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A.A. Karabalina¹, A.Z. Miraliyeva²¹ K. Zhubanov Aktobe Regional State University, Aktobe;² Baishev University, Aktobe, KazakhstanAksaule2011@mail.ru, aizhan_6465@mail.ru**BULLYING AS SOCIAL AND PSYCHOLOGICAL PHENOMENUM**

Abstract. According to World Health Organization 30 percentage of teenagers who have been diagnosed with long time depression were bullying victims. Bullying is a distinctive pattern of harming and humiliating others, specifically those who are in some way smaller, weaker, younger or in any way more vulnerable than the bully. Bullying is not garden-variety aggression; it is a deliberate and repeated attempt to cause harm to others of lesser power. The phenomenon of bullying as a subject of psychological science is located at the intersection of personality psychology, social and clinical psychology. Many studies show that bullies lack prosocial behavior, are untroubled by anxiety, and do not understand others' feelings. They typically see themselves quite positively. Those who chronically bully have strained relationships with parents and peers. Cyber bullying has become a significant problem in the past decade. A number of studies have examined the psychological consequences in the aftermath of frequent bullying. One consequence is compromised social development.

Key words: bullying, aggression, prosocial behavior.

Suicide is the third leading cause of death in adolescents and young adults in the United States and the second leading cause in European countries. Suicidal behaviors are also the most common reason for adolescent psychiatric hospitalizations in many countries. Reducing suicide and suicide attempts is therefore a key public health target. Kazakhstan is ranked 10th among the world's most suicidal countries. Global suicide statistics, released by UNICEF and WHO, shows that Kazakhstan had the highest rate of suicide among teenagers in 2012-2014. In the Kazakhstan, the death rate by suicide is 24/100 000 in adolescents aged 15 to 19. Prevalence of suicidal ideations ranges from 17 to 28% in the general population, whereas the lifetime estimates of suicide attempts among adolescents range from 1.3 to 3.8% in males and from 1.5 to 10.1% in females, with higher rates in females than in males in the older age range. Notwithstanding these interesting results, the complex association between family factors, depression and suicidal behaviors among adolescents remains to be explored in samples large enough to allow multivariate analysis, so as to understand specific contributions (e.g. mother vs. father; conflict vs. no conflict; separation vs. no separation) taking into account other risk factors and severity of depression and suicidal behaviors. The aim of the present study was to assess the link between family factors and suicidal behaviors, adjusting for several potential confounding factors, in a large community-based sample of adolescents aged 17 years. Given that the prevalence of suicide differs substantially between boys and girls, we hypothesized that the impact of familial risk factors would differ according to gender. Similarly, given the role of current depression, we hypothesized that family risk would be related to depression severity, defined as depression associated with suicidal ideation in the last year and/or life-time suicide attempt.

During the past quarter-century, suicide among the young has emerged as a significant global public health problem. In many countries, youth suicide is one of the leading causes of death, having increased markedly from the 1960s through the early 1990s [1]. Progress has been made in our understanding of the phenomenology and risk factors of adolescent suicide and suicidal behavior. Bullying is one of the common reasons of suicide.

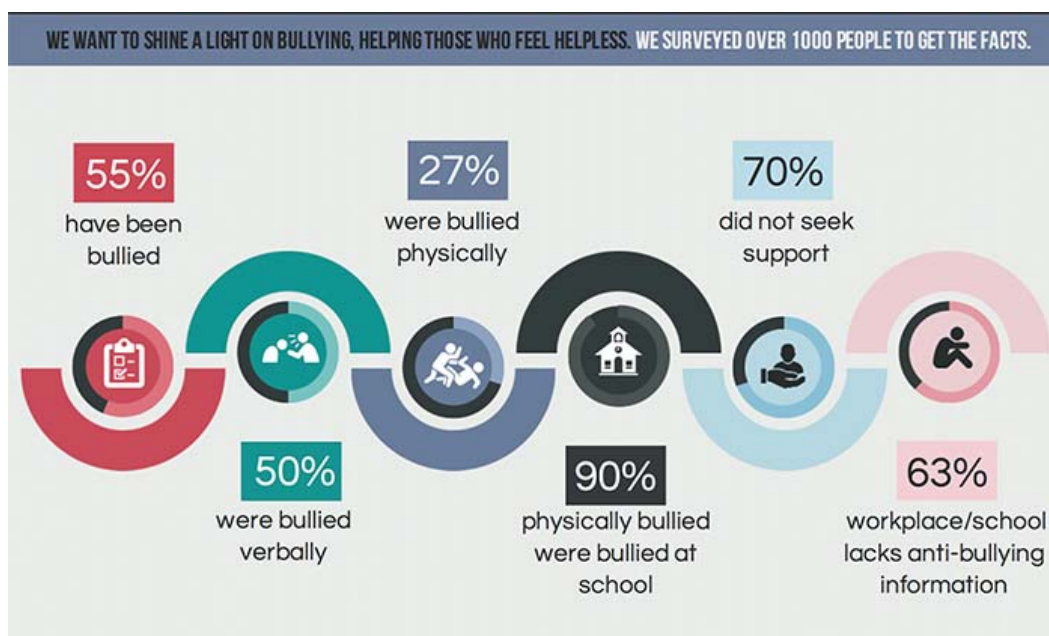


Figure 1 - Information about bullying

First in Scandinavia, then in England, Japan, the Netherlands, Canada, and finally, the United States, researchers have begun scrutinizing the phenomenon of bullying. To understand the behavior of bullies is to see how aggression is learned and how well the lesson is taken to heart. The existence of bullies tells us that the social needs of human beings are vastly undervalued, at least in Western culture. For the social life of kids, often thought as an accessory to childhood, turns out to be crucial to healthy development. In the long run, bullying can be a way - a desperate and damaging way - for some people to maintain a circle of human contacts [1].

Even though the first publications on the topic of bullying in the educational environment appeared in 1905 [1], Scandinavian researchers made the most significant contribution to solving the problem: Swedish school doctor Peter-Paul Heinemann, especially Norwegian psychologist-researcher Dan Olweus, teacher and sociologist Erling Georg Roulund, Estonian-Swedish cognitive psychologist Anatole Picas. In recent years, a significant contribution to the research and development of a system of prevention in education has been made by the Finnish psychologist Kristina Salmivalli. Particularly significant was the work of Dan Olweus: it was thanks to him that the phenomenon of bullying in the scientific field became visible and for a long time determined the trend of world psychology.

First of all, thanks to the work of Scandinavian psychologists, research in the field of phenomenology and technologies of prevention and cessation of bullying began to develop rapidly throughout the world. Their relevance remains very high due to the substantial consequences of bullying for all participants. In Russia, the topic of research on baiting and bullying was engaged at different times by I.S. Kon, S.N. Enikolopov, V.S. Sobkin, S.V. Krivtsov, A.A. Bochavere, K.D. Chlomov.

The phenomenon of bullying as a subject of psychological science is located at the intersection of personality psychology, social and clinical psychology. For the study of relations, aggression, the authorities first conducted separate experiments (the most striking were Stanley Milgram's experiments with electrical discharges and the Philip Zimbardo prison experiment), recently material for studying the same phenomena can be found in everyday reality.

According to Olweus (1980), 15% of children regularly face a situation of bullying: 9% are victims, 7% are persecutors, 2% master both roles [5]. Over the years, researchers have obtained various data. For example, according to 2007, in the US, 32% of students experienced a school bullying experience: ridicule, the spread of rumors, beating, spitting, threats, refusing to communicate, they were forced to do what they did not want or spoiled their property [6].

A cross-cultural study of harassment of adolescents in Europe in 2005 showed a spread: from 9% of boys in Sweden to 45% in Lithuania and from 5% of girls in Sweden to 36% in Lithuania experienced two

or more bullying episodes during the month [7]. In general, according to authors in various cultures, from 5 to 75% of schoolchildren around the world have experience of victims of traditional bullying during their school years [8]. In terms of harassment using modern computer technology, cyberbullying, on average, 10–40% of schoolchildren and young people had experience of cyberbullying victims in 2010 [9].

According to Moscow-based data for 2016, up to 71.2% of adolescents have experience of participating in the cyber travel, with the most clearly presented method (59.1%) being insulting or humiliating others in social networks. Up to 17% of teachers are also subject to cyberbullying by pupils [10].

There are three leading roles of participants in the situation of bullying - this is the victim, the persecutor, the witness. They are generally loosely fixed and can vary from situation to situation and from group to group. However, researchers often say that the child's active mastery of one of the roles provides his essential prerequisites. Participants in bullying have confident personality and behavioral traits and have some social risks associated with roles.

The helpless victim in our society do not always awakens sympathy. The weakness of the child, his victimization can cause contempt and rejection by other children. Among teenagers negative attitude to the victim of school violence by the principle "he/she deserves it". The child tests full helplessness, hopelessness, hopelessness in this situation. Kid has fear of bully and his tortures and mockeries; he feels shame for the helplessness and humiliation. Self-accusations and justification of behavior of an aggressor are also often characteristic of the child victim.

Whether the child can independently protect himself in a bullying situation, solve the internal psychological problems, problems of the environment which created environment, favorable for violence, and to come out the happy winner? Usually it is possible only by means of adults.

The children and teenagers have various reasons for creation of the psychological victim's model. Once they put themselves in victim place; they are possible object of bullying. Formation of stereotypes of the behavior of "victim" is influenced, certainly, by such factors as the long injuring situation, situations of domestic and sexual violence, the education directed to suppression of the personality, chronic diseases. The child with the developed stereotypic behavior of "victim" accepts violence in relation to him as an ordinary situation, creates the behavior the conditions promoting "disinhibition" of an aggressor.

Disturbing, socially unprotected, silent and reserved children become the victims of bullying usually; they are timid, sensitive, closed and timid; are not sure of themselves, are unfortunate; are inclined to a depression and suicide thoughts; are lonely, badly find a common language with peers and easier communicate with adults; if it is boys, they can be physically weaker than the age-mates and are more sensitive than other boys, with the lowered self-assessment and the suffering self-esteem. Such children are vulnerable and cannot protect themself.

Sensitivity, anxiety, a tendency to tears, physical weakness, low self-esteem, they have little social support, friends; these children prefer to spend time with adults [11]. As an example of a victim of harassment, a closed child with behavioral disorders, negative beliefs about himself and social and communicative difficulties can be described [12]. Such features can also be formed as consequences of harassment, but they can act as its prerequisites, perceived as "signals" for other children that this child is natural to make a victim [13]. To say that victims are socially incompetent is not to say that they are to blame for the aggressive behavior of bullies. It is simply to recognize that certain patterns of social behavior make some children vulnerable, say investigators. After all, even the most passive child isn't victimized unless there's a bully in the room.

Victims are rejected not only by the bullies but typically by other peers as well. Few children like them; many dislike them. In answering questionnaires they confide they are very lonely. They typically develop a negative view of school and hate going. They suffer headaches, stomachaches, and other somatic complaints. "We ask them how they feel in school," Ladd reports. "It's clear they're pretty unhappy. They want to get away from that environment." Eventually, achievement suffers. Regardless of their grades, a disproportionate number of rejected kids drop out of school. These children internalize the very negative views of themselves others hold of them, Olweus finds [1].

Victimization, everyone agrees, is bad for kids. But it sometimes has effects that are not entirely negative. It can prod children into finding a way to salvage a sense of self-respect. There are those whom

victimization by bullies drives deeper into the world of books and to excel in schoolwork—both activities with long-term payoffs—although it's scarcely a predictable outcome and a terribly aversive route to excellence.

Numerous studies show that children who have learning difficulties [14], attention deficit hyperactivity disorder, autism spectrum disorder, diabetes, epilepsy [15], weight disorders [16] and other disorders fall into the risk group if possible in the role of victim - moreover, chronic diseases, especially those that affect appearance [17]. Besides, 82% of adolescents perceived as “too feminine” (boys) and “too masculine” (girls) or presenting themselves as lesbians, gays, bisexuals or transgender people [18] face insults, physical attacks, and threats. Children who have been victims of harassment, have difficulty with health and academic performance three times more often than their peers, have symptoms of anxiety and depressive disorders, apathy, headaches and enuresis and attempt suicide [19]. As a result of this experience, they form an idea of the world as full of dangers, and themselves as unable to influence what is happening.

A typical pursuer can be described as impulsive and willing to use violence to assert itself. Children who practice persecution of other children tend to show rudeness and lack of compassion for the victim can be aggressive with adults; it is difficult for them to follow the rules [20]. They may seem lonely with a lack of social skills, but this is not so: they are less depressed, lonely and anxious than their peers, and often have a high social status [21] and a group of accomplices, even a small one [22].

The persecutors have high emotional intelligence; they recognize other people's emotions and mental states well and successfully manipulate children [23]. The main reasons for bullying the pursuers are the need for power, the sense of satisfaction from harming others and the reward - material (money, cigarettes, other things taken from the victim) or psychological (prestige, social status, etc.) [24]. The negative consequences of the fact that such behavior becomes habitual for them are low academic performance and absenteeism, fights, theft, vandalism, possession of weapons, use of alcohol and tobacco [25].

Bullies, for the most part, are different from you and me. Studies reliably show that they have a distinctive cognitive make-up—a hostile attributional bias, a kind of paranoia. They perpetually attribute hostile intentions to others. The trouble is, they perceive provocation where it does not exist. That comes to justify their aggressive behavior. Say someone bumps them and they drop a book. Bullies don't see it as an accident; they see it as a call to arms. These children act aggressively because they process social information inaccurately. They endorse revenge.

That allows them a favorable attitude toward violence and the use of violence to solve problems. Whether they start out there or get there along the way, bullies come to believe that aggression is the best solution to conflicts. They also have a strong need to dominate, and derive satisfaction from injuring others. Bullies lack what psychologists call prosocial behavior—they do not know how to relate to others. No prosocial attitudes hold them in check; they do not understand the feelings of others and thus come to deny others' suffering.

Bullies are also untroubled by anxiety, an emotion disabling in its extreme form but in milder form the root of human restraint. What may be most surprising is that bullies see themselves quite positively - which may be because they are so little aware of what others truly think of them. Indeed, a blindness to the feelings of others permeates their behavioral style and outlook.

Every attempt to trace aggression to its roots indicates that it starts in the preschool years and thrives in elementary and middle school. Up to grade six, Olweus reports, bullies are of average popularity. They tend to have two or three friends - largely other aggressive kids. And it's their physical strength other kids admire. As they get older, though, their popularity with classmates wanes; by high school they are hanging out only with other toughs. They may get what they want through aggression, and be looked up to for being tough, but they are not liked [2].

If their self-confidence survives increasing rejection by peers, it may be because bullies are unable to perceive themselves correctly in social situations, a part of their social blindness. Reports child psychologist Melissa DeRosier, Ph.D., of the University of North Carolina: "Bullies are clueless as to how little they are liked. They are out of touch with what kids think." As something of a threat to others, they are not likely to learn just exactly how other kids feel about them. And with their deficits in social cognition, they certainly don't see the impact of their own behavior on others [3].

It's possible that bullying is not the same in all the world's cultures and those American children suffer more severely at the hands of bullies - a suggestion borne out by the fact that bullies register less popular with peers here, especially as they get older, than they do in Scandinavia. There may be an intensity to bullying here that does not exist elsewhere. Dominance may be more valued; competition more accepted. Victimization may be more extreme. This intensity has many observers worried because violence is worsening in the U.S. and other countries. While that doesn't necessarily mean bullying is getting worse, there are disturbing signals. "Clinically, I see an increment in the aggressive fantasies kids now bring to therapy," confides Schwartz. "They talk about their dolls tearing the skin off each other."

Up to 3% of children combine both roles, at the same time behaving aggressively and provoking other children to harm themselves or in some situations in a class being a pursuer, and in others becoming a victim - these are so-called "pursuers/victims" or "provoking victims" [26]. The characteristics they often possess are hyperactivity, impulsiveness, clumsiness, hot temper [27] combined with behavioral problems, poor self-control, low social competence, difficulty concentrating and learning, anxiety and the presence of depressive symptoms; they are infantile than their peers [28]. Although there are few such children, it is most difficult for teachers to work with them [29], and they receive the least sympathy and support from other children. It is for them that suicidal and auto-aggressive behavior is most characteristic [30].

The third group of participants of bullying, the key from prophylaxis, is witnesses; namely, it includes the majority of participants. According to Canadian researchers, up to 68% of high school students witnessed school harassment in 2010 [31]. Interestingly, almost all children (but the older, the less) report a feeling of pity for the victim, but less than half try to help her [32]. The reaction of witnesses is significant for what is happening: joining the harassment and even the slightest approval of it (smile, laughter, etc.) witnesses serve as a reward for the persecutors, and resistance and attempts to support the victim keep the persecutor from further violence [33]. Witnesses are faced with an internal conflict, which is that an attempt to stop the harassment is associated with the fear of losing their security and their status in the children's team. Formation of attitudes becomes a negative consequence for witnesses of the persecution when they perceive the environment as unsafe, experience fear, helplessness, and shame for their inaction and at the same time feel a desire to join the aggressor. Witnesses weaken the ability to empathy.

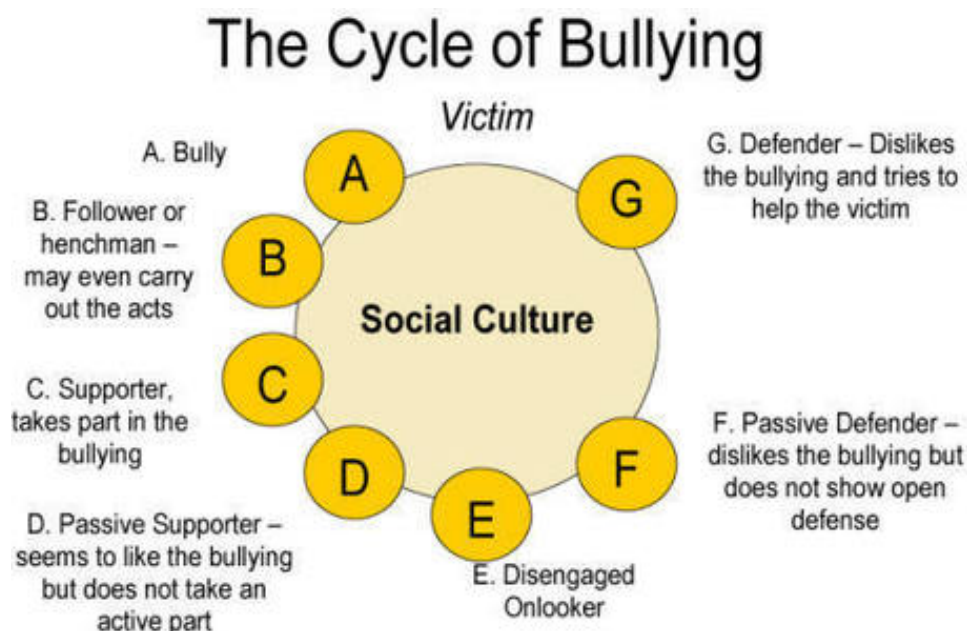


Figure 2 - The Cycle of Bullying

The chronicity of bullying is one of its more intriguing features. It is the most obvious clue that there comes to be some kind of a social relationship between a bully and his victims - and most bullies are boys, while victims are equally girls and boys. And it suggests that, contrary to parents' beliefs, bullying is not a problem that sorts itself out naturally.

The aggression can be physical - pushes and shoves and hitting, kicking, and punching. Or it can be verbal—name-calling, taunts, threats, ridicule, and insults. Bullies not only say mean things to you, they say mean things about you to others. Often enough, the intimidation that starts with a fist is later accomplished with no more than a nasty glance. The older bullies get, the more their aggression takes the form of verbal threats and abuse.

Figures differ from study to study, from country to country, and especially from school to school, but from 15 to 20 percent of children are involved in bullying more than once or twice a term, either as bullies or victims. In one Canadian study, 15 percent of students reported that they bullied others more than once or twice during the term. According to large-scale studies Olweus conducted in Norway in 1983, 7 percent of students bullied others "with some regularity" But since then, bully problems have increased. By 1991, they had gone up a whopping 30 percent [2].

Bullying exists, to greater or lesser degrees, in virtually every Westernized culture. It is a serious problem in Japan. It happens in China. No one knows for sure, because the same methodology has not been applied in every country, but there may be more bullies per capita in the U.S., England, Canada, and Ireland than in other countries. And bullying not partial to cities; if anything, it's more common in the one-room schoolhouse than in urban settings [4,5].



Figure 3 - Stages of Bullying

But no matter where they live, bullies find one place especially congenial to their nefarious activities: school. Most bullying occurs on the school playground, especially its unsupervised corners, and in the long and crowded corridors of most schools. Above all else, says Dan Olweus, bullying is a school problem.

It's not that bullying worsens at adolescence; in fact, it tends to lessen. But that's when sensitivity to rejection by peers takes a painful leap forward. Curtis Taylor probably could have told you that.

And, says Illinois's Gary Ladd, bullies engage in a "shopping process" to find them. At the beginning of the school year, when children do not know each other well, about 22 percent of children report having a victimization experience on more than a moderate level, Ladd finds. But by the end of the school year, only 8 percent of kids wind up being regularly singled out by bullies. About half of all kids are victimized at least once a year [7].

Increasingly, researchers are coming to see bullying and victimization less as the products of individual characteristics and more as an outgrowth of unique interactive chemistry. Over time, bullies and their victims become a twosome - a dyad, in the lingo of social science. Like husbands and wives, mothers and infants, and other lovers, they come to have an ongoing relationship, they interact frequently, and there is a special dynamic operating.

What makes normal dyadic relationships so enthralling for both parties - and for infants is the medium in which growth takes place - is the intricate pattern of mutual responsiveness, of action and response, the synchrony of give and take that gets established. It sets up its own gravitational field; it draws the two together and validates each as a special person. If that's not quite how it goes with bullies and their victims, still these children develop a history with each other, and the behavior of each reinforces the other. Call it the bully-victim dance.

Bullying may thrive underground, but it is a psychologically distinctive experience. It's painful. It's scary. Victims feel a great loss of control. Ask anyone who's ever been victimized even once - the memory tends to survive well into adulthood.

Until recently, a bully was just a bully. But researchers are turning up differences among them that provide strong clues as to how the behavior takes shape. There seem to be two distinct types of bully, distinguished by how often they themselves are bullied.

To make matters slightly more complex, different researchers have different names for them and draw slightly different boundary lines. There are those bullies who are out-and-out aggressive and don't need situations of conflict to set them off, called "proactive aggressors" in some studies, "effectual aggressors" in others. Classic playground bullies fall into this camp. Their behavior is motivated by future reward - like "get me something." It's goal oriented, instrumental. Or perhaps these bullies have high thresholds of arousal and need some increase in arousal level. Hard as it is to believe, these bullies have friends - primarily other bullies. What they don't have at all is empathy; cooperation is a foreign word. They are missing prosocial feelings.

And they are the least liked. Of all children, they are the most rejected in the peer group - which puts them at risk of developing the kinds of externalizing, antisocial problems bullies develop, as well as the internalizing problems, like anxiety and depression, that are common to victims. Whether these bullies have the most trouble in life isn't clear, but they do have the fewest friends.

But the line between fun and fisticuffs gets erased only when there's a bully in the pack; the bully may misconstrue some borderline gesture or movement as intentionally hostile. When push turns to shove, when meanness intrudes on play - when someone selects a target and inflicts pain and the payoff is someone else's humiliation - then it's outright bullying.

If bullying is bad for those who give it as well as those who get it, then just exactly why do kids do it? "It's a great strategy for getting what you want," says Illinois's Gary Ladd. You push the little girl off the tricycle, you get the tricycle. "A lot of aggressive kids think aggression works. They think about one outcome, but not about the others."

For all those boys who engage in bullying as a way of gaining status, the last laugh is on them. Their trophy is a sham. What looks like power and status turns out not to be that at all. The proof is in their testosterone levels.

Richard E. Tremblay, Ph.D., is a psychologist at the University of Montreal who has been conducting long-term studies of over a thousand bullies and other aggressive kids. Among one group of 178 kids that has passed the threshold of adolescence, Tremblay checked out hormone-behavior links by measuring the boys's levels of testosterone. What he found set him on his ear. The boys who were rated (by peers and teachers) most physically aggressive at ages six to 12 had lower testosterone levels at age 13 than ordinary peers. The "multiproblem fighters," or hothead bullies, proved to have the lowest testosterone levels of all. [7]

How could these consistently aggressive boys register so low on testosterone? Tremblay admits to having been puzzled. The mistake, he realized, is all those direct extrapolations from animal studies of dominance in which testosterone equals aggression. He has come to believe that testosterone does not reflect brute force but is a barometer of social success. "Physical aggression that is not accompanied by social well-being and social success - being designated a leader by peers - is not associated with high testicular activity."

Among humans, he says, physical aggression leads increasingly to rejection by peers, parents, even the school system. By the end of elementary school, half of bullies are not in their age-appropriate grade.

"They are losers," he states emphatically. "Their testosterone status at puberty reflects the fact that they are not dominating their environment. The human behaviors of dominance are not the same as animal ones," he insists. In humans, even in beefy boys, social dominance has less and less to do with physical aggression - and more and more with language. "While aggression is important for attaining high social status," says Tremblay, "it is not the only strategy. And when sustained, it is not decisive at all." And that is precisely where bullies are weak. Their general intelligence starts out about on a par with that of other kids, but their verbal intelligence is low.

Tremblay pauses to register his bemusement. "I started out studying aggression in adult criminals. Then I found I had to look at adolescents. Now I'm looking at young children. If you had told me I was going to be studying two-year-olds, I would have said that you were crazy."

But he has come to believe that the lifestyle of aggression is pretty much a done deal by age two. And with that, the Terrible Twos just got a lot worse. "Physical aggression is normal at that age. It builds up from nine months and reaches its highest frequency at age two. And then you learn that it hurts when aggressed. Adults intervene and indicate that it is the wrong behavior. Language skills increase and physical aggression decreases. If you don't get it by age two, then you become aggressive. There's something about language." It may be that language skills are socially acquired in the caregiver-child interaction. And some kids get more of that than others.

Bullying has been studied largely in boys because they are so much more overtly aggressive. The problem, contends psychologist Nicki R. Crick, Ph.D., is that aggression has always been defined strictly in terms of what boys do that's mean. And that's just one more instance of male bias distorting the way things really are. She and her colleagues now know that "girls are just as capable of being mean as boys are."

Being the social bully puts girls at risk of being increasingly rejected over time. Others grow tired of their behavior, weary of being manipulated. While most relationally aggressive kids are rejected by most others, a few are "controversial" - that is, they are well-liked by some kids and actively disliked by others. Either way, their own behavior brings them problems because it strictly limits the pool of potential friends.

Being the friend of a relationally aggressive girl and 75 percent of them has at least one friend - is no picnic. Their friendships are hotbeds of conflict and betrayal. While there's more intimacy in their friendships - more self-disclosure, telling secrets, talking about their feelings - there's also more negativity and aggression. Such girls don't buffer their friends from their aggressiveness; they do it to them, too.

In addition to social difficulties, children and adolescents who are repetitively bullied may develop internalizing symptoms. For example, in a study of over 7,000 predominantly African-American and Hispanic middle- and high-school students, Peskin and colleagues found that victims of bullying reported frequent worries, sadness, nervousness, and fearfulness.

Other psychological sequence may develop in the aftermath of repetitive bullying, including anxiety and depressive symptoms and disorders. With regard to anxiety, in a Finnish study of boys, Sourander and colleagues found that frequent bullying was a predicting factor for anxiety disorders in early adulthood. In support of these data, Gladstone and colleagues found, in men and women who were being seen in an outpatient depression clinic, that childhood bullying was associated with high levels of general state anxiety.

In addition to anxiety, studies indicate a higher risk for depressive symptoms and disorders among the bullied, both during childhood and in adulthood. According to Brunstein Klomek and colleagues, frequent bullying may also heighten the risk for suicidal ideation and attempts.

Bullying by peers may also contribute to the development of eating disorders (i.e., anorexia and bulimia nervosa). As an example, in a large Finnish study, Kaltiala-Heino and colleagues found a statistical association between being bullied and development of eating pathology, both in female and male victims. In this latter study, bully victims also had an increased likelihood of evidencing multiple mental disorders (e.g., anxiety, depression).

In addition to the psychological consequences of impaired social development, internalizing symptoms, anxiety, depressive symptoms, and eating pathology, a number of studies indicate that victims of bullying may develop psychosomatic symptoms as well. For example, in a study of over 1,600 US children, ages 6 through 9 years, being bullied was associated with a higher likelihood of repeated sore throats, colds, coughs, and poor appetite.⁷ In a study by Fekkes and colleagues of Dutch school children ages 9 to 12 years, being bullied was associated with a greater likelihood of headaches, sleeping problems, abdominal pain, bed-wetting, and feeling tired. Srabstein and colleagues surveyed nearly 16,000 US students in Grades 6 through 10 and found that being bullied was associated with headaches, stomachaches, backaches, dizziness, and sleep disturbance. Finally, in the study by Kaltiala-Heino and colleagues, being bullied was associated with neck and shoulder pain, low back pain, stomachaches, sleep difficulties, headaches, and fatigue. From a different perspective, in a study of over 5,000 Danish students

in Grades 5, 7, and 9, Due and colleagues determined that being bullied was associated with an increase in the use of medications for both pain and psychological problems.

Regardless of definition or empirical construct, bullying by peers during childhood and adolescence affects a significant minority of individuals. Not only is bullying an adverse experience, but there appears to be a variety of potential short- and long-term psychological as well as somatic sequence. Psychological sequence may include social difficulties, internalizing symptoms, anxiety and depression, suicidal ideation, and eating disorders. Somatic sequence may entail a host of various types of psychosomatic symptoms. Being alert to these associations in both mental health and primary care settings may expedite the identification of bully victims and the subsequent eradication of these abusive experiences.

Efficient policy should be definitely followed with establishing of special Code of Conduct, considering behavior for students and adults, as well as introducing of post of Special Educational Needs Coordinator, a person responsible for arranging and coordinating extra support for children from weak social group. Schools and classrooms must offer students a safe learning environment. For understanding all the seriousness of bullying, it should be created by school office anti-bullying document with student and the parent signatures. The rules and the consequences for breaking the rules should be clearly stated. Students need to know what will happen if they engage in a certain behavior. Rules need to enforce respect, responsibility, and safety. When the accident with bullying already happened, every case should be thoroughly considered, with involvement of students and parents of both parties.

To summarize all above, I would like to say that permanent bullying (violence) cause strong emotional damage and can destroy a child's self-conception and mental health. Whether bullying is verbal, physical or electronic, the long-term effects are equally harmful. Both boys and girls report high levels of emotional distress and loneliness as well as anxiety and depression. Sometimes it happens the worst cases, resulting by suicides. That is why all the participants of such unpleasant situations as bullying should make every possible effort to reduce or even eliminate all the tragic consequences.

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БУЛЛИНГ ПСИХОЛОГИЯСЫ

Аннотация. Дүниежүзілік денсаулық сақтау ұйымының мәліметтері бойынша фармакологиялық емдеуге көнбейтін ұзақ уақытты депрессия диагнозы қойылған жасөспірімдердің 30% -дан астамы буллинг құрбандары болғаны анықталған. Буллинг – басқаларды қорлау мен зорлық-зомбылықтың жарқын үлгісі болып табылады, әсіресе, әлсіз немесе жасы кіші, әдетте олар бұзақылардай емес осал болып табылатындар. Буллинг кенеттен болған агрессияның үлгісі емес; бұл – әлсіздерге –басқаларға қатысты қасақана зорлық жасау және оны қайталау әрекеті. Соңғы жылдардағы көптеген зерттеулер нәтижесі буллингтерде әлеуметтік мінез жетіспейді, алаңдаушылықты бастан кешірмейді және басқалардың сезімін түсіне бермейді деп көрсетеді. Олар әдетте өзін оң бағалайды, бұл ретте ата-аналарымен, жолдастарымен қарым-қатынастарында түсініспеушілік болады, өткен онжылдықта айтарлықтай мәселе болды. Ұялы телефондағы интернет және мобилді деректерді беру буллингтің жаңа түріне себепкер бола бастады, бірақ интернет- буллинг анонимділігімен ерекшеленеді.

Бұл мақалада біз құрбанға психиатриялық және медициналық көмек қажет болған жағдайда көрінетін буллингтің салдарына назар аударғымыз келеді. Буллинг салдарларының бірі құрбанның жеке тұлға ретіндегі әлеуметтік дамуын бұзу болып табылады.

Түйін сөздер: буллинг, агрессия, асоциалды мінез-құлық.

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БУЛЛИНГ КАК СОЦИАЛЬНО-ПСИХОЛОГИЧЕСКИЙ ФЕНОМЕН

Аннотация. По данным Всемирной организации здравоохранения более 30% подростков, у которых была диагностирована длительная и не поддающаяся медикаментозному лечению депрессия, отмечали в своем прошлом тот факт, что являлись жертвами буллинга. Буллинг - является ярким примером насилия и оскорбление других, в частности те, кто в некотором роде меньше, слабее, моложе или как правило всегда более уязвим, чем хулиган. Буллинг не является примером внезапной агрессии; это - преднамеренная и повторная попытка насилия в отношении другого - слабого. Множество исследований последних лет показывают, что буллы испытывают недостаток в просоциальном поведении, не испытывают тревожность и не понимают чувства других. Они обычно оценивают себя вполне позитивно, при этом вполне вероятно имеют проблемы в взаимоотношениях с родителями и сверстниками. стало значительной проблемой в прошлое десятилетие. Психологическая травма является социальным явлением, не зависящим от пола, возраста и культуры. В данной статье мы хотим обратить внимание на последствия буллинга, которое проявится в том обстоятельстве, что жертвам часто необходима психиатрическая и медицинская помощь. Одно из последствий буллинга это нарушение социального развития личности жертвы.

Ключевые слов: буллинг, агрессия, асоциальное поведение.

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