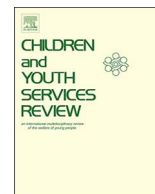




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Comparing children's experiences of schools-based bullying across countries

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ABSTRACT

We make use of a newly-available international data set from a survey of children aged 8 to 12 years old across 16 diverse countries to explore variations in rates of schools-based bullying of children and the associations between experiences of being bullied and child subjective well-being, both within and between countries. The analysis is consistent with previous international studies in showing very substantial variation in rates of bullying at the country level. There are also between-country variations in the rates of different types of bullying. In terms of individual variations, we find significant variations in the likelihood of being bullied according to age, gender and deprivation, although the influence of these factors varies by country. There was no apparent link at a country-level between rates of bullying and mean life satisfaction scores. On the other hand, in almost all countries, children who had been bullied had significantly lower subjective well-being than children who had not. However there were substantial differences in the strength of association across countries. We find some tentative evidence to suggest that being bullied may make a greater contribution to explaining variations in child subjective well-being in rich countries than in poor countries. The implications of the findings and directions for future research are discussed.

1. Background

In this article we present new analysis of data relating to children's experiences of being bullied (physically hit and socially excluded) by other children at school from Wave 2 of the Children's Worlds survey. This wave of the survey has so far been conducted with over 56,000 children aged around 8, 10 and 12 in a diverse set of 16 countries around the world. We present analysis of variations between countries in the prevalence of these experiences, the characteristics and factors associated with their prevalence, and associations with children's subjective well-being.

1.1. Defining bullying

Olweus (2013), one of the pioneers of research in this field, defines bullying as having three key characteristics – intentionality (that is the perpetrator(s) of the bullying intend or aim to inflict harm); some repetitiveness (in most cases an isolated incident would not be regarded as bullying); a power imbalance (this imbalance may stem from physical strength, numbers of people, popularity or status – as viewed by the person experiencing the bullying). Olweus stresses the importance of including the presence of a power imbalance in definitions and measures of bullying as otherwise there is a risk, for example, of including the initiators of physical aggression who may also be hurt as a result.

This definition is not exclusive to childhood bullying and can also be applied, for example, to work-placed bullying.

1.2. Research on the cross-national prevalence of bullying

There is a growing body of evidence on the cross-national prevalence of bullying including from two major international data sources. The World Health Organization's Global School-based Student Health Survey (GSHS) has gathered data from children aged 13 to 17 in over 90 low- and middle-income countries while the Health Behaviour in School-aged Children survey (HBSC) provides data from children aged 11 to 15 in over 40 high-income countries in Europe and North America. Both studies based their questions on Olweus's definitions.

Both these studies show that there are wide variations in bullying rates between countries. Two analyses of subsets of countries within the GSHS have found proportions of children being bullied in the last 30 days ranging from 7.8% in Tajikistan to 61% in Zambia (Fleming and Jacobsen (2010) using data gathered between 2003 and 2006 in 19 countries) and proportions of children experiencing at least three bullying incidents in the last 30 days ranging from less than 4% in Macedonia to around 34% in Ghana and Egypt ((Wilson et al. 2013a) using data from 15 countries in 2006–8). Similarly in relation to HBSC data, Currie et al. (2012) report rates of children aged 11 in the 2009/10 survey being bullied at school at least twice in the last couple of months

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ranging from 2% of girls and 5% of boys in Armenia to 27% of girls and 32% in Lithuania. There were also wide ranges in the 13- and 15-year-old age groups. Using a slightly different definition (the percentage bullied at least once). Klocke et al. (2015) report rates ranging from 14% in Sweden to 59% in Romania for the same survey pooled across genders and age groups.

As yet there is no clear explanation for these wide variations. Due et al. (2009) analysed HBSC data from 35 countries in 2001/2 and found that a country's wealth (GNI) did not explain between-country variations but that economic inequality (Gini coefficient) did. Elgar et al. (2009) also found a significant link between rates of school bullying and income inequality using HBSC 2005/6 data. Wilson et al. (2013a) analysis of 15 low- and middle-income countries did not find significant associations between four country-level variables (GDP, Gini coefficient, pupil-teacher ratio and intentional homicide rate) and bullying rates.

While many studies have focused on school-based bullying, there is also some evidence of the prevalence of sibling bullying and a growing body of research on cyberbullying. We do not review this evidence here as the focus of our analysis is on bullying experienced within school.

1.3. Research on characteristics and contextual factors associated with bullying

There are different gender patterns in prevalence of bullying for different forms of bullying and across different countries. In the HBSC study (Currie et al., 2012) boys tended to report higher levels of bullying than girls in most countries but the differences were only statistically significant in some. Similarly, in Fleming and Jacobsen's (2010) analysis of 19 GSHS countries the mean bullying rate was higher among boys than girls and this gender pattern was statistically significant in around half the countries. Wilson et al. (2013a) also report higher overall rates of bullying among boys than girls.

There is relatively consistent evidence of decreases in bullying rates with age – Currie et al., (2010); Due et al. (2009) and Fleming and Jacobsen (2010) all finding statistically significant age-related declines, although age was not statistically significant in Wilson et al.'s (2013a) analysis.

There is also fairly consistent evidence across these studies of a socio-economic gradient with poorer children being more likely to experience being bullied, although a meta-analysis of this relationship concluded that the relationship was relatively weak (Tippett and Wolke, 2014).

A range of other correlates of bullying at the individual level have been found. One important factor is the increased risk of children in minority groups including children with disabilities; lesbian, gay, bisexual and transgender youth; children who are obese; children with emotional and behavioural problems (Juvonen and Graham, 2014).

1.4. Research on the potential impacts of bullying

There is an extensive literature on the association between experiences of being bullied and a range of indicators of child well-being. It should be noted that children who both experience and perpetrate bullying tend to be at increased risk compared to those who only fall into one category. However we do not discuss that distinction further here as our own analysis only relates to children's experiences of being bullied.

One area of focus in relation to the impacts of bullying has been the development of mental health problems. Arseneault et al. (2010) reviewed a range of research showing that children who are bullied are at elevated risk of internalizing problems – social isolation, depression, anxiety, self-harm, suicidal ideations and suicide attempts – and externalizing problems such as violent behaviour, carrying a weapon and bullying others. These findings extend across a range of countries – for example Owusu et al. (2011) found an association between being

bullied and poorer psychological health in Ghana; and Wilson et al. (2013b) report an association between being bullied and depression in Tanzania.

There is also a range of evidence linking being bullied with increased likelihood of other negative outcomes. Carlerby et al. (2013) found that, in a large survey sample in Sweden, children aged 11 to 15 who had been recently bullied had an increased probability of subjective health complaints. A meta-analysis by Gini and Pozzoli (2013) found that children who were bullied had increased risk of psychosomatic problems. Ortega et al. (2012) found an association among European adolescents between being bullied and negative emotions.

In terms of the associations between experiences of being bullied and child subjective well-being, a number of single-country studies have found significant associations between experiences of being bullied and lower life satisfaction – for example Kerr et al. (2011) in the US; Tiliouine (2015) in Algeria and You et al. (2015) in Korea. Lee and Yoo (2015) used data from the pilot wave of the Children's Worlds survey to analyse family, school and community correlates of children's subjective well-being and found that experiences of being bullied made a significant contribution to explain variation in individual children's subjective well-being across a pooled sample of 11 countries, when considered alongside a range of other factors. Klocke et al. (2014) found evidence of varying effects of bullying on subjective well-being across countries using HBSC data.

Most of the above evidence is based on cross-sectional data. There is also a growing interest in, and recognition of, the potential long-term detrimental impacts of being bullied in childhood. Ttofi et al. (2011) and Farrington et al. (2012) undertook systematic evidence reviews and concluded that experiences of being bullied in childhood are a predictive factor for depression later in life, taking into account other childhood risk factors of depression. Recent research has generally strengthened and extended these conclusions from reviews of earlier research. Wolke et al. (2013) found that, in a longitudinal study in the US, adults who had been bullied as children had increased likelihood of poor health, economic and relationships outcomes, controlling for a range of other factors. They concluded that: *Being bullied is not a harmless rite of passage but throws a long shadow over affected people's lives*. A similar conclusion was reached in an analysis of a UK longitudinal study (Takizawa et al., 2014). Takizawa et al. (2015) and Hager and Leadbetter (2010) also found evidence of associations between experiences of childhood bullying and adult health problems. Lereya et al. (2015) found similar associations with poorer adult mental health and Klomek et al. (2015) with depression and anxiety during adulthood; although in one study, Boden, Stockum, Horwood, and Fergusson (2016) found that bullying victimization in childhood was unlikely to be a cause of adult psychotic symptoms. In summary there is now considerable evidence from a range of studies (reviewed in Wolke et al., 2015; McDougall & Vaillancourt, 2015) of the negative impact of experiencing bullying as a child on outcomes in later life and of a dose effect of bullying – i.e. more frequent and more severe experiences are associated with worse outcomes. Two of the above studies have estimated the long-term impact of being bullied as a child as greater than childhood maltreatment by parents (Lereya et al., 2015) and similar to that of being placed in public care (Takizawa, et al., 2014).

1.5. Research questions

Although there is a vast body of research on childhood bullying, there has been relatively little attention to the connections between being bullied and subjective well-being, particularly in international comparative research. The analysis we present in this paper using data from Wave 2 of the Children's Worlds study builds on and extends the analysis by Klocke et al. (2014) and Lee and Yoo (2015) in two key ways. First, the data set we use includes a more diverse set of countries and a younger age group than the HBSC survey of high-income countries used by Klocke et al.; and at the same time contains a larger

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