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The Effects of Peer Abuse

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The Effects of Peer Abuse

Abstract

This study seeks to understand the short and long-term effects of peer abuse.

The terms “peer abuse” and “bullying” will be used interchangeably hereafter. Information from recent studies of peer abuse will be used to answer the following questions: What are the consequences of bullying on the affected population? How do variables such as the role one plays, type of bullying, and gender affect the outcomes of participants? How can we prevent bullying and what protective factors are valuable in preventing lasting negative effects?

A survey was also conducted of 358 random participants. The results will be used to support the conclusions of this study.

Cover Page Footnote

The Faculty Mentor for this paper was Patti Ward, Psychology.

Introduction

The struggle for dominance over one another has been prevalent since the beginning of mankind. As social animals, there has always been a need among humans to group together and an instinctive desire to create a hierarchy. We need only look at our ancestors on the evolutionary tree to see that dominance over others as a means to gain control is in our genes. Primates compete for habitat, food, and mating partners. The winners of this contest survive and flourish. Social hierarchy is set and reset in an unending fight for control. Humanity has evolved in many ways, and many of its members have developed more civilized approaches to competition. Even so, we are still beset with persons who try to gain advantage by dominating rivals and members with the lowest social standing are often targeted.

The Oxford English Dictionary defines the word “bully” as a person who uses strength or power to harm or intimidate those who are weaker. Daniel Pontzer (2010) gives a more expansive definition, stating, “The act of bullying is when a physically, mentally, or psychologically advantaged individual, or advantaged in some other way (such as belonging to a group) inflicts harm on a weaker individual for no justifiable reason.” Bullying in childhood and adolescence were once thought of as harmless, character-building rites of passage. We now know that this type of aggression causes real harm, both physical and mental, to perpetrators and victims alike.

Forms of Abuse

Bullying can be more easily understood if we break it down into its different types. Direct bullying is sometimes called overt bullying. It includes physical (hitting, kicking), verbal (name calling, threats, racial or sexual comments) and non-verbal (offensive or threatening gestures) aggression. These acts are committed face to face with the victim (Robison, 2012).

Indirect or covert bullying is more sophisticated. It also includes physical, verbal and nonverbal aggression. With indirect bullying, a physical attack may be carried out by a proxy. Covert verbal aggression is exemplified by rumor spreading and character assassination. Nonverbal aggression might escalate into social exclusion, in which the victim is ostracized by peers. Indirect bullying allows the aggressors to victimize with far less chance of being exposed (Robison, 2012).

Newer studies have included cyber-bullying, the use of electronic devices to harass, spread rumors, and threaten victims. It is a form of covert aggression and often is used to extend the reach of the abuser. Victims in the current age can find that there is no respite from their torment. It can also offer the abuser anonymity and is likely to cause deindividuation when practiced in groups or on social media.

Bullies, victims and bully-victims

Studies suggest that 10% to 30% of 9 to 16 year olds have been affected by bullying on a regular basis. These statistics vary internationally. Persistent bullying can be found in around 10% of the general population. Stable victims are also present in society, and they can continue to be abused throughout their lives by different tormenters (Gini, Pozzoli, & Hauser, 2010).

Researchers have identified three main types of participants in peer abuse: they are bullies, victims and bully-victims. Those who are not involved in bullying make up the rest of the population. Though they are non-participants, they can still be impacted indirectly. We will concentrate on those who are directly involved with peer abuse, and revisit non-participants later when discussing prevention.

Pure-bullies are the abusers. They are likely to have a more positive attitude concerning violence and be exposed to media which glorifies it. They may lack empathy, behave impulsively, and have difficulty with authority. They typically have more power than their victims, either physically or socially. Their peer group may even look to them as leaders

(Robison, 2012). There are certainly exceptions to this group of attributes. In relational aggression among girls, bullies are often academically gifted, highly gregarious and obedient. It has been explained that, unable to give themselves permission to react to situations overtly, they use relational aggression to keep peers in line, conforming to traditional social mores. They also use covert techniques to weed out those that they consider to be unworthy of a place in society (Anonymous, 2014).

Pontzer (2010) cites a number of previous studies that show that poor parenting can lead to children becoming bullies. Specifically, he links harsh, neglectful, absent parents who fail to model appropriate behaviors or provide positive affection to bullying behaviors in their children. Pure-victims are the abused parties. They can have poor social skills and trouble relating to their peers. They can be vulnerable, insecure and may be socially isolated in groups. They are often weaker, either physically or socially (Robison, 2012). In relational aggression, we again see that the victims can be anomalies. They can be as successful and popular as their abusers and still find themselves singled out for abuse (Anonymous, 2014). There is not as much research concerning parenting styles and the tendency for becoming a victim. Pontzer (2010) touches on the theory of an “intergenerational link” in which it is common for the parents of victimized children to have also been victims.

Persons who are bullies as well as victims are typically referred to as bully-victims. Often they have anxiety and insecurities. They may have difficulty understanding social cues and lack concentration. Some may be hyperactive (Robison, 2012). The bully-victim may have poor social problem-solving skills, weak academic performance and often experiences social rejection. They are also likely to be adversely influenced by peers (Cook, Williams, Guerra, Kim, & Sadek, 2010).

Short-term outcomes

Peer abuse can cause serious mental and physical health problems for bullies, victims, and bully-victims. Victims are at risk for internalizing problems. Typically, these problems manifest as anxiety, depression, loneliness, and suicidal ideation (Wang, Iannotti, & Luk, 2012). Victims are also more likely to suffer from sleep disturbances, headaches and abdominal pain (Stickley et al., 2013). Additionally, bullies more often have externalized problems. They have a tendency toward substance use and violence (Wang et al., 2012).

Studies show that the most affected group are the bully-victims. They tend to risk a variety of problems, both externalized and internalized (Wang et al., 2012). Furthermore, male bully-victims are more likely to commit suicide and female bully-victims have a greater tendency to be agoraphobic (Copeland, Wolke, Angold, & Costello, 2013). Each of these types can also have significant problems with academic achievement (Wang et al., 2012).

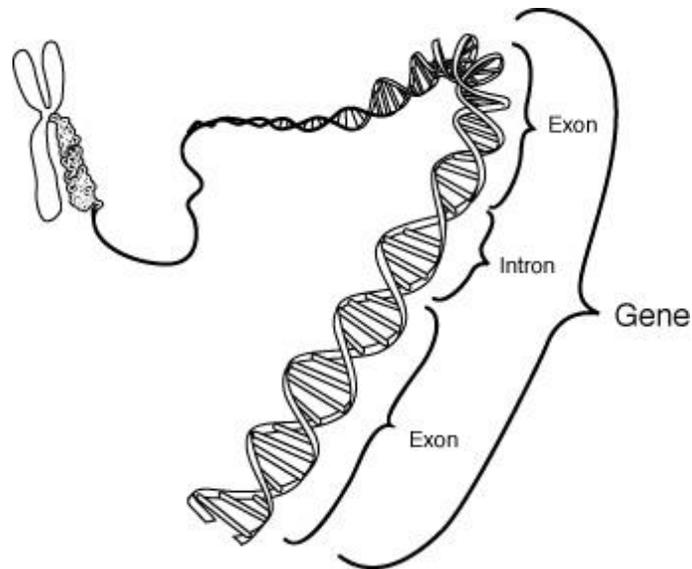
Finally, studies have found an alarming connection between bullying and school-based incidents of violence with multiple victims. The Secret Service produced a report focusing on 37 incidents of school violence. They concluded that most of the attackers felt bullied or persecuted. Another study showed that children were more likely to carry a weapon if they were the victims of frequent peer abuse. Their likelihood of carrying a weapon increased by 50% if they were bullied at school on a weekly basis and it was four times higher if they were bullied weekly away from school. Young people who bullied other children as frequently as once a week were six times more likely to carry a weapon and five times more likely to bring that weapon to school (Tanzola, 2006).

Long-term Outcomes

In a ground-breaking piece of research, it was discovered that both pure victims and bully-victims were at greater risk for psychiatric disorders in early adulthood when compared to those without a bullying experience (Copeland et al., 2013). Pure-victims had greater likelihood of depression, anxiety, panic disorder and agoraphobia. After controlling for childhood psychiatric problems and family hardships, victims were still found to be at risk for anxiety disorders. The association of depressive disorders in victims was no longer statistically significant in this study (Copeland et al., 2013). In searching for reasons why victimization can cause emotional disorders and suicidality, Copeland et al. (2013) suggest several theories. Victimization has been found to alter cortisol responses. Maladaptive cortisol response can lead to an increased risk for developing depression.

Bully-victims had higher levels of anxiety and depressive disorders and they were the most likely to attempt suicide. After controlling for childhood psychiatric problems and family hardships, bully-victims were still at higher risk for depressive disorders and panic disorder. Male bully-victims were 18.5 times more likely to be suicidal and female bully-victims were 26.7 times more likely to be agoraphobic when compared to subjects who had not experienced bullying. Pure-bullies were at a far greater risk for anti-social personality disorder (Copeland et al., 2013).

Children who have been exposed to bullying or other turmoil have been found to have accelerated telomere erosion, a new marker of stress. Shortened telomeres can be linked to lowered immune responses and aging related diseases (Copeland et al., 2013)



Courtesy: National Human Genome Research Institute. genome.gov

Current studies suggest that the serotonin transporter gene can have a pre-existing vulnerability. Some children are born with a variation in the serotonin transporter gene. Those children are at greater risk for a wide range of emotional problems when they are exposed to bullying (Copeland et al, 2013).

Methodology

A ten question, self-report survey entitled “The Effects of Peer Abuse” was distributed at a two-year community college and 358 total surveys were completed. The survey is included at the conclusion of this report.

Results

Of respondents, 130 (36.41%) were male, 226 (63.31%) were female, 298 (83.47%) identified as heterosexual, and 59 (16.53%) identified as LGBT. With 349 respondents answering (9 skipped this question) 53 (15.19%) were 19 or younger, 66 (18.91%) were in their 20’s, 67 (19.20%) were in their 30’s and 163 (46.70%) were age 40 or older.

Answering the question, “Have you experienced bullying, either as a bully, victim or both?”, with the option of marking all that apply the breakdown was as follows:

Answer Choices –	Responses –
Yes, in childhood (Before the age of 12)	72.30% 248
Yes, in adolescence. Between the ages of 12 and 18	76.97% 264
Yes, in young adulthood. Between the ages of 19 and 28	28.57% 98
Yes. In adulthood	23.03% 79
No.	6.41% 22
Total Respondents: 343 Skipped: 15	

Males and females differed significantly in two areas. In young adulthood, males were less likely (21.49%) to be bullied and females a bit more likely (31.96%). In adulthood, young men were less bullied (17.36%) and females had slightly higher rates of bullying (25.57%). LGBT participants had considerably higher percentages of bullying in all four age ranges, 80.36% in childhood, 87.50% in adolescence, 42.86% in young adulthood and 28.57% in adulthood.

Answering the question, “Which role(s) did you play?”, with the option of marking all that apply the breakdown was as follows:

Answer Choices –	Responses –
Bully	22.19% 71
Victim	94.69% 303
Bystander	42.19% 135
Total Respondents: 320 Skipped: 38	

Males were more likely to be bullies (27.83%), females (18.81%) and LGBT (18.87%) persons less likely. 98.11% of LGBT respondents were victimized. There were 5 commenters who identified themselves as defenders of those being bullied. 3 of those 5 identified as LGBT.

Answering the question, “Where did your experience take place?”, with the option of marking all that apply the breakdown was as follows:

Answer Choices –	Responses –
Home (sibling bullying)	25.72% 80
School	96.14% 299
Work	27.65% 86
Total Respondents: 311 Skipped: 47	

Additional responses from comments included online, during hobbies or church, in public (typically the home neighborhood or playground), home (roommate).

Answering the question, “What type of bullying occurred?”, with the option of marking all that apply the breakdown was as follows:

Answer Choices –	Responses –
Physical abuse	50.32% 155
Relational Aggression (The use of social pressure to exclude, harass or humiliate)	92.86% 286
Cyber-bullying	14.94% 46
Total Respondents: 308 Skipped: 50	

Additional responses from comments: Verbal Abuse (22 respondents). Male (63.30%) and LGBT (65.38%) respondents were more likely to have suffered physical abuse than females (43.37%).

Relational aggression was higher in both the female (95.41%) and LGBT (96.15%) population, while males had slightly lower numbers (88.07%). Cyber-bullying also affected females (18.88%) and LGBT (21.15%) at a higher rate than males (9.17%)

Responses to the question, “What is the longest incident of bullying you were involved in?” resulted in the following:

Answer Choices –	Responses –
Two months or less	37.61% 85
Two to six months	16.81% 38
Six months to one year	45.81% 104
Total Respondents: 227 Skipped: 132	

Additional responses from comments: Two years (9), Three years (27), Four years (5), Five years (9), Six years (5), Seven years (3), Eight years (2), Nine years (5), Ten years (6), More than ten years (30). Some of the longest periods included respondents that felt they had been bullied their entire lives (8) or constantly throughout their school careers (18).

Answering the question, “Have you suffered long-term negative psychological effects that you believe could be attributed to your experience?”, with the option of marking all that apply the breakdown was as follows:

Answer Choices –	Responses –
Anxiety	55.61% 119
Depression	54.21% 116
Self-Harming	16.36% 35
Low self-esteem	91.59% 196
Total Respondents: 214 Skipped: 144	

Additional responses from comments: Self-isolation, delayed social skills, anger, mistrust, guilt, suicide attempts, antisocial behavior, and PTSD. Long-term anxiety was lower in males (49.21%), slightly higher in females (59.46%) and higher in LGBT respondents (65.12%). Long-term depression was higher in both males (60.32%) and LGBT (60.47%) and only a little lower in females (52.03%).

Only LGBT respondents showed significant departure from the norm on the question of self-harming. In the LGBT category, 30.23% said that they had engaged in self-harming.

The following table shows the respondents by type of participant:

	Anxiety –	Depression –	Self-Harming –	Low self-esteem –	Total –
Pure-Victim	40.16% 96	37.65% 90	10.46% 25	62.76% 150	239
Bully-Victim	34.37% 22	42.18% 27	17.18% 11	57.81% 37	64
Pure-Bully	0	0	0	14.28% 1	7

Answering the question, “Did you experience any of the following before or during your experience?”, with the option of marking all that apply the breakdown was as follows:

Answer Choices –	Responses –
Parental abuse (Physical)	28.17% 40
Parental abuse (Mental)	59.44% 85
Poverty	50.00% 71
Parents divorce	56.34% 80
Total Respondents: 143 Skipped: 216	

Additional responses from comments: Chronically ill parent, alcoholic parent, sexual abuse, death of parent. LGBT respondents tended to suffer more physical abuse from parents (40.54%). Mental abuse from parents was reported less by males (46.51%) and more by females (64.29%) and LGBT (64.85%) participants.

The following table shows the responses by type of participant:

	Parental abuse (Physical) –	Parental abuse (Mental) –	Poverty –	Parents divorce –	Total –
Pure-Victim	12.55% 30	27.61% 66	23.01% 55	22.17% 53	239
Bully-Victim	10.93% 7	25.00% 16	23.43% 15	25.00% 16	64
Pure-Bully	0	14.28% 1	0	14.28% 1	7

Answering the question, “Have you experienced any of these adverse conditions?”, with the option of marking all that apply the breakdown was as follows;

Answer Choices –	Responses –
Substance abuse	27.73% 61

Answer Choices –	Responses –
Academic problems	50.45% 111
Employment problems	30.91% 68
Incarceration	2.73% 6
Health problems	42.79 95
Relationship problems	70.91% 156
Domestic Abuse	25.34 56
Total Respondents: 222 Skipped: 138	

The following table shows the respondents by gender and sexual orientation:

	Subst. abuse	Academic problems	Employ. problems	Incarcer.	Health problems	Relationship problems	Domestic Abuse
Male	31.58% 24	64.47% 49	38.16% 29	6.58% 5	36.84% 28	64.47% 49	10.53% 8
Fem.	26.24% 37	43.97% 62	26.95% 38	0.71% 1	46.10% 65	74.47% 105	31.91% 45
LGBT	32.56% 14	53.49% 23	37.21% 16	2.33% 1	51.16% 22	86.05% 37	30.23% 13

And once again, broken down by type of participant:

	Subst. abuse	Academic problems	Employ problems	Incarcer.	Health problems	Relationship problems	Domestic Abuse
Victim	18.82% 45	32.65% 78	20.92% 50	1.25% 3	31.79% 76	46.86% 112	18.41% 44
B/V	26.56% 17	46.87% 30	23.43% 15	4.68% 3	28.12% 18	59.37% 38	15.62% 10
Bully	28.57% 2	0	0	0	14.28% 1	28.57 2	14.28% 1

Conclusion

The study of peer abuse began in the early 1970's with research done by Dr. Dan Olweus and studies continue to be produced. The preponderance of evidence seems to indicate that bullying is not only harmful to children, but harmful to the adults they will become. Some studies have shown that subtle changes in physiological and neurological functions are responsible for these long-term changes (Copeland, 2013).

Many prevention strategies have been advanced. The U. S. Department of Health and Human Services anti-bullying initiative has produced some guidelines to help teachers, parents, and students work together to prevent peer abuse. They suggest rules and policies such as drafting a school mission statement, creating a code of conduct and a student bill of rights. They emphasize including staff, parents and students when these rules and policies are developed. Allowing students a role can help them feel a sense of ownership and establish respect and responsibility. Bringing parents into the discussion helps create a dialog that can be continued at home with their children. Training school staff on consistent enforcement of rules and policies is essential. Finally, they stress the importance of a reporting system that is easy, confidential, and shows emerging problems over time. (stopbullying.gov, n.d.)

When looking at the data in the current survey, the numbers are startling. 94.69% of the respondents experienced peer abuse at least one time in their lives. This is a survey that I hope to recreate with a more rigorous scientific approach in the future. It would be interesting to compare these results with results from a more random sample.

When looking at peer abuse, the roles seem archetypal. My survey did not generate as much response from those who qualified as pure-bullies. My suspicion is that it is harder to come to terms with your past actions if you were the aggressor. During the writing process, I found myself trying to understand their motivation. The research I read leads me to believe that several things are motivational for bullies. Lack of control (either over themselves or some aspect of their environment), exposure to violence and poor parental guidance and bonding seem to lead to their aggression. Perhaps in the future, more emphasis on seeking out what motivates individual bullies and mitigating those factors in their lives should be explored.

The bully-victim may be the most elusive character in this hierarchy. It seems counterintuitive for a child who has been victimized to begin behaving like their tormentor. From what I have learned, it is often a fear of continued social rejection that turns a victim into a bully-victim. A great example of this is presented by essayist David Sedaris in his book, "Naked" (1997). He recounts the story of being a closeted gay child who goes to summer camp and meets another homosexual boy. Though they start out being friends, they quickly turn on one another as the other boys begin socially ostracizing them. By the end of their time at the camp, David and the other boy have resorted to awful bullying tactics, each trying to avoid being placed at the bottom of the social strata. The motivations and problems of the bully and the victim seem to be compounded in bully-victims. An expansive approach applying methods helpful to both bullies and/or victims seems appropriate.

I understand the role of the victim personally. There are many perspectives on what might help a child who is being bullied. Some level of support does seem to be important, but each child responds differently to various forms of help from teachers and school staff. In my experience, simply having a safe place to go when harassment is particularly bad would have been helpful. The protective factors of positive parental and peer relationships may be most important of all, once again providing the child with a sense of security. Finally, I think that counseling would be helpful to children who have experienced significant (based on their own evaluation) abuse. Learning coping skills and rebuilding positive self-esteem are very important. These are things that might be easier to establish if done during the time of the abuse, but I believe that it is never too late. My survey indicates that many adults who have suffered peer abuse in the past are still burdened by anxiety, depression, and perhaps most of all, low self-esteem. I believe in the past there has been a great deal of stigma attached to victims of peer

abuse and that publicly discussing our experiences can help those who are still struggling. My first counseling session was encouraged by a friend who had endured the same kind of problems, and that person changed my life. Sharing our experiences may be the greatest gift that we can give to others in pain.

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