

**Editorial:****Bullying and Violence among Children: Magnitude and Consequences****Ismail Dahshan**

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Within the UN Convention on the rights of the children (CRC) ratified by all countries, except the USA, the CRC declares that all children (aged 0-18years) are entitled to survival, protection, development, and participation, the convention is legally binding.<sup>(1)</sup>

United Nations Educational, Scientific and Cultural Organization (UNESCO) in its comprehensive report; Behind the Number: Ending School Violence and Bullying, in 2019.<sup>(2)</sup> It provides a wealth of quantitative data from two large-scale international surveys, WHO study-The Global School-based Health Survey (GSHS), and The Health Behavior in School-aged Children Study (HBSC).<sup>(3,4)</sup> These studies cover 144 countries, and territories in all regions of the world.

The UNESCO report states, that there is no standard definition of bullying or cyberbullying in international surveys. Only three surveys; the GSHS, HBSC, and Progress in International Reading Literacy Study (PIRLS); that is a school health survey assessing learning outcomes<sup>(5)</sup>, are providing explicit definition in term of aggressive behavior that involve unwanted, negative actions, and an imbalance of power or strength between the perpetrator

and the victim. This behavior and actions are repeated over a period, and aggressions should occur at least once or twice a month or more.

Based on the report, globally, one in three children, experiences bullying, and a similar proportion are affected by physical violence, while physical and sexual bullying was the most frequent types of bullying in GSHS regions except Europe and North America. Psychological bullying is the most frequent type of bullying in HBSC Europe and North America regions. Out of the 71 countries and territories with trend data in these surveys, 35 (almost half) have seen a decrease in the prevalence of bullying.

Data mainly from the GSHS, and the HBSC, on school violence and bullying by region, and sub-region, showed that North Africa, and Middle East, have the second and third highest prevalence of bullying, with overall rate at 42.7% (30.6 %-70.0%), and 41.1% (17.5%- 59.5%) respectively. In the Middle East, in contrast to other regions, race, nationality, or color, is the most frequent driver of bullying reported by male students, compared with girls (17.3% versus 8.2%).

In an Australian meta-analysis study has conducted by Amarzaya Jadambaa ...et al to estimate the prevalence of traditional bullying, and cyberbullying among children, and adolescent, on searched data until May 2017; the authors, estimated the 12 months prevalence of bullying victimization (being bullied) 15.17% (95% CI 9.17-22.3), and the perpetration (bullying other) 5.27% (95% CI 3.13-7.92). On the other hand, cyberbullying victimization, and cyberbullying perpetration was less common with life time prevalence 7.02% (95% CI 2.41-13.56), and 3.45% (95% CI 1.13-6.89) respectively.<sup>(6)</sup>

In the first article in the current issue of Egyptian Family Medicine Journal, we report a cross sectional descriptive study that is carried out in Tanta city, Egypt, to estimate 6 months prevalence of isolated types of bullying, and associated health manifestations. The study collected data on large sample of 1535 primary school children, using a child, and parents' validated questionnaires. The results showed, verbal bullying by naming, and physical bullying in the form of kicking, and hitting were the most common types of bullying with prevalence of 5%, and 3.5% (most of the time) respectively. The most prevalent associated health manifestations, was easily and rapidly angered (17.8%), scared to go to school (13%), unexplained bruises, and scratches (11%).<sup>(7)</sup>

The impact of bullying on educational outcomes was summarized in a review done by Richard Armitage, in 2021<sup>(8)</sup>. It is reported that the percentage of children frequently bullied compared with not frequently bullied, for the educational outcome; feeling like an outsider (left out of things at school) was 42.4% versus 14, 9% respectively. Also, feeling anxious for a test even if well prepared, was 63.9 % versus 54.6%, for the educational outcome, skipped school at least 3-4 days in the previous 2 weeks, was 9.2% versus 4.1%.<sup>(8)</sup>

The National Childhood Development Study is a British prospective cohort study started in 1958, Adult Health Outcomes of Childhood Bullying Victimization: Evidence from a Five-Decade Longitudinal British Birth Cohort, that examined the adult health outcomes of childhood bullying. Information was collected on 98% of all births during 1 week in 1958 in England, Scotland, and Wales, with subsequent follow ups taken place at ages, 7, 11, 16 years in childhood. Assessment of bullying was done using parental interviews in childhood, and adult follow up contacts at ages 23, 45, and 50.

The results showed that, participants who were bullied in childhood had increased levels of psychological distress, at age 23, and 50, victims of frequent bullying had higher rates of depression (odd ratio 1.9, 95% CI 1.27- 2.99), anxiety

disorders (odd ratio 1.65, 95% CI 1.25-2.18). Also, suicidality (odd ratio 2.21, 95% CI 1.47-.3.31) than their non-victimized peers, and childhood bullying victimization was associated with lack of social relationship, economic hardship, poor perceived quality of life at age 50.<sup>(9)</sup>

Although there are several effective national responses to reduce, or maintain low level of bullying in children, including political leadership, and commitment, training and support of teachers taking care of bullied children, and others<sup>(2)</sup>, there is no clear management, and referral pathways for health professionals dealing with childhood bullying, in both primary, and secondary care.<sup>(8)</sup>

#### References:

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