

Mothers Are Right: Eat Your Vegetables And Keep Away From the Girls (Boys)

Bullying Victimization Profile in the Caribbean

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Abstract

About 29 percent of teenagers are bullied at school in the Caribbean. Victims of bullying are more lonely, sleep less, and have fewer friends than do their nonbullied peers. Although victims of bullying eat more frequently at fast food restaurants, they also experience more periods of hunger than do nonbullied children. Acting out with the goal of being considered a "cool" teenager does not work; even if adolescents frequently smoke cigarettes, bullies may still intimidate and harass them. The opposite is true for virgins. Good parenting can, however, make a difference in preventing a child from being a victim of bullying. Growing international evidence has shown that school-based programs can reduce the prevalence of bullying and that bullying has long-term negative consequences into adult life (for both bullies and victims).

JEL codes: I10, I20, J13, J19

Keywords: Bullying, Caribbean, parenting, youth, school violence

"Our youths must be guided to make responsible decisions for themselves—decisions that may have devastating effects on their young lives. Many of our young persons are faced with various types of bullying and abuse which can have a devastating impact not just immediately but on their adult lives as well." Felicia Browne¹

Introduction

Bullying is a distinct type of aggression of repeated abuse of power (Olweus 1997). It is manifested as deliberate physical and/or verbal aggression including name calling and making threats, relational aggression (e.g., social isolation and rumour spreading), and more recently cyberaggression through text messaging and e-mails containing hurtful messages or images.

Bullying was once considered a childhood rite of passage—something that children did, experienced, or witnessed. However, a growing body of international evidence reveals that the experience of being bullied can result in lasting damage to victims.² It is not necessary to be physically harmed in order to suffer lasting harm. In general, physical damage incurred in a fistfight heals readily. What is far more difficult to mend is the psychological damage inflicted upon the bullying victim's self-concept (i.e. upon his/her identity). Compared with nonvictims of bullying, victims had four times the prevalence of agoraphobia, generalized anxiety, and panic disorder when they became adults (Copeland et al. 2013). As bullies grow up, they are more likely to be convicted of felonies and to abuse drugs.³

In this Policy Brief, we review the correlates of being a victim of bullying at school in Caribbean⁴ countries and discuss possible antibullying policies. School-based policies range from the use of contextual schoolwide interventions to those that are specifically tailored to the individual. Hence, an important input in considering policies is to determine the size of the problem and the victims' profile.⁵

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¹ Interview in the Caribbean News, 21 May 2013.

² See Wolke et al. (2013) for an analysis of medium-term consequences of bullying and cyberbullying on different outcomes (e.g., depression, likelihood of smoking, drinking, life satisfaction)

³ A proximate policy brief will review sex, violence and drugs profile of the Caribbean teenagers.

⁴ While the survey was conducted in The Bahamas and Barbados as well, no data is available for these countries at http://www.cdc.gov/gshs/countries/americas/index.htm. Formal requests were made to these countries' authorities but no data was shared as at June 2014.

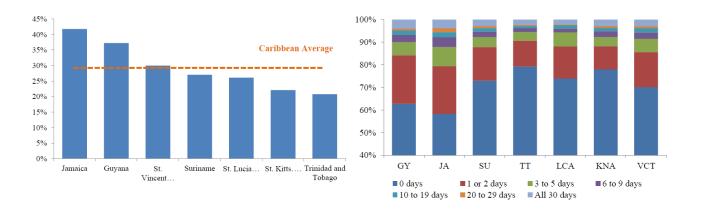
⁵ Victims' profiles are available from the self-administered Global School Health Survey at http://www.cdc.gov/gshs/countries/americas/index.htm. Note that the survey was applied in different years in different countries from 2006 to 2010. Data for Barbados and The Bahamas are not available in the Centers for Disease Control and Prevention web page as of May of 2014.

Prevalence

What are the facts? The size of the problem is shown in Chart 1. The average prevalence of bullying, at least once in the past 30 days, in the Caribbean (simple arithmetic mean for the seven countries)⁶ is 29 percent. Due and colleagues (2008), also using Global School Health Survey data for 66 countries, found that 37 percent of children were bullied at school. Jamaica and Guyana have prevalence rates higher than the world average. Chart 2 shows the frequency of being bullied. The majority of victims have suffered bullying one or two times in the past 30 days, followed by three to five times.

Chart 1. Prevalence of Bullying

Chart 2. Composition of Frequency of Bullying



Note. GY = Guyana, JA = Jamaica, SU = Suriname, TT = Trinidad and Tobago, LCA = St. Lucia, KNA = St. Kitts and Nevis, VCT = St. Vincent and the Grenadines.

Source: Global School Health Survey, Centers for Disease Control and Prevention.

Overall Profile

What are the correlates of being a victim of bullying? In a comparison of victims and nonvictims, the following was found (see Chart 3 for results by country).⁷

⁶ The Caribbean includes the following countries: Guyana, Jamaica, Suriname, Trinidad and Tobago, St. Lucia, St. Kitts and Nevis, and St. Vincent and the Grenadines. Regional averages are shown as diamonds in Charts 3 and 4.

⁷ Note that in this policy brief, we do not present multivariate regression results, which is the scope of a broader analysis ("Bullying Victims' Profile in LAC") forthcoming by the same authors. The statistical significance (at least at the 10 percent) of the differences between victims and nonvictims is represented with an asterisk in the corresponding charts.

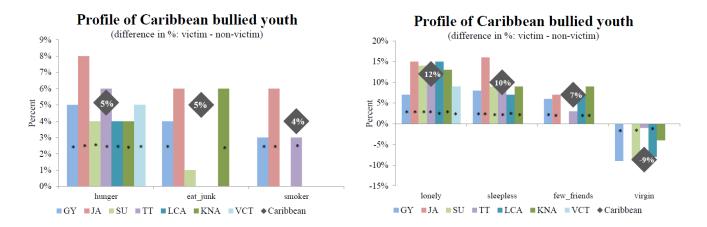
Caribbean children who go hungry, a proxy for poverty, because of lack of enough food at home are, on average, 5 percent more prone to be bullying victims than those who don't go hungry. Jamaica stands out in this regard with a prevalence of bullying 8 percent higher for hungry children. Caribbean children who frequently eat at fast food restaurants are more likely to be bullied (5 percent on average). Jamaica and St. Kitts and Nevis have higher-than-average prevalence rates (6 percent in both countries but statistically significant in the latter only), while there is no significant difference in Suriname. Bullying victimization is no less likely even if a Caribbean child pretends to be cool, by smoking. The average prevalence is higher (4 percent) for smokers. This is especially true in Jamaica, where the difference in bullying is 6 percent among teenage smokers. Differences were zero in Suriname, St. Lucia, and St. Vincent and the Grenadines.

Caribbean teenagers who are victims of bullying are more likely to report feeling lonely, sleeping less, having fewer friends, and being sexually active than their nonbullied peers. Feeling lonely has the most significant differences—averaging 12 percent in the Caribbean and ranging from 7 percent in Guyana to 15 percent in Jamaica and St. Lucia. A similar pattern is observed for those who report having difficulties sleeping at night, with a Caribbean average of 10 percent and significant differences in each country. Having few close friends is also associated with a higher prevalence of bullying victimization. This is more evident in Guyana (difference: 9 percent), Trinidad and Tobago (difference: 9 percent), St. Lucia (difference: 11 percent) and St. Kitts and Nevis (difference: 14 percent). Virginity, partly reflecting parental influence, could get a teenager out of trouble. Teenagers who are not sexually active have a lower prevalence of bullying victimization (9 percent lower in the Caribbean).

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⁸ This indicator was not calculated for Trinidad and Tobago, St. Lucia, and St. Vincent and the Grenadines.

Chart 3. Profile of Victims



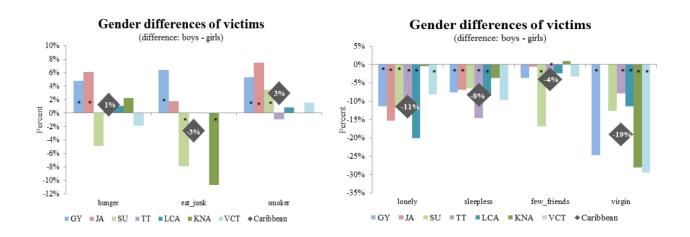
Note. GY = Guyana, JA = Jamaica, SU = Suriname, TT = Trinidad and Tobago, LCA = St. Lucia, KNA = St. Kitts and Nevis, VCT = St. Vincent and the Grenadines. Regional averages are shown in diamonds.

Source: Global School Health Survey, Centers for Disease Control and Prevention.

Are Boy and Girl Victims Different?

Chart 4 shows the percentage difference between boys and girls who are victims of bullying. A positive figure indicates that the characteristic entails greater prevalence for boys than for girls. Girl victims are less likely to go hungry (except in Suriname and St. Vincent and the Grenadines), more prone to eat junk food (in Suriname and St. Kitts and Nevis), less likely to smoke (except in Trinidad and Tobago), report more feelings of loneliness (except in St. Kitts and Nevis where the difference is zero), have more sleepless nights and fewer friends (except in St. Vincent and the Grenadines), and are much more likely than boy victims are to report being a virgin.

Chart 4. Characteristics of Boy Victims and Girl Victims (average boys minus average girls)



Note. GY = Guyana, JA = Jamaica, SU = Suriname, TT = Trinidad and Tobago, LCA = St. Lucia, KNA = St. Kitts and Nevis, VCT = St. Vincent and the Grenadines. Regional averages are shown in diamonds.

Source: Global School Health Survey, Centers for Disease Control and Prevention.

Do Good Parents Make a Difference?

We have already shown that many children are bullied in schools. While most policy advice is focused on school interventions, enhancing good parenting could represent an alternative channel to reduce the prevalence of bullying in the Caribbean (see Abdirahman et al. 2012). For heuristic purposes, and at the cost of oversimplification, a composite dichotomous index of parenting was constructed with information regarding: (i) use of tobacco (for both parents), (ii) whether parents regularly checked if the student's homework was done, (iii) whether students reported their parents understood their problems and worries, and (iv) the frequency with which parents really knew what students were doing with their free time. Good parents are those parents who are nonsmokers, who are aware of their children's whereabouts, who check their school work frequently, and who understand their children's problems.

The regional victimization rate of teenagers whose parents use better parenting practices is half the rate of those whose parents do not. Differences are especially significant in Jamaica and Guyana, where victimization decreases from 18 to 7 percent and from 15 to 7 percent,

respectively. Chart 5 shows prevalence rates for both parenting types, by country. Although we do not provide evidence of causality in this policy brief, reinforcing parents' awareness of their children could have a positive effect in reducing bullying prevalence in the region.

18% 16% 14% 12% 10% 8% 6% 4% GY VCT JΑ SU TT LCA Caribbean Good parenting ■Bad parenting

Chart 5. Victims With Good and Bad Parenting

Note. GY = Guyana, JA = Jamaica, SU = Suriname, TT = Trinidad and Tobago, LCA = St. Lucia, VCT = St. Vincent and the Grenadines.

Source: Global School Health Survey, Centers for Disease Control and Prevention.

Policy

If—and it is difficult to consider the opposite—bullying is bad, then the question arises as to what should an antibullying policy look like. The most typical program is one that emphasizes using universal interventions that rely on contextual strategies to prevent and address the prevalence of bullying. Universal interventions are practices that affect the entire population of youth in a particular context (e.g., a school). Examples of universal interventions relevant to bullying include well-enforced antibullying rules and peer-reporting systems of bullying incidents (see Sugai et al. 2002).

However, the individual characteristics of victims of bullying presented here suggest that there are problems requiring more than universal interventions. Universal programs constitute the first layer of support provided to prevent the onset of bullying. However, universal responses ignore victim, perpetrator, and bystander profiles that could inform more targeted interventions. To the extent that aggression and bullying are part of the normative context of development, it may be that only interventions addressing individual and contextual factors simultaneously will evidence positive effects (Guerra and Huesmann 2004).

Furthermore, not all programs designed specifically to address bullying have convincingly demonstrated their effectiveness in decreasing actual bullying behaviours (Merrell et al. 2008). Experience and common sense are important inputs in designing policy and programs, but they are insufficient for designing programs that effectively reduce victimisation. There is by now a body of evidence on which kind of programs work and which do not (see Merrell et al. 2008; Farrington and Ttofi 2009; Bradshaw et al. 2010). It is important not only to make use of and contribute to this evidence base (through funding evaluations as well as interventions) but also to ensure the cultural adaptability of evidence-based interventions to new contexts. Some examples of these programs include positive behaviour support initiatives, character development and education programs, social-emotional development programs, schoolwide initiatives that support positive behaviour, and early-intervention programs and strategies to prevent the formation of negative mindsets and attitudes.

Unfortunately, we have no information on bullies themselves or contextual indicators on the school or their communities to determine their applicability in the Caribbean context. It is clear that gathering such information and making it available in the public domain will be critical for crafting antibullying programs in the Caribbean.

Conclusion

Bullying does not have to happen. If schools adopt antibullying programs and work with pupils, staff, parents, and their communities, they can effectively reduce bullying. As a result, pupils will grow into adults with greater empathy for each other and knowledge of how to resolve conflict. By intervening with pupils the bully–victim cycle that takes place into adulthood could decline. Society could gain in reduced violence and crime. It will take active communities to reduce bullying. It will be communities that will gain from a reduction (or elimination) of bullying.

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