Research about bullying among school pupils in the Arab/Muslim population is scarce. This study evaluates the characteristics of bullying and its impact among school pupils in Oman via cross-sectional survey among eighth grade school pupils (n=1,229) during the academic year 2006-2007. The participants were selected using stratified random selection among 6 administrative divisions of one the governorates in the country. Data were collected using self-completed structured questionnaires. This study found similar percentages of males and females (76%) have experienced one form of bullying, and the majority of the incidents (80%) occurred in the vicinity of the school. In almost half of the cases, the bullying was initiated by a student of the same age or older than the victim. The most common type of bullying encountered in this study was verbal (47.7%), followed by misuse (45.9%), physical (43.9%), and, finally, social isolation/exclusion (22.5%). Although the failure of an academic year was uncommon among victims of bullying, the number of pupils whomissed 4–6 and ≥7 school days was higher among bullied pupils. If this study will withstand further research, educational initiatives are needed to mitigate the rate of bullying in Oman.

(Al-Saadoon et al. 2014)

The aim of this study is to assess the prevalence of bullying and victimization among young elementary school children and to examine socioeconomic disparities in bullying behaviour. We hypothesize that school neighbourhood SES is associated with bullying behaviour independent of family SES. To improve understanding of bullying, three types of involvement in bullying are studied: victims, bullies, and bully-victims. The present study is embedded in a large population-based
jump.

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sample of 5- and 6-year old children in the second grade of elementary school. Teacher reports of bullying are used as teachers can observe peer interactions during daily school curriculum and, arguably, provide more objective information on bullying behavior than parents (Jansen et al. 2012)

Much of the data on bullying risks and outcomes are cross-sectional, making causal inferences impossible. Longitudinal inquiries, especially in better understanding trait stability in the context of aggression and bullying, would be helpful in both gaining insight into short- and long-term outcomes for these students. In addition, development of assessment instruments that truly reflect the problem behavior help improve the validity of the literature, as current research findings are somewhat confounded by developmental and cultural differences in how children perceive and respond to questions about bullying behaviors. While self-report is valuable and can contribute to understanding how the concept of bullying is perceived, studies should avoid relying solely on these (Lin & Scott 2012)

This study focuses on perceptions of bullying, provided by a select group of children immediately after being involved in such an incident. The aim of this study was to explore the children's perception about bullying, their opinions and thoughts about why children are being bullied, and what possible solutions might help to stop or prevent future bullying (Caudle et al. 2016)

I define bullying or victimization in the following general way: A student is being bullied or victimized when he or she is exposed, repeatedly and over time, to negative actions on the part of one or more other students (Olweus 1994).

Bullying is not always obvious. Most bullying takes place away from the scrutiny of adults and the victim often feels unable to report what is happening because of fear of reprisal (Pearce et al. 1998).

Several bullying involvement roles are typically defined, among which the roles of a victim, bully and a bully-victim are of primary interest as these children are directly involved in bullying and are most at risk of psycho-pathology (Verlinden et al. 2014).

Overall, bullying can be displayed in a physical, verbal, psychological form, or as a combination of the three. An imbalance of strength is fundamental in bullying; bullies tend to choose victims smaller and weaker than they are, victims who are most likely unable to defend themselves (Barreto 2011)

The repeated aggression can be either direct (e.g. name calling, beating) or relational with the intent to damage
relationships (e.g. spreading rumors) (Wolke, Woods et al. 2000). Children can be perpetrators of bullying or victims and some children both bully and get victimized (bully-victims) (Badalà et al. 2008).

Whereas bullying and aggression both require the intention of a negative action, bullying is distinguished from aggression by the repetition over time and by the structural power imbalance between the perpetrator and the target. This power imbalance does not necessarily imply physical strength, but may also reflect psychological or social issues. This imbalance is manifested in the different forms that bullying can take, with the most common being physical (e.g., attacking, hitting, biting), verbal (e.g., name calling), relational (e.g., gossiping, social exclusion), and cyberbullying (through electronic means) (van Noorden et al. 2014).

Identifying school violence and safety as primary concerns has contributed to the creation of a link between safe schools and bullying prevention, which, unfortunately, has diminished attention to the harms of sexual harassment. The growing emphasis on bullying is best illustrated by an online literature search which reveals that the volume of studies, papers and prevention programs addressing bullying far exceeds that on sexual harassment (Gruber & Fineran 2008).

School risk factors for bullying perpetration have been extensively studied. Attending a school with a positive climate and being connected to school is associated with a lower risk of bullying perpetration. There is also an association between low academic performance and school-based bullying. School suspension has been shown to increase the likelihood of violent and antisocial behavior. In the current study, the authors sought to examine whether school suspension and factors associated with school disengagement (academic failure, low school commitment) were associated with bullying given that these school factors may provide students with more (unsupervised) time to engage in bullying (Hemphill et al. 2013).

A multidisciplinary approach is required for the management of a child who is physically injured or emotionally disturbed after a bullying experience. If after the assessment and evaluation the emergency physician suspects that a patient is involved in bullying behavior, this should be discussed with the family. Parents must realize that bullying is a serious problem. Children require the support and presence of parents to cope with this behavior. Emergency physicians should counsel parents to
discuss coping strategies, such as refusing to support the bully and reporting bullying incidents. In addition, emergency physician can counsel the parents to provide close supervision, which may be helpful in protecting children from future episodes of bullying or victimization. If the bully victim has been significantly injured, law enforcement should be contacted. If the bully victim or the perpetrator appears to be depressed and is a possible suicide risk, then an emergency psychiatric consultation should be obtained. If the bullying is occurring at school, school authorities should be notified. Social services should be involved if there is any evidence of ongoing risk to the child. Social services as well as mental health providers can undertake a comprehensive assessment of the larger social issues within the immediate family and evaluate the support structure of the child. Engaging social services and mental health workers in the ED may help avoid future episodes and help the child to develop coping mechanisms. The child and the family should be provided with information about available support services and community-based resources (eg, access to toll-free help lines). The knowledge that there is help available provides both reassurance and practical assistance. If and when it is deemed safe for the patient to be discharged, the patient should be referred for appropriate outpatient follow-up for both physical and psychological issues related to bullying. Bully victims must always be discharged to a safe environment (Waseem et al. 2015)

Conflict of Interest

None declared.

References


Pearce, J.B. et al., 1998. Practical approaches to reduce the impact of bullying Practical approaches to reduce the impact of bullying. , (November 2009), pp.528–531.

