Chapter 16
Bullying Due to Dentofacial Features and Its Relationship With Quality of Life in View of Oral Health

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ABSTRACT

Bullying is defined as the aggressive behavior or intentional harm to which an individual is repeatedly subjected in a relationship characterized by instability, usually triggered by social, religious, and physical characteristics that distinguish the victim from other members of the group. Deviation from normal dentofacial aesthetics leads to increased incidences of bullying in children and teenagers with a reported worldwide prevalence of 5% to 58%, causing both physiological and psychological harm with both long-term and short-term effects, affecting an individual's psychosocial status and causing social disadvantage. The purpose of this chapter is to analyze the effect of dentofacial deviations on bullying and quality of line in view of oral health-related quality of life (OHRQoL) matrix and highlight the importance of informing the public via public health policies, anti-bullying policies in schools, and dental professionals as they are likely to have bullied patients among their clients.

INTRODUCTION

Bullying is defined as intentional harm to which an individual is repeatedly exposed in a relationship characterized by the practice of aggressive behavior or imbalance (Olweus, 1994). Bullying can be in form of aggression that cause direct (hitting, kicking, insults and threats) or indirect (gossip, spreading rumors and social exclusion) harm (Boulton & Underwood, 1992; Solberg et. al., 2007; Nansel et. al., 2004; van der Wal et. al. 2003). It has been observed for a long time and its prevalence varies depending on the location and age, and it is stated that it has become a global concern at a rate of occurence as high as 88% (Carney & Merrel, 2001; Chikaodi et. al., 2017; Ometeso, 2010).

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Prominent physical characteristics and aesthetical concerns in society are observed more intensively in both childhood and adolescence (Scheffel, 2014). The factors that trigger bullying are usually social, religious, and physical characteristics that distinguish the victim from other members of the group (Malta et. al., 2014). The most commonly observed physical characteristics for nicknames are related to weight, height and facial appearance (Kolawole et. al., 2009). In view of which, dentofacial features are associated with increased incidents of bullying in children and adolescents (Baldo Moraes et. al., 2021). Deviation of normal dentofacial aesthetics can affect the individual's psychosocial status and cause social disadvantage (Shaw et. al., 1980). Since the dentofacial region contributes significantly to the overall facial appearance and a harmonious smile plays an important role in conforming to the normative standards; the existence of untreated dental caries, bleeding gingiva, misaligned teeth and/or malocclusion or lack of alignment between the maxillary bones and mandible could lead to one being bullied (Barasuol et. al., 2017; Baldo Moraes et. al., 2021; Shaw, 1981; Shaw et. al., 1980). Severe facial disfigurement evokes feelings of sympathy and compassion, but lighter disfigurements result in ridicule; creating greater psychological distress in individuals. Individuals with high facial attractiveness receive a more positive reaction from society than those with a low level of facial attractiveness. In addition, the importance of having a good dentofacial appearance is recognized as an important trait that affects friendships, career advancement, and flirting (Macgregor, 1970). Although the relationship between malocclusion and psychosocial well-being is complex, there is a clear connection between the presence of malocclusion, bullying, self-esteem and quality of life in view of oral health. Certain dental features that increase the risk of ridicule, which disrupts a normal psychological development, including dento-alveolar trauma, cleft palate or lip, maxillary crowding, increased overjet and deep overbite have been identified (Agou et. al., 2008; Fekkes et. al., 2005; Kim et. al., 2004; Lyznicki et. al., 2004; Solberg & Olweus, 2003; Thomson et. al., 2001).

The effects of bullying can be both short-term and long-term, causing both physiological and psychological symptoms (Seehra et. al., 2011). As a result of bullying, children and adolescents may become afraid of school, have difficulty concentrating in lessons and a decrease in the perception of school attendance and academic performance may be observed (Al-Bitar et. al., 2013; Chikaodi et. al., 2017; Glew et. al., 2005). In addition, the reported harmful effects also include increased suicidal thoughts, suicidal risk and the rate of self-harm (Kim et. al., 2005). As long-term effects of bullying, victims of bullying are more likely to remain anxious and depressed for life (Bond et. al., 2001; Rigby, 1999). The psychological effects of peer victimization in school-aged children may also persist during the transition to high school and adulthood (Rigby, 1999). Children who were severely bullied during the adolescent period had low self-esteem and depression as young adults (Olweus, 1994).

Malocclusion is a fairly common public health problem, and many studies have shown that it has a negative effect on quality of life, self-esteem, and social perceptions (Dimberg et. al., 2015; Eslamipour et. al., 2018; Jung, 2010; Kolawole et. al., 2009; Pithon et. al., 2014; Shen et. al., 2018). The relationship between orthodontic treatment and better self-esteem is still open to discussion (Bernstein & Watson, 1997; Seehra et. al., 2013). It is observed that children with untreated malocclusion are at greater risk of bullying (Barasuol et. al., 2017).

Dentofacial features in childhood and adolescence, undergoing orthodontic treatments are defined as conditions associated with bullying (Cunningham & Hunt, 2001; Seehra & Fleming et.al., 2011; Seehra & Newton et. al., 2011; Tristão et. al., 2020;). This age group is repeatedly exposed to negative actions over time, especially in the school environment (Olweus, 1994). Bullying is widespread among schoolchildren with worldwide prevalence ranging from 5% to 58%, its effects can be long-lasting and