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## Bullying, violence, and risk behavior in South African school students<sup>☆</sup>

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### Abstract

**Objectives:** To examine the prevalence of bullying behavior in adolescents from Cape Town and Durban, South Africa, and the association of these behaviors with levels of violence and risk behavior.

**Method:** Five thousand and seventy-four adolescent schoolchildren in grade 8 (mean age 14.2 years) and grade 11 (mean age 17.4 years) at 72 Government schools in Cape Town and Durban, South Africa completed self-report questionnaires on participation in bullying, violent, anti-social and risk behaviors.

**Results:** Over a third (36.3%) of students were involved in bullying behavior, 8.2% as bullies, 19.3% as victims and 8.7% as bully-victims (those that are both bullied and bully others). Male students were most at risk of both perpetration and victimization, with younger boys more vulnerable to victimization. Violent and anti-social behaviors were increased in bullies, victims and bully-victims compared to controls not involved in any bullying behavior ( $p < .01$  in all cases). Risk taking behavior was elevated for bullies and bully-victims, but for victims was largely comparable to controls. Victims were less likely to smoke than controls (odds ratio .83,  $p < .05$ ). Bully-victims showed largely comparable violent, anti-social and risk taking behavior profiles to bullies. Bully-victims showed comparable suicidal ideation and smoking profiles to victims.

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**Conclusions:** Results were in keeping with Western findings. Involvement in bullying is a common problem for young South Africans. Bullying behavior can act as an indicator of violent, anti-social and risk-taking behaviors. © 2007 Elsevier Ltd. All rights reserved.

*Keywords:* Bullying; Adolescence; Risk behaviors; Violence; South Africa

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## Introduction

Bullying was defined by Olweus (1994) as exposure to the negative actions of one or more persons repeatedly and over time. It encompasses a spectrum of aggressive actions, both physical and verbal. It can be direct (hitting, kicking, threatening, extortion) or indirect (spreading rumors, social exclusion) (Wolke, Woods, Bloomfield, & Karstadt, 2000). Bullying in school is a common problem internationally, with rates ranging from 9% to 54% (Nansel, Craig, Overpeck, Saluja, & Ruan, 2004). Being a victim or perpetrator of bullying has adverse psychological correlates. Victims and perpetrators of bullying report higher levels of psychiatric and physical symptoms (Salmon, James, & Smith, 1998). Perpetrators have a propensity towards increased aggressive behavior and domestic violence in adulthood (Farrington, 1995). There is evidence of intergenerational continuity of both perpetration (Farrington, 1995) and victimization (Bernstein & Watson, 1997), such that the consequences of bullying are far reaching.

Although much is known about bullying and its correlates in developed countries, very little is known about bullying in developing countries. In particular, there is a dearth of quantitative data on this subject from developing countries (Ohsako, 1999). With recent evidence linking bullying and victimization at school to exposure to domestic violence (Baldry, 2003), one might expect rates of bullying behavior to be higher in countries like South Africa where rates of community violence are elevated (Seedat, Nvamai, Njenga, Vythilingum, & Stein, 2004).

Perpetration and victimization is more common amongst boys, with younger boys more frequently victimized (Olweus, 1994). Typical victims are anxious, physically weak and tend to have a negative attitude towards violence (Olweus, 1993). Bullies tend to be aggressive, impulsive, with physical strength and a positive attitude towards violence (Olweus, 1993). Those who have both bullied and been bullied have been differentiated. This group, referred to as “bully-victims,” have the greatest number of problems. These include: (a) conduct, school and peer relationship problems (Juvonen, Graham, & Schuster, 2003); (b) concurrent and future psychological and psychosomatic symptoms (Fekkes, Pijpers, & Verloove-Vanhorick, 2004; Forero, McLellan, Rissel, & Bauman, 1999; Kaltiala-Heino, Rimpela, Rantanen, & Rimpela, 2000; Kumpulainen & Rasanen, 2000); (c) referrals to psychiatric services (Kumpulainen, Rasanen, & Henttonen, 1999); and (d) the highest probability of persistence of involvement in bullying (Kumpulainen et al., 1999). This group may be at greatest risk of developing psychopathology and warrant further study.

In addition to the potential causative role of exposure to violence on bullying, bullying and violence are related. Olweus (1999) defines bullying and violence as subcategories of aggressive behavior, between which there is an overlap denoting bullying by physical means. Evidence suggests that children who bully may be more involved in violence independent of their bullying behavior. Bullying at age 5 years is related to fighting at age 6 years (Loeber, Green, Lahey, Christ, & Frick, 1992) and being bullied and bullying others have also been related to weapon carrying and involvement in physical fighting (Nansel,

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