



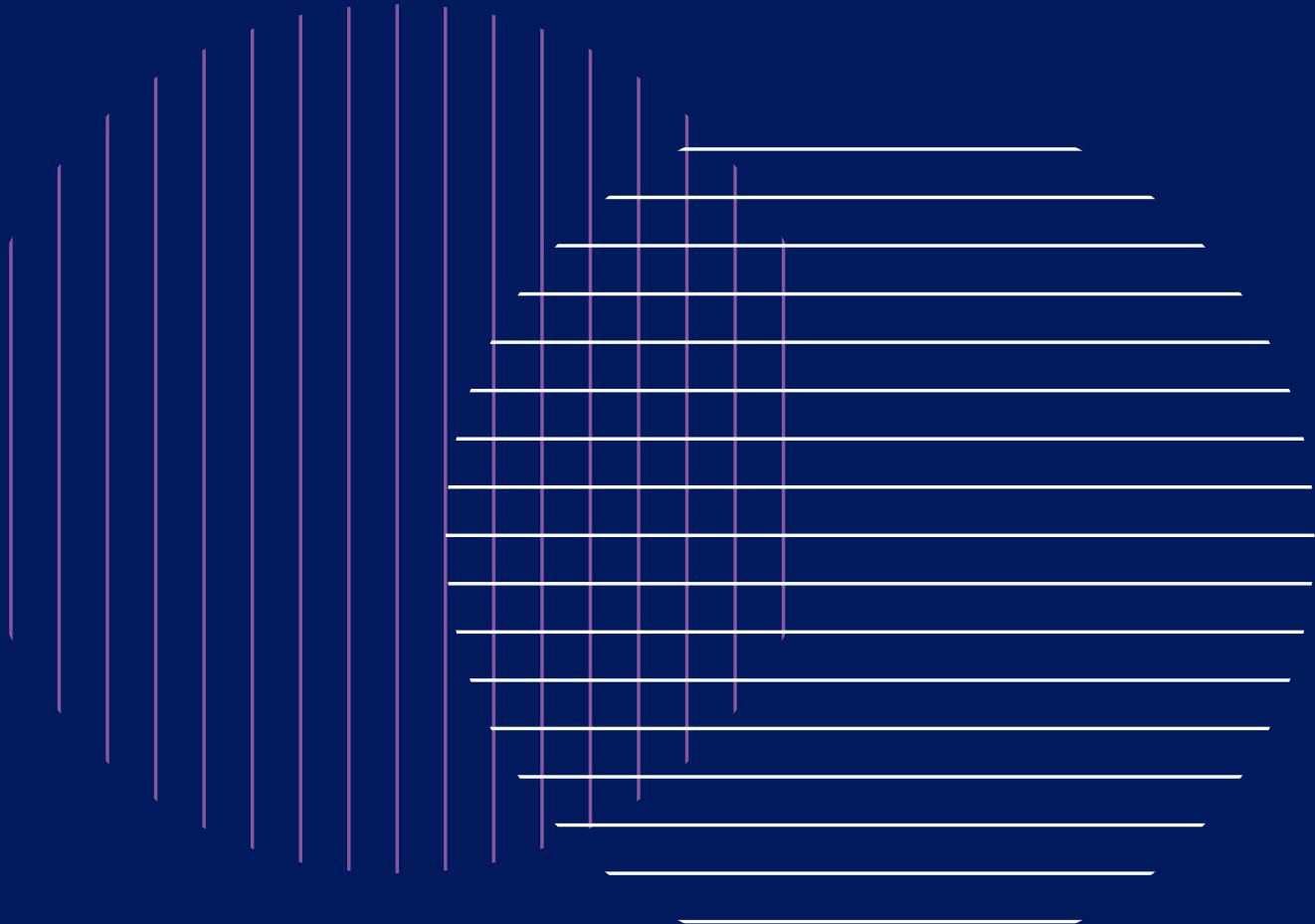
European Region



A focus on adolescent peer violence and bullying in Europe, central Asia and Canada

**Health Behaviour in School-aged Children international report from the
2021/2022 survey**

Volume 2





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Abstract

The Health Behaviour in School-aged Children (HBSC) study is a large school-based survey carried out every four years in collaboration with the WHO Regional Office for Europe. HBSC data are used at national/regional and international levels to gain new insights into adolescent health and well-being, understand the social determinants of health and inform policy and practice to improve young people's lives. The 2021/2022 HBSC survey data are accompanied by a series of volumes that summarize the key findings around specific health topics. This report, Volume 2 in the series, focuses on adolescent peer violence and bullying, using the unique HBSC evidence on adolescents aged 11, 13 and 15 years across 44 countries and regions in Europe, central Asia and Canada. It describes the status of adolescent peer violence (bullying, cyberbullying and fighting), the role of gender, age and social inequality, and how adolescent bullying and fighting behaviour has changed over time. Findings from the 2021/2022 HBSC survey provide an important evidence benchmark for current research, intervention and policy-planning.

Keywords

HEALTH STATUS DISPARITIES
SOCIOECONOMIC FACTORS
GENDER EQUITY
ADOLESCENT HEALTH
BULLYING
CYBERBULLYING
VIOLENCE

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Foreword

Young people around the world face many challenges. Research shows that acceleration of climate change, migration, and economic and political instability – to name just three factors – are having profound effects on their health and well-being. The coronavirus disease 2019 (COVID-19) pandemic and, more specifically, the mitigation measures put in place by countries around the world to stop the spread of the virus, changed the way children and young people live their lives. And now, for the first time in decades, war is being waged in Europe.

Colossal global events like these inevitably have huge effects on young people. But it is the narratives of young people's everyday lives – their relationships with family, friends and teachers, self-image, levels of physical activity, what they eat and drink and their experiences at school, for instance – that determine to a large extent their overall sense of mental and physical health and well-being.

It is vital that we understand the impacts of all these issues on young people and identify what countries and regions can do to further promote adolescent health and positive health behaviours.

In this regard, we are so fortunate in the WHO European Region to have the Health Behaviour in School-aged Children (HBSC) study. HBSC is a school-based survey carried out every four years in collaboration with the WHO Regional Office for Europe. It tracks, monitors and reports on self-reported health behaviours, health outcomes and social environments of boys and girls aged 11, 13 and 15 years. The most recent survey (2021/2022) was conducted across 44 countries and regions of Europe, central Asia and Canada, and included an optional set of questions that measures the perceived impacts of the COVID-19 pandemic.

This report, Volume 2 in the series, focuses on findings from the HBSC survey on adolescent peer violence and bullying. It offers valuable insights into the engagement of young people in different types of peer violence – bullying, cyberbullying and fighting. Crucially, it identifies cyberbullying as an urgent priority for action at country/regional level. As young people's social engagement switched to the online environment during the COVID-19 pandemic lockdowns, so it appears that perpetration and experience of cyberbullying increased. Focusing on virtual types of peer violence is now an urgent priority to safeguard the health and well-being of populations of adolescents and young people, and cyberbullying must be viewed as a major issue for societies.

I congratulate and thank those responsible for the HBSC/WHO Regional Office for Europe collaborative study for once again providing timely, reliable and clear evidence that countries and regions can use as a springboard to step-up existing initiatives and develop new policies to counter the ongoing challenges young people face.

Hans Henri P. Kluge
WHO Regional Director for Europe

Preface

The Health Behaviour in School-aged Children (HBSC) study provides unique insights into the health and well-being of adolescents across Europe, central Asia and Canada. In this, the study's 40th anniversary year, we are delighted to be launching the findings from the 11th consecutive international survey in a series of topic-based volumes.

Over the past four decades, the study has grown to include over 50 countries and regions. The scope of the study has broadened over this time to encompass emergent priorities for adolescent health, while also seeking to maintain the ability to monitor longer-term trends that provide invaluable insights into how the lives of adolescents have changed over recent decades. The 2021/2022 survey included a wide range of measures of adolescent health and health behaviours and the social context in which they grow up, including family and peer relationships, school experience and online communication. As the first HBSC survey since the coronavirus disease 2019 (COVID-19) pandemic, measures were included to understand the ongoing impact of the pandemic on adolescent health. A special focus was placed on mental health, with new measures of mental well-being, loneliness and self-efficacy.

For the first time, the HBSC international report is also presented online through a new data browser that allows users to view the data through a series of interactive charts and figures. The release of the new data is accompanied by a series of volumes that summarize the key findings around specific health topics. This report, Volume 2 in the series, focuses on adolescent peer violence and bullying. It presents some sobering findings showing that many young people today are directly impacted by peer violence. For example, the data showed that over one in 10 adolescents experienced repeated bullying at school in the past couple of months. Prevalence of cyberbullying is higher, and this has worrying consequences for young people's mental and social well-being. Further action is therefore required to tackle these issues, with an urgent need for investment in family, school and community-based interventions.

HBSC involves a wide network of researchers from all participating countries and regions. The data collection in each country or region is funded at national/regional level. We are grateful for the financial support and guidance offered by government ministries, research foundations and other funding bodies for the 2021/2022 survey round. We would also like to thank our valued partners, particularly the WHO Regional Office for Europe, for their continuing support, the young people who took part in the survey and shared their experiences with us, including the girl from Belgium (Flemish) who provided the quotation featured in the report, schools and education authorities for making the survey possible, and all members of the national HBSC teams involved in the research.

High-quality, internationally comparable data continue to be essential to support international policy development and monitor progress towards global targets such as the United Nations Sustainable Development Goals. At national/regional level, HBSC data provide key scientific evidence to underpin health improvement initiatives and can be used to track progress on health priorities. With its long-term trends, the HBSC study enables us to monitor the impact of wider societal change and individual lifestyles on health outcomes for the adolescent age group. Importantly, it lets us hear from young people themselves about the issues that matter to them and the factors that affect their health and well-being. While there are many challenges to address, the data also highlight the importance of providing caring and supportive environments in which adolescents can thrive.

Jo Inchley
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Key findings and implications

Key findings

- Involvement in peer violence varied across countries in Europe, central Asia and Canada.
- Boys reported higher rates of perpetrating violence (bullying others at school or online and involvement in fighting).
- No systematic age patterns were evident with regards to involvement in bullying and cyberbullying, but a significant decrease for fighting with increasing age was seen in more than half of the countries and regions.
- On average, 6% of adolescents reported they had bullied others at school at least 2–3 times a month in the past couple of months (8% of boys and 5% of girls).
- Around one in 10 (11%) boys and girls reported they had been bullied at school at least 2–3 times a month in the past couple of months.
- The prevalence of adolescents who reported that they bullied others at school remained relatively stable since 2018, following a slight decline observed among boys between 2014 and 2018.
- Bullying victimization also did not change substantially in absolute terms over time, but a slight increase was observed among younger girls.
- One in eight adolescents reported cyberbullying others at least once or twice in the past couple of months (14% of boys and 9% of girls). This represents a slight increase from 2018.
- Overall, 15% of adolescents reported being cyberbullied at least once or twice in the past couple of months (15% of boys and 16% of girls).
- In most countries and regions in which age differences were observed, cyberbullying victimization peaked at age 11 for boys and 13 for girls.
- One in 10 adolescents reported having been involved in physical fights at least three times in the last 12 months (14% of boys and 6% of girls).

Implications

- Addressing fighting and bullying should remain a focus of school-, family- and community-based interventions.
- The clear and consistent differences in bullying observed by gender indicate that interventions need to be gender-sensitive.
- There is a focused need to develop and implement interventions that address cyberbullying and equip young people with the skills required to limit the harm cyberbullying may cause.
- National surveillance systems are required to monitor violence against children and more support from governments is needed if Sustainable Development Goal targets for 2030 are to be met.

Introduction

Across countries and cultures, peer violence is a prevalent behaviour among school-aged children and has profound effects on their well-being (1). Such violence can take many forms, and traditional adolescent health-survey measures often include assessments of different types, such as bullying in person or involvement in physical fights. Adolescents interact using online technologies and, consequently, cyberbullying (2) and other online expressions of violence (3) have emerged. Virtual forms of peer violence have become particularly relevant since the onset of the coronavirus disease 2019 (COVID-19) pandemic, when young people's worlds became increasingly virtual during times of lockdown (4).

Patterns of adolescent peer violence vary sociodemographically. Gendered patterns reflect how girls and boys are socialized to behave, with boys more likely to engage in direct physical forms of violence and girls to participate in verbal and other indirect types (5). Engagement in traditional forms of violence declines with increasing age in both boys and girls, as most children develop self-regulation and other innate qualities that come with maturation (5). A concerning number of young people nevertheless continue to engage in violence into their adult years (6,7). Peer violence also follows socioeconomic patterns in some cultures, with the highest risks for traditional forms of violence found in those with lower levels of family affluence (8).

Involvement in peer violence in any context, either as perpetrator or victim, or witnessing violence as a bystander can have far-reaching impacts on the health and well-being of young people. Bullying (8), physical fighting (9) and cyberbullying (10) are associated with poor physical health, emotional and psychological problems, and compromised school performance. Developmental pathways that involve the perpetration of peer violence are associated with life trajectories that can include adult experiences of violence, criminality, and negative physical and mental health outcomes (7,11). As such, regular involvement in peer violence can have profound health consequences across the lifespan.

Historically, violent behaviour typically has been exhibited by adolescents in person. As the social environments experienced by young people have changed in response to an ever-increasing virtual world (12), more opportunities to perpetuate and experience online forms of peer violence have emerged. Cyberbullying has become a major public health priority (12). The COVID-19 pandemic clearly changed the ways in which young people interact with their peers, romantic partners and others (13), but the full influence of school closures, lockdowns and other pandemic conditions remains to be determined.

Building on this background, this report presents recent patterns of different types of peer violence identified through the 2021/2022 Health Behaviour in School-aged Children (HBSC) survey, providing a foundation for policy, health promotion and clinical interventions. The 2021/2022 HBSC survey provides unique evidence on experiences of violence among adolescents aged 11, 13 and 15 years across 44 countries and regions in Europe, central Asia and Canada. This report describes:

- the status of adolescent peer violence across a range of indicators ([Table 1 and the Annex](#))
- the role of gender, age and social inequality in peer violence
- temporal trends in peer violence since the HBSC surveys of 2013/2014 or 2017/2018.

Table 1. Peer violence measures included in the report

Measures	Items
Bullying others at school	Young people were asked how often they had taken part in bullying (an) other person(s) at school in the past couple of months, with response options ranging from never to several times a week. Findings presented here show the proportions who reported bullying others at least two or three times a month in the past couple of months. A cut-off of “2–3 times a month or more” was used to capture a regular pattern of perpetration.
Being bullied at school	Young people were asked how often they had been bullied by (an) other person(s) at school in the past couple of months, with response options ranging from never to several times a week. A cut-off of “2–3 times a month or more” was used to capture a regular pattern of victimization.
Cyberbullying perpetration	Young people were asked whether they had taken part in sending mean instant messages, wall postings or emails, or posting or sharing photos or videos online without permission in the past couple of months, with response options ranging from never to several times a week. A cut-off of “at least once or twice in the past couple of months” was used to capture engagement. This cut-off of “at least once or twice” was used as online posts can be seen multiple times, representing repeated bullying rather than a single face-to-face incident (10).
Cyberbullying victimization	Young people were asked whether they had experienced anyone sending mean instant messages, wall postings or emails, or someone posting or sharing photos or videos online without their permission in the past couple of months, with response options ranging from never to several times a week. A cut-off of “at least once or twice in the past couple of months” was used to capture any victimization, as above.
Fighting	Young people were asked how many times in the past 12 months they had been involved in a physical fight, with response options ranging from none to four times or more. Fighting is included as a form of peer violence where there is more likely to be equal power between the young people who engage in this behaviour (9). A cut-off of “three or more times” was used to capture fighting as a recurrent behaviour.

Insights into adolescent peer violence

Bullying others

On average, 6% of adolescents reported that they had bullied others at school at least two or three times a month in the past couple of months (8% of boys and 5% of girls). Cross-national/regional variation in the reported frequency of bullying others was wide. The highest values were reported for 15-year-old boys in Bulgaria and Latvia.

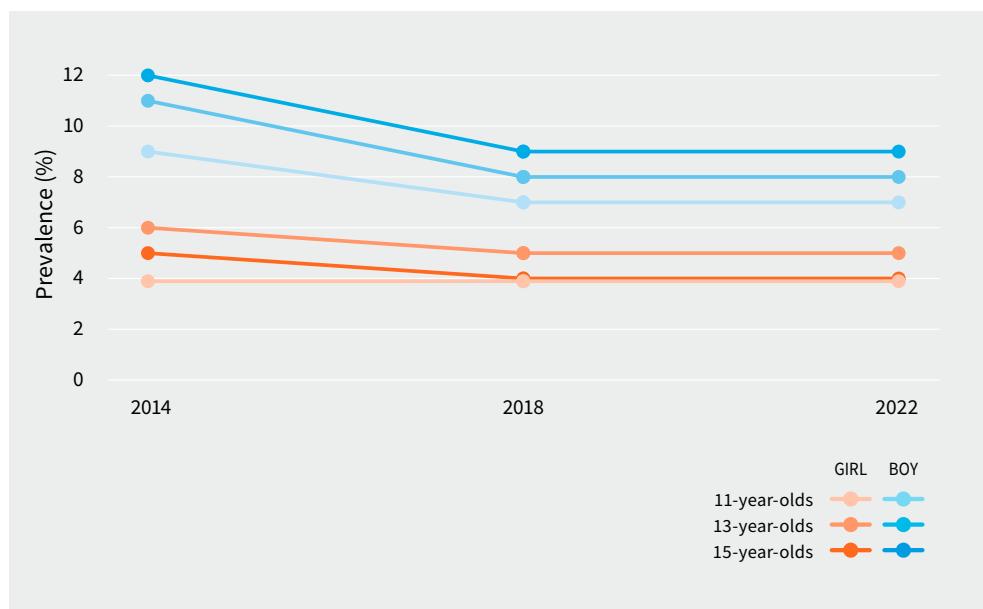
Gender differences were observed in all age groups. Boys reported higher rates of bullying others than girls in 24 countries and regions at age 11, 23 at age 13 and 35 at age 15. The largest gender differences were observed at age 15 in Bulgaria (24% of boys versus 9% of girls), Finland (14% boys and 3% girls) and Lithuania (18% boys and 8% girls).

Age-related patterns were less consistent, with no clear, universal patterns reported for boys and girls across the countries and regions.

With respect to socioeconomic patterns, differences between low- and high-affluence groups were observed in a minority of countries and regions (13 for boys and 10 for girls). In most instances, adolescents from low-affluence families reported higher rates of bullying others at school.

A small decrease since 2014 was seen in the overall proportion of adolescents who reported bullying others. The trends suggest a small decline among boys in each age group, but the trends among girls were stable (Fig. 1).

Fig. 1. Trends in bullying others at school at least two or three times a month in the past couple of months from 2014 to 2022 by age and gender (HBSC average)



Note: HBSC average is calculated for countries and regions present in all three survey rounds and excludes Kazakhstan, Serbia and Switzerland (data available only for two survey years), and Cyprus, Kyrgyzstan and Tajikistan (data available only for 2022).

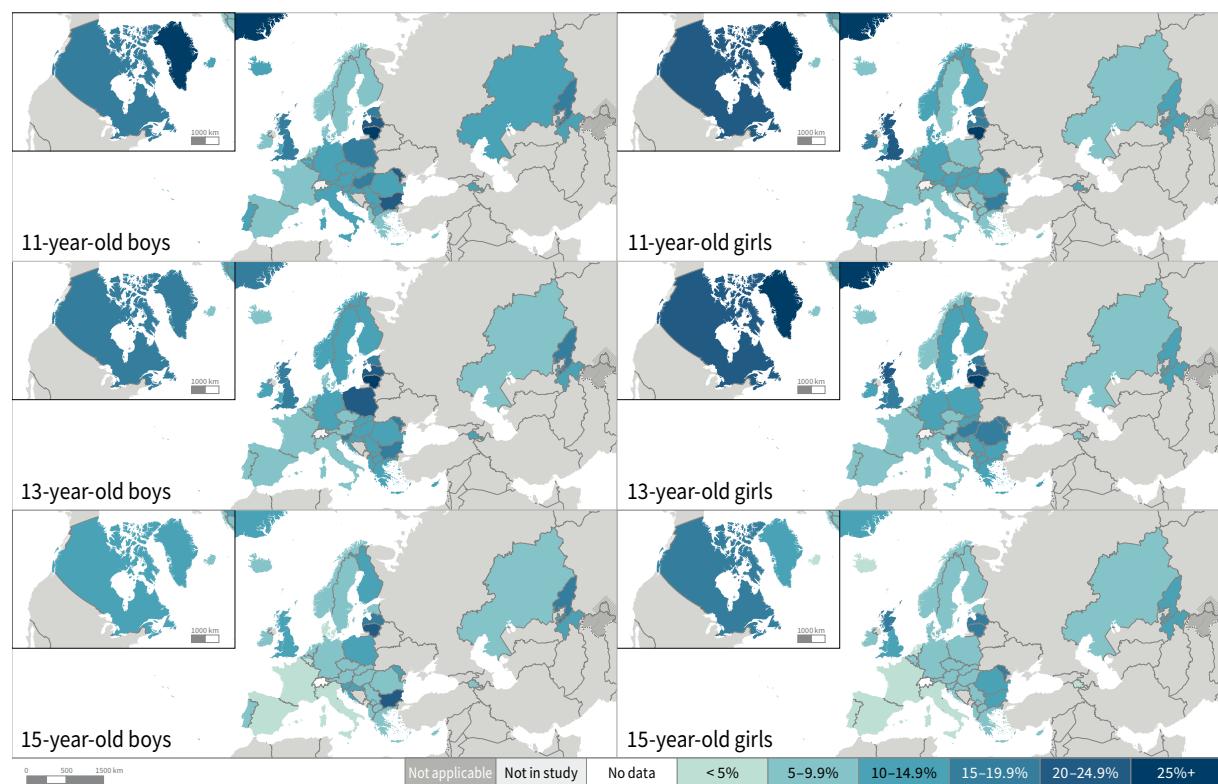
Being bullied

Around one in 10 (11%) boys and girls reported being bullied at school at least two or three times a month in the past couple of months. The prevalence of bullying victimization ranged among boys from 2% at age 15 in Belgium (French) and France to 34% at age 11 in Lithuania. For girls, the prevalence of bullying victimization ranged from 3% at age 15 in Italy, Portugal and Spain to 33% at age 13 in Lithuania.

Girls and boys reported similar levels of being bullied in most countries and regions. Across all three age groups, boys were more likely to report being bullied in 17 countries and regions and girls in 11, but these gender differences were not consistent across all age groups.

Age-related patterns of being bullied were different for boys and girls (Fig. 2). Decreases in bullying victimization among boys were seen among older age groups in 24 countries and regions, in most of which the highest levels were reported at age 11, although the highest levels were reported at age 13 in Cyprus, Poland, Romania, Slovakia, Slovenia and Sweden. Patterns were less clear among girls. The lowest prevalence generally was reported among 15-year-olds, with the highest at age 13 in 15 countries and regions and at 11 in the others.

Fig. 2. Prevalence of being bullied at least two or three times a month in the past couple of months by country age and gender

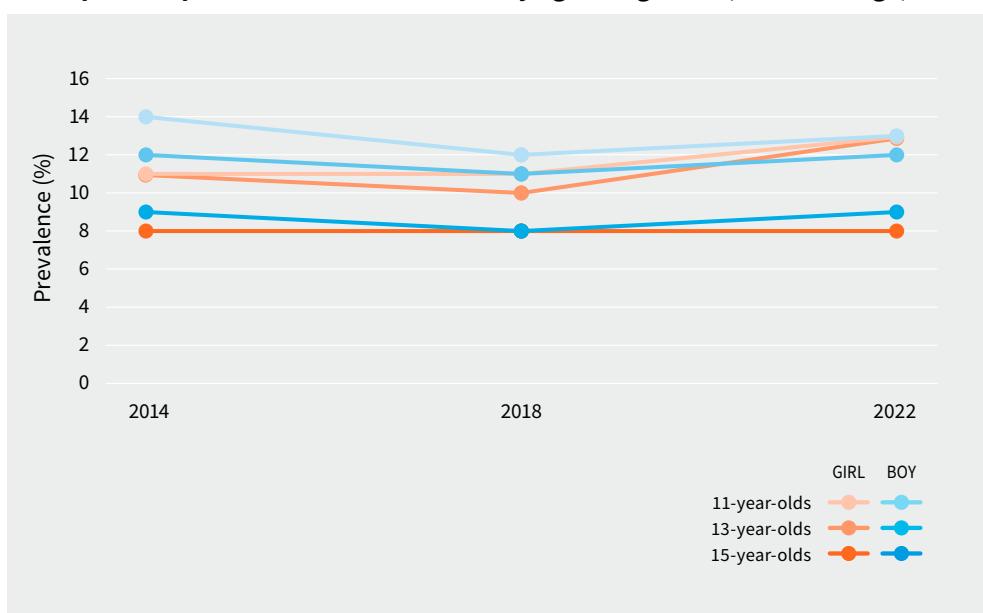


Note: no data received from Switzerland

With respect to socioeconomic patterns, differences in being bullied between low- and high-affluence groups were reported in only a minority of countries and regions (nine for boys and 10 for girls). In most of these instances, adolescents from low-affluence families reported higher rates of being bullied at school.

Trends in being bullied at school since 2014 are summarized in Fig. 3. The average prevalence of victimization across all HBSC countries and regions remained relatively stable over time. Recent data suggest a slight increase in victimization among younger girls since 2018.

Fig. 3. Trends in being bullied at school at least two or three times a month in the past couple of months 2014 to 2022 by age and gender (HBSC average)



Note: HBSC average is calculated for countries and regions present in all three survey rounds and excludes Kazakhstan, Serbia and Switzerland (data available only for two survey years), and Cyprus, Kyrgyzstan and Tajikistan (data available only for 2022).

Cyberbullying others

On average across all participating countries and regions, 12% of adolescents reported that they had cyberbullied others at least once or twice in the past couple of months (14% of boys and 9% of girls).

Prevalence was higher among boys than girls in almost all countries and regions and across all age groups. The highest levels were reported by boys in Bulgaria, Latvia and Lithuania, with the lowest levels reported by girls in Portugal, Spain and Switzerland.

“

I think the biggest health problem in young people is that adolescents and children develop mental problems due to bullying behaviour.

The solution could be for the government to educate and pay people to talk with youngsters if they are being bullied but also to address the bullies and to ask them why they bully others.

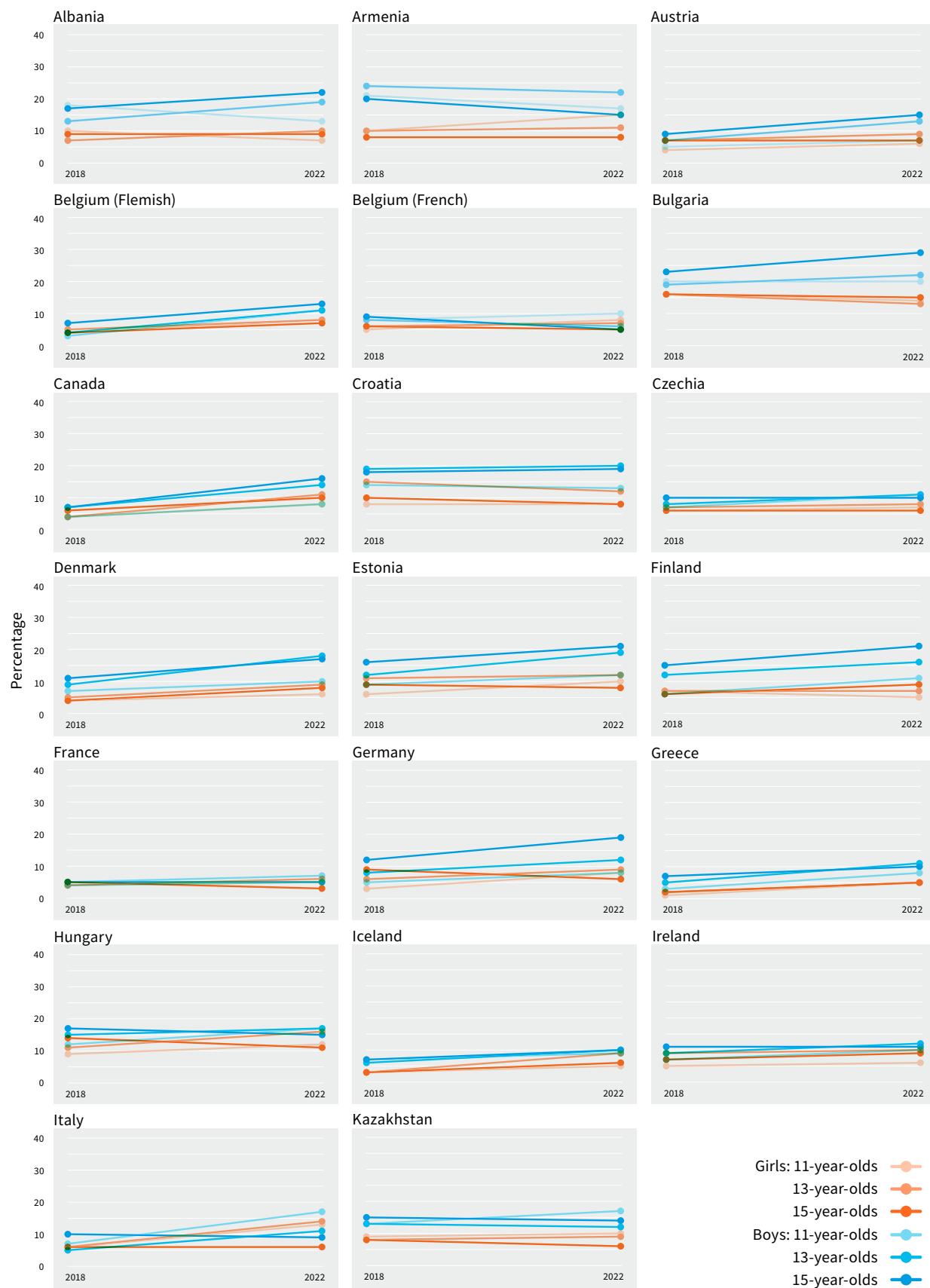
I hope that bullies realize that what they did was wrong, and that bullying does not happen that often anymore. (Girl, Belgium (Flemish))

Differences across age groups were seen in 27 countries and regions for boys and 19 for girls. Cyberbullying perpetration peaked at age 13 for both boys and girls in most of the countries and regions in which age differences were observed.

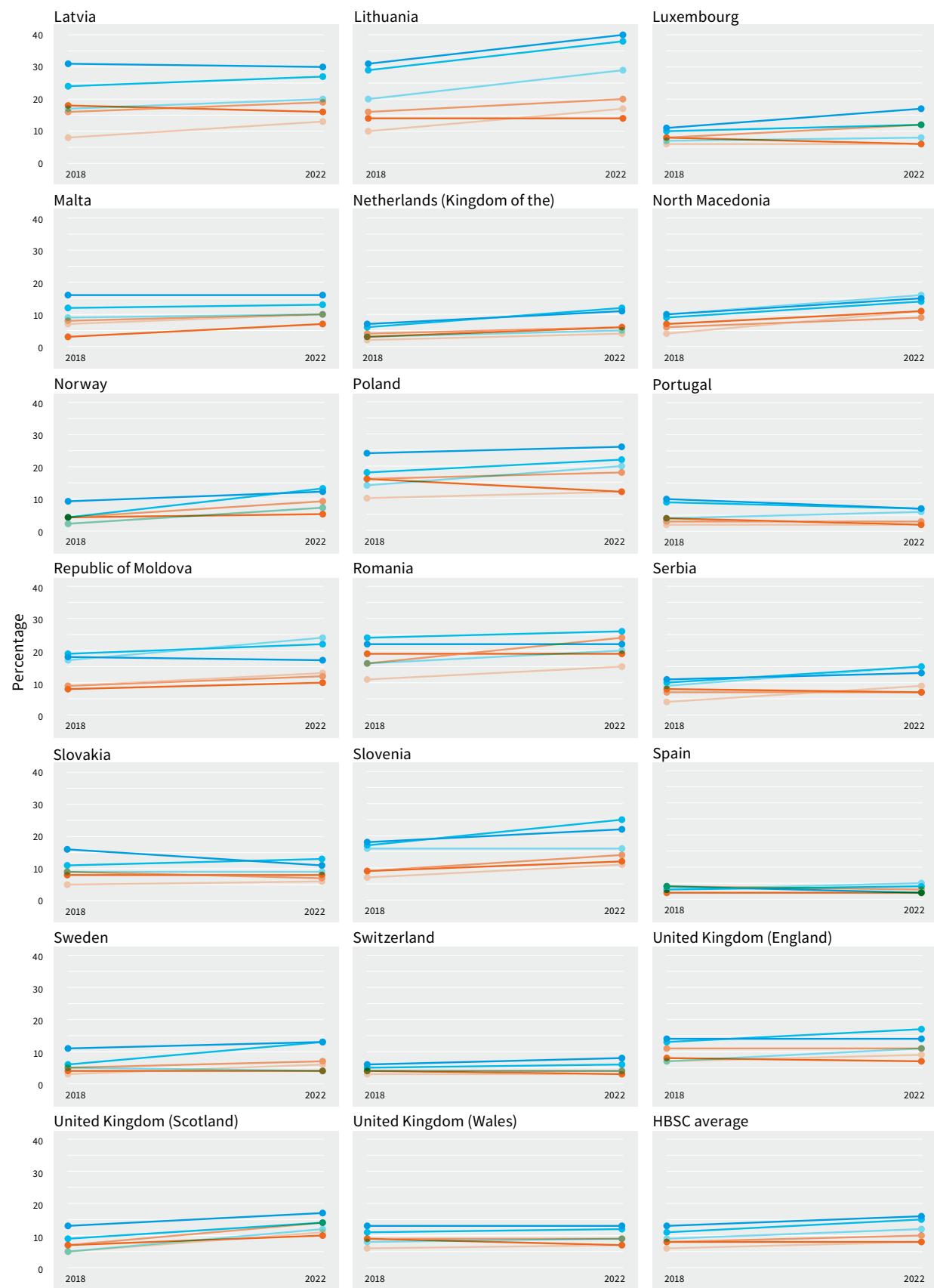
Socioeconomic patterns between low- and high-affluence groups were seen in a minority of countries and regions (six for boys and 13 for girls), with no clear pattern of association emerging.

Between 2018 and 2022, there is evidence of an overall relative increase in the proportion of adolescents who reported that they had cyberbullied others in the past couple of months (Fig. 4). This trend was observed consistently across the participating countries and regions and in age and gender groups (except 15-year-old girls).

Fig. 4. Changes in cyberbullying others at least once or twice in the past couple of months between 2018 and 2022 by age, gender and country/region



Note: countries with only one year of data are not presented: Denmark (Greenland) (data available only for 2018); Cyprus, Kyrgyzstan and Tajikistan (data available only for 2022). HBSC average is calculated by including only countries and regions present in both survey rounds.

Fig. 4. contd

Being cyberbullied

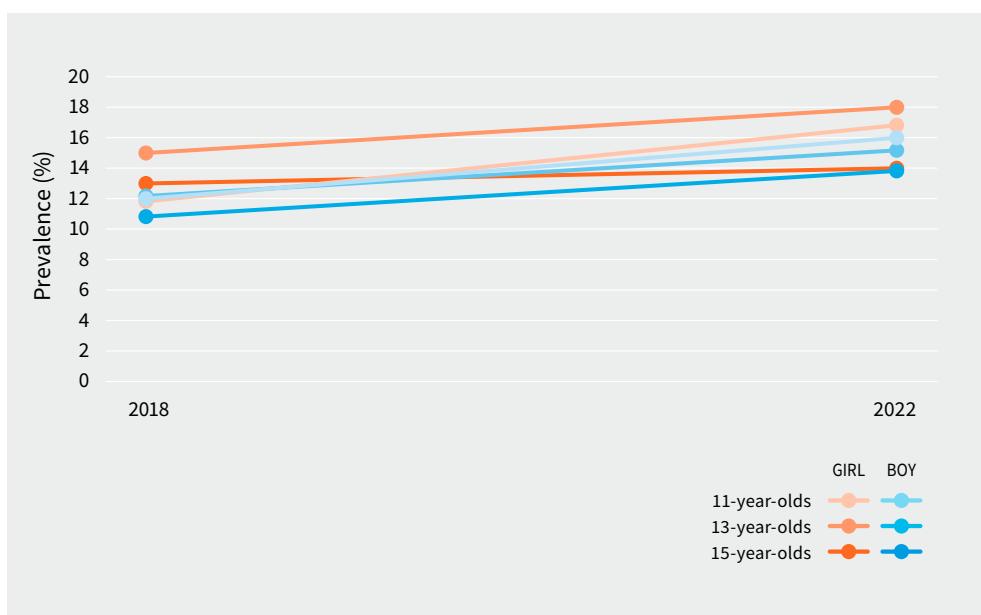
Overall, 16% of adolescents reported that they had been cyberbullied at least once or twice in the past couple of months (15% of boys and 16% of girls). The highest levels were reported by boys in Bulgaria, Lithuania, Poland and the Republic of Moldova, with the lowest by boys in Spain.

Gender differences were observed in less than half of the countries and regions (16 at age 11, 23 at age 13 and 16 at age 15). Although the direction of the gender gap varied, adolescent girls reported higher prevalence in many instances.

Significant differences across age groups were seen in 16 countries and regions for boys and 26 for girls. Cyberbullying victimization was most prevalent at age 11 for boys and 13 for girls in most countries and regions in which age differences were observed.

Comparing 2018 data to 2022, there is evidence of a small increase in the prevalence of being cyberbullied among all age and gender groups, with the exception of 15-year-old girls ([Fig. 5](#)). Socioeconomic patterns between low- and high-affluence groups were seen in a minority of countries and regions (11 for boys and 10 for girls), with no clear pattern of association emerging.

Fig. 5. Changes in being cyberbullied at least once or twice in the past couple of months from 2018 to 2022 by age and gender (HBSC average)



Note: HBSC average is calculated for countries and regions present in both survey rounds and excludes Denmark (Greenland) (data available only for 2018) and Cyprus, Kyrgyzstan and Tajikistan (data available only for 2022).

Physical fighting

Overall, 10% of adolescents reported being involved in physical fights at least three times in the past 12 months (14% of boys and 6% of girls).

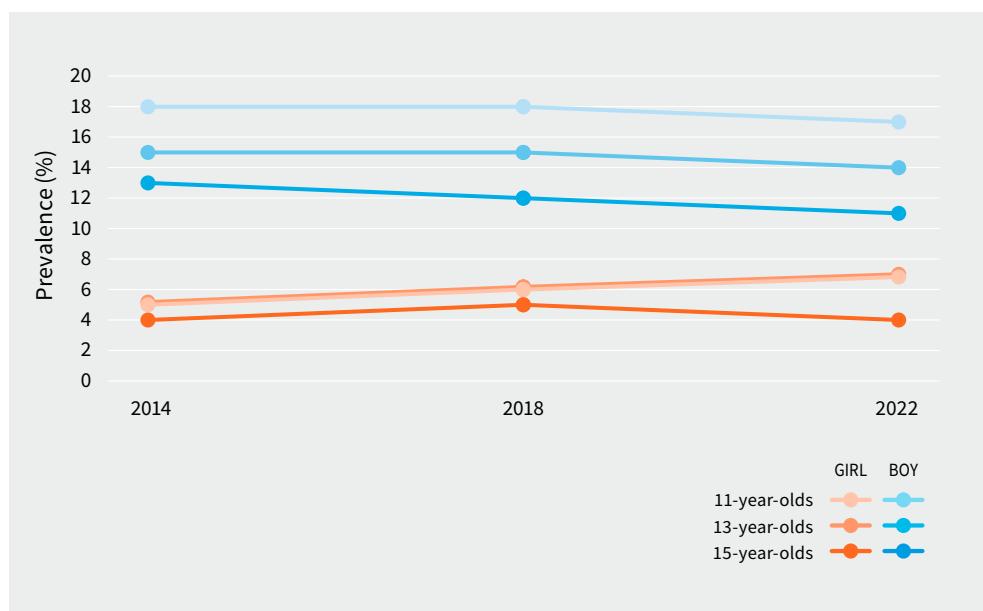
Gender differences were consistent across age groups, with boys reporting higher levels of physical fighting than girls in almost all countries and regions. The highest prevalence was reported among 13- and 15-year-old boys in Armenia, while the lowest levels were observed among 15-year-old girls in Norway, Portugal and Sweden.

Significant age differences were seen in the majority of countries and regions (30 for boys and 24 for girls). In most of these, involvement in physical fighting was highest at age 11 and declined in the older age groups.

Socioeconomic patterns in fighting were seen in about half of the countries and regions for boys and in only six for girls. In most cases, boys growing up in more affluent families were more likely to have been involved in a physical fight.

Overall, the proportion of adolescents who reported fighting has remained relatively stable since 2014 (Fig. 6). Trends suggest a slight decrease among boys and increase among younger girls (aged 11 and 13 years), but these changes are small in absolute terms.

Fig. 6. Trends in physical fighting three times or more in the past year from 2014 to 2022 by age and gender (HBSC average)



Note: HBSC average is calculated for countries present in all three survey rounds and excludes Kazakhstan and Serbia (data available only for two survey years), and Cyprus, Kyrgyzstan and Tajikistan (data available only for 2022).

Cross-cutting themes

Gendered patterns

Data from the 2021/2022 HBSC survey show that peer-violence perpetration is more prevalent among boys than girls. This was found in relation to bullying others, cyberbullying others and physical fighting. Gendered patterns in victimization were more complex. For being bullied at school, the patterns observed by gender varied across the countries and regions and were much less consistent than those observed for perpetration. Overall, the prevalence of cyberbullying was similar between boys and girls. The two groups where notable increases were reported over time were in 11- and 13-year-old girls.

The evolution of peer violence

The growing popularity of social media has created new arenas in which peer violence can occur. The COVID-19 pandemic changed the way in which adolescents interacted and experienced relationships with friends, romantic partners and others. Both situations could have led to increases in cyberbullying (due to increased exposure to online environments) and reductions in traditional face-to-face forms of peer violence (such as bullying others, being bullied and physical fighting).

The HBSC data provide unique insights into how peer violence has changed over time in response to how young people's worlds are changing. For bullying others at school, prevalence declined among boys over time (mainly between 2014 and 2018); rates for girls were lower than for boys, but were more stable over time. Overall, rates of being bullied at school were stable in girls and boys, and no consistent patterns were found across the countries and regions.

Data on cyberbullying were available only for 2018 and 2022, so it is impossible to determine a temporal trend, although the data do provide an insight into the prevalence of cyberbullying before and after the COVID-19 pandemic. Based on the two survey cycles, however, increases in cyberbullying others were observed in most age/gender groups. Increases in being cyberbullied were seen mainly in 11- and 13-year-old girls, which may reflect increased exposure to social media during and after the pandemic. Rates of physical fighting declined among boys between 2018 and 2022 but increased slightly among 11- and 13-year-old girls.

The patterns observed in younger girls prompts further consideration. While unexpected, more recent HBSC surveys include cohorts of children who have been exposed to online contexts from an earlier age. It is possible that such exposures may have differentially affected girls, which is a pattern worth monitoring both now and in the future.

The potential impact of social disadvantage on adolescent peer violence

Socioeconomic patterns of peer violence are less well established. No clear socioeconomic gradient was observed in 2022 for traditional face-to-face forms of bullying and for cyberbullying. In contrast, slight socioeconomic patterning in physical fighting was noted, with those living in more affluent families reporting higher prevalence. Social patterns of peer violence may vary by context and method of engagement.

Policy implications

Based on historical and current findings of the HBSC study, peer violence warrants attention as a priority for policy, health promotion and research. The HBSC results have significant policy implications.

- Bullying, cyberbullying and physical fighting occur frequently in many countries, regions and cultures among school-aged children. Their harmful effects on health and well-being are well established. Peer violence in all its forms therefore remains a public health concern for adolescent populations and should be a focus for interventions at local, national and international levels.
- Findings from this report highlight the need to address peer violence both universally across countries, regions and cultures and selectively where indicated. Current approaches and initiatives may need to be enhanced to target subgroups of adolescents who are most likely to engage with peer violence as perpetrators and victims. HBSC data provide information on the prevalence of different indicators of peer violence and highlight important variations in the occurrence of peer violence by gender, age group, socioeconomic background and geography over time.
- The HBSC study provides contemporary knowledge on patterns of peer violence that can support policy-makers to identify who is at highest risk. Policy-makers and others involved in the prevention of violence should learn from countries and regions that have implemented successful national interventions, such as those in Canada (PrevNet (14)), Finland (KiVa Antibullying Program (15)) and Norway (Olweus Bullying Prevention Program (16)), among other evidence-based models addressing peer violence.
- Gender-based patterns of violence continue to warrant attention. Boys more often engage in physical fighting and bullying and cyberbullying perpetration, while girls and boys are victims of bullying and cyberbullying. The report documents concerning increases in cyberbullying victimization among younger girls. This may provide one of many possible explanations for the reported increase in mental health problems reported by girls (17). The reported increase also points to the need to implement prevention measures early, before they take hold and lead to higher risks for peer violence. An important limitation is that the experiences of gender-diverse young people, who may be at higher risk of victimization (18), cannot be studied because of the inability to include a gender identity item that identifies these groups in many countries and regions.
- The COVID-19 pandemic provided an unusual opportunity to study the effects of public health measures on the health of adolescent populations. While measures like school closures were very likely detrimental to many aspects of adolescent health, growth and development, such closures may have reduced opportunities for peer violence – an unexpected but positive consequence of the public health response to the pandemic.
- Given cultural and technological shifts in how young people socialize, the influence of social media and other virtual forms of communication on risks for peer violence is of interest. Violence among young people is constantly evolving and changing, with new forms of violence developing alongside technological innovation. Cyberbullying, which often starts with exchanges on social media, is now a dominant form of peer violence experienced by young people. There is a continued, ongoing need to monitor this situation and to determine whether cyberbullying and traditional face-to-face forms of peer violence are independent but related

behaviours. There is also an urgent need to educate young people, families and schools of the forms of cyberbullying and its implications, while regulating social media platforms to limit exposures to cyberbullying.

- More investment in the monitoring of different forms of peer violence is needed. This would improve understanding of the observed patterns of peer violence, leading to additional hypotheses and associated studies that focus on causes of peer violence, the effects of peer violence on adolescent health and well-being, and the prevention of violence in adolescent populations.
- Violence against children and adolescents can be prevented. Preventing and responding to violence against children and adolescents requires that efforts systematically address risk and protective factors at all four interrelated levels of risk (individual, relationship, community and society) (19).The INSPIRE package (20) developed by WHO and partners focuses on seven strategies for ending violence against children: implementation and enforcement of laws; norms and values; safe environments; parent and caregiver support; income and economic strengthening; response and support services; and education and life skills. The package aims to help countries and communities achieve Sustainable Development Goal target 16.2 on ending violence against children.

Conclusions

The 2021/2022 HBSC survey offers valuable insights into the engagement of young people in different types of peer violence. As such, HBSC provides direction for targeting policy and other health promotion efforts at cross-national/-regional level.

The universal nature of many of the patterns observed, whether involving differences between boys and girls in violence perpetration or increases in some forms of violence in groups defined by gender or age, must be recognized. Similarly, experiences within countries and regions that report differences from the more universal norms are also of interest and speak to contextual and country-/regional-level influences.

Traditional forms of violence measured by HBSC that include bullying others, being bullied and physical fighting remain important as public health priorities. These should still be a focus for school-, family- and community-based interventions that can build on resilience resources for the prevention of violence and address violence when it manifests. Evidence-based solutions are required to inform policy and health promotion efforts. Ongoing data collection to monitor trends in adolescent peer violence is essential to inform these efforts.

The emergence of cyberbullying as a priority, particularly during recent years in some groups of adolescents, is clear. A focus on virtual types of peer violence has become an almost universal priority for adolescent populations. Whether virtual forms of violence replace face-to-face versions remains an open question, but cyberbullying should now be brought to the fore as a major societal priority.

Moving forward, HBSC data will remain critical for the ongoing monitoring of peer violence and its effects in adolescent populations across Europe, central Asia and Canada. Solutions must be multidimensional and evidence-based in nature. The patterns of peer violence reported here provide a starting place for ongoing conversations on how to achieve such solutions, now and in the future.

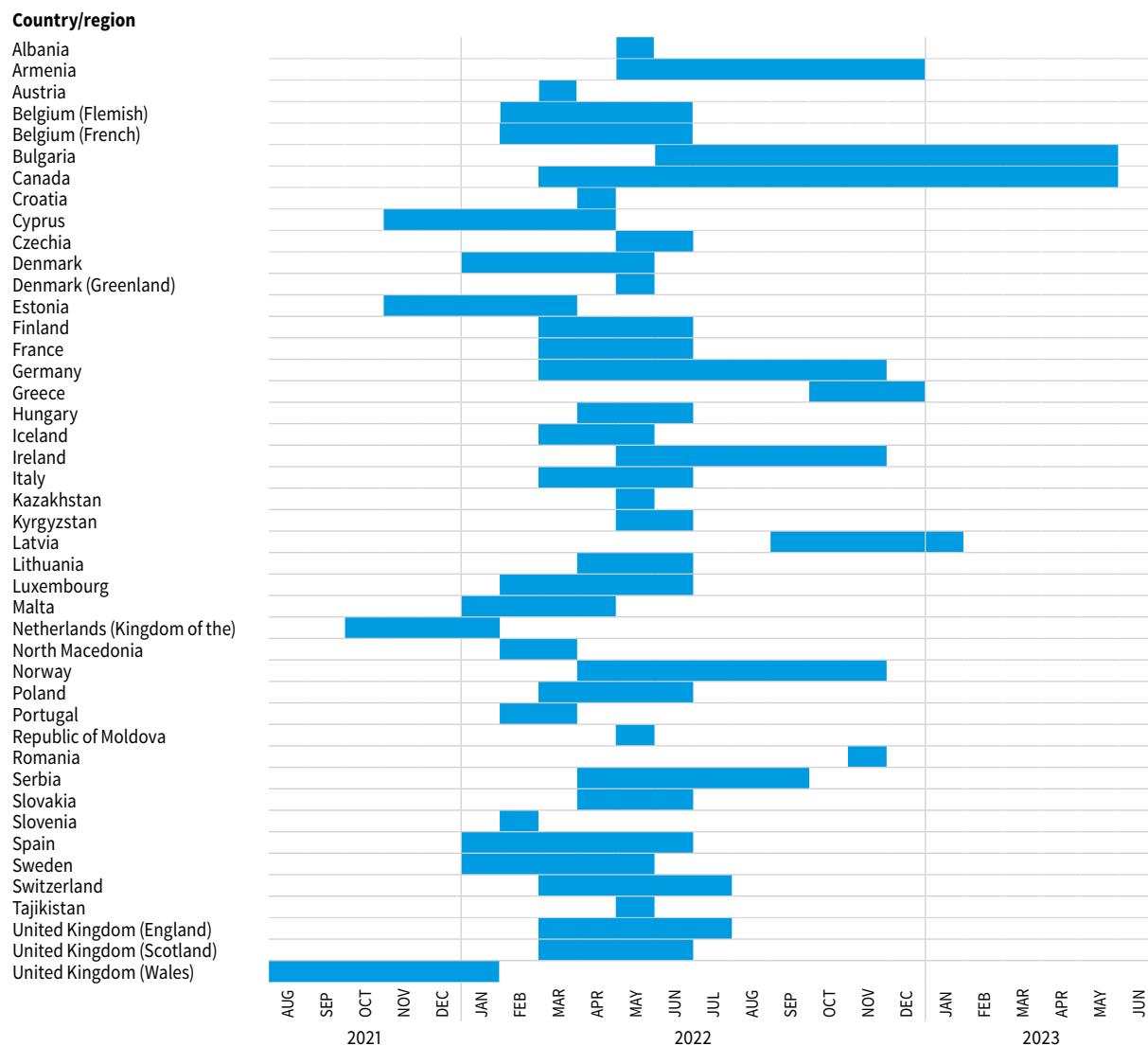
HBSC study

The HBSC study is a large school-based survey carried out every four years in collaboration with the WHO Regional Office for Europe. The study collects data on the health behaviours, health outcomes and the social environments of adolescents aged 11, 13 and 15. Since the mid-1980s, HBSC data have been used to gain new insights into young people's health and well-being, better understand the social determinants of adolescent health, and inform policy and practice to improve young people's lives.

The most recent HBSC survey (2021/2022) was conducted across 44 countries and regions in Europe, central Asia and Canada and included an optional set of questions that measured perceived impacts of the COVID-19 pandemic.

This report presents key findings on adolescent peer violence and bullying, including issues related to gender, age, socioeconomic factors and changes over time. It is the second volume in a series of reports that present findings from the latest international HBSC survey and discuss what they mean for young people's health and well-being. Fig. 7 shows the dates on which the 44 countries and regions conducted the survey.

Fig. 7. Dates on which the 44 countries and regions conducted the 2021/2022 HBSC survey



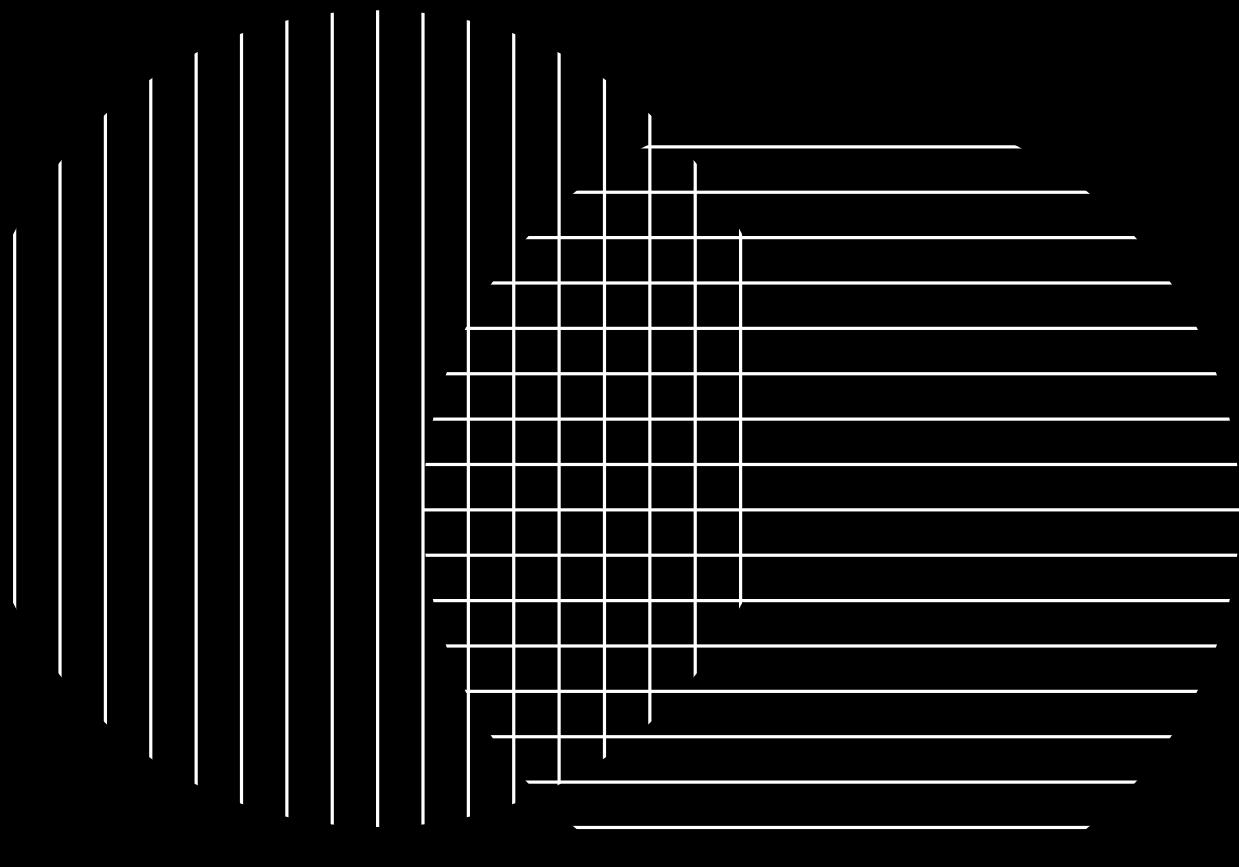
Note: data from Israel were collected too late for inclusion in the report. No HBSC survey was undertaken in 2021/2022 in Azerbaijan, Georgia, Türkiye and Ukraine.
HBSC membership of the Russian Federation was suspended in April 2022.

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Annex



Key data

Introduction

This Annex presents the key data from the 2021/2022 Health Behaviour in School-aged Children (HBSC) study that underpin the summary of scientific findings presented in the main report – in this volume, related to adolescent peer violence and bullying.

A standard methodology for the study is used in each participating country and region. This is detailed in the HBSC 2021/2022 international study protocol (1).

Fieldwork took place mainly between October 2021 and June 2022. An extended fieldwork period was necessary in two countries to enable them to reach the required sample size.

Further information about the HBSC study is available online (2). Aggregate data from the 2021/2022 survey can be accessed as charts and tables via the HBSC data browser (3), alongside comparable data from the 2017/2018 and 2013/2014 surveys where available.

Data presented

Key data on adolescent peer violence and bullying are presented disaggregated by country and region, age group, gender and family affluence for the 279 117 young people aged 11, 13 and 15 years from 44 countries and regions who participated in the 2021/2022 HBSC survey. Data are presented for each of the five indicators presented in this volume.

Data availability

Data are drawn from the mandatory component of the HBSC survey questionnaire, which was used in all countries and regions. Data for some indicators were not available from specific countries and regions; this is indicated in the footnotes to relevant charts.

Family affluence

Family affluence is a robust determinant of adolescent health, but children are not able to give the sort of information traditionally collected about job roles and salary that would give an indication of how rich or poor families may be.

HBSC uses the Family Affluence Scale (FAS) (4–6), which asks young people about material assets in the household. The HBSC 2021/2022 survey used a six-item assessment of common material assets or activities, covering family vehicle ownership, house bedroom and bathroom/shower room capacity, holidaying abroad, and family computer and dishwasher ownership.

Responses are scored and summed to form an HBSC FAS summary score, which has been shown to provide a valid indicator of relative affluence (4). This summary score is used in the FAS charts to estimate relative socioeconomic position by comparing the individual's score for FAS with those of all other scores for the same gender and age group within their country or region. A relative affluence score (6) is then used to identify groups of young people in the lowest 20% (low affluence), middle 60% (medium affluence) (not shown in the charts in this Annex) and highest 20% (high affluence) in each country and region. This approach assesses relative, not absolute, health inequality.

Interpreting differences in prevalence

Each chart indicates where differences are statistically significant. Statistical analyses are included to help readers avoid overinterpretation of small differences. Statistical significance does not always indicate a difference that is considered important in terms of public health.

Prevalence in the charts is presented as a percentage, rounded to the nearest whole number. Average scores are presented to one decimal place.

Understanding the age–gender charts

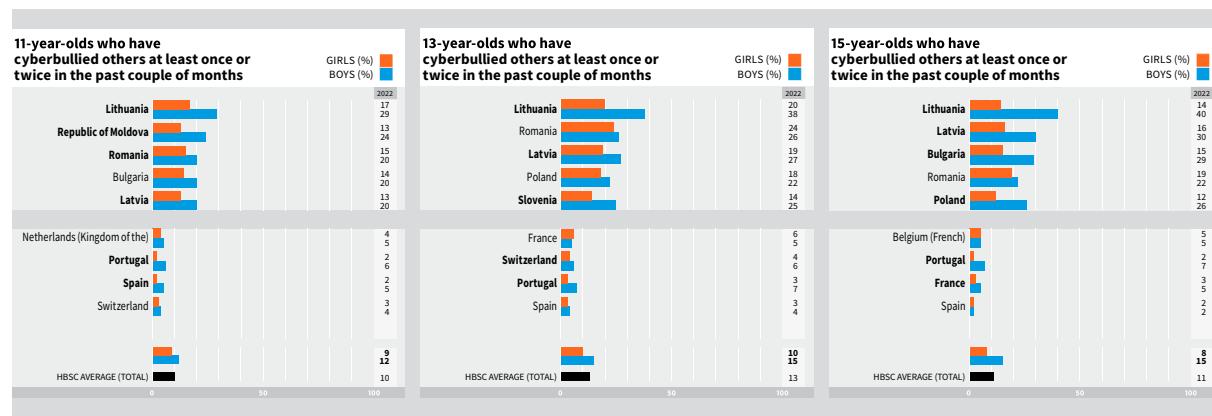
Bar charts present data for 2021/2022 for girls (orange bars) and boys (blue bars) in each age group separately for each country and region in descending order of prevalence (or average score) (for girls and boys combined). The percentage prevalence (or average score) in 2021/2022 (boys and girls separately) is also presented as a number down the right-hand edge of the charts. HBSC averages for each gender and combined are shown at the bottom of each chart.

Country/region names highlighted in bold in the age–gender charts are those in which there was a statistically significant gender difference in prevalence or average score in 2021/2022.

As an example, Fig. A1 shows that in an average HBSC country or region, 8% of 15-year-old girls and 15% of 15-year-old boys report cyberbullying others once or twice in the past couple of months. Overall prevalence of cyberbullying others is highest at age 13 (13%) and is significantly higher among boys at all ages. Fifteen-year-old boys in Lithuania report the highest prevalence of cyberbullying others (40%). Among girls, 13-year-olds in Romania report the highest prevalence of cyberbullying others (24%).

For design reasons, the measures used to elicit the data from participants are described on the second (right-hand) page of each indicator spread.

Fig. A1. Example of age–gender bar chart



Understanding the family affluence charts

Charts of prevalence by FAS group illustrate the relationship between family affluence and each bullying and violence indicator. The FAS charts show the prevalence (or average score) of the indicators in the most affluent 20% of adolescents in each country or region (a solid circle) and the least affluent 20% (an open circle). The data are presented for each country and region for boys (blue circle) and girls (orange circle) separately, combined across the three age groups.

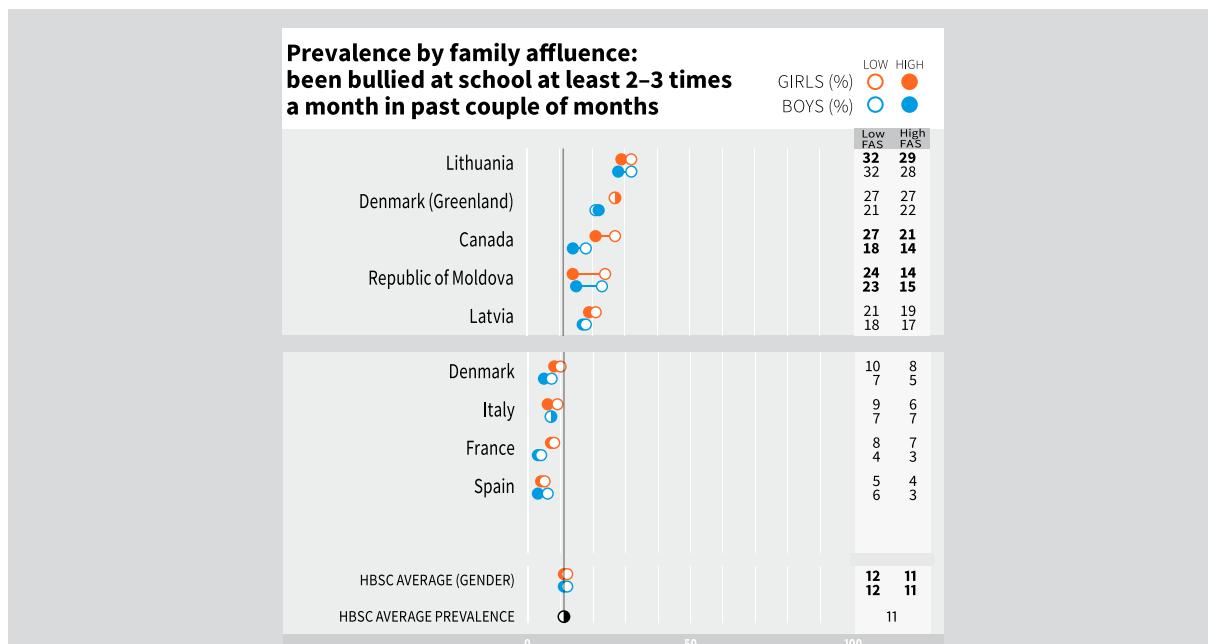
Prevalence (or average score) in the least and most affluent groups is linked by a line, the length of which indicates the difference in prevalence (or average score) between the two groups. HBSC averages for each affluence group are presented by gender at the bottom of the charts. The overall prevalence (or average score) for the indicator, combined over age groups and gender, is given as the final point at the bottom of the charts (black and white circle) and is shown as a line along the length of the charts.

Countries and regions are ordered on the FAS charts by prevalence (or average score) averaged across genders.

Significance of differences in prevalence (or average score) by family affluence are indicated by the figures for prevalence (or average score) being bolded. Prevalence of the medium-affluence group is not presented in the charts, but the data from all three FAS groups are used when carrying out statistical analysis.

Significance is only marked where there is a linear trend in prevalence across the three groups. This may mean that some differences in prevalence that look large between the low- and high-affluence groups may not be marked as significant if, for example, the prevalence in the medium-affluence 60% is lower or higher than both presented numbers.

[Fig. A2](#) presents an example family affluence chart. It shows that in most of the countries and regions, there is no difference in the prevalence of being bullied between low- and high-affluence boys and girls. For example, in France there was only a 1% difference between low- and high-affluence groups. Some countries, however, showed a significant difference. In Canada, for instance, 27% of girls in the 20% least affluent households reported being bullied at school at least 2–3 times a month in the past couple of months, while only 21% of girls in the 20% most affluent households did so.

Fig. A2. Example of family affluence chart

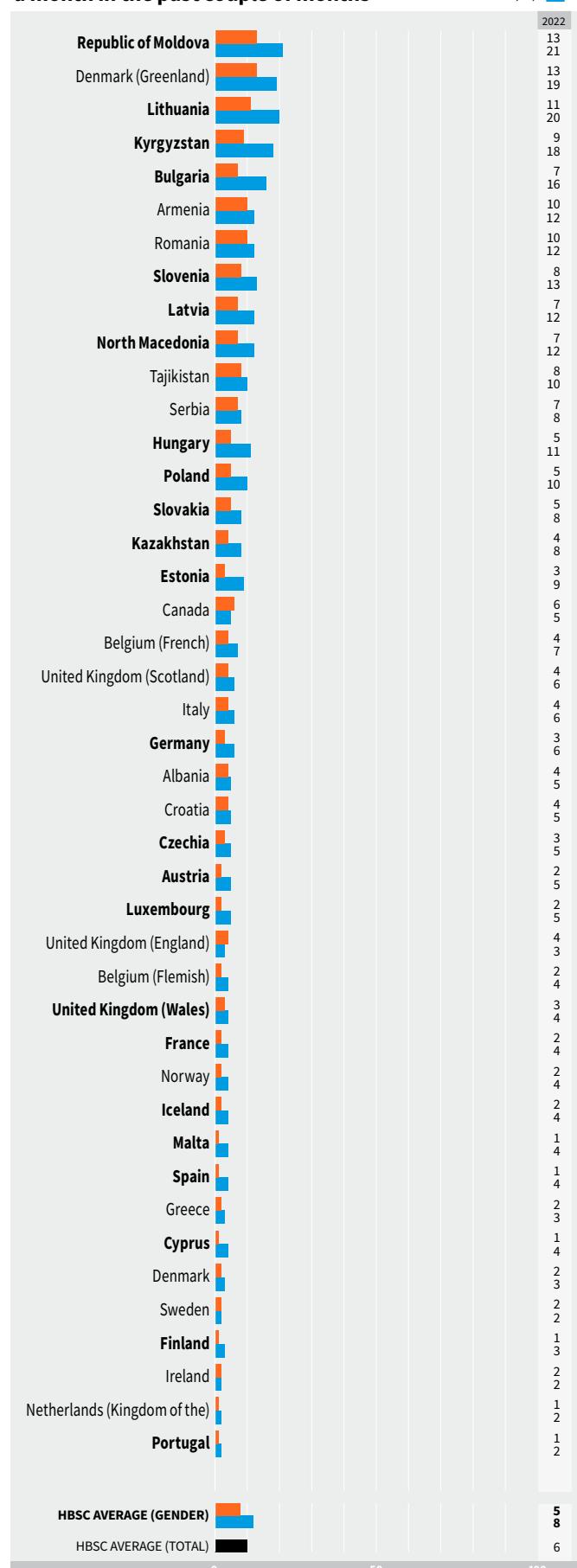
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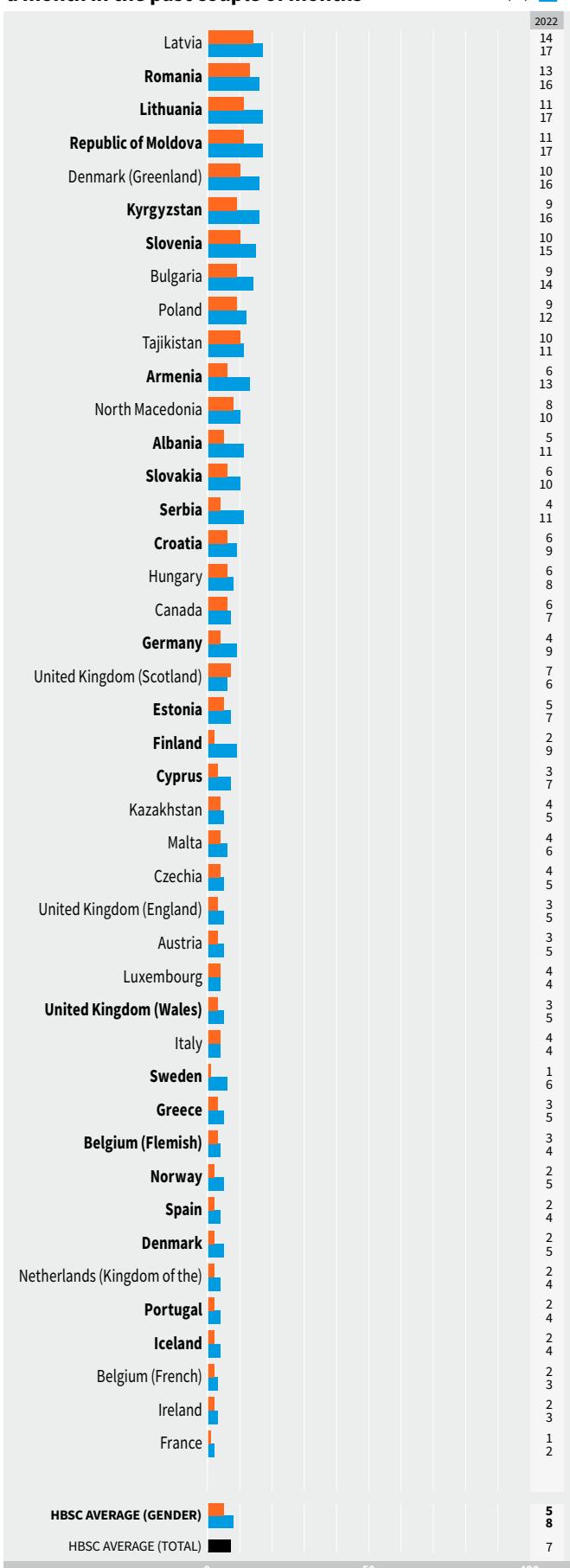
² All references accessed 12 January 2024.

Bullying: bullying others

11-year-olds who have bullied others at school at least 2–3 times a month in the past couple of months



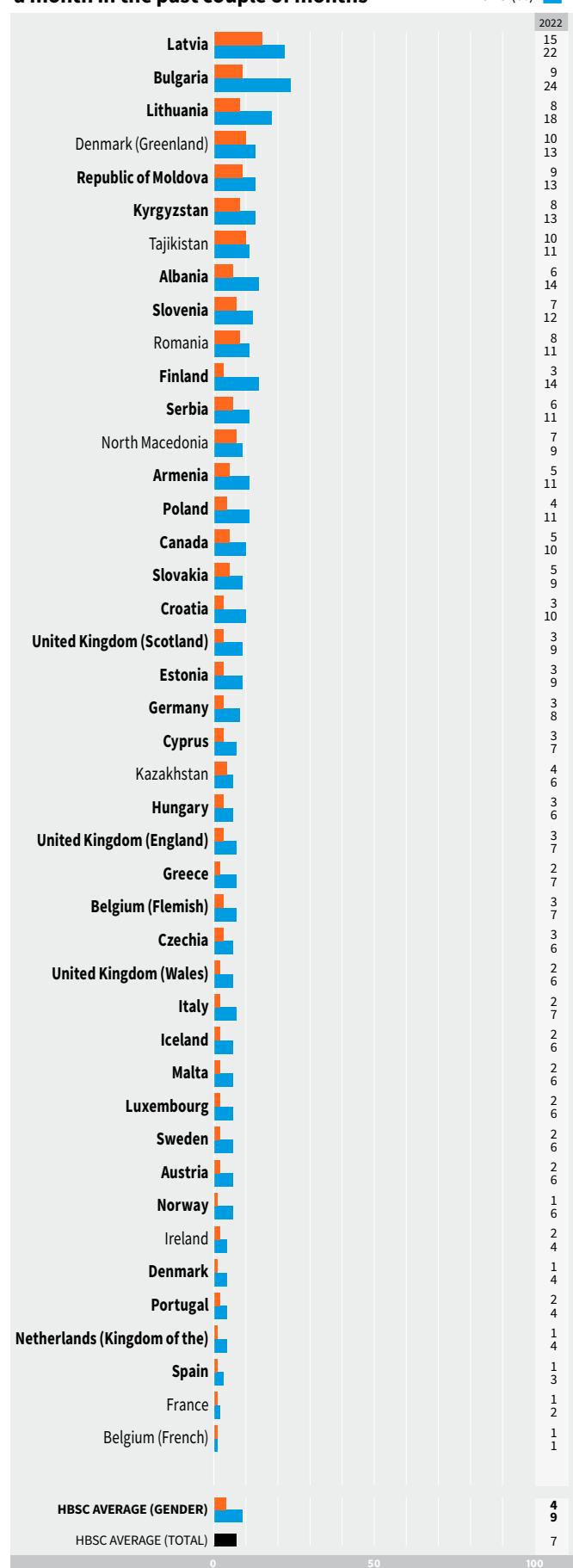
13-year-olds who have bullied others at school at least 2–3 times a month in the past couple of months



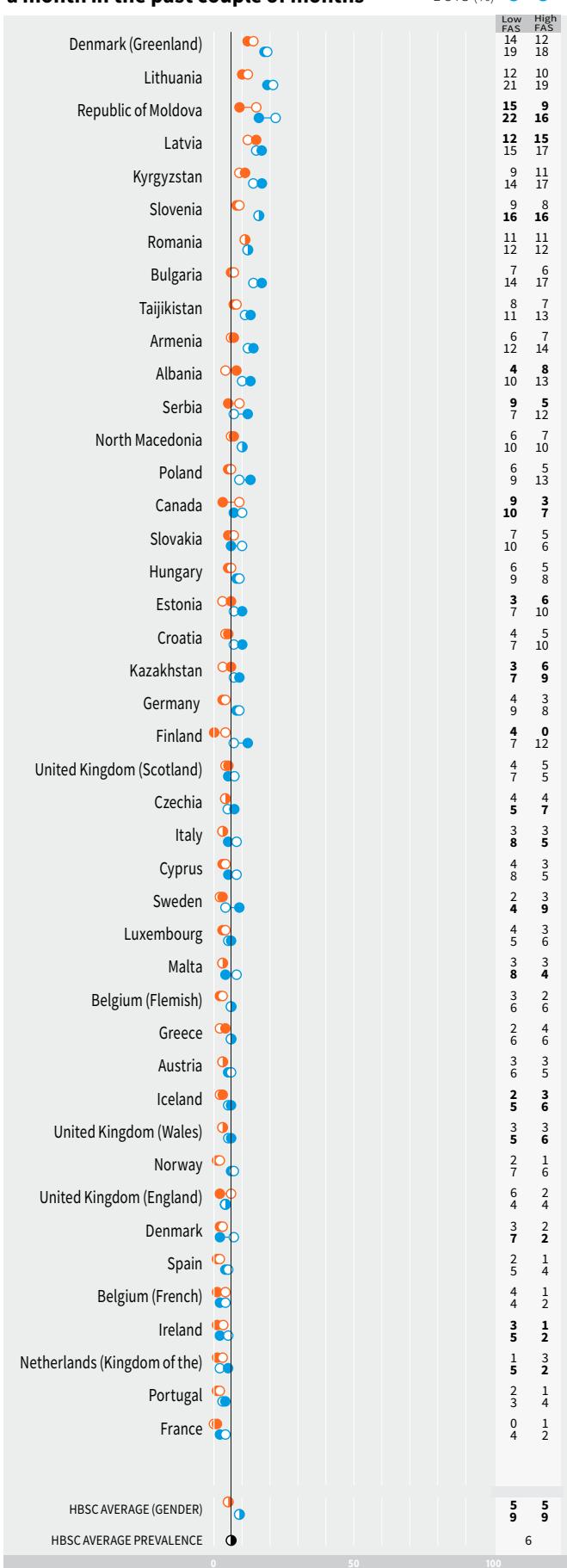
Note: country/region name in **bold** indicates a significant gender difference ($\text{at } P < 0.05$). No data were received from Switzerland.

MEASURE: young people were asked how often they had taken part in bullying (an)other person(s) at school in the past couple of months. Response options ranged from I have not bullied (an)other person(s) at school in the past couple of months to several times a week. Findings presented here show the proportions who reported bullying others at least two or three times a month in the past couple of months.

15-year-olds who have bullied others at school at least 2-3 times a month in the past couple of months



Prevalence by family affluence: bullied others at school at least 2-3 times a month in the past couple of months



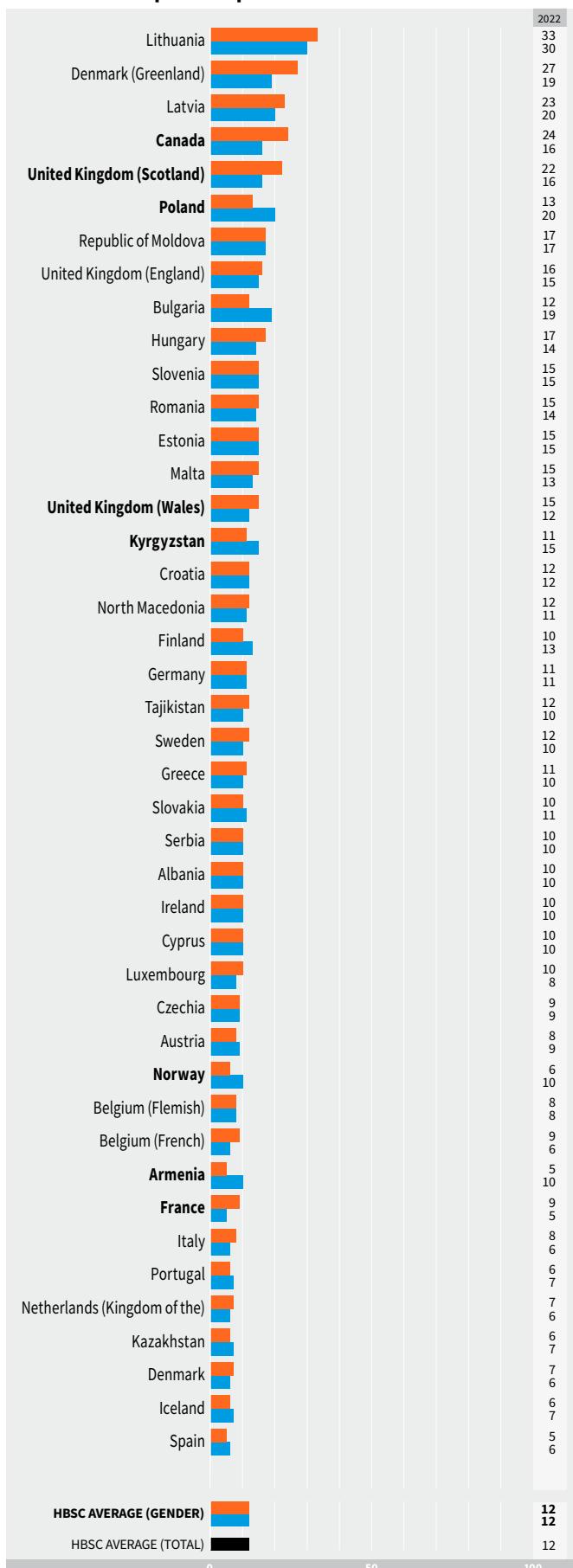
FAS: Family Affluence Scale. Note: **bold** indicates a significant difference in prevalence by family affluence group (at $P < 0.05$). Low- and high-affluence groups represent the lowest 20% and highest 20% in each country/region. No data were received from Switzerland.

Bullying: being bullied

11-year-olds who have been bullied at school at least 2–3 times a month in the past couple of months



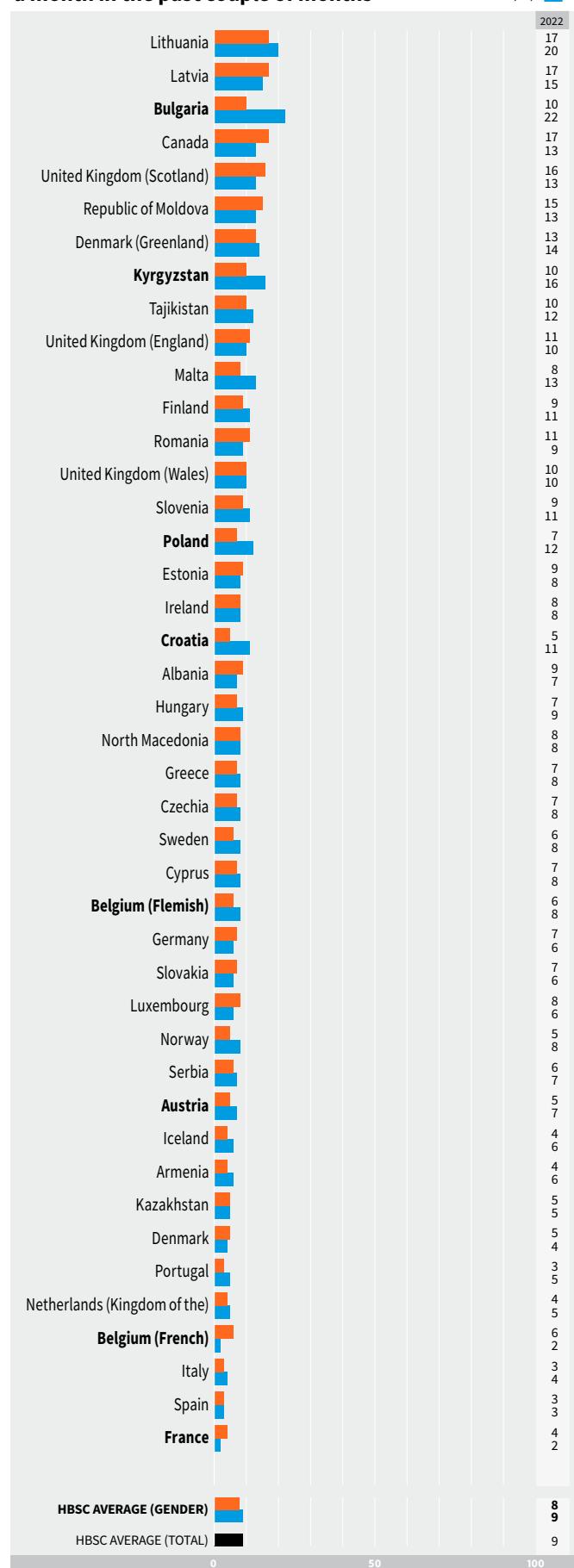
13-year-olds who have been bullied at school at least 2–3 times a month in the past couple of months



Note: country/region name in **bold** indicates a significant gender difference ($\text{at } P < 0.05$). No data were received from Switzerland.

MEASURE: young people were asked how often they had been bullied by (an)other person(s) at school in the past couple of months. Response options ranged from I have not been bullied at school in the past couple of months to several times a week. Findings presented here show the proportions who reported being bullied at least two or three times a month in the past couple of months.

15-year-olds who have been bullied at school at least 2–3 times a month in the past couple of months

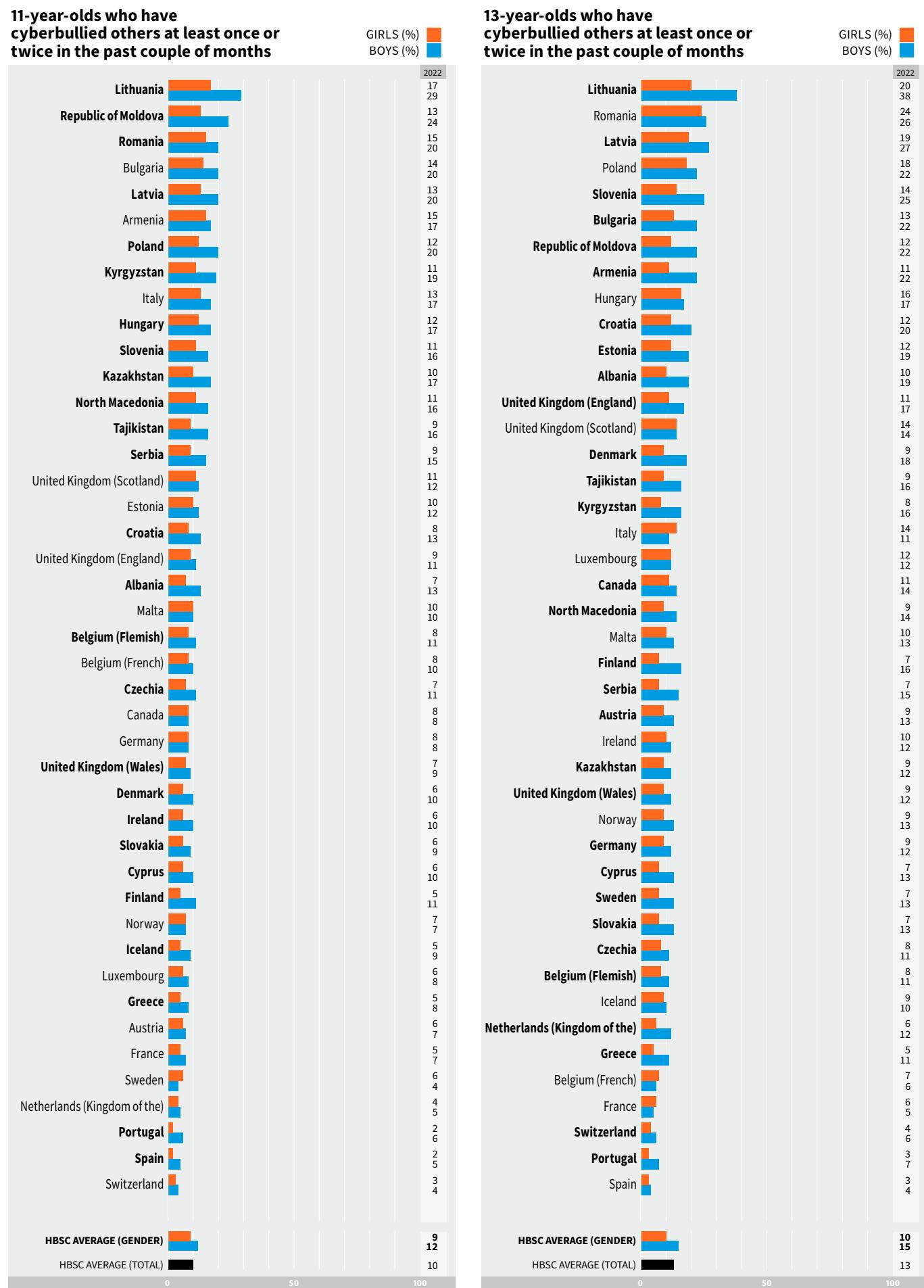


Prevalence by family affluence: been bullied at school at least 2–3 times a month in past couple of months



FAS: Family Affluence Scale. Note: **bold** indicates a significant difference in prevalence by family affluence group (at $P < 0.05$). Low- and high-affluence groups represent the lowest 20% and highest 20% in each country/region. No data were received from Switzerland.

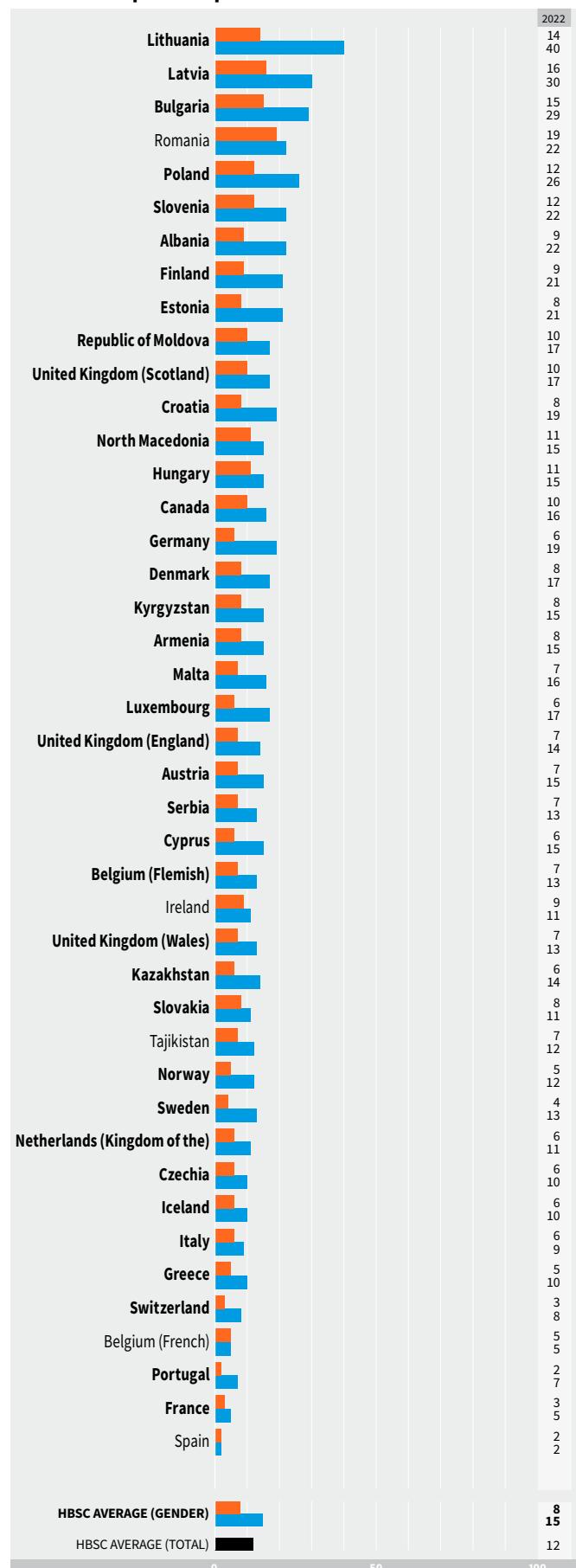
Cyberbullying: bullying others



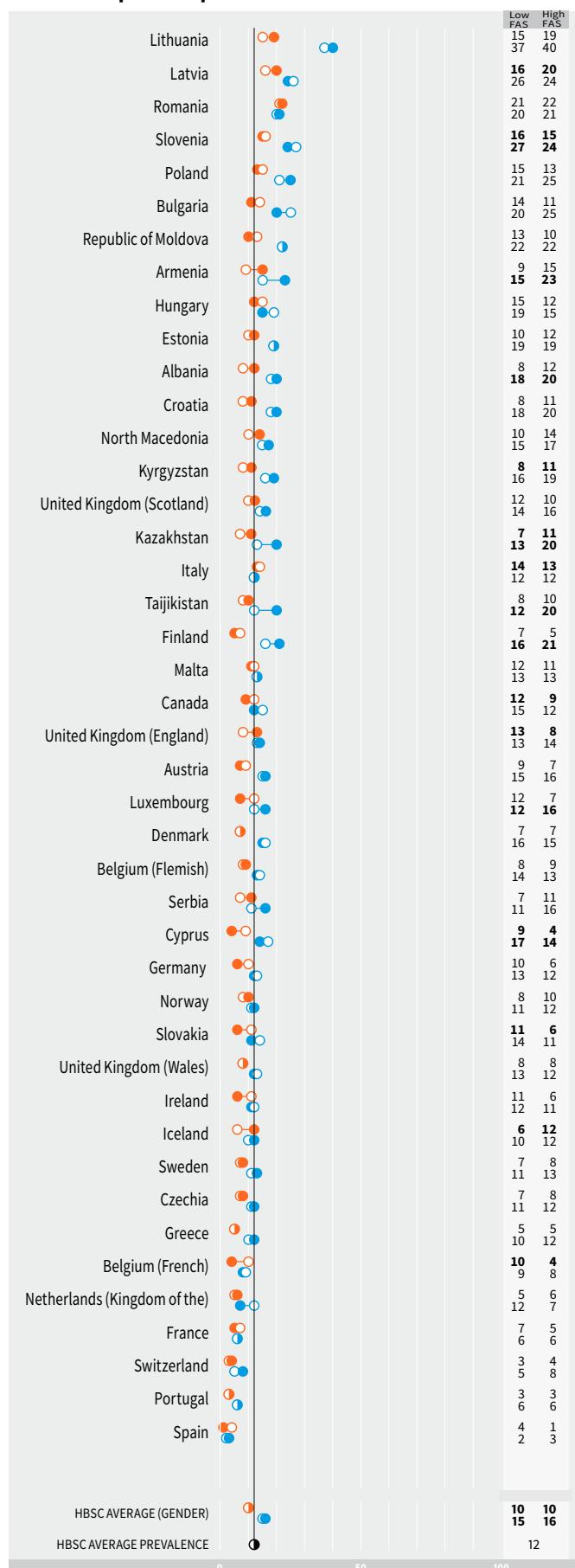
Note: country/region name in **bold** indicates a significant gender difference (at $P < 0.05$). No data were received from Denmark (Greenland).

MEASURE: young people were asked whether they had taken part in cyberbullying (such as sending mean instant messages, wall postings or emails, or posting or sharing photos or videos online without permission). Response options ranged from I have not cyberbullied another person in the past couple of months to several times a week. Findings presented here show the proportions who had cyberbullied others at least once or twice in the past couple of months.

15-year-olds who have cyberbullied others at least once or twice in the past couple of months

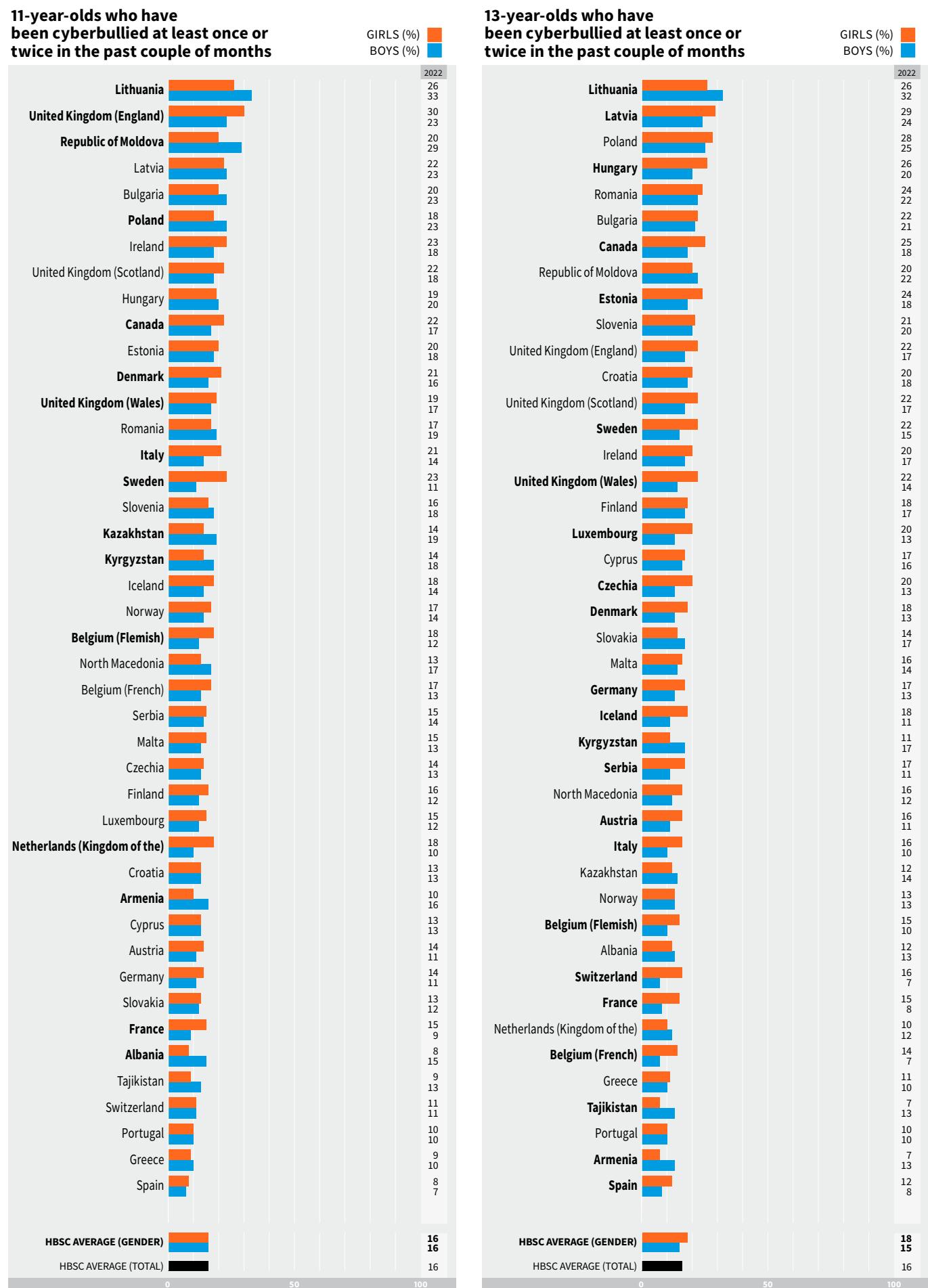


Prevalence by family affluence: cyberbullied others at least once or twice in past couple of months



FAS: Family Affluence Scale. Note: **bold** indicates a significant difference in prevalence by family affluence group (at $P < 0.05$). Low- and high-affluence groups represent the lowest 20% and highest 20% in each country/region. No data were received from Denmark (Greenland).

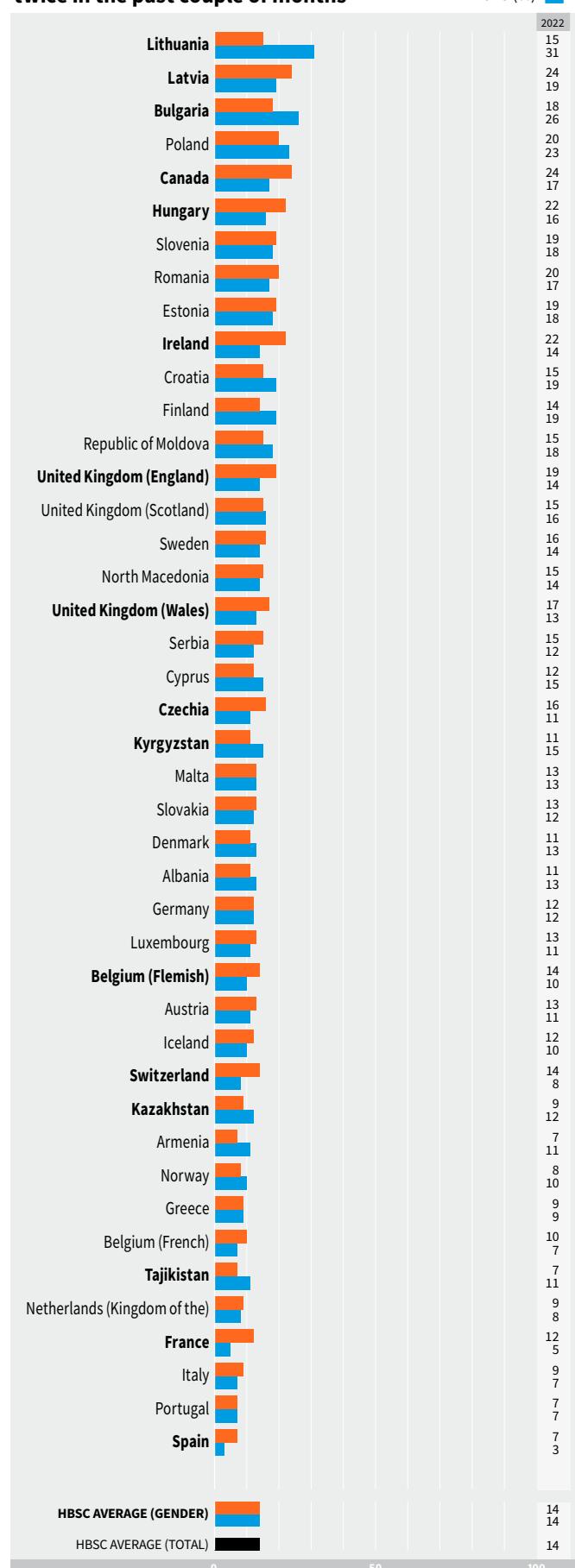
Cyberbullying: being bullied



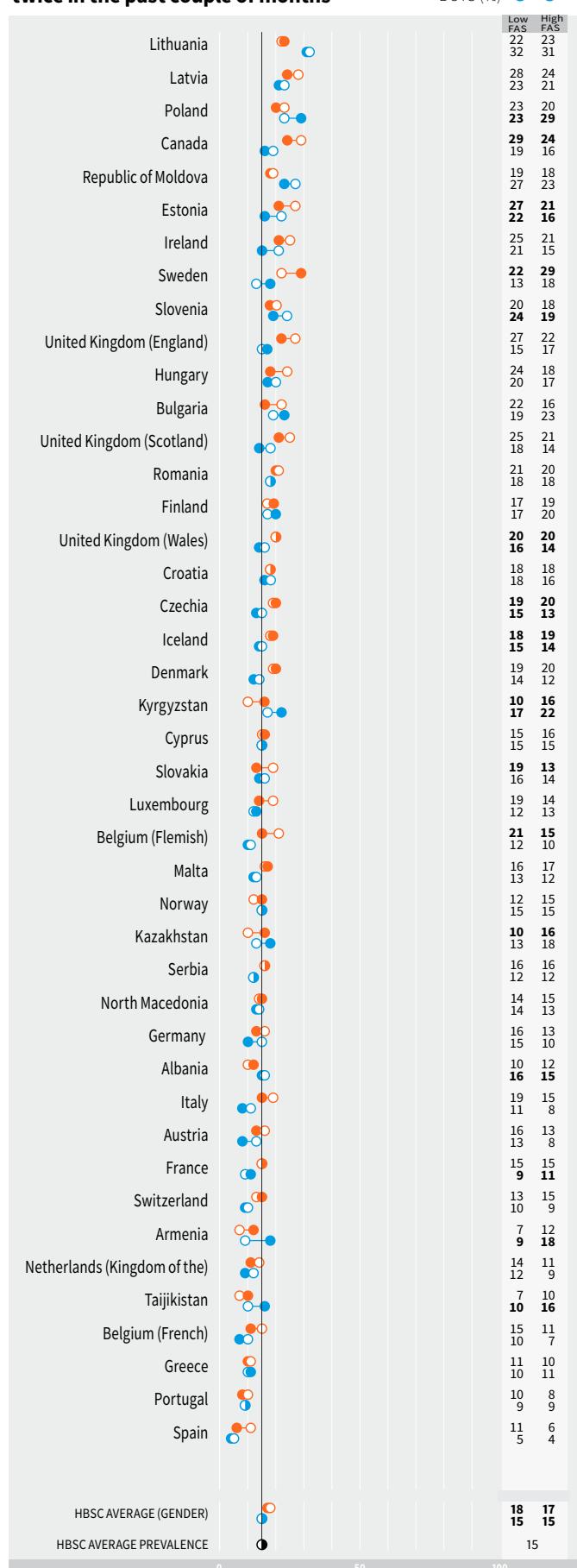
Note: country/region name in **bold** indicates a significant gender difference (at $P < 0.05$). No data were received from Denmark (Greenland).

MEASURE: young people were asked how often they had experienced cyberbullying (such as anyone sending mean instant messages, wall postings or emails, or someone posting or sharing photos or videos online without their permission). Response options ranged from I have not been cyberbullied in the past couple of months to several times a week. Findings presented here show the proportions who had experienced cyberbullying at least once or twice in the past couple of months.

15-year-olds who have been cyberbullied at least once or twice in the past couple of months



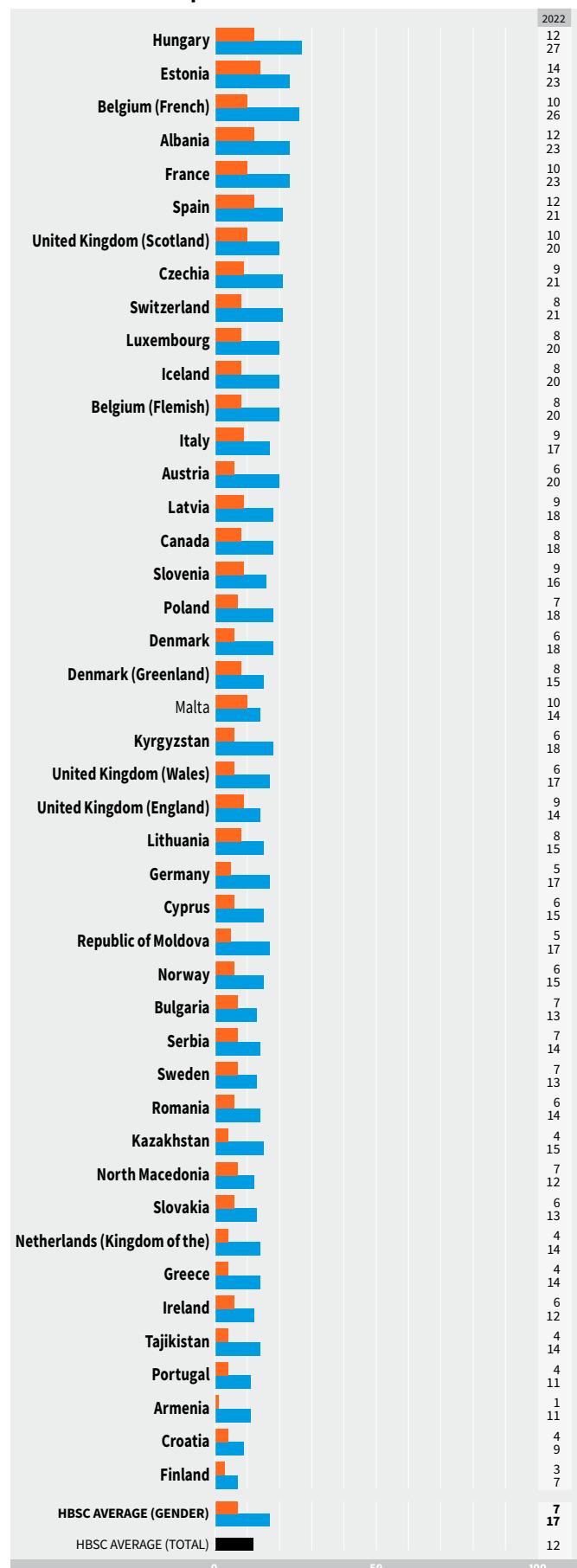
Prevalence by family affluence: been cyberbullied at least once or twice in the past couple of months



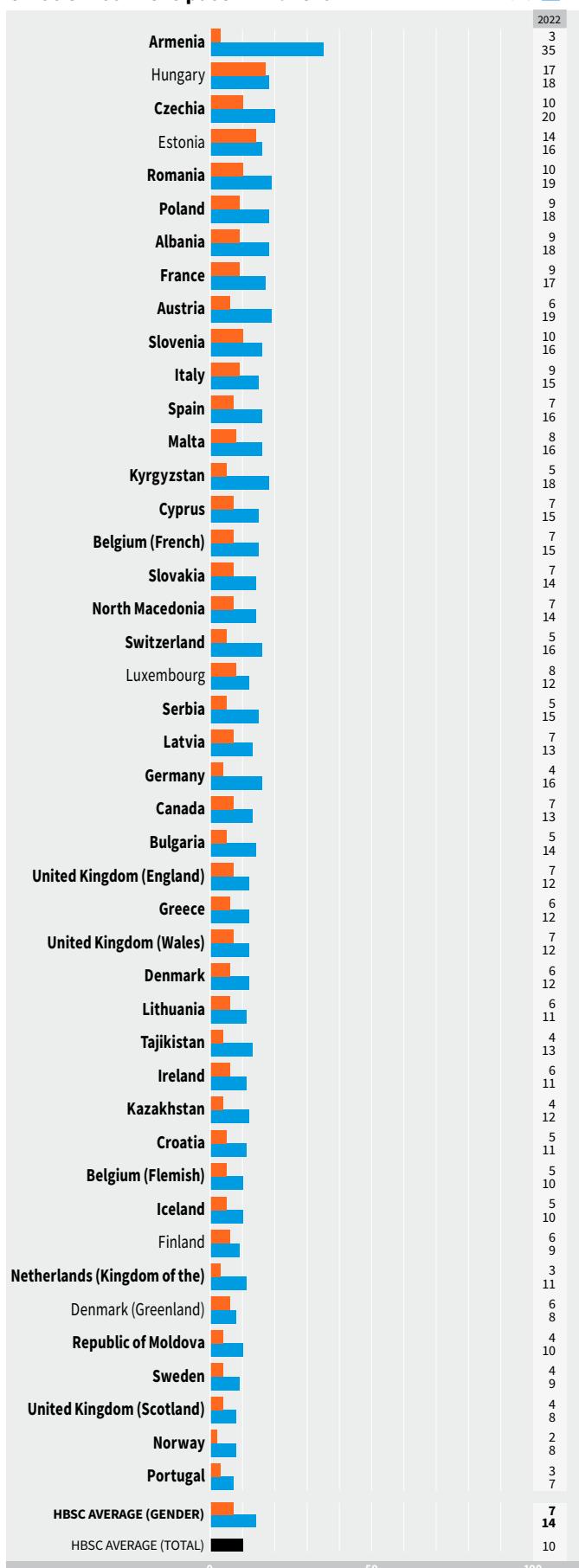
FAS: Family Affluence Scale. Note: **bold** indicates a significant difference in prevalence by family affluence group (at $P < 0.05$). Low- and high-affluence groups represent the lowest 20% and highest 20% in each country/region. No data were received from Denmark (Greenland).

Physical fighting

11-year-olds who have been involved in a physical fight at least three times in the past 12 months



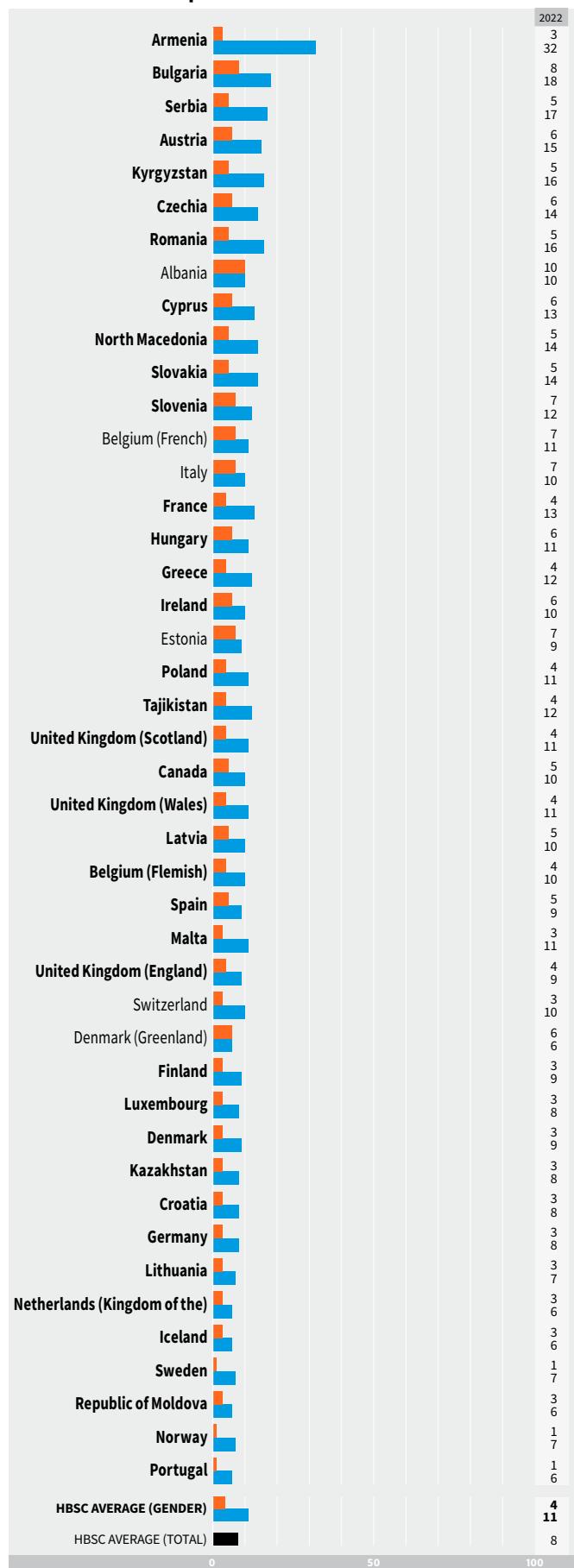
13-year-olds who have been involved in a physical fight at least three times in the past 12 months



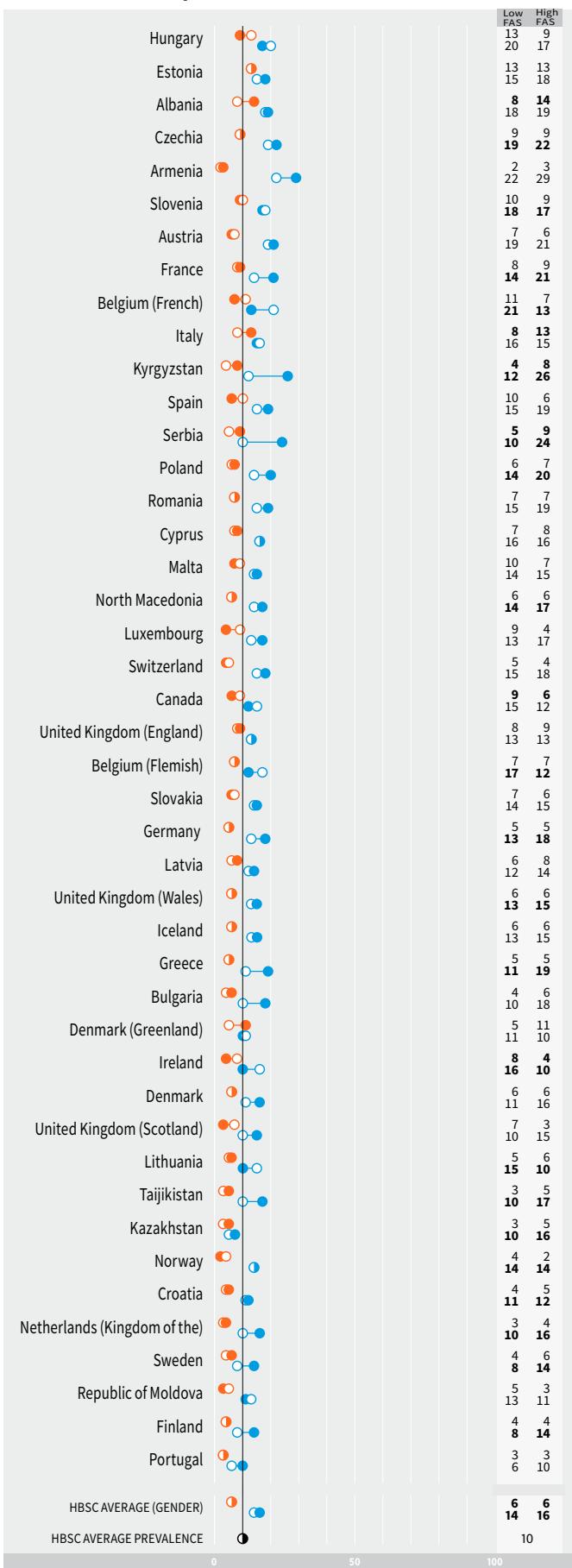
Note: country/region name in **bold** indicates a significant gender difference (at $P < 0.05$).

MEASURE: young people were asked how many times in the past 12 months they had been involved in a physical fight. Response options ranged from I have not been in a physical fight in the past 12 months to four times or more. Findings presented here show the proportions who reported physical fighting three times or more in the past 12 months.

15-year-olds who have been involved in a physical fight at least three times in the past 12 months



Prevalence by family affluence: involved in a physical fight at least three times in the past 12 months



FAS: Family Affluence Scale. Note: **bold** indicates a significant difference in prevalence by family affluence group (at $P < 0.05$). Low- and high-affluence groups represent the lowest 20% and highest 20% in each country/region.

The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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