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## **“EFFECTS OF BULLYING VICTIMIZATION ON PSYCHOLOGICAL DISTRESS OF HEARING- IMPAIRED ADOLESCENTS”**

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#### ABSTRACT

**Objective:** To find bullying victimization as a predictor of psychological distress among school going children with hearing impairment.

**Methods:** The method of study was co-relational Cross-sectional. The study was conducted in six months and samples were collected from different public/private sector schools and special education centers. The sample size of the study was 270. The written informed consent was taken from all the heads of institutions and teachers.

Two standardized instruments were administered to assess the relationship between bullying and psychological distress. Multidimensional Peer Victimization Scale. [MPVS24] was used for measuring bullying behavior, while the Weinberger Adjustment Inventory. [WAI-SF12] was used to assess psychological distress problems. Author permission was taken before using the Scale. The collected data was then analyzed by using SPSS.

**Results:** A significant positive relationship was found between the 6 components of bullying victimization and psychological distress. Gender Difference on six subscales of bullying victimization and Weinberger Adjustment inventory suggest that girls experienced more social manipulation, property attack, cyber/electronic attack, and social rebuff than boys but there was no significant difference between girls and boys in physical victimization. On the other hand, boys experienced more verbal victimization. Girls experienced lower self-esteem than boys as a result of bullying victimization whereas depression, anxiety and low wellbeing indicators are much higher in boys than girls. Social manipulation and property attack didn't show any significant correlation. Verbal attack also showed positive correlation to all parameters. Cyber/electronic and social rebuff bullying showed positive correlation with anxiety and depression.

**Conclusion:** Children with hearing impairment experienced bullying just like those without such an impairment. Bullying needs to be considered a significant psychological distress issue and should be dealt with effectively.

**Keywords:** Hearing Impairment, Bullying, Victimization, Psychological health problems.

#### Introduction

Bullying is not a recent phenomenon, but schools have just lately recognized it as a serious problem. "Any unwelcome hostile actions taken by a child or a group of children who are not related or in a relationship with them right now, which entail an apparent or real power disparity and are often or extremely likely to be repetitive," are deemed bullying-

victimization in schools by the Centers for Disease Control (CDC) [1, 2]. Bullying is the purposeful use of language, psychological tricks, or physical violence against another person. Bullying includes an imbalance of power and is frequently repeated over time. [3] There are distinctions between bullying and teasing of a youngster. Teasing is a sort of engagement that both parties enjoy; bullying, on the other hand, does not. Peer contact might naturally take the form of teasing. Bullying, however, is distinct. [4]

Academic performance is crucial for global education, and several research are being conducted on the physiological variables that can influence academic performance. [5] Children who are in the early stages of puberty have been observed to experience the psychological effects of bullying more severely. [6] Few studies have been done on the consequences of bullying perpetration. However, the literature that is currently available indicates that bullying perpetration can have detrimental consequences, mainly externalizing behaviors. [7]

Diagnostic criteria for antisocial personality disorder include multiple externalizing features in addition to a major internalizing component. [8] Aggression is a constant result of social status inequality in schools, which disrupts the learning environment and lowers academic progress. Adolescents will always be exposed to a variety of victimization at the school where they spend most of their day. While low academic performance is caused by an unfavorable school environment, belongingness and engagement are increased when students feel supported by their teachers. [9, 10]

Physical, verbal, social exclusion and cyberbullying are the four main kinds of bullying. Physical bullying may take many different forms, including striking, kicking, pinching, spitting, shoving, tripping, stealing from or ruining the victim's possessions, and making crude gestures. The term "verbal bullying" refers to verbal or written types of bullying, such as teasing, offensive sexual remarks, harsh language, and threatening behavior. [11, 12] Physical bullying includes hitting, spitting, kicking, and beating; psychological bullying includes spreading untrue information about someone, verbally abusing them, threatening them, calling them names, taking and hiding their belongings, purposefully excluding them from a group, and convincing others to abuse them verbally.[13] Verbal bullying frequently consists of jeers, insults, and derogatory monikers.[14, 15, 16] Children who are bullied have a range of psychological discomfort and difficulties. Low self-esteem, low well-being, anxiety, and sadness. [17, 18]

Bullying is a hostile situation that makes victims feel uncomfortable—as a result, getting

bullied again and what the bullies might say or do the next time are the biggest worries for bullying victims. Young children learn how to manage their emotions and when it is appropriate to show or hide an emotion, mostly from feedback from their social surroundings. Almost 90 percent of DHH kids with hearing parents are raised in spoken language environments, which results in less effective and less frequent communication. Adolescents with DHH were less able to manage their levels of unpleasant emotions in this setting than their hearing peers, and the unfavorable feelings persisted longer.[19, 20] Despite the claim that bullies must disconnect from and hide their remorse in order to defend and endorse their behavior.[21, 22]

Bullies don't have a single, immediately recognizable trait, but the only surefire way to spot one is by their actions. Their interactions with peers in social settings might provide some insight into the aggressive coping mechanisms they have developed.[23] Children who have HI may also bully and harm others.[24, 25] Children with HI have been shown by several researchers to have low self-esteem, demonstrative infancy, and a lack of demonstrative maturity regulation, which might make them more vulnerable to abuse.[8, 26] [27] The present study focused on victimization and how it affected the psychological suffering of victims. It also aimed to find out if bullying victimization in school-aged children with HI was a predictor of psychological distress. Thus, the main objective of the study is to determine if bullying victimization among school-aged children with hearing loss is a prognosticator of psychological distress difficulties.

In 2018, Warner-Czyz, Loy examined the link between bullying and psychological, psychosomatic illness and distress difficulties in school-aged children with HI. At home, children with HI are more likely to be bullied, on the playground, and in public areas, owing to a communication gap.[28] It was the first research of its kind in Lahore to investigate the occurrence/happening of bullying victimization and its association with psychological distress difficulties associated with hearing impairment. The MPVS-24 was used to assess bullying and Weinberger Adjustment Inventory [WAI] used to assess psychological distress. The study's initial goal was to investigate whether a statistically significant direct association exists between bullying and psychological disorders in school-aged youngsters having hearing impairment issues [29, 30]

There have been few studies released an article about bullying among children with hearing impaired. A thorough investigation and substantial literature evaluation were carried out, but by searching peer reviewed journals published over thirty-four years, the researchers could

only find thirteen articles about the phenomenon of bullying among children with hearing impaired. Because the bulk of the studies were qualitative with small sample sizes, it determined that the quantity and quality of research in this sector should be expanded. In this context, the significance of the current study is obvious. [31, 32]

Researchers oversaw a study on the relationship of common health symptoms with bullying in young children in order to determine the incidence of bullying among primary school kids and explore its link with common childhood diseases. A total of 2962 children, or 93.1 percent of those enrolled in school, were interviewed (7.6 to 10.0 years old). Bullying information was not gathered for 114 youngsters. Of the children for whom information was available, 22.4%. (95% confidence interval 20.9 to 24.0) reported that they had been bullied. Children who reported being bullied occasionally or more frequently also reported having trouble sleeping, bedwetting, feeling depressed, and experiencing more frequent headaches and stomachaches than usual (odds ratio: 3.6, 2.5 to 5.2)(2.4, 1.8 to 3.3). All reported health complaints showed a strong trend towards an increased risk of symptoms with increased bullying frequency.[P 0.001] They concluded that primary school students who complain of headaches, stomachaches, feelings of sadness or extreme sadness, bedwetting, and trouble sleeping should have bullying taken into account as a potential contributing factor.[33]

### **Materials and Methods**

Correlational cross-sectional study design was used. Data was collected from public/private/non-profit Special Educational Centers and schools based on Lahore, Pakistan. The study was completed in 6 months after the approval of synopsis from BASR. Purposive sampling technique was used in the study. A total sample size of 270 adolescents was calculated through online sample size calculator. Data was collected from different public/private help special education centers/schools from age 10 till 19. These 270 adolescents were divided by 60:40 ratio between girls and boys so ultimately 162 boys and 108 boys were selected accordingly. Publicly/Private help special education centers and school in Lahore Pakistan. The data was mostly gathered from surveys prepared specifically for adolescents and teachers who completed the questionnaires in person. Teachers with special education background showed DHH teenagers how to fill out the questionnaire without explaining each item at the outset. If the DHH teenagers do not comprehend the item's significance, the teachers clarified the literal meaning to them. The pupils then completed the self-administered surveys on their own. Bullying behavior was measured using the Multidimensional Peer Victimization Scale, while psychological distress related

concerns were assessed using the Weinberger adjustment inventory questionnaire. SPSS 26 was used to analyze the data, which included description statistics such as frequency tables and bar charts. Pearson correlation was utilized to investigate the relationship between variables.

**RESULTS**

The present study explored the impact of bullying victimization in DHH children on their psychological distress. Each participant responded to MPVS24 scale bullying victimization questionnaire in which every child responded twenty-four questions that directly related to bullying victimization. We used Weinberger Adjustment inventory scale questionnaire to check the psychological distress indicators on bullied children. Of the 270 subjects, 108 were boys and 166 were girls. Figure 1 represents the pie chart distribution of respondent’s gender. I targeted the age group between 12-19 years for this research and figure 2 represents the descriptive age distribution frequencies bar chart.

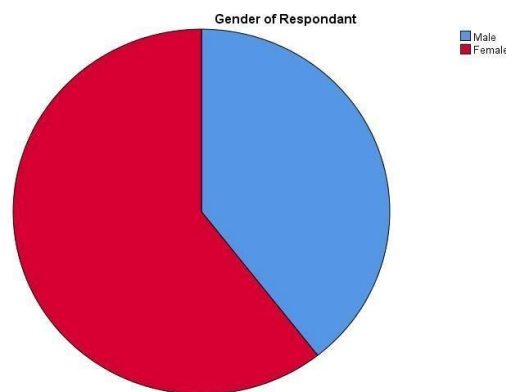


Figure # 1

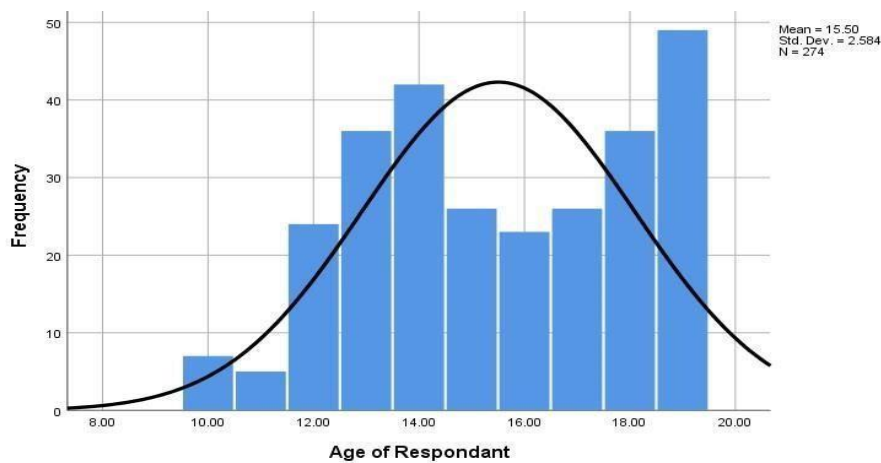


Figure #2

This shows that there were 7 children of 10 years old, 5 children of 11 years, 24 children of 12 years, 36 children of 13 years, 42 children of 14 years, 26 children of 15 years, 23 children of 16 years, 26 children of 17 years, 36 children of 18 years and 49 children of 19 years who participated in the study. The histogram also shows that participants with an average age of 15.50 years age participated in the study.

A significant positive relationship was found between the 6 components of bullying victimization and psychological distress. Gender Difference on six subscales of bullying victimization and Weinberger Adjustment inventory suggest that girls experienced more social manipulation, property attack, cyber/electronic attack, and social rebuff than boys but there was no significant difference between girls and boys in physical victimization. On the other hand, boys experienced more verbal victimization.

Table #3: Gender difference on six subscales of bullying victimization and 4 scale psychological distress.

	Gender of Respondent	N	Mean Rank	U Value
Physical Victimization	Male	108	137.58	8955.5
	Female	166	137.45	
	Total	274		
Social Manipulation	Male	108	121.59	7245.5
	Female	166	147.85	
	Total	274		
Verbal Victimization	Male	108	140.59	8630.5
	Female	166	135.49	
	Total	274		
Property Attack	Male	108	142.97	8056
	Female	166	129.09	

Cyber/Electronic Attack	Total	274		
	Male	108	133.09	8488
	Female	166	140.37	
Social Rebuff	Total	274		
	Male	108	133.69	8552
	Female	166	139.98	
Low Self Esteem	Total	274		
	Male	108	130.6	8219
	Female	166	141.99	
Low Well Being	Total	274		
	Male	108	149.23	7697
	Female	166	129.87	
Anxiety	Male	108	153.13	7276.5
	Female	166	127.33	
	Total	274		
Depression	Male	108	147.22	7914
	Female	166	131.17	
	Total	274		

As table # 3 shows, girls experienced lower self-esteem than boys as a result of bullying victimization whereas depression, anxiety and low well-being indicators are much higher in boys than girls. As data suggests, bullying victimization causes psychological distress.[depression, anxiety, low self being and low self-esteem] irrespective of gender.

	Mean	Std. Deviation	N
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MPVS_PHY	6.3577	1.94140	274
MPVS_SM	5.3467	2.05248	274
MPVS_V	6.2117	2.27240	274
MPVS_PA	5.9051	2.11010	274
MPVS_CA	4.2263	2.60457	274
MPVS_SR	5.0766	1.84509	274

Table # 4: Standard deviation and mean values of different MPVS scales

Out of all 24 MPVS questionnaires which were divided into 6 subcategories, the highest mean value is physical and verbal bullying which represents that on average physical and verbal bullying is more common. The lowest bullying type observed is cyber/electronic bullying.

		WAI_LSE	WAI_LWB	WAI_ANX	WAI_DEP
MPVS_PHY	Pearson Correlation	0.09516	.201**	.112*	.128*
	Sig.[1-tailed]	0.05803	0.00040578	0.0319	0.01692
MPVS_SM	Pearson Correlation	0.06003	0.00913501	0.0716	0.09942
	Sig.[1-tailed]	0.16108	0.44017591	0.1187	0.05026
MPVS_V	Pearson Correlation	.192**	.176**	.120*	.218**
	Sig.[1-tailed]	0.00072	0.00169454	0.0234	0.00014
MPVS_PA	Pearson Correlation	-0.04947	-0.0898883	0.0420	0.07017
	Sig.[1-tailed]	0.20735	0.0688886	0.2445	0.12351
MPVS_CA	Pearson Correlation	0.06949	-.258**	.223**	.290**
	Sig.[1-tailed]	0.12581	7.8595E-06	0.0001	0.00000

MPVS_SR	Pearson Correlation	-0.07429	-.292**	.195**	.182**
	Sig.[1-tailed]	0.11014	4.3212E-07	0.0006	0.00122

Table # 5: Pearson correlation between 6 MPVS components and 4 psychological distress subscales. Standard multiple regression and Pearson correlation analysis suggested that a significant proportion of the total variations in psychological problems.[ $p < 0.05$ ] were predictable by bullying victimization. Physical bullying showed positive correlation to all psychological distress scales especially on low self being. Social manipulation and property attack didn't show any significant correlation. Verbal attack also showed positive correlation to all parameters as shown in table # 5. Cyber/electronic and social rebuff bullying showed positive correlation with anxiety and depression.

## 2. Discussion

The study's first goal was to investigate the hypothesis that there is a statistically significant link between bullying and psychological distress in school-aged children. Spearman's correlation was used for this purpose. The findings revealed a considerable positive link between child bullying and psychological distress, implying that bullied children experience increased psychological distress. The researchers looked into the individual contributions of the four psychological distress domains and discovered that depression and anxiety were significant predictors of bullying victimization among students.[34] This suggests that teenage students who have high levels of depression and anxiety are more likely to be bullied than those who have low levels of despair and anxiety. Students with depressed symptoms may appear weak and be unable to withstand acts of aggression from their classmates since depression as a mental health disorder is characterized by sadness, isolation, loss of interest in previously loved activities, lethargy, and suicidal behavior. As a result, depressed students become targets for bullying.[35]

Bullying-related physical, verbal, social, and property damage was found to predict psychological difficulties such as anxiety, depression, low self-esteem, and low well-being in people with HI. A U-Test. [Mann-Whitney] was performed to see whether there was a difference in the level of victimization among participants based on their gender. The findings revealed that boys were more likely than girls to be victims of physical bullying. The finding is consistent with earlier research. [31] The females' similar behavior is discouraged. However, the findings revealed that both girls and boys were equally susceptible to social

manipulation or social bullying. The findings are consistent with prior research that found no substantial difference between male and female genders in social victimization [32, 33].

The current study would be very useful for researchers, teachers, parents, and children with HI since it would provide information regarding school violence and its relationship to many types of psychological health issues. This awareness will lead to anti-bullying action. There needs to be more research reported on the issue of bullying among children with HI. A comprehensive investigation and extensive literature evaluation were done, although searching peer-reviewed publications published over 34 years yielded just 13 articles about the occurrence of bullying among children with HI. It found that because the majority of the studies were qualitative with small sample sizes, the amount and quality of research in this sector should be increased.

### **3. Conclusion**

This study reported robust associations between psychological distress and bullying in school adolescents. Therefore, students with bullying behavior and psychological distress should be well identified so as to render the desired support and help reduce such students at risk with positive psychological distress, which may predispose them to further cases of bullying. Depressive symptoms were the major cause of high bullying behavior, indicating that therapeutic approaches and ways of managing perceived bullying should be channeled toward reducing depressive symptoms. Given that bullying, especially on the exclusion aspect, undermines the mental health of DHH students, it may predispose the students to pronounced psychiatric symptoms. So, both teachers and parents should get actively involved in the prevention and intervention of bullying. Constructive interactions with peers and parents could prepare the student for a more resilient adolescent life. The female students reported lower psychological health. Therefore, the intervention should also target female students. The study analyzed and concluded more studies should be carried out to develop some effective anti-bullying strategies for DHH students. The findings have supported the design of culturally and linguistically relevant interventions against bullying to alleviate psychological suffering in these students.

### **4. Limitations**

The use of a cross-sectional design limits this study because no causal conclusions can be formed between the variables employed in this investigation. Another constraint was the easy sampling, which made generalization harder. The study's data is limited to Lahore and cannot

be deemed representative of the entire country. A more representative sample could improve the results' generalizability.

## **5. Recommendation**

The cross-sectional design made research unable to investigate the causal association between bullying victimization experience and psychological distress. A longitudinal study would allow for the examination of informal relationships as well as the trajectory of psychological distress among HI adolescents.

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