



World Health  
Organization

REGIONAL OFFICE FOR Europe

FACT SHEET, 15 March 2016

## BULLYING AND PHYSICAL FIGHTS AMONG ADOLESCENTS

This fact sheet presents highlights from the international report of the 2013/2014 **Health Behaviour in School-aged Children (HBSC)** survey. HBSC, a WHO collaborative cross-national study, asks boys and girls aged 11, 13 and 15 years about their health and well-being, social environments and health behaviours every four years. The 2013/2014 survey was conducted in 42 countries and regions across the WHO European Region and North America.

### BACKGROUND

Violence among schoolchildren, in the form of bullying and physical fighting, is a topic of great concern for parents, school staff, researchers and policy-makers. These behaviours are highly prevalent among young people and carry short- and long-term negative consequences for their development.

Physical fighting is the most visible form of violent behaviour among young people and is associated with intentional injury and risk-taking behaviours. Young people involved in physical fighting are more likely to experience lower life satisfaction, lower psychological well-being, and poorer family and peer relationships.

The evidence that school bullying affects children's health and well-being is compelling, with the impacts lasting long into adulthood. Children who are bullied are more likely to experience a range of problems, such as:

- depression and anxiety, which can lead to suicide in extreme cases
- socially withdrawn behaviour
- school difficulties (poor attendance, underachievement and dropout)
- substance use
- being a perpetrator or victim of violence later in the life-course.

The effects are acute but may in some cases persist into later adolescence and adulthood. Recent studies suggest that victims of school bullying are at increased risk not only of having poor health, but also living with lower socioeconomic status and having difficulties making and keeping friends in adulthood, even after controlling for family hardship and childhood psychiatric disorders.

Physical fighting and bullying can be related to other risk behaviours, such as smoking, excessive drinking and weapon-carrying, that endanger adolescent development. They are also associated with feeling disconnected from parents and teachers.

Access to the Internet and social media has changed the way young people

### KEY FACTS AND FIGURES

#### Age differences

The prevalence of being bullied decreases with age, while bullying others increases. Physical fighting declines with age among boys.

#### Cross-national and gender differences

Levels of bullying perpetration and victimization vary substantially between countries and regions, ranging from 3% to over 20% in some.

Cyberbullying is less prevalent than traditional forms of bullying

#### Family affluence

Being bullied is more prevalent among adolescents from less-affluent families, but no clear association is found between family affluence and bullying others or rates of fighting.

#### Difference between 2010 and 2014

Rates of fighting across all age groups have reduced slightly since the previous HBSC survey in 2009/2010.

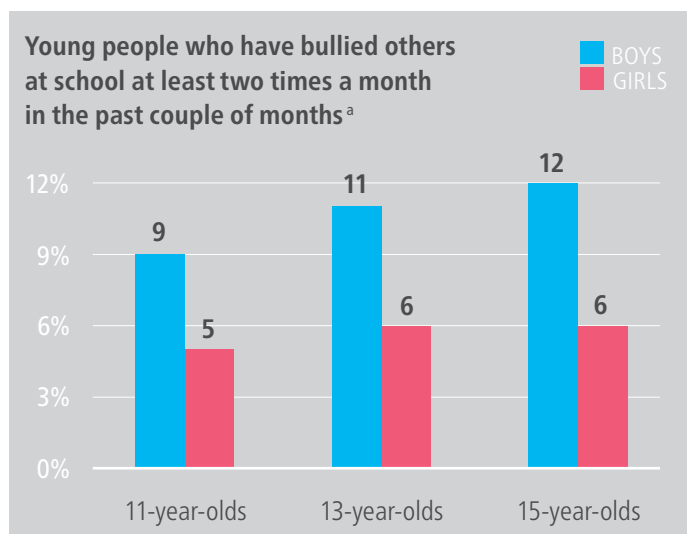


interact with each other. While this offers a wide range of benefits, it also presents the context for cyberbullying, with negative outcomes including anxiety, depression and even suicide in extreme cases, substance abuse, dropping out of school and poor school performance.

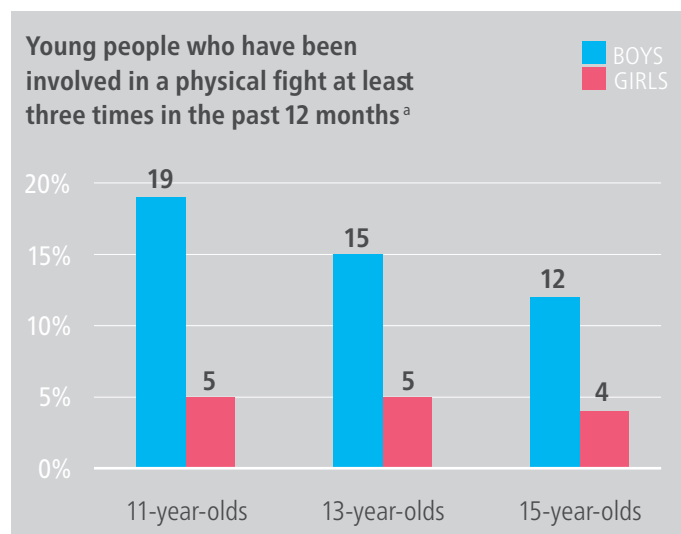
### Age differences

The prevalence of being bullied decreases with age, peaking for boys at 11 (14%) and dropping to the lowest levels at 15 (9%). Levels for girls are constant at ages 11 and 13 (11%) and drop by age 15 (8%).

In contrast, bullying others increases with age, most notably among boys.



<sup>a</sup> Average across all countries in the HBSC report



<sup>a</sup> Average across all countries in the HBSC report

Physical fighting declines with age among boys, but age-related patterns are less clear for girls. This may be due to young people developing the cognitive, emotional, behavioural and verbal resources to cope with frustrations and conflicts in a more constructive and less physical manner as they grow older.

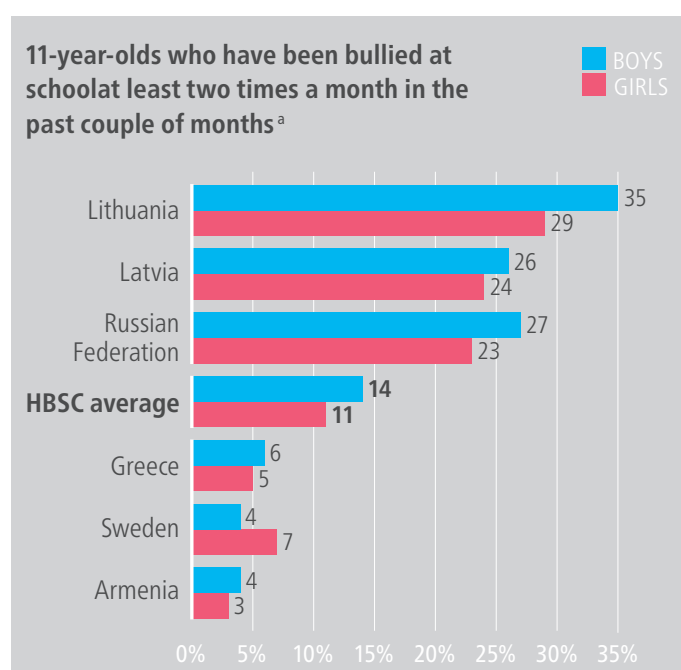
### Cross-national and gender differences

Cross-national variations in levels of bullying perpetration and victimization among young people are large, ranging from 3% in some countries and regions to as high as 20% or more in others.

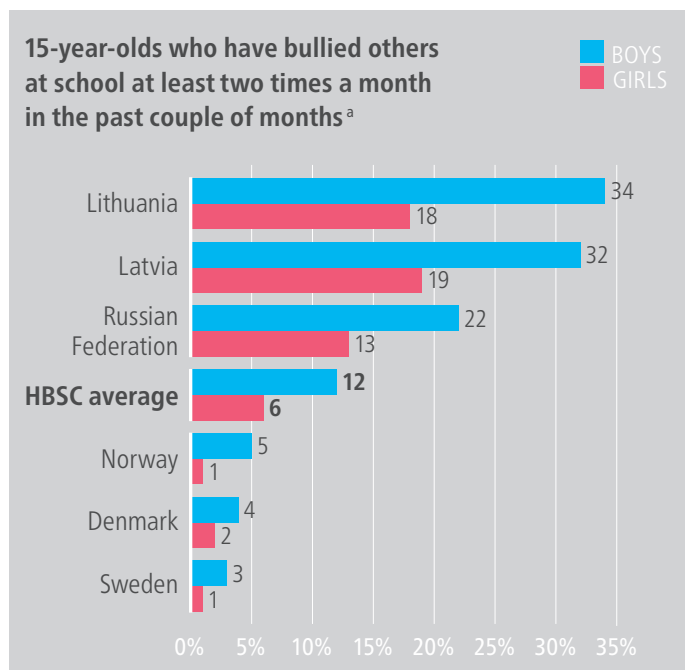
Boys generally experience more bullying but the gender difference is small in most countries and decreases with age. Bullying others is more common among boys in all countries and regions at most ages.

Cyberbullying is less prevalent than traditional forms of bullying, with rates ranging from 1% to 12%. While some gender differences exist, there is no clear pattern for cyberbullying across countries and regions.

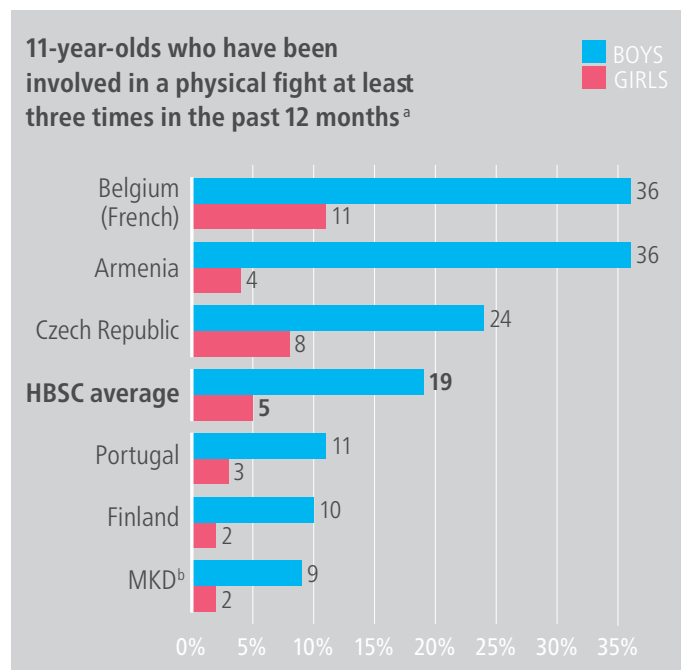
Cross-national variation for rates of physical fighting is wide, especially among boys, who are more likely to be involved in fights at all ages and in all countries and regions, except Malta (for 13-year-olds only).



<sup>a</sup> Top and bottom 3, and average across all countries in the HBSC report



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<sup>b</sup> The former Yugoslav Republic of Macedonia.

## Family affluence

Being bullied is more prevalent among adolescents from less-affluent families, but no clear association is found between family affluence and bullying others.

Rates of fighting vary according to family affluence in only a small number of countries and regions, with no consistent pattern emerging for boys or girls. The largest difference is among boys in Armenia and the Russian Federation, where higher levels of fighting are associated with higher family affluence.

## Difference from the previous HBSC survey

Rates of fighting across all age groups have reduced slightly since the previous HBSC survey in 2009/2010.

While no change is seen in the prevalence of being bullied, there is a small reduction in bullying others at ages 13 and 15.

## HOW CAN POLICY HELP?

*Investing in children: the European child and adolescent health strategy 2015–2020 and the European child maltreatment prevention action plan for 2015–2020* have been endorsed unanimously by the 53 Member States of the WHO Region. They reflect the importance of a violence-free childhood as an essential determinant of healthy child development.

Violence in childhood is associated with both an increased likelihood of health-harming behaviours that can affect health and social development throughout the life-course and the intergenerational transmission of violence. Global and European policies call on governments to implement evidence-based prevention programmes, such as those that promote positive parenting, non-violent discipline in all settings, anti-bullying programmes in schools, life-skills training and restricting access to alcohol and weapons.

The child and adolescent health strategy highlights that investment in safe and nurturing relationships, welfare support and supportive environments for children is cost-effective and can prevent maltreatment and violence. Programmes such as these, alongside broader government policies, are needed to develop nurturing and safe environments in the home and community to reduce the inequity that arises from violence

Further information

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Health Behaviour in  
School-aged Children study  
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