



**hbsc**

**HEALTH BEHAVIOUR IN  
SCHOOL-AGED CHILDREN**

WORLD HEALTH ORGANIZATION  
COLLABORATIVE CROSS-NATIONAL STUDY

# BULLYING & FIGHTING

Violence among school children in the form of bullying and physical fighting represents a topic of great concern for parents, school staff, researchers and policy makers, not only due to the high prevalence of these behaviours, but also due to their short and long term negative consequences to youth development.<sup>1</sup> Young people involved in physical fighting are more likely to experience lower life satisfaction and lower psychological well-being as well as poorer family and peer relationships.<sup>2,3</sup> Furthermore, there is compelling evidence that school bullying affects children's health and well-being, with the effects lasting long into adulthood.<sup>4</sup>

Physical fighting is the most visible form of violent behaviour among young people. It is considered a major issue in many countries due to the increased risk of injury and it is also correlated with various other problem behaviours, e.g., substance use. The increased likelihood of contact with health professionals as a result of more common physical fighting has been proposed as one of the best markers for high-risk behaviours.<sup>5</sup>

Children who are being bullied are more likely to experience a range of problems, such as depression and anxiety (which can lead to suicide in extreme cases), and are more likely to report socially withdrawn behaviours, school difficulties (refusal, underachievement and dropout) and higher levels of substance use.<sup>2,6</sup> The effects are acute and may in some cases also persist into later adolescence and adulthood. Recent studies suggest that victims of school bullying are at increased risk of poor health, as well as

lower wealth and social-relationship outcomes in adulthood even after controlling for family hardship and childhood psychiatric disorders.<sup>4</sup>

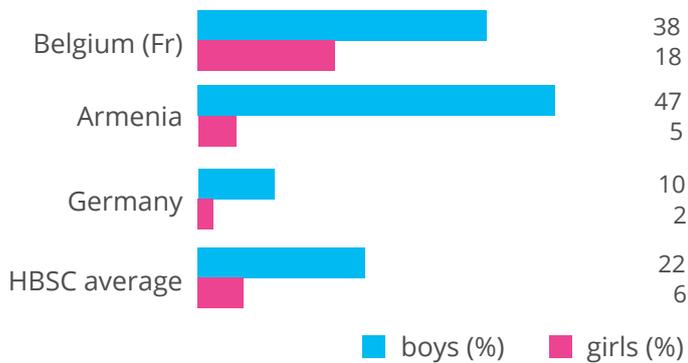
Within a Problem Behaviour perspective, physical fighting and bullying can be related to other risk behaviours such as smoking, excessive drinking and weapon carrying which endanger adolescent development and growth.<sup>7</sup> They are also related to disconnectedness with parents and teachers. The use of power and aggression in so-called playground bullying may be an indicator of future sexual harassment, marital aggression, child abuse and elder abuse and is possibly a marker for future delinquency.<sup>8</sup>

This fact sheet summarizes findings from the 2009/2010 survey of the Health Behaviour in School-aged Children (HBSC) study.<sup>2</sup> The 2009/2010 HBSC survey asked young people how often they had been involved in a physical fight within the last twelve months. The findings presented focus on those who had three or more fights within the last year (considered chronic fighting). Furthermore, the young people were asked how often they had been bullying others and how often they had been bullied by others at school in the past couple of weeks. The findings presented here show the proportion of children who reported being involved in these episodes at least two or three times in the past couple of months (considered frequent bullying). All graphs show the two countries with the highest and the one country with the lowest prevalence of each issue, as well as the HBSC average across all countries for the 11-year olds and the 15-year olds.

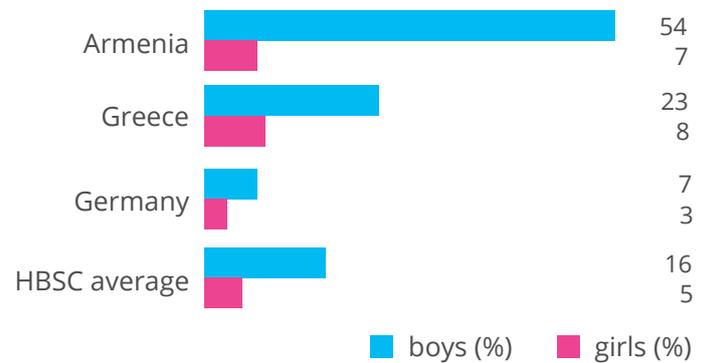
# FIGHTING



11-year olds who have been involved in a physical fight at least 3 times in the last 12 months



15-year olds who have been involved in a physical fight at least 3 times in the last 12 months



## Age

As an overall trend, the prevalence of physical fighting decreased with age: while amongst the 11-year olds about 13% reported three or more fights in the last year, 10% of 15-year olds did so. Nevertheless, this tendency was not observed in all countries and in a few cases the percentage stayed the same or even increased slightly for older adolescents.

## Gender

Of all the participating students, boys were more than three times more likely to report three or more physical fights within the last 12 months. This gender difference was observed in all participating countries. Even in those more equal in this respect, boys had more than twice the prevalence of girls.

## Family affluence

The influence of the family's socio-economic status depended very much on the country: In some countries there was a trend for a higher prevalence of physical fighting for children from more affluent families. This was especially the case for boys. Nevertheless, there were some countries with no significant differences, and also those with a reverse trend, where children from more affluent families had a lower prevalence. In this case it was mostly the girls' prevalence to report three or more fights in the last year that was affected.

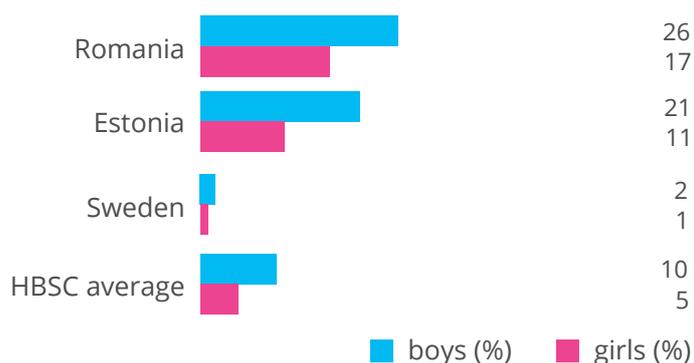
## Cross-national differences

There were some big differences between countries which could be associated with different policies, economic realities and inequalities.

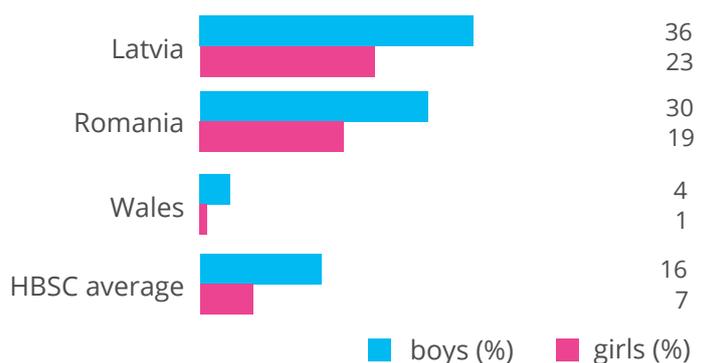
# BULLYING OTHERS



11-year olds who have bullied others at school at least twice a month in the past couple of months



15-year olds who have bullied others at school at least twice a month in the past couple of months



## Age

The reported prevalence of bullying others significantly increased between ages 11 and 15 in around half of countries for boys and in just under half for girls. This increase was relatively small in most countries, particularly among girls, but was more than 10% in a few countries among boys.

## Gender

Boys were significantly more likely to report having bullied others more than two or three times in the past couple of weeks. Almost all countries showed this clear gender difference across the three age groups. In a few countries, these differences were greater than 10%.

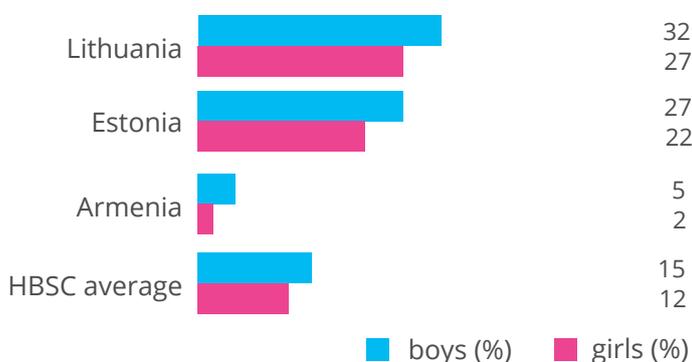
## Family affluence

For the majority of the countries, there were no significant associations between bullying perpetration and family affluence. Only in a few countries was decreased prevalence associated with higher family affluence. On the other hand, in three countries there was a significant association between increased prevalence and higher family affluence (for boys only).

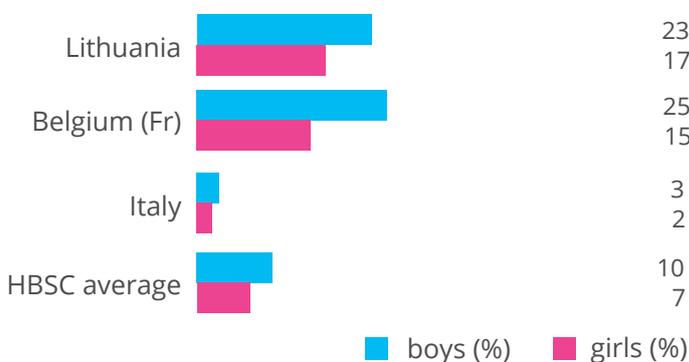
# BEING BULLIED



## 11-year olds who have been bullied at school at least twice a month in the past couple of months



## 15-year olds who have been bullied at school at least twice a month in the past couple of months



## Age

For most of the countries there was a constant decline in being bullied by others between ages 11 and 15. Significant declines in prevalence were observed in most countries and regions among both boys and girls, yet with the change usually being less than 10%.

## Gender

No gender differences were observed for most of the countries. In a minority of countries across each age group, boys were significantly more likely to report having been bullied. Gender differences were usually less than 10%.

## Cross-national differences

For both bullying others and being bullied, constant cross-national differences emerged between countries. These differences could be attributed to differences in policies, guidelines and national and local bullying prevention interventions.

## Family affluence

In most European countries there was a significant association between being a victim during bullying episodes and family affluence. Higher family affluence was associated with a decrease in prevalence for being bullied. On the other hand, in a minority of countries, a significant association was found between lower levels of affluence and higher prevalence of being bullied.



Physical fighting is often more common in younger age groups. As children grow into adolescents, physical fighting may be replaced by more socially acceptable ways to deal with conflicts, such as talking things out. As such, programmes and policies to promote verbal skills should be particularly encouraged. Nevertheless, as children learn to use language not only to resolve but also to create conflicts and as a way to abuse others, policies that teach social skills and peaceful conflict resolution should also be promoted. In many cases, school based programmes have shown to be effective to deal with this issue.<sup>9,10</sup>

Studies suggest that the prevalence of bullying is decreasing in most countries, possibly owing to continuing reduction efforts or changing attitudes and tolerance levels. The HBSC findings, however, show that prevalence remains high in some countries, suggesting the continuing need

for prevention and intervention programmes. According to a recent review the most efficient methods to reduce bullying were intensive programs, parents meetings, the use of firm disciplinary methods, and improved playground supervision.<sup>11</sup>

Moreover, a recent meta-analysis indicates that socio-economic status provided little guidance for targeted intervention, and all schools and children, not just those with more socio-economic deprivation, should be targeted to reduce the adverse effects of bullying.<sup>12</sup> Even if gender differences exist in fighting and bullying others, they tend to be less pronounced in reports of being victims to bullying.<sup>13</sup> As such, while interventions on active fighting may be targeted more at boys, programmes around resisting and coping with bullying need to be addressed to both boys and girls.

## References



1. Pickett W, Molcho M, Elgar FJ, Brooks F, de Looze M, Rathmann K, ter Bogt TFM, Nic Gabhainn S, Sigmundová D, Gaspar de Matos M, Craig W, Walsh SD, Harel-Fisch Y and Currie C. Trends and socioeconomic correlates of adolescent physical fighting in 30 countries. *Pediatrics* (2013) 131, e18-26.
2. Currie C, Griebler R, Inchley J, Theunissen A, Molcho M, Samdal O and Dür W, eds. Social determinants of health and well-being among young people. Health Behaviour in School-aged Children (HBSC) study: international report from the 2009/2010 survey. Copenhagen, WHO Regional Office for Europe, 2012 (Health Policy for Children and Adolescents, No. 6).
3. Walsh SD, Molcho M, Craig W, Harel-Fisch Y, Huynh Q, Kukawadia A, Aasvee K, Várnai D, Ottova V, Ravens-Sieberer U and Pickett W. Physical and emotional health problems experienced by youth engaged in physical fighting and weapon carrying. *PLoS One* (2013)
4. Wolke D, Copeland WE, Angold A and Costello EJ. Impact of bullying in childhood on adult health, wealth, crime, and social outcomes. *Psychological Science* (2013) 24(10), 1958-1970.
5. Sosin DM, Koepsell TD, Rivara FP and Mercy JA. Fighting as a marker for multiple problem behaviors in adolescents. *Journal of Adolescent Health* (1995) 16(3), 209-215.
6. Harel-Fisch Y, Walsh SD, Fogel-Grinvald H, Amitai G, Pickett W, Molcho M, Due P, De Matos MG and Craig W. Negative school perceptions and involvement in school bullying: A universal relationship across 40 countries. *Journal of Adolescence* (2011) 34, 639-652.
7. Jessor R Risk behavior in adolescence: A psychosocial framework for understanding and action. *Developmental Review* (1992) 12, 374-390.
8. Ttofi MM, Farrington DP and Lösel F. School bullying as a predictor of violence later in life: A systematic review and meta-analysis of prospective longitudinal studies. *Aggression and Violent Behavior* (2012) 17, 405-418.
9. Mytton J, DiGuseppi C, Gough D, Taylor R and Logan S. School-based secondary prevention programmes for preventing violence. *Cochrane Database of Systematic Reviews* (2006) 3(2).
10. Wilson SJ and Lipsey MW. School-based interventions for aggressive and disruptive behavior: Update of a meta-analysis. *American Journal of Preventive Medicine* (2007) 33(2), 130-143.
11. Ttofi MM and Farrington DP. Effectiveness of school-based programs to reduce bullying: A systematic and meta-analytic review. *Journal of Experimental Criminology* (2011) 7(1), 27-56.
12. Tippett N and Wolke D. Socioeconomic status and bullying: a meta-analysis. *American Journal of Public Health* (2014) 104(6), e48-e59.
13. Craig, W., Harel-Fisch, Y., Fogel-Grinvald, H., Dostaler, S., Hetland, J., Simons-Morton, B., ... & Pickett, W. (2009). A cross-national profile of bullying and victimization among adolescents in 40 countries. *International Journal of Public Health*, 54(2), 216-224.

Authors: Alina Cosma, Friedrich Teutsch, Sophie Walsh & HBSC's Violence & Injury Prevention Focus Group

Produced by HBSC's International Coordinating Centre

email: [info@hbsc.org](mailto:info@hbsc.org)

[www.hbsc.org](http://www.hbsc.org)

