

A cross-national comparison of adolescent bullying victimization in Mumbai India, Melbourne Australia and Seattle US

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Introduction: In recent years, school violence has become a topic of great concern with incidences such as shooting at High Schools. As educators struggle to reduce school violence, dealing with bullying behaviors comes to the forefront. School violence in many instances begins with less serious bullying and victimization among school-aged children. It is important to understand how bullying behaviors differ for adolescents at different ages and in different nations. As the world is witnessing rapid modernization and globalization, it is important to investigate whether adolescent bullying victimization has comparable associations and determinants to countries such as the United States of America (U.S.) Australia and India. This paper will describe the International Youth Development Study project, explore cross-national difference in bullying victimization in Seattle USA, Melbourne Australia and Mumbai India.

Bullying victimization is an important etiologic factor in the development of several mental health disorders in both adolescence and adulthood (Molnar, Buka, & Kessler, 2001; Terr, 1991). Given the prevalence of bullying victimization, gaining a better understanding of the magnitude of the problem is imperative as is assessment of the consequences of being victimized in this manner. Bullying has been identified and studied internationally. The international nature of the research on bullying is complicated by the use of a variety of definitions. Although definitions of bullying behaviour vary, bullying has been defined as the “intentional, unprovoked abuse of

power by one or more children to inflict pain or cause distress to another child on repeated occasions. In a review of the bullying literature, different definitions contribute to estimates of the prevalence of bullying that range from a low of 5% (Kaltiala-Heino, Rimpela, Rantanen, & Rimpela, 2000) to a high of 76% (Stockdale, Hangaduambo, Duys, Larson, & Sarvela, 2002). It is generally accepted that bullying causes substantial distress and that both short and long term adverse effects may occur.

Bullying has been identified and studied internationally with the earliest work in the field initiated in the late 1970s by Dan Olweus in Scandinavia. Other researchers in Great Britain (e.g., Boulton & Smith, 1994), Australia (Rigby & Slee, 1991), and in the United States (e.g., Hoover, Oliver, & Hazler, 1992) have contributed to the current understanding of the dynamics underlying bullying. (Dorothy, Espelage & Christine & Asidao 2001)

The prevalence rates of bullying behaviors are comparatively consistent across continents and cultures, with a range between 29.9% and 40%. For example, in a sample from countries in Asia and Africa, researchers found prevalence rates of bullying behaviors and school victimization of 31.4% in India, 40% in South Korea, 36.3% in South Africa, and 31% in Taiwan [1–5]. Prevalence rates in Australia at 47.3% and the United States at 29.9% are also comparable with other countries [6,7]. However, the levels of prevalence diverge from other countries in the Scandinavian countries of Finland, Norway, Sweden, and Denmark. These countries report prevalence rates between 6% and 15.2% [8,9]. Although there are variations in prevalence rates of involvement in bullying globally, the psychological outcomes for youth who bully, who are victims, or who are bully/victims are consistent. (Journal of Adolescent Health 51 (2012))

Youth who either bully and/or are victims have higher levels of suicidal ideation, depression, and lower psychosocial outcomes [1,6–11]. In light of the findings that youth involved in bullying show generally poorer outcomes, youth who are bully/victims demonstrate the worst psychological outcomes as compared with the other two

categories. For example, youth who both experienced being a bully and a victim were found to have the highest risk of suicidal behavior and the worst social/emotional problems compared with children who were not involved in bullying, were only victims, or were only bullies [1,3,7,8 Journal of Adolescent Health 51 (2012).

Longitudinal studies have shown that adult violent criminals frequently have school records of bullying and other forms of aggressive behavior (Luukkonen, Riala, Hakko, & Rasanen, 2011), suggesting the intra-generational continuity of externalizing behavior. Prospective studies have also pointed out the inter-generational continuity of school bullying. In the Cambridge Study in Delinquent Development, for example, the bullies at age 14 tended, at age 32, to have children who were also bullies (Farrington, 1993). No previous systematic review, however, has ever been conducted to calculate an unbiased standardized effect size on the association of school bullying with aggression and violence in adult life. (Dorothy. & Christine. 2001)

Definition

The international nature of the research on bullying is complicated by the use of a variety of definitions. Olweus (1978) originally defined *bullying* as “the systematic use of physical and/or mental violence by one boy or several boys against another boy.” Later Olweus has refined this definition and concluded that a “bully chronically harasses somebody else either physically or psychologically” (Olweus, 1991). The definition introduced by Olweus (1993) has gained considerable acceptance in the recent past. That definition includes the following criteria: (a) physically harming a person (e.g., hit, kick, push) or making fun of, excluding, and/or spreading rumors about a person, (b) the victimization must occur repeatedly over time, and (c) the victims do not have equal strength or power to the bully, (see also Berthold & Hoover, 2000; Eslea et al., 2003; Forero, McCellan, Rissel, & Bauman, 1999; Olweus, 1996; Solberg, Olweus, & Endresen, 2007; Sourander, Helstela, Helenius, & Piha, 2000). (Finn-Aage, Dena 2009)

Arora (1987), in studying British children, reported that bullying is “achieving or maintaining social dominance through overtly aggressive means which occur because

the victims have no sufficient skills or capacity to integrate with their peer group” (p. 116). (Kris, Dorothy. Espelage & Thomas 1999) Generally, behaviors defined as bullying are used to achieve and maintain social dominance through overt and covert aggressive means (Arora, 1987). However, these behaviors differ from aggression on three dimensions. First, bullying behaviors are more systematic and self-initiated as students who bully carefully select their victims and create encounters in which they can control others. Second, unlike other aggressive youth, students who bully tend to repeatedly attack their victims. Third, these behaviors often include a variety of hurtful actions in addition to physical attacks, such as name calling, social exclusion, taking and damaging belongings, extortion, nasty rumors, and verbal threats (Sharp & Smith, 1991). (Dorothy, & Christine 2001)

Galloway reported that bullying occurs “when one person or group deliberately causes distress to another person or group” (Galloway, 1994, p. 76). In the major study of United States adolescents, Hoover and colleagues (1993) defined bullying as “physical or psychological abuse of an individual by one or a group of students.” Although there are many definitions, most converge on the notion that bullying behavior can be either physical or psychological. Bullying has been operationalized in various ways and includes a variety of hurtful actions such as name-calling, social exclusion, and having money taken or belongings damaged, as well as the more obvious forms of hitting and kicking (Crick, 1997; Crick, Casas, & Mosher, 1997; Menesini et al., 1997; Rigby, Cox, & Black, 1997; Thompson & Sharp, 1998). Those behaviors have been classified as direct and indirect bullying (Olweus, 1991). Direct bullying involves open attacks on a victim and indirect bullying is distinguished by social isolation, exclusion from a group, or nonselection for activities (Olweus, 1991). (Kris, Dorothy and Thomas 1999).

Consequences of Bullying Victimization

Bullying continues to be a serious problem plaguing school youth in both developed and developing countries (Liang, Flisher, & Lombard, 2007; Smith et al., 1999). Early longitudinal research highlighted the negative impact of school bullying on children's

internalizing (e.g. depression) and externalizing (e.g., offending) behavior (e.g., Farrington, 1993; Olweus, 1991) and various reviews have synthesized research on the topic (e.g., Ttofi & Farrington, 2008). (Maria, David & Friedrich 2012). $M=6.17$; $SD=6.67$) compared with non-involved children (Adjusted OR: 1.41; 95% CI: 1.22–1.64). Results were equally disheartening for the victims of school bullying. Farrington et al. (2012) found that bullying victimization was a significant predictor of depression up to about seven years later (range in years: 1.00–36.00; $M=7.13$; $SD=8.79$), even after controlling for other major childhood risk factors (Adjusted OR: 1.71; 95% CI: 1.49–1.96). Victims of school bullying also had a significantly higher probability of being involved in offending (Adjusted OR: 1.14, 95% CI: 1.00–1.31) later in life (range in years: 0.42–16.50; $M=5.55$; $SD=4.85$) although, admittedly, the magnitude of the summary effect size was quite small. Longitudinal studies have shown that adult violent criminals frequently have school records of bullying and other forms of aggressive behavior (Luukkonen, Riala, Hakko, & Rasanen, 2011), suggesting the intra-generational continuity of externalizing behavior. Prospective studies have also pointed out the inter-generational continuity of school bullying. In the Cambridge Study in Delinquent Development, for example, the bullies at age 14 tended, at age 32, to have children who were also bullies (Farrington, 1993). No previous systematic review, however, has ever been conducted to calculate an unbiased standardized effect size on the association of school bullying with aggression and violence in adult life.

Although we refer to acts of bullying as “minor” infractions, this is not intended to minimize the magnitude or the effects of these experiences. In fact, some research suggests that there are serious consequences for victims of bullying; bullied students have been reported to suffer from a lowering of self-esteem, to be frequently absent from school (to avoid victimization), and to feel unsafe and insecure in the school setting (e.g., Andreou, 2000; Austin & Joseph, 1996; Berthold & Hoover, 2000; Rigby, 2003; Smokowski & Holland Kopasz, 2005). (Ersilia, Marco & Franca 2010)

O’Moore (2000), for example, reported that victims of bullying can experience feelings of rejection, loneliness, and in extreme cases, are at increased risk for suicide. Although

a number of researchers have found that bullying victims report low self-esteem (e.g., Andreou, 2001; Olweus, 1993; Salmon, James, & Smith, 1998), these findings have been based on cross-sectional research. The possibility, therefore, remains that it is equally likely that students with low self-esteem are targeted to be the victims of bullying. When students are victimized, it may negatively affect their feelings of safety at school, reduce their willingness to attend school, and thereby lower their academic achievement. Even minor forms of victimizations, such as minor theft and being bullied, have been linked to these consequences. As such, minor victimization, although not very newsworthy, should not be ignored². In a relatively recent review article, Rigby (2003) categorized the consequences of bullying victimization into four types: (a) low psychological wellbeing, (b) poor social adjustment, (c) psychological distress, and (d) physical unwellness (Rigby, 2003, p. 584). Most of the research reviewed relied on case studies, cross-sectional surveys, or retrospective surveys. Few studies consisted of longitudinal designs that allowed for assessment of cause and effect. Other research has indicated that victims of bullying tend to be vulnerable, insecure, feel socially isolated, and have difficulty asserting themselves among peers (Perry, Kusel, & Perry, 1988; Schuster, 1996; Slee & Rigby, 1993). In general, research has revealed negative effects of bullying on the victim, including depression, loneliness, difficulties with school and low self-esteem (e.g., Andreou, 2001; Austin & Joseph, 1996; Olweus, 1993; O'Moore, 2000; Rigby, 2003; Salmon et al., 1998). (Finn-Aage & Dena 2009)

Louise et al states that bullying victimization in the early school years is an influential experience for a child's behavioral development and mental health problems. Research has demonstrated that, irrespective of children's early behavioral and school difficulties, being the victim of bullying during the very first years of schooling has a detrimental effect on children's adjustment; pure victims and bully/victims manifested a range of behavioral problems and school difficulties after experiencing bullying. Study shows that it is not children's previous maladjustment that can be blamed for all of the adjustment problems of children victimized by bullies but that the bullying itself is a significant contributor to behavior and school adjustment problems. Bullying could be regarded as

a stressful life event that might influence children's normal development. (Louise, Elizabeth, Kali , Rhiannon, Avshalom and Terrie 2006)

Bullying perpetration at school was a significant predictor of offending up to about six years later (range in years: 0.42–16.50; M=5.84; SD=4.56), even after controlling for other major childhood risk factors (Adjusted OR: 1.89; 95% CI: 1.60– 2.23). Interestingly, school bullies also had a significantly higher probability of being depressed later in life (range in years: 0.42–24.00; (Maria, David & Friedrich 2012)

Adjustment to school represents an important task of youth, one that may parallel later adaptation to the work world and other adult responsibilities. Promoting positive peer relationships and preventing abuse and harassment among youth may be an essential element of healthy youth development.

There is much support for the assertion that peer harassment has a negative effect on psychological adjustment. Research conducted across countries and with diverse samples has consistently found that both bullies and victims of bullying demonstrate poorer psychosocial functioning than their non-involved peers. Youth who bully others tend to demonstrate higher levels of conduct problems and externalizing behaviors, whereas youth who are bullied generally show higher levels of internalizing behaviors, including anxiety, depression, loneliness, unhappiness, and low self-esteem, as well as increased physical symptoms (Austin & Joseph, 1996; Boulton & Underwood, 1992; Forero, McLellan, Rissel, & Bauman, 1999; Hawker & Boulton, 2000; Haynie et al., 2001; Hodges & Perry, 1999; Kaltiala-Heino, Rimpela, Rantanen, & Rimpela, 2000; Kumpulainen, Rasanen, & Henttonen, 1999; Nansel et al., 2001; Olweus, 1978; Olweus, 1993; Rigby, 1999; Salmon, James, & Smith, 1998; Williams, Chambers, Logan, & Robinson, 1996). Moreover, youth who both bully others and are victims of bullying demonstrate even poorer psychosocial functioning than youth who only bully or are only victimized (Andreuo, 2000; Austin & Joseph, 1996; Forero et al., 1999; Kaltiala-Heino et al., 2000; Kumpulainen et al., 1998; Haynie et al., 2001; Nansel et al., 2001). (Tonja, Denise & Bruce 2003)

Studies conducted to date, then, suggest that peer relationships influence psychological adjustment, and subsequently, psychological adjustment affects school adjustment. This relationship may be especially acute during the middle-school years, when youth are shifting emphasis from adult-focused to peer-focused relationships. If maladaptive peer relationships do in fact have a negative impact on school adjustment due to their detrimental effect on psychosocial functioning, youth who bully others and youth who are bullied would be at risk for school adjustment problems (Tonja, Denise & Bruce (2003)

Youth who bully others display other delinquent behaviors (Prinstein, Boergers, & Vernberg 2001), have poor academic performance (MacMillan & Hagan, 2004), are more prone to truancy (Ringwalt, Ennett, & Johnson, 2003), are more likely to drop out of school (Berthold & Hoover, 2000), and are more likely to bring weapons to school (Berthold & Hoover, 2000; Nansel, Overpeck, Haynie, Ruan, & Scheidt, 2003). Victims experience increased feelings of loneliness (Nansel et al., 2001), low self-esteem (Hawker & Boulton, 2000; Nansel et al., 2001), poor academic performance (Arseneault et al., 2006), depression and suicidal ideation and attempts (Klomeck, Marrocco, Kleinman, Schonfeld, & Gould, 2007). Further evidence suggests that bully-victims exhibit the poorest functioning compared to youth who are only victims or only bullies (e.g., Nansel, Craig, Overpeck, Saluja, & Ruan, 2004). Some research also implies that the effects of bullying persist into adulthood and produce long-term negative outcomes such as antisocial behavior, drug use and abuse, and criminal behavior (Gladstone, Parker, & Malhi, 2006; Hugh-Jones & Smith, 1999; Nansel et al., 2001). (Alana, Melissa & Greta 2011)

International Youth Development Study India:

Method

It has been suggested that the prevalence of bullying is best assessed through self-completion questionnaires (Boulton M., & Fitzpatrick R. 1996). A representative sample of 4,770 students in school years equating with US Grade 5, 7 and 9 were surveyed in 2010 Mumbai, India. Sampling methods, survey procedures and instruments were matched to enable cross-national comparison with same-aged student cohorts surveyed

in Washington State, U.S., (N = 2,866) and Victoria, Australia (N = 2,864). Analyses compared the prevalence of bullying victimization in matched age and gender cohorts.

Measures

The questionnaire used in the present study was the International Youth Development Study. This is an adaptation of the Communities That Care Youth Survey that is widely used internationally for planning prevention services for children and young people (Arthur et al, 2002). Adaptations were originally made to ensure the survey was culturally appropriate for young people in India and to broaden the scope of behaviours assessed by including measures of depressive symptoms, sexual activity and victimisation (Bond et al, 2000).

Bullying victimization was measured by asking the Question: 'Have you been bullied recently (teased or called names, had rumours spread about you, been deliberately left out of things, threatened physically or actually hurt)?'

Violent behavior was assessed by asking 2 questions: How many times in the past year (12 months) have you:

1. Beat up someone so badly that they probably needed to see a doctor or nurse?
2. Threatened someone with a weapon?

Results: Prevalence rates for violence victimization were lower in Mumbai 5th Grade=31% and 7/9th G = 25% compared to the Melbourne Australia and Seattle US 5th Grade=45% and 7/9th G = 41%. There were lower rates of violence victimization reported by the Mumbai adolescents relative to adolescents of Melbourne and Seattle city.

Cross national comparison of rates of violent behavior among male adolescents

Males									
	Mumbai	95% low	CI High	Melbourne	95% low	CI High	Seattle/Tacoma	95% low	CI High
Grade 5	6.85%	2.98	14.98	5.85%	3.50	107.70	1.28%	0.56	2.89
Grade 7	5.06%	3.56	7.14	7.07%	4.76	10.37	9.21%	6.22	13.44
Grade 9	4.91%	3.27	7.30	12.14%	9.22	15.82	8.21%	5.76	11.57

Cross national comparison of rates of violent behavior among female adolescents

Females									
	Mumbai	95% low	CI High	Melbourne	95% low	CI High	Seattle/Tacoma	95% low	CI High
Grade 5	2.08%	0.78	5.42	1.63%	0.82	3.18	0.34%	0.14	0.82
Grade 7	3.61%	2.09	6.17	2.83%	1.83	4.37	3.75%	2.23	6.23
Grade 9	1.81%	0.89	3.66	7.89%	5.52	11.17	5.26%	3.57	7.67

The rates of violence victimization varied across grades and gender. Females showed lower levels of violence victimization compared to males in all three nations. In Mumbai violence victimization was decreasing as the adolescents reach higher grades. However in Melbourne and Seattle city violence victimization was increasing as the adolescents reach higher grades. According to Farrington et al bullying perpetration at school was a significant predictor of violence an average of six years later in life. (Farrington et al., 2012).The analyses have implications for scientific understanding of adolescent development and for planning international prevention programs.

Conclusions: Being the victim of violence victimization during the school years contributes to maladjustment in young people. Prevention and intervention programs aimed at reducing mental health problems during adolescence should target bullying as

an important risk factor. Intervention programs aimed at controlling bullying in schools or in the community need to offer support and social training for the victims and to target bully/victims for intensive multicomponent interventions. Earlier identification of bully/victims may be particularly important for children's mental health preventive input, because they show the most maladaptive patterns of behavior at the beginning of schooling (Louise, Elizabeth, Kali, Rhiannon, Avshalom and Terrie E 2006). Interventions to prevent and minimize victimization in middle school students should include a module on understanding and appreciating individual differences. Teachers and parents need to continue to be supportive of students who are victimized; parents need to have frequent conversations with their children about the way in which they are treated at school. Bullying in schools can, in fact, be reduced substantially through school-based interventions that create changes within the school and classroom environment. Preventive efforts should be tailored to the different needs of youth at particular sites. Universal programs may be an adequate starting point, but they may not provide the specific formula needed by students in disparate locations (Guerra & Leidy, 2008). Recommendation for future researchers is to employ both behaviorally specific and repeated measures of victimization to better capture the prevalence and consequences of bullying victimization

References

Alana M. Vivolo , Melissa K. Holt & Greta M. Massetti (2011) Individual and Contextual Factors for Bullying and Peer Victimization: Implications for Prevention, *Journal of School Violence*, 10:2, 201-212, DOI: 10.1080/15388220.2010.539169
To link to this article: <http://dx.doi.org/10.1080/15388220.2010.539169>

Continued Knowledge Development for Understanding Bullying and School Victimization. (2012) *Journal of Adolescent Health* 51: 3–5

Dorothy L. Espelage PhD & Christine S. Asidao MA (2001) Conversations with Middle School Students About Bullying and Victimization, *Journal of Emotional Abuse*, 2:2-3, 49-62, DOI: 10.1300/J135v02n02_04 To link to this article: http://dx.doi.org/10.1300/J135v02n02_04

Ersilia Menesini a , Marco Modena a & Franca Tani(2010). Bullying and Victimization in Adolescence: Concurrent and Stable Roles and Psychological Health Symptoms a a University of Florence, Published online: 07 Aug

Finn-Aage Esbensen, Dena C. Carson (2009). Consequences of Being Bullied: Results From a Longitudinal Assessment of Bullying Victimization in a Multisite Sample of American Students. *Youth & Society*. Volume 41 Number 2 December, 209-233

Kris Bosworth, Dorothy L. Espelage and Thomas R. Simon (1999). Factors Associated with Bullying Behavior in Middle School Students. *The Journal of Early Adolescence* 19: 341. DOI: 10.1177/0272431699019003003 The online version of this article can be found at: <http://jea.sagepub.com/content/19/3/341>

Louise Arseneault, Elizabeth Walsh, Kali Trzesniewski, Rhiannon Newcombe, Avshalom Caspi and Terrie E. Moffitt (2006). Bullying Victimization Uniquely Contributes to Adjustment Problems in Young Children: A Nationally Representative Cohort Study *Pediatrics*;118;130 DOI: 10.1542/peds.2005-2388

Maria M. Ttofi, David P. Farrington & Friedrich Lösel (2012) School bullying as a predictor of violence later in life: A systematic review and meta-analysis of prospective longitudinal studies. *Aggression and Violent Behavior* 17, 405–418.

Tonja R. Nansel PhD , Denise L. Haynie & Bruce G. Simonsmorton (2003) The Association of Bullying and Victimization with Middle School Adjustment, *Journal of Applied School Psychology*, 19:2, 45-61, DOI: 10.1300/J008v19n02_04
To link to this article: http://dx.doi.org/10.1300/J008v19n02_04