hbsc
HEALTH BEHAVIOUR IN SCHOOL-AGED CHILDREN
WORLD HEALTH ORGANIZATION COLLABORATIVE CROSS-NATIONAL STUDY

BULLYING VICTIMISATION

TRENDS: 2002-10

Why should we pay attention to this issue?

School bullying is a form of youth violence and a major social problem that affects children's well-being worldwide. This phenomenon is defined as the systematic abuse of power where aggressive behaviour or intentional harm-doing by peers is carried out repeatedly and is characterised by an imbalance of power (either actual or perceived) between the victim and the bully[1].

Bullying behaviours have been widely related to four main dimensions:

1. physical bullying (hitting, pushing, kicking)
2. relational bullying (name calling, teasing)
3. social bullying (rumour spreading, intentional social exclusion)
4. damage of property or personal belongings (stealing or damaging possessions).

Bullying is not just limited to school and can be identified in almost all cultures and among all age groups (from preschool and school children to university students and working adults). The high prevalence of these behaviours, as well as the short and long term negative consequences for those involved either as victims, bullies or bully-victims are important indicators of the extent of this problem. One in three school-children report having been bullied at some point in their lives, and 10–14% experience chronic bullying lasting for more than 6 months[2].

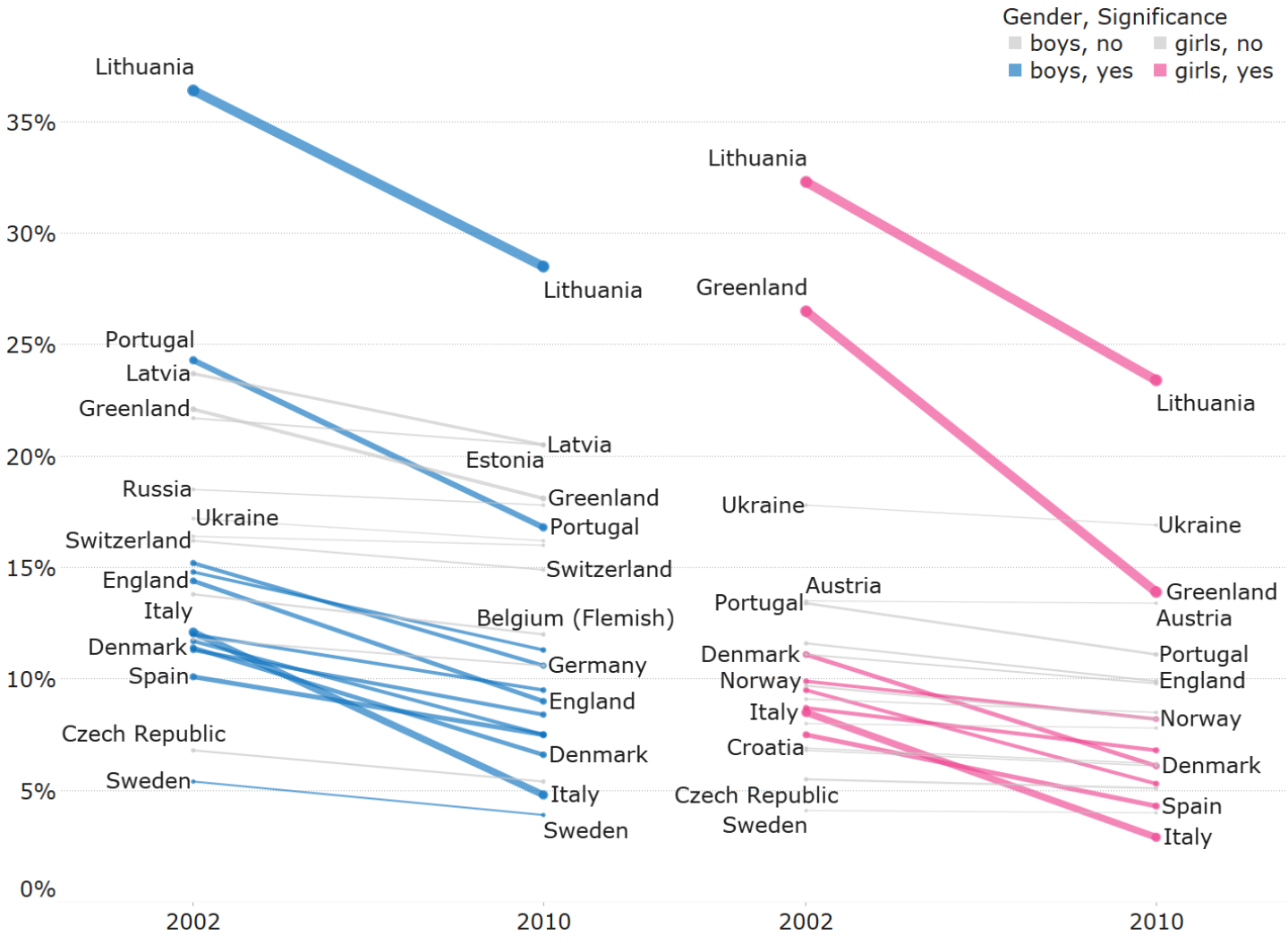
The short-term consequences for the victims of school bullying are well documented in academic literature. Children who are victims of bullying are more likely to experience loneliness[3], school-related fear, anxiety or avoidance[4], depression and low self-esteem[5,6,7]. Compared to their counterparts, bully victims are also at increased risk from self harm and suicidal ideations[8]. In the long term, these children are at risk of chronic victimisation/re-victimisation[9]. Children who were victimised more frequently and severely tend to display the worst outcomes[10]. These chronic victims tend to experience psychotic symptoms more often later in life[11] as well as anxiety problems such as agoraphobia, panic disorder and generalised anxiety[9].

The effects of bullying involvement seem to persist into young adulthood too[12]. Children who were victims of bullying have been consistently found to be at higher risk for internalising problems, with particular diagnoses of anxiety disorder and depression in young and middle adulthood (18-50 years of age)[13]. However, the worst outcomes were identified for bully-victims as they tend to have higher levels of depression, panic disorder, generalised anxiety, agoraphobia and suicidality compared to their counterparts[9].

Key findings

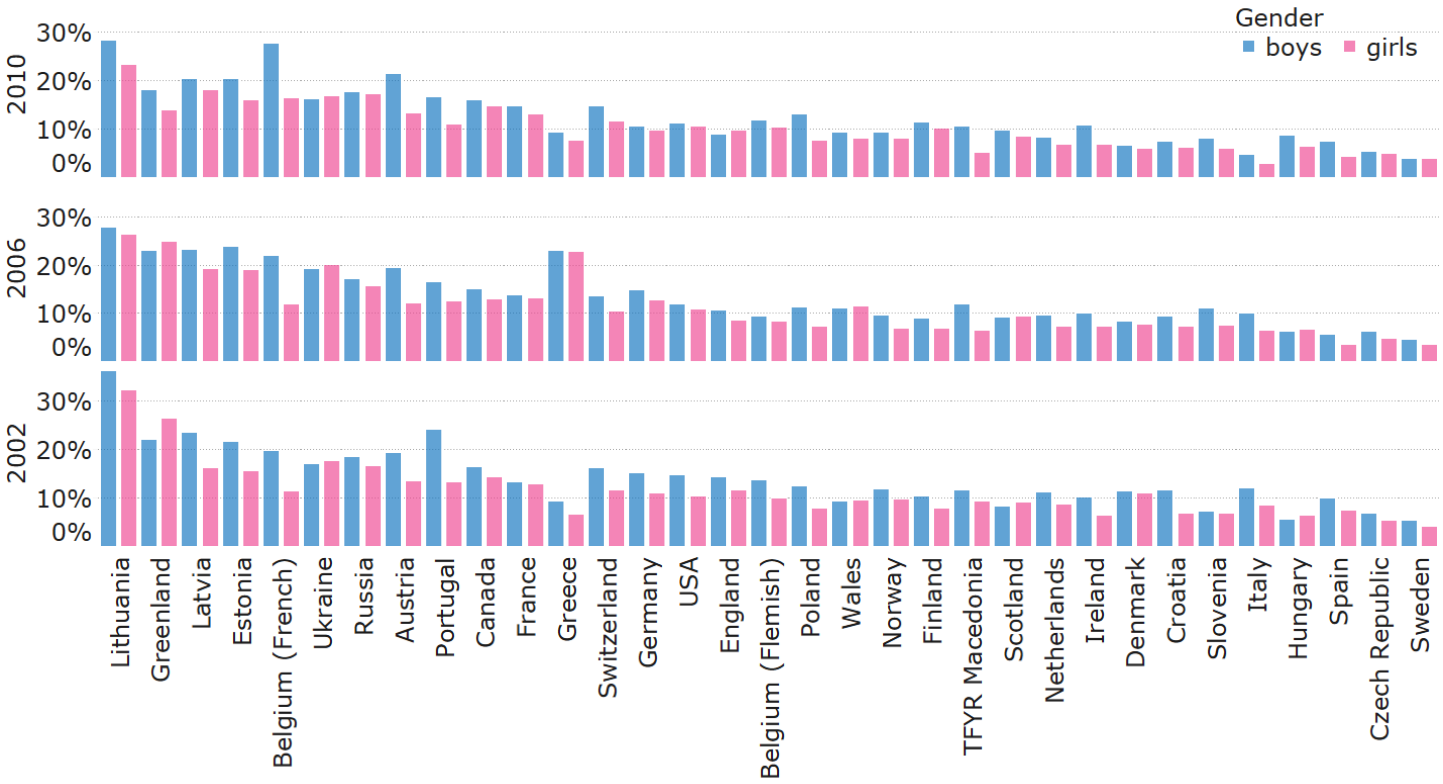
This fact sheet summarises the main findings from the paper published by Chester et al. Using HBSC data collected from 33 countries and regions in 2001/02, 2005/06 and 2009/10, the article aimed to investigate the time trends in bullying victimisation over an 8-year period. Bullying victimisation was assessed using the question 'How often have you been bullied at school in the past couple of months?'; with the response options 'I have not been bullied at school in the past couple of months', 'It has only happened once or twice', '2–3 times a month', 'About once a week' and 'Several times a week'. Binary outcomes were created based on the responses given to the question. This factsheet will focus on presenting the most important results for frequent victimisation ('2–3 times a month' and more). All the specific regression models were run separately for each country while controlling for age group and family affluence. Significant trends are highlighted (p<=0.05), line thickness reflects magnitude of change between 2002-10.

Figure 1. Decrease in prevalence of bullying victimisation



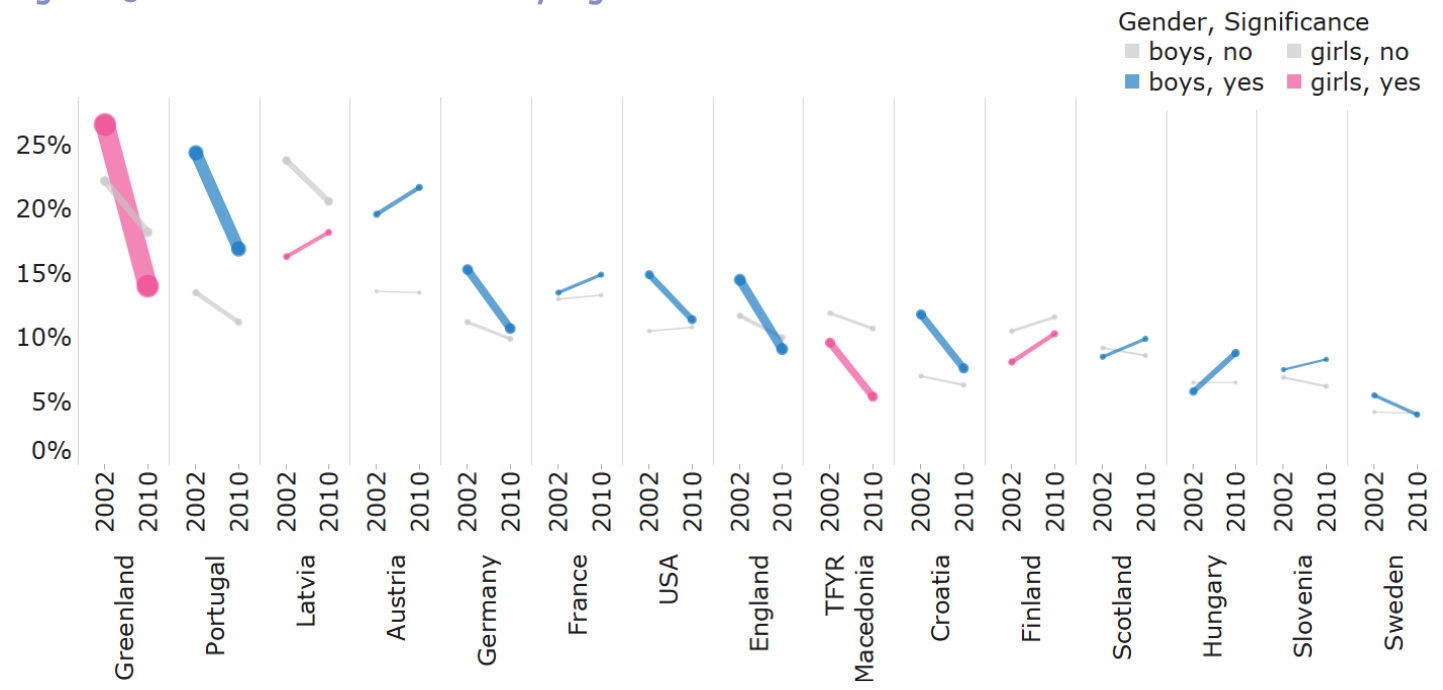
- From 2002-10 an overall decrease in bullying victimisation was observed in both genders in a majority of countries.
- Among boys, Italy (12%-5%) and Lithuania (36%-29%) saw the greatest declines from 2002-10. Among girls, Greenland (27%-14%) and Lithuania (32%-23%) saw the largest declines from 2002-10.

Figure 2. Prevalence of bullying victimisation by country



- Generally, across survey cycles, boys reported higher prevalences than girls for frequent bullying victimisation.
- The highest prevalences were recorded in Baltic countries (Lithuania, Latvia, Estonia) and Greenland.

Figure 3. Gender trends in bullying victimisation



- Inconsistent gender patterns for time trends were observed both within and between countries.
- An increase in prevalence for boys only was observed in Austria, France, Hungary, Scotland, and Slovenia. While an increase for girls only was recorded in Finland and Latvia.

Policy recommendations

Bullying is a serious problem that erodes health and wellbeing with long-term costs for victims and societies.

The prevalence of bullying victimisation is decreasing in many countries across Europe and North America. This may be due to continued reduction efforts, or changing attitudes and tolerance levels. Recent HBSC findings, however, reveal substantial variations across countries, with inconsistent country and gender trends. These results have important implications for policy development and evaluation.

Effective bullying prevention strategies will help governments to ensure safe and healthy learning conditions, while reducing expenditure on bullying-related injuries and ill health. Furthermore, they can reduce disrupted student achievement due to absenteeism, expenses in social welfare, and other long term productivity costs.

Recommendations for policy-makers and practitioners:

- Develop interventions which take a whole school approach; rather than focussing on victims and/or perpetrators. This involves working across disciplines and with the entire school community. Curriculum-based interventions or targeted social-skills groups are less effective and may sometimes worsen bullying and victimisation[14].
- Support teachers to work with students at the class level to develop rules against bullying. Role playing exercises can also teach young people about alternative methods of interaction.
- Develop a range of curricular measures to tackle bully/victim scenarios and empower young people through conflict resolution, peer counseling, and assertiveness training.
- Enhance the emotional and organisational environments of school by promoting sensitivity, mutual respect, and tolerance to diversity while prohibiting bullying.
- Promote cooperative learning environments which reduce social isolation and foster the development of supportive peer relationships.
- Create a culture where bullying incidents are reported to organisational leadership to ensure a consistent and organised response, including support for the victim, and counselling for the perpetrator.
- Support headteachers to develop parental awareness campaigns to increase understanding of the scope of the problem, highlight the importance of parental involvement for success, and encourage support for school goals.
- Ensure that materials, discussions, and activities are age and gender appropriate. It is important to take into account that bullying experiences differ between boys and girls and as children grow older.
- Provide increased adult supervision at key times such as breaks and after school[12]. Moreover, school teachers should be consistent with the application of firm discipline when dealing with bullying.
- Organise meetings and trainings with parents where they are familiarised with the nature of bullying, how to recognise, and deal with situations when their child had been involved in bullying[12].
- Ensure that the systems are in place so that referrals to appropriate health and supporting services can be made to alleviate the physical and emotional consequences of bullying.
- Design interventions that last longer than 6 months and target children aged 11 or older. These have been shown to be more effective in reducing bullying victimisation than shorter interventions which aren't age specific or focus on younger children[12].

Bullying is a public health problem that dramatically affects the ability of students to succeed academically and socially. Developing a strategic approach to bullying prevention and victim support which encompasses research, effective evidence-informed interventions, and comprehensive training is both a necessity and a moral responsibility.

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