Aim of the Presentation

- To compare bullying experiences among university students between four countries.
- To provide an understanding of the impact that bullying experiences might have on students' health and psychosocial well-being.
- To discuss implications for student health services and prevention of risky social behavior on campuses.
Bullying

- Refers to a process of interaction in which an individual becomes the target of repeated insults, damage, and/or discrimination by one person or a group of people, without being able to affect the treatment he or she is experiencing (Pörhölä, 2009)
- Can be physical, verbal/nonverbal, or relational hurting.
- Carried out repeatedly over time in an interpersonal relationship characterized by an imbalance of power.

Background

- Engagement in bullying is a stressful experience, the consequences of which can be long-term for the well-being of both its victims and perpetrators.
- The research on bullying and its consequences has mainly focused on elementary and middle schools.
- A small number of surveys conducted in universities indicate that bullying exists there too (Ahmer et al., 2008; BMA Medical students’ welfare survey report, 2006; Chapell et al., 2004; Curtis et al., 2007; Mukhtar et al., 2010; the NUS Student Experience Report, 2008; Pörhölä & Kunttu, in review)
Background

- The measures, samples and analyses used have varied significantly between individual studies.
- More research is needed to examine whether cultural factors influence young adults’ bullying experiences, and consequently contribute to inequalities in individuals’ health and well-being between countries.

Data Collection

- Data were collected by survey method from undergraduate university students in four countries
  - Argentina (N = 969, convenience sample)
  - Estonia (N = 1,053, representative sample)
  - Finland (N = 4,403, representative sample)
  - United States (N = 2,082, convenience sample).
- Similar measures in data collection and analyses
Assessment of Bullying Experiences

Based on retrospective self-reports of bullying and victimization experiences.

The following definition was provided in the questionnaire:

“Bullying refers to a situation in which an individual is the object of recurring insult, damage, and/or discrimination by one or several persons without being able to influence how she/he is being treated.”

A set of questions to assess bullying behaviors and experiences of victimization by peers and university staff members (e.g. “During your university study, how frequently have you been the object of bullying by one or more students?”)

A response set “never”, “occasionally”, “often” was provided for each question.

Bullying Among Students at University

(Pörhölä, Cvancara, Kaal, Kunttu, Tampere & Torres, in preparation; see also Pörhölä, Cvancara, Kaal, Tampere & Torres, in press)

<table>
<thead>
<tr>
<th>Country</th>
<th>Been victimized at least occasionally (%)</th>
<th>Bullied others at least occasionally (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Argentina</td>
<td>24.8</td>
<td>5.5</td>
</tr>
<tr>
<td>U.S.</td>
<td>11.2</td>
<td>3.2</td>
</tr>
<tr>
<td>Finland</td>
<td>5.3</td>
<td>2.3</td>
</tr>
<tr>
<td>Estonia</td>
<td>2.0</td>
<td>1.7</td>
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</tbody>
</table>
Bullying by University Staff Members  
(Pörhölä, Cvancara, Kaal, Kunttu, Tampere, & Torres, in preparation)

<table>
<thead>
<tr>
<th>Country</th>
<th>Been bullied by university staff members at least occasionally (%)</th>
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</thead>
<tbody>
<tr>
<td>Estonia</td>
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</tr>
<tr>
<td>Argentina</td>
<td>9.2</td>
</tr>
<tr>
<td>U.S.</td>
<td>8.3</td>
</tr>
<tr>
<td>Finland</td>
<td>6.5</td>
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</table>

<table>
<thead>
<tr>
<th>Country</th>
<th>Verbal Attack</th>
<th>Physical Damage</th>
<th>Unjustified Criticism of Studies</th>
<th>Mocking Personal Qualities</th>
<th>Damage to Relationships/ Discrimination</th>
<th>Technologically Mediated Bullying</th>
</tr>
</thead>
<tbody>
<tr>
<td>Argentina</td>
<td>9.8</td>
<td>1.5</td>
<td>11.5</td>
<td>10.4</td>
<td>4.2</td>
<td>4.9</td>
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<td>Estonia</td>
<td>7.3</td>
<td>0.2</td>
<td>14.1</td>
<td>4.6</td>
<td>2.3</td>
<td>0.8</td>
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<tr>
<td>Finland</td>
<td>6.3</td>
<td>0.5</td>
<td>11.8</td>
<td>6.2</td>
<td>4.5</td>
<td>0.9</td>
</tr>
<tr>
<td>U.S.</td>
<td>12.3</td>
<td>2.5</td>
<td>12.7</td>
<td>12.7</td>
<td>7.3</td>
<td>4.2</td>
</tr>
</tbody>
</table>

(Pörhölä, Cvancara, Kaal, Kunttu, Tampere & Torres, in preparation)
Continuums of bullying from school to higher education

- A large number of higher education students have previous experiences of bullying, particularly in the role of victim (20% in Finland).
- In Finland: 51% of students who had bullied their fellow students at university had also bullied their schoolmates at school.
- 47% of students who had been victimized by fellow students at university had previously been subjected to school bullying. (Pörhölä, 2011a.)
- Similar findings from other countries: the roles tend to remain stable (Chapell et al., 2006; Curwen, McNichol, & Sharpe, 2011; Pörhölä, in press).

Well-being of victims

(University Student Health Survey 2008 in Finland; N = 5,086)

- Victims report a significantly higher number of ailments in comparison to bullies and those with no bullying experience, including:
  - eating disorders
  - anxiety symptoms
  - depression, and other mental issues
- Victims reported also more appointments with health care professionals than other students. (Pörhölä, Cvancara, & Kunttu, in submission)
Well-being of victims (2)
(University Student Health Survey 2008 in Finland; N = 5,086)

- Victims report higher levels of social anxiety in university learning contexts, in comparison to those with no experience of bullying.
- The learning situations in which victims reported higher levels of social anxiety were seminars, discussions with their teacher, and taking tests and exams.

(Pörhölä, Almonkari, & Kunttu, in preparation)

Well-being of bullies
(University Student Health Survey 2008 in Finland; N = 5,086)

- Students who had bullied others (bullies) reported significantly more
  - alcohol and drug abuse
  - money-game addiction
  - Internet addiction
  than did those uninvolved in bullying.

(Pörhölä, 2011b)
What can be done?

- Professionals working with young persons should consider how social environments support and/or deter the development of health-promoting behaviors and well-being.
- Increase understanding of bullying and its consequences on health and well-being.
- Offer individual students the opportunity to talk with someone about their bullying experiences (at university, in health services).

What can be done? (2)

- Important for health professionals to identify the origin of students’ ailments and not only seek to treat their acute symptoms. These professionals can be in a key position to provide social support for these students.
- Collaboration between important actors (in health services, among univ. personnel) would be important to intervene in bullying when it occurs.
- Cultural differences in student health care may affect the well-being of individuals who have been engaged in bullying. Significant advantage could be gained by sharing cultural experiences and understanding of different ways to deal with students’ health and peer relationship problems.
References


