently encountered. Particularly high school students throughout schooling are in most vulnerable state. Students involved in bullying require assistance of professionals like a counselor, social worker psychiatrist, or psychologist. Bullies are regularly engaged in hurtful testing, teasing or intimidation, especially towards people who are smaller and are not capable to guard themselves. They think they are above and advanced from other students, may accuse others of being uncooperative or different. There is a need that school authorities and teachers should think of prevention strategies, counseling arrangements for victims and bullies.

FINAL THOUGHT

Bullying is a problem that impacts the majority of today's youngsters, and it is our obligation as educators and researchers to reduce these occurrences. Therefore, teachers and school counselors need to have a vigilant eye on students to observe the psychological symptoms, so that early identification- and interventions could be taken. This research would work as an eye opener for policy makers – to make policies for prevention of bullying. As a pupil progresses through the educational system, developmental differences must be considered. For effective bullying prevention and intervention programs, these developmental factors are very crucial. In Indian schools, there is a need to establish programs to stop bullying. Successful programs can assist to prevent some of the harmful behaviors from developing, which can help to reduce the emotional coast for both the bully and the victims. We can provide general guidelines in the form of hand book, workshops, for parents and students for prevention of bullying which will be helpful in spreading awareness amongst the community. Schools administrators and counselors need to rethink about the new methods and strategies to prevent bullying in school environment. In order for these programs to be effective, children, parents, and educators must collaboratively work on ground levels. In the last two decades we've learned a lot about bullying, but there's still a lot we don't know about its intricate dynamics. Bullying literature base in India is scarce. International research activities have guided the knowledge base, but as we have seen in the present research that school going children in Northern India are also facing high levels of bullying, so we need to think about it.

REFERENCES**📚 Books**

- Chen, B., & Luppici, R. (2021). The new era of bullying: A phenomenological study of university students' past experience with cyberbullying. In *Research Anthology on School Shootings, Peer Victimization, and Solutions for Building Safer Educational Institutions* (pp. 106-126). IGI Global.
- D'Cruz, P., Noronha, E., & Mendonca, A. (2021). *Asian Perspectives on Workplace Bullying and Harassment*. Springer.
- Paracha, S., Hall, L., & Shah, N. H. (2021). Leveraging Virtual Reality for Bullying Sensitization. *International Journal of Virtual and Augmented Reality (IJVAR)*, 5(1), 1-16.
- Rosamond, E. (2021). Post-Truth as Bullying.

📚 Journals

- Bjereld, Y., Daneback, K., & Mishna, F. (2021). Adults' responses to bullying: The victimized youth's perspectives. *Research Papers in Education*, 36(3), 257-274.
- Branson, C. E., & Cornell, D. G. (2009). A comparison of self and peer reports in the assessment of middle school bullying. *Journal of Applied School Psychology*, 25(1), 5-27.
- Campbell, E. M., & Smalling, S. E. (2013). American Indians and bullying in schools.
- Caravita, S. C., Papotti, N., Gutierrez Arvidsson, E., Thornberg, R., & Valtolina, G. G. (2021). Contact with migrants and perceived school climate as correlates of bullying toward migrants classmates. *New directions for child and adolescent development*, 2021(177), 141-157.
- Chandra.K and Sharma Vasudha (2019). *Manual For Bullying Assessment Scale , BAS- KCSV*.
- Corboz, J., Hemat, O., Siddiq, W., & Jewkes, R. (2018). Children's peer violence perpetration and victimization: Prevalence and associated factors among school children in Afghanistan. *PLoS One*, 13(2), e0192768.
- Cuesta, I., Montesó-Curto, P., Metzler Sawin, E., Jiménez-Herrera, M., Puig-Llobet, M., Seabra, P., & Toussaint, L. (2021). Risk factors for teen suicide and bullying: An international integrative review. *International journal of nursing practice*, 27(3), e12930.
- Espelage, D. L., & Holt, M. K. (2001). Bullying and victimization during early adolescence: Peer influences and psychosocial correlates. *Journal of emotional abuse*, 2(2-3), 123-142.
- Fernández-Gutiérrez, L., & Mosteiro-Díaz, M. P. (2021). Bullying in nursing students: A integrative literature review. *International journal of mental health nursing*, 30(4), 821-833.
- Forero, R., McLellan, L., Rissel, C., & Bauman, A. (1999). Bullying behaviour and psychosocial health among school students in New South Wales, Australia: cross sectional survey. *Bmj*, 319(7206), 344-348.
- Hazel, C. (2010). Interactions between bullying and high-stakes testing at the elementary school level. *Journal of School Violence*, 9(4), 339-356.

- Holden, R., Mueller, J., McGowan, J., Sanyal, J., Kikoler, M., Simonoff, E., ... & Downs, J. (2020). Investigating bullying as a predictor of suicidality in a clinical sample of adolescents with autism spectrum disorder. *Autism research*, 13(6), 988-997.
- Holmes, S. R., & Brandenburg-Ayres, S. J. (1998). Bullying behavior in school: a predictor of later gang involvement. *Journal of Gang Research*.
- Jan, A., & Husain, S. (2015). Bullying in Elementary Schools: Its Causes and Effects on Students. *Journal of Education and Practice*, 6(19), 43-56.
- Jansen, P. W., Verlinden, M., Dommissie-van Berkel, A., Mieloo, C., van der Ende, J., Veenstra, R., ... & Tiemeier, H. (2012). Prevalence of bullying and victimization among children in early elementary school: Do family and school neighbourhood socioeconomic status matter?. *BMC public health*, 12(1), 1-10.
- Kornapalli S. E, et al ,(2018),Psycho-social profile of school going children involved in any form of bullying, *Telangana Journal of Psychiatry*, July-December:4(2): pp 87-91.
- Kowalski, R. M., & Limber, S. P. (2013). Psychological, physical, and academic correlates of cyberbullying and traditional bullying. *Journal of adolescent health*, 53(1), S13-S20.
- Koyanagi, A., Veronese, N., Vancampfort, D., Stickley, A., Jackson, S. E., Oh, H., ... & Smith, L. (2020). Association of bullying victimization with overweight and obesity among adolescents from 41 low-and middle-income countries. *Pediatric obesity*, 15(1), e12571.
- Lessard, L. M., & Puhl, R. M. (2021). Reducing Educators' Weight Bias: The Role of School-Based Anti-Bullying Policies. *Journal of school health*, 91(10), 796-801.
- Ma, X. (2002). Bullying in middle school: Individual and school characteristics of victims and offenders. *School effectiveness and school improvement*, 13(1), 63-89.
- Mahmoudi, M., & Keashly, L. (2021). Filling the space: a framework for coordinated global actions to diminish academic bullying. *Angewandte Chemie*, 133(7), 3378-3384.
- Mehta, S. B., Cornell, D., Fan, X., & Gregory, A. (2013). Bullying climate and school engagement in ninth-grade students. *Journal of school health*, 83(1), 45-52.
- Mishra, D. K., Thapa, T. R., Marahatta, S. B., & Mahotra, A. (2018). Bullying Behavior and Psychosocial Health—A Cross-sectional Study among School Students of Pyuthan Municipality. *Journal of Nepal Health Research Council*, 16(1), 73-78.
- Modin, B., Låftman, S. B., & Östberg, V. (2017). Teacher rated school ethos and student reported bullying—a multilevel study of upper secondary schools in Stockholm, Sweden. *International journal of environmental research and public health*, 14(12), 1565.
- Monks, C. P., Smith, P. K., Naylor, P., Barter, C., Ireland, J. L., & Coyne, I. (2009). Bullying in different contexts: Commonalities, differences and the role of theory. *Aggression and violent behavior*, 14(2), 146-156.
- 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 & adolescent medicine*, 158(8), 730-736.
- Nilsson, D. K., Gustafsson, P. E., & Svedin, C. G. (2012). Lifetime polytraumatization in adolescence and being a victim of bullying. *The Journal of nervous and mental disease*, 200(11), 954-961.
- Patel, H. A., Varma, J., Shah, S., Phatak, A., & Nimbalkar, S. M. (2017). Profile of bullies and victims among urban school-going adolescents in Gujarat. *Indian pediatrics*, 54(10), 841-843.
- Rigby, K. (1995). What schools can do about bullying. *The Professional Reading Guide for Educational Administrators*, 17(1), 1-5.
- Rigby, K., & Cox, I. (1996). The contribution of bullying at school and low self-esteem to acts of delinquency among Australian teenagers. *Personality and Individual differences*, 21(4), 609-612.
- Shah, S., Choi, M., Miller, M., Halgunseth, L. C., van Schaik, S. D., & Brenick, A. (2021). Family cohesion and school belongingness: Protective factors for immigrant youth against bias-based bullying. *New directions for child and adolescent development*, 2021(177), 199-217.

- Shelley Hymel and Susan M. Swearer, (2015), Four Decades of Research on School Bullying. *Journal of American Psychological Association*, May-June-4,70 ,pp 293–299.
- Strindberg, J., Horton, P., & Thornberg, R. (2020). Coolness and social vulnerability: Swedish pupils' reflections on participant roles in school bullying. *Research Papers in Education*, 35(5), 603-622.
- Strindberg, J., Horton, P., & Thornberg, R. (2020). The fear of being singled out: Pupils' perspectives on victimisation and bystanding in bullying situations. *British Journal of sociology of Education*, 41(7), 942-957.
- Swearer, S.M., and Doll, B. (2001). Bullying in schools: An ecological framework. *Journal of Emotional Abuse*, 2(2/3), pp 7-23.
- Thomas, H. J., Scott, J. G., Coates, J. M., & Connor, J. P. (2019). Development and validation of the Bullying and Cyberbullying Scale for Adolescents: A multi-dimensional measurement model. *British Journal of Educational Psychology*, 89(1), 75-94.
- Uludasdemir, D. and Kucuk, S. (2019). Bullying Experiences of Adolescents and Parental Awareness: Turkish, *Journal of Pediatric Nursing* 44 (9), pp 84–90.
- Vaillancourt, T., Brittain, H., Krygsman, A., Farrell, A. H., Landon, S., & Pepler, D. (2021). School bullying before and during COVID-19: Results from a population-based randomized design. *Aggressive behavior*, 47(5), 557-569.
- Wójcik, M., Thornberg, R., Flak, W., & Leśniewski, J. (2021). Downward spiral of bullying: Victimization timeline from former victims' perspective. *Journal of interpersonal violence*, 0886260521990835.
- Xu, M., Macrynika, N., Waseem, M., & Miranda, R. (2020). Racial and ethnic differences in bullying: Review and implications for intervention. *Aggression and violent behavior*, 50, 101340.
- Salavera, C., Usán, P., Teruel, P., Urbón, E., & Murillo, V. (2021). School bullying: Empathy among perpetrators and victims. *Sustainability*, 13(3), 1548.

