# Saudi child bullying in primary grades schools

# the case of Jeddah, Saudi Arabia

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## Introduction

Culturally, Saudi common view of bullying was that it is frequently encountered by youngsters as they enroll in the formal school system and widen their social network beyond the family. This 'normal rite of passage' view does not consider bullying as a stressful experience that could jeopardize children's well-being and a potential risk factor for mental health problem. Researchers on the other hand draw from the following most cited definition by Dan Olweus "the phenomenon of bullying is thus characterized by the following criteria: it is aggressive behavior or *intentional* 'harm doing,' which is carried out *repeatedly and over time* in an interpersonal relationship characterized by an imbalance of power" (Olweus, 1993, pp.8–9). Volk (2014)(Volk, Dane et al. 2014) updated the definition as : "bullying is aggressive goal-directed behavior that harms another individual within the context of a power imbalance". First, bullying occurs between individuals of the same age group both youth and adults; while hurtful actions by adults towards children or adolescents are considered maltreatment and not bullying. Also hurtful impulsive reaction is mostly reactive aggression while bullying is proactive planned goal oriented behavior. Social dominance expressed by prestige and popularity in young children at school or between siblings at home are examples. Proactive bullies are sometimes viewed as successful and their personality may not be very likable (Sijtsema, Veenstra et al. 2009). Home sibling conflicts can be used by bullies to identify relationship boundaries of acceptable behavior (Raffaelli 1997). Second, the hurtful actions are repeated over time so a pattern of interactions is established between the bullies and a victim. A one- time event is not considered bullying behavior, although it has the potential having a greater damage then the repeated bullying. Third, the relationship between the bullies and a victim is characterized by a power imbalance either actual or perceived; as a result, it is difficult for the victim to defend him- or herself. Physical strength, popularity and age, authority is examples of power that could be exploited by bullies. The children targeted for repeated bullying are those who have emotional reaction such as crying or running away; also they have nobody to stand up for them. Generally in schools or at home, condition such as higher density and greater hierarchies increase bullying (Wolke and Lereya 2015). Bullying victimization and perpetration is observed in boys and girls. Boys are more involved in direct bullying such as physical, verbal, and cyber-bullying; while girls are more inclined to indirect relational bullying. Boys are more likely to report having bullied others and the prevalence increase between ages 11 and 15 (Currie C. et al WHO 2009/20010 report).

Early bullying research generally explored the dyad of the perpetrator and the victim and measuring the resulting effect of the victim. Later research has focused on a bully/victim dual chronic identity. Repeated and chronic bullying creates physical health and behavioral stresses on victims while the bully /victim suffers a greater range of physical symptoms. Repeated sore throats, colds, and coughs are generated by direct bullying. Younger children and bully/victim are more likely to have externalizing problems, and are characterized as impulsive and having

poor emotional regulation. Psychosomatic health problems such as sleep and appetite problems, and worries about going to school have been linked to bullying. On the other hand pure bullies (who never got victimized) are characterized as highly competent manipulators have the least physical or psychosomatic health problems (Wolke, Woods et al. 2001). The long term effect of being bullied especially for primary school victims adds the dimension of being exposed to several forms of bullying or bullied for long times tend to have a greater adverse (Wolke and Lereya 2015). As per children perception physical bullying was felt as more threatening and could be spotted by teachers for intervention. Relational, indirect bullying on the other hand was highly reported as making the victims feel worse about them self and thus considered a cause of future mental health problems (Boulton and Hawker 1997)

Involvement in physical, and or relational bullying aggression is related to psychosocial adjustment problems. Anxiety, depression, withdrawal, and somatic complaints are considered internalizing adjustments to bullying; while aggression, defiance and delinquency are considered externalizing adjustments bullying. Being victimized by a boy is related to the occurrences of behavior problems, while both physical and verbal victimization are related to internalizing behavior (Felix and McMahon 2006). Victims and bullies/victims have greater risk of higher childhood psychiatric disorders and its related family hardships. A prospective population based study has indicated that victims continued to suffer from panic disorders, agoraphobia, and generalized anxiety. Bullies/victims were shown to have an increased risk of young adult depression, agoraphobia and suicidality. Pure bullies were at risk of antisocial personality disorders (Copeland, Wolke et al. 2013). Symptoms of mental health problems continue to adolescents and adulthood and could be stable for four decades. The predictability of the mental problems after controlling for relevant confounding variables show an increase with chronic bullying and even greater increase for bully-victims (Evans-Lacko, Takizawa et al. 2017).

First encounter with bullying is not random and is associated with individual and family characteristics especially for chronic and multiple bullying. Victim vulnerability and chronic bulling is associated with severe symptoms of mental health problems includes self-harm, violent behavior and psychotic symptoms (Arseneault, Bowes et al. 2010). Preschool bullying risk factors relate preschool aggressive behavior to bullying and being bully/victim; and family brake-up, poor socioeconomic status and pour motor health related to victimization (Jansen, Veenstra et al. 2011). Gender norm of aggression attributes overt aggression (e.g. Hitting or pushing) to boys, while covert aggression (e.g., gossiping or spreading rumors) is attributed to girls. Aggression beyond the gender norms is strongly linked to psychosocial negative outcomes ((e.g., anxiety, depression, helplessness, loss of control, physiological disturbances) ( (Card and Little 2006); (Felix and McMahon 2006)). Negative parenting behavior including abuse, neglect and maladaptive pattern is moderately linked to child bully/victim, while parental closeness and supervision was protective against peer bullying (Lereya, Samara et al. 2013).

Bullying in school could occur early, where prevalence can reach 11.6% for the second through sixth grade and the prevalence decreases as students proceed through their school grades. It was also surprising that victimization among kindergarten could reaches up to 22.6% where it was argued that as children enter new peer groups, aggressive children direct their negative behavior towards a variety of targets described as reactive aggression, until the number of targets is

narrowed down to peers that are vulnerable (Kochenderfer and Ladd 1996). Aggression at a later age coming from a bully is more proactive, intentional and goal oriented or described as prosocial. During adolescents bullying goal is higher status, greater power or dominant position. Therefore, when adolescents bully other, they do it in front of other peers (Salmivalli 2009). Victims on the other hand suffer a greater negative affect on psychosocial functioning by mala-adjusting internally or externally. External maladjustment is involvement in socially problematic behaviors such as substance abuse, physical assault involving serious conflicts with teachers or involving the police. Internal maladjustment involves psychological dimensions such as mental health, self-esteem and life satisfaction. A group of children that lack adjustment is describes as "at-risk" and is characterized by an increase of victimizations over time and decrease in prosocial behavior. The possibility of the victim becoming resilient or better adaptation of the victim depends on the availability of protective mechanism in his surroundings (Freitas, Coimbra et al. 2017). For peer bullying such mechanism include enabling teachers to better recognize incidence of bullying and give proper emotional and behavioral support.

The purpose of our study was describe the prevalence of the different types of bullying including bullying physical in nature and psychological, and others that are psycho-physical. Also to describe the factors predisposing to bullying, such as student, school and home

## Methods

### Participants

Participants were 569 enrolled in general education grade schools. The study subjects are a convenience sample of interviewed mothers concerning their children psychosocial well-being. The sample was collected over two years starting 2018. As part of their course training, students were asked to collect the data from contacts known to their house-holds. Our sample had 32% males and 66% females, they resided mostly in Jeddah city middle and new middle class neighbor hoods; 25% also resided in the low class neighborhood and 7% resided in the high class neighborhood.

### Measures:

The Revised Olweus Bully/Victim Questionnaire (OBVQ) was used. The QBO is a self-report instrument composed of 23 items about bullying (bully scale) and 23 items about victimization (victim scale). Each item describes a different behavior, and the respondent is asked to determine the frequency with which this behavior occurred over the past month. For instance: "I hit, kicked or pushed someone" (bully scale); I was hit, kicked or pushed" (victim scale). Participants choose a response to each of the 23 items from a four-category Likert scale that reflects the frequency of behaviors: (1) Never", (2) Once or twice a month", (3) Around once a week", and (4) Several times a week" (Olweus, 1996; Fischer, et al., 2010)

The Rosenberg, M. (1965), Society and the adolescent self-image, Princeton, NJ: Princeton University Press Was also used. The scale is a 10-item scale that measures global self-worth by

measuring both positive and negative feelings about the self. The scale is believed to be one-dimensional. All items are answered using a 4-point Likert scale format ranging from strongly agree to strongly disagree.

The Screen for Child Anxiety Related Disorders (SCARED) was also used. It is 41 item child self-report version of the to measure anxiety symptoms in children and adolescents Thirteen items relate to panic/somatic symptoms (PN), 8 each to generalized anxiety (GD) and separation anxiety (SP), 7 to social phobia (SOC) and 4 to school phobia (SCH). It asks young people to judge for each item how true it is of them from never (0) to often (2). The possible score range is from 0 to 82 and evidence suggests that scores equal to or greater than 33 effectively

**Statistical analysis:**

Descriptive statistics were obtained for bullying and victimization, school students' behavior and perception towards the bully and victim, perception to parental closeness and family household crowding. Next, Logistic regression analyses were used to examine which independent variables were associated with either physical or non-physical victimization by a peer. Following the bivariate analyses, seven independent variables were entered into the logistic regression for any physical victimization. The variables are gender, age, parental closeness, self-esteem, and crowding index.

We also used logistic regression analyses to test whether the child's gender and age moderated the effects of parenting characteristics on peer victimization. Because there were main effects for gender and parental criticism on physical victimization, we tested this interaction and found it was not significant (p=.60). Gender, age, and parental monitoring were each significantly associated with psychological victimization so we tested two interactions. The interaction for age and parental monitoring was not significant (p=.34), while the interaction for gender and parental monitoring was significant (OR=1.16, p=.02). The results show that there was a significant effect for parental monitoring for both boys and girls but

## **Results**:

The demographics of our study population were mostly females at 66.8%, and show a mean age of 14.8 with the majority being at the age 16-18 year at the percentage of 49.1%, they were also at the high school level of education. The youngest of 7-12 years old were at 23.3%, they were also in the elementary level of school education; and children ages 13-15 year old were 27.4%, they were also at the level of middle school education. The grade level of school attainment was for the majority, 88% at the A and B level. The smallest percent of 2.3% were at the C level. The children resided mostly in middle class Jeddah neighborhoods at the percent

of 66.5%, and 24.9% resided in traditionally known as low level neighborhoods. Another socioeconomic indicator was the household crowding index, where the largest percent of 55.6% resided the crowded houses, and 30.0% in middle crowding, and 8.8% were in least crowded houses. The self-esteem score of the children in study population was almost evenly distributed. The good scores were at 33.9%, the fair scores were at 38.0%, and the poor score were at 28.1%.

**Table 1: Demographic description of study population n=570**

| | Group 1<br>Freq.;percent | Group 2<br>Freq.;percent | Group3<br>Freq.;percent | Mean, min&max |
|---|---|---|---|---|
| Age | 7-12 years<br>133 ; 23.3% | 13-15 years<br>156 ; 27.4% | 16-18 years<br>280 ; 49.1% | X=14.8: SD=2.9<br>Min=7;max=18 |
| School level | Elementary<br>21% | Mid<br>164 ; 28.8% | High<br>281; 49.3% | X=8.92; SD=3.2<br>Min=1;max=14 |
| School grades | A<br>361 ;63.3% | B<br>147; 25.8% | C<br>13 ; 2.3% | Missing<br>= 8% |
| Crowding index | low<br>50 ; 8.8% | Mid<br>172 ; 30.0% | high<br>317 ; 55.6% | X=1.14 ;SD=0.5<br>Min=0.3;max=4 |
| Self-esteem* | Good<br>193; 33.9% | Fair<br>216; 38.0% | Poor<br>160; 28.1% | X= ;SD=<br>Min= ;max= |
| gender | Male<br>183; 32.1% | Female<br>381 ; 66.8% | | |
| neighborhood | Rich<br>39 ; 6.8% | Mid<br>217 ; 38.1% | Mid new<br>162 ; 28.4 | Low<br>142 ; 24.9% |

Exposure of our children to the different bullying types is shown in table 2. Children Self-reported as ever being a bully was 6.5%. self- reported chronic and multiple bullying ranged from 0.9%-1.4% The results for any one time experienced bullying show the majority, between 73.9%- 85.6% of the school population not reporting any incidence of bullying. Those reporting exposure to bullying show the highest level of 13.2% of verbal bullying occurrence, followed by physical bullying at 9.6%, and damage and stealing of belongings at 8.9%. Exposure to social bullying was at 5.3% for social isolation bullying, and, 5.8% Group prejudice bullying. Cyber-bullying occurred in 4.7% of the children. Sexual bullying occurred at 3.5% of the children. Related to both cyber-bullying and sexual bullying is the bullying was the victims are forced to do things they didn't like, it occurred at 6.7% of the children. Chronic bullying, which repeated weakly is reported the most for forcing me to do things I don't like at 4.2%, and followed by stealing and damage to belonging at 1.9%, and is followed by verbal bullying at 1.6%. At a lesser percent of 9% occurred chronically social isolation, Group prejudice bullying, and sexual bullying. Cyber-bullying occurred the least at 5% of the children. Multiple bullying occurred less than ever bullied of chronic bullying. The most was for verbal bullying at 25%, and cyber-bullying at 1.1%. To a lesser extent multiple Group prejudice bullying at 0.7%, and both multiple physical bullying and social isolation at 0.5%.

**Table 2: Exposure of Saudi school students to different types of bullying n= 570**

| | non | Once or twice | 2to 3 monthly | One per week | Several weakly |
|---|---|---|---|---|---|
| I bullied others before | 77.4% | 6.5% | 1.35% | 0.9% | 1.4% |
| Physical bullying occurrence | 73.9% | 9.6% | 14.7% | 0.7% | 0.5% |
| Damage and steal belonging occurrence | 77.4% | 8.9% | 4.2% | 1.9% | |
| verbal bullying occurrence | 65.1% | 13.2% | 17.4% | 1.6% | 2.5% |
| Social isolation bullying occurrence | 83.9% | 5.3% | 9.1% | 0.9% | 0.5% |
| Force me to do thing I don't like | 78.2% | 6.7% | 4.0% | 4.2% | |
| Group prejudice bullying occurrence | 80.0% | 5.8% | 12.3% | 0.9% | 0.7% |
| cyber bullying occurrence | 83.3% | 4.7% | 10.0% | 0.5% | 1.1% |
| sexual bullying occurrence | 85.6% | 3.5% | 9.1% | 0.9% | 0.5% |

Table 3 show data of school children perceive bullying to occur mainly to their peers who are small weak and ones who are socially exhibiting themselves at about 10%, and to a lesser extent to minority peers at 3.3%. The reasons of why some peers became bullies for the most because of being previously bullied at 42.5%, followed by peer desiring a feeling of being in control at 21.4%. Home related factor the allowed peers to be bullies are family values and being board at 12.1%, anger and payback at 12%, and Envy and wanting satisfaction at 11.8%. Action taken by student not involved the bullying was highest for stopping the bullying at 55.4% followed closely by being a bystander at 33.9%. Supporting the victim was reported by the school children at 8.1% and joining the bullying at 2.3%. Reporting to the teacher the incidence of bullying was the most reported at 47%, and personally stopping the bullying was at 28.2%, and ignoring the incident was at 19.6%.

**Table 3: School environment, Saudi student's perceptions and reaction to bullying**

| **School environment questions** | **Categories of responses** | | | | |
|---|---|---|---|---|---|
| Perception of why bullying victimization occurs to others | Never bullied | I don't know | Small& weak | exhibitionist | I am minority |
| | 47.6% | 23.9% | 10.7% | 9.5% | 3.3% |
| Action taken with bullying incident | Join bulling | Support victim | Become bystander | Stop bullying | |
| | 2.3% | 8.1% | 33.9% | 55.4% | |
| Where to ask for help with bullying | Ignore incident | Personally stop bullying | teacher | | missing |

| | | | | | |
|---|---|---|---|---|---|
| | 19.6% | 28.2% | 47.0% | | 4.9% |
| Perception of why students bully others | Envy & wanting deprivation relief | Anger and payback | Family values& boredom | Feeling of control | Previously bullied |
| | 11.8% | 12% | 12.1% | 21.4% | 42.5% |

For home environmental factors important to children psychosocial development, measured children perceived parental closeness. Most of the study children enjoyed closeness of both parents at 62.2%. This is contrasted by both parents being away from the children at 13.7%. Children whose fathers were perceived to be far and mother as being close are at 19.5%, and the opposite of fathers being close and mothers being far from the children is at 4.5%.

**Table 4: Home environment, Saudi children perceived parental closeness.**

| | Frequency | Percent |
|---|---|---|
| Both parent close to the child | 354 | 62.2% |
| Parent away from each other, father close to childe | 37 | 2.8% |
| Parent away from each other, mother close to childe | 122 | 19.2% |
| Both parents far away from the child | 78 | 13.7% |
| Total | 567 | 99.6% |

Females are associated more with Physical bullying, while males were associated more with both physical and psychological such as cyber bullying, sexual bullying, and being forced to do things. The association between age and all types of bullying was significant and the strongest for to psychological such as verbal, social isolation, prejudice to groups. Also the association of self-esteem was significant for all types of bullying and stronger for psychological bullying.

**Table 5: Three major types of bullying and factors predicting its occurrence.**

| | **psychological (verbal, social isolation, prejudice to groups)** | | **Both physical and psychological (cyber, sexual, force me to do things I don't like)** | | **Physical bullying (hitting or pushing and steal or damage belonging(** | |
|---|---|---|---|---|---|---|
| **Bullying prevalence** | **41.5%** | | **27.2%** | | **32.7%** | |
| **age** | B= -0.11 | S.E.=0.03 | B= -0.008 | S.E.= 0.05 | B= -0.03 | S.E.= 0.03 |
| **gender** | B= 0.3 | S.E.= 0.2 | B= -0.04 | S.E.= 0.2 | B= 0014 | S.E.= 0.2 |
| **Parental closeness** | B= -20.5 | S.E.= .000 | B= -20.55 | S.E.= .0000 | B= 0.83 | S.E.= 0.3 |
| **Self-esteem** | B= 0.2 | S.E.= 0.03 | B=0.13 | S.E.= 0.03 | B= 0.11 | S.E.= 0.03 |

| | | | | | | |
|---|---|---|---|---|---|---|
| **Crowding index** | B= 0.02 | S.E.= 0.2 | B= 0.2 | S.E.=0.2 | B= 0.2 | S.E.= 0.2 |

## **Discussion**:

In this study of school student age 7-18, we aimed to examine which individual and parenting characteristics and family environmental factors were associated with different types of peer victimization. Our finding that approximately13.2% - 3% of school students reported experiencing some form of victimization by a peer in the past 30 days. This is a very small prevalence when compared the global prevalence of 30.5%, or the Mediterranean region of 45 % (Biswas, Scott et al. 2020). It is thus expected that future studies be of greater representation of the lower socioeconomic schools with show prevalence closer to that of our region. School student were exposed the most is verbal bullying, of insulting and spreading rumors at 13.2%. Physical bullying of hitting and shoving, and stealing and damaging belonging was respectively at 9.6%, 8.9%. Social prejudice of ethnic group or overweight was close to cyber-bullying and social isolation at the rate of (5.8%, 4.7%, and 5.3%). Exposure to repeated bullying had a decreased rate for all types of bullying except for verbal, physical, and social isolation. This is perhaps because most bullying is done when teachers are away, and to a lesser extent as sometimes society accepting these actions as normal patterns of social growth. Bullying several times weakly has the last rate of exposure for all bullying types. It is possible this category represents multiple bullying by multiple people who is the most damaging the victims' wellbeing and would be users of mental health service in their adolescence and adulthood(Evans-Lacko, Takizawa et al. 2017).

Females in our study population were associated more to Physical bullying such as hitting or pushing and stealing or damaging belonging; also to psychological such as verbal, social isolation, prejudice to groups. Males were associated more with both physical and psychological such as cyber bullying, sexual bullying, and being forced to do things. The association between age and all types of bullying was significant and the strongest for to psychological such as verbal, social isolation, prejudice to groups. Also the association of self-esteem was significant for all types of bullying and stronger for psychological bullying These results are in line with other research (Biswas, Scott et al. 2020).

Schools presented by the perception and actions of its students and teacher, provides bullying the ability to increase or decrease. It is associated with student psychosocial disturbance which happens more in larger more crowded schools(Boulton and Hawker 1997). Our study show that school students perceive victims most vulnerable are the small and weak, and the ones who are standing out and showing off. This means that psychological bullying is now known to them. Also their perception why bullies are aggressive towards the victims is for the most for previously being bullied at 42.5%, and a desire for a feeling of control at 21.4%. Other equal reasons for bullying were envy and wanting deprivation relief at 11.8%, anger and payback at 12%, and family values and boredom at 12%. As for the appropriate action to take most, ask the teacher for help.

Parental perceived closeness by the children significantly associated with all types of bullying and the strongest protecting effect was for psychological bullying and to both physical and psychological such as cyber bullying, sexual bullying, and being force to don things, which is in line with other research (Jansen, Veenstra et al. 2011, Boel-Studt and Renner 2013). It was also protective for physical bullying but the lesser strength. Parents being mentally health and maintaining good child nutrition can provide protection from bullying. Danielle, Jansen et, al. study of longitudinal tracking individual adolescents' survey showed that having early emotional problem was associated with both bullying and victimization. Impairment on motor skills also leads to poor psychosocial functioning and anxiety in adolescence. Poor nutrition and poor motor function because it is inadequate and nearly impossible to intervene on the often superior physical Status of bullies, the focus should be on children with a poor motor performance which often persist throughout adolescence and into adulthood Next to this, additional future longitudinal research incorporating more detailed measures on motor performance is needed to assess the Way in which motor skills affect involvement in bullying and have the potential to prevent victimization. Negative family factors such as mental illness, interpersonal conflict and family brake up are thus positively associated with bullying involvement (Jansen, Veenstra et al. 2011, Lereya, Samara et al. 2013). Psychological ailment and symptoms of children involved in bullying include Victims tend to show increased symptoms of anxiety and depression, low self-esteem and poor social. Bully-victims are children who are involved in bullying both as bullies and as victims. They represent a smaller group of children have the highest level of adjustment problems among all children involved in bullying, showing symptoms of both internalizing and

externalizing problems (Arseneault, Bowes et al. 2010). For younger children Direct both bully and victims, and girls were most likely to have physical health symptoms such as repeated sore throats, colds, and coughs. Direct victims at 2 year old are most likely to have high psychosomatic health problems such as poor appetite, worries about going to school. Pure bullies, who never got victimized has the least physical and psychosomatic health problems(Wolke, Woods et al. 2001).

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