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## TEENAGE BULLYISM: A CASE STUDY OF MACHAKOS SENIOR SCHOOLS

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### RESEARCH PLAN:

#### The Background

The vice on teenage bullyism has grown to higher proportions of late in the country. There is both physical and cyber bullying aspects to it. This has been reported in different Machakos high schools. The problem has even escalated to teen gangs within Machakos area leaving the police with no clues how to curb it. The research will be based on the menace.

#### Research Purpose

The research seeks to bring awareness on the vice of teenage bullyism both online and physical and address the preventative and transformational measures to mitigate it.

#### Primary Sources

The key primary sources will be literature reported by the local newspapers, TV programs in the city, books on the same and relevant journal items.

#### Target Audience

The targeted audiences will be teachers, counseling teams, parents, and teens themselves. These audiences are crucial in the development of teens.

#### Specific Objectives

The research on teenage bullyism will have the following objectives:

1. To analyze the causes of teenage bullyism
2. To find protective measures against it
3. To find mechanisms of handling the vice

## **Research Strategy**

The research will be carried out through descriptive qualitative methods. The methods of data collection will be literature review reports, interviews, key informants, questionnaires to school staff, and parental informants on the victims.

## **Research Thesis Statement**

Teenage bullyism is the major cause of psychological traumas on the victims in the city primary schools and must be handled holistically.

### **Research Outline**

#### **I. Introduction**

#### **II. What is Teen Bullyism?**

##### **a) Definition**

##### **b) Impacts of the Vice**

#### **III. Causes of Teen Bullying**

##### **a) Bullying mental health issues**

##### **b) Family related issues**

##### **c) Aggressive teen peer pressure**

#### **IV. Preventative Measures:**

##### **a) Awareness Campaigns**

##### **b) Transformed Rehabilitation**

##### **c) Acceptance and Commitment Therapy**

##### **d) CBT Therapy**

#### **V. Conclusion**

## **INTRODUCTION**

Teenage bullying is a growing and hazardous vice in the Machakos senior schools of late. The Daily Nation has reported teen gangs in Nairobi town (Daily Nation, Aug. 29, 2025). The paper reported their increasing crime activities, beating and killing victims, and orientation during school holidays. This gave the urgent concern to address the vice.

## **What is Teen Bullyism?**

## DEFINITION

Teen bullying or bullying is an imbalanced physical and online behavior that uses power to coerce a lesser teen to act or do some demands from the bully. It causes harm in social, physical and psychological cognitive domains to those affected.

According to Olweus, a student is bullied when he or she is exposed, repeatedly and over time, to negative actions on the part of one or more other students (Olweus, 1993).

There are both physical and online forms of teen bullying. The study done by Anton-Erxleben et al using PIRLS 2011 student questionnaire had the following statements:

- a. I was made fun of or called names
- b. I was left out of games or activities by other students
- c. Someone spread lies about me
- d. Something was stolen from me
- e. I was hit or hurt by other student(s) (e.g., shoving, hitting, kicking)
- f. I was made to do things I didn't want to do by other students

From the above, it is evident that teen bullying is complex and involves all aspects physical and psychological (Anton-Erxleben, 8).

Bullying behavior according to Wang may generally take four forms: physical (i.e., assault), verbal (i.e., threats or insults), relational (exclusion or rumor spreading), and cyber (i.e., aggressive texts or social network posts (Wang et al. 2009).

## Impacts of the Vice

According to social and development theorists, teens need to grow in environments that allow for their balanced interactions with peers in order to have high self-esteem. Bandura argues that these factors ought to have reciprocal interplay to get a balanced teen life (Bandura, 2006). He argues that development occurs when there is 'transactional life events in which individuals play a role in shaping the course of their personal development' (Bandura, 2006, pp. 2). This creates overall meaning, well-being and psycho-social functioning of teens.

But the above balance gets altered by teen bullying. All 'meaning' in the victim gets lost. The victims will get decrement in meaning (Brassai, Piko & Steger, 2012). The bully victims may end up bullying others as well due to vent up anger/guilt (Nansel et al.,2004).

Teachers shared the views that cyber-bullying results in leaving a “long-lasting negative effect on students” (Stauffer et al, 2012, 359). The victims also experience low performance in school. There is a strong association between bullying and poor academic performance. Due to bullying, the brain function of the victim changes, the functional magnetic resonance imaging of self-perception also changes, and this affects the brain (Bradshaw, 2012, Vaillancourt et al, 2013).

Bullying carries a deep stigmatization effect on the teens who are victims. Finnes argues that, in an ethnographic fieldwork study, Thornberg (2015) found that the participants often used dehumanizing and oddness related labels (e.g. moron, ugly, nerd, weird, fat, ugly clothes). Such stigmas are difficult to change when an individual is constructed as a victim. These dehumanizing names create deep stigmas in the victims.

The vice also leads to trauma and suicidal behavior on the victims. The trauma here comes as a result of victimization, stereotyping and at times sexual assault. Victimization causes low self-esteem, depression and anxiety (Juvonen et al. 2000, Klomek et al. 2007, Kumpulainen 1998). Further on self-esteem, scholars have researched and add that it ‘damages self-esteem, global and social self-worth, and social self-efficacy; reduced (or declining) self-reported social competence; reduced academic achievement; loneliness; and decreased emotional well-being (Boulton et al., 2010; Myers & Cowie, 2013). It is evident is leaves a self-hate print on teens.

Other risk behaviors include suicidal attempts by the victims of teen bullying. The interpersonal theory on suicide links teen bullying with suicide attempts (Joiner 2005) and self-harming behaviors (Orden et al. 2010).

The other risk is internalizing and externalizing the vice by the victims. The internalization leads to self-hate, low self-esteem, and suicidal ideation. On the external side it can lead to bullying others, depression and drug addiction.

Further, bullying cause health problems to the victims. Examples from research are psychosomatic health problems such as insomnia and headaches (Landstedt & Persson, 2014; Sourander et al 2010), social and academic impairment (Abbreu & Kenny, 2018; Olenik-Shemesh & Heiman, 2017; and posttraumatic stress symptoms (Mateu et al., 2020; Raney et al., 2016).

## **Causes of Teen Bullying**

### **Drugs and Depression**

The bullies at a higher level are hardened teens who have been into drugs and have challenging depression issues. Studies have shown these correlations of drugs abuse and subsequent bullying behaviors. For instance, Kuntsche and Gmel (2004) reported increased likelihood of victimization among Swiss adolescents who drink alcohol alone. Sullivan et al. (2006) showed that physical and relational victimization were related to alcohol and marijuana use. Mitchell's study also found out that online bullying was directly associated with drug addiction (Mitchell, 2007).

### **Family Backgrounds**

The family is the first social model provider to any child. Chipea argues that 'the teen's personality progresses from social progressive learning process, within which necessary knowledge, skills and habits are derived for implementing statuses from the social roles of individuals to ensure coexistence in society" (Chipea, 2001, p. 109).

From the above, it is evident then that children emanating from unstable, dysfunctional, harming, gender based violence families end up being bullies. If the teens' family is problematic and unsatisfactory, as the level of aggression is higher (Stemate & Mitrofan, 2009).

The parenting style also dictates how the child will become. Haynie argues that parenting style correlates with child's social competences and his school functioning, which in turn is related to bullying behaviour (Haynie et al., 2001, apud. Macklem 2003). It follows that the authoritative style is responsible for a child's defensive behavior, and on other hand the coercive parenting style prescribes an avoidant attitude (Goodman, 1999; Mullin-Rindler, 2001). Hence aggressive parents lead to aggressive teens (cf. Salmivalli, C. (2010).

### **Victim Personality**

The teen victims that are bullied have odd personalities and are different from the rest of the teens. They are deviant, weak, or irritating victims. These terms mean they are deviant or odd, physically weak or they are the ones who provoke the bully to hurt them. Several scholars have come up with evidences of victim personality that leads to bullying (Bosacki et al. 2006; Frisén et al. 2007, 2008; Thornberg 2010).

Technology has been named as another causative agent of bullying. While cyber-bullying is broad, the major issue is preventing, excluding other teens from the media, and harming using bad language and body shaming images. They use sound-based tactics and non-verbal social exclusion (Kowalski & Limber, 2013) and they also harm one's social standing in media and general cyber-bulling elements of abuse (Klomerk, et al 2007).

## **Preventative Measures**

### **Awareness Campaigns**

The awareness campaigns are anti-bullying in nature and they help to advance policies and laws against the vice. They are suitable in Machakos context.

One researcher argues for advocacy campaigns against teen bullying. Eddie Florentino Garcia proves their effectiveness thus:

Findings revealed that the level of awareness of stakeholders on anti-bullying, the adoption of the anti-bullying policy, and mechanisms to address bullying were aware before implementing the intervention. The implementation of the Advocacy Campaign was Highly Implemented, and the level of acceptance of the strategies was highly accepted. The advocacy campaign was very effective and improved the awareness of the stakeholders after its implementation. Furthermore, the acts of bullying, adoption of anti-bullying policies, the mechanism to address bullying, problems encountered on anti-bullying, level of implementation, and acceptance of the strategies and activities implemented have a significant relationship to the level of awareness stakeholders anti-bullying (Eddie, JPAIR Journal).

Other methods are general school workshops to teach and make public teen bullying. Workshop is “an educational method” which “provides learners with an opportunity to exchange information, practice skills and receive feedback” (Steinert & Ouellet, 2012: p. 3).

## **Transformed Rehabilitation**

Rehabilitation encourages use of counseling methods to assist the victims to come to terms with the adverse effects of bullying. Ferrer-Cascales R et al argue, Efforts to prevent bullying have been carried out through the participation of all parties, both the government, teachers, health workers, parents, peers, the role of a counselor from health workers and the role of the

community environment and from within the child himself (Ferrer-Cascales R, Intl. Journal, 581).

The more effective mode is relational rehabilitation that teaches the victims and bullies how to co-exist in schools and away from school. Johannes Finne and her team on this intervention argue that, We suggest a relational rehabilitation initiative, outlined as a model in this paper, as a constructive solution to the problem. With a caring and supportive classroom community, it is possible to prevent further harm from victimization, and promote the development of pro-social behavior and well-being. We argue that the teacher must possess the authority to lead this process of restructuring and improving relationships in the classroom (Finne, *NSE*, 1).

Finne adds that, To rehabilitate relations and the class community, we must understand the dynamics of abusive relationships, the benefits pupils gain from bullying, why they are willing to inflict or overlook damage and pain caused to others, and how the pupils involved may suffer from short- and long-term effects (*Ibid*).

The teacher thus plays a facilitative role towards relationships in the classrooms. This is a safe method to reduce bullying. The dynamics of bullying need to be addressed as well.

### **Acceptance and Commitment Therapy**

This therapy was developed by Steven Hayes. Hayes realized that the acceptance and commitment factors had a tremendous impact on improving the condition of the counselee (Esti Aulia Putr, ACT).

The ACT therapy increases the victims' self-efficacy towards the bullies. According to Bandura and Hasana, self-efficacy is a person's ability to overcome problems that arise. When someone is very confident in facing a problem, someone will do their best to solve the problem (see Hasana, 2019). The ones who cannot confront their issues will fail and lose morale.

It encourages discussion methods towards healing of the victims. Schultze and Khanhkhham propose the ACT discussion method. They agree that, 'the same thing is also used in the STAR (Stop Thinking Act Replay) bullying prevention-peer pressure module, namely by using the peer-to-peer discussion method' (Schultze, *Aggress Behav* 147ff, Khanhkhham, *JCH*, 2020). There are other proposals like psycho-education using peer-to-peer methods.

### **CBT Therapy**

A trauma focused CBT therapy needs to be carried out for bullied teens. This therapy deals with the mental issues that are deep from the bullying episodes that are active psychological traumas. These episodes keep re-playing in the minds of the victims and affect their overall well-being.

The key therapy is used towards post-traumatic stress disorder, PTSD. Janet A. Lydecker in her research on treating bullying advises that CBT is a treatment of choice for anxiety and eating disorders and has strong evidence that it is effective for treating depression, non-suicidal self-harm, and suicidality, and is generally effective at reducing symptomatology among adolescents with psychiatric disorders (Janet, 12). It is effective to treat all those mental and behavior concerns of the victims (cf. Bastien 2020, Ovenstad, 2020).

### **CONCLUSION**

Bullying is a complex behavioral vice. The research has dealt with its background, impacts, causes, and preventive measures. Machakos senior schools must step up their mitigation measures to curb it.

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