

Bullying in Lithuanian schools in 1994–2002

Apolinaras Zaborskis, Lina Cirtautienė, Nida Žemaitienė

Institute for Biomedical Research, Kaunas University of Medicine, Lithuania

Key words: children, teenagers, bullying, boys, girls, school.

Summary. This study provides overview of the extent of bullying in Lithuanian primary and secondary schools using findings from the 2002 Health Behavior in School-Aged Children (HBSC): WHO Collaborative Cross-National Study. This study examined the prevalence of being bullied and bullying others among 11-, 13- and 15-year-old children. The study was based on the data of three surveys conducted in Lithuania in 1994, 1998 and 2002. The results showed that 36% of boys and 32% of girls were bullied and 40% of boys and 28% of girls were bullying others at least two times a month in the previous couple of months. There was a significant difference in responses according to the living place – higher percentage of pupils living in village reported being bullied as compared with pupils living in town. The extent of bullying among school pupils was similar in 1994–2002. This study showed that the highest percentage of bullying was in Lithuania.

Conclusion. This study showed that the highest percentage of bullying was in Lithuania. Thus, bullying is a psychological and pedagogical problem connected with public health. It must be solved by various professionals immediately.

Introduction

School must be the safety island for a child. Unfortunately, reality differs. Aggression in schools is a problem in many countries around the world. Bullying is a relationship problem in which power and aggression are used to cause distress to a vulnerable person (1, 2). 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 often involves a repetitive type of behavior (4, 5).

Being bullied can have an affect on a child's present and future health and well-being (1, 6). There is a wide range of possible bullying behaviors, from physical attack to name calling, from isolation of the bullied child to a threatening look, from individual to group bullying to anonymous bullying by text message. The effect of being bullied on an individual is unpredictable. Some people may feel upset, insecure (4, 5) or even have serious consequences – insomnia, bedwetting, headaches (2). Bullies could become suspicious, self-doubt (7–9) and even suicidal (10, 11). The seriousness of bullying cannot be judged by what is observed. Verbal and psychological bullying may be just as damaging as physical bullying.

The available studies have considered bullying

among teenagers (3, 7), gender differences (13), analyzing risk-related behavior among teenagers (6). Rarely verbal aggression is analyzed (12). During Health Behavior in School-Aged Children (HBSC) study Lithuanian situation has been already analyzed for ten years (2, 15–17). Unfortunately, bullying at schools still has not got the appropriate attention in our country. This study allows us to assess the extent and dynamics of bullying among schoolchildren. Further studies could benefit children's health and honor upbringing, psychological hardiness and health strengthening and preventive anti-bullying work at school.

Subjects and methods

The study was based on the data of three surveys conducted in Lithuania in 1994, 1998 and 2002 by the methods of the WHO Cross-National Study on Health Behavior in School-aged Children (HBSC) (4).

The samples were expected to represent the whole country from the point of view of age, sex, nationality and the place of living. The guidelines for the survey state that at least 1500 respondents in each of three age groups – 11, 13 and 15 years – should be targeted. A stratified cluster sampling design was used to draw

a representative sample of schoolchildren from the whole Lithuania. There were five strata by regions of the country including cities (Vilnius, Kaunas, Klaipėda, Šiauliai and Panevėžys) and three strata by language (Lithuanian, Russian and Polish) used for education at school. At the first level of sampling the schools were randomly selected from each stratum. The number of selected schools was proportional to the size of stratum. Then 5th, 7th and 9th grades were included into the sample. If two or more classes of the desired grade level occurred in the selected school only one class was randomly selected. Then all pupils of the selected class were surveyed.

Pupils responded anonymously. It was striven for self-dependent work of pupils and confidentiality of their answers (4). Altogether 5688, 4655 and 5761 questionnaires were returned correspondingly in 1994, 1998 and 2002. Regarding the actual number of pupils in the lists of selected classes the response rate for all surveys was approximately 96 percent.

National data files were prepared and exported to the HBSC international databank at the University of Bergen (Norway). The data were checked and cleaned according to strict criteria, e.g. 90% of the respondents should fall within one-half a year of the mean age and the remaining 10% – no more than one-half a year beyond this point. Schoolchildren outside the targeted age ranges were removed.

The final population of the cleaned data consisted of 5428, 4513 and 5645 schoolchildren correspondingly for surveys in 1994, 1998 and 2002. The studied population was representative to the population of school-aged children from the whole Lithuania in respect of demographic and social values.

The survey instrument was a standardized anonymous questionnaire, which included structured questions followed by alternative answers. Questionnaire topics for each survey were designed through cooperative research among members of the HBSC research network and finally approved by the Protocols.

Properly HBSC data and methods were described in previous publications (11, 14, 18–20).

Prior to asking questions concerning bullying and 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 (10).

Bullying was measured by the item: 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; 2 or 3 times a month and It has only happened once or twice. The final response category was: I have not been bullied at school in the past couple of months or I have not bullied another pupil(s) at school in the past couple of months. (15)

The responses were re-coded into two levels: 1) neither bully nor victim (I have not been bullied/bullied another pupil(s) at school in the past couple of months; It has only happened once or twice), 2) Bully/Victim (Several times a week; 2 or 3 times a month).

Statistical data analysis was performed using statistical programme SPSS 11.5. The significant difference of bullying extent among schoolchildren in 1994–2002 was checked by Z criterion. Values of $p < 0.05$ were considered statistically significant.

Results

During all three surveys in 1994, 1998 and 2002, about one in three pupils overall reported that they had been a victim of regular bullying (Table 1). A higher percentage of boys (36%) reported being bullied than girls (32%, $p < 0.05$). There was significant age difference in responses with higher percentage of the 13-year-old pupils reporting being bullied compared with 15-year-olds.

Participants were spread by living place (living in village and town). Schoolchildren living in village were 1.5 times more inclined to bully than others.

The frequency of bullying was lower ($p < 0.05$) in our country in 2002 comparing to 1998 and 1994.

The question about being bullied was also asked in the 1994, 1998 and 2002 surveys. A higher percentage of boys (40%) than girls (28%) report that they have bullied others ($p < 0.05$). The highest differences were found among 15-year-old boys (50%) and girls (32%) (Table 2).

1994 and 1998 HBSC surveys showed that reported bullying in village was higher than in town,

Table 1. The percentage of schoolchildren, who reported being bullied, depending on gender, age and living place in 1994, 1998 and 2002

Gender, age and living place	1994	1998	2002
Boys:	41.7 (39.7–43.7) ^a	42.0 (39.9–44.1)	36.4 (34.6–38.2)
11 year old	43.2	42.3	37.5
13 year old	45.8	46.3	38.6
15 year old	35.8	36.8	33.2
	p<0.05 ^b	p<0.05	p<0.05
Living place: town	38.4	37.7	31.8
village	46.5 [#]	46.3 [#]	39.8 [#]
Girls:	39.5 (37.8–41.3)	38.4* (36.4–40.4)	32.3* (30.6–34.1)
11 year old	38.9	41.5	32.6
13 year old	45.3	40.2	34.0
15 year old	34.0	33.6	30.4
	p<0.05	p<0.05	p<0.05
Living place: town	35.2	33.4	27.1
village	45.9 [#]	43.5 [#]	36.2 [#]

*p<0.05 comparing groups of boys and girls; [#]p<0.05 comparing groups of schoolchildren living in town and village; ^a 95% CI; ^b the level of statistical significance comparing groups of 11, 13 and 15 year old schoolchildren.

Table 2. The percentage of schoolchildren, who reported bullying others, depending on gender, age and living place in 1994, 1998 and 2002

Gender, age and living place	1994	1998	2002
Boys:	40.3 (38.3–42.3) ^a	40.3 (38.2–42.4)	41.3 (39.5–43.1)
11 year old	34.4	33.5	30.1
13 year old	41.1	46.2	43.6
15 year old	45.2	41.9	49.8
	p<0.05 ^b	p<0.05	p<0.05
Living place: town	37.6	38.7	41.9
village	44.1 [#]	41.9 [#]	40.8
Girls:	27.9* (26.3–29.6)	29.1* (27.3–31.0)	26.5* (24.9–28.2)
11 year old	20.9	22.6	17.8
13 year old	31.2	32.4	29.5
15 year old	31.6	32.3	32.2
	p<0.05	p<0.05	p<0.05
Living place: town	25.6	24.9	26.8
village	31.3 [#]	33.4 [#]	26.3

*p<0.05 comparing groups of boys and girls; [#]p<0.05 comparing groups of schoolchildren living in town and village; ^a 95% CI; ^b the level of statistical significance comparing groups of 11-, 13- and 15-year-old schoolchildren.

but this difference became insignificant in both gender groups in 2002 (Table 2).

The proportion of schoolchildren being bullied at least during the term showed large variations across different countries (Fig. 1). The highest prevalence of being bullied was observed in Lithuania (36.4% for boys and 32.3% for girls). The lowest prevalence among girls was observed in Malta (4.1%), Sweden (4.2%), Czech Republic (5.5%). The lowest prevalence among boys was observed in Hungary (5.4%), Sweden (5.4%), Czech Republic (6.8%).

Similar consistent pattern was found observing the frequency of aggressiveness among peers. Comparing with other countries, schoolchildren in Lithuania are more inclined to bully others (41.2% boys and 26.5% girls) (Fig. 2). Cross-national comparison shows that Lithuania ranks the highest among 35 countries.

Discussion

This study showed that about one in three schoolchildren overall reported that they had been a

victim of regular bullying. Similar number of pupils confesses they have bullied others. There is not enough attention given for such behavior at schools. Preventive anti-bullying work is usually episodic, fitted for a town, or even for a few schools. Studies showed that it is possible to decrease aggression for 50% at school (21).

This paper, like others (4, 5, 13, 22) confirm that a higher percentage of boys than girls report that they have been bullied and have bullied others. Girls may indeed less commonly bully others. Alternatively, they are perhaps reluctant to admit to being a bully, knowing that it is socially unacceptable behavior. It may also be that girls are more likely to bully as part of a group, and perhaps, therefore, they do not attribute themselves to being the “real” bully. Boys are more likely to be the aggressors. Otherwise, there is a difference between genders applying forms of bullying. Physical, direct forms of bullying (pushing, beating) are more likely to be typical of boys, while verbal aggression, ignorance, slandering are common among girls (21).

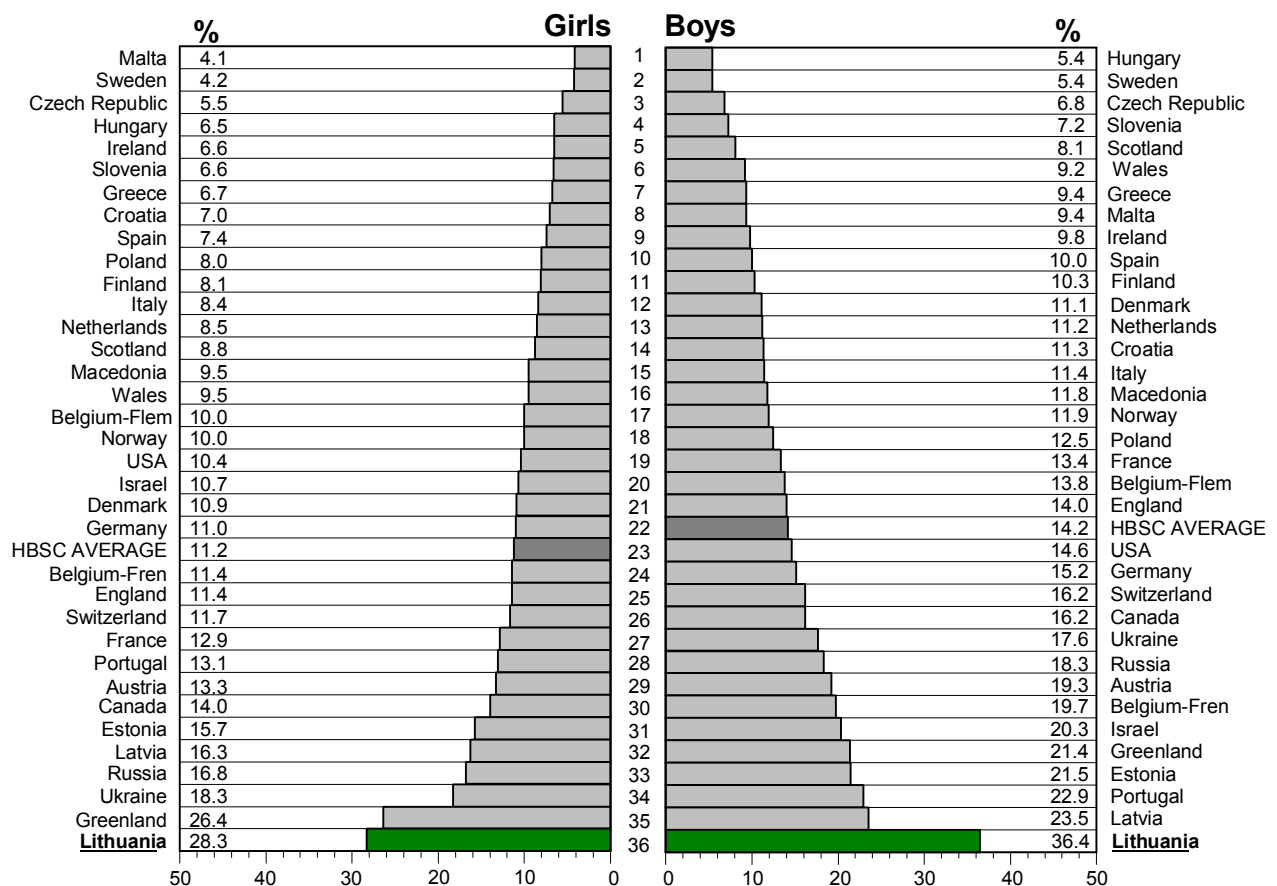


Fig. 1. Cross-national comparisons in reports of being bullied at least 2 times a month in the previous 3 months (HBSC survey in 2001-2002)

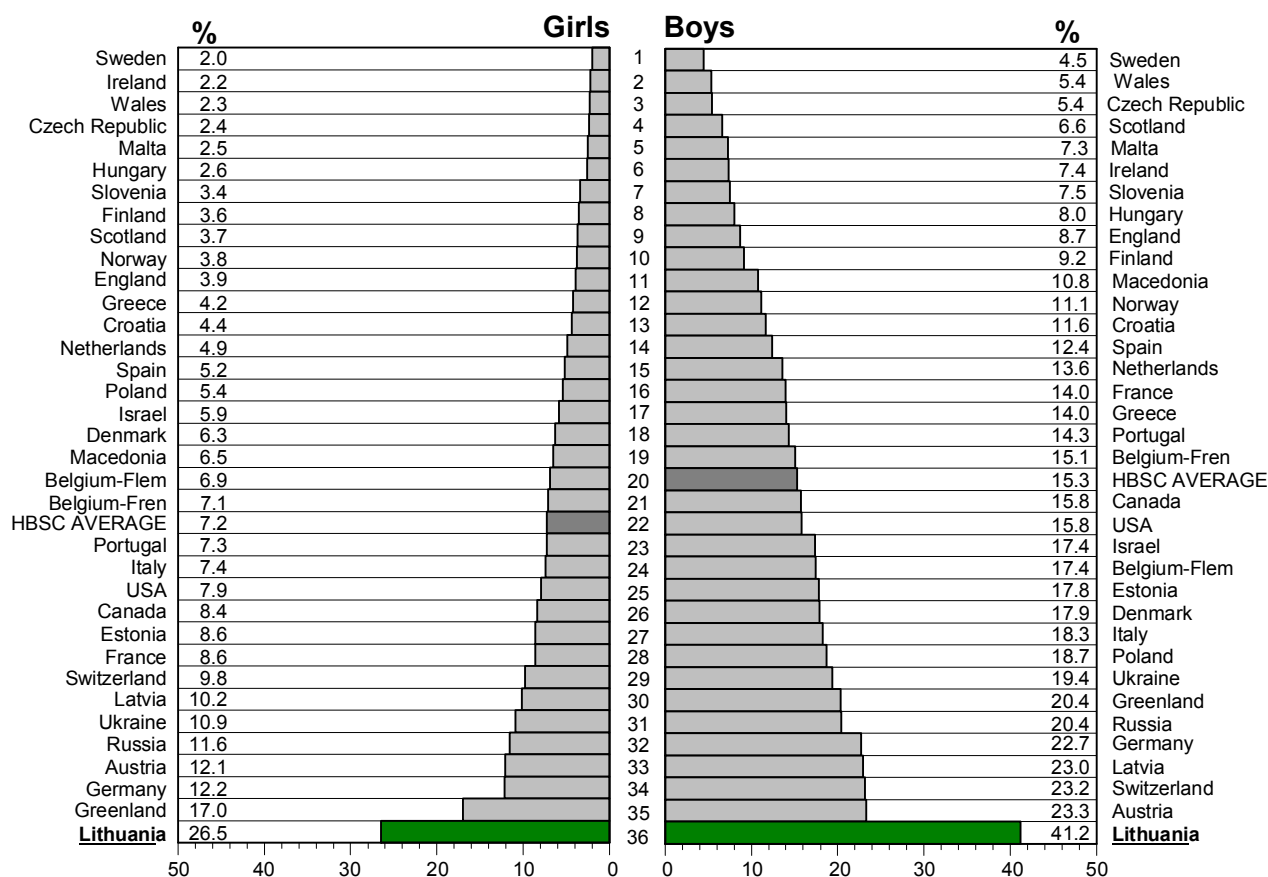


Fig. 2. Cross-national comparisons in reports of bullying others at least 2 times a month in the previous 3 months (HBSC survey in 2001-2002)

There was a significant age difference in responses with higher percentage of the 13-year-old pupils reporting being bullied compared with 15-year-olds. It might be related to physical and psychological maturation of children and better adaptation in school environment. Bullying behavior is likely to be associated with child's social adaptation. A bully often chooses a victim who has difficulties communicating with family, peers and teachers (7, 22, 23).

It might also be the case that older pupils, are more embarrassed or ashamed of being bullied and thus more likely to under-report, even in a confidential questionnaire. Study in Australia has found that children as they grow older feel increasingly embarrassed about reporting their experiences of bullying (24).

Bullying behavior and victimization tracks over time leaving many children exposed to bullying for years. Being bullied can have an affect on a child's present and future health and well-being (24, 25). The immediate effects of victimization can include physical harm, anxiety and lowered self-esteem.

Positive school ethos is affective if adults and other pupils show that bullying is unacceptable at school. Then the amount of bullying behavior and consequences will be easier (6, 26).

Conclusions

1. Lithuania has the highest level of bullying behavior and victimization. About one in three children overall reported that they had been a victim of regular bullying at school.

2. A higher percentage of boys than girls report that they have been bullied and have bullied others. Bullying is more commonly reported by 13-year-olds.

3. During 1994–1998 schoolchildren living in village were 1.5 times more inclined to bully than schoolchildren living in town; in 2002 this difference between village and town in both gender groups became insignificant.

The extent of bullying in Lithuanian primary and secondary schools encourages initiating anti-bullying policy in schools immediately.

Moksleivių patyčios Lietuvos mokyklose 1994–2002 m.

Apolinaras Zaborskis, Lina Cirtautienė, Nida Žemaitienė
Kauno medicinos universiteto Biomedicininio tyrimų institutas

Raktažodžiai: moksleiviai, paaugliai, patyčios, priekabiavimas, smurtas.

Santrauka. Tyrimo tikslas. Įvertinti moksleivių patyčių paplitimą Lietuvos mokyklose, nustatyti jų pokyčius 1994–2002 m. ir duomenis palyginti su kitų šalių moksleivių analogiško tyrimo duomenimis. Straipsnyje analizuojami 11, 13 ir 15 metų moksleivių apklausų duomenys apie patirtas patyčias, jų pačių tyčiojimąsi iš kitų moksleivių. Tyrimo medžiaga rinkta 1994, 1998 ir 2002 m. vykdant PSO koordinuojamą tarptautinį moksleivių sveikatos ir gyvenamosios tyrimą (angl. Health Behaviour in School-Aged Children – HBSC). Daugiau kaip trečdalis moksleivių nurodė, jog mokykloje dažnai patiria patyčias. Berniukai dažniau nei mergaitės tampa patyčių objektu (2002 m. tyrimo duomenimis, 36 proc. berniukų ir 32 proc. mergaičių, $p < 0,05$). Dažniausiai tyčiojamosi iš trylikamečių, rečiausiai – iš penkiolikmečių berniukų ir mergaičių. Įvertinus patyčių paplitimo dažnį pagal gyvenamąją vietą, paaiškėjo, jog tarp kaime gyvenančių moksleivių tyčiojimosi dažnis beveik 1,5 karto didesnis nei tarp gyvenančių mieste. 2002 m., palyginus su 1994 ir 1998 m., moksleivių patiriamų patyčių dažnis buvo mažesnis ($p < 0,05$). Berniukai (apie 40 proc.) dažniau linkę tyčiotis iš kitų palyginus su mergaitėmis (apie 28 proc.) ($p < 0,05$). Abiejų lyčių grupėse tyčiojimosi iš kitų dažnis didėjo pagal amžių. 1994 ir 1998 m. kaime gyvenantys moksleiviai buvo linkę tyčiotis iš kitų moksleivių dažniau negu mieste gyvenantys, tačiau 2002 m. šis skirtumas buvo nereikšmingas. Lietuva visuose trijuose tyrimuose pirmąją pagal patyčių dažnį mokykloje palyginti su kitomis tyrime dalyvavusiomis šalimis.

Išvada. Patyčias patiriančių ir iš kitų besityčiojančių moksleivių dažnis Lietuvos mokyklose yra didesnis nei kitose Europos šalyse: dažnų patyčių aukomis tampa vidutiniškai kas trečias 11–15 metų moksleivis. Patyčių paplitimo Lietuvos mokyklose rodikliai skatina neatidėliotinai imtis kryptingos patyčių profilaktikos Lietuvos mokyklose

Adresas susirašinėti: A. Zaborskis, KMU Biomedicininio tyrimų institutas, Eivenių 4, 50009 Kaunas
El. paštas: socped@kmu.lt

References

1. King A, Wold B, Tudor-Smith C, Harel Y, editors. The health of youth: a cross-national survey. WHO Regional publications, European Series No. 69. Copenhagen: WHO Regional Office for Europe; 1996.
2. Žemaitienė N. Mokyklos patrauklumas ir moksleivių sveikata. (Fascination of school and the health of schoolchildren: the data of a cross national study.) Socialiniai mokslai. Sociologija 1996;3(7):75-8.
3. Forero R, McLellan L, Risel C, Bauman A. Bullying behaviour and psychosocial health among school students in New Wales, Australia: cross sectional survey. BMJ 1999;319(7206):344-8.
4. Currie C, Samdal O, Boyce W, Smith B, editors. Health Behaviour in School-Aged Children: a WHO cross-national survey (HBSC). Research protocol for the 2001/02 survey. Research Unit in Health and Behavioural Change, University of Edinburgh, Edinburgh; 2002.
5. Rigby K. What children tell us about bullying in schools. Child Aust 1997;22:28-34.
6. Pušnik M. Guidelines for analysing, preventing and dealing with violence in a school environment – the Slovenian approach. National Education Institute of the Republic of Slovenia; 2003. Available from: URL: <http://www.oecd.org/dataoecd/27/61/33867017.pdf> (Accessed 20 Dec, 2004).
7. Boulton JM, Smith PK. Bully/victim problems among middle school children: stability, self perceived competence, and peer acceptance. Br J Dev Psychol 1994;12:315-29.
8. Rigby K. Peer relations at school and the health of adolescents. Youth Stud August 1998;17:13-7.
9. Williams K, Chambers M, Logan S, Robinson D. Association of common health symptoms with bullying in primary schoolchildren. BMJ 1996;313:17-9.
10. Nansel TR, Overpeck M, Pilla R, Ruan W, Simons-Morton B, Scheidt P. Bullying behaviors among US youth: prevalence and association with psychosocial adjustment. JAMA 2001;285:2094-100.
11. Žemaitienė N, Zaborskis A. Moksleivių įvardijamos savižudiškų polinkių priežastys. (Schoolchildren's self-reported explanations of suicidal ideation.) Mokslo darbai. Psichologija 2004;29:115-30.
12. Smith PK, Sharp S. School bullying: Insights and perspectives. London: Routledge; 1994.
13. Nutbeam D, Smith C, Motore L, Bauman A. Warning! Schools can damage your health: alienation from school and its impact on behaviour. J Pediatr Child Health 1993;29:25-30.
14. Grabauskas VJ, Zaborskis A, Klumbienė J, Petkevičienė J, Žemaitienė N. Lietuvos paauglių ir suaugusių žmonių gyvenamosios pokyčiai 1994–2002 metais. (Changes in health

- behavior of Lithuanian adolescents and adults over 1994–2002.) *Medicina (Kaunas)* 2004;9(40):884-90.
15. Makari J, Zaborskis A. Psychosocialinės vaiko sveikatos prielaidos. Tyčiojimas. (Psychosocial factors of child's bullying.) *Visuomenės sveikata* 2000;1(11):37-44.
 16. Makari J, Zaborskis A. Psychosocial factors of child bullying. 5th European Conference on Health Promotion and Health Education; 2000 Dec 10–13; Mayd-Santander, España. Book of Abstracts. Abstract N221.
 17. Zaborskis A, Makari J. Lietuvos moksleivių gyvensena: raida 1994–1998 metais ir vertinimas tarptautiniu požiūriu. (Health behaviour of Lithuanian schoolchildren: trends in 1994–1998 and cross-national comparison.) Panevėžys: E. Vaičekausko leidykla; 2001.
 18. Currie C, Roberts C, Morgan A, Smith R, Settertobulte W, Samdal O, et al, editors. Young People's Health in Context. Health Behaviour in School-aged Children (HBSC) study: international report from the 2001/2002 survey. Copenhagen: World Health Organization Regional Office for Europe; 2004. (Health Policy for Children and Adolescents, No. 4). Available from: URL: http://www.euro.who.int/eprise/main/who/informationources/publications/catalogue/20040518_1 (Accessed 20 Dec, 2004).
 19. WHO. Health Behaviour in School-aged Children. A WHO Cross-National survey: Research protocol for the 1997–1998 study. Bergen; 1998. p. 91.
 20. Zaborskis A, Žemaitienė N, Šumskas L, Diržytė A. Moksleivių gyvenimo būdas ir sveikata. Pasaulinės sveikatos organizacijos 1994 m. tarptautinės moksleivių apklausos rezultatai. (Health behaviour of Lithuanian schoolchildren in 1994.) Vilnius: Leidybos centras; 1996.
 21. Glew G, Rivara F, Feudtner C. Bullying: children hurting children. *Pediatr Rev* 2000;21:189-9.
 22. Boulton JM, Underwood K. Bully/victim problems among middle school children. *Br J Educ Psychol* 1992;62:73-87.
 23. Todd J, Currie C. Bullying and fighting among schoolchildren in Scotland: age and gender patterns, trends and cross-national comparisons. The University of Edinburgh, HBSC Briefing Paper 8; 2004.
 24. Eslea M, Menesini E, Morita Y, O'Moore M, Mora-Merchán JA, Pereira B, et al. Friendship and loneliness among bullies and victims: Data from seven countries. *J Aggr Behav* 2004; 30:71-83.
 25. Salmon G, James A, Smith DM. Bullying in schools: self reported anxiety, depression, and self esteem in secondary school children. *BMJ* 1998;317:924-5.
 26. Kaltiala-Heino R, Rimpela M, Marttunen M, Rimpela A, Rantanen P. Bullying, depression, and suicidal ideation in Finnish adolescents: school survey. *BMJ* 1999;319(7206): 348-51.

Received 4 March 2005, accepted 22 June 2005