

## BULLYING AT SCHOOL AND ITS IMPACT ON MENTAL AND PHYSICAL CONDITION OF A CHILD

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Submitted: 2014-01-23

Accepted: 2014-03-19

Published online: 2014-07-15

### Abstract

The concept of social determinants of health is the most complex approach to the analysis of personal health status and is based on the definition provided by the World Health Organization in 1948. The following are the ten social determinants: social gradient, stress, childhood, social inclusion, social support, employment, unemployment, nutrition, addiction and transport. The goal of this qualitative research survey was to map the influence of selected social determinants to the health of the child. The goal of this article is to deal especially with the social determinant of social exclusion in relationship to school attendance, namely, bullying and its influence on the physical and mental state of children. The target group consisted of families with children from the South Bohemia region. Ten married couples and an unmarried couple with a total number of 21 children, the eldest one being 23, and the youngest only 3 years old. 13 girls and 8 boys were targeted. The data were collected via a method of using a direct inquiry technique which involved in-depth interviews with mothers of school-aged children, followed by direct transcription and open coding analysis with a pen and paper technique. The results showed that from 11 families, only two experienced bullying and one child had negative impact on his mental and physical condition as a result of being bullied.

**Key words:** *child; family; health; social determinants; bullying*

### INTRODUCTION

The concept of social determinants of health is based on the definition of health according to the WHO since 1948. According to Wilkinson and Marmot (2005), we distinguish ten social determinants of health: social gradient, stress, childhood, social inclusion, social support, employment, unemployment, nutrition, addiction and transport.

Social exclusion is a major topic, not only in the Czech Republic, but elsewhere. Not every child has an opportunity to live a happy life. Social exclusion (the origin in the Latin word *excludere* meaning *exclude*, *move away* or *not admit*) is defined as a

mechanism or strategy by which one group protects its privileges and advantages by closing off the other groups from access to resources, to positions, rewards and possibilities on the basis of a sanctioned declaration that these groups are unwanted or inappropriate (Jandourek 2007).

Bullying is an extremely dangerous form of violence that threatens the implementation of principles and targets of school education. It leads to the loss of empathy for pupils' safety and negatively affects harmonious development of the pupil's personality and learning effectiveness. Bullying is dangerous, especially because it is frequently hidden,

and even low levels of intensity of bullying can lead to severe psychological trauma with long-term consequences in the bullied pupils (MŠMT 2013). In addition, as a result of physical bullying traumatic injuries occur.

The aim of this research investigation was to map the influence of selected determinants to children's health. A secondary aim was to map the influence of social exclusion on children's health.

## **MATERIAL AND METHODS**

To acquire the data, a method of direct inquiry was used. This involved a technique of semi-structured in-depth interviews, which were focused on collecting data concerning the influence of social determinants on the health of families with children living in the South Bohemia region. From the ten examined social determinants (social gradient, stress, childhood, social exclusion, employment, unemployment, social support, addiction, transport), we analysed one of the most important impacts, which is social exclusion, particularly in relationship to school attendance and pathological behaviour at school, i.e. bullying. We contemplated whether the reason of social exclusion was bullying, and whether this influenced the health condition of children. The interviews were recorded on a dictaphone with the permission of the interviewed person. They were numbered in the order in which they occurred, from 1 to 11. The direct transcription was also carried out and following qualitative analysis via a method of an open coding technique with a pencil and paper. During encoding, a list was created of codes which were systematically categorized, i.e. grouped according to similarities or internal connections. Under the heading of these created categories, codes merged, which belonged to the same phenomenon (Švaříček, Šedová et al. 2007). The research sample consisted of 11 families and the classification criterion was the common home of a family with children aged 6–15 and the willingness to cooperate. The person interviewed was most often the mother. The families consisted of 10 married couples and one unmarried couple.

## **RESULTS**

Based on the analysis, a category of social exclusion for a child was created with four sub-categories: social exclusion in relationship to school attendance, social exclusion in relationship to a chronic illness of a child, social exclusion in relationship to the economic security of family and social exclusion in relationship to the residential setting. The results of the research survey showed that six families experienced no symptoms of social exclusion and their children had no experience with bullying. In three families, there was a feeling of social exclusion concerning the children, namely in relationship to the incidences of chronic illness of the child (i.e. epilepsy), the economic situation of a family (low income) and the residence (living in an isolated dwelling). We were mostly interested in social exclusion in relationship to school attendance and bullying. Only two families reported the feeling of social exclusion in relationship to bullying at school.

### **The influence of social exclusion in relationship to school attendance pertaining to the physical and mental condition of a child**

In the first family, a girl (age 11) experienced bullying due to excellent school results. Her mother said: *“There was vulgar behaviour to each other and maybe, it can be called bullying. I do not know. But we led them to know why they had a bad grade. If they do not like it, they can change it. This was poorly tolerated by classmates.”* Usually bad school results are a reason for bullying (Orieščíková 2013). In our situation there were excellent grades.

Our experience from the school environment points to a phenomenon in which children are trying to be average and not to stand out. The parents of the girl live as a married couple and they raise other daughter (age 17). Both parents have university education. They live in the outskirts of a city in their own house and they assigned number 9 (in the scale 0–10) to the family status. Bullying had no health consequences. Due to perfect communication with the parents, the problem was solved in a timely manner.

In the third family, the mother describes the bullying of her 12-year-old son. The boy's parents live as a married couple and together they raise another boy (age 4). The mother's highest education is tertiary. The father's highest education is university level. Both parents work in the army. They live in their own house and they assigned number 5–6 to the family status. To the question, whether there are situations which could stress their children, the mother said: *"We are probably bewitched. We moved here to Tábor, and then our elder son was physically bullied for one and half years."* This statement followed the mother's self-description in which she described herself as an introvert and described the problems with the introduction to a new environment. She prefers being alone, she does not like going shopping where a lot of people can bother her. She observed similar qualities in her son. The boy did not say anything, but the mother noticed changes in his behaviour and his health problems: *"He seemed to be pale, he ceased talking and began to isolate himself in his room. In the morning, when we were getting up, he had to vomit and he was sick and his stomach hurt."* According to the mother's opinion, the reason was the moving and transferring to another school in which an established group would not accept her son. It started with verbal insults and culminated with physical attacks which resulted in head injury and the need for professional treatment in an Emergency ward. Moreover, the doctor did not want to report this situation to the Police. The mother solved the situation with the father via contacting an educational consultant who had previously warned school management of suspected bullying. Because that the class teacher did not want to cooperate in solving the bullying situation, the educational consultant recommended transferring the child to another school, which the parents ultimately did. Currently, the boy is studying at an eight-year-grammar school and is very satisfied here.

## DISCUSSION

Except for their time with their family, children spend a relatively large part of their day at schools or other educational facilities (youth clubs, hobby groups, etc.). School is

not just a building where students regularly meet for the purpose of education. It can also be as part of a social community, which consists of pupils, their teachers, other school staff (administrative, economic workers, etc.) and a natural part of this community are the children's parents (Havlík and Koťa 2007).

Bullying is a serious problem involving school attendance. Bullying is a behaviour designed to harm, threaten or intimidate a pupil or a group of pupils. Forms of bullying may include targeted and repeated physical or psychological attacks by individuals or groups against a pupil or pupils whom are not able to defend themselves (direct bullying). Indirect bullying results in the social exclusion of a classmate, who is demonstratively overlooked or ignored (Říčan and Janošová, 2010). According to Svobodová (2007), bullying is a problem of primary, secondary and tertiary schools. Children from primary schools and grammar schools aged 14–15 (55.5%) reported the highest incidence of bullying at school or their neighbourhood. 9.6% of respondents called themselves a victim of bullying and the largest number of bullied students were 19 years of age. According to McEachern et al. (2005), girls are more often bullied than boys and in general, more likely children who are in some way different from the other students. The research, which was conducted in special primary schools in Slovakia, based on the respondents' views, the most frequent reasons for bullying are: poor school results, overall appearance, different skin colour, if they are obese or weaker and in addition, girls indicated a reason for bullying wearing unfashionable clothing (Orieščiková 2013).

In our sample of 11 families, two mothers reported bullying as a cause of the social exclusion of their child. It concerned both a boy and a girl in going through puberty. Both families were financially very well secured. In one case, the cause of bullying was determined to be excellent school results, which is not a common reason for bullying. Orieščiková (2013), on the contrary states poor school results. The other case concerned the transition of a boy to another school during the school year which did not allow the student to integrate himself into the established peer group. In the case of a girl it was about verbal attacks and psychological pressure. In the case of a boy, the bullying started with verbal

attacks and developed into a more serious form of physical aggression that resulted in serious injuries to the body in both the mental and physical sphere. It is clear, from the results of Oriščíková (2013) that more boys reported physical violence, and girls reported more mental violence. Verbal forms of bullying were reported equally by both groups of children. In addition, boys in the ninth grade reported cyberbullying. Cyberbullying, or computer bullying uses communication and information technologies (e-mail, social networks, chat rooms) and mobile phones (Królová 2013). We did not experience this type of bullying. An obvious reason for this was that both mothers consistently reported frequently monitoring their children while working or playing on their computer.

Serious health problems appeared only in one boy. The reason may be that the boy did not tell anyone and only reoccurring mental and physical problems drew the mother's attention to the problem. On the contrary, bullied girl confided with her mother who immediately began to attempt to resolve the problem. Oriščíková (2013) reported that boys prefer to confide with their father, while girls with their mother, but most children surveyed would confide only with their friends. However, this boy's father works in the army so he spends a little time at home. In addition, the boy's family moved from another town and he had not found any friends yet.

Both families resolved the problem by transferring the child to another school, in both cases the eight-year grammar school. However, Říčan and Janošová (2010) rate this manner of solving the problem to be the least effective alternative. From the methodological instruction of the Minister of Education, Youth and Sports for the prevention and resolution of bullying among pupils at schools and educational institutions (MŠMT 2013) results, if bullying is verified, cooperation is important with: school or school institution management, school prevention methodologist, educational advisors and other pedagogical staff both with a victim's family, and the family of his aggressor. In dealing with parents, the pedagogical staff is required to ensure a tactful approach, and in particular, keeping information confidential. In one of the above mentioned cases, the class teacher refused to deal with a problem

of bullying, so the parents had to turn directly to an educational advisor. Methodological instruction of the Ministry states that any form of bullying will not be tolerated by the school staff and in addition, the school staff must not encourage through any of its actions and behaviours to pupils, deterioration of relationships that could lead to bullying. It is necessary to notice children's potential health or mental problems which can be related to bullying at school and which appeared in the boy being bullied. In this case, there were abdominal pains, vomiting, malaise and behavioural changes (reclusiveness). Here we can see traditional physical and mental problems that can appear in relationship to bullying, as Říčan and Janošová (2010) stated. With the girl, these problems did not appear due to effective communication within the family.

Of course, the most important concept in school bullying is its prevention. The Centre for Study and Prevention of Violence (2001) recommends for improvement of school environment and for insurance of creating a sense of security for pupils and teachers, rather reduce or eliminate existing problems of bullying and to improve social relationships among peers. Pupils and students should be informed that bullying is unwanted behaviour. They should always help to a victim of bullying. They should try to integrate weaker students into a peer group and in all cases of suspected bullying, report everything to a teacher. They also recommend carrying out anonymous questionnaires focused on bullying at school and also to organize seminars for children and their parents on this topic.

## **CONCLUSION**

We are able conclude that social exclusion can affect all age categories, including school-age children. The child's gender is not important. The results showed that bullying is a serious problem at school, which requires effective cooperation of the family, the school and in case of health and mental problems, also cooperation with the assigned doctor and a nurse in the consulting room of general practitioner for children and adolescents. In the case of a child's social isolation in relationship to his peers, it is necessary to

involve the family and close personal contacts to improve interpersonal relationships of the child (Machová et al. 2013). Further research would be also useful to focus on the health problems of bullied children and possible solutions to these problems. Based on the results of this research, a questionnaire for quantitative research was created. Its significant part is the issue of bullying among school children and the impact on their physical and mental health.

## ACKNOWLEDGEMENTS

The research is a part of a project regarding Social Determinants of Health in Selected Target Groups (No. SDZ2012\_002). The project is financially supported by purpose funds for the development of science and research of the Faculty of Health and Social Studies, University of South Bohemia in České Budějovice.

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