



# HBSC Briefing Paper 10

September 2004



HBSC is the Health Behaviour in School-Aged Children: WHO Collaborative Cross-National Study

## Bullying: Health, Well-being and Risk Behaviours

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### Introduction

In recent years, increasing attention has been paid to bullying, particularly in the context of school. This has led to the development and expansion of anti-bullying programmes, coping and intervention strategies designed to safeguard and protect the victim and, as a result of expanding school involvement, a move towards widespread zero tolerance of bullying behaviours.

Some facts about bullies are well established. Bullies take advantage of a real or perceived imbalance of power between themselves and the victim. A bully, whether a boy or a girl, often chooses a victim who is smaller, younger or thought not to be as strong, either physically or psychologically. Bullying can involve psychological or verbal abuse or physical actions. These may be the actions of a lone bully or a group may bully an individual. Bullying often involves a repetitive type of behaviour. In these ways, bullying is distinct from teasing.<sup>1</sup>

Furthermore, bullies often have more than one victim and a victim may be targeted by more than one bully. The immediate effects of victimisation can include physical harm, anxiety and lowered self-esteem.<sup>1</sup> Moreover, there is evidence which suggests that victimisation during school years has lasting and measurable effects in adulthood, including reports of higher levels of loneliness, emotional distress and greater difficulty forming adult relationships.<sup>2-5</sup>

It is important to understand the behaviour of those who bully others. In the absence of a bully there can be no victim. Thus, this Briefing Paper and its companion paper (*Briefing Paper 9*) focus primarily on pupils who reported that they bullied others; pupils whom for purposes of brevity are termed 'bullies'. Estimates of prevalence, by gender, both nationally and cross-nationally have been reported previously.<sup>6,7</sup>

Briefing Papers 9 and 10 take complementary approaches to describing bullies. Briefing Paper 9 focuses on pupils' perceptions of school, teachers and peers, rates of truancy and perceptions of parental monitoring. Here we focus on physical and mental well-being as well as risk-related behaviours.

### Main Findings

#### General Health

- ~ Among girls 63.2% of bullies reported good or excellent health as compared to 80.8% who reported themselves to be Neither Bully nor Victim (NBV).
- ~ Among boys, 80.2% of bullies reported good or excellent health as compared to 85.9% of NBVs.

#### Mental Well-being

- ~ Among girls, 46.5% of bullies vs. 30.0% of NBVs reported experiencing psychological complaints at least more than once a week.
- ~ Among boys, 49.1% of bullies vs. 57.5% of NBVs reported themselves to be very happy.

#### Weekly smoking

- ~ For girls, 9.7% of NBVs reported smoking weekly as compared to 25.1% of bullies. This compares with 7% of male NBVs vs. 10.1% of their bully peers.

#### Drunkenness

- ~ 43.9% of female bullies reported being drunk on two or more occasions as compared to 25.3% of their NBV peers. For boys, rates were 38.0% among bullies vs. 24.2% among NBV peers.

#### Cannabis Use

- ~ For all pupils, boys and girls, cannabis use during the last year was reported most frequently by bullies.

### Details of the 2002 Survey

In 2001/2, the Health Behaviour in School-Aged Children (HBSC): WHO Collaborative Cross-National Study was conducted in 35 countries. National samples of 11, 13 and 15 year olds were drawn in accordance with the Study protocol. In the main, fieldwork took place between the autumn of 2001 and the spring of 2002.

Approximately 1,500 respondents in each age group were targeted in every country. Pupils who were absent on the day of the survey were not followed up.<sup>8,9</sup>

**Statistics** When the difference between two percentages is significant, asterisks are used in the text to denote the level of statistical significance as follows: \*  $p < 0.05$  significant difference \*\*  $p < 0.01$  highly significant difference \*\*\*  $p < 0.001$  very highly significant difference.

Data were collected by self-administered questionnaire. On completion of fieldwork, national data files were prepared using standard documentation and submitted to the HBSC International Data Bank at the University of Bergen, Norway. Data files were checked, cleaned and returned to countries for approval prior to their placement in the international file. Further details can be found in *Young People's Health in Context*.<sup>9</sup>

The sample in Scotland was nationally representative, drawn from mixed ability classes of both state and independent schools and yielded responses from 4,404 young people in Primary 7 (1,743 eleven year olds), Secondary 2 (1,512 thirteen year olds) and Secondary 4 (1,149 fifteen year olds).<sup>8,9</sup>

**Definitions**

Prior to asking questions concerned with bullying and victimisation (being bullied) pupils were presented with definitions to clarify conceptual issues.

*We say a pupil is BEING BULLIED when another pupil, or a group of pupils, say or do nasty and unpleasant things to him or her. It is also bullying when a pupil is teased repeatedly in a way he or she does not like, or when they are deliberately left out of things.*

*It is NOT BULLYING when two pupils of about the same strength or power argue or fight. It is also not bullying when the teasing is done in a friendly and playful way.*

Pupils were then asked: *How often have you been bullied at school in the past couple of months?* and *How often have you taken part in bullying another pupil(s) at school in the past couple of months?*

Four of the five response categories were constant: *Several times a week; About once a week; 2 or 3 times a month* and *It has only happened once or twice*. The final response category was: *I haven't been bullied at school in the past couple of months* or *I haven't bullied another pupil(s) at school in the past couple of months*. From these response categories, the following categorisations were made:

- Neither bully nor victim (NBV) Pupils responded negatively to both items.
- Bully (B) Pupils reported bullying others and not being bullied themselves.
- Victim (V) Pupils reported being bullied and not bullying others.
- Bully/Victim (B/V) Pupils responded positively to both items.

These categories differ from those used in the HBSC International Report<sup>9</sup> and Briefing Papers 5<sup>7</sup> and 8<sup>6</sup> in two respects.

In this Briefing Paper pupils are classed into *only one* category and all data for *the past couple of months* have been utilised.

Furthermore, this Briefing Paper focuses on differences between bullies and NBVs. Thus all positive reports, including *It has only happened once or twice [in the past couple of months at school]* have been used to contrast those pupils who reported engaging in bullying with the large majority of pupils who did not report bullying.<sup>6,9</sup>

Irrespective of these definitional differences, it is clear that both in Scotland and cross-nationally, by far the largest group of pupils is NBVs, regardless of age and gender. In Scotland, the second largest group are the targets of bullying behaviours, the victims.

Should results from bullies be compared with results from victims? This is a difficult area as we do not know for certain that a victim's reported attitudes and behaviours are independent of the victimisation that they suffer. Do they hold a particular view because they have been victimised or did they hold this view prior to being victimised? Similarly, the group of pupils who identified themselves as bully/victims may share characteristics of two distinct groups, bullies and victims. For these reasons, many of the comparisons focus on bullies and those who reported being neither bullied nor victimised.

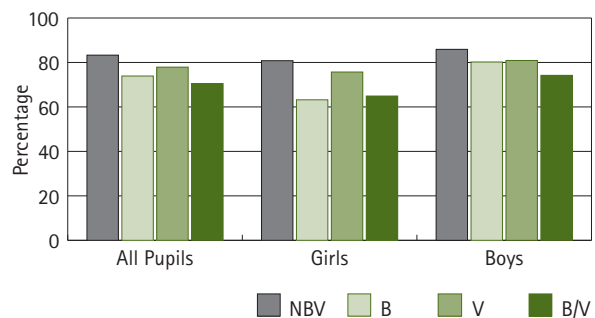
**General Health**

In many parts of the world, subjective health assessments can, and often do, have measurable behavioural correlates.<sup>9-11</sup>

Self-reported general health status was measured using the commonly used question: *Would you say your health is...?* Response categories were: *Excellent; Good; Fair; or Poor* and were recoded into two categories, namely fair or poor and good or excellent.

General health varied both by age and gender and prevalence rates are reported elsewhere.<sup>9</sup> Perceptions by bully-victim status are shown in Figure 1.

**Figure 1.** Perceptions of good or excellent general health



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Significantly larger proportions of NBVs report their health to be good or excellent as compared to bullies, for all pupils (\*\*\*) , girls (\*\*\*) and boys (\*\*) as can be seen in Figure 1.

**Statistics** When the difference between two percentages is significant, asterisks are used in the text to denote the level of statistical significance as follows: \* p < 0.05 significant difference \*\* p < 0.01 highly significant difference \*\*\* p < 0.001 very highly significant difference.

For girls, the difference between NBVs and bullies reporting good or excellent health was 17.6% (80.8% and 63.2% respectively (\*\*\*)). For boys, 85.9% of NBVs reported their health to be good or excellent as compared to 80.2% of bullies (\*\*).

It is noteworthy that in general more girls than boys report their health to be fair or poor.<sup>10</sup> This is also common among adults. What these data also show is that the self-perceived health status of girls who engage in bullying is poorer than their NBV female peers. Bullies were found to report good health less frequently than NBVs.

### Mental Well-Being

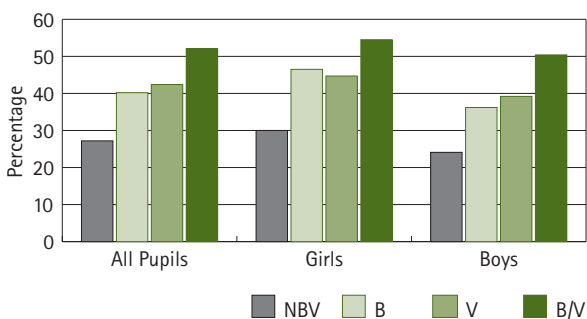
The World Health Organisation (WHO) defines health as a state of physical, mental and social well-being. Among children and adolescents, those with mental health difficulties are also more likely to report poorer physical health.<sup>9-11</sup> Not only is the absence of distress an important factor in mental well being, so is the presence of a positive state of well-being.

Two aspects of mental well-being are reported here. One is a measure of psychological complaints associated with negative well-being and the other, happiness, represents positive mental well-being.

Three complaints, irritability or bad temper, feeling nervous and feeling dizzy have been shown, collectively and individually, to provide meaningful information about the mental well-being of young people.<sup>9-11</sup> Pupils were asked, *In the last 6 months: how often have you had the following?* Response categories were: *Rarely or Never; About every Month; About every week; More than once a week and About every day.*<sup>9</sup> Composite scores were produced for each pupil. These represent reports of experiencing *each* of these complaints *more than once a week or about every day* (Figure 2).

Feeling dizzy, nervous, irritable or bad tempered was reported least frequently by NBVs as compared to their peers (\*\*\*) (Figure 2).

Figure 2. Reports of psychological complaints more than once a week or about every day.



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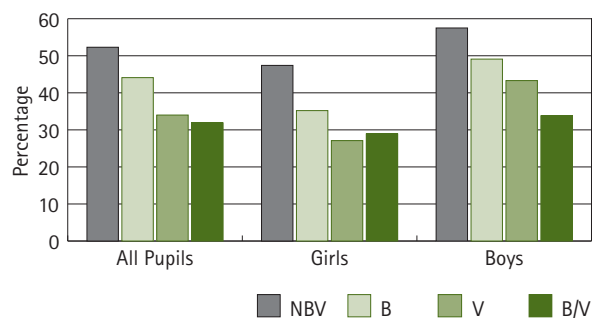
When bullies are compared with NBVs, there are marked differences in reporting tendencies. Among girls, 46.5% of bullies vs. 30.0% of NBVs reported psychological complaints more than once a week (\*\*\*) . These rates are slightly higher than those reported by

boys; where 36.2% of bullies reported experiencing these complaints as compared to 24.1% of NBVs (\*\*\*) .

Previously, bullies were seen to have reported positive general health less frequently than their NBV peers. Here we see a markedly poorer response from bullies, victims and B/Vs as compared with NBVs. It is not surprising that psychological complaints were reported more frequently by victims as compared to their NBV peers; indeed, they reported in a similar manner to bullies. What is most striking however is that B/Vs, those pupils who are the objects of bullying and bully others, reported the poorest psychological health. Any intervention which reduced the prevalence of bullying can potentially have a pronounced effect upon the well-being of many pupils.

A subjective assessment of happiness is a recognised marker of positive mental well-being<sup>12-14</sup> and was measured by asking young people, *In general, how do you feel about your life at present?* Responses were: *I feel very happy; I feel quite happy; I don't feel very happy and I'm not happy at all.*<sup>9</sup> Responses were recoded to represent those who were very happy, those who were quite happy and those who were not happy. Pupils who reported themselves to be very happy are shown in Figure 3.

Figure 3. Reports of feeling very happy.



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Consistent with the other data on physical and mental well-being already presented, NBVs reported feeling very happy more frequently than their peers. That more bullies report themselves to be very happy as compared to victims is perhaps not surprising but nonetheless intriguing.

It can also be seen that for girls the disparity between NBVs (47.4%) and bullies (35.2%) is larger (\*\*\*) than for boys (57.5% NBVs vs. 49.1% bullies) (\*\*). Thus far, bullies (as well as other groups) have reported a consistent and clear profile of their general health and their mental well-being.

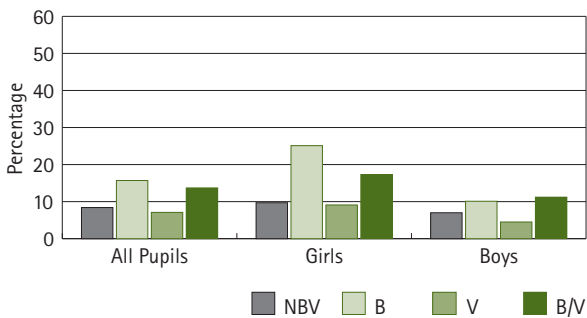
### Smoking

Attitudes and behaviour of family and peers, as well as personal beliefs, can affect a young person's decision to start smoking. For some young people, smoking is an important part of image

presentation and contributes to peer group affiliation. For many, smoking will become a life long habit.

Young people were asked: *How often do you smoke tobacco at present?* Response categories were: *I don't smoke; Every day; At least once a week, but not every day; Less than once a week.*<sup>9</sup> Pupils who reported smoking at least once a week are shown in Figure 4.

Figure 4. Reports of weekly smoking.



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Reported NBV rates for weekly smoking are low and exceeded only by bullies and B/Vs. For girls, 9.7% of NBVs reported smoking weekly as compared to 25.1% of bullies. This represents a significant difference between these groups of about 15% (\*\*\*)

We know that smoking rates for boys in Scotland are lower than those for girls.<sup>15</sup> Nonetheless, the same pattern of reporting is seen: 7% of male NBVs reported smoking weekly as compared to 10.1% of their bully peers.

### Drunkenness

In the HBSC study, a number of questions are used to measure alcohol use. Self-reported drunkenness provides a measure of excessive use. It has also been used as a measure of poor adjustment to school.<sup>16</sup>

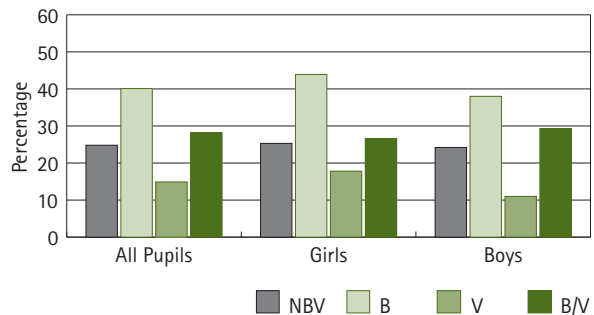
Young people were asked; *Have you ever had so much alcohol that you were really drunk?* Response categories were: *No, never; Yes, once; Yes, 2-3 times; Yes, 4-10 times; Yes, more than 10 times.*<sup>9</sup> Reports of drunkenness on two or more occasions are shown in Figure 5.

Rates of drunkenness on two or more occasions among NBVs were 25.3% among girls and 24.2% among boys, reflecting the increasingly similar gender patterns of alcohol consumption reported elsewhere.<sup>15</sup>

Among bullies however, reported rates of drunkenness are almost 20% higher among girls (43.9%). For male bullies, 38.0% reported being drunk on two or more occasions. These are notable differences between NBVs and bullies both for boys (\*\*\*) and girls (\*\*\*)

The data represented in Figure 5 represent 11, 13 and 15 year olds combined. As one might expect, reports of drunkenness

Figure 5. Reports of drunkenness on two or more occasions.



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increase markedly with age. Among 15 year olds, 68.6% of female bullies reported being drunk on at least two or more occasions as compared with 50.3% of their NBV peers (\*\*\*)

Among boys, 68.9% of bullies reported being drunk on at least two or more occasions as compared with 49.8% of their NBV peers (\*\*\*)

These differences are consistent with the differences observed for the entire sample.

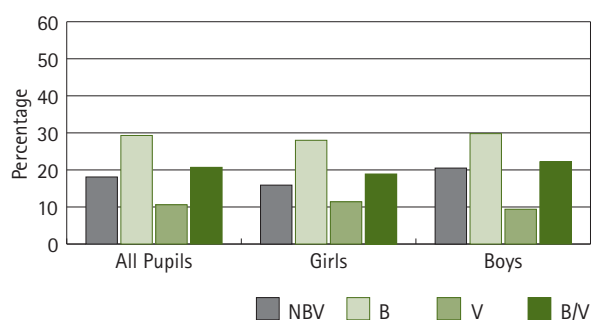
### Cannabis

Although illegal in the majority of HBSC countries, cannabis is reported to be the most widely used substance after alcohol and tobacco.<sup>17</sup>

Data are presented for 13 and 15 year olds only. Use was estimated using two questions, namely: *Have you ever taken cannabis in your life? Have you ever taken cannabis in the last 12 months?* Response categories for both questions were: *Never; Once or twice; 3 to 5 times; 6 to 9 times; 10 to 19 times; 20 to 39 times; More than 39 times.*<sup>9</sup>

Positive responses to both questions were required. Rates of reported cannabis use three or more times in the last year are shown in Figure 6, thereby discounting those adolescents who tried cannabis only once.

Figure 6. Reports of cannabis use three or more times within the last year among 13 and 15 year olds.



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Use of cannabis three or more times during the last year was reported most frequently by bullies. Bully/victims reported slightly lower rates, but higher than their NBV peers and victims reported least frequent use.

Among girls, 16.2% of bullies reported using cannabis in the last year as compared to 9.0% of their NBV peers (\*\*). Among boys; 16.7% of bullies reported using cannabis as compared to 12.7% of NBVS.

## Discussion

For each measure of health and well being and each of the risk behaviours many but not all bullies reported poorer health and a greater propensity to engage in risk-related behaviour.

A number of papers have commented on the bravado of bullies, their need to impress others and maintain a certain outward appearance or image. One might expect therefore that bullies would be more likely to report more smoking, drunkenness and cannabis use, as was the case here. However, it is not in keeping with this theory of image making that bullies also report poorer psychological well-being and general health. Should the bravado theory be a sound one, we would expect just the reverse to have been the case.

One of the limitations of the comparisons presented is that response categories cover differing time spans, from open-ended periods to weeks and the last year. It is important to note that reports of poor health and risky behaviour have been reported by less than 50% of those who describe themselves as bullies. This suggests that bullies do not form a homogeneous group and like other groups, members engage in an array of behaviours.

As the HBSC survey in Scotland is cross-sectional, and by definition data are collected only at one point in time, it is impossible to follow behaviours, to track their emergence in a young person's life or to examine the factors that influence them over time. Only a longitudinal study can determine whether the poorer health status of, for example, victims is a consequence of being bullied or if their health status predated the onset of being bullied and therefore made them more likely to be picked upon.

Targeted resources, such as those developed for health promoting schools<sup>19</sup> or the Anti-Bullying Network,<sup>20</sup> are more likely to be successful in meeting the needs of victims and reducing the prevalence of bullying when materials encompass the many issues of mental well being and risk-related behaviours associated with bullying.

## Acknowledgements

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Acknowledgement is made to all members of the international HBSC research network who prepared the HBSC protocol, collected national data and the support of the WHO Regional Office for Europe.

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## HBSC publications and HBSC information

Further information on the international report from the 2001/02 survey can be obtained from the International Study website, [www.hbsc.org](http://www.hbsc.org). The International Coordinating Centre of the HBSC Study is the Child and Adolescent Health Research Unit (CAHRU), The University of Edinburgh ([www.education.ed.ac.uk/cahru/projects/hbsc](http://www.education.ed.ac.uk/cahru/projects/hbsc)).

## Briefing Papers from this survey include

Alexander LM, Currie C, Mellor A (2004). *HBSC Briefing Paper 9: Social Context of Bullying Behaviours.*

Todd J et al. (2004). *HBSC Briefing Paper 8: bullying and fighting among schoolchildren in Scotland: age and gender patterns, trends and cross-national comparisons.*

Alexander LM et al. (2004). *HBSC Briefing Paper 7: How are Scotland's young people doing? A cross-national perspective on physical activity, TV viewing, eating habits, body image and oral hygiene.*

Alexander LM et al. (2004). *HBSC Briefing Paper 6: How are Scotland's young people doing? A cross-national perspective on health-related risk.*

Alexander LM et al. (2004). *HBSC Briefing Paper 5: How are Scotland's young people doing? A cross-national perspective on physical and emotional well-being.*

Alexander LM, Currie C (2004). *HBSC Briefing Paper 4. Mental-health and well-being in the context of school: Young people in Scotland.*

Alexander LM, Currie C, Todd J (2003). *HBSC Briefing Paper 3. Gender Matters: Physical activity patterns of schoolchildren in Scotland.*

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- Scottish Health Promoting Schools Unit: www.healthpromotingschools.co.uk
- Anti-Bullying Network: www.antibullying.net

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