

Editorial

Bullying: We Need to Increase Our Efforts and Broaden Our Focus

Forty years or so ago, Olweus initiated the world's first systematic research on bullying. He defines bullying as a situation in which "a person is bullied when he or she is exposed, repeatedly and over time, to negative actions on the part of one or more other persons, and he or she has difficulty defending himself or herself" [1]. According to MEDLINE, between 1991 and 1993, only eight articles were devoted to bullying, whereas in 2008 alone, around 80 such articles were published. For many years, research and interventions on bullying were mainly restricted to Europe, especially Scandinavia. It is only recently that this public health issue has aroused worldwide interest because of the fact that educators, physicians, and health scientists have realized the potential negative impact bullying has on the physical and emotional development of pupils [2,3]. Bullied pupils achieve less in school and have more somatic complaints and functional disorders. Moreover, bullying can lead to depression and represents a risk factor for suicide [4]. This issue of the *Journal* brings together four articles that shed further light on the phenomenon and raise interesting issues from both conceptual and preventive perspectives.

Whether verbal or physical, bullying is distinguished from other forms of aggression and violence by the fact that it is repeated over time and involves an imbalance between the victim and the perpetrator. However, the boundaries are not always easy to define. For instance, when does mere teasing end and bullying begin? Are harassment, victimization, and abuse similar to bullying? In an article published last year, Sawyer et al. [5] pointed to the fact that, as most research conducted in this field is based on self-report, the reliability and validity of the results are open to question. This is not only because of phenomena such as social desirability or underreporting linked to victims' fears of disclosing their situation. Results are also affected by the definition used and how the wording of the questions is interpreted in different cultural and contextual settings. In their article, Sawyer et al. were able to show that the percentages of those reporting being bullied differ according to how bullying is defined (one question versus a set of specific questions). In addition, the numbers reporting bullying varied according to ethnicity,

with minority youths tending to report bullying less frequently when responding to a single item question, but more frequently when bullying was defined more broadly with several specific items. This reflected cultural differences in the way bullying was experienced or in the adolescents' willingness to report it [5].

When it comes to international comparisons, the difficulty increases further, with differences in language and terminology adding to the confusion about the meaning of the concept. In a puzzling article published some years ago on this issue and focusing on the definition of the concept in 14 different countries (i.e., 14 languages), Smith et al. [6] point to the fact that the conceptual structure of terms used in different languages may influence self-report. They also insist on the effect of age, with the capacity to discriminate between various behaviors improving with age. The Health Behavior of School Children (HBSC) study of the healthiness of lifestyles of pupils aged 11–15 years, which was conducted in 41 different countries under the auspices of the World Health Organization, offers a good example of this challenging problem. The 1997–1998 version contains a single, straightforward question that inevitably resulted in a wide range of percentages of pupils reporting being bullied across the 28 countries studied [7] (11–38% of boys and 20–48% of girls). More recently, Kuntsche et al. [8] reported prevalence rates based on a more sophisticated multi-item definition from the 2001–2002 version of HBSC, with percentages of pupils reporting being kicked or pushed varying from 9.3% to 28% in eight different countries. Finally, in this issue, Elgar et al. [9] report on the prevalence of bullying behavior across 37 countries, based on the latest 2005–2006 HBSC study, and using a thorough description of the behavior as a preparation to the question. Beyond the fact that such a description probably improves the validity of the report, this article presents two interesting characteristics.

First, the article demonstrates, within a sound ecological conceptual framework, a clear link between bullying and socio-economic features such as income inequality, an efficient indicator of the social wealth of a country. Thus it stresses the impact of remote but important factors that

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influence the health of adolescents and offer some clues on how to tackle the issue of prevention of bullying and violence.

Second, the article focuses on the characteristics of individuals who engage in active bullying behavior. We know from different studies [10,11], including the two articles by Kim et al. [12] as well as Wang et al. [13] in this issue, that a significant percentage of pupils involved in bullying are both perpetrators (“bullies”) and victims; however most research on personal and environmental risk factors for bullying concentrates on victims. This is exemplified in the article by Berry et al. [14] in this issue, which reports on the evaluation of a preventive program for anxious boys experiencing bullying. As mentioned by the authors, there exist two types of strategies against violence [15]. The first one, adopted by the authors, targets at-risk pupils or victims on an individual basis and provides them with psychological support or life-skills tools to help enable them to overcome their difficulties. The second type of intervention, promoted by Olweus [16] and used in other contexts [17], focuses not only on victim pupils, but also on the ethos of the school; it aims at improving the connectedness and respect among the members of a school.

It would be simplistic to say that this approach is more effective than the other, as it is beyond the scope of any such program to eradicate violence in schools. However the interest of global approaches lies in the fact that they can affect the behaviors of both bullies and victims. Some countries, particularly those in Scandinavia [18], have implemented policies at regional or national levels that guarantee the implementation in all schools of prevention programs focusing on the reduction of violent/bullying behavior. One has to keep in mind that bullying is only one form of violence [2] and that global approaches, which do not limit their focus to a specific problem and which involve staff, pupils, parents, and representatives of the surrounding community, may have a much more effective impact on the emotional state of the pupils, their behavior, and their school performances. Interventions such as the Gatehouse project in Melbourne [19] or the “Communities That Care” (CTC) program [20] developed more than 15 years ago in Seattle show the positive long-term effects of health promotion initiatives implemented in schools and/or whole communities, with lasting reductions in harmful, violent and deviant behavior among adolescents. Such interventions may, by the way, be more effective against cyber bullying [13,21], which is difficult to control in the school setting.

On an even broader scale, the article by Elgar et al. [9] reminds us of the importance of addressing not only the problems of adolescents themselves but also the causes of such problems, both immediate and secondary. Over recent years, the international policy context targeting adolescent health and development has received considerable attention. For instance, the World Bank Report on Adolescent Development and the Next Generation [22] reviewed a range of initiatives affecting the way in which healthcare and other systems

address young people and their development, with the aim of creating safe environments. The report stresses the value of a broad policy framework on the basis that education and the transition to employment affect health risks. Therefore we can envision future intervention research that looks at issues such as bullying in a global ecological framework, such as the one described by Elgar et al. [9]. As one example, in 2003, the Swedish Parliament adopted a policy aimed at creating social conditions that would ensure a high level of health for the whole population, recognizing the contribution of several sectors in creating safe environments for adolescents and the whole population.

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