

# Bullying victimization among school- going adolescents in Iraq

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## Abstract:

**Background:** Bullying victimization is a major public health problem. Interest in bullying in Arab world is a recent phenomenon. Publication on victimization in Iraq is scarce. Therefore this study was conducted to report bullying among students of Iraqi schools.

**Methods:** A total of 302 students from Baghdad was selected by a cluster random sample to include in this study. An Arabic version of standardized questionnaire was obtained from the International (ISPCAN). Identification of bullying (bullies, victims and sexual victims) was done by using a cutoff for the scoring of bullying manifestation in the questionnaire depending on three repeated action at least to consider as bullies. P value less than 0.05 was considered significant for meeting the criteria of bullying.

**Results:** Out of the total 39.1% were bullied pupils (victims) there was a significant association between bullying and victim with sex (P=0.001). Bullying and victimization was significantly associated with smoking, drug abuse, and failure in school (P=0.001 for each).

**Conclusion:** High prevalence of victimization (bully, victims and sexual victim was revealed among students in schools as a predictor for smoking and drug abuse.

**Keywords:** Bullying, victimization, sexual victim, Iraq.

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## Introduction:

Bullying victimization is a major adolescent's health problem<sup>1</sup>. Adolescents of low affluent families<sup>2</sup> or lower socioeconomic position (expressed as educational level<sup>3</sup> or economic affluence<sup>4</sup>), with sedentary habits (more than 3 hours per day)<sup>5</sup>, and live in communities with frequent unrest<sup>6,7</sup>. In the last 4 decades, Iraq exposed to wars, civil war, widespread violence and sectarian violence<sup>8-11</sup> which in turn means unrest community, internal displaced families (low affluence) and high exposure to trauma<sup>12</sup>. Literature<sup>8,9</sup> documented high prevalence of bullying victimization in communities with frequent unrest conditions and/or with community violence. Interest in school bullying among Arab world is a recent phenomenon<sup>13</sup>. Published articles on bullying in Iraq is scarce, therefore, this work was carried out to report on bullying victimization in Baghdad.

## Materials and methods:

A total of 302 students from the secondary schools in Al-Karkh side of Baghdad was participated in the study. Their age was  $15.7 \pm 1.9$  years with male to female ration of 1.3:1. Participated students were recruited by multistage random sampling (one directorate of education out of four directorates

in Al- Karkh, and 10 schools out of in the directorate, the students were selected by the systemic random sampling). An Arabic version of standardized questionnaire was obtained from the international society for prevention of child abuse and neglect (ISPCAN)<sup>14</sup>. The Arabic version was translated and validated for previous use in Arab world. A minor modification was adapted to the Iraqi culture and local vocabulary. The questionnaire was self-completed. The researcher was in the field to explain the aim of the study and to show the participants how to complete questionnaire. Enough space for privacy was tried as possible. Detailed sections concerning all types of bullying were in the questionnaire e.g. physical bullying (hitting, kicking, pushing, shoving, tripping, spitting ...etc; verbal bullying (teasing, name calling, taunting, threatening ...etc; and relational bullying (making offensive sexual jokes, sexual comments ...etc i.e. sexual bullying).

Victims were the bullied students, and sexual bullying victim were the victim of sexual bullying. Demographic characteristics of the students (age, sex, family information ...etc) were requested also. Smoking and drug abuse were sections in the questionnaire. Chi square was used to examine the association of victimization and sexual victimization (dependent variable) with sex, smoking and drug abuse (independent variable). Student's t test was used to examine the difference in age between victims and others, also, between sexual victims and the others. P value < 0.05 was considered as significant.

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**Results:**

Out of the total, 118 (39.1%) students reported bullying victimization and 65 (21.5%) reported relational victimization (sexual victimization). Age of students reported bullying victimization was 15.5 ± 1.8 years, and of those reported no bullying victimization was 15.9 ± 2.1 years. No significant differences in age between victims and others (t= 1.7, d.f.=300, p = 0.08). Age of students reported sexual victimization was 15.2 ± 1.7 year and those reported no sexual victimization was 15.9 ± 2.03 year. A significant difference was noticed in age between those reported sexual victimization and those reported no sexual victimization (t= 2.3, d.f.= 300, p = 0.02) (Table 1).

**Table 1** Age distribution of victim and sexual victim students

Variable	frequency		Age	
	No.	%	mean	SD
<b>Victim</b>				
Yes	118	39.0	15.5	1.8
No	184	61.0	15.9	2.1
t = 1.7, d.f.= 300, p = 0.08				
<b>Sexual victim</b>				
Yes	65	21.5	15.2	1.7
No	237	78.5	15.9	2.03
t = 2.3, d.f. = 300, p = 0.02				

Out of total, 105 (61.8%) male students and 13 (9.8%) female students reported bully victimization. A significant association between sex and bullying victimization was observed ( $\chi^2 = 84.8$ , d.f.= 1, p = 0.001). Sixty one (35.9%) male students and 4 (3%) female students reported sexual bullying. A significant association of sex with sexual bullying was noticed ( $\chi^2 = 47.6$ , d.f.= 1, p = 0.001) (Table 2).

**Table 2** Sex distribution and sexual victim students

Variable	Victim				P value
	Yes		No		
	No.	%	No.	%	
Male	105	61.8	65	38.2	$\chi^2 = 84.8$ , d.f.=1, p = 0.001
Female	13	9.8	120	90.2	
Total	118	38.9	185	61.1	
<b>Sexual victim</b>					
	Yes		No		
	No.	%	No.	%	
Male	61	35.9	109	64.1	$\chi^2 = 47.6$ , d.f.=1, p = 0.001
Female	4	3.0	129	97.0	
Total	65	21.5	238	78.5	

Table 3 shows distributions of smoking and drug abuse among students according to reporting bullying victimization and

sexual bullying. Twenty nine (24.6%) victims were smoking and 4 (3.4%) victims were abusing drugs. Being victim and smoking was significantly associated ( $\chi^2 = 31.8$ , d.f.= 1, p = 0.001). Nineteen (29.2%) sexual victims were smokers and 3 (4.6%) sexual victims were abusing drugs. Significant association between sexual bullying and both smoking and drug abuse ( $\chi^2 = 25.1$ , d.f.= 1, p = 0.001 and  $\chi^2 = 6.8$ , d.f.= 1, p = 0.009).

**Table 3** distribution of smoking and drugs abuse among victims and sexual victims

	Smoking				Drugs			
	yes		No		Yes		No	
	No.	%	No.	%	No.	%	No.	%
<b>Victim</b>								
Yes	29	24.6	89	75.4	4	3.4	114	96.9
No	6	3.3	178	96.7	0	0.0	84	100.0
total	35	11.6	267	88.4	4	1.3	298	98.2
$\chi^2 = 31.8$ , d.f.=1, p = 0.001								
<b>Sexual victim</b>								
Yes	19	29.2	46	70.8	3	4.6	62	95.4
No	16	6.8	221	93.2	1	0.4	236	99.6
Total	35	11.6	267	88.4	4	1.3	289	98.7
$\chi^2 = 25.1$ , d.f.=1, p = 0.001					$\chi^2 = 6.8$ , d.f.=1, p = 0.009			

**Discussion:**

The prevalence of bullying victimization was 39.1%. It is higher than that reported in Arabic world<sup>6</sup> e.g. Egypt (34.2%), Yemen (21.5%), Jordan (18.3%), Tunisia (12.3%) and Morocco (10.3%). Variations in the prevalence of bullying victimization were reported among countries. Low rates were reported in the high income countries<sup>2</sup>, and high rates were in low and middle income countries<sup>2,15</sup>. The difference was partially explained by socioeconomic inequalities<sup>2</sup> which in turn negatively affect the social cohesion that buffered against interpersonal conflict<sup>16</sup>. Socioeconomic inequality in Iraq was shown in several surveys and reports<sup>17</sup>. Rapid growth and unplanned urbanization through uncontrolled immigration and recent internally displacing families to Baghdad after the change of regime (2003) and during ongoing widespread violence might be contributed to the observed high rate (39.1%). Economic inequalities usually implies power imbalance which in turn associated with bullying. It was suggested that children and adolescents growing in social context with large power imbalance develop peer relationship mimic the unequal relations. Community violence (terrorism and widespread violence) influence victim bullying among adolescents<sup>6</sup>. There was a positive relationship between school violence (bullying) and community crime rate<sup>7</sup>. Terrorism and widespread violence in Iraq for the last 4 decades<sup>8-10,17</sup> might

be contributed to the observed high figure of victimization (39.1%). Political violence is usually justified by belief that violence is legitimate way to reach sociopolitical goals. It is likely that children in the context of political violence might learn such belief and apply it to their own relation<sup>18</sup>. The rate of those sexually bullied (sexual comments ...etc) was 21.4%. It is similar to that in Yemen (21.8%)<sup>6</sup>. The exposure to wars and widespread violence might be contributed to similar rates reported in Iraq and Yemen. Literature<sup>8,9</sup> documented high prevalence of bullying victimization in communities with frequent unrest conditions and/or with community violence. The observed rate was higher than that reported in Egypt (13.5%), Jordan (12.6%) and Tunisia (12.5%)<sup>6</sup>. The difference might be attributed to the socioeconomic inequalities and/or political violence. No significant difference in age between victim of bullying and those noninvolved. It is inconsistent with that of other articles<sup>15,18</sup>. This difference might be explained by the unique exposure to community violence and the recent developed socioeconomic inequality. Similar finding was reported in Algeria and attributed to frequent unrest<sup>19</sup>. Bully victimization and bully sexual victimization was significantly higher among males. This finding is consistent with that of other studies<sup>6,20</sup>. Bully victims and sexual victim were significantly predicting substance use (smoking and drugs). Literature shows contradictory views. Several articles<sup>21-23</sup> documented that school victims were more likely to use substances more than noninvolved peers. Others<sup>23,24</sup> found that victims of bullying were less engaged in substance use than non-victims. It was shown that bullying (bully, victim, bully-victim and bystander) and substance use are related<sup>6</sup>. However, the nature of this association is still largely unknown. In previous communications, substance use was attributed to exposure of Iraqis to wars, civil war and widespread violence<sup>11,12,23</sup>. In conclusion high rates of bully victimization and sexual victimization were reported in Iraq. Victimization was higher among males. Findings highlight elevated rates of smoking and drug abuse among bully and sexual victims.

#### Authors contributions:

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#### References:

- 1- WHO. Chronic diseases and health promotions. Global school based students health survey (GSHS). Available from: <http://www.who.int/chp/gshs/factsheets/en/> (accessed on 13/3/2015).
- 2- Due P, Merlo J, Harel-Fisch Y, Damsgaard MT, soc Ms, Holstein BE, et al. Socioeconomic inequality in exposure to bullying during adolescence: a comparative cross-sectional, multilevel study in 35 countries. *Am J Public Health* 2009;99: 907-914.
- 3- Nordhagen R, Nielsen A, Stigum H, Kohler L. Parental reported bullying among Nordic children: a population based study. *Child Care Health Dev* 2005; 31: 693-701.
- 4- Von Rueden U, Gosch A, Raimil I, Bisegger C, Raven-Sieberer U. The European KIDSCREEN group. Socioeconomic determinants of health related quality of life in childhood and adolescence: results from European study. *J Epidemiol Community Health* 2006; 60: 130-135.
- 5- Rech RR, Halperm R, Tedesco A, Santos DF. Prevalence and characteristics of victim and perpetrators of bullying. *J Pediatr (Rio J)* 2013;89: 164-170.
- 6- Wilson ML, Dunlavy AC, Berchtold A. Determinants for bullying victimization among 11-16 year-olds in 15 low and middle income countries: a multilevel study. *Soc Sci* 2013; 2: 208-220.
- 7- Hellman DA, Beaton S. The pattern of violence in urban public schools: the effect of school and community. *J Res Crime Delinquency* 1986;23:102-127.
- 8- Burnham G, Lafta R, Doou S, roberts L. Mortality after 2003 invasion of Iraq: a cross sectional cluster sample survey. *Lancet* 2006; 36: 1421-1428.
- 9- Fearson JD. Iraq's civil war. *Foreign Affair* 2007; 86:2-16.
- 10- Iraqi Family Health Service Survey Group. Violence related mortality in Iraq from 2002 to 2006. *N Engl J Med* 2008; 358:484- 493.
- 11- Al-Shawi AF, Al-Hemiary NF, Al-Diwan JK, Tahir DH. Post-traumatic stress disorder among university students in Baghdad: a preliminary report. *Iraq J Comm Med* 2011; 24: 287-290.
- 12- Al-Diwan JK. Psychological consequences of wars and terrorism in Baghdad, Iraq: a preliminary report. The 3<sup>rd</sup> conference for medical sciences, Hawler Medical University. 24-26 Oct. 2012. Conference proceeding's book. 2012. P. 19-26.
- 13- Kazarian SS, Ammar J. School bullying in Arab World: a review. *The Arab Journal of Psychiatry* 2013;24: 37-45.
- 14- ISPCAN child abuse screening tool (ICAST). Questionnaires and guides for UN study on violence against children. <http://www.ispcan.org/?page=ICAST&hhsearchterms=questionnaire>. Accessed on 15 April 2015).
- 15- Fleming LC, Jacobsen KH. Bullying among middle school students in low and middle income countries. *Health Promotion International* 2010; 25: 73-84.
- 16- Peden M, Oyegbite K, Ozanne-Smith J, Hyder A, Branche C, Rahman AF et al. World report on child injury prevention. Available online: [http://who.int/violence\\_injury\\_prevention/child/injury/world\\_report/en/](http://who.int/violence_injury_prevention/child/injury/world_report/en/) (accessed on 15 March 2015).
- 17- Iraq Household Socioeconomic Survey IHSES 2007.

Available from <http://search.worldbank.org/research?qterm=socioeconomic+inequality+in+Iraq> (accessed on 15 March 2015).

18-Chaux E, Molano A, Podlesky P. Socioeconomic, sociopolitical and socioemotional variables explaining school bullying: a country wide multicenter analysis. *Aggressive Behavior* 2009; 35: 520-529.

19-Fleming LC, Jacobsen KH. Bullying and symptoms of depression in Chilean Middle School students. *J Sch health* 2009; 79: 130-137.

20-Kira ER, Babaniyi O, Siziya S, Mulenga D, Muula AS, Mazyanga L et al. Correlates of bullying victimization among school going adolescents in Algeria: results from the 2011 global school based health survey. *International J Medicine and Public Health* 2014; 4: 407-412.

21-Radiff KM, Wheaton JE, Robinson K, Morris J. illuminating the relationship between bullying and substance use among middle and high school youth. *Addict Behav* 2012; 37:569-572.

22-Niemela S, Brunstein- Klomek A, Sillanmaki L, Helenius H, Phia J et al. Childhood bullying behavior at age of eight and substance use at age 18 among males. A nationwide study. *Addict Behav* 2011; 36: 256-360.

23-Tharp-Taylor S, Haviland A, D'Amico EJ. Victimization from mental and physical bullying and substance use in early adolescence. *Addict Behav* 2009;34: 561-567.