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Bullying behaviour and psychosomatic health among township learners: Cross-sectional survey.

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Research report submitted to the University of the Witwatersrand, in the Human and Community Development Department (Faculty of Humanities), in partial completion of the requirements for the degree of Master in Educational Psychology, Johannesburg, March 2020.

Declaration

I hereby declare that this research thesis is my own work and has never been submitted or published before for any other degree qualification or examination at any academic institution.

This research is being submitted to the University of Witwatersrand, Johannesburg for the degree Master of Educational Psychology.

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Nomsa Malatsi Date

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ABSTRACT

The study aimed to establish the association between bullying and psychosomatic health. The target population for this study consisted learners from three Orlando West high schools in the township of Soweto, Johannesburg. Approximately 300 learners were sampled, comprising girls and boys from grades 9–11. A convenient sampling technique was used to select participants for this research. The study analysed data from respondents using univariate, bivariate and multivariate analysis, specifically descriptive statistics as well as logistic regression. Regarding bullying, the study concluded that it happened more among boys than girls. Psychosomatic health challenges, however, occurred more among girls than boys and there was an association between bullying and psychosomatic health. The study has shown that bullying can affect the psychosomatic health of young people beyond psychological and academic performance effects as seen in previous studies. Going forward, it would be important for schools to prevent and decrease the levels of bullying in order to ensure increased levels of psychosomatic health among school children in South Africa.

Keywords: Bullying, psychosomatic health, South Africa, gender differences

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CHAPTER 1: INTRODUCTION

"Schools are war-zones" (Harber, 2001:262)

1.1 Introduction

Violence is the deliberate use of physical influence or force against oneself or another person or against a group or community that has a high likelihood of resulting in death, psychological harm, maldevelopment, injury, or deprivation (Burton & Leoschut, 2013). In South Africa, there is a high death rate of 6.8 per 100 000 of children aged 10–19 years, which is more than four times the rate for adolescent females with some regional variation (Mathews, et al., 2019). The high death rate is caused by public violence and domestic injuries. With a high rate of violence in the home, it may not be surprising that school violence is among the most pressing concerns that the South African education system faces today and is thus associated with the way young people experience school (Crawage, 2008; Maree, 2005). According to Burton and Leoschut (2013), school violence is defined as violence that occurs within the physical border of the school environment.

1.2 Background

Globally, research focusing specifically on school bullying has undergone four phases (Smith, 2012). The first phase dated from the 1970s to 1988. In 1978, the Swedish-Norwegian psychologist Dan Olweus published *Aggression in schools: Bullies and whipping boys*. In this book, bullying was defined in terms of mobbing, physical, and verbal behaviours, although Olweus (1978) explicitly rejected the 'mobbing' label (which implies group bullying), since much bullying appeared to be by one person (Søndergaard, 2020). The second phase was from around 1989 to the mid-1990s when more books as well as journal articles started to appear, and surveys in other countries beyond Scandinavia were beginning to be carried out. This was further helped by some intervention campaigns to fight against school bullying in Scandinavian countries. The third phase led to an established international research programme from the mid-1990s to 2004, in which "traditional bullying was recognised as an important international research program" (Smith, 2013:71). Surveys and interventions took place in many countries (Smith, Pepler, & Rigby, 2004) and researchers in the United States developed substantial research on victimisation and bullying during this period (Espelage & Swearer, 2004), while

important work was also being undertaken in Australia and New Zealand (Rigby, 2002). The fourth phase was specifically focused on cyberbullying from 2004 to date. Over the past decade, cyberbullying has become a significant aspect to be taken account of (Smith, 2012). Rivers and Noret (2010:646) argue:

> *This started off as text message and email bullying, which increased through the mid-2000s; but since then the development of smart phones, and greatly increased use social networking sites, have offered many new tools for those wishing to hurt others. Broadly speaking, cyberbullying now takes up an appreciable fraction of total bullying in young people (around one-third).*

School violence results in a violation of the basic rights of children as it affects learners' academic performance, increases isolation, and may also place both their mental and physical health at risk (Burton, 2008). School violence instils fear and negatively impacts children who are not directly experiencing violence but may have seen their friends or peers affected (Burton & Leoschut, 2013; Taole, 2016). According to Buston (cited in Ncontsa & Shumba, 2013), in South African primary and secondary schools a total of 1.8 million pupils (which is 15.3% of learners) had experienced violence in one form or another; 12.8% had been threatened with violence; 5.8% had been assaulted; 4.6% had been robbed of their belongings; and 2.3% had experienced some form of sexual violence at school or immediately outside the school gates (Ncontsa & Shumba, 2013). Olweus & Limber (2010) observed that in Norway, 15% of the school children were either involved bullies or bully victims. Elimination of school violence can substantially contribute towards countries' development capacity. Efforts towards eliminating school violence in South Africa can therefore also contribute towards development capacity in South Africa (Zainal & Zainah, 2014).

In the United States, a survey carried out by Wang, Iannotti, and Nansel (2009) found that 20.8% of the school population were either victims or actual bullies. Cross et al. (2009) found that in Australia, just over one in every four students from Grade 4 to Grade 9 (27%) are involved in bullying behaviour; consequently, Australia is regarded as having the highest rate of bullying in the developed world (Carr-Gregg & Manocha, 2011). These percentages are alarming as they show the prevalence of bullying behaviour among learners despite policies and strategies in place to reduce bullying behaviour in schools. Carr-Gregg and Manocha (2011) acknowledge that in the African context studies on bullying have only recently been carried out, while worldwide the high prevalence rates of bullying in schools have been

documented over an extensive period of time. The new African efforts can include doing research that will help raise awareness of the dangers of violence in communities and schools. This study has focused on bullying as it is the most common form of school violence and one of the causes of teenage suicide (Boyes, Bowes, Cluver, Ward, & Badcock, 2014; Farmer, Lane, Lee, & Lambert, 2012; Hicks, Jennings, Jennings, Berry & Green, 2018). It aims to look at bullying behaviour and psychosomatic health among secondary school township learners.

1.3 Problem Statement

Globally, bullying is a prevalent concern due to its role in fomenting school violence and health problems (Modecki, Minchin, & Harbaugh, 2014; Zainal & Zainah, 2014). There is a growing consensus among researchers that bullying behaviour in school is a universal problem that can negatively impact individuals' school attendance and academic performance (Glew, Ming-Yu Fan, & Katon, 2005). Research conducted in the Netherlands indicates that children who are bullies or victims of bullying are associated with an increased risk of physical and psychological problems (Fekkes, Pijpers, & Verloove-Vanhorick, 2005). De Wet (2005:82) argues that the physical consequences include "headaches, bed-wetting, loss of appetite, poor posture and stomach problems". Psychologically, they are "depression, suicide tendencies and actual suicides, tension, fear, as well as feelings associated with posttraumatic stress, confusion, anxiety, anger and grief". Rigby (2003) sums up the four main consequences as physical un-wellness, low psychological well-being, psychological distress, and poor social adjustment. In South Africa in particular, violence among learners is well documented, resulting in serious injuries, hospitalisation of the victims, and death (Rondganger, 2016).

Research in bullying among secondary school students in Kuala Lumpur, Malaysia has also found that bullying can affect a learner's future life, as it can cause physical effects such as an individual being permanently paralysed (Zainah & Zainal, 2014), and can also result in individuals not being able to reach their future goals or being unattractive (Mampane & Bouwer, 2011). Bullying has caused a variety of social and academic problems for young people, beginning in primary school and continuing throughout high school (Teasley & Nevarez, 2016). "Social consequences of bullying include among others isolation and loneliness, victims have problems in mixing with other children and adults, and are/become very shy" (De Wet, 2005:82.) Bullying negatively impacts student's academic performance and their chance to learn (Shellard & Turner, 2004), school absenteeism and disliking school

are reported as likely outcomes for victims, which eventually lead to a high rate of school dropouts (Rigby, 2001).

Although bullying is a problem that continues even in secondary schools (Glew et al., 2005), less research has been conducted in secondary schools due to scholarly views that conversion from primary to high school is often associated with a decrease in bullying during the early years of adolescence (Bibou-Nakou, Asimopoulos, Hatzipemou, Soumaki, & Tsiantis, 2013). A study conducted in South African schools (CJPC, 2008) focusing on the relationship between bullying and wellness found that there was an increase in bullying: in 2008, 15.3% of learners experienced violence or bullying at school, whereas in 2012, the percentage was 22.2%. This increase indicates a worrying prevalence of bullying in schools and, therefore, the research was conducted to assess the influence that bullying has on the behaviour and psychosomatic health of learners.

In particular, this study will focus on learners at the high-school level in township schools. This focus on township schools is due to the following reasons. Firstly, township learners are estimated to comprise 9 186 655 of the South African urban school population of 10 992 987 learners (Statistics South Africa [StatsSA], 2017). Ncontsa and Shumba (2013) found that about 19% of the learners decide to bunk classes or drop out of school due to oppression/victimisation in township schools, and this is a source of worry and concern which needs an urgent intervention to promote a conducive and safe school learning environment. The Report (CJCP, 2008) notes that "a recent study from the South African Institute of Race Relations revealed that 23% of learners feel safe at school, implying that 77% feel unsafe". It is of paramount importance to focus on the majority / most prevalent group attending high schools, since "eliminating school violence can make a substantial contribution to the development capacity of countries, widen learning opportunities to the society and improve the standards of living within the community" (CJCP, 2008).

Previous studies have focused mainly on rural and urban private/urban learners due to a lack of resources, ease of access, and communication with cohorts from these institutions, without taking cognisance that township schools battle with multiple challenges including a lack of resources, under-qualified teachers, a lack of adequate sporting facilities, a lack of adequate support from the government, learner parents, and other stakeholders (Burton, 2008). In such environments, the effects of bullying, along with other detrimental behaviour, have more dire

consequences on the educational performance and social coping levels of young people. CJCP (2008) argues that "bullying often heightens susceptibility to other more serious and violent forms of victimisation occurring at school". A high proportion of learners who have experienced bullying might experience or have experienced violent crimes.

1.4 Rationale

It is proposed that if school environments are safe, learners will perform well because safer environments are known to be conducive to teaching and learning. According to Zainah and Zainal (2014), globally, bullying is a major problem that is difficult to eliminate in schools. Being bullied has become a stigma to victims in early childhood development and learning, carried across from the foundation phase to adulthood (Arshad, Aslam, & Tanvir, 2016. It has been documented as the root cause of many psychological problems found in young adults such as depression, anxiety, loneliness, and low self-confidence (Sesar, Simic, & Sesar, 2013).

Most researchers have focused on the prevalence of bullying (Sanchez, Romero, Frantzisko, & Maldonado, 2016; Solberg & Olweus, 2003), although there has been substantial research (Menesini & Salmivalli, 2017; Swanson & Anton-Erxleben, 2016; Zych, Baldry, & Farrington, 2017) conducted on psychological and physical symptoms of bullying in South African township schools. However, this present study differs from earlier ones as it differentiates students involved in bullying behaviour into three groups: those who bully and are themselves bullied, those who only bully, those who are only bullied, and those who are neither bullies nor bullied. This research sought to add to the existing body of literature in bullying behaviour and psychosomatic issues by establishing the relationship between bullying behaviour and psychosomatic health among township learners in South Africa. The context of South Africa, its history of education, apartheid and post-apartheid reconstruction efforts, and, in particular, violence/bullying behaviour and psychosomatic health issues at both the national and local levels provide fertile ground for examining these issues (Mncube & Harber, 2012). Furthermore, the research sought to raise awareness of the dangers of violence in communities and schools in a bid to ensure that schools are safe institutions for children to learn and acquire knowledge.

1.5 Aims of the Study

- To investigate the forms of bullying (physical, verbal, relational/social, and cyberbullying) that are prevalent among township high school learners.
- To explore gender differences in the prevalence of each of these forms of bullying among township high school learners.
- To explore the association of bullying with depression and psychosomatic health (headache; stomach ache; backache; feeling low, irritable or in a bad temper; feeling nervous; difficulties getting to sleep; feeling dizzy) among township high school learners.

1.6 Research Questions

1. Which forms of bullying are prevalent among township high school learners?
2. Is there a statistically significant difference between girls and boys regarding the prevalence of bullying in township high schools?
3. Is there a statistically significant relationship between bullying, depression, and psychosomatic health among township high school learners?

1.7 Research Process

The study adopted a quantitative approach and the data collected from the respondents were analysed using descriptive statistics and differential statistics, specifically logistic regression analysis. Recruitment into the study occurred in classes of selected schools through the researcher explaining the study's aims and objectives followed by the learners volunteering to participate. Participation was approved upon receipt of written parental consent. The completion of the survey was under the guidance of the researcher when it took place in the selected classes. Permission to conduct the study was obtained from the University of Witwatersrand Ethics Committee, Gauteng Provincial Department of Education and Principal of each school included in the research.

1.8 Outline of the Chapters

Chapter One introduces the whole study including the background, problem statements, significance of study, aims of the research, and the research questions. **Chapter Two** is a review of the literature on bullying. The prevalence, nature, and impact of bullying and its effects on psychological and psychosomatic health in school children in South Africa is discussed in great depth in this chapter. **Chapter Three** provides information regarding the methods used in the current study. The research design is outlined, followed by an outline of the instruments used in the current study, information regarding the participants of the study, the procedure, and ethical considerations. **Chapter Four** presents and analyses the empirical findings in relation to bullying behaviour and psychosomatic health among township learners in Johannesburg. **Chapter Five** discusses the findings of the study, followed up with the conclusions and appropriate recommendations. Finally, study limitations and future research studies are discussed.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

Bullying is a problematic phenomenon faced by schools today (Boyes, Bowes, Cluver, Ward, & Badcock, 2014; Farmer et al., 2012; Xaba, 2014). According to Olweus (1993), bullying is defined as the misuse of the imbalance of power between one or more individuals, which may be associated with differences in gender, age, or ethnicity, with the intention of humiliating or hurting another. Bullying is any negative activity envisioned as injuring the next person who is perceived to be less psychologically or physically powerful than the perpetrator (Glew et al., 2005; Kulig, Hall, & Kalischuk, 2008; Olweus, 2003; Rigby, 2004). Thus, bullying is any form of harm or aggression motivated by a desire to dominate and aimed at hurting someone. However, Smith and Brian (2000) indicate that the imbalance of power and negative behaviour between individuals has to be repetitive in order to be considered as bullying. Bullying also involves social hierarchies and most bullies are opportunists as they maintain their positions by victimising the lower social-status learners who are perceived as easy and vulnerable targets (Vaillancourt, Hymel, & McDougall, 2003).

Bullying can be regarded as direct or indirect. Direct bullying consists of physical bullying such as hitting, taking the victim's belongings, kicking, and/or punching (Flourentzou, 2010; Mynatt, Heidel, & Studer, 2014; Protogerou & Flisher, 2012; Reason, Boyd, & Reason, 2016; Rigby, 2004). Indirect bullying involves cyberbullying and relational (also known as clandestine) aggression. Relational bullying is a nonphysical form of bullying whereby the perpetrator aims to threaten damage to relationships and also ruin the victim's social standing and reputation (Dailey, Frey, & Walker, 2015; Powell & Ladd, 2010; Smith, 2004; Swart & Bredekamp, 2009). Bullying can also be experienced in a verbal form; this may include teasing, insulting, mocking, and name-calling (Flourentzou, 2010; Protogerou & Flisher, 2012; Reason et al., 2016; Rigby, 2004).

In addition, according to Rigby (2007), bullying can be perceived as malign or non-malign. Malign bullying is bullying where an individual consciously seeks to harm another individual, while with non-malign bullying, is when the bullying is not intentional but the belief of the victim that the hurt was intentional (Swart & Bredekamp, 2009). what an individual does is not

of harm to anyone. Victims of bullying are categorised based on their experiences (Glew et al., 2005). Bullies are defined as students who bully others, while bully-victims, also known as provocative victims, are those who bully others and are also being victimised by other bullies.

2.2 Bullies

Research indicates that more boys than girls are bullies (Farrington, 1993; Forero, McLellan, Rissel & Bauman (1999); Isernhagen, & Harris (2004); Nguyen, Bradshaw, Townsend, & Bass, 2017). More bullies experience psychosomatic symptoms than pupils in the other bullying categories (bully-victims and victims). Bullies spend most of their time with friends and perceive school as a dreadful place to be. Glew, et al (2005) claims that bullies are frequently sad on most of the days they spend at school and are normally the ones who start fights. In addition, according to Smith (2004), most bullies have aggressive traits and come from home environments in which there is less affection, low parental monitoring, and more violence. Bullies perceive their attacks on others and aggressive behaviour in general as a mechanism to gain influence and control. A study conducted in Brazil found bullying behaviour to be more prevalent among boys than girls, boys being more involved as both bullying perpetrators and bully-victims than girls. Some studies reveal girls to be more victimised than boys, while other studies reported opposite results, and some show that the rates of victimisation are equal between the two genders. For the Brazilian study, girls were not found to be more frequent victims than boys, although a difference was found between the adolescent girls' subgroup when compared to the younger children subgroup, in which girls were more frequently victims than boys. The results of a 40-country cross-national study showed consistency in finding boys to be exhibiting a higher level of aggressive behaviour in all countries. Rates of victimisation were higher among girls in 29 of these 40 countries (Isolan, Salum, Osowski, Zottis and Manfro, 2013)

Research shows that there are different types of bullies. Firstly, some are anxious or are both anxious and aggressive as they have low self-esteem. Anxious bullies have few friends and they are often emotionally unstable. Secondly, some passive bullies are not aggressive but easily dominated as they are empathic to others and somehow feel guilty after a bullying incident (De Wet, 2005). It has been reported that bullies have a high possibility of becoming criminals in future (Glew, Rivera, & Feudtner, 2000; Olweus, 1993), experience difficulty in building personal relationships (Hugh Jones & Smith, 1999), and later in adulthood eventually

have problems with substance abuse (Kaltiala-Heino, Rimpelä, Rantanan & Rimpelä, 2000). It has also been found that school bullying is negatively associated with several school-related issues, including adjustment, bonding, and perceived climate (Dussich & Maekoya, 2007).

2.3 Victims

Research shows that more boys than girls are victims of bullying. Victims of bullying feel lonely at school as other learners do not want to spend time with them. This can result in them hating school and missing days without their parents' permission (Forero, McLellan, Rissel, & Bauman, 1999). In addition, according Glew et al. (2005), victims usually are learners who struggle with their schoolwork. They dislike school as they perceive it as an unsafe place to be. Studies show that victims of bullying are more likely to be unhappy and insecure children and they are very anxious, with low self-esteem (Powell & Ladd, 2010).

There are two types of bully victims, namely provocative victims and passive victims (Powell & Ladd, 2010). Provocative victims are also known as bully-victims, as they partake in both sides of bullying, playing both the roles of bullies and victims (Powell & Ladd, 2010). Those learners who bully and are bullied by others are likely to be boys and they also experience psychosomatic symptoms. Bully-victims like being at school (Forero, McLellan, Rissel, & Bauman, 1999). Glew et al. (2005) add to Forero et al.'s (1999) argument that bully-victims struggle academically and are more likely to be boys than girls. In contrast to Ferero et al., however, Glew et al. (2005) noted that bully-victims feel unsafe and they feel that they do not belong at school.

Powell and Ladd (2010) argue that provocative victims are physical bullies as they act with the intention of reprisal and they do not seek power; however, they lack close friends which results in them being lonelier and more insecure than those individuals who are only bullies (Powell & Ladd, 2010). Bully-victims likely experience continuous social, physical, and psychological effects and tend also to suffer from being victimised later in life (Ando, Asakura & Simons-Morton, 2005; Banzai,1995). The research shows that bully-victims in schools are likely to be continuously vulnerable and are therefore also likely to be bullied later in life, as adults at their workplaces (Smith, Singer, Hoel, & Cooper, 2003). Passive victims are characterised as individuals who usually suffer from anxiety, low physical strength, and/or depression; have poor social skills; are lonely and quiet; as well as having low self-esteem, making them insecure

(Powell & Ladd, 2010; Smith, 2004). Research has suggested that bullying behaviours of both sorts and victimisation are differentially associated with various family-level factors (De la Rue & Espelage, 2014).

A study conducted in schools in the south-east of the United States, focusing on the relationship between bullying and wellness, showed that the most common type of bullying experienced by students is verbal, as 37.9% of students indicated having experienced verbal bullying, 22.3% relational bullying, 16.4% indirect bullying, 11.9% physical bullying, and 9.1% cyberbullying (Mynatt et al., 2014). These figures support the assertion that school bullying is highly prevalent, and therefore help to motivate this research to reveal the influence that bullying has on the mental or psychological and psychosomatic health of learners in township high schools.

2.4 Gender Differences and Bullying

Researchers have perceived bullying to be experienced differently across different genders (Due et al., 2005; Espelage, Mebane, & Swearer, 2004). According to Smith (2014), gender differences show a discrepancy in the type of bullying that males and females experience. Globally, most studies revealed that males are more likely to experience physical forms of victimisation while females are more likely to be involved in either verbal or relational bullying (Anaya, 2015; Greeff & Grobler, 2008; Smith, 2014). However, a study on the relationship between bullying and wellness (Mynett et al., 2014) reported that 46.5% of male students were involved in verbal bullying, followed by 17.9% in relational bullying, 17.8% in physical bullying, 13.2% in indirect bullying, and 3.6% in cyberbullying. For female students, 32.8% indicated that they use verbal bullying, 25.5% relational bullying, 18.7% indirect bullying, 12.7% cyberbullying, and 8.1% physical bullying. These incidents tended to occur weekly and, in any location, (Mynett et al., 2014). The figure supports Smith's (2014) conclusion that males are more involved in physical bullying than girls (17.8% compared to 8.1% in the Mynatt study). In contrast to Smith (2014), though, Mynatt et al. (2014) also indicated that males are more involved in verbal bullying as they scored 13.7% more than females. However, a study conducted in Hong Kong found that there is no gender difference for verbal bullying or social exclusion (Smith, 2014).

It is believed that the genders have different risk profiles. Most boy victims are at risk of anxiety which results in them attempting suicide, while aggressive boys are at risk of personality disorders. On the other hand, for girl victims suicide attempts and suicide was predicted even though the problem levels were controlled in the early stages of life (Isernhagen & Harris, 2004; Undheim & Sund, 2010).

2.5 Prevalence of Bullying/Victimisation

According to Rassool (2002), research conducted in a South African Catholic school in 2001 found that more than 90% of the students reported that they were bullied. which indicates that prevalence can be extremely high. As previously indicated, boy learners are more likely to bully their peers than girls are as most boy bullies tend to be physically stronger than their chosen victims. In addition, the American study that addressed influences of race on bullying found that white or Hispanic youth reported more victimisation than black students. Children with learning difficulties, emotional, or behavioural problems were more likely to be involved in bullying than their peers (De la Rue & Espelage, 2014). However, many talented children and adolescents also fall victim to bullying, which prevents them from achieving their fullest academic potential (De la Rue & Espelage, 2014).

Research indicates that teachers often report a lower prevalence of bullying than students do (Burton, 2008). Studies conducted by Burton (2008; 2012) in South African schools show that bullying behaviour and school violence increased from 15.3% in 2008 to 22.2% in 2012. The 2012 report notes that in that year alone, 12.2% of the sample reported being threatened with violence, 6.3% were assaulted, 4.7% were sexually assaulted/raped, and 4.5% were robbed at school. In addition, in Katlehong, east of Johannesburg, a 13-year-old girl was sexually gang-assaulted by three 14-year-old boys. The perpetrators used their cell phones to film the violent assault, which is an example of the increasingly common use of technology in the context of violence among in high school pupils (Anonymous, 2010).

2.6 Traditional Bullying and Cyberbullying

Cyberbullying is defined as bullying done by means of technological devices through electronic avenues such as social networks, constant messaging, websites, and emails (Kowalski & Limber, 2013; Olweus, 2012; Powell & Ladd, 2010). Sánchez, Romero, Navarro-

Zaragoza, Ruiz-Cabello, Frantzisko and Maldonado (2016), note that cyberbullying is common among pupils aged 10 to 17 years as they use the internet regularly. Research shows that adolescents experience cyberbullying more than the university population, ranging from 9 to 20% of the samples studied (Sánchez et al., 2016). Cyberbullying can negatively impact on students' education, which may result in them carrying weapons to school or cause students to skip school (Powell & Ladd, 2010). Olweus's (2012) study challenged claims that traditional forms of bullying were common than cyberbullying in schools. In addition, Menesini (2012) believes that cyberbullying is underreported as there is a lack of clarity on its definition, and adds that in order to determine the prevalence of cyberbullying accurately, it is essential that cyberbullying occurrence be studied separately and given its own particular forms of measure.

According to Modecki, Minchin and Harbaugh (2014), and Modecki, et al's (2014) study conducted in Australia, the prevalence rate of cyberbullying and traditional bullying differ. The prevalence of traditional bullying involvement is 35% while cyberbullying is 15%. A study conducted among high school learners in Spain found an overlap between cyberbullying victimisation and traditional bullying (Sánchez et al., 2016). These studies show no consistency, however, as cyberbullying and traditional bullying are experienced differently according to different countries.

2.7 Consequences of Bullying

As previously mentioned, bullying has long-lasting consequences for the individual who has been or is being bullied; such effects include psychological and emotional trauma. Holt, Chee, Ng, and Bossler (2013) state that recurring bullying of an individual makes them more susceptible to social, physical, and mental health consequences in the long run. Bullied victims have the misfortune of developing a propensity for these problems which, in turn, affects how they perform in their academic work and the frequency of school attendance (Holt et al., 2013; Butler, Kift, & Campbell, 2009). In this instance, as evidenced, bullying can play a huge role in how the victimised individuals see themselves as compared to their peers who are not being bullied, i.e., feeling inadequate to deal with the challenges of attending school or not seeing the benefit of going to school only to be bullied.

Longitudinal studies have been conducted that support the hypothesis that one of the effects of being bullied is psychological trauma, providing evidence of the long-term effects on the

psychological well-being of the bullied victim into adulthood (Rigby, 2003). Being bullied "permanently damages both the psyche and education of the child" (Laas & Boezaart, 2014:2667).

2.8 Health Problems

Bullying has been associated with psychological, behavioural, and psychosomatic symptoms such as high levels of anxiety, depression, loneliness, suicidal behaviour, nightmares, and low self-confidence (De la Rue & Espelage, 2014; Sesar et al., 2013). The term "psychosomatic symptoms" refers to both physical and psychological complaints of which the causes are mental and emotional rather than physical. The physical symptoms include headaches, stomach-aches, backaches, difficulty getting to sleep and feeling dizzy. The list of psychological complaints includes depression, irritability or bad temper, nervousness, and feeling low (Seixas, Coelho, & Nicholas-Fischer, 2013). In a school in Benoni, Johannesburg, the alleged bullying of a 13-year-old boy is said to have resulted in his death as he suffered from severe headaches (Alfreds, 2017). According to Ayenibiowo and Akinbode (2011), chronically victimised students may experience poor self-esteem, depression, and other mental health problems including eating disorders (anorexia and bulimia nervosa) as well as schizophrenia. Studies show that there is a relationship between bullying and psychosomatic symptoms (Sesar et al., 2013).

2.9 The South African Legislation on Bullying

In many countries, laws are put in place to ensure that victims of bullying receive justice and that they are accordingly looked after. In such cases, their best interests are at the core of making and implementing laws in and around the school environment, especially. Various studies have provided evidence that a great deal of bullying happens in the school environment, thus calling for a critical intervention to ensure that the rights of the offender and victim are not being violated (Laas & Boezaart, 2014). The South African legislative framework on bullying looks at the rights which may be or have been violated in the bullying process. According to the Constitution of the Republic of South Africa, bullying involves the violation of individuals' constitutional rights (Laas & Boezaart, 2014).

Among the rights that are being violated when bullying takes place is the victims' right to equality. According to the Constitution of South Africa, "no individual may discriminate

against another person based on race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language and birth" (Juta Law, 2017). Another right is human dignity; when someone is being bullied, it is clear that individual's dignity is being infringed upon as they are seen as less human than they are. The motive of a bully is to intimidate, wield power, and humiliate; thus, the victim's dignity and even self-worth are negatively impacted (Laas & Boezaart, 2014). Section 12 of the Constitution focuses on protection against various kinds of violence that may negatively impact on an individual. It therefore protects learners from acts of bullying in any form. "Section 12 of the Constitution intricately ties into the bullying phenomenon, as the right to the freedom and security of the person protects everything that bullying transgresses" (Laas & Boezaart, 2014:2676).

Bullying also infringes on the victim's right to access to education. Victims may feel the need to drop out of school and may not perform schoolwork adequately as they are being bullied.

South Africa's national legislation on bullying is built on the constitutional framework discussed above. In the school context, four acts are central to analysing the legal situation, namely the South African Schools Act 84 of 1996, the Children's Act 38 of 2005, the Child Justice Act 75 of 2008, and the Protection from Harassment Act 17 of 2011 (Laas & Boezaart, 2014).

The following provides a detailed explanation of each act, with special emphasis on the topic of bullying in schools. The first act to be discussed is the South African Schools Act 84 of 1996 (SASA), which dictates that a governing body of any public school should adopt a code of conduct for their learners after consultation with relevant stakeholders. The code must be phrased in a way that it enforces discipline and creates a purposeful school learning environment. It must outline positive behaviour and, in turn, how misbehaviour will be handled and how and when disciplinary measures will be executed (Juta Law, 2017). "A code of conduct provides the regulatory framework within which a safe, secure, disciplined and purposive learning environment may be established. It must also improve and maintain the quality of the educating process" (Laas & Boezaart, 2014:2679).

According to Ngqakamba (2019) In South Africa, children as young as 10 years may be criminally charged for bullying behaviour if they are found to be guilty beyond a reasonable

doubt that they were conscious of their actions and consequences. Even though bullying itself is not categorised as a criminal offence, behaviours associated with it could be classified as crimes in terms of the Criminal Procedure Act; for example, crime injuria, assault, extortion, and attempted murder. The whole procedure of children being accountable for their bullying tendencies, however, is more aimed at restoration than punishment, in that the state wants to assist children found guilty of crimes instead of punishing them (Ngqakamba, 2019).

South African laws may not yet recognise bullying as a crime, but there are laws in place that ensure children's rights are being protected regardless (Law for All, 2017). In the Children's Act 38 of 2005, the emphasis is protecting children against neglect and abuse; it is also aimed at eradicating bullying in schools, allowing every bullied victim an opportunity to present their case in a court of law. The aim of this law is not to punish the bully but rather to maintain the balance that was thrown off when one child was victimised. This act, in conjunction with SASA Act, aims for restorative justice through specific programmes and processes (Law for All, 2017).

The child Justice Act 75 of 2008 calls for restorative justice but does not neglect cases of bullying that includes criminal intent. The law calls for a separate justice system for children who might be involved in the bullying process. The act created three categories that divide where a person falls under which category. The first category is: children below 10 years of age, the second one is children 10 years and older but younger than 18 and the third one is young people 18 years of age and older but under 21 years. As in this discussion bullying is discussed in the context of school, this usually means more often the perpetrator will be a child or a learner-on-learner bullying, thus this type of context will fall under the first two mentioned categories. Even before the child is considered to have a criminal intent, they assess whether the child has criminal capacity or not (Law for all, 2017).

The protection from harassment Act of 2011 is the last legal framework which is used to safeguard the rights of the children. This law states that individuals or victims of bullies are by law have the right to apply for a protection order against their perpetrators, if they have suffered or have been bullied by their fellow school mates. According to law for all blogs, under section 2(4) of the protection from Harassment Act states that any child who is a victim of being bullied can apply for a protection order, regardless of the statement that a parent or guardian should accompany the child to open the protection order (Law for all. 2017).

2.10 The Constructs between Bullying and Psychosomatic Health

School bullying is a phenomenon that worries health professionals, psychologists, teachers and families in many countries around the world. Researchers' attention towards bullying has increased in particular the relation between bullying and psychosomatic problems. Gini and Pozzoli (2013) have shown that bullies are likely to display negative and antisocial behaviour, for example, truancy, delinquency, and substance abuse, during adolescence and are at risk for psychiatric disorders. Furthermore, Gini and Pozzoli (2013) found that their victims were prone to suffer from a variety of psychosomatic and behavioural problems, for example tiredness, nervousness, sleeping problems and dizziness. Worthy of note is that tiredness and sleepiness are regarded as symptoms of depression.

2.11 Theoretical Framework

The prevalence of bullying and its effects on psychosomatic health appear to warrant an extensive investigation. A number of theories have been put forward to explain the occurrence of bullying and its effects among school learners around the globe. Below is a review of the Social Dominance Theory which sought to explain the prevalence of bullying and its effects among school learners

2.11.1 Social Dominance Theory

The social dominance theory (SDT) is based on the belief that human systems and societies are structured according to social group-based hierarchies. These hierarchies include a dominant and submissive group (Goodboy, Martin, & Rittenour, 2016). The difference between them is related to the accomplishment of positive social status, which is measured according to the accumulation of desirable social and financial resources. The SDT explores the notion of individual social power that is gained through membership in a socially constructed group (Goodboy et al., 2016). According to Sidanius and Pratto (1999), SDT postulates that communities contain status hierarchies, as some groups of people in the community are more privileged than others. As a result, inequalities exist between these groups based on race, age, gender, and imbalance of power (Sidanius et al., 1994). Although there are intrapersonal characteristics that contribute towards children being at risk for bullying, the SDT's interest

lies within the social hierarchical construct. The concept of social hierarchies provides a conceptual framework that explains bullying (Romm, 2013).

According to the SDT, bullying is used as a tool to maintain social dominance within these social hierarchies. Dominance is not an end in itself but a means to get prioritised access to resources that are valued for the group. People use bullying behaviours such as aggressive physical, emotional, and social bullying in order to gain and maintain dominant status within the hierarchy (Goodboy et al., 2016). The theory does not indicate that this behaviour is prevalent because children are innately evil, but rather that this behaviour is adopted in order to survive and maintain ranking within school classes and peer groups. In order to be successful, children need to be socially skilled. Looking at the lower end of the dominance hierarchy, children who are aggressive tend to lack social skills and these become bully-victims or provocative/aggressive victims (Romm, 2013). Therefore, their primary intention of bullying is not to cause harm in itself but rather instrumental in a struggle to acquire or maintain status, and is used in a calculated way. Aggression is often a tool. In particular, individuals use aggression in order to disrupt the hierarchy within new groups. Therefore, according to the SDT, bullying is usually used as a recourse to increase social dominance status, and once this is achieved, the bullying decreases (Goodboy et al., 2016).

CHAPTER 3: RESEARCH METHODOLOGY

3.1 Introduction

This chapter outlines the research methodology that was employed in the study. The contents of this chapter include: the research paradigm, research design, participants, instruments, procedure, data analysis and ethical considerations of the study.

3.2 Theoretical Framework

The theoretical framework influences the way knowledge is studied and interpreted (Mertens, 2005). The theoretical framework referred to in Section 2.11, Social Dominance Theory, has been used to decide on the variables to be included in the present study, in particular the independent variables bullying and gender, and the dependent variable, psychosomatic health problems. According to the SDT, various types of bullying per gender happened more among boys than girls while psychosomatic health challenges happened more among girls than boys. According to the SDT, bullying is usually used as a recourse to increase social dominance status.

3.3 Research Paradigm

The choice of paradigm sets down the intent, motivation and expectations for the research. Mackenzie and Knipe (2006) argue that without nominating a paradigm as the first step, there is no basis for subsequent choices regarding methodology, literature or research design. A number of paradigms have been discussed in the literature, such as: positivist, constructivist, interpretivist, transformative, emancipatory, critical, pragmatic and deconstructivist (Mackenzie & Knipe 2006). This research will adopt a positivist paradigm. Positivism is referred to as scientific method or science research that aims to test a theory or describe an experience “through observation and measurement in order to predict and control forces that surround us” (O’Leary, 2004:5). Silverman (2000) noted that positivist paradigm tends predominantly to use quantitative approaches (methods) to data collection and analysis. This research seeks to investigate the association between bullying and psychosomatic health and in attempting to find out if any association or relationship exists between them, a quantitative approach has been adopted. The quantitative research method is guided by the positivist paradigm in adopting certain approaches that require measurement.

3.4 Research Design

Quantitative research is categorised as an objective positivist search to get singular truths that depend on the variables, hypotheses, and statistics; it is generally large scale, but without much depth (O'Leary, 2004). The research design adopted is a cross-sectional survey, as the sampling of participants was conducted at a single point in time rather than over a period of time.

3.5 Participants

The target population for this study was high school learners from Orlando West high schools in Soweto, Johannesburg. Three hundred learners were sampled. A convenience sampling technique was used to select respondents. Etikan, Musa, and Alkassim (2016:2) describe convenience sampling as "a type of non-probability or non-random sampling where members of the target population that meet certain practical criteria, such as easy accessibility, geographical proximity, availability at a given time, or the willingness to participate are included for the purpose of the study". Criteria for inclusion were that the participants should be learners aged 14 to 17 years who were grade 8 to 11 in Orlando West high schools, in Soweto, a township. Soweto is an urban settlement adjoining Johannesburg, in the province of Gauteng, South Africa. It is populated by approximately 1.3 million people (Loots, 2008). The 2012 National School Violence study found that there is a high rate of bullying and violence in Gauteng township schools (Burton & Leoschut, 2013) which made the Soweto schools chosen ideal for this research.

Previous studies drew their conclusions about the association between psychosomatic symptoms and bullying using smaller samples; as a result, the researcher of this paper aimed to focus on a more generous sample of 300 participants to investigate the correlation between psychosomatic health and bullying among secondary school township learners. Research indicates that there is a relationship between bullying involvement and parental maltreatment (De la Rue & Espelage, 2007). According to Rezapour, Soori, Nezam Tabar, and Khanjani (2020), previous studies focusing on the prevalence of psychosomatic symptoms in European school-aged children found that at least one psychosomatic symptom was experienced by 45.7% of the children involved in bullying.

3.6 Instruments

This research study used a demographic questionnaire (see Appendix A), the Revised Olweus Bully/Victim Questionnaire (Appendix B), Cyberbullying Behaviours and Victimisation Experiences Measure (see Appendix C), General Health Questionnaire (Appendix D), and questionnaires on Psychosomatic Problems (Appendix E), as well as Cyberbullying & Bullying (Appendix F). All these questionnaires were conducted in English as it is the medium of instruction in the South African education system. However, translation into and explanation through any local language was provided when administering the questionnaires.

3.6.1 Demographic Questionnaire

Kitchenham and Pfleeger (2002) point out the significance of having a demographic questionnaire as it provides information that describes the participant based on his/her age, gender, ethnicity, home language, school type, and grade (refer to Appendix A). These demographic aspects were useful for descriptive purposes as well as analysing gender differences in the prevalence of each form of bullying among the participating schools.

3.6.2 The Revised Olweus Bully/Victim Questionnaire (R-OBVQ)

The Revised Olweus Bully/Victim Questionnaire (R-OBVQ) is a self-reported measure that is commonly used to assess individuals who experience bullying and being bullied by others (Solberg & Olweus, 2003). Although this measure consists of 40 questions, for the current study, only 23 items were used. The researcher selected those which specifically focused on the nature of the research. The 23 questions focused on issues connected with and exposure to various forms of bullying, and attitudes as well as individuals' reactions to bullying (Violence Institute of New Jersey, 2002). According to Rivera (2014), the OBVQ measure is found to have satisfactory internal reliability with Cronbach's alpha values greater than 0.80. This measure demonstrates suitable evidence of construct validity when assessing associated variables and relations between the dimensions of "being victimised" (Bendixen & Olweus, 1999; Solberg & Olweus, 2003). A study conducted in Bloemfontein, South Africa used the R-OBVQ with specific reference to its applicability within the South African context in order to acquire descriptive information about the prevalence of bullying in schools (Greeff & Grobler, 2008).

3.6.3 Cyberbullying Behaviours and Victimisation Experiences Measure

The Cyberbullying Behaviours and Victimisation Experiences Measure is an instrument that assesses individual victimisation experience and cyberbullying behaviour (refer to Appendix C). This measure has five questions that are assessed using a 5-point Likert scale; the scale ranges from 0 = *never* to 4 = *every day* (Holfeld & Leadbeater, 2015a). According to Holfeld and Leadbeater (2015b), convergent validity was found for victimisation and bullying.

3.6.4 General Health Questionnaire (GHQ-12)

The General Health Questionnaire (GHQ-12) was developed by Goldberg in the 1970s (Appendix D). The instrument is a brief self-report measure which aims to assess psychiatric disorders in non-clinical settings (Goldberg & Williams, 1988). This measure consists of 12 items which contain six 'positive' and 'negative' items that focus on the past few weeks (Hu, Steward-Brown, Twigg, & Weich, 2007). The items are assessed using a four-point scale in which a high score on negative items indicates greater distress and/or difficulty and a high score on positively worded items indicates endorsement. The validity of the GHQ-12 was assessed using convergent validity and internal consistency was used to test reliability of the questionnaire using Cronbach's alpha coefficient (Montazeri, Harirchi, Shariati, & Garmaroudi, 2003).

3.6.5 The Psychosomatic Problems (PSP) scale

According to Hagquist (2009), the PSP scale is used to assess psychosomatic health (Appendix E). This measure is constructed through the summation of raw scores of learners' responses, consisting of eight items using a five-point scale. The scale ranges from *never* to *always* (Hagquist, 2009). The study conducted in Sweden used the PSP scale to describe trends in psychosomatic health problems among adolescents, with a focus on gender differences; the scoring of the psychometric analysis used the Rasch model 11-13 (Hagquist, 2009). This instrument was piloted.

3.6.6 Cyberbullying and Bullying

The Cyberbullying and Bullying measure assesses the frequency of bullying using a five-point scale. The scale ranges from *never* to *several times a week*. This instrument consists of four items, exploring how an individual experiences cyberbullying during a particular period of time. This instrument was piloted.

3.7 Procedure

The researcher ensured that ethical clearance was attained from the Humanities Research Ethics Committee (Non-medical) in order for the study to proceed and be conducted. The researcher then requested permission from the Department of Education and the school heads in Orlando West secondary schools. Once permission was granted by the Department of Education and the school heads, parents and learners were given information sheets and consent forms to give parental permission. Learners were approached after school, when the researcher introduced them to the research study and stated the potential benefits and risks of participation in it.

Learners were informed about the guaranteed anonymity and confidentiality and notified that their participation is voluntary. They were not asked to place any form of identification on the questionnaires, as participant numbers but no names were used on the questionnaires and reports. The researcher administered the questionnaires to ensure that any questions or problems raised were responded to. A sample of 300 learners who were willing to participate in the study was given a set of self-report questionnaires.

The learners were given about 45 to 60 minutes to complete answering the research questionnaires. For those participants who experienced any discomfort or emotional distress during participation, a de-briefing was presented by a qualified clinical psychologist (Nokulunga Nene) and contact details of free counselling services were provided to participants as well as the contact details of the researcher for those participants who were interested in the outcome of the study.

Immediately after the questionnaires were completed, raw data was placed in a sealed box, after which it was transferred to a locked cabinet. Thereafter, raw data was converted into digital format using the Microsoft Excel software. This was done to ensure a de-identifiable dataset in a password-locked computer. Thereafter, the data was analysed using the statistical software SPSS (Statistical Package for the Social Sciences) version 24. The results of the study were reported in the form of a master's research report.

3.8 Data Analysis

This research aimed to look at bullying behaviour and psychosomatic health among secondary school township learners. It specifically looked at the prevalence of forms of bullying, gender differences in the prevalence of each form of bullying, and psychosomatic health. Descriptive statistics and inferential statistics were derived. Descriptive statistics were used to explore the frequencies and percentages relating to the prevalence of bullying. Inferential statistics were used to explore whether there are significant differences between bullying and psychosomatic health. Pearson's product moment correlation was used, provided assumptions of parametric tests were satisfied. If not satisfied, Spearman's correlation was used. SPSS software was used to analyse the data.

3.9 Ethical Considerations

The researcher obtained ethical clearance from the Research Ethics Committee (Non-medical) before conducting this research study (protocol number: MEDP/18/006 IH). The Gauteng Department of Education was informed of the study in order for the researcher to receive permission to conduct it at the Johannesburg West District 12 high schools in Orlando West. The heads of the high schools chosen were informed through an information sheet and consent form in order for the researcher to receive the requisite permission from them. The participants were informed that the research is voluntary and for academic purposes.

The researcher ensured that all questionnaires were confidential and anonymous. Participants were given informed consent; information concerning informed consent was clarified and disclosed before participants undertook the research questionnaire. The researcher asked for permission from the participants' parents as the participants are minors and a vulnerable group to work with (see appendix). The researcher also asked the participants to give assent (see appendix) and the participants were informed that they could withdraw from answering the questionnaire should they feel the need to. Contact information of both the researcher and researcher's supervisor were provided to the participants and after the questionnaire was completed a qualified clinical psychologist (Nokulunga Nene) provided a briefing addressing bullying. She also assisted when any problem arose requiring her attention. Participants were provided with contact details of toll-free counselling services, which are as follows:

- The South African Depression and Anxiety Group: 0800 567 567 / 011 262 6396

- Lifeline South Africa: 0861 322 322.

The dataset from participants was kept on a password-protected computer. Only the researcher and supervisor were able to view the raw and digital dataset collected. The study results were reported in the form of a master's research report which is accessible on the online Wits research repository and also at the main library of the University of the Witwatersrand.

CHAPTER 4: RESULTS

4.1 Introduction

This chapter aims to discuss the results obtained from the analysis of data collected. The research questions were used as guidance to present the results obtained from the data. The investigation thus addressed the prevalence of psychosomatic health conditions, forms of bullying, and gender differences in bullying (physical, verbal, relational/social, and cyberbullying), as well as determining whether there is a relationship between bullying and psychosomatic health among township high school learners in Orlando West. The investigation results are presented below as univariate, bivariate, and multivariate analyses of the data through descriptive statistics as well as logistic regression. Univariate analysis is a method for analysing data on a single variable at a time, thereby observing only one aspect of the phenomenon. Univariate analysis explores age and/or sex as single-variable data that can be illustrated on pie charts or histograms. Bivariate analysis is used to explore data of only two variables under consideration. The bivariate technique reveals a relationship between two variables, for instance, level of education and income. Multivariate analysis is a simultaneous study of several variables. It is more informative than univariate analysis. Multivariate analysis explores three or more variables together to understand their various relationships.

4.2 Descriptive Outcome

Univariate analysis

Age was found not to be normally distributed upon testing for normality, and showed a median of 16 years and an inter-quartile range of three years. In terms of gender, 65% of the sample were males while 35% were females.

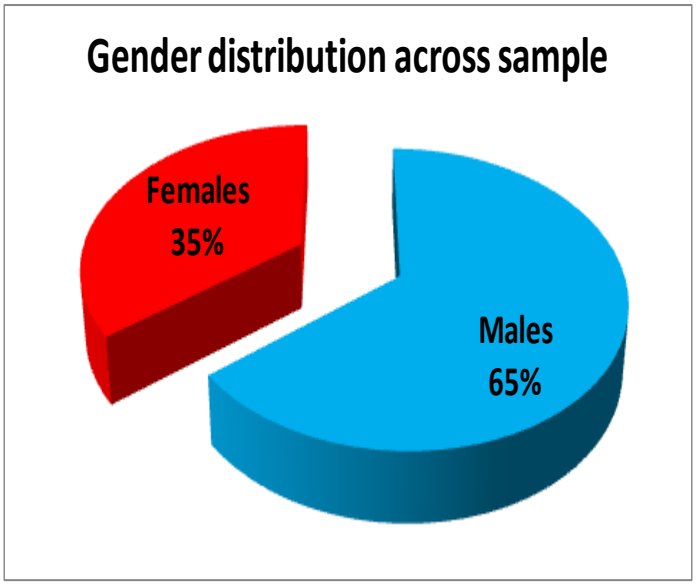

Figure 4.1. Gender distribution across sample.

Looking at the educational level of the sampled participants, the highest proportion (42%) were grade ten learners, 32% were in grade eight, 15% were in grade eleven, and grade nine learners made up the lowest proportion at 11%.

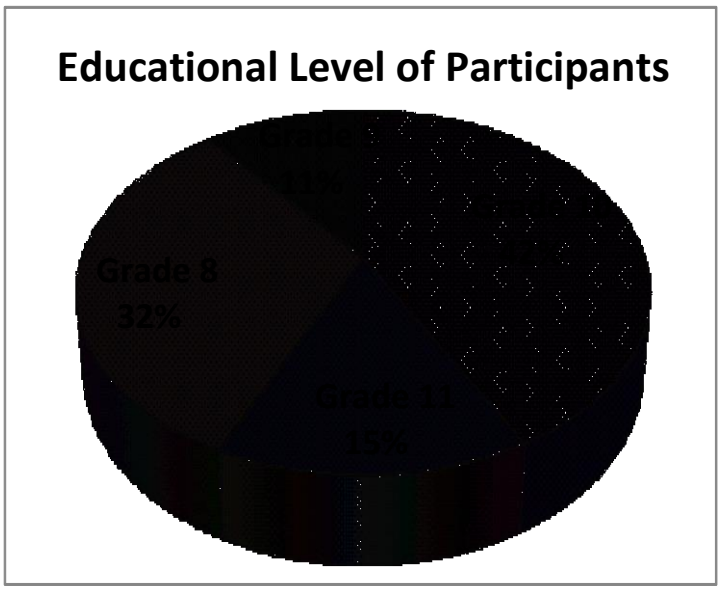

Figure 4.2. Educational level.

The most represented home language was isiZulu, spoken by 60% of learners, followed by Sesotho and Setswana at 11% each, as opposed to the least represented languages, at 1% each for English and Ndebele.

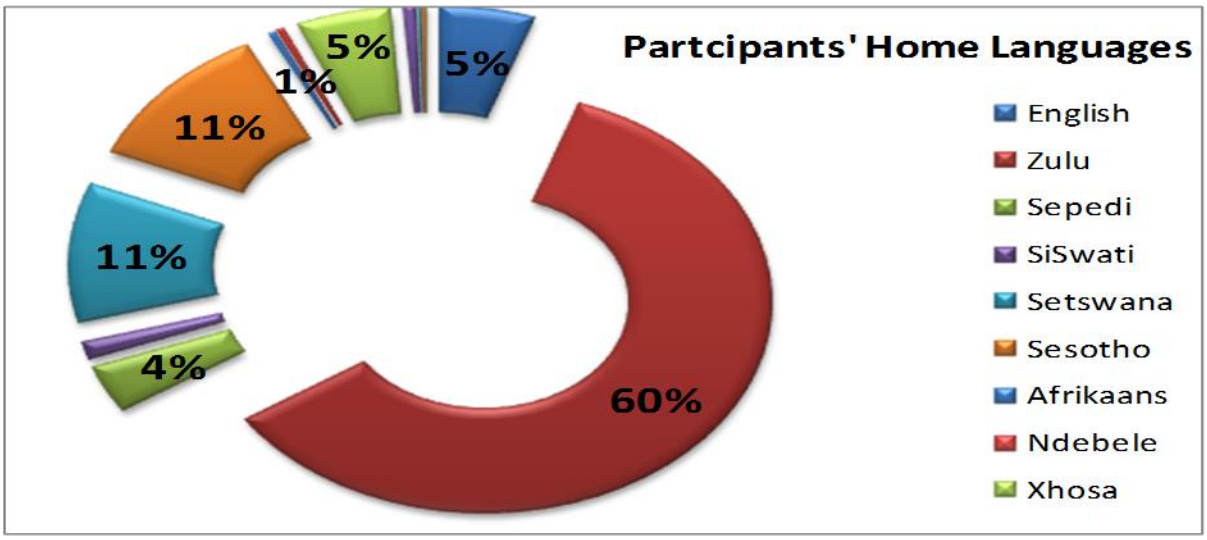

Figure 4.3. Participants' home languages.

A quarter of the sample, 25%, self-identified as bullies, 22% were bullied and 8% were bully-victims.

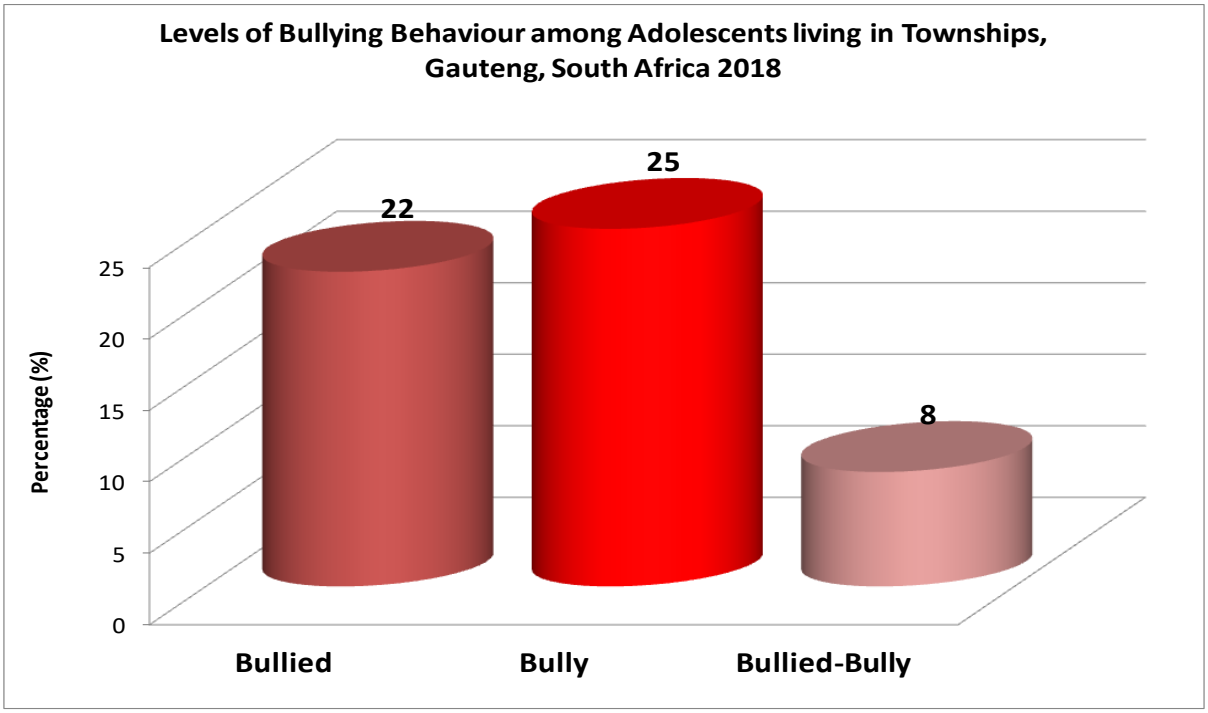

Figure 4.4. Levels of bullying.

Psychosomatic health

The prevalence of psychosomatic health conditions is shown below in Figure 4.5. Results indicate that 46% of learners suffered from psychosomatic health conditions, while 54% of the sampled population did not. Figures 4.6 to 4.13 show the results for individual types of psychosomatic health conditions (i.e. difficulty concentrating, difficulty sleeping, headache, stomach ache, feeling tense, loss of appetite, feeling sad,, and feeling dizzy).

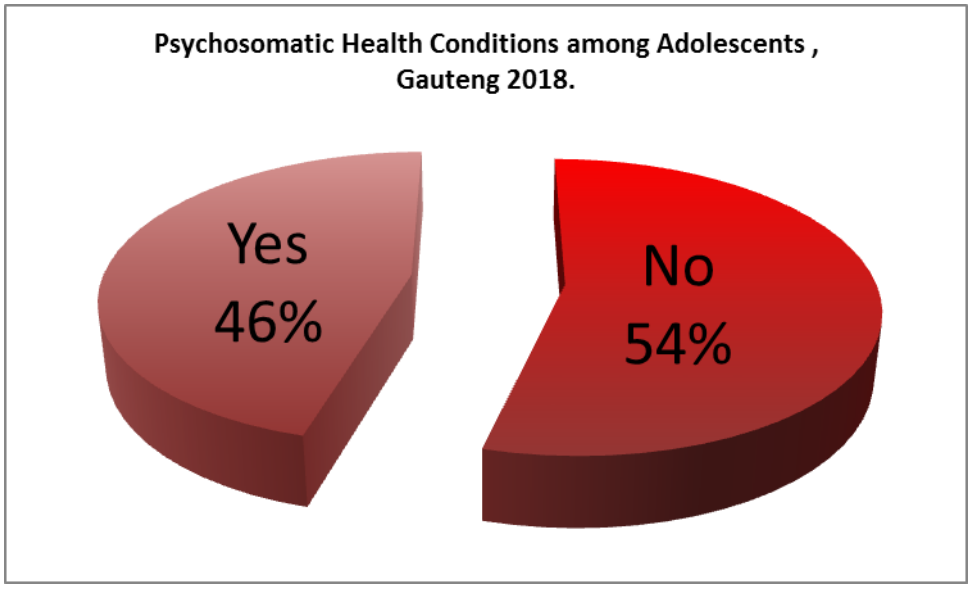

Figure 4.5. The prevalence of psychosomatic health conditions in township schools.

Figure 4.6 demonstrates that 51% of learners indicated that they never had difficulties in concentrating, while 29% of the sample indicated that they sometimes did, 11% that they seldom had this problem, 6% said 'often', and 3% indicated that they always experienced difficulties in concentrating.

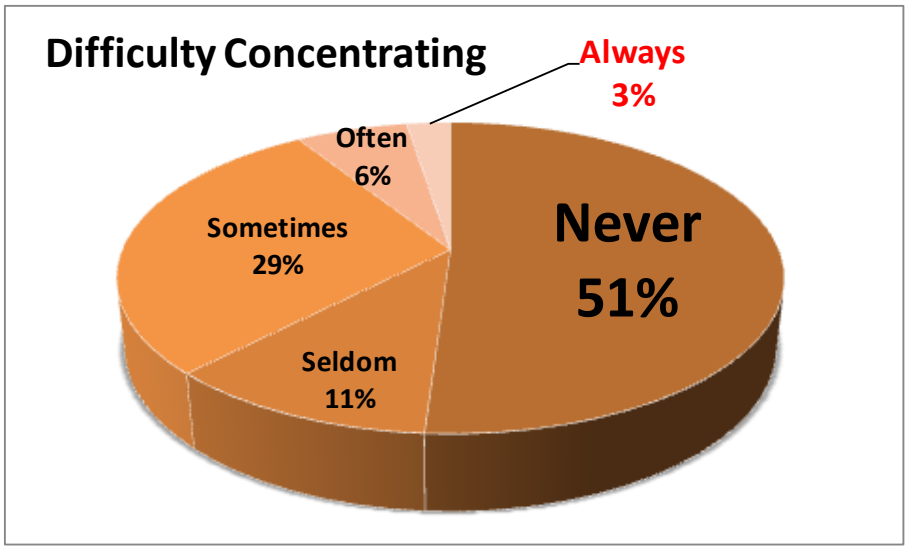

Figure 4.6. Difficulty concentrating.

Asked whether they had difficulty in sleeping, 55% of the sampled learners said “never”, 26% said “always”, 9% said “seldom”, 5% each said “often” or “always”.

Figure 4.7. Difficulty sleeping.

Headaches would seem to be fairly common, with the largest group, at 39%, stating that they sometimes had headaches, and 36% reporting that they never did. For the rest, 10% said “seldom”, 8% said “often”, and 7% said “always”.

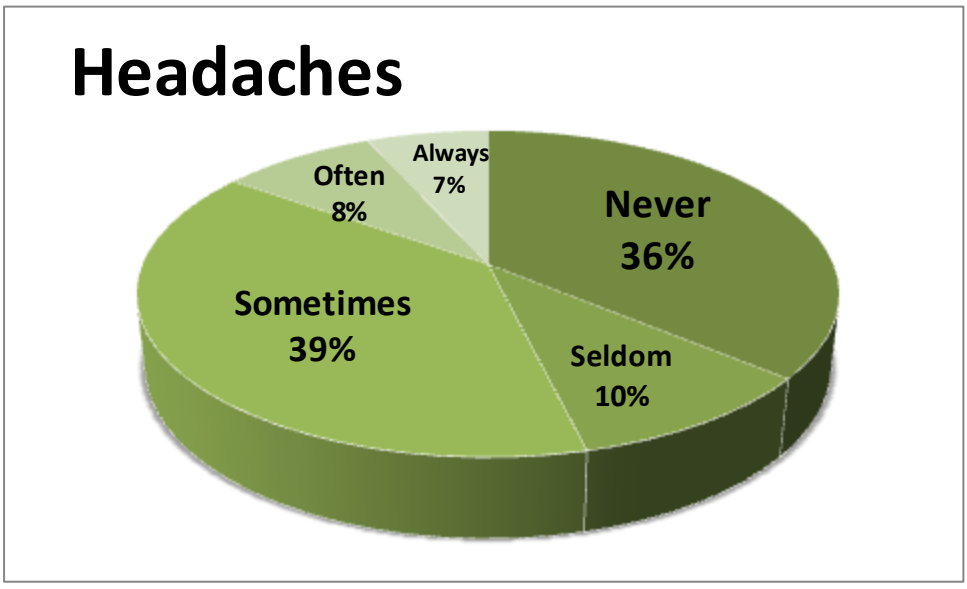

Figure 4.8. Headaches.

As figure 4.9 shows, results indicate that 41% of the sampled learners never experienced stomach ache, while 34% had stomach ache sometimes, 13% seldom, 9% often, and 3% always.

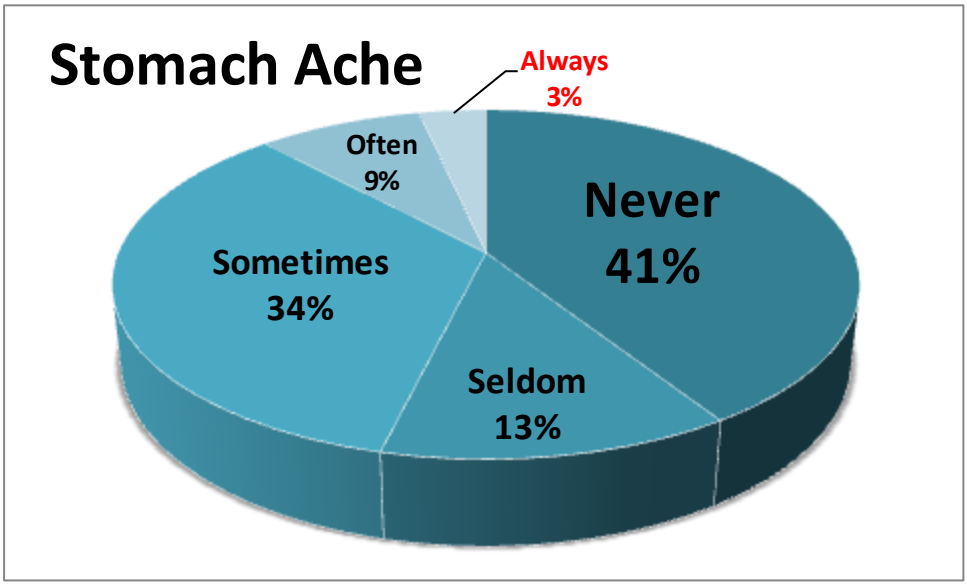

Figure 4.9. Stomach ache.

Feeling tense was a less frequent occurrence, with only 5% and 4% of the sample respectively reporting that they often or always felt tense. The majority, at 55%, stated that they never felt tense and 22% of the sample reported that they sometimes did.

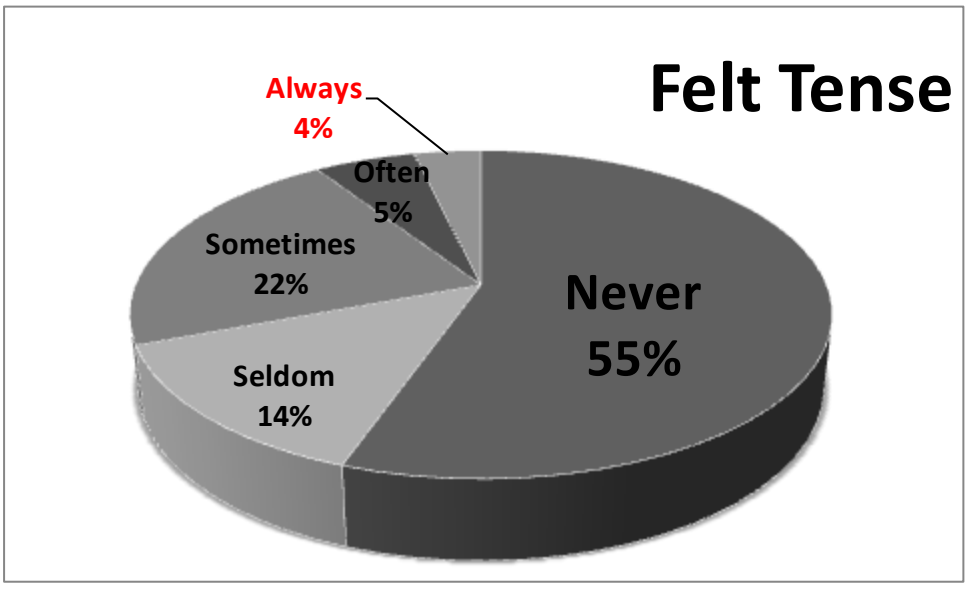

Figure 4.10. Feeling tense.

The results illustrated below show that 38% of learners indicated that they had never experienced loss of appetite, while 32% sometimes did. Further, 11% often had a loss of appetite and 5% of the sample reported that they always experienced loss of appetite.

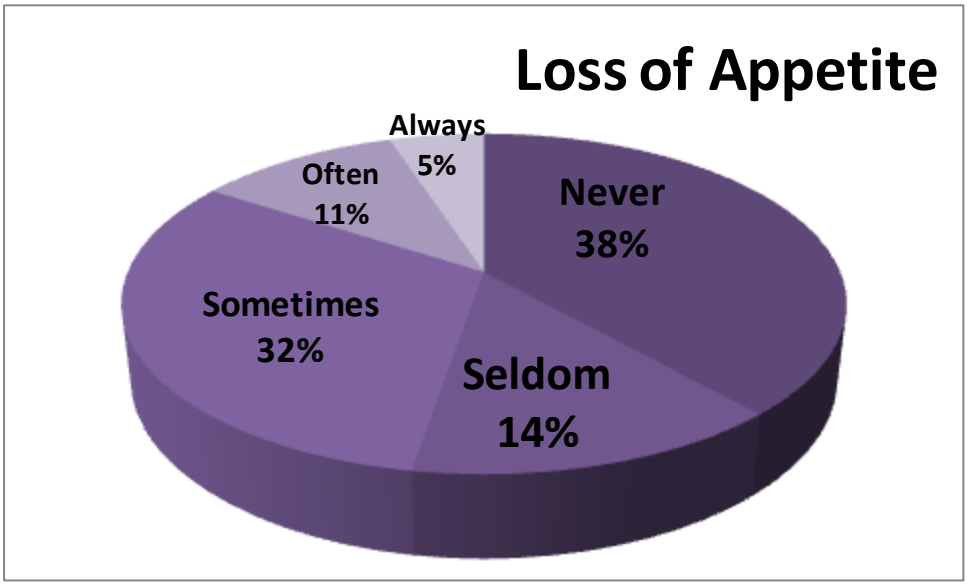

Figure 4.11. Loss of appetite.

Figure 4.12 indicates the levels of sadness reported. As can be seen, 35% of the sampled learners reported that they never felt sad, but slightly more, 37%, indicated that they felt sad sometimes, while 9% often and 8% always felt sad.

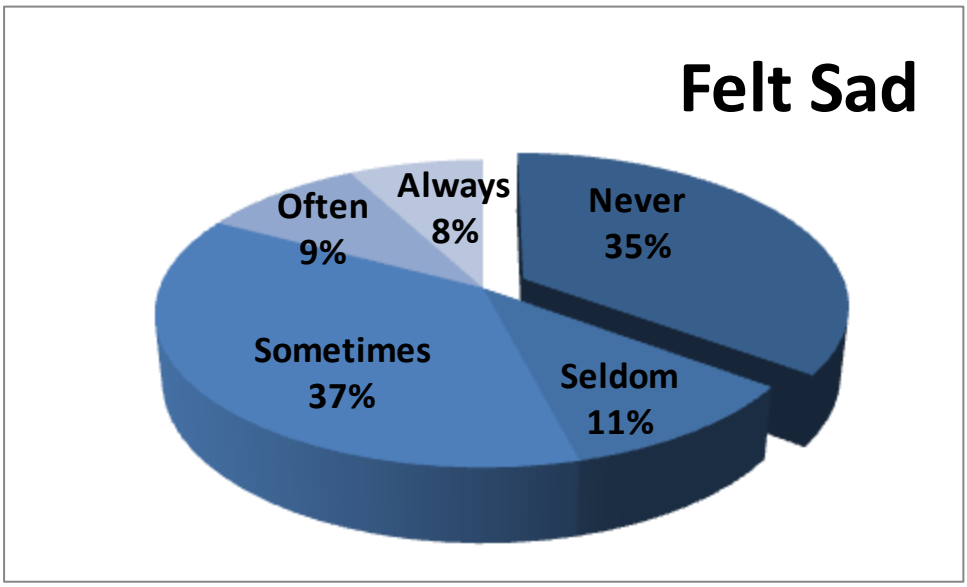

Figure 4.12. Feeling sad.

Results indicated that 44% of the sampled learners never felt dizzy. At the other end of the scale, 8% often and 3% always experienced dizziness. The remainder sometimes (27%) or seldom (13%) did.

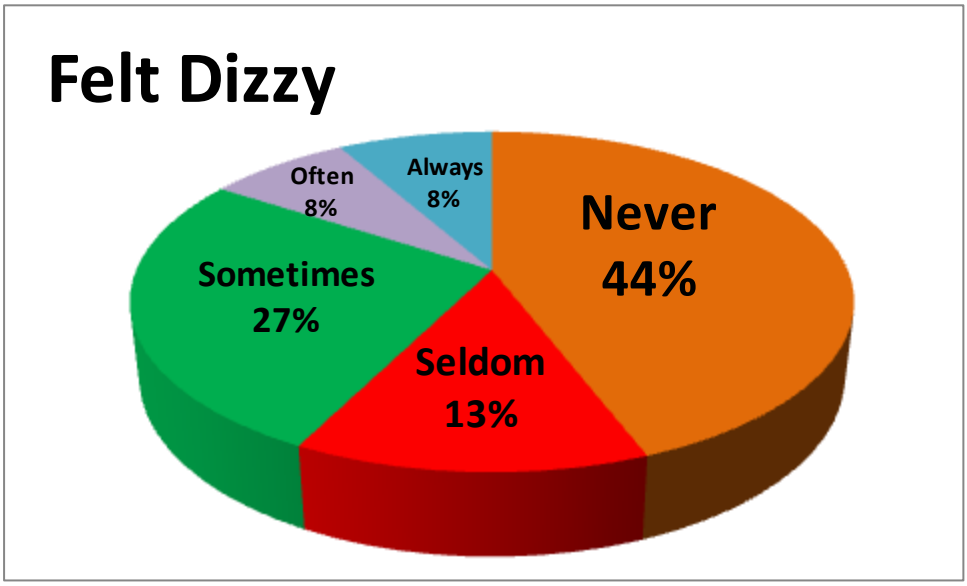

Figure 4.13. Feeling dizzy.

4.3 Inferential Outcome

Bivariate analysis

To establish gender differences in the prevalence of bullying types, a chi-square test was used to see whether the levels of bullying were the same or different among boys and girls. As seen in Table 4.1 below, girls and boys reported similar levels for all types of bullying except for relational bullying. Girls experienced high levels of relational bullying, and this was confirmed with the chi-square test with a p-value of 0.015 as opposed to boys.

Table 4.1

Levels of Types of Bullying by Gender

Bullying Types	Boys	Girls	Test	P-value	Different
Cyberbullying Victims	17.02	16.34	Chi-squared	0.856	No
Relational Bullying Victims	29.08	40.52	Chi-squared	0.015	Yes
Verbal Bullying Victims	72.34	79.74	Chi-squared	0.089	No
Physical Bullying Victims	40.07	43.79	Chi-squared	0.452	No
Sexual Bullying Victims	21.63	24.84	Chi-squared	0.446	No

Table 4.1 is showing the level of bullying type per gender. These two groups are mutually exclusive and their totals therefore do not add up to 100%.

Table 4.2 below differentiates between those that had psychosomatic conditions and those that did not. Firstly, looking at the demographic characteristics of the study, these results show that across grades, the levels of psychosomatic health conditions were not statistically significantly different. For example: across grades, the levels of psychosomatic health conditions ranged from 38.3% among grade nines to 52.3% among grade elevens, but these results were not significantly different based on the p-value obtained from the Chi-squared test. Looking at age, the median and interquartile range (IQR) was similar for students with and without psychosomatic health conditions. As shown in the table, the median and IQR for individuals with psychosomatic health conditions was 16; 3. In addition, in terms of gender, results shows that the levels of psychosomatic health among females and males reported a statistically significant difference with a p-value of .009.

The second part of the table looks at levels of psychosomatic health conditions across bullying behaviour categories. Results indicate a significantly higher level (55%) of individuals who had experienced psychosomatic health conditions among those who were bullied than among those who were not bullied. The Chi-squared results showed that the percentages were fundamentally different; they were statistically significantly different. For individuals who were and were not bullies, levels of psychosomatic conditions were relatively the same, as they

were between individuals who were and were not bully-victims, meaning that there was no statistically significant difference.

Table 4.2

Levels of Psychosomatic Health Conditions

Demographic Characteristics		Psychosomatic Condition	Test	P-value	Different
	Gender		Chi-squared	0.009	Yes
	Female	54.25			
	Male	41.13			
	Grade		Chi-squared	0.346	No
	Grade 8	42.14			
	Grade 9	38.30			
	Grade 10	48.09			
	Grade 11	52.31			
	Race		Chi-squared	0.351	No
	Black	46.54			
	Indian	50.00			
	Coloured	33.33			
	Age (median; IQR)	16;3	Wilcoxon	0.203	No
Bullying Behaviour					
	Bullied		Chi-squared	0.035	Yes
	No	43.07			
	Yes	55.21			
	Bully		Chi-squared	0.635	No
	No	45.09			
	Yes	47.71			
	Bullied-Bully		Chi-squared	0.446	No
	No	46.27			
	Yes	39.39			

Tables 4.3 to 4.5 below show the relationship between the various independent variables and the outcome of psychosomatic health, first with bivariate logistic regression and then controlling for demographic variables, being age, gender, and race. The first regression table looks at the bivariate and multivariate relationship between psychosomatic health and being a bully. In terms of age, the results indicated that for every one-year increase in age, there was an 8% increased likelihood of having a psychosomatic health condition. The p-value was partially significant, as it was above .05, but below the .01 level of significance. The multivariate level results indicated that for every one-year increase in age, there was a 10% higher likelihood of having a psychosomatic health condition while controlling for bullying and other demographic variables. This shows that as the students' age increased, their likelihood of having a psychosomatic health condition increased.

In terms of race, two categories were used: black and non-black. Results show that the likelihood of having a psychosomatic health condition almost tripled for black learners with a 2.6- fold higher likelihood (2.612) as compared to non-black learners at the bivariate level. However, at the multivariate level, black learners' chances of having a psychosomatic health condition were doubled. These results for race at bivariate and multivariate levels were not statistically significant, meaning that race was not a predictor of psychosomatic health conditions. Looking at gender, when students were female, their likelihood of having a psychosomatic health condition was 1.697 times that of males at the bivariate level and 1.735 times at the multivariate level. At both bivariate and multivariate levels, the p-value showed a statistically significant relationship. The first regression table shows that being a bully increased the likelihood of having a psychosomatic condition by 1% at the bivariate level and 19% at the multivariate level. Nevertheless, whether other variables were controlled for or not, the association between bullying status and having a psychosomatic condition was not significant.

Table 4.3

Regression Results

	BIVARIATE		MULTIVARIATE	
	Odds Ratio	**P-value**	**Odds Ratio**	**P-value**
Age	1.076	0.088	1.096	0.04
Race (Non-Black)				
Black	2.612	0.101	2.051	0.241
Gender (Male)				
Female	1.697	0.009	1.735	0.008
Bully (No)				
Yes	1.111	0.635	1.189	0.447

Table 4.4 below shows the relationship between being bullied and having a psychosomatic condition while controlling for demographic background factors. Again, similar results of association as those of Table 4.2 were found between the demographic variables and having a psychosomatic condition. Individuals that were bullied had a 60% higher likelihood at the bivariate level of having a psychosomatic health condition than those who were not bullied, and these results were statistically significant. In the multivariate level model, the magnitude of the association between individuals that were bullied and having a psychosomatic condition

decreased to a 47% higher likelihood, and the level of statistical significance decreased as well, to render the association no longer significant.

Table 4.4

Relationship between being bullied and psychosomatic condition

	BIVARIATE		MULTIVARIATE	
	Odds Ratio	**P-value**	**Odds Ratio**	**P-value**
Age	1.076	0.088	1.096	0.04
Race (Non-Black)				
Black	2.612	0.101	2.024	0.248
Gender (Male)				
Female	1.697	0.009	1.624	0.021
Bullied (No)				
Yes	1.629	0.036	1.474	0.104

Table 4.5 below gives the results of the association between being a bullied-bully (bully-victim) and having a psychosomatic condition at bivariate and multivariate levels, controlling for demographic variables once again. As seen in the table, age and gender had a positive and significant relationship with having a psychosomatic condition. Specifically, in the final model, for every year increase in age, the likelihood of having a psychosomatic condition increased by 9%, and females had a 72% higher likelihood of having a psychosomatic health condition than males. Additionally, Table 4.5 shows that the relationship between being a bullied-bully and having a psychosomatic condition was negative as well as non-significant at both bivariate and multivariate levels. Here, the likelihood of having a psychosomatic condition decreased among individuals who were bullied-bullies by 25% at the bivariate level and 28% at the multivariate level. The non-significance of the regression results indicates that these relationships were seen among the sample individuals, yet would not be able to be generalised to the greater population that the sample represented.

Table 4.5

Association between being a bully-victim and psychosomatic condition

	BIVARIATE		MULTIVARIATE	
	Odds Ratio	**P-value**	**Odds Ratio**	**P-value**
Age	1.076	0.088	1.091	0.048
Race (Non-Black)				
Black	2.612	0.101	2.004	0.255
Gender (Male)				
Female	1.697	0.009	1.723	0.009
Bullied-Bully (No)				
Yes	0.755	0.447	0.724	0.391

CHAPTER 5: DISCUSSION

5.1 Levels of Psychosomatic Conditions

The present study found that 46% of learners from Gauteng township (Orlando West) high schools suffered from psychosomatic health conditions, while 54% of the sampled population experienced no psychosomatic health conditions. Psychosomatic health conditions in this study included difficulty concentrating, difficulty sleeping, headache, stomach ache, feeling tense, loss of appetite, feeling sad, and feeling dizzy.

The results for those learners who reported that they always or frequently suffered from the various specific psychosomatic conditions were as follows:

- Difficulty in concentrating: 6% often; 3% always.
- Difficulty in sleeping; 5% often; 5% always.
- Headaches: 8% often; 7% always.
- Stomach ache: 9% often; 3% always.
- Feeling tense: 5% often; 4% always.
- Loss of appetite: 11% often; 5% always.
- Feeling sad: 5% often; 5% always.
- Dizziness: 9% often; 3% always.

Previous studies showing levels of psychosomatic conditions among adolescents have shown similar results to those found in this study. A study conducted in urban and rural middle schools of China found that children who suffered from bullying often or always had a headache, 16.1% that they often or always experienced sleep problems, and 16.5% that they often or always had abdominal pains (Li, Sidibe, Shen, & Hesketh,, 2019). This study seems to have found slightly higher levels of results as compared to the current study; this might be due to the high number of participants in the Chinese study as compared to the current study, as well as the as the fact that the current study focused on only one township area in Soweto.

According to a study conducted in Portugal, looking at the symptoms of the studied group, it was found that there was no statistically significant difference between each symptom of psychosomatic health surveyed: stomach ache ($X(3)\ 2 = 16.70$); $p = .16$ (2-sided); nervousness

(X(3) 2 = 12.08); headache (X(3) 2 = 20.80); irritability or bad temper (X(3) 2 = 8.94); p = .71 (2-sided); backache (X(3) 2 = 5.47); p = .22 (2-sided); feeling low (X(3) 2 = 20.19); p = .06 (2-sided); and depression (X(3) 2 = 14.21); p = .29 (2-sided); (Seixas, Coelho, & Nicholas-Fischer, 2013).

A study conducted in Iran reports a strong association between bullying behaviour and psychosomatic conditions. In this case, sadness, feeling low, anxiety, and sleep difficulties were the most prevalent psychosomatic problems experienced by students involved in bullying (Rezapour, Soori, Nezam Tabar, & Khanjani, 2020). This study supports the findings of the current study. However, it had a large sample of 834 participants, which is well over double the number of participants in this study. This indicates that the association between bullying and psychosomatic health is strong and affects most school-age children even though most cases are not reported, which is a concern as the well-being and academic performance of the students are affected. Future studies should therefore include a greater sample size in order to provide a better distribution and to be able to investigate detailed gender and age effects.

5.2 Levels and Gender Differentials of Bullying

For the second objective of the current study (levels of types of bullying by gender), this study found that bullying types were generally on the same levels for both genders, except for relational bullying. This correlates with previous studies that have also shown that relational bullying is higher among girls, such as the United States study which otherwise reported that there were no significant differences based on the z tests in the correlation of bullying across gender (Carbone-Lopez, Esbensen, & Brick, 2010). Additionally, according to Menesini and Salmivalli (2017), girls are more likely to be involved in relational or verbal bullying as compared to boys.

The reasons given in previous studies for why relational bullying is high among girls are that most girl bullies engage in relational bullying due to fear of being targets or actually being bullied themselves, or relationship problems with disloyal friends (Besag, 2006; Owens et al., 2000). Additionally, according to Underwood and Rosen (2011), it is sometimes because girls often lack conflict management skills and also because this form of bullying (relational bullying) is socially acceptable for girls. Other reasons include the creation of excitement in their lives, competition, jealousy, and boredom alleviation (Moore et al., 2017).

The current study supports the study results by Sharrif (2008), who reported that boys and girls display similar levels of bullying, although boys are more exposed to open attacks and girls to verbal and relational bullying. According to Shelley and Peterson (2019), males more than females on average are likely perpetrators and victims of bullying focusing on gender differences; however, there are different types of bullying that boys and girls are more involved in, directly or indirectly. Females are more involved in indirect forms of bullying (mostly inflicting harm by damaging another's social reputation, peer relationships, and self-esteem) while boys are involved in direct forms of bullying (for example passing on insults or spreading rumours. (Besag, 2006). According to Tokunaga (2010), the cyberbullying research results are vague, with some research studies suggesting similarity in the genders and others suggesting greater prevalence among females (Cross et al., 2014; Viljoen, O'Neil, & Sidhu, 2005).

A study conducted in Brazil schools found a significantly greater difference in the frequency of involvement in bullying between girls and boys. These results show that boys were more frequently involved in bullying behaviours, either as bullies, bully-victims, or victims (Isolan, Salum, Osowski, Zottis, & Manfro, 2013). This result may differ from the current study due to its low number of female participants in the study as compared to males. Future studies could improve on any shortcomings if more girls were encouraged to take part in the study and included in the sample to ensure approximately equal numbers of males and females.

Research by Mishra, Thapa, Marahatta, and Mahotra (2018) reports that bullying was exhibited less by girls than boys. Among girls, there were relatively fewer bullies and bully-victims as compared to victims of bullying. On the other hand, the percentage of boys who were bullied was 62.76%, similar to the 62.25% of boys that bullied others.

This contrasted with the results of another study conducted in Ireland which found that the prevalence of victims among both sexes was similar at 25.1%, while the prevalence of bullies at school in the previous couple of months had been 13.3%.

Regarding regression results for gender, this study revealed that female students had a significantly higher likelihood of 62–74% of having a psychosomatic condition. A recent study conducted by Shelley and Peterson (2019) in the United States also indicated that females who were bullied showed a higher level of psychosomatic symptoms than males.

5.3 Association between Bullying and Psychosomatic Conditions

The main aim of this study was to establish the association between various types of bullying behaviour and psychosomatic conditions. According to the final multivariate logistic regression model, this study showed that bullies had a 19% higher likelihood of having a psychosomatic condition, bully victims had a 47% higher likelihood, while bullied-bullies had a 28% lower likelihood of having a psychosomatic condition. Our results, though insignificant of the size, give insights on the relationship between bullying behaviour and psychosomatic conditions. As can be seen, whether individuals were bullies or bullied (victims of bullying), the association with having a psychosomatic condition was positive. Also, the magnitude of the association was greater among victims than perpetrators. This indicates the detrimental nature of bullying behaviour on health and supports the need for prevention campaigns and advocacy against bullying behaviour in high schools. The positive association between bullying victims and perpetrators found in this study aligns with results from previous studies in different contexts as shown below.

This study was consistent with findings by Gini (2008) that children who were being bullied had a significantly higher risk of psychosomatic problems. However, our study reported that if one is a bully-victim, there is no significant relationship with having psychosomatic health conditions. These results are contrary to the same study by Gini (2008), which reported a significantly higher risk for psychosomatic problems for bully-victims. Additionally, according to a study conducted by Singh and Edbor (2019), bullied adolescents are more likely to experience social withdrawal, poor sleep, anxiety, academic backwardness, depression, aggression, and loneliness.

A study conducted in Netherlands found that there is a significantly higher chance for bully victims to experience psychosomatic health symptoms (such as abdominal pain, depression, headache, and feeling tired) in consequence as compared to children not involved in acts of bullying (Fekkes, Pijpers, & Verloove-Vanhorick, 2004). Italian research using meta-analysis also supports the results of this study and confirms that a higher risk for psychosomatic problems was found in children who were bullies. Victims and bully-victims show the largest effect; however, although bullies were at lower risk for psychosomatic health problems, they were still were predisposed (Gini & Pozzoli, 2009, 2013). Another study in Nepal found that

both bullies and victims of bullying tended to experience physical as well as psychological symptoms, including psychosomatic symptoms which could continue into adulthood (Mishra, Thapa, Marahatta, & Mahotra, 2018). Furthermore, Li, Sidibe, Shen, & Hesketh, (2019) found that the prevalence of victims who were also bullying was significant among adolescents and was linked to psychosomatic conditions.

According to Sourander and Ikonen (2010), the relationship between traditional bullying victimisation and psychosomatic, physical health, and psychological problems has been shown in a few longitudinal studies and a number of cross-sectional studies. The studies mentioned above show that individuals that experience bullying behaviour tend to have a higher likelihood of psychosomatic conditions. According to Gini and Pozzoli (2009), the possible reasons that victims and bully-victims are at higher risk for a variety of psychosomatic conditions is that they have similar difficulties in numerous spheres such as health problems, low emotional adjustment, and poor relationships with their classmates. In addition, there are similarities and differences between bullies and victims. Both bullies and victims are characterised by poor academic performance. In contrast, bullies display externalised problems such as alcohol and drug abuse, as well as poor school adjustment. On the other hand, victims often report experiencing anxiety, depression, loneliness and low self-esteem. In addition, bully victims are labelled as being hyperactive, some being anxious, and/or suffering from poor social adjustment.

According to Fekkes, Pijpers and Verloove-Vanhorick (2004), numerous studies have reported that parental use of physical punishment and harsh discipline is definitely associated with children exhibiting more bullying behaviour towards their peers. Additionally, the stress in an individual due to being bullied is considered to contribute to the development of psychosomatic conditions. Being bullied also contributes to a higher likelihood of depression and health symptoms.

The findings of this study are consistent with other studies around the world that have demonstrated poor social adjustment, high levels of social isolation, anxiety, health problems, attention deficit hyperactivity disorder and disturbed personalities in bully-victims (Kumpulainen, Räsänen and Puura, 2001; Gemzøe and Einarsen, 2002.). For instance in Sweden, victims in general were found to be very problematic as they exhibited a variety of health problems and difficulties in the interpersonal domain, such as high levels of social

anxiety, loneliness, fear of negative evaluation, avoidance of social situations and social skills deficits (Kumpulainen et al., , 2001).

The study intended to test the theory mentioned in Section 2.11.1. According to that theory, bullies are likely to display negative and antisocial behaviour, for example, truancy, delinquency, and substance abuse during adolescence, and are at risk for psychiatric disorders. Furthermore, bully-victims were likely to suffer from a variety of psychosomatic and behavioural problems, for example tiredness, nervousness, sleeping problems and dizziness. According to the Social Dominance Theory, bullying was more common among boys than girls while psychosomatic health challenges happened more among girls than boys. According to the STD, bullying is usually used, especially among boys, to increase social dominance status, and once this is gained bullying behaviour declines. This study's findings are consistent with what the theory argues. Therefore, one can conclude that the STD is applicable in the South African context.

5.4 Limitations and Future Directions

The current research study provides information about the relationship between bullying behaviour and psychosomatic conditions among township learners. It should be noted that this study has a few limitations which could be addressed in future research. Firstly, it focused on only three township schools, in Orlando West, Soweto. It must be noted that these results do not include other schools from other townships and therefore are not an indication of the situation in all townships in Gauteng. To overcome this limitation, further research could entail a larger study that incorporates more schools across different townships in Gauteng to get a more holistic picture of the association between the independent and dependent variables.

Secondly, this study was quantitative, which might have limited some children's ability to express their emotions, as well as prevented the researcher from understanding the reasons underlying their answers. Additionally, the study methodology may have limited children from expressing their experience of bullying as respondents had to answer the questionnaire according to scales. Perhaps a qualitative or mixed-methods approach could be helpful to understand the reasons behind the association between bullying and psychosomatic conditions.

Thirdly, the questionnaire for the current study was very long to answer and due to children's short attention span, extra time was needed to calm participants down persistently for them to focus on filling out and completing the research questionnaire. As a result, many did not complete the questionnaire and had to rush off to other subject periods. In future, this should be considered when creating a questionnaire specifically for young people, and the time needed should also be communicated to the teachers that are allocated to work with researchers to alleviate these problems.

Lastly, when conducting the questionnaire, most children were sitting in pairs, which might have caused them to influence each other's results. Some might have been uncomfortable disclosing their experiences of bullying, as they might have been afraid of how their peers would perceive them. Additionally, they may have been scared that their bullies would discover their truthful responses and threaten or bully them further.

5.5 Conclusion

The present study looked at the bullying behaviour and psychosomatic health of township learners. It enabled the researcher to determine the levels of bullying and psychosomatic conditions in three township schools in Soweto where the data was collected, and also assisted in creating knowledge on the association between bullying and psychosomatic health. The main finding of this study are;

- Relational bullying occurred more among girls than boys, while all other types of bullying occurred more among boys than girls.
- Psychosomatic health conditions occurred more among girls than boys.
- There was an association found between bullying and psychosomatic health.

The findings may be useful in advocacy for increasing awareness of bullying among members of the school and associated communities, including the Department of Basic Education, the Department of Health, school management, teachers, learners, and parents. Schools must implement programmes to prevent bullying based on policies developed at national level. These may include awareness campaigns, peer-to-peer education and policies/procedures at school level on how to address bullying. These school programmes and procedures would guide teachers and school officials when students report bullying activity. The policy would

help them determine the action to take in terms of considering the appropriate process and with regard to the consequences for different types of bullying as outlined in the school policy document.

Teachers need to be equipped and empowered to be able to observe students interacting within the class and intervene in instances where student's interactions exhibit some form of bullying. They must thus be empowered with the necessary skills to act through reprimanding the perpetrators, counselling the victim and bringing in the parent/s of the perpetrator. The parent/s of the perpetrator must be aware of the bullying behaviour of their child and that the school is also concerned about it. If teachers are not empowered to act proactively to identify bullies and bullying, and only wait for the victims to report it, reporting might be intimidating to the victims or other learners as they might well face retribution or being bullied again. The suggestion boxes in schools where learners can report problems and concerns, and offer suggestions, can also go a long way towards creating awareness of incidents of bullying.

In Scandinavia, schools have developed a "school discipline plan and zero-tolerance policy" for bullying and this has managed to reduce cases of bullying schools. In addition, the Bully Buster Programme, Bullying Prevention Programme, Target Bullying Programme and Peaceful Schools Projects have played a key role in empowering teachers to deal with bullying and students to identify, report and reduce the occurrences of bullying in school. However, as Sharp & Thompson (1994) point out, it must be emphasised that no policy or programme will work unless there is a concerted whole-school approach with firm leadership and commitment from the principal, teachers and board of management governing the school.

Further, the Department of Education's policies on bullying must be enforced. The department monitors compliance by the schools to prevent bullying learners in South Africa. It has established a *National School Safety Framework* in order to assist in improving quality of learning and teaching by providing safe school environments (Makota, Gillian, and Lezanne, 2016). This framework provides teachers with the necessary training to combat bullying in schools, as well as ways of disseminating the preventative measures and means of support to learners and having a confidential reporting system in place, which is linked to the South African Police Services (SAPS). The implementation of this framework will reduce psychosomatic health problems and absenteeism, and increase awareness and educate both learners and teachers on the consequences of bullying in schools. The Department of Health

needs to develop policies to increase psychosomatic health among learners, which should take account of bullying as a threat to psychosomatic health and determine how to address the threat.

In conclusion, this study has shown that there is definitely a link between bullying and psychosomatic health, and it is hoped that this finding will be of help in decreasing the levels of bullying as well as increasing the levels of psychosomatic health among learners in South Africa.

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19 February 2018

PRINCIPAL'S INFORMATION SHEET

Greetings,

My name is Nomsa Malatsi and I am conducting research as part of the requirements of my Master's degree in Educational Psychology at the University of the Witwatersrand. My research study aims to look at bullying behaviour and psychosomatic health (i.e. refers to physical illness or other condition caused by a mental factor such as internal conflict or stress) among secondary school township learners.

I would like to formally ask for permission for your learners to take part in my research. The research design will be a cross-sectional survey; this means that the learners will be contacted only once. The questionnaires will be conducted in English as it is the medium of instruction in South African education system. In addition translation to and explanation through any local language will be provided when administering the questionnaires. The learners will be given about 45-60 minutes to answer the research questionnaires.

Learners in grades 9 to 11 will be approached after school, where the researcher will introduce the learners to the research study and state the potential benefits and risks for their participation in the study. Learners will also be informed about their guaranteed anonymity (i.e. individual's name will not be made public, it will be kept private) and confidentiality (i.e. what you say will be kept a secret) during their participation in this research study. The learners will be notified that their participation is voluntary (i.e. no reward will be given for your participation) and that they can withdraw (i.e. an individual is allowed to pull out from the study if he/she feels like doing so) from answering the questionnaire should they feel the need to. The learners will also not directly benefit in any way by participating in the study.

Once data collection is completed, all raw data will be transformed into digital format with all identifying particulars removed. This digital data will be stored on a password protected file

on a password protected computer. The raw data will be stored in a locked cupboard at the University of the Witwatersrand. In digital format, the participants' assessment results, personal and biographical information will be linked by means of codes. In this manner anonymity of the schools and the participants in the final report and other potential publications/presentations, can be ensured. With the parents'/legal guardians' permission, the raw data will be stored indefinitely in a locked cupboard at the University of the Witwatersrand for the possibility of future research.

The results of the study will be compiled into a research report, which will be stored in the University of the Witwatersrand main library, and made available online on the WITS Institutional Repository environment on WIReDSpace, where an electronic copy of all research reports, dissertations and theses are kept. Results of the study might also be published in the form of peer-reviewed journal articles and/or book chapters. Likewise it might be presented at conferences. The school will also be provided with a summary of the results. The parents/legal guardians can also have access to this upon request.

Contact information of both the researcher and researcher's supervisor will be provided to the participants. A qualified psychologist will provide a briefing addressing bullying after the questionnaires have been completed. If any child feels vulnerable or stressed after answering this questionnaire. Please call any of the free counselling services listed below.

- The South African Depression and Anxiety Group- 0800 567 567/ 011 262 6396
- Lifeline South Africa- 0861 322 322

If you have any further enquiries about the research you are welcome to contact me or my supervisor.

Kind regards,

N.*MALATSI*

Student Researcher: Nomsa Malatsi
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Principal Consent Form

I …… have read the attached letter and understand the nature, purpose and procedure of this study. I recognise that participation in the study will not advantage or disadvantage me or my learners in any way. I also understand that confidentiality is guaranteed in the study. I give permission for the research to be conducted in my school.

Signed:……..

Date:……..

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19 February 2018

PARENT/LEGAL GURDIAN INFORMATION SHEET

Dear Parent/Guardian

My name is Nomsa Malatsi and I am conducting research as part of the requirements of my Master's degree in Educational Psychology at the University of the Witwatersrand. My research study aims to look at bullying behaviour and psychosomatic health (i.e. refers to physical illness or other condition caused by a mental factor such as internal conflict or stress) among secondary school township learners.

I would like to formally ask for permission for your child to take part in my research. The research design will be a cross-sectional survey; this means that the learners will be contacted only once. The questionnaires will be conducted in English as it is the medium of instruction in South African education system. In addition translation to and explanation through any local language will be provided when administering the questionnaires. The learners will be given about 45-60 minutes to answer the research questionnaires.

Learners in grades 9 to 11 will be approached after school, where the researcher will introduce the learners to the research study and state the potential benefits and risks for their participation in the study. Learners will also be informed about their guaranteed anonymity (i.e. individual's name will not be made public, it will be kept private) and confidentiality (i.e. what you say will be kept a secret) during their participation in this research study. The learners will be notified that their participation is voluntary (i.e. no reward will be given for your participation) and that they can withdraw (i.e. an individual is allowed to pull out from the study if he/she feels like doing so) from answering the questionnaire should they feel the need to. Please sign the

attached informed consent form to give permission for your child to participate in the research. The learner will also not directly benefit in any way by participating in the study.

Participation in this study is completely voluntary and it is your choice whether your child will participate or not. I do not foresee that you, your child or the school will be subjected to any risks whilst involved in this study. All parents, children and schools have the right to withdraw from the study at any time; without any consequence. Children and parents/legal guardians also do not have to answer any questions that they do not feel comfortable with.

Once data collection is completed, I will transfer all raw data into digital format to be stored on a password protected computer. In this format, any information that can identify you, your child or the school will be removed. The raw assessment results in paper format will be stored in a locked cupboard at the University of the Witwatersrand. In digital format, the children's assessment results, personal and biographical information will be linked by means of codes. In this manner anonymity of the schools and the children in the final report and other potential publications/presentations, can be ensured. With your permission, the raw data will be stored indefinitely in a locked cupboard at the University of the Witwatersrand for the possibility of future research.

The results of the study will be compiled into a report, which will be stored in the University of the Witwatersrand main library, and made available online on the WITS Institutional Repository environment on WIReDSpace, where an electronic copy of all research reports, dissertations and theses are kept. Results of the study might also be published in the form of peer-reviewed journal articles and/or book chapters. Likewise it might be presented at conferences. The school will also be provided with a summary of the results. The parents/legal guardians can also have access to this upon request.

Should you consent for your child to be approached to partake in this research, please read and sign the attached consent form. Also, please complete the attached parent questionnaire/biographical questionnaire as honestly and comprehensively as possible. Should you have any questions or concerns with regards to this research study, please contact me directly.

Contact information of both the researcher and researcher's supervisor will be provided to the participants. A qualified psychologist will provide a de-briefing addressing bullying after the questionnaires have been completed. If your child feel vulnerable or stressed after answering this questionnaire, please call any of the free counselling services listed below.

- The South African Depression and Anxiety Group- 0800 567 567/ 011 262 6396
- Lifeline South Africa- 0861 322 322

If you have any further enquiries about the research you are welcome to contact me or my supervisor.

Please detach and keep these sheets

Kind regards,

N.MALATSI

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Parent Consent Form

I …… have read the attached letter and understand the nature, purpose and procedure of this study. I recognise that participation in the study will not advantage or disadvantage me or my child in any way. I also understand that confidentiality is guaranteed in the study. I grant permission for my child to take part in the study.

Signed:……..

Date:……..

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19 February 2018

LEARNER'S INFORMATION SHEET

Hello,

My name is Nomsa Malatsi and I am conducting research as part of the requirements of my Master's degree in Educational Psychology at the University of the Witwatersrand. My research study aims to look at bullying and its effects on behaviour and psychosomatic health (i.e. refers to physical illness or other condition caused by a mental factor such as internal conflict or stress) among secondary school township learners.

As a learner at one of the schools in Orlando Township you are invited to participate in the research study. The questionnaires will be conducted in English as it is the medium of instruction in South African education system. In addition translation to and explanation through any local language will be provided when administering the questionnaires. You will be given about 45-60 minutes to answer the research questionnaires.

I will introduce you to the research study after school and state the potential benefits and risks for your participation in the study. You are guaranteed anonymity (i.e. individual's name will not be made public, it will be kept private) and confidentiality (i.e. what you say will be kept a secret) during your participation in this research study. Your participation is voluntary (i.e. no reward will be given for your participation) and you can withdraw (i.e. an individual is allowed to pull out from the study if he/she feels like doing so) from answering the questionnaire should you feel the need to. You will be required to sign an informed consent form and it will be clarified before you can complete the research questionnaire. You will not directly benefit in any way by participating in the study.

Contact information of both the researcher and researcher's supervisor will be provided to you. A qualified psychologist will provide a de-briefing addressing bullying after the questionnaires have been completed or when anything arises. If you feel vulnerable or stressed after answering this questionnaire or you know a friend who may need assistance, please call any of the free counselling services listed below.

- The South African Depression and Anxiety Group- 0800 567 567/ 011 262 6396
- Lifeline South Africa- 0861 322 322

If you have any further enquiries about the research you are welcome to contact me or my supervisor.

Kind regards,

N.MALATSI

Student Researcher: Nomsa Malatsi
Tel: 073 261 3532
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Researcher's Supervisor: Professor. Joseph Seabi
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University of the Witwatersrand
Private Bag 3, WITS, 2050
Tel: (011)717 4500 Fax: (011) 717 4559

Learner Assent Form

I …… have read the attached letter and understand the nature, purpose and procedure of this study. I recognise that participation in the study will not advantage or disadvantage me in any way. I also understand that confidentiality is guaranteed in the study. I have a right not to answer any questions that I feel uncomfortable with as well as to withdraw from the study at any time.

Signed:……..

Date:……..

Department of Psychology
School of Human & Community Development
University of the Witwatersrand
Private Bag 3, WITS, 2050
Tel: (011) 717 8331

March 2018

Bullying and cyber-bullying Project

Dear Sir/Madam

We are a team of researchers conducting a large-scale study exploring bullying and cyberbullying in South African high schools. We would like to invite you to participate in this study.

Participation is voluntary. Participation will require you to complete the attached questionnaires which would take approximately 45 minutes. Your responses will remain confidential and anonymity will be assured as no identifying information is required. Participation would be extremely helpful and appreciated as we strive towards understanding how bullying and cyberbullying can be addressed. However, should you choose not to participate, this will not be held against you in any way. There are no risks or benefits associated with participation in this study.

Thinking about bullying or cyberbullying can be difficult. If you feel vulnerable or stressed after answering this questionnaire or you know a friend who may need assistance, please call any of the free counselling services listed below.

The South African Depression and Anxiety Group- 0800 567 567/ 011 262 6396

Lifeline South Africa- 0861 322 322

If additional information is required, please do not hesitate to contact Professor Joseph Seabi, joseph.seabi@wits.ac.za/ 011 717 8331.

Thank you.

Appendix A: Demographic Questionnaire

Please complete the following questions by marking the appropriate answer with an **X**.

If no answer is suitable please specify by filling in the answer in the space provided.

1. Grade: _____

2. Age: _____

3. Gender: 3.1Male □ 3.2 Female □

4. Race/Ethnicity:

4.1 Black □ 4.3 Coloured □ 4.5 White □

4.2 Indian □ 4.4 Asian □ 4.6. Other _____

5. Language Spoken at Home:

5.1 English	□	5.5 Setswana	□	5.9 IsiXhosa	□
5.2 IsiZulu	□	5.6 Sesotho	□	5.10 XiTsonga	□
5.3 Sepedi	□	5.7 Afrikaans	□	5.11 Tshivenda	□
5.4 SiSwati	□	5.8 IsiNdebele	□	5.12 Other_____	

6. School Type

6.1 Government school □

6.2 Private school □

6.3 Other (Please specify)_____

7. Current Province

7.1 Gauteng Province □

7.2 Limpopo Province □

7.3 Mpumalanga Province □

8. Do you own a cell phone? (1)Yes_____(2)No_____

9. Do you have access to internet at home? (1)Yes_____(2)No_____

10. Do you have access to internet at school? (1)Yes_____(2)No_____

11. Do you receive free meals at school? (1)Yes_____(2)No_____

11. Parental education: Please tick one box to indicate the highest education of your parents and/or guardians.

	NO EDUCATION	PRIMARY SCHOOL	HIGH SCHOOL	MATRIC	HIGHER CERTIFICATE	DIPLOMA	UNIVERSITY DEGREE	POST-GRADUATE DEGREE	OTHER
11.1 FATHER									
11.2 MOTHER									
11.3 GUARDIAN									

12. Parental occupation

12.1 Father: _____

12.2 Mother: _____ _____

12.3 Guardian: _____

13. Area of residence

13.1 Rural Area □
13.2 Township □
13.3 Urban Area □
13.4 Other _____

Appendix B: The Revised Olweus Bully/Victim Questionnaire (R-OBVQ)

You will find questions about your life in school. There are several answers next to each question. Each answer has a box in front of it. Answer each question by marking an **X** next to the box that matches the answer that best describes you for each statement.

ABOUT BEING BULLLIED BY OTHER STUDENTS

Here are some questions about being bullied by others. First, we define or explain the word bullying:

We say a student is being bullied when another student, or several other students:

Say mean and hurtful things or make fun of him or her or call him or her hurtful names. Completely ignore or exclude him or her from their group of friends or leave him or her out of things on purpose. Hit, kick, push, shove around, or lock him or her inside a room. Tell lies or spread false rumours about him or her or send mean notes and try to make other students dislike him or her. And other hurtful things like that, including being teased in a mean and hurtful way.

When we talk about bullying, these things happen **repeatedly**, and it is difficult for the student being bullied to defend himself or herself. Note that we also call it bullying when a student is **teased repeatedly** in a mean and hurtful way. But, we don't call it bullying when the teasing is done in a friendly and playful way. Also, it is not bullying when students of about equal strength or power argue or fight.

How often have you been bullied at school/university in the past couple of months?

1	I haven't been bullied at school in the past couple of months
2	It has only happened once or twice
3	2 or 3 times a month
4	About once a week
5	Several times a week

Have you been bullied at school/university in the past couple of months in one or more of the following ways? Please answer all questions.

I was called mean names, was made fun of, or teased in a hurtful way

1	It hasn't happened to me in the past couple of months
2	Only once or twice
3	2 or 3 times a month
4	About once a week
5	Several times a week

Other learners left me out of things on purpose, excluded me from their group of friends, or completely ignored me.

1	It hasn't happened to me in the past couple of months
2	Only once or twice
3	2 or 3 times a month
4	About once a week
5	Several times a week

I was hit, kicked, pushed, shoved around, or locked indoors.

1	It hasn't happened to me in the past couple of months
2	Only once or twice
3	2 or 3 times a month
4	About once a week
5	Several times a week

Other learners told lies or spread false rumours about me and tried to make others dislike me.

1	It hasn't happened to me in the past couple of months
2	Only once or twice
3	2 or 3 times a month
4	About once a week
5	Several times a week

I had money or other things taken away from me or damaged.

1	It hasn't happened to me in the past couple of months
2	Only once or twice
3	2 or 3 times a month
4	About once a week
5	Several times a week

I was threatened or forced to do things I did not want to do.

1	It hasn't happened to me in the past couple of months
2	Only once or twice
3	2 or 3 times a month
4	About once a week
5	Several times a week

I was bullied with mean names or comments about my race or colour.

1	It hasn't happened to me in the past couple of months
2	Only once or twice
3	2 or 3 times a month
4	About once a week
5	Several times a week

I was bullied with mean names, comments, or gestures with a sexual meaning.

1	It hasn't happened to me in the past couple of months
2	Only once or twice

3	2 or 3 times a month
4	About once a week
5	Several times a week

I was bullied with mean names or hurtful messages, calls, or pictures, or in other ways on my cell phone or over the internet (computer) (Please remember that bullying is not bullying when it is done in a friendly and playful way.)

1	It hasn't happened to me in the past couple of months
2	Only once or twice
3	2 or 3 times a month
4	About once a week
5	Several times a week

How long has the bullying lasted?

1	I haven't been bullied at school in the past couple of months
2	It lasted one or two weeks
3	It lasted about a month
4	It lasted about 6 months
5	It lasted about a year
6	It has gone on for several years

Have you told anyone that you have been bullied at school/university in the past couple of months?

1	I haven't been bullied at school in the past couple of months (If you place an X in this box, skip to question 21)
2	I have been bullied but I have not told anyone (If you place an X in this box, skip to question 21)
3	I have been bullied and I have told somebody about it (continue below)

14a. Your teacher/lecturer?

1	No
2	Yes

14b. Another adult at school/university (a tutor/ administrative staff/ counsellor/psychologist, the school security/careaker/cleaner)?

1	No
2	Yes

14c. Your parent/s or guardian/s?

1	No
2	Yes

14d. Your brother/s or sister/s?

1	No
2	Yes

14e. Your friend/s?

1	No
2	Yes

About bullying other students

How often have you **taken part in bullying another student(s)** at school/university in the past couple of months?

1	I have not bullied another student(s) at school/university in the past couple of months
2	It has only happened once or twice
3	2 or 3 times a month
4	About once a week
5	Several times a week

I called another student(s) mean names and made fun of or teased him or her in a hurtful way

1	It has not happened in the past couple of months
2	Only happened once or twice
3	2 or 3 times a month
4	About once a week
5	Several times a week

I kept him or her out of things on purpose, excluded him or her from my group of friends or completely ignored him or her.

1	It has not happened in the past couple of months
2	Only happened once or twice
3	2 or 3 times a month
4	About once a week
5	Several times a week

I hit, kicked, pushed and shoved him or her around or locked him or her indoors.

1	It has not happened in the past couple of months
2	Only happened once or twice
3	2 or 3 times a month
4	About once a week
5	Several times a week

I spread false rumours about him or her and tried to make others dislike him or her.

1	It has not happened in the past couple of months
2	Only happened once or twice
3	2 or 3 times a month
4	About once a week
5	Several times a week

I spread false rumours about him or her and tried to make others dislike him or her.

1	It has not happened in the past couple of months
2	Only happened once or twice
3	2 or 3 times a month
4	About once a week
5	Several times a week

I took money or other things from him or her or damaged his or her belongings.

1	It has not happened in the past couple of months
2	Only happened once or twice
3	2 or 3 times a month
4	About once a week
5	Several times a week

I threatened or forced him or her to do things he or she didn't want to do.

1	It has not happened in the past couple of months
2	Only happened once or twice
3	2 or 3 times a month
4	About once a week
5	Several times a week

I bullied him or her with mean or hurtful messages, calls or pictures or in other ways on my cell phone or over the internet (computer)

1	It has not happened in the past couple of months
2	Only happened once or twice
3	2 or 3 times a month
4	About once a week
5	Several times a week

If you bullied another student(s) on your cell phone or over the internet (computer), how was it done?

1	Only on the cell phone
2	Only over the internet (computer)
3	In both ways

I bullied him or her in another way.

1	It has not happened in the past couple of months
2	Only happened once or twice
3	2 or 3 times a month
4	About once a week
5	Several times a week

How do you usually react if you see or learn that a student your age is being bullied by another student(s)?

1	I have never noticed that students my age have been bullied
2	I take part in the bullying
3	I do not do anything, but I think the bullying is okay
4	I just watch what goes on
5	I do not do anything but I think I must help the bullied student
6	I try to help the bullied student in one way or another

Appendix C: The Psychosomatic Problems (PSP) scale (Hagquist, 2008)

Please answer ALL questions by simply crossing the answer which applies to you.

Have you:	**Never**	**Seldom**	**Sometimes**	**Often**	**Always**
Had difficulty in concentrating?					
Had difficulty in sleeping?					
Suffered from headaches?					
Suffered from stomach aches?					
Felt tense?					
Had little appetite?					
Felt sad?					
Felt dizzy?					

Appendix D: Cyberbullying Behaviours and Victimisation Experiences Measure

(Holfeld & Leadbeater, 2015a)

"Cyberbullying is when one person or a group of people repeatedly try to hurt or embarrass another person, using their computer or mobile phone, to use power over them. With cyberbullying, the person bullying usually has some advantage over the person targeted, and it is done on purpose to hurt them, not like an accident or when friends tease each other" (Solberg & Olweus (2003).

Below are questions pertaining to online activity which individuals may or may not partake in. Read each of the questions carefully and indicate by circling the number which you feel you identify with. There are no right and wrong answers; just your own honest opinions

0= never 1= once or twice 2= a few times 3= many times 4= everyday	Never	Once or twice	A few times	Many times	Every day
Have you sent someone a text message on your cell phone to make them angry or to make fun of them?	0	1	2	3	4
Have you posted something online about someone else to make other people laugh?	0	1	2	3	4

Have you started a rumour online about another person?	0	1	2	3	4
Have you been afraid to go online?	0	1	2	3	4
Has anyone posted or shared a message about you online that you didn’t want others to see?	0	1	2	3	4

Appendix E: General Health Questionnaire (GHQ-12)

(Goldberg & Williams, 1988)

We would like to know how your health has been in general, *over the past few weeks*. Please answer ALL questions by simply crossing the answer which applies to you. Remember we want to know about present and recent complaints, not those that you had in the past.

Have you recently:	Cross one answer per item/number			
Been able to concentrate on whatever you are doing?	Better than usual	Same as usual	Less than usual	Much less than usual
Lost much sleep over worry?	Not at all	No more than usual	More than usual	Much more than usual
Felt that you were playing a useful part in things?	Better than usual	Same as usual	Less than usual	Much less than usual
Felt capable of making decisions about things?	Better than usual	Same as usual	Less than usual	Much less than usual
Felt constantly under strain?	Not at all	No more than usual	More than usual	Much more than usual
Felt you couldn't overcome your difficulties?	Not at all	No more than usual	More than usual	Much more than usual
Been able to enjoy your normal day-to-day activities?	Better than usual	Same as usual	Less than usual	Much less than usual
Been able to face up to problems?	Better than usual	Same as usual	Less than usual	Much less than usual
Been feeling unhappy or depressed?	Not at all	No more than usual	More than usual	Much more than usual
Been losing confidence in yourself?	Not at all	No more than usual	More than usual	Much more than usual
Been thinking of yourself as a worthless person?	Not at all	No more than usual	More than usual	Much more than usual
Been feeling reasonably happy, all things considered?	Better than usual	Same as usual	Less than usual	Much less than usual

Appendix F: Cyberbullying (Slonje & Smith, 2008) & Bullying (Olweus, 1996)

Please answer ALL questions by simply crossing the answer which applies to you.

'We say a student is being bullied when another student, or a group of students, says or does nasty and unpleasant things to him or her. It is also bullying when a student is teased repeatedly in a way he or she does not like. But it is not bullying when two students of about the same strength quarrel or fight. It is also not bullying when the teasing is done in a friendly or playful way'.

	Never	**Only once or twice**	**2 or 3 times a month**	**About once a week**	**Several times a week**
How often have you been cyberbullied in the past couple of months?					
How often have you cyberbullied other learner/s in the past couple of months?					
How often have you been bullied in the past couple of months?					
How often have you bullied other learner/s in the past couple of months?					

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