

Bullying victimization and subjective health among disabled students : A cross-national study in 11 western countries



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Introduction

- The prevalence of school bullying varies across countries and contexts
- The negative impact of bullying at school on students' health is well known
- Children with disabilities are more vulnerable than others, hence we hypothesised a likely more negative effect of bullying on their health
- Educational and social contexts interact with young people's behaviours (like bullying) and with their health.

Objectives

- To report the prevalence of school bullying, and to compare this prevalence between students with a disability or chronic illness (D/CI) and others across countries
- To compare the relationships between bullying victimisation and perceived health among students reporting D/CI and others, across country and the individual contexts.

Health Behaviour in School-aged Children survey (HBSC)

- ✓ Based on the 2006 HBSC/WHO cross-national survey international protocol
- ✓ Nationally representative sample of adolescents aged 11, 13 and 15 years from 11 western countries (n=55,030)
- ✓ Self-completion questionnaire, anonymous and voluntary
- ✓ Multilevel logistic regressions (country / school / student)

Bullying victimisation at school

- A standardised definition of bullying was provided to allow confidence in cross-national comparisons, focusing on the three elements that define bullying (Olweus 1993): repetition, harm and unequal power
- Measure: being bullied at least once in the last couple of months.

Subjective health

3 complementary outcomes exploring different aspects of subjective health :

- *Self-related health* → assessment of global health perception
- *Life satisfaction* → cognitive evaluation of ones life
- *Health complaints* → response to stressful situations.

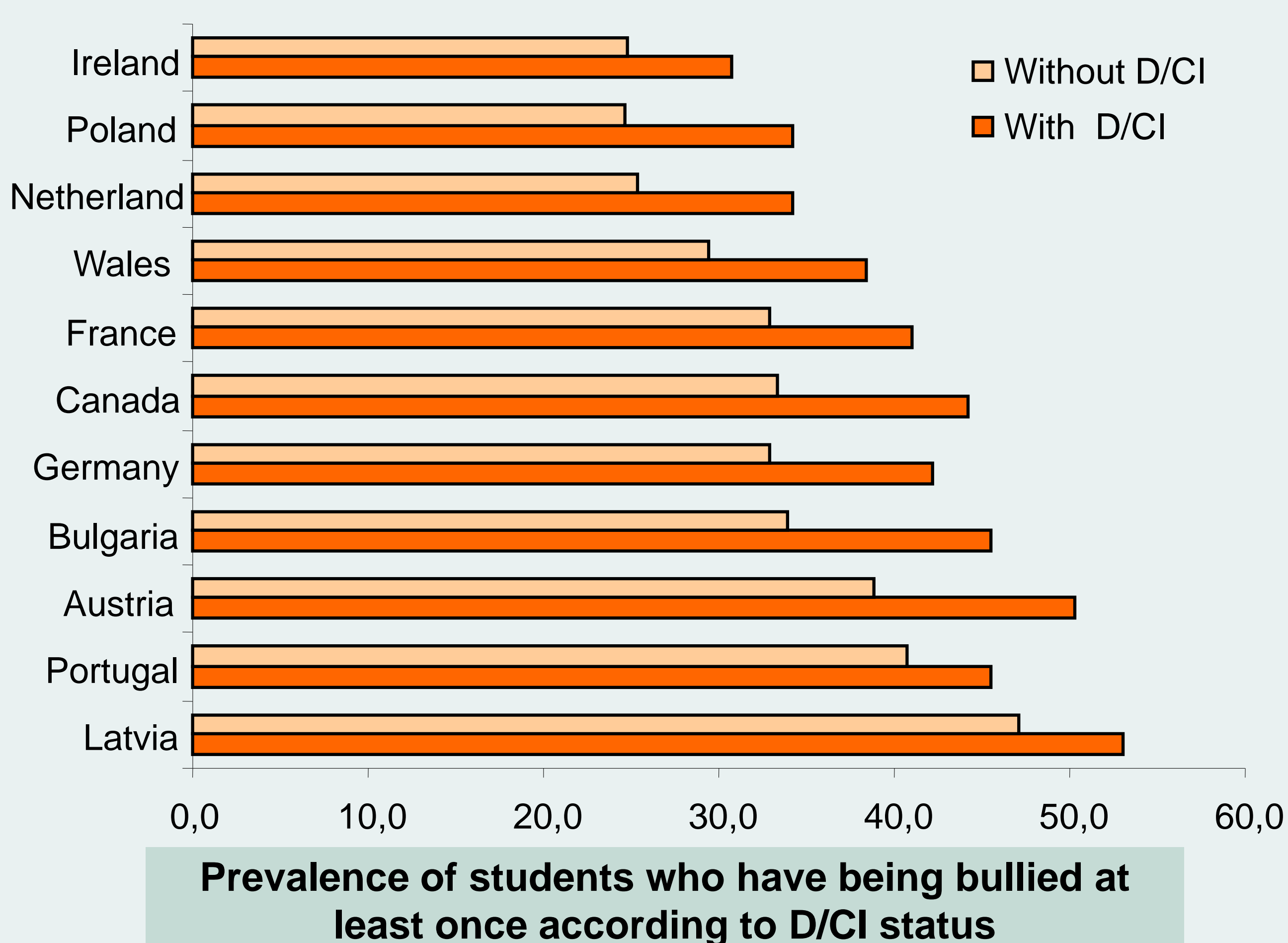
Disability and chronic illness (D/CI)

Disabled students were identified by the following question: "Do you have a long-term illness, disability, or medical condition (like diabetes, arthritis, allergy or cerebral palsy) that has been diagnosed by a doctor?"

Results

1. Overall, **34.4%** of students reported being bullied at least once, with large variations across countries (from **25.9% in Ireland** to **48.3% in Latvia**).

2. The prevalence of students reporting being bullied was **consistently higher among students reporting a D/CI** compared to others, in all countries.



3. At all ages, **the risk for reporting poor/fair general health and poor life satisfaction among victims of bullying is similar for students with D/CI and for others.**

The only exception to this pattern was among 11-year olds who had been bullied, who were less likely to report having health complaints, than those who did not report that they had a D/CI. (interaction p-value=0.034).

	Poor/fair general health Adjusted OR* (95% CI)	Poor life satisfaction Adjusted OR* (95% CI)	Health complaints Adjusted OR* (95% CI)
11 year-olds			
- without D/CI	1.5 (1.3-1.8)	2.3 (1.9-2.7)	2.1 (1.8-2.4)
- with D/CI			1.5 (1.1-2.0)
13 year-olds			
- without D/CI	1.7 (1.4-2.0)	2.0 (1.7-2.3)	1.7 (1.5-2.0)
- with D/CI			
15 year-olds			
- without D/CI	1.3 (1.2-1.6)	1.6 (1.4-1.8)	1.7 (1.5-1.9)
- with D/CI			

* adjusted on : age, gender, family affluence, talking to mother, talking to father, family structure, peer support, talking to same sex friends, BMI, pressured by schoolwork

Risk for reporting a poor subjective health outcomes associated with bullying victimisation according to the D/CI status

Conclusion

- Adolescents reporting a D/CI are more vulnerable to bullying at school; this holds irrespective of the country context
- The negative impacts of being bullied on subjective health and well-being is the same for students with D/CI as for those without D/CI
- The strength of the associations between bullying victimisation at school and health complaints is weaker for students aged 11 years who reported D/CI than for those who didn't report D/CI.

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