

**Health Behaviour in School-aged Children: Healthy Settings for Young People in Canada (2006)**

Health Behaviour in School-aged Children (HBSC) is a World Health Organization survey examining the health behaviours of youth recently conducted in 41 countries. This fact sheet highlights information about the health of 9,672 Canadian youth in grades 6 through 10 in the HBSC study funded by the Public Health Agency of Canada.

For more information about the HBSC study and for Canada-specific data, please visit [www.publichealth.gc.ca](http://www.publichealth.gc.ca). For international data visit the HBSC global site at [www.hbsc.org](http://www.hbsc.org).

# Bullying and Fighting Among Canadian Youth

Bullying is aggressive behaviour imposed from a position of power. Young people who bully have more physical, psychological, social or systemic power than their victims. Between 17 and 25 percent of boys and girls in grades 6 through 10 report having been bullied once or twice in the past few months, and between four and twelve percent report having been bullied once a week or more. Overall, the prevalence of bullying has declined very slightly since 2002.

## Bullying can have lifelong impacts

Relationships are essential foundations to healthy development and well-being, so children whose views of relationship dynamics are shaped by bullying can be affected for life. Those who learn to get their way by bullying can go on to adult bullying behaviours such as sexual harassment, dating aggression, workplace harassment and domestic violence. Similarly, victims of bullying may carry hurt and fear into their adult relationships. Research has also identified an intergenerational link: parents who were bullies as children are likely to have children who bully.

## Boys bully more than girls

Boys report bullying others significantly more than girls do. For boys the behaviour peaks in grade 9 at 47 percent, while it peaks for girls in grades 7, 8 and 9 at 37 percent. A significant number of both boys and girls report that they are both bullies and victims. Again, the levels of involvement are higher for boys, particularly in grades 8 and 9.

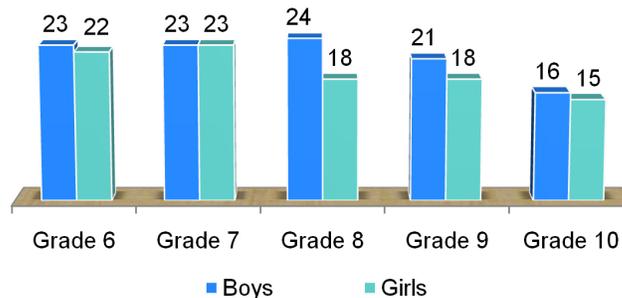
## Girls are more affected by indirect bullying

Bullying can take many forms, from outright violence to indirect behaviours such as excluding a person socially or spreading lies about them. Boys are more likely to experience direct forms of bullying such as physical aggression (up to 46 percent). Sexual harassment is higher for boys in grades 6 and 7, but higher for girls in grades 9 and 10.

Girls are more likely to experience indirect forms of bullying, including cyberbullying. Cyberbullying can include computer postings, e-mails or cell phone harassment.

Bullying due to race or religion occurs less frequently than any other type of bullying for boys and girls.

**Bully-victims by grade and gender (%)**



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This fact sheet was developed in collaboration with the Joint Consortium for School Health with funding from the Public Health Agency of Canada.

Data for this fact sheet was taken from: Craig, Wendy M. & McCuaig Edge, Heather. "Bullying and Fighting." *In Healthy Settings for Young People in Canada*. W. Boyce, M. King, & J. Roche (Editors). Ottawa, Ontario: The Public Health Agency of Canada, 2008.

### Fighting behaviour is increasing

While rates of bullying have declined slightly since 2002, fighting behaviour has increased, especially in grades 6 to 8. As many as 18 percent of boys and eight percent of girls report having been in four or more fights in the past year. About half of boys fought with friends or acquaintances. Girls were more likely to fight with family members. Older boys are more likely to fight with a stranger, which may put them at risk of serious injury.

work and play. Programs that go beyond the school and actively involve families and communities may be able to create more supportive environments.

### What can schools, families and communities do?

Everyone can help make a difference by contributing to healthy, supportive learning environments. Research consistently demonstrates that health and education are inextricably linked – and the most effective way to address issues such as bullying is through a comprehensive school health approach.

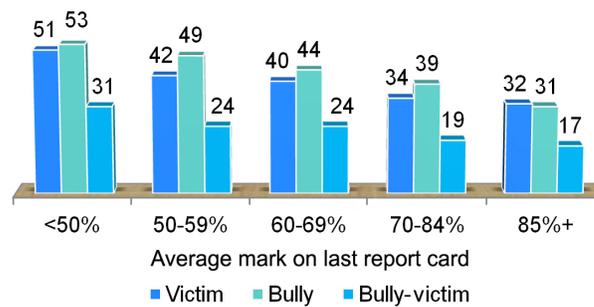
Comprehensive school health incorporates policies and practices supporting students' health and general well-being into every aspect of the school environment. It also engages parents and community members as partners.

This relates to bullying in two ways. First, when everyone works to support a positive, engaging environment that focuses on students' strengths and potential, bullying can be reduced. Second, by using a "whole school" approach, anti-bullying policies and other anti-bullying initiatives can be incorporated into many aspects of the day-to-day learning environment, consistent with best practices in comprehensive school health<sup>1</sup>.

For more information on comprehensive school health, visit the Joint Consortium for School Health website at [www.jcsh-cces.ca](http://www.jcsh-cces.ca). For more information on bullying prevention resources and programs in Canada, see "Mental Resilience Quick Scan of Activities and Resources in Resilience/Positive Asset-Based Social Development in Canadian Schools", available on the Joint Consortium for School Health website.

For more about what's happening in your community, contact your local school or district directly.

### Involvement in bullying and academic achievement (%)



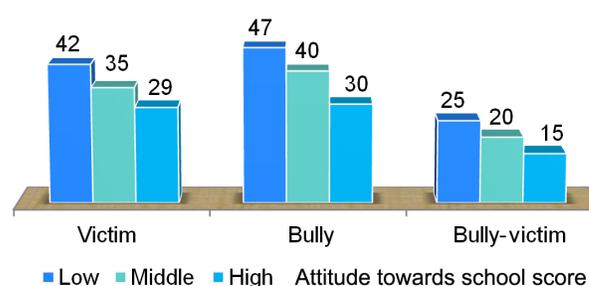
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### The social environment can make a significant difference

Students whose attitude toward school is positive, and those with higher academic achievement, are less likely to be either victims or bullies. Having friends with highly positive social attitudes also appears to have a protective impact against bullying.

Across all categories, there is a clear association with problems at home, at school and in the peer group. Interventions need to take a systemic approach and be designed to support young people where they live, learn,

### Involvement in bullying and attitude towards school (%)



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<sup>1</sup> Joint Consortium for School Health (2007), *Mental Resilience Quick Scan of Activities and Resources in Resilience/Positive Asset-Based Social Development in Canadian Schools*, p 1, 7