

Parents' perceptions about the risk factors associated with bullying behaviour in schools

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ABSTRACT

Introduction

Bullying in schools occurs both inside and outside school premises, is repeated over time, and can be an intentional physical, verbal, or emotional act. Bullying is directed at learners who are unable to defend themselves. Millions of children and adolescents are deprived of their fundamental right to education due to bullying in schools. Furthermore, learners worldwide experience bullying, which has significant effects on academic performance, dropout rates, and physical and mental health.

Purpose

This study aimed to explore parents' perceptions regarding the risk factors associated with bullying behaviour at a high school in Gauteng, South Africa.

Methods

A qualitative approach was employed, using an exploratory, descriptive, and contextual design. The study was conducted in a high school in Gauteng. Participants were purposively selected parents, and data were collected through three focus group interviews. Thematic analysis was used to analyse the data. The sample size consisted of 13 participants across the three focus groups.

Results

The findings revealed five themes: psychological factors related to bullying, behaviours associated with bullying, environmental factors influencing bullying, and risk factors linked to the relationship between the bully and the victim. There was poor psychosocial awareness of bullying among learners, particularly bullies, who lacked social awareness skills to recognise their own and others' emotions and to respond with empathy.

Conclusion

The prevention of bullying can be enhanced by addressing the risk factors that contribute to bullying perpetration, such as anger and aggression. Many children are raised by single parents, parents who abuse alcohol, violent and abusive caregivers, or in poverty-stricken households—all of which contribute to bullying behaviours. Additionally, victims may exhibit certain behaviours that increase their risk of being bullied. A multidisciplinary team—including primary health care nurses, school health nurses, psychiatric nurses, psychologists, psychiatrists, teachers, parents, and social workers—should identify these risk factors and the emotional trauma experienced by children. Early intervention is essential to prevent mental health issues and break the intergenerational cycle of violence.

INTRODUCTION

Bullying in schools is a recurring act that takes place both inside and outside school premises and can be physical, verbal, or emotional (Department of Basic Education, 2021). It often occurs as an intentional act. In the United States of America (USA), intentionality is a key component of the legal definition of bullying (Swearer et al., 2017). Such intentional acts are carried out by individuals or groups against learners who are unable to defend themselves. Bullying in schools deprives millions of children and adolescents of their fundamental right to education. Globally, more than 30% of learners have experienced bullying, which has severe consequences on academic performance, school dropout rates, and physical and mental health (United Nations Educational, Scientific and Cultural Organization [UNESCO], 2020).

Silva et al. (2019) reported that 37% of learners in six Brazilian public schools were involved in bullying. In Ireland, statistics from 2021 revealed that 17% of learners aged 9–17 years reported experiencing some form of bullying, with the highest proportion (22%) occurring among 13–14-year-olds (Norman et al., 2022). Similarly, a study conducted in Spain found that 6.2% of learners admitted to being bullied at least once a week in the preceding month (Larrañaga et al., 2018). These variations indicate that the prevalence and severity of bullying differ across countries. However, Oliveira et al. (2020) reported that a significant proportion (74.2%) of learners in their study had not engaged in bullying acts.

Markkanen et al. (2019) found that certain learners, particularly young boys, experienced physical forms of bullying, such as being hit, kicked, shoved, locked indoors, or pushed. Males are at a greater risk of physical bullying compared to females. Additionally, the presence of gangs in schools increases the likelihood of physical bullying. Childline South Africa (2023) has encouraged schools to take proactive measures against bullying to prevent it from escalating into gangsterism, as bullying gangs often evolve into violent criminal groups.

Bullying is not limited to physical aggression but also includes psychological forms of bullying. Victims may experience negative emotions such as fear, guilt, or shame, which can discourage them from reporting incidents

(Tholander, 2018). Ju and Lee (2019) emphasised that learners threatened or dominated by physically, psychologically, or socially stronger individuals often develop fear, making them reluctant to report bullying. Furthermore, bullying is linked to increased loneliness, suicidal ideation, and higher rates of substance use, including marijuana, alcohol, and cigarettes, as well as lower self-reported health and life satisfaction (UNESCO, 2020). These negative emotions can be overwhelming for adolescents, who are already navigating significant physical, social, and mental changes. The resulting stress and poor academic performance can deter them from seeking help. Parents, peers, teachers, health professionals, schools, and society at large must recognise these struggles and provide appropriate support to bullied learners, even when they do not report incidents (UNESCO, 2020).

Reporting bullying presents its own challenges, as some learners fear that teachers may either fail to act or overreact, unintentionally exacerbating the situation (O'Brien, 2019). This reluctance enables bullying to persist unnoticed by school authorities and parents. Some victims do not report bullying to their parents out of fear that the issue will be escalated to the school (O'Brien, 2019). Almahasneh (2019) observed that victims often keep their experiences secret to avoid further abuse by perpetrators. Other reasons for maintaining secrecy include the fear of social isolation from peers or the belief that silence might reduce bullying (Almahasneh, 2019). Consequently, bullying may persist in secrecy due to the threats victims endure. A key challenge for teachers in addressing bullying is breaking this cycle of secrecy among learners (Tholander, 2018).

In some cases, victims of bullying may retaliate by becoming bullies themselves. The extent to which this occurs in schools in Gauteng remains unclear. Therefore, this study aimed to explore parents' perceptions of the risk factors associated with learners becoming bullies in schools in Gauteng, South Africa.

Gauteng was selected as the study setting due to its high prevalence of bullying, which has devastating effects on victims, perpetrators, and bystanders. Pillay (2021) reported that 46.9% of participants in a Johannesburg-based study self-reported experiencing school bullying.

However, the researchers cautioned that this finding should be interpreted with care, as the sample represented only 10% of the targeted population. A recent population-based study among primary school learners in South Africa found that name-calling was the most common form of bullying, with the highest prevalence in Gauteng (48.63%) and the lowest in the North West province (37.21%) (Manuel et al., 2021). Furthermore, Gauteng (33.59%) and Limpopo (38.54%) reported the highest prevalence of children feeling left out or excluded at least twice in the past month. Given these statistics, the study of bullying remains critical in South Africa to develop effective anti-bullying interventions for schools.

METHODS

A qualitative approach with an exploratory, descriptive, and contextual design was used for this study. This approach was chosen because little was known about the topic (Polit & Beck, 2021). The research was conducted in a high school in Ga-Rankuwa, Gauteng Province, to explore and describe parents' perceptions regarding the risks associated with learners becoming bullies in schools.

The study population comprised parents of grade 9 learners at a high school in Ga-Rankuwa, Gauteng Province. Parents who had children enrolled in grade 9 at the selected high school were considered for the study. A non-probability purposive sampling method was used, enabling the researcher to select parents who were knowledgeable about bullying in high schools (Brink et al., 2020). Thus, parents who were best suited to answer the research questions were selected. These included parents who had a child in grade 9, were at least eighteen (18) years old, were willing to participate in the study, and had signed an informed consent form. The researchers believed that these participants would provide rich information on the subject.

The sample size consisted of 13 parents across three focus groups, determined by data saturation in the third focus group, as evidenced by repetition and redundancy in themes and subthemes. The first focus group comprised five parents, while the second and third focus groups each included four parents.

Appointments were scheduled with potential participants the day before the interviews. The interviews were

conducted in one of the classrooms after school hours to ensure privacy and minimal disturbance. An audio recorder was used to record the interviews after permission was obtained from the participants. The recordings were then transcribed verbatim to facilitate effective data analysis. Thematic analysis was used to assess the content of the interviews, generate ideas, code the data, and develop themes and sub-themes (Braun & Clarke, 2006).

Ethical approval for the study was obtained from the Sefako Makgatho Health Sciences University Ethics Committee (SMUREC). Additionally, permission to conduct the study was granted by the Gauteng Department of Basic Education to protect participants from harm. Informed consent forms were signed by participants before their involvement in the study. The right to self-determination was ensured by allowing participants to decide whether to participate in the study and by giving them the option to withdraw at any time.

All research involving human participants intrudes upon their personal lives (Polit & Beck, 2021). Therefore, the researchers ensured that the study was not more intrusive than necessary and that privacy was maintained throughout the research process. Participants had the right to expect confidentiality regarding the data they provided. Privacy was upheld by conducting interviews in a venue labeled with a "DO NOT DISTURB" sign to prevent interruptions. Additionally, confidentiality and anonymity were maintained during data collection by omitting participants' names from data collection forms and using codes instead. Anonymity was also ensured during the dissemination of findings at conferences and in publications by assigning numbers instead of names to participants. These measures aimed to prevent any potential harm to participants.

The role of the researcher in facilitating focus groups was to ensure objectivity. The focus group interviews were conducted by the researchers, while a field worker acted as a moderator, recorded observations, and took field notes. In focus group interviews, the researcher posed questions, controlled the dynamics of the discussion group, and engaged in dialogue with individual participants. The researcher's role in the focus group

discussion was to guide the conversation. This required experience, knowledge of communication and group processes, as well as facilitation skills.

Participants were encouraged to provide rich, detailed information about their experiences of bullying by learners in high schools. The central question posed to the parents' focus groups was: "What are your perceptions regarding bullying behaviour in school?" This was followed by probing questions to guide the focus group interviews. A structured yet flexible focus group interview guide was used to facilitate discussion, and prompts were employed to encourage participants to expand on their responses and explore new ideas. The interview sessions lasted between 60 and 90 minutes and concluded when participants had no further information to share. The researchers ensured that the discussion was facilitated among participants rather than between the researcher and participants. The interviews were audio-recorded with participants' permission and transcribed verbatim. Three focus groups were conducted with parents until data saturation was reached, as evidenced by redundancy in themes and categories.

Data were analysed using thematic analysis, a method for systematically identifying, organizing, and interpreting themes that capture key elements of the interview dataset (Braun & Clarke, 2006). The researchers first immersed themselves in the data by repeatedly reading the focus group interview transcripts and taking notes to grasp the depth of responses and identify areas of interest. They then generated codes by assigning labels to significant segments of text. Codes with similar meanings were grouped into sub-themes based on participants' narratives. Sub-themes with related meanings were further grouped into broader themes. The themes were reviewed and refined to ensure accuracy and alignment with participants' narratives. In the final stages of analysis, each theme was clearly labeled to capture its essence and align with the research questions.

RESULTS

The findings of the study yielded four themes: psychological factors related to bullying, behaviour associated with bullying, environmental factors related to bullying, and the risk factors related to the relationship

between the bully and the victim. Three focus group interviews were held, with the first group consisting of five parents and the second and third groups consisting of four parents each. The themes are discussed below, with quotations used to reflect the participants' perceptions.

Theme 1: Psychological Factors Related to Bullying

Parents believed that multiple psychological risk factors predispose children to bullying behaviour. These include the mental health of bullies, their lack of socio-emotional competence, and feelings of envy and inferiority. Participants questioned the mental health of bullies because they felt that bullies needed help. Some parents reflected on the strange and abnormal behaviour of bullies, as illustrated in the following statements:

"This is mental health ... he behaves in a strange manner whereby you ask yourself whether this child is using drugs or not. Is this child normal, hyperactive, or how is this child?"
(Parent 2, Focus Group 3).

"It means this is a child in need of help. The very same child who victimizes others" (Parent 4, Focus Group 1).

Feelings of envy and inferiority were also discussed as factors that may influence bullying behaviour. Participants stated that poverty played an important role in bullying. Many children in the school where the study was conducted came from low socio-economic backgrounds, where parents struggled to provide basic necessities such as school uniforms, lunch, and school supplies. Children from poorer households may resort to bullying as a way of compensating for their inability to compete with material possessions, targeting more affluent children. Several parents mentioned that bullies appear to suffer from envy, leading them to humiliate their victims. The following statements illustrate this perspective:

"The other cause is jealousy because when the bully looks at the victim, they are a bit different. The other child has school shoes whilst those of the bully are tattered. Hence, the anger and jealousy that one does not have proper school shoes is directed at the other child who has school shoes and who is clean. You want him to feel small. That is when one starts calling him names, swearing at him, and so on, and it becomes an ongoing thing"
(Parent 3, Focus Group 1).

"Once he sees that one of the children is wearing a certain attire which his parents cannot afford at home and inwardly, he wants it, then he takes out the frustration on that child who is seen wearing the attire that his mother cannot afford: 'I can take away this thing or I can damage it'" (Parent 4, Focus Group 2).

Participants described the typical victim as often being the target of bullies due to envy. This envy stems from various factors, including academic performance. Parents described victims as being academically stronger than bullies, with bullies envying their superior intellectual capacity. They attempt to ridicule their victims, especially if the victims cannot defend themselves physically. The following comments illustrate this perception:

"In the morning as they come in, they grab his book and go and copy his homework in a wink of an eye as if they have not done theirs. They know that they will get high marks" (Parent 3, Focus Group 2).

"He would make him a laughingstock for the whole class and tell him, 'You are intelligent but stupid in the sense that you cannot fight against me. I can take your things because you are weak, and I am powerful'" (Parent 2, Focus Group 2).

Parents believed that bullies could not control their emotions, demonstrating a lack of socio-emotional competence. Participants described bullies as failing to manage interpersonal relationships and consider the consequences of their actions, as illustrated below:

"They are not able to read and understand non-verbal reactions" (Parent 3, Focus Group 2).

"If that child is angry and rowdy, they cannot control their emotions. At this juncture, this person can do anything possible due to anger, even killing a person" (Parent 1, Focus Group 3).

"The children victimize each other. One feels inferior and turns the other child into a victim, abuses, hits, steals from him, and attacks him verbally to hurt him emotionally by commenting on one's body structure, trying to demoralize him" (Parent 3, Focus Group 1).

Theme 2: Behaviour Associated with Bullying

Most participants agreed that bullies exhibit behavioural problems, including aggressive behaviour, disruptive and disrespectful behaviour, and substance abuse. The first behavioural factor discussed in the focus groups was

aggression. A general viewpoint among participants was that bullies exhibit aggressive behaviour due to frustration and anger. Parents explained as follows:

"You know, even when I try to talk to him about the smallest issue, he becomes extremely angry, although he can skin me alive or beat me up physically ... I feel frightened" (Parent 3, Focus Group 3).

"The child fights and hits other children. You find that when one child talks to such a child, he becomes angry instantly. He has anger and he hits others. These are the things that I observe from the school children at the school where I teach" (Parent 1, Focus Group 3).

Participants also described the disruptive and disrespectful behaviour of bullies. They noted that bullies often break rules and fail to adhere to socially acceptable behaviours. Parents pointed out that bullies lacked respect for their teachers and peers. The role of substance abuse as a risk factor for bullying was also discussed, with parents stating that bullies often abuse substances such as alcohol, dagga, cocaine, glue, and nyaope, some of which cause aggressive behaviour. The following comments reflect these concerns:

"... because they disrespect their teachers too. They bully their teachers too and beat them up. You find a learner saying, 'Look at what type of hairstyle the lady teacher has done.' Bullying is there" (Parent 4, Focus Group 1).

"They [substances] make them hyperactive. So, a hyperactive person does unacceptable things. Isn't that the person who 'zol'? If he has smoked it, it leads to the victimization of others in the class. He lacks self-control, he is not scared of anyone, and he feels that he has strength" (Parent 3, Focus Group 3).

Participants viewed bullies as children who lack values and norms regarding how to relate to others. These children seem to learn such behaviours from the streets and their friends, spending little time at home, school, or church. This perspective is expressed below:

"I wanted to say bullies in most cases have behavioural problems and are raised in an environment that is not proper, and hence they lack strict values and rules on how to relate with others. Such children learn improper rules on how to relate with others from the street and friends whom these children spend most of their time with. Some such children often do not stay at home, at

school, or in church. They have a specific place where they stay, where they learn all these bad behaviours" (Parent 3, Focus Group 1).

Theme 3: Environmental Factors Related to Bullying

Participants revealed that children can become bullies depending on the environment they are exposed to. They identified three main environmental factors that contribute to bullying behaviour: the home environment, the influence of peers, and the role of the school.

The Home Environment

Participants described several aspects of the home environment that may lead to bullying behaviour. These include single parenting, child neglect and abuse, exposure to domestic violence, and poverty. They also identified alcohol abuse as a contributing factor, as it often leads to child neglect and weakens parental authority. They shared the following reflections:

"I think even our situations at home with our children contribute a lot. Being a single parent, you try to be both a mother and a father at the same time, and you struggle to cope. At that point, you face certain challenges and may end up taking out your frustrations on the child." (Parent 4: Focus Group 2)

"There are certain children whose parents – both father and mother – spend most of their time drinking alcohol, neglecting their responsibility to provide moral guidance. In such homes, everyone does as they please, and this situation fosters bullying." (Participant 3: Focus Group 3)

"In my view, a child who bullies others at school carries anger from home. Sometimes, this child is abused or not well cared for at home, leading to frustration that is displaced onto other children at school as a way of coping with emotional pain." (Parent 4: Focus Group 1)

Child neglect and a lack of parental understanding of children's needs cause stress, which increases the risk of bullying behaviour. Child abuse can negatively affect a child's socio-emotional development and may contribute to mental health issues. Additionally, parents who fight in front of their children may unknowingly teach them aggression through observational learning.

The Impact of Poverty

This study was conducted in a township where most residents live in poverty. Many parents suggested that

economic hardship plays a significant role in bullying. Children who feel inferior or envious of their peers may develop frustration and anger, which can contribute to bullying behaviour. Participants expressed the following views:

"I also think poverty at home adds to this... Sometimes, when a child is at school, they realise that there are things they do not have – like a certain type of running shoes they wish they could own. This can make them feel left out. Some children, in an attempt to fit in, join certain groups and may even resort to stealing from others to sustain themselves." (Parent 1: Focus Group 3)

"This child comes from a poor family. The child is suffering too." (Parent 5: Focus Group 1)

The need to belong to a peer group during adolescence and peer pressure may lead to the bullying of weaker individuals. In this study, parents perceived peer pressure as an important risk factor for bullying. Another reason for participating in bullying was described as having the wrong friends and feeling obligated to participate in bullying groups at school. According to participants, these learners were not assertive and often found themselves engaging in bullying against their will:

"They force the child to join groups he does not want to join. If he does not, they may even threaten to kill him" (Parent 1, Focus Group 3).

"At times it is due to peer pressure. You want to prove to them that whatever they say about you is not true. We need to make them aware of this and help them to address peer pressure" (Parent 1, Focus Group 2).

Parents also expressed concerns that teachers were reluctant to act against bullies. Instead of helping and supporting victimized learners, some teachers viewed them as nagging and expected them to resolve their own issues. In some cases, they did not inform the parents of victimized learners about bullying at school. The following statements illustrate these concerns:

"Mama, I have reported," but you will find teachers saying, "You are smart boys – 'gents' – sort yourselves out, and sort yourselves out" (Parent 2, Focus Group 1).

"At times the teachers would say, 'He (the bully) is like that. It is still early in January, let us wait a bit'" (Parent 3, Focus Group 3).

"Teachers do not address bullying consistently. They often ignore the verbal type and concentrate on the fights only" (Parent 1, Focus Group 2).

Another issue raised by participants was the lack of supervision by teachers in schools. Parents complained that learners were not adequately supervised within the schoolyard, which allowed them to abuse substances and bully each other. They expressed that there was little to no supervision of children during breaks and at the sports ground, where bullying frequently occurred. The following statements highlight these concerns:

"Learners are not well supervised, and bullying is said to take place in unsupervised areas. For example, the learners can steal stationery and school bags belonging to other children in the class and smoke in the schoolyard without being spotted by teachers" (Parent 2, Focus Group 1).

"There is no supervision of children during breaks and at the sports ground, and that is where they bully each other" (Parent 3, Focus Group 3).

In the classroom, bullying is somewhat contained through close monitoring and keeping students engaged with the curriculum. However, supervising learners outside the classroom remains a challenge for teachers.

Theme 4: Risk Factors Related to the Relationship Between the Bully and the Victim

Parents believed that bullies tend to target children who are different from them. These victims are often weaker, unable to retaliate, and subjected to various forms of bullying, including physical aggression, theft, and verbal abuse. Victims tend to be younger, in lower grades, and defenceless, making them more susceptible to repeated victimization. Some victims are bullied because they are intelligent, as expressed in the following statements:

"So, when this child arrives at school, he meets other children. They are able to identify that this one is different from me. As soon as they identify those who are different, they start making the other one his victim. Obviously, this child also gauges by the response of the other child that, 'Okay, this one is weaker, he cannot swear because he does not know how.' The bully gets the

power to turn that child into an everyday victim" (Parent 3, Focus Group 1).

"Mine experienced this. The bully victimizes the child from lower grades who is defenceless, and that is why the child gets victimized by taking his pens and many other things. It is just like that" (Parent 1, Focus Group 1).

"The bullied child, like mine, is very quiet and shy in most cases. Parent 2: That one who has anger makes the quiet child his target – number 1, 2, or 3. He is busy targeting the quiet ones" (Parent 2, Focus Group 1).

"I support what was said. Usually, a quiet child gets victimized. He is the one whose pens are taken, and also food" (Parent 2, Focus Group 2).

Parents also believed that some children were bullied not just because they were quiet but because they were perceived as nerds, as reflected in the following statement:

"In my understanding, bullying is when you pick a child whom you feel cannot retaliate – whom one sees as vulnerable. If you are a bully, you feel that, 'I can use my power over this person because he cannot do anything to me.' That person may be a child who is quiet in the class, maybe those children who are called nerds. They feel that, 'This one – I can take a pen from him, and he will not retaliate. I can take his lunch box, and he will not say anything'" (Parent 4, Focus Group 2).

Another form of bullying involved the exploitation of intelligent students, as illustrated below:

"In the morning as they come in, they grab his book and go and copy his homework in a wink of an eye as they have not done theirs. They know that they will get high marks. There is no way in which he can cry or do anything. They threaten him: 'Should you report to the teacher, we will get you after school'" (Parent 3, Focus Group 2).

Parents observed that bullying is often a repetitive behaviour among schoolchildren. Bullies tend to have multiple victims and engage in repeated acts of bullying over time. The following statements reflect these perceptions:

"There are certain people who are being bullied throughout the day and being bullied by one person. At times, this bully is not even apparent to the whole class that he is capitalizing on this particular person, but he would be bullying this particular

person every day. Especially at the primary school, where you find that the child requests R2.00 from home to give to a particular child. We often hear stories in the community that a bully will not bully you repeatedly. However, I say that bullying is repeated" (Parent 4, Focus Group 2).

"I believe that bullying occurs repeatedly, and you are correct that bullying acts are repeated" (Parent 2, Focus Group 2).

"He starts with little things. For example, 'I managed to clap another child.' Tomorrow, he does something else. This increases every day" (Parent 3, Focus Group 3).

DISCUSSION

The purpose of this study was to explore parents' perceptions regarding the risk factors associated with bullying behaviour in schools in Gauteng, South Africa. The findings revealed that parents regard bullies as individuals with mental health issues that are perpetuated by multiple factors. Some of these factors include a lack of socio-emotional competence and feelings of envy and inferiority towards other learners. A study by Zhang et al. (2024) supports these findings by highlighting that mental health issues can predispose individuals to bullying behaviour. Parents in this study questioned the mental health of bullies and felt that these individuals require psychological support. Some parents highlighted the strange and abnormal behaviour exhibited by bullies in schools. The tendency of bullies to break rules may be indicative of oppositional defiant disorder, a mental disorder affecting children that predisposes them to bullying (Nobakht et al., 2024).

Bullies may also have difficulty differentiating their emotions, as they are often confused about what they are feeling and the causes of those emotions. In line with these findings, Cejudo et al. (2020) demonstrated that children who can regulate their emotional experiences in highly arousing play situations tend to perform better in peer relationships. In contrast, children who frequently experience intense emotions and lack constructive coping mechanisms are more likely to engage in socially inappropriate behaviour. Addressing children's socio-emotional development can help reduce harmful behaviours, foster positive relationships, support psychological health, and provide more effective education (Divecha & Brackett, 2020).

This study also suggests that victims of bullying often perform better academically than their bullies, which sometimes leads to feelings of envy and jealousy. Allen (2020) concurs with these findings, revealing that learners who perform well at school are at a higher risk of being bullied. Additionally, gifted learners may be targeted due to their academic abilities and the presence of anti-intellectualism within the school environment. However, while bullying is generally difficult to report, more intelligent children are more likely to inform adults about their experiences than their non-gifted counterparts (Jumper, 2019). In Jumper's (2019) study, gifted children were also found to be more likely to discuss their bullying experiences with peers compared to non-gifted children.

Furthermore, this study suggests that poverty plays an important role in bullying. Children who feel inferior and envious of their peers' belongings may develop feelings of frustration and anger, which can contribute to bullying behaviour. Almahasneh (2019) identified an inferiority complex as the strongest predictor of bullying. Perpetrators often bully others in the presence of their peers to demonstrate superiority, while peer reinforcement further encourages such behaviour. Some bullies justify their actions by claiming that victims ridicule them for their intellectual superiority. Segalo and Rambuda (2018) support these findings, stating that learners tease and disrespect one another for various reasons in the school environment. Breaking this cycle of disrespect can be achieved by encouraging learners to view themselves and their peers as individuals who deserve respect.

Parents in this study also suggested that peer pressure contributes significantly to bullying in schools. Some learners participate in bullying due to choosing the wrong friends, while others feel obligated to engage in bullying activities because their peers do so. This view is shared by Extremera et al. (2018), who reported that individuals have a fundamental psychological need to belong to a peer group and to be accepted by their peers. Consequently, when their sense of belonging is threatened, or when they seek to improve their status, children may hit, exclude, or harass others. In some cases, they may lash out in ways they believe will inflict the most pain, ultimately undermining the victim's sense of belonging.

Additionally, alcohol and substance abuse among parents were reported as contributing factors to child neglect and bullying behaviour, as substance abuse diminishes parental effectiveness. The findings of this study align with those of Hornor (2018), who found that bullies are at risk of abusing alcohol. Conversely, the consumption of alcohol among learners increases the likelihood of bullying behaviour (Ahumada-Cortez et al., 2017). Ngidi and Moletsane (2018) reported that the use of substances such as cannabis is prevalent in school toilets and other unsupervised areas, further increasing the risk of bullying in those environments. Terdgård et al. (2019) also support these findings, confirming that being raised by parents who abuse substances is often associated with neglect, abuse, and emotional distress.

These findings support previous studies indicating that learners may be reluctant to report bullying due to fear of peer ridicule, guilt, shame, or retaliation from the bully, which may escalate the problem (Sampaio et al., 2015; Tholander, 2019). Moreover, Ju and Lee (2019) and Sampaio et al. (2015) explain that when learners are threatened or dominated by someone who is physically, psychologically, or socially more powerful, they develop a fear of the bully's reaction, making it difficult for them to report incidents.

Bullying in schools remains a critical issue affecting learners' emotional, social, and academic well-being. Addressing this issue effectively requires a collaborative approach involving learners, teachers, parents, and other relevant stakeholders. Since teachers spend a significant amount of time with learners during the school day, they can play a crucial role in preventing bullying. It is essential that teachers intervene immediately when bullying occurs by calmly addressing the situation, ensuring the victim feels supported, documenting the incident, and following up with appropriate disciplinary measures in line with school policy. Parents should also foster open lines of communication with their children to help them feel comfortable discussing their experiences. This includes asking open-ended questions about their school day, friendships, and any uncomfortable interactions.

Several protective factors can help prevent bullying in schools, including the presence of supportive parental

figures, supervision of homework, awareness of how children spend their free time, good communication within the home, feelings of involvement and protection, positive relationships, and a healthy family environment (Oliveira et al., 2020). Since bullying is a complex social and psychological phenomenon rather than merely a behavioural issue, psychosocial interventions are essential for both bullies and their victims. Without proper intervention, victims of bullying may experience low self-esteem, anxiety, and sadness, which can lead to long-term negative consequences such as mental health issues, social isolation, and academic difficulties.

CONCLUSIONS

The purpose of this study was achieved by exploring parents' perceptions of the risk factors associated with learners becoming bullies in a high school in Gauteng Province, South Africa. The findings revealed a lack of psycho-social awareness among learners, highlighting the need for an anti-bullying programme that empowers learners—particularly those who engage in bullying—by enhancing their social awareness skills. Such a programme should help them recognise their own emotions, understand the emotions of others, and respond with empathy. The suggestion that bullies experience envy, jealousy, and inferiority in schools underscores the importance of incorporating strategies to address these negative emotions in anti-bullying interventions.

Social skills development is crucial in anti-bullying initiatives, as it enhances the empowerment of victims by improving their social interactions and overall quality of life within the school environment. Strengthening the social skills of victimised learners fosters better emotional regulation and resilience, thereby reducing their vulnerability to bullying. This can be achieved by promoting friendships, teaching conflict resolution strategies, improving emotional self-regulation, and developing adaptive coping mechanisms (Da Silva et al., 2017). Additionally, anti-bullying programmes should equip learners with self-control and anger management skills to mitigate aggressive behaviours.

Preventing bullying can be further enhanced by addressing key risk factors such as anger, aggression, and exposure to adverse childhood experiences. Many children

are raised by single parents, parents who abuse alcohol, or in violent and poverty-stricken households. A multidisciplinary team—including primary health care nurses, school health nurses, psychiatric nurses, psychologists, psychiatrists, teachers, parents, and social workers—should identify children at risk and intervene early to prevent the development of mental health issues and the intergenerational cycle of violence. From a preventive perspective, identifying and mitigating the risk factors that make children vulnerable to bullying victimisation should be a priority.

Substance use is another critical risk factor that must be addressed. Children who experience abuse at home are more likely to model violent behaviour and bully their peers. Therefore, anti-bullying interventions should include measures to reduce child abuse and neglect within families. Schools should implement comprehensive anti-bullying programmes that establish clear policies defining bullying, its nature, and its consequences. These policies must be communicated effectively to all staff, learners, and parents. Additionally, staff should receive mandatory training to help them identify, prevent, and respond to bullying incidents appropriately. Schools should also strengthen the supervision of areas where bullying commonly occurs, such as playgrounds and cafeterias.

Parents should advocate for stronger school policies that explicitly outline bullying and its harmful effects. Future research should explore the role of key stakeholders—including teachers, learners, and the Department of Education—in preventing and monitoring bullying in schools.

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