

Bullying: an International Issue

Full Reference

Nansel, T. R., Craig, W., Overpeck, M. D., Saluja, G., Ruan, J., and the Health Behaviour in School-aged Children Bullying Analyses Working Group. (2004). Cross-national consistency in the relationship between bullying behaviors and psychosocial adjustment. *Archives of Pediatric and Adolescent Medicine*, 158, 730-736.

Key Words

Bullying, psychosocial functioning, international

Main Question

How is bullying related to health problems, emotional adjustment, school adjustment, relationship with classmates, alcohol use, and weapon carrying across 25 countries?

Background

Bullying is aggressive or intentionally harmful behaviour that is carried out repeatedly over time in an interpersonal relationship characterized by an imbalance of power. For both children who are victimized and children who are bullied, there are serious long-term effects. Some of the negative effects include poorer social, emotional, and physical health than those not involved in bullying. These problems are not temporary, but rather may continue into adolescence and adulthood. Past research clearly shows that bullying is a significant problem across many countries. However, researchers define bullying and measure bullying differently in different countries, consequently it is difficult to compare findings across countries.

Who Was Involved

This study included 113,200 students from 25 different countries. The average ages for the students were 11.5, 13.5, and 15.5 years. For each of the 25 countries, between 1648 and 6567 students filled out questionnaires about themselves. There were approximately equal numbers of boys and girls in the study. All students across the 25 countries were given the same definition of bullying and were asked how often they had been bullied or had bullied others during the current school term. Based on their responses, students were placed in one of four categories: 'non-involved', 'victim', 'bully', or 'bully and victim'. As well, weapon carrying was an optional question that was asked in six countries.



What We Found

On average, across countries, 11% of children fell in the 'victim' group, 10% fell in the 'bully' group, 6% fell in the bully and victim group, and the remaining 73% students were not involved in bullying. In other words, a quarter of students in a given school are directly involved in bullying. Involvement in bullying was consistently associated with problems. Children in the 'victim' group reported poorer emotional adjustment and relationships with their classmates than did children in the 'bully' group. On the other hand, children in the 'bully' group reported poorer school adjustment and more frequent alcohol use than children in the 'victim' group. Children in the 'bully/victim' group reported adjustment levels equal to or worse than both children who were bullies and children who were victimized across all areas of adjustment.

In five of the six countries that asked about weapon carrying, children in both the 'bully' group and the 'bully/victim' group were more likely to have carried a weapon in the past 30 days than children in either the 'victim' or 'non-involved' group. Children in the 'bully' group were 3 to 4 times more likely to report carrying a weapon than children in the 'non-involved' group. Children in the 'bully/victim' group were 2 to 8 times more likely to report carrying a weapon than children in the 'non-involved' group.

Overall, this study suggests that involvement in bullying is consistently related to poor functioning in school, with peers, and with regards to personal well-being. In other words, being the victim or perpetrator of abusive social relationships may have negative effects on children's physical, emotional, and social development. Bullying is not only a problem that influences individuals: it transcends peer groups, communities, and countries and as such is a significant international public health issue that warrants attention.

Implications

These findings suggest that the development and evaluation of programs designed to address bullying in schools are a priority. It is important to affect not only an individual's development, but also the development of the peer group and the academic context. This influence needs to happen through a comprehensive and systematic approach. Interventions need to target not only the individuals who are directly involved, but also the peers who may indirectly support the bullying. As well, interventions need to provide educators and parents with the tools to help their children. Finally, particular attention should be given to children characterized as 'bully/victims', who may be especially at risk for negative outcomes and may require a more intensive intervention.