# Perspectives of Individuals who Experienced Bullying during Childhood

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## Abstract

Background: The objective of the qualitative study was to describe the perspectives of adults who experienced bullying at school during childhood or adolescence.

Method: Data was collected through semi-structured interviews (n = 8) and analyzed using the constant comparative method.

Results: Three major themes emerged: (a) the school should have done something, (b) it still affects me, and (c) there needs to be prevention.

Conclusion: Based on their unique expertise, occupational therapy practitioners may be able to collaborate with interprofessional teams to address the needs of individuals who bully and those who are being bullied at school.

## Keywords

bullying, occupational therapy

## Credentials Display

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With school shootings and other types of student-on-student violence on the rise, an increasing number of administrators and policy makers are beginning to examine bullying and to consider interprofessional prevention strategies (Nickerson, Cornell, Smith, & Furlong, 2013). Bullying has been defined as habitual and repeated acts of intentional verbal or physical aggression that occur in situations where there is an inherent power differential between two or more individuals (American Occupational Therapy Association, 2013; Stopbullying.gov, n. d). Approximately 40% of middle school students are thought to be involved in bullying related incidents, either as a victim or as a bully, on a weekly basis (Domino, 2013). Bullying can greatly influence a child's mental health and development (Smokowski & Kopasz, 2005).

Evidence related to the consequences of bullying consistently show both short- and long-term effects for the bully and the victim (Gladstone, Parker, & Malhi, 2006; Lemstra, Nielsen, Rogers, Thompson, & Moraros, 2012; Smokowski & Kopasz, 2005). According to Lemstra Nielsen, Rogers, Thompson, and Moraros (2012), there is evidence that victims who experience regular bullying in childhood become depressed and anxious adults with poor relationships. Victims of bullying are more likely to report sleep disturbances, abdominal pain, headaches, sadness, low self-esteem, depression, anxiety, and suicidal thoughts (Gladstone et al., 2006; Lemstra et al., 2012; Smokowski & Kopasz, 2005). At one time, it was thought that children who experienced bullying used health complaints as convenient excuses to avoid school. Recent studies, however, suggest that the effects of bullying may actually alter an individual's physiology in a manner that is similar to posttraumatic stress disorder (Knack, Iyer, & Jensen-Campbell, 2012; Knack, Jensen-Campbell, & Baum, 2011). Bullying can also lead to decreased school performance (Lemstra et al., 2012). Individuals who experience bullying may develop a pattern of truancy to avoid negative health symptoms as well as their persecutors (Knack et al., 2012; Knack et al., 2011). School avoidance has been found to negatively affect children's educational capabilities as well as their physical and emotional health (Lemstra et al., 2012; Swearer, Espelage, Valliancourt, & Hymel, 2010).

Bullying may also negatively affect social participation. For example, children who are victims of bullying more frequently experience social isolation, exclusion from social groups, and impoverished interpersonal skills (Batsche & Knoff, 1994; Swearer et al., 2010). Moreover, bullying can be detrimental to the victims' social participation as they enter adulthood (Swearer et al., 2010). The literature suggests that victims of childhood bullying are often afraid to put themselves in situations where they might feel judged and are often disproportionately concerned about what others may think of them (Chambless, 2010). Individuals who experience childhood bullying demonstrate a tendency to narrow their circles of friends and surround themselves with others who may share the same bullying experiences (Schäfer et al., 2004).

Other children respond to bullying with resilience (Sapouna & Wolke, 2013). Resilience

denotes the process by which individuals who encounter adversity positively adapt to situations and contexts that would otherwise be thought to cause distress (Luthar, Cicchetti, & Becker, 2000). Resilience develops over time and is not considered to be a fixed personality trait (Luthar et al., 2000; Sapouna & Wolke, 2013). Several factors, such as access to social supports, self-regulation skills, and a good self-concept, have been identified as supportive in the development of resilience (Sapouna & Wolke, 2013; Zolkoski & Bullock, 2012).

Thornberg (2011) discussed that many children bully others as a way to gain power over circumstances and people they perceive to be in their control. Individuals who engage in the act of bullying also often have negative life experiences. For example, the literature suggests that those who bully others are more likely to come from lower socioeconomic groups and may have parents who either demonstrate less parental involvement (Verlinden et al., 2014) or who are controlling or abusive (Gladstone et al., 2006). Batsche and Knoff (1994) described the effects of controlling or abusive parents as a cyclic and intergenerational phenomenon caused by a child being victimized at home and then acting as the aggressor at school. Bullying also often brings about a sense of higher status and many children and youth are motivated to continue bullying in order to maintain this status (Burns, Maycock, Cross, & Brown, 2008).

Proponents of anti-bullying programs advocate for models of prevention and intervention that emphasize interprofessional collaboration (Meyer-Adams & Conner, 2008; Nickerson et al., 2013). Occupational therapy practitioners are one group of professionals who could be included on such an interprofessional team. The American Occupational Therapy Association (AOTA) (2013) has identified bullying as an emerging area of practice for occupational therapy practitioners working with school-aged children. Therefore, it is critical for occupational therapy practitioners to learn how bullying affects individuals' performance patterns and engagement in daily occupations.

## Method

### Research Design

A basic qualitative interpretive design was used to answer the question: What are the perspectives of adults who experienced bullying in childhood or adolescence?

### Participants

After obtaining Institutional Review Board approval, the researcher recruited the target population. The population for this study included English-speaking adults aged 21 years and older who self-identified as having experienced bullying while attending elementary school or high school. Participants were recruited from the Chicago area through flyer distribution and the use of key informant and snowball sampling strategies (Patton, 2002). Individuals were excluded from this study if they did not speak English, were younger than 21 years of age, or did not indicate that they expereinced bullying while attending elementary school or high school. Potential participants that received the flyer were invited to contact the primary investigator for a screening. Prior to giving consent, individuals interested in the study were

screened over the phone by one of the investigators. Potential participants were invited to join the study if they attended a public or private elementary school or high school and self-identified as having experienced bullying while they attended school. An effort was made to recruit individuals who experienced bullying in elementary school and individuals who experienced bullying in high school in order to examine how bullying played out in these two contexts. Individuals were not invited to join the study if they were homeschooled or if they did not indicate that they experienced bullying. The participants were selected based on their ability to meet inclusion criteria and their willingness to voluntarily share their experiences in an interview.

A sample of 12 participants was initially sought to represent the depth of knowledge and variability needed to thoroughly investigate this phenomenon. Individuals were interviewed as they were recruited and consent was secured. Sampling continued until no new information was collected (Patton, 2002).

**Data Collection**

Eight individuals met the inclusion criteria and provided formal consent to participate in this study. Pseudonyms were assigned by the investigators to protect the confidentiality of the participants. See Table 1 for the participants' demographic information.

**Table 1.**
*Participants' Demographic Information*

| Participant Pseudonym | Gender | Age | Type of bullying | Location of bullying |
|---|---|---|---|---|
| Amy | Female | 36 | Physical; Verbal | Elementary school |
| Beth | Female | 24 | Cyber | Internet; Elementary school; High school |
| Crissa | Female | 26 | Verbal | Elementary school |
| Don | Male | 28 | Verbal | High school |
| Edward | Male | 27 | Verbal | Elementary school |
| Faye | Female | 20 | Physical; Verbal | Elementary school; High school |
| Gwen | Female | 32 | Cyber; Verbal | Internet; High school |
| Hank | Male | 40 | Physical; Verbal | Elementary school |

Data were collected through semi-structured interviews that were audio-recorded and later transcribed. Interviews took place at locations based on each participant's discretion (e.g., quiet study rooms, private rooms at public libraries, or in the participant's home).

During each interview, the participant was asked to describe his or her perspective regarding the experience of being bullied in childhood and adolescence. The initial interviews ranged from 45 to 60 min in length. Three investigators attended each interview. During each interview, one investigator interviewed the participant and the others kept notes. The note taker audio-recorded the interviews. All of the interviews were transcribed verbatim, compared to the audio recording, and revised for accuracy. Member checking following Patton's protocol (Patton, 2002) took place after the participant's interview was analyzed. For the purposes of member checking, the participants were contacted via email to clarify statements and to ensure significant themes from

the interview were highlighted.  At that time, the participants had the opportunity to provide clarification and elaborate on previously discussed topics.  Two of the participants provided clarification and additional information during member checking.

**Data Analysis**

Data analysis was completed using the constant comparison method, which consists of a three-step process of data reduction (Glaser & Strauss, 1999).  This process included coding, data display, and drawing conclusions and verification.  Verbatim transcripts from the eight initial interviews were generated immediately.  The transcripts were reviewed by each of the investigators, compared to field notes, and coded for initial themes to ensure that each of the transcriptions matched exactly to the information gathered during the interviews.  Data from the first transcript were reduced by placing key quotes into a data display after a process of line-by-line open coding.  After the second transcript was completed, it was reviewed for initial themes found in the first transcript, and key quotes from this transcript were added to the data display.  Any additional themes discovered in the second transcript were added to the data display, and the first transcript was recoded line by line for these new themes.  This process was followed for each of the following transcripts until the data display was inclusive for the eight interviews.  The themes were then analyzed and compared by the investigators.  During the final step of the data analysis, the investigators went back through the themes to ensure that the themes

generated were present in each of the transcribed interviews.

**Trustworthiness**

The investigators used several strategies to ensure trustworthiness associated with this inquiry, as recommended by Patton (2002).  The investigators created an audit trail, comprised of reflexive notes compiled and maintained in an electronic document.  The audit trail was used to record the steps that the investigators took to complete data analysis as well as the emergence of new themes.  The audit trail also served as a way to document the decisions that were made by the research team after routine discussions about data collection and analysis.  Further, in order to maintain conformability extensive discussions took place between the team members when instances of subjectivity were questioned.  During data analysis, the team searched for negative case examples associated with the various themes.  Finally, member checking was also used to allow the participants to expand on or amend previous statements.

**Results**

Three main themes emerged from the data related to the participants' experiences of bullying: (a) the school should have done something, (b) it still affects me, and (c) there needs to be prevention.

**The School Should Have Done Something**

The participants discussed the various ways they responded to being bullied.  Some of the participants confided in an adult (i.e., teacher or parent), and others confided in a peer.  The majority of the participants chose to "tell" in an effort to gain support and assistance in the hopes of resolving the

bullying situation, and the participants who chose "not to tell" usually did so for fear of retribution from the bully. The participants, regardless of whether they chose to tell or not to tell, talked about how they wished that the school would have done something to stop the bullying. Some of the participants wished they could have gone to a new school and started with a clean slate, and others talked about how they tried to avoid school. For example, Gwen explained:

> In high school, I was bullied all the time. Practically every day or every other day when I would come home, if I was online there would be somebody on-line instant messaging me hate mail, like hate messages. It was very tough. I never really was interested in school or anything like that, because I was always just waiting for the school day to end. I almost didn't make it out of school. By senior year, I wasn't going to school. When I was getting bullied, I thought that the only thing that would make it better was changing schools. I still kind of think that might have been true.

Faye also discussed how she wanted to avoid school as a way to end her bullying. Faye said:

> It would happen every single day of the week. He would slam the locker door into my hand so many times that I could barely bend my hand because it hurt so badly. So basically, he physically harmed me. Since I was friendless and super shy, I didn't do anything about it and I just let it happen. Then, one day in one of my classes, I just started crying because I just couldn't take it

anymore. I was so afraid. I didn't want to go to school. I didn't want to leave my bedroom. I didn't want to leave the house. I did not want to go there, to that school.

Beth talked about pretending to be sick to get out of going to school when she experienced bullying, and how she was surprised that the school nurse or another educator did not detect that she was trying to avoid school. Beth said:

> In elementary school, I was always in the nurse's office telling her that I was sick. I would just come down with random things and then I would call my mom and ask for her to come get me. My mom would ask if I was really sick and I would say yes. I was really good at bullshitting and those kinds of things. So I would convince her and the nurse that I was sick and go home from school. Like teachers and guidance counselors and other people need to [do something] if they see their child or student showing any symptoms of being bullied.

The participants provided further examples related to their perceptions that school officials knew about the bullying but did not intervene. For example, Don shared his view that teachers knew without being told that some students were getting bullied and that they still chose not to intervene. Don said:

> High school and more so my freshman year than any year was the worst. I was not out at the time and I was called a faggot and a wimp and fat. No, the teachers did not intervene when I was being bullied. I mean,

when I was growing up and looking back, the teachers knew everything that was going on. Most of them turned their cheek and just pretended they didn't see it.

Hank told his mom about getting followed to and from school and about another particular student repeatedly verbally and physical harassing him. Hank's mother actually called the school and spoke to the school principal. However, Hank continued to be bullied:

If someone had actually intervened and held [the bully] accountable, I think that would've helped. I don't think I really wanted anything bad to happen to him, I just wanted it to stop. There wasn't anything in place around anti-bullying campaigns in school and even though it was brought up to school administrators, they wouldn't really do anything.

**It Still Affects Me**

All of the adult participants discussed how their experiences of being bullied as children or as adolescents still affected them. The majority of the participants reported consequences related to their social relationships, and others talked about how it "made [them who they are] today." Gwen said, "I think that I'm often nervous. I have a lot of anxiety, like social anxiety. I often feel like people are judging me. I just get like really uncomfortable and worked up in certain situations."

Amy talked specifically about how bullying continues to affect how she interacts with people and limits her ability to make friends. Amy talked about how it is still hard for her to get close to people. Amy said:

I would say my social skills are delayed. Sometimes, I don't know how to interact with people my own age in a social manner. I mean, as an adult, I can talk to people on the acquaintance level and I'm fine. But when you got down to the friend level, I can't figure it out. I have been through counseling. I'm an acquaintance to all, but a friend to none. I'm friendly with everybody. I work in groups, but I think there's still a little part of me that doesn't know how to get close. I overthink everything. If someone behind me is laughing, I automatically think they're laughing at me. Then I start pulling down my shirt, making sure my pants are up, and making sure there's no toilet paper on my shoes. I'm self-conscious now. I overthink everything. Everything.

Edward also talked about how his bullying experience continues to make him self-conscious and on the receiving end of teasing or "jokes". Edward said:

Being bullied set me up to be, you know, the butt of a lot of jokes and on the receiving end of a lot of sarcasm. So it has created me to be more of a self-conscious person. Bullying creates someone to be self-conscious of who they are and maybe a little doubting of themselves. It makes them maybe not have the self-esteem [that others have].

Hank talked about how his bullying experiences influence his parenting and his desire to protect his children from similar experiences. Hank said:

Bullying is a huge trigger for me. I'm hypersensitive to it. I'm probably overly protective of my kids because of it. It shows up even in adult life. You see bullies everywhere. Bosses who treat their employees poorly, customers who treat servers and others with complete disrespect. It has also affected my ability to navigate healthy conflict. I think the bullying experience taught me to absorb a lot physically, mentally, and emotionally.

A few of the participants also spoke about how the experience of being bullied helps them to better empathize with other people. For example, Carissa said:

> I understand what it's like to be different and picked on. That's not to say that I've never said a mean word to anybody. But I guess I'm just more aware of the things that people go through. For example, my brother is a cop. And the guys in his department are really mean to each other. And there's like some of the stuff he tells me… oh gosh. I feel like I have a different insight. I tell him that well, you don't really know what's going on in that guy's life or, you know, don't call him this and that because of his beliefs or something like that. So I guess I just feel more aware of things that people might be struggling with without us knowing.

Finally, some of the participants talked about how their experiences of being bullied helped them to "be strong" and learn how to be more accepting and to stand up for themselves. Don said:

I'm more likely to stand up for myself now more and more and I am more accepting of myself and my friends. I will put someone in that place if they want to make a negative comment to me. Like I stand my ground. You need to be strong. You have to stand up for yourself.

**There Needs to be Prevention**

The participants in this study talked about the need to be validated as having experienced bullying, and they also spoke about the need for preventative programming. All of the participants talked about the necessity to address the needs of the bullying victims, as well as the needs of the individuals who are perpetrating acts of bullying or aggression themselves.

The participants shared their perspectives regarding the supports that they felt would have helped them while they were experiencing bullying. All of the participants endorsed the need for the school staff to take a larger role in "protecting" them and putting an end to the aggression they faced. Many of the participants spoke about support from parents, educators, and peers. For example, Faye talked about needing a platform to be able to talk about being bullied. Faye said:

> I guess I wanted more support from my parents because they wouldn't listen to me. They would always blame me for these problems. But honestly, the whole getting bullied thing was not really my fault at all. I was not doing anything wrong. The damage is done. Parents and teachers need to be more aware. And they should care. They

should actually care and do something about it.

Amy also discussed how she needed the adults in her life to frame what was happening to her as bullying and to support her to get through it. Amy suggested teaching children about respect could help them to evaluate whether or not a situation constituted bullying. Amy said:

> Tell any adult that will listen. And if they don't listen, just keep asking for help. Tell kids that they should be respected just like anybody else and that bullying is a form of disrespect. Tell kids not to ignore it. I would not tell them sticks and stones break your bones, but names will never hurt you type of thing because that is not true. Saying that sort of thing didn't take away my pain.

Many of the participants also spoke about creating a culture where bullying would not be tolerated, thereby preventing such aggressive acts in the first place. For example, Hank said:

> I think to be successful you'd have to involve parents, teachers, and kids to build awareness from all sides. Help everyone to understand the warning signs – not just from what the victims experience and how that shows up but how to identify the bullies. We should also focus on the triggers that cause kids to become bullies. It's a cycle. How do we identify those underlying causes and treat them before the bully acts out? Programs should also help kids to feel safe calling out bullying when they see it. I think there is a real fear that standing up to a bully

– whether directly or indirectly – will lead to retaliation. I'm sure other kids were aware that I was being bullied and probably even felt bad about it. Maybe they didn't speak out for fear of their own safety? An effective program would need to drive home the point that you must act if you suspect or see it – it's not enough to be able to identify it. What good would it do to build awareness with no action?

## Discussion

The finding that the participants' responses to bullying varied based on the type of bullying and a variety of personal factors is supported in the literature (Naylor, Cowie, & Rey, 2001). Personal factors that are thought to increase an adaptive response to bullying include a close connection with family, strong attachments with others (e.g., peers or teachers), high levels of intelligence, and coping skills (Zolkoski & Bullock, 2012). Some children are going to tell adults they are being bullied and some children are going to remain quiet in an attempt to avoid embarrassment and retaliation (Smith, Talamelli, Cowie, Naylor, & Chauhan, 2004). Children are more likely to report that they are being bullied when they perceive that they have appropriate social support (Smith et al., 2004). Social support from families and peers is thought to be a protective factor and one that promotes resilience (Sapouna & Wolke, 2013; Zolkoski & Bullock, 2012).

The participants in this study talked about how their experiences of being bullied as children or adolescents still affected them. The majority of the participants shared how low self-esteem and

difficulty establishing trust influenced their adult social relationships. The literature also supports the notion that individuals who have experienced bullying suffer long-term effects, such as difficulty forming and maintaining social relationships, anxiety, and low self-esteem (Gladstone et al., 2006; Lemstra et al., 2012; Smokowski & Kopasz, 2005).

## Clinical Implications

The literature suggests that children who engage in aggression toward peers are often harshly disciplined at home by controlling or abusive parents (Batsche & Knoff, 1994; Gladstone et al., 2006). Aggressive behaviors toward peers are thought to develop as a way for the child to gain attainable control or power over situations (Thornberg, 2011). School administrators and policy makers are responding to the need for programs to address the needs of students on both sides of bullying through the proposed School Safety Improvement Act (Stopbullying.gov, n.d.). This piece of federal legislation would require school districts to establish policies that prevent and control bullying and other acts of aggression (e.g., harassment) through the development of formal mechanisms for parents and students to submit grievances related to bullying, clear and prescriptive discipline procedures, and healthy and supportive educational environments. An interprofessional approach could facilitate a district's effort to implement regulations associated with the School Safety Improvement Act. Meyer-Adams and Conner (2008) suggest that bullying programs that include educators and service providers from multiple professions may be effective in creating a more positive psychosocial school environment.

The American Occupational Therapy Association (AOTA) has identified bullying as an emerging area of practice. However, there is limited research related to the role that occupational therapy practitioners can play to address bullying on an interprofessional education team. Occupational therapy practitioners could be instrumental in addressing the volitional development and occupational identity formation of children and youth who engage in bullying or who have experienced bullying. Through the use of intentionally selected occupations, occupational therapy practitioners could support habit and routine formation, as well as assist students in engaging in new interests and roles (Kielhofner, 2008). Creating opportunities for participation in enjoyable occupations, supporting the development of coping strategies, and fostering friendships can serve as important mediators in the prevention of bullying and the promotion of mental health (AOTA, 2013; Bazyk, 2013).

## Limitations

The investigators sought to obtain from males and females a broad range of perspectives, the type of bullying experienced, and the time during which the bullying occurred. This variability may suggest a need for different types of occupational therapy services based on the specific needs of individual children and youth who experience bullying. This work also poses limitations in terms of generalizability due to the study's design. Observational methods, as well as those that seek perspectives from a greater sample

size, such as surveys, would provide more robust findings. Future research is needed to determine how occupational therapy practitioners' approaches are actually addressing bullying in the school systems and whether or not the approaches are effective.

## Conclusion

The purpose of this study was to describe the perspectives of adults who experienced bullying in elementary school or high school in order to identify potential roles for occupational therapy practitioners. The results of this study suggest that long-term effects of bullying persist into adulthood, and that educators may be aware that bullying is taking place, but that they are not directly addressing it. Proposed legislation supports the development of an interprofessional bullying prevention program. Occupational therapy practitioners may support the implementation of such programs.

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