



# LESSONS IN LEARNING

## **Bullying in Canada:** How intimidation affects learning

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Bullying in schools is a prominent issue that receives widespread media attention across Canada because it can lead to serious and lasting harm. Bullying has deleterious effects on schools as safe learning environments and has been linked to a number of undesirable outcomes, including delinquency, drug and alcohol abuse, and psychosocial illness (such as low self-esteem, social withdrawal, anxiety, insecurity, patterns of aggressive reaction)—all of which carry steep social and economic costs to society.

## What is bullying?

Based on current characterizations, bullying tends to fall into four main categories: physical, relational, verbal and electronic (Table 1).<sup>1</sup>

Experts in the field have identified three defining characteristics of bullying behaviour:<sup>2,3,4,5,6</sup>

- the behaviour occurs repeatedly;
- there is intent to do physical or emotional harm; and
- there is a power difference between the aggressor and the victim.

Bullying is often dismissed as a childhood rite of passage.<sup>7</sup> While teasing and rough-and-tumble play are part of growing up, bullying is quantifiably different from these behaviours which tend to be harmless in intent. The criteria listed above help to clarify this important distinction.<sup>8,9</sup>

**Table 1:**  
Four categories of bullying

1. Physical Bullying	2. Relational Bullying
<ul style="list-style-type: none"><li>• punching</li></ul>	<ul style="list-style-type: none"><li>• social exclusion</li></ul>
<ul style="list-style-type: none"><li>• kicking</li></ul>	<ul style="list-style-type: none"><li>• spreading rumours</li></ul>
<ul style="list-style-type: none"><li>• pushing</li></ul>	<ul style="list-style-type: none"><li>• gossip</li></ul>
<ul style="list-style-type: none"><li>• tripping</li></ul>	<ul style="list-style-type: none"><li>• sending nasty notes</li></ul>
<ul style="list-style-type: none"><li>• forced confinement</li></ul>	
3. Verbal Bullying	4. Electronic or “Cyber” Bullying
<ul style="list-style-type: none"><li>• name-calling</li></ul>	<ul style="list-style-type: none"><li>• similar to relational and verbal bullying but occurs online</li></ul>
<ul style="list-style-type: none"><li>• verbal intimidation</li></ul>	<ul style="list-style-type: none"><li>• sending false emails using the victim’s name</li></ul>
<ul style="list-style-type: none"><li>• mocking</li></ul>	<ul style="list-style-type: none"><li>• forwarding private emails, pictures or information</li></ul>
<ul style="list-style-type: none"><li>• insulting</li></ul>	

Many countries have identified bullying as a critical public health issue.<sup>10,11,12</sup> For more than 20 years, the World Health Organization (WHO) has conducted research on the health of young people in conjunction with international researchers from over 30 countries. In 2004, they released a report (*Young people’s health in context: Health Behaviour in School-aged Children (HBSC) study: international report from the 2001/2002 survey*) that included a chapter devoted to “Bullying, physical fighting and victimization.” In it the authors characterized bullying as a health concern that “clearly transcend[s] national boundaries.”<sup>13</sup>

## The effects of bullying on victims and aggressors

Repeated unwanted teasing by those who are physically or socially more powerful can have very negative and permanent effects on a young person. In 2005, a group of researchers conducted a major international study that looked at more than 120,000 students from 28 countries. The study, which was published in *The European Journal of Public Health*, found that students who were bullied on a weekly basis are almost twice as likely to experience headaches, stomach aches, backaches or dizziness, as their non-bullied peers.<sup>14</sup> Furthermore, compared to non-bullied students, victims of bullying were 1.7 to 7.5 times more likely to experience psychological symptoms such as loneliness, nervousness, petulance as well as other symptoms related to depression such as difficulty sleeping, tiredness and helplessness.<sup>15</sup>

The negative effects associated with bullying are not limited to the victims.<sup>16</sup> While depression, loneliness, anxiety, social maladjustment and in extreme cases, suicide, are associated with being a victim of bullying,<sup>17,18,19</sup> perpetrators of bullying have also been shown to have higher rates of substance abuse, aggressive behaviour and poor academic achievement.<sup>20</sup>

There is also growing international evidence demonstrating that “low-level or underlying forms of violence have a profound effect on the learning environment of schools” and bullying has been documented as the most prevalent form of low-level violence in schools.<sup>21</sup> Numerous studies have shown that bullied students often simply avoid school; between 6 and 8% of students stay away from school because of bullying,<sup>22,23,24,25</sup> and victims of bullying are more likely to drop out of school.<sup>26</sup> Bullied students also report difficulties in concentrating on their school work<sup>27</sup> and obtain lower levels of academic achievement than their non-bullied peers.<sup>28</sup>

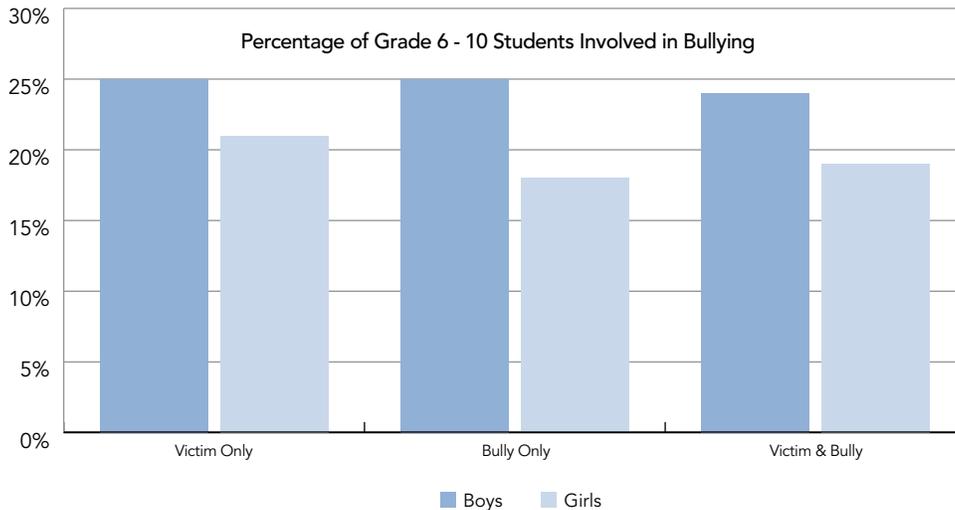
The victims of bullying also often require mental-health assistance, special-education programs and other social services designed to assist and support individuals suffering from various psychosocial ailments associated with being bullied.<sup>29</sup> Bullies engender the costs associated with managing substance abuse, aggressive behaviour, and delinquency.<sup>30</sup>

## Bullying in Canada

On an international scale of 35 countries, Canada has the 9th highest rate of bullying among 13-year-olds. In CCL’s 2007 Survey of Canadian Attitudes toward Learning, 38% of adult males and 30% of adult females reported having experienced occasional or frequent bullying during their school years. In addition, 47% of parents reported that they had a child who had been bullied while 16% indicated that this bullying was a frequent occurrence.<sup>31</sup>

Researchers studying bullying among Canadian students in Grades 6 through 10 have found that between 2 and 8% of students reported being bullied at least once a week. Between 4 and 10% indicated that they bullied others at least once a month, while 19 to 24% of students report being both a victim and a bully (Figure 1).<sup>32</sup>

**Figure 1:**  
Proportion of Canadian students in Grades 6–10 who report involvement in bullying



Source: World Health Organization, Health Behaviour in School-aged Children 2001/2002

## Lessons in learning: Preventing bullying in schools

Governments across North America have implemented so-called ‘safe schools’ legislation in recognition of the need for schools to be free of violence and fear so that students can focus on learning.

Norwegian researcher Dan Olweus, has been acknowledged as the first to identify the alarming rates of bullying occurring in schools, and is widely credited with inspiring researchers around the world to explore the issue.<sup>33</sup> The Olweus Bullying Prevention Program (OBPP) is one of the most widely recognized and adapted programs and is currently being implemented in every school in Norway.<sup>34</sup> Other countries, including Canada, have attempted to put into practice OBPP and have had mixed results.

Many researchers have found no overall effect when implementing OBPP in schools; however, researchers have pointed out that a common mistake made by school administrators and staff is the partial implementation of prevention programs due to time and resource constraints.<sup>35</sup> They argue that watered-down, incomplete or inadequate implementation of prevention programs, like OBPP, often leads to ineffective or diluted results. Fidelity of program implementation is critical to the success of prevention programs: different types of programs generally demonstrate the same overall level of effectiveness, as long as the integrity of program implementation is high.<sup>36</sup>

In a recently published systematic review evaluating the effectiveness of school-based bullying intervention programs, programs administered at the classroom (rather than school-wide) level and those with a single focus—such as conflict resolution skills, peer mediation strategies or social skills development—were shown to be largely ineffective.<sup>37</sup> Researchers argue that these types of interventions fail, in part, because bullying is a complex socio-cultural phenomenon that relies on power imbalances rather than a social skills deficit on the part of the bully.<sup>38</sup> Bullies are strategic in their behaviour, seeking tangible rewards (money, personal belongings) or social benefits (reverence or deference from peers) while at the same time acting covertly to avoid observation by school personnel or other adults.<sup>39</sup> Such manipulation, it is argued, requires highly developed social skills.<sup>40</sup>

Other studies have found that although some interventions lead to reductions in the frequency with which bullying is witnessed, self-reports of bullying and of being bullied remain unchanged<sup>41,42</sup> These findings suggest that bullies are not affected by the interventions and simply take precautions to avoid detection by school staff.

Intervention programs that utilize a whole-school approach (such as OBPP) often produce significant reductions in rates of bullying and victimization.<sup>43</sup> Whole-school programs require the commitment of administrators, counsellors, teachers, support staff, parents and students. To be effective, bullying prevention programs must be integrated into the school ethos: the entire school community must be proactive and committed to the elimination of bullying and the creation of a safe environment in which to learn and grow.

Students must feel safe in their schools and communities in order to learn and develop as human beings. Effective bullying reduction and prevention programs require concerted efforts and long-term commitments from all members of the school community. All Canadians have a vested interest in ensuring that children and youth have a safe environment in which to learn so they can become healthy and productive members of society.

## References

- <sup>1</sup> Hawker, D.S.J. & Boulton, M.J. (2000). Twenty Years' Research on Peer Victimization and Psychosocial Maladjustment: A Meta-analytic Review of Cross-sectional Studies. *The Journal of Child Psychology and Psychiatry and Allied Disciplines*, 41, 441-455
- <sup>2</sup> Nansel, T., Craig, W., Overpeck, M., Saluja, G., Ruan, W.j., and the Health Behaviour in School-aged Childre Bulling Analysis Group. (2004). Cross-national consistency in the relationship between bullying behaviours and psychosocial adjustment. *Archives of Paediatrics & Adolescent Medicine*, 158, 730-736.
- <sup>3</sup> Colvin, G., Tobin, T., Beard, K., Hagan, S. & Sprague, J. (1998). The school bully: Assessing the problem of developing interventions and future research directions. *Journal of Behavioral Education*, 8 (3), 293-319.
- <sup>4</sup> Vreeman, R. & Carroll, A. (2007). A systematic review of school-based interventions to prevent bullying. *Archives of Paediatrics & Adolescent Medicine*, 161, 78-88.
- <sup>5</sup> Whitted , K. & Dupper, D. (2005). Best Practices for preventing or reducing bullying in schools. *Children & Schools*, 27(3), 167-175.
- <sup>6</sup> Craig, W., & Harel, Y. (2004). Bullying, physical fighting and victimization. In Currie et al. (Eds.), *Young people's health in context: Health Behaviour in School-aged Children (HBSC) study: international report from the 2001/2002 survey*. World Health Organization.
- <sup>7</sup> Carney, A. & Merrell, K. (2001). Bullying in schools: Perspectives on understanding and preventing an international problem. *School Psychology International*, 22, 364-382.
- <sup>8</sup> Whitted , K. & Dupper, D. (2005). Best Practices for preventing or reducing bullying in schools. *Children & Schools*, 27(3), 167-175.
- <sup>9</sup> Colvin, G., Tobin, T., Beard, K., Hagan, S. & Sprague, J. (1998). The school bully: Assessing the problem of developing interventions and future research directions. *Journal of Behavioral Education*, 8 (3), 293-319.
- <sup>10</sup> Feder, L. (2007). Bullying as a public health issue. *International Journal of Offender Therapy and Comparative Criminology*, 51(5), 491-494.
- <sup>11</sup> Nansel, T., Craig, W., Overpeck, M., Saluja, G., Ruan, W.j., and the Health Behaviour in School-aged Childre Bulling Analysis Group. (2004). Cross-national consistency in the relationship between bullying behaviours and psychosocial adjustment. *Archives of Paediatrics & Adolescent Medicine*, 158, 730-736.
- <sup>12</sup> Due, P., Holstein, B., Lynch, J., Diderichsen, F., Gabhain, S., Scheidt, P., Currie, C., and The Health Behaviour in School-Aged Children Bullying Working Group. (2005). Bullying and symptoms among school-aged children: international comparative cross sectional study in 28 countries. *The European Journal of Public Health*, Advanced Access March 1, 1-5.
- <sup>13</sup> Craig, W., & Harel, Y. (2004). Bullying, physical fighting and victimization. In Currie et al. (Eds.), *Young people's health in context: Health Behaviour in School-aged Children (HBSC) study: international report from the 2001/2002 survey*. World Health Organization.
- <sup>14</sup> Due, P., Holstein, B., Lynch, J., Diderichsen, F., Gabhain, S., Scheidt, P.,

- Currie, C., and The Health Behaviour in School-Aged Children Bullying Working Group. (2005). Bullying and symptoms among school-aged children: international comparative cross sectional study in 28 countries. *The European Journal of Public Health*, Advanced Access March 1, 1-5.
- <sup>15</sup> Ibid.
- <sup>16</sup> Rigby, K. (1998). The relationship between reported health and involvement in bully/victim problems among male and female secondary schoolchildren. *Journal of Health Psychology*, 3, 465-476.
- <sup>17</sup> Carlyle, K. & Steinman, K. (2007). Demographic differences in the prevalence, co-occurrence, and correlates of adolescent bullying at school. *Journal of School Health*, 77(9), 623-629.
- <sup>18</sup> Richer, M., Bowles, D., Melzer, W., & Hurrelmann, K. (2007). Bullying, psychosocial health and risk behaviour in adolescence. *Gesundheitswesen*, 69(8-9), 475-482.
- <sup>19</sup> Craig, W. (2004). Bulling and Fighting. In Boyce, W. (Ed.). *Young people in Canada: their health and well-being*. Health Canada.
- <sup>20</sup> Nansel, T., Craig, W., Overpeck, M., Saluja, G., Ruan, W.j., and the Health Behaviour in School-aged Childre Bulling Analysis Group. (2004). Cross-national consistency in the relationship between bullying behaviours and psychosocial adjustment. *Archives of Paediatrics & Adolescent Medicine*, 158, 730-736.
- <sup>21</sup> Whitted , K. & Dupper, D. (2005). Best Practices for preventing or reducing bullying in schools. *Children & Schools*, 27(3), 167-175.
- <sup>22</sup> Kumpulainen, K. (1998). Bulling and Psychiatric symptoms among elementary school-age children. *Child Abuse & Neglect*, 22(7), 705-717.
- <sup>23</sup> O'Moore, M. (2000). Critical issues for teacher training to counter bullying and victimization in Ireland. *Aggressive Behavior*, 26, 99-111.
- <sup>24</sup> Attwood, G. & Croll, P. (2006). Truancy in secondary school pupils: Prevalence, trajectories and pupil perspectives. *Research Papers in Education*, 21(4), 467-484.
- <sup>25</sup> Rigby, K. (1998). The relationship between reported health and involvement in bully/victim problems among male and female secondary schoolchildren. *Journal of Health Psychology*, 3, 465-476.
- <sup>26</sup> Fried, S., & Fried, P. (1996). *Bullies and victims: Helping your child through the schoolyard battlefield*. New York: M. Evans.
- <sup>27</sup> Mellor, (1990). *Bullying in Scottish secondary schools*. Edinburgh: Scottish Council for Research in Education.
- <sup>28</sup> Beran, T.N., Hughes, G. & Lupart, J. (2008). A model of achievement and bullying: analyses of the Canadian National Longitudinal Survey of Children and Youth data. *Educational Research*, 50:1, 25 - 39.
- <sup>29</sup> Craig, W. (2004). Bulling and Fighting. In Boyce, W. (Ed.). *Young people in Canada: their health and well-being*. Health Canada.
- <sup>30</sup> Olweus quoted in Colvin, G., Tobin, T., Beard, K., Hagan, S. & Sprague, J. (1998). The school bully: Assessing the problem of developing interventions and future research directions. *Journal of Behavioral Education*, 8 (3), 293-319.

- <sup>31</sup> Canadian Council in Learning (2007). 2007 Survey of Canadian Attitudes toward Learning: Results from Elementary and Secondary School Learning.
- <sup>32</sup> Craig, W., & Harel, Y. (2004). Bullying, physical fighting and victimization. In Currie et al. (Eds.), *Young people's health in context: Health Behaviour in School-aged Children (HBSC) study: international report from the 2001/2002 survey*. World Health Organization.
- <sup>33</sup> Berger, K. (2007). Update on bullying at school: Science forgotten? *Developmental Review*, 27, 90-126.
- <sup>34</sup> Carney, A. & Merrell, K. (2001). Bullying in schools: Perspectives on understanding and preventing an international problem. *School Psychology International*, 22, 364-382.
- <sup>35</sup> Whitted, K. & Dupper, D. (2005). Best Practices for preventing or reducing bullying in schools. *Children & Schools*, 27(3), 167-175.
- <sup>36</sup> Wilson, S., Lipsey, M., & Derzon, J. (2003). The effects of school-based intervention programs on aggressive behavior: A meta-analysis. *Journal of Consulting and Clinical Psychology*, 71(1), 136-149.
- <sup>37</sup> Vreeman, R. & Carroll, A. (2007). A systematic review of school-based interventions to prevent bullying. *Archives of Paediatrics & Adolescent Medicine*, 161, 78-88.
- <sup>38</sup> Colvin, G., Tobin, T., Beard, K., Hagan, S. & Sprague, J. (1998). The school bully: Assessing the problem of developing interventions and future research directions. *Journal of Behavioral Education*, 8 (3), 293-319.
- <sup>39</sup> Colvin, G., Tobin, T., Beard, K., Hagan, S. & Sprague, J. (1998). The school bully: Assessing the problem of developing interventions and future research directions. *Journal of Behavioral Education*, 8 (3), 293-319.
- <sup>40</sup> Colvin, G., Tobin, T., Beard, K., Hagan, S. & Sprague, J. (1998). The school bully: Assessing the problem of developing interventions and future research directions. *Journal of Behavioral Education*, 8 (3), 293-319.
- <sup>41</sup> Frey, K., Hirschstein, M., Snell, J., Van Schoiack Edstrom, L., MacKenzie, E., & Broderick, C. (2005). Reducing playground bullying and supporting beliefs: An experimental trial of the Steps to Respect program. *Developmental Psychology*, 41 (3), 479-491.
- <sup>42</sup> Beran, T., Tutty, L., Steinrath, G. (2004). An evaluation of a bullying prevention program for elementary schools. *Canadian Journal of School Psychology*, 19 (1/2), 99-116.
- <sup>43</sup> Vreeman, R. & Carroll, A. (2007). A systematic review of school-based interventions to prevent bullying. *Archives of Paediatrics & Adolescent Medicine*, 161, 78-88.