Inside the Mind of Children:  
The Relationship Between Child Bullying and Mental Health Disorders

Jaelyn Kupilik, MacEwan University

Introduction

Bullying is frequent in children's schools around the world. With the establishment of social media in individuals' lives, the prevalence of bullying has continued from the classroom to online sites. A primary dark side to social media is the power of people to hide behind accounts and profiles, thus granting them the ability to say anything or be anyone. Bullying is now progressively more challenging to escape, particularly for children who cannot independently navigate the world. The organization *Children First Canada* (2021) published a document outlining Canada's top ten threats to childhood. The second most threatening factor to children is poor mental health, while bullying is the ninth most threatening factor. Research has shown that mental health and bullying are linked and can significantly affect one another.

With the uprise of social media and evolved technology, the effects of bullying on children have become a significant field of interest for psychologists. Researchers have studied the effects of bullying in three different cohorts: bully, bully-victim, and victim. Bullies intimidate, threaten, and harm another individual, bully-victims have been a victim of bullying and also bully others, while victims are individuals who have been bullied but do not bully others. In a study done by Van Den Bedem (2018) about bullying and victimization in children with and without developmental language disorder, the researcher explains that both the bully and the victim face adverse lasting consequences. Bullying is predominantly seen within schools and on social media, possibly leading to a lack of confidence and an increased likelihood of depression in children who are victims. Exposure to bullying and violence in children transforms a child's view of themselves and their world, potentially producing long-term mental health issues. Above all, children involved in bullying are more likely to experience suicidal ideation, depression, internalizing or externalizing disorders, and self-harm. Without proper intervention, children have a significantly higher chance of having mental health issues due to bullying involvement.
**Defining Bullying**

In the 1970s, Professor Dan Olweus from Scandinavia became one of the first researchers to attempt to understand school bullying (Rigby, 1998, p. 8). Olweus executed an intervention program in schools to target bullying, revealing that peer victimization was reduced by 50% within the following two years (Rigby, 1998, p. 8). Olweus paved the way for numerous researchers worldwide to understand the processes of bullying. Bullying has gained significant attention in past years due to increased awareness of the harms associated with bullying. The *Government of Canada* (2016) outlines three dynamics of bullying: unequal power, hurtful actions, and repetitive behaviour. Unequal power occurs when there is a power contrast, and one child dominates the other child. Coupled with unequal power is hurtful actions, defined as behaviour towards another individual that is physically or psychologically damaging. Lastly, repetitive behaviour is the recurrence of destructive behaviour directed towards an individual. Correspondingly, the *Government of Canada* (2022) discusses cyberbullying as using an electronic device to threaten or emotionally harm another individual intentionally. Cyberbullying and school bullying involve intentional tactics to intimidate, threaten, and harm another individual. The fallout of these tactics causes harm to the victim, the bully, and the community, resulting in an unsafe environment for children. Approximately 20-40% of children report the involvement of bullying in a school setting (Kontak et al., 2019, p. 498), potentially resulting in decreased self-esteem, anxiety, depression, and suicidal ideation (Waasdorp & Bradshaw, 2015, p. 484).

**Suicidal Ideation and Childhood Bullying**

In Canada, suicide is the leading cause of death for children aged 10-14 (Children First Canada, 2021, p. 24); statistics show that the mental health of children has been declining in Canada over the past years. In the United States, 8% of youth have reported a suicide attempt (Kodish et al., 2016, p. 241). The decline of mental health in children can be linked to multiple factors. However, research has proven that bullying increases a child's likelihood of suicidal ideation and thoughts of death (Kodish et al., 2016, p. 241). Husky and colleagues (2022) provide in-depth research regarding children involved with bullying in elementary schools across Europe. The researchers studied bullies, bully-victims, and victims; all three subgroups of children were found to have internalizing or externalizing disorders. In detail, victims are associated with depression and anxiety, while individuals defined as bullies have been associated with aggressive behaviour and externalizing disorders. Some children who experience bullying victimization may also have an increased likelihood of psychosocial problems (Yoon et al., 2021, p. 6).

Meta-analyses show that any reported involvement in bullying as either a victim or a bully is linked to suicidal ideation. Specifically, being a bully-victim increases the likelihood of suicidality (Yoon et al., 2021, p. 6). Husky and colleagues (2022) presented data that 17% of children reported suicidal ideation, and 20.1% reported thoughts of death in children ages 6-11. Thoughts of death were reported by 19% of victims, 24.3% of bullies, and 25% of bully-victims, where bully-victims, victims, and bullies had greater odds of reporting suicidal ideation than children who were not involved in bullying. Children involved in any form of bullying are at higher
risk of developing mental health issues later in life as cyberbullying is also linked to anxiety and depressive symptoms (Waasdorp & Bradshaw, 2015, p. 484). Verbal, physical, and cyberbullying are strongly correlated with suicide risk, meaning that the more a child is bullied, the more likely it is for the child to have suicidal symptoms (Kobish et al., 2016, p. 243). Kontak and colleagues (2019) completed a study in Nova Scotia, Canada, concerning the link between bullying behaviours and internalizing disorders. They found that 33% of grade 5 students reported involvement in bullying, and of that group, 24% had at least one internalizing disorder diagnosis. Kontak and colleagues’ (2019) study was a longitudinal study completed over seven years. Results stated that children who were victims of bullying were significantly more likely to have internalizing disorders than others. In all, the results determine that children across cultures involved in bullying do face a likelihood of suicidal ideation, concluding that bullying prevention is crucial to protect children.

Non-suicidal self-injury has become prevalent in children in past years because of suicidal ideation and bullying. In China, Li and colleagues (2020) conducted a research study to investigate the relationship between non-suicidal self-injury and school bullying in children. Non-suicidal self-injury is the deliberate harm of an individual's own body without the intent of suicide (Li, 2020, p. 2). Many children partake in non-suicidal self-injury or self-harm due to school or social media bullying. Most report that they use self-harm as a form of self-punishment. School bullying is a global issue linked to "psychological disorders, isolation, low self-esteem, social withdrawal, and poor social adaptability" (Li, 2020, p. 2). Li and colleagues (2020) found that non-suicidal self-injury was positively correlated with multiple types of bullying and anxiety. In other words, the more likely it is for a child to get bullied, the more likely it is for that same child to induce self-harm. Self-injury may also be a coping mechanism to manage traumatic experiences (Li, 2020, p. 9). Involvement in self-harm can potentially increase a child's likelihood of suicidal ideation or suicidal attempt. As shown above, children involved in bullying are significantly more likely to cope with their negative emotions by inflicting harm on themselves.

**Complex Behavioural Patterns of Bullies**

In theory, children who bully other individuals do not bully without reason; there is a possibility that there is an underlying cause to their increased aggression towards others. Bullying and aggression are seen as "complex behavioural patterns" that result from the environment, community, and family (Cross & Barnes, 2014, p. 293). These complex behavioural patterns may be a result of harsh parenting. Children with strict parents may learn that using aggressive behaviour is appropriate (Hogye et. al., 2020, p. 142). If parents are aggressive in front of their child, the child may have increased aggression towards peers, leading to an abuse of power. Bullies are considerably associated with externalizing disorders (Husky, 2022, p. 28), such as conduct and attention problems (Fergusson, 2014, p. 160). These externalizing disorders linked to bullying may be linked to adult aggression or substance abuse (Yoon et. al., 2021, p. 2). Fergusson (2014) questions the relationship between childhood bullying and adult offending; he explains that children who are more likely to be future offenders are more likely to be aggressive towards their peers. Fergusson's (2014) study states that children with early externalizing problems who bully
others in their childhood years are classified as a high-risk group for adult offending. Bullying perpetration is also linked to violent behaviour, binge drinking, and sexual violence (Yoon & colleagues, 2021, p. 1).

Children subjected to bullying by the three subgroups, bully, bully-victim, or victim, are at risk of dealing with long-lasting problems. Victims of bullying face suicidal ideation (Husky, 2022, p. 285), while bullies have a higher probability of obtaining a criminal record later in life (Fergusson, 2014, p. 160). Aggression and bullying are learned behaviours (Roberts, 2017, p. 10). Thus, children who bully learn their actions and words from various observations such as television, video games, or a family member. Albert Bandura's Bobo Doll experiment was the first example of observational learning and how it affects children. In Bandura's Bobo Doll experiment, children witnessed an adult playing aggressively with a Bobo Doll. The children then acted aggressively towards the bobo doll, showcasing that aggression can be learned and possibly increase violence in children. Jacobsen and Bauman (2007) explain that "school bullying was once considered a childhood ritual," in other words, before proper research and studies, childhood bullying was not a serious offence; therefore, schools and adults have been slow to take bullying seriously. Bullying produces adverse effects for everyone involved, including the victim, the bully, and the school (Jacobsen and Bauman, 2007, p. 2). Many schools have a zero-tolerance policy for bullying; however, studies have shown that teachers and school personnel do not know how to properly handle bullying situations (Jacobsen and Bauman, 2007, p. 3). Adequately trained teachers that understand the effective tactics to target school bullying will be able to decrease an unsafe environment for children. Additionally, parents must be involved to help support the notion of anti-bullying (Parsons, 2014, p. 77). In all, the seriousness of bullying is a new concept to parents and schools, yet children must be protected from bullying in order for them to learn and grow in a safe school environment. Both teachers and parents should be involved in bullying awareness.

Considerable research discusses the aftereffects of bullying. However, minimal research has been completed regarding the reasoning as to why children bully others. Thomas and colleagues (2017) explain theoretical frameworks around the origins and influences of childhood bullying. The Social-ecological Theory is a framework that believes certain interconnections with one's environment influence individual behaviour. Therefore, the act of bullying can be reinforced by the bully's peers, family, and teachers through poor supervision and a lack of intervention. The child's environment can also influence their behaviours, environmental factors such as divorce or death of a parent are some examples that can alter a child's behaviour in school or online. Another possible theory is Family Systems Theory, which elucidates that an individual's behaviour is directly linked to the relationship dynamics within one's family (Thomas, 2017, p. 439). Both Social-ecological Theory and Family Systems Theory elucidate that children learn behaviours from the people around them, supporting the fact that aggression is learned.

**Solutions to Negative Emotions for Victims of Bullying**

In the past, bullying was not seen as an important field of research, and nonetheless, over past years, it has become increasingly popular. Sibold (2020) explains that bullying increases the
risk of violence, suicide, depression, thoughts of death, and drug use. For the most part, adults have experience understanding and receiving negative connotations from others, meaning that they are less likely to be severely affected by bullies. Conversely, children do not have experience dealing with bullying or aggression from other children and are often not educated on bullying. Children have not yet developed positive coping mechanisms; therefore, they can be severely affected by bullying and thus, cause lifelong issues with self-confidence. During childhood, bullying and victimization are linked to "potential risk factors for behavioural, social, and psychological maladjustment problems" (Lee, 2020, p. 129). Additionally, evidence has been found that childhood bullying may result in individuals having long-lasting mental health issues that continue into adulthood (Sibold, 2020, p. 194).

Without a solution to help children understand and deal with their emotions around being a victim of bullying, psychological issues may persist into adulthood. Sibold (2020) found that students who are victims of bullying who exercised four to seven days a week were at a lower risk for feelings of sadness. Exercise allows individuals to step away from their emotions for a moment and to focus on moving their bodies. The combination of mental and physical training is recognized to decrease indicators of depression and anxiety (Sibold, 2020, p. 194). Exercise is also a positive coping mechanism that increases confidence while improving health. Sibold's (2020) study on the effect of exercise on mental health in children elucidates that children who were bullied on school property and exercised frequently had a 36% decline in feelings of sadness, 34% reduction in suicidal ideation, and a 31% decrease in the likelihood of a suicide attempt. The study's results support the theory that exercise can be a positive solution to the mental effects caused by bullying in children. However, exercise did not improve children's mental health who were bullied solely online, and this is likely because the internet is constantly available to children and significantly more difficult to escape than school bullying.

Conclusion

Prior to research on bullying, many people did not understand the damaging effects to a child’s mental health. In Canada and the United States, mental health is declining, and suicide is increasing, especially in children. A cause of the high suicide rates in children is bullying. School bullying, and cyberbullying are known to increase the likelihood of depression, suicidal ideation, and other externalizing disorders (Husky, 2022, p. 28). In some cases, bullying victimization can also cause psychosocial problems (Yoon et. al., 2021, p. 6). These psychosocial problems include but are not limited to the use of tobacco, doing poorly in school, and depressive symptoms. The continuation of bullying can cause an increased percentage of children who have long-lasting mental health issues. Bully, bully-victims, and victims face a higher risk of internalizing and externalizing disorders, causing issues into adulthood. Though physical exercise has been proven to improve these symptoms in the cases of school bullying, it is crucial to prevent bullying to decrease the likelihood of children being diagnosed with mental health disorders. Schools and parents must be knowledgeable about the harms of child bullying to create a safe environment for children. Child bullying is strongly correlated with numerous mental health disorders. These
mental-health disorders pose a threat to future generations and have the ability to negatively impact society. Largely, bullying must be taken into consideration by teachers, schools, and parents in order to alter the prevalence of mental health problems in children around the world.
References

Children First Canada. (August 2021). Top Ten Threats to Childhood in Canada: Recovering from the Impacts of COVID-19. https://childrenfirstcanada.org/wpcontent/uploads/2021/08/CFC-RC-Report-2021_Final.pdf

Cross, D., & Barnes, A. (2014). Using Systems Theory to Understand and Respond to Family Influences on Children’s Bullying Behaviour: Friendly Schools Friendly Families Program. Theory Into Practice, 53(4), 293-299. http://www.jstor.org/stable/43894469

Fergusson, D. M., Boden, J. M., & Horwood, L. J. (2014). Bullying in Childhood, Externalizing Behaviours, and Adult Offending: Evidence from a 30-Year Study. Journal of school of violence, 13(1), 146-164.

Government of Canada. (2016, March 15). How to recognize Bullying. https://www.canada.ca/en/public-health/services/bullying/how-recognize-bullying.html

Government of Canada. (2022, February 28). Together we can stop cyberbullying. https://www.canada.ca/en/public-safety-canada/campaigns/cyberbullying.html

Husky, M. M., Bitfoi, A., Carta, M. G., et al. (2022). Bullying Involvement and Suicidal Ideation in Elementary School Children across Europe. Journal of affective disorders, 299, 281-286. https://doi.org/10.1016/j.jad.2021.12.023

Jacobsen, K., E., & Bauman, S. (2007). Bullying in Schools: School Counselors’ Responses to Three Types of Bullying Incidents. Professional School Counselling, 11(1), 1-9. http://www.jstor.org/stable/42732732

Kontak, J., C., Kirk, S., F., L., Robinson, L., et. al. (2019). The Relationship Between Bullying Behaviours in Childhood and Physician-Diagnoses internalizing Disorders. Canadian Journal of Public Health. 110(4), 497-505. https://doi.org/10.17269/s41997-019-00179-3

Lee, J. (2021). Pathways from Childhood Bullying Victimization to Young Adult Depressive and Anxiety Symptoms. Child psychiatry and human development, 52(1), 129. https://doi.org/10.1007/s10578-020-00997-4

Li, X., Chen, F., Lin, Y., et. al. (2020). Research on the Relationships between Psychological Problems and School Bullying and Non-Suicidal Self-Injury among Rural Primary and Middle School Students in Developing Areas of China. International Journal of Environmental Research and Public Health, 17(3371), 3371. https://doi.org/10.3390/ijerph17103371

Parsons, L. (2014). Bullied Teacher, Bullied Student: How to Recognize the Bullying in Your School and What to do About it. Pembroke Publishers.

Rigby, K. (1998). Bullying in Schools & What to do About it. Pembroke Pub.

Roberts, B., W. (2017). Working With Kids Who Bully: New Perspectives on Prevention and Intervention. Sage Publications.

Sibold, J., Edwards, E., M., O’Neil, L., et. al. (2020). Bullying Environment Moderates the Relationship Between Exercise and Mental Health in Bullied US Children. Journal of School Health, 90(3), 194-199. https://doi-org.ezproxy.macewan.ca/10.1111/josh.12864
Thomas, J., H., Connor, P., J., Scott, G., J. (2017). Why do Children and Adolescents Bully Their Peers? A Critical Review of Key Theoretical Frameworks. Social Psychiatry and Psychiatric Epidemiology, 53(5), 437-451. https://doi.org/10.1007/s00127-017-1462-1
Van Den Bedem, N. P., Dockrell, J. E., Van Alphen, P. M., et. al. (2018). Victimization, Bullying and Emotional Competence: Longitudinal associations in (pre) adolescents with and without developmental language disorder. Journal of speech, language & hearing research, 61(8), 2028-2044. https://doi.org/10.1044/2018_JSLHR-L-17-0429
Waasdorp, E., T & Bradshaw, P., C. (2015). The Overlap Between Cyberbullying and Traditional Bullying. Journal of Adolescent Health, 56(5). 483-488. https://doi.org/10.1016/j.jadohealth.2014.12.002
Yoon, D., Shipe, L., S., Park, J., & Yoon, M. (2021). Bullying Patterns and their Associations with Child Maltreatment and Adolescent Psychosocial Problems. Children and Youth Services Review, 129. https://doi.org/10.1016/j.childyouth.2021.106178