Bullying: Effects of Being a Victim & Bully

Authored by

mohammed looti

January 18, 2026

Introduction: Defining Bullying and its Scope

Bullying, as a distinct form of aggressive behavior, represents a pervasive and critical area of study within developmental, social, and educational psychology. It is fundamentally characterized by a triad of necessary conditions: intentional harm, repetition over time, and a clear imbalance of power between the aggressor and the victim. Unlike typical peer conflict, which involves mutual aggression or disagreement between individuals of similar strength, bullying is a systematic abuse of power designed to cause distress or humiliation. The recognition of bullying as a serious public health and mental health concern has spurred extensive research globally, moving the focus beyond the traditional schoolyard setting to encompass complex phenomena such as cyberbullying, workplace harassment, and institutionalized aggression. Understanding the mechanisms of both victimization and perpetration is essential, not merely for academic classification, but for developing efficacious interventions that address the deep and often lasting psychological scars left on individuals across the lifespan. The formal study of these dynamics began earnestly with the work of Dan Olweus in the 1970s, establishing the foundational criteria that continue to guide contemporary research on aggression and peer relations, emphasizing the need for a socio-ecological perspective that considers the entire social environment surrounding the individuals involved.

The scope of bullying research has broadened significantly, reflecting technological and societal changes. While physical and verbal aggression remain highly visible forms of perpetration, the emergence of relational aggression--manipulation of social standing, rumor spreading, and social exclusion--highlights the covert methods used, particularly among adolescents. Furthermore, the advent of digital communication introduced **cyberbullying**, a unique form of aggression that utilizes electronic platforms, allowing for anonymity, rapid dissemination of harmful content, and the potential for relentless, 24/7 harassment. This digital extension introduces new challenges for prevention, as the traditional boundaries of time and physical space are obliterated, intensifying the victim's sense of inescapable surveillance and distress. Consequently, modern psychological models must integrate these diverse forms of aggression to capture the complexity of peer dynamics and the varying vulnerabilities they expose in targets.

The distinction between bullying and other forms of aggression is vital for accurate diagnosis and intervention planning. True bullying is an established pattern of behavior, not an isolated incident; it relies heavily on the perceived or actual differential in physical size, social status, cognitive ability, or access to resources. When this power imbalance is absent, the interaction is more accurately classified as mutual conflict or generalized aggression. The formal, rigorous definition ensures that research findings are applicable to the specific phenomenon of systematic abuse, allowing practitioners to tailor interventions that specifically target the structural and systemic factors that enable perpetrators to maintain dominance. Moreover, studying the interaction between victimization and perpetration reveals complex overlaps, such as the existence of the "bully-victim"

subgroup, which experiences the worst psychological outcomes, underscoring the need for nuanced, individualized psychological assessment rather than broad, generalized categorization.

Defining Bullying: Key Components and Typologies

The internationally accepted definition of bullying hinges on three critical and interlocking components: intentionality, repetition, and an imbalance of power. **Intentionality** dictates that the aggressive act is purposeful, aimed at causing distress, discomfort, or harm to the target. This differentiates bullying from accidental harm or harmless teasing. **Repetition** establishes the chronic nature of the abuse; it is not a one-off event but a pattern occurring over time, which compounds the psychological damage and reinforces the victim's perception of helplessness and vulnerability. Most importantly, the **imbalance of power** is the structural core of bullying, referring to the aggressor's perceived superiority, whether physical, social, or psychological, which prevents the victim from effectively defending themselves or escaping the situation. Without this fundamental imbalance, the interaction lacks the coercive dynamics characteristic of true bullying behavior, and interventions aimed solely at conflict resolution will likely fail to dismantle the underlying power structure.

Bullying manifests in several distinct typologies, each carrying unique risks and requiring specialized intervention approaches. The most visible forms include **physical bullying** (hitting, kicking, destruction of property) and **verbal bullying** (teasing, name-calling, threats). However, relational or social bullying, which involves damaging a victim's reputation or social standing through exclusion, rumor spreading, or manipulation of friendships, is often more insidious and difficult to detect, particularly among female peer groups, yet its psychological impact can be devastating, leading to profound social isolation. The rise of cyberbullying adds another dimension, encompassing behaviors like sending malicious texts, sharing humiliating photos, or creating fake profiles to harass victims. Cyberbullying is particularly damaging because it is often anonymous, relentless, and the content can reach a vast audience almost instantaneously, making the emotional impact exponential and providing no safe haven for the victim, even within the confines of their own home.

A crucial differentiation is made between direct and indirect forms of bullying. **Direct bullying** involves face-to-face confrontation, such as physical assault or overt verbal abuse, making the aggressor clearly identifiable to the victim. **Indirect bullying**, conversely, operates through third parties or covert manipulation, most commonly through relational aggression and rumor mills, allowing the perpetrator to maintain a degree of plausible deniability while still inflicting significant social harm. Furthermore, research has begun to explore structural or institutional bullying, where systemic practices within an organization, such as a school or workplace, inadvertently or deliberately isolate, marginalize, or disadvantage certain individuals or groups. Understanding these typologies is essential for developing comprehensive prevention programs, as an

intervention effective against physical aggression may be entirely inadequate for addressing the complex, covert dynamics of relational or cyber aggression, necessitating specialized modules focused on digital citizenship and social competence.

Characteristics of Bullying Victimization

Victimization is rarely random; individuals who become chronic targets often possess specific behavioral and psychological characteristics that make them vulnerable to repeated aggression. Psychologically, victims frequently display **internalizing problems**, including high levels of anxiety, depression, and generalized fear, coupled with significantly low self-esteem and a pervasive sense of helplessness. These individuals may exhibit difficulty asserting themselves, often responding to aggression with crying, withdrawal, or acquiescence, behaviors that inadvertently reinforce the bully's perception of dominance and encourage further targeting. Socially, victims often lack the robust social networks and strong peer support necessary to serve as buffers against aggression. Their social isolation is both a consequence and a contributing factor to their victimization, creating a self-perpetuating cycle where social withdrawal makes them easier targets, which in turn increases their desire to withdraw further.

Researchers typically categorize victims into two primary subgroups: passive victims and provocative victims. **Passive victims**, the majority, are generally timid, emotionally sensitive, and physically weaker than their peers. They tend to react to aggression by crying or giving in, failing to defend themselves effectively. These individuals often exhibit inhibited social skills and are frequently described as lonely or isolated. In contrast, **provocative victims** (sometimes referred to as "bully-victims," though that term is often reserved for those who actively perpetrate and receive aggression) display a combination of anxiety and aggressive behavior; they may be hyperactive, easily agitated, and respond to provocation in ways that escalate the conflict, often confusing peers and adults about their role in the interaction. While they are victims of aggression, their reactive behaviors make them frequent irritants to the group, which can serve to justify the aggression directed toward them by their peers and even by the primary bully.

The consequences of chronic victimization are severe and far-reaching, extending well beyond the immediate period of abuse. Academically, victims often experience a significant decline in school performance, driven by fear, avoidance, and difficulty concentrating, sometimes leading to school refusal. Physically, they report higher rates of somatic complaints, such as frequent headaches, stomachaches, and sleep disturbances, which often lack a clear medical etiology but reflect underlying psychological distress. Most critically, the long-term mental health trajectory for victims is poor, showing elevated risks for major depressive disorder, generalized anxiety disorder, and, tragically, increased rates of suicidal ideation and attempts, highlighting the need for early and sustained psychological intervention to mitigate these devastating outcomes and restore a sense of safety and self-efficacy.

Characteristics of Bullying Perpetration

Individuals who consistently engage in bullying behavior, or perpetrators, often display a profile marked by a strong need for dominance, high levels of impulsivity, and a marked lack of empathy. Contrary to earlier psychological theories that posited bullying stemmed from deep-seated insecurity and low self-esteem, contemporary research often indicates that many perpetrators possess **high social status** and are perceived as popular or influential within their peer groups. They use aggression strategically as a tool to maintain or enhance this status, often demonstrating sophisticated social intelligence regarding who to target and how to ensure their actions are sanctioned, or at least tolerated, by key bystanders and followers. Behaviorally, bullies are characterized by **externalizing problems**, including high levels of aggression, defiance, rule-breaking, and antisocial conduct, often extending to general misconduct both inside and outside the school environment.

A key psychological deficit observed in many perpetrators is a failure in cognitive empathy--the ability to understand or accurately perceive the emotional state of others--and affective empathy--the capacity to share or feel the distress of the victim. This deficit allows them to rationalize their harmful actions, often minimizing the victim's pain or attributing fault to the victim ("They deserved it," or "It was just a joke"). Furthermore, bullies frequently exhibit **hostile attribution bias**, meaning they are more likely to interpret ambiguous social cues as intentionally hostile or threatening, prompting them to react aggressively even when no true threat exists. This skewed perception helps to justify their preemptive or excessive aggressive responses. It is important to note that perpetrators often come from family environments characterized by poor supervision, lack of warmth, and physical discipline, suggesting that learned behavioral models play a significant role in the development of aggressive coping strategies.

While the prototypical bully is socially dominant and confident, subtypes of perpetrators exist. The "anxious bully," for example, may engage in aggression not primarily for status, but as a reaction to underlying insecurity or fear of becoming a victim themselves. These individuals may struggle more with emotional regulation and display higher levels of anxiety compared to the purely dominant bully. Furthermore, the role of **peer reinforcement** cannot be overstated; the social rewards received by the bully--such as laughter, attention, and compliance from others--are powerful reinforcers that solidify the aggressive behavioral pattern. The consistent success in controlling others through intimidation validates the bully's belief in the utility of aggression, making the behavior highly resistant to change unless the social environment itself shifts to actively condemn and punish the perpetration.

The Dynamics of the Bullying Cycle (The Bully-Victim Overlap)

The dynamics of the bullying phenomenon extend beyond the simple binary of perpetrator and

victim, encompassing complex roles played by bystanders and, most critically, the unique subgroup known as the **bully-victim**. Bully-victims are individuals who simultaneously inflict harm on others and are frequently subjected to victimization themselves. This dual involvement suggests profound difficulties in social competence and emotional regulation, often leading to the most severe psychological outcomes compared to those who are exclusively victims or exclusively perpetrators. Bully-victims typically exhibit a volatile combination of externalizing behaviors (aggression, impulsivity) and internalizing distress (anxiety, depression), suggesting a turbulent inner life and chaotic external relationships. They may use aggression as a poorly executed defense mechanism, attempting to ward off perceived threats, only to invite further retribution from their peers, trapping them in a cycle of reciprocal hostility.

The role of **bystanders** is pivotal in sustaining or dismantling the bullying cycle. Bystanders are the silent majority present during acts of aggression, and their reaction--or lack thereof--determines the social climate. Bystanders can assume several roles: 1) **Assistants**, who actively join the bully in the aggression; 2) **Reinforcers**, who encourage the bully through laughter, cheering, or attention, providing the social validation the bully seeks; 3) **Defenders**, who intervene on behalf of the victim or comfort them afterwards; and 4) **Outsiders**, who remain physically or psychologically detached, often by ignoring the incident. The inaction of outsiders, driven by fear of becoming the next target or perceived social pressure, provides tacit approval for the bully, normalizing the aggressive behavior and creating a perceived social consensus that the bullying is acceptable or inevitable.

Effective intervention strategies must therefore target the entire social ecology, recognizing that bullying is a group phenomenon, not merely an individual problem. When bystanders are empowered to become **defenders**, the social rewards for the perpetrator diminish rapidly. Training bystanders in assertiveness, empathy, and safe intervention techniques is often more effective than focusing solely on the bully or the victim. Shifting the peer group norm from tolerance of aggression to active condemnation of it removes the primary reinforcement mechanism for the perpetrator, thus fundamentally disrupting the power dynamic and creating a protective environment for potential victims. This socio-ecological approach underscores that the responsibility for addressing bullying lies with the community as a whole, rather than placing the burden solely on the victim to cope or the bully to reform in isolation.

Psychosocial Outcomes and Long-Term Effects

The psychosocial consequences of involvement in bullying, whether as a victim, perpetrator, or bully-victim, are severe, highly correlated with long-term morbidity, and frequently persist into adulthood, affecting mental health, relational capacity, and socio-economic success. For **victims**, chronic exposure to aggression leads to elevated risk for developing serious mental health disorders, including chronic depression, generalized anxiety disorder, and post-traumatic stress disorder (PTSD), particularly if the aggression was intense or occurred over many years. The

experience instills a deep-seated sense of mistrust in social institutions and peers, often resulting in difficulties forming secure attachments and maintaining stable, intimate relationships later in life. Furthermore, victimization is one of the strongest predictors of self-harming behavior and **suicidal ideation** among adolescents, underscoring the necessity of treating bullying as a crisis requiring immediate and sustained psychological attention.

Perpetrators also face significant negative long-term trajectories, although their risks are often externalizing rather than internalizing. Longitudinal studies consistently link childhood bullying behavior to increased rates of delinquency, substance abuse (alcohol and drug dependence), and criminal behavior in early and middle adulthood. The pattern of using aggression and coercion to achieve goals often translates into dysfunctional relationships in the workplace and within the family unit, increasing the likelihood of domestic violence and difficulties maintaining stable employment due to poor conflict resolution skills and an inability to adhere to societal norms and rules. While these individuals may initially achieve high social status among peers, this aggressive behavioral pattern rarely translates into successful, adaptive adult functioning, demonstrating that bullying is ultimately an maladaptive coping strategy.

The **bully-victim** subgroup experiences the cumulative negative effects of both roles, exhibiting the highest rates of overall dysfunction. They combine the psychological distress and internalizing symptoms of victims with the behavioral problems and externalizing tendencies of perpetrators. This group is at particularly high risk for severe behavioral problems, academic failure, and psychiatric hospitalization. Their turbulent relationships and frequent involvement in conflict make them highly vulnerable to social rejection and further marginalization, perpetuating a difficult cycle of aggressive interaction and poor self-regulation. Recognizing the distinct and often overlapping nature of these roles is crucial for intervention, as a program designed for a purely passive victim will likely fail to address the complex emotional dysregulation and aggressive reactivity exhibited by a bully-victim, requiring a multifaceted therapeutic approach that addresses both trauma and behavioral management.

Prevention and Intervention Strategies

Effective strategies for preventing and intervening in bullying behavior require a comprehensive, multi-level approach that addresses individual, peer, family, and school factors simultaneously. The most successful models, such as the **Olweus Bullying Prevention Program (OBPP)**, utilize a socio-ecological framework, emphasizing that bullying is a systemic problem requiring systemic solutions. Key components of successful school-wide programs include establishing clear, non-negotiable rules against bullying behavior, ensuring consistent and non-hostile consequences for rule infractions, and increasing adult supervision in high-risk areas like playgrounds and hallways. Crucially, these programs mandate that staff receive training to recognize and respond appropriately to bullying, ensuring that all adults in the environment present a united front against

aggression and model prosocial communication and conflict resolution.

Interventions targeted at **victims** focus primarily on enhancing coping skills, building resilience, and improving social competence. This often involves individual counseling to address the trauma, anxiety, and depression resulting from the abuse, coupled with group therapy designed to help victims develop assertiveness, practice effective self-defense strategies (verbal and non-verbal), and strengthen existing positive peer relationships. The goal is not to teach the victim to fight back aggressively, but rather to empower them to interrupt the victim cycle by changing their reaction patterns, thereby making them less attractive targets for future aggression. Furthermore, providing a safe, supportive peer environment, often through structured friendship groups, helps counter the isolation and social exclusion that frequently accompanies chronic victimization.

Interventions aimed at **perpetrators** must focus on behavioral modification, emotional regulation, and empathy development. These programs often utilize cognitive-behavioral therapy (CBT) techniques to challenge the hostile attribution bias, reframe aggressive thoughts, and teach non-aggressive methods for achieving social goals and resolving conflict. Furthermore, perpetrators need explicit training in **affective and cognitive empathy**, often through role-playing and perspective-taking exercises, to understand the genuine distress their actions cause. Parental involvement is a critical, non-negotiable element of successful perpetrator intervention, ensuring that parents are trained in positive discipline, monitoring, and providing warmth and structure at home, thereby reinforcing the prosocial behaviors learned in the therapeutic setting and preventing relapse into aggressive patterns. The success of any intervention hinges on consistent application and a commitment from the entire community to maintain an environment where aggression is neither rewarded nor tolerated.