Bullying in schools A survey of the experience of looked after children

Bullying is an important issue in schools and one to which looked after children may be particularly susceptible. In a cross-sectional survey, a sample of 50 ten to 16-year-old children in the care of one local authority were asked about their experience of bullying using a modified Olweus questionnaire. The results, reviewed by **Vidya Rao** and **Doug Simkiss**, suggest that these looked after children were at least as likely as their peers to be bullied and were subject to the same types of bullying as other children. The characteristics of both bullies and victims are discussed and recent work to improve the recognition of bullying and identify effective strategies to prevent it is highlighted. Health assessments are an opportunity to consider bullying as a possible underlying cause of stress and behavioural problems.

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Introduction

Bullying is a common experience in school. In a survey of more than 6,700 school-age children in the UK, 27 per cent reported that they had been bullied 'sometimes or often' during that term and ten per cent reported being bullied at least once a week (Whitney and Smith, 1993). *The National Bullying Survey 2006* received 8,574 replies to an online questionnaire. The sample comprised 4,772 children, 2,160 parents, 323 teachers and 1,323 adults and will have a respondent bias, but 69 per cent of children complained that they had been bullied. The adults blamed school bullying for a variety of negative adult outcomes: 13 per cent said it affected relationships, seven per cent said it affected their job prospects, nine per cent stated that they had been suicidal and eight per cent said they had received medical treatment for mental health problems (Bullying online, 2006). These adverse outcomes have been identified in other research. Victims of bullying lack confidence, have lower self-esteem, regard themselves as less competent and have fewer close friends than their peers. They are more anxious and have a higher prevalence of depression (Salmon, James and Smith, 1998). In the longer term, being bullied may be associated with alcohol problems and violence (Kaltiala-Heino *et al*, 1999).

There are at least five types of bullying (Tattum, 1993). Verbal bullying is the commonest with examples such as name calling or teasing. Girls tend to use indirect methods, for instance spreading malicious rumours, that are more difficult to detect. Physical bullying includes violence such as being hit or kicked or locking someone in a room and is more common among boys, although physical attacks on girls by girls are becoming more common (Department for Education and Employment, 2001). Extortion bullying means demanding money or goods such as mobile phones or electronic toys, and is well illustrated by the following poem (Gowar, 1988):

Pocket Money

I can't explain what happens to my cash.
I can, but can't – not to my mum and dad.
'Give me ten pee or get another bash.'

That's where it goes. And though their questions crash
Like blows, and though they're getting mad,
I can't explain what happens to my cash.

How can I tell the truth? I just rehash
Old lies. The others have and I'm the had:
'Give me ten pee or get another bash.'

'For dinner Dad . . . just sausages and mash.'
'That shouldn't make you broke by Wednesday, lad.'
I can't explain what happens to my cash.

Old friends all help themselves. I get the ash
Of fags I buy and give, get none. 'Too bad.
Give us ten pee or get another bash
For being you.' And still I feel the thrash

Of stronger, firmer hands than mine. The sad
Disgust of living like a piece of trash.

I can't explain what happens to my cash.
'Give us ten pee or get another bash.'

Exclusion bullying is a subtle and covert form most common in adolescent girls. Being deliberately left out of groups by classmates can undermine a child's self-esteem and cause distress. Finally, gesture bullying or the use of an implied threat of more physical violence can be very frightening. Gestures are also used to convey embarrassing sexual or racist connotations.

An inspection of the educational needs of looked after children in Scotland provides evidence on the experience of school for looked after children, including issues of school absence and a tendency by professionals to overestimate these children's abilities relative to their peers. But while three of the sample of 50 children expressed 'unhappiness about remarks which teachers had made to them concerning their status', the survey did not find evidence that bullying because of looked after status was an issue (Maclean and Gunion, 2003). Nevertheless, other authors have found bullying to be prevalent in looked after children (Dixon and Stein, 2002; Berridge *et al* [1996] cited in Maclean and Gunion, 2003).

The National Service Framework for Children, Young People and Maternity Services (Department of Health, 2004) highlighted the importance of promoting health and well-being, identifying needs and intervening early (Standards 1 and 9). The particular needs of children in special circumstances, of which looked after children are the largest group, is a theme running through the document. This article describes a survey of looked after children in one UK health district and reviews the evidence for effective interventions against bullying. Such information is useful for professionals seeing children for health assessments (Department of Health, 2002) as this consultation gives an opportunity to ask about bullying and mental and emotional well-being, to identify needs and intervene early. Identifying and intervening on bullying are also an important concern for the foster carers, residential social workers, teaching staff and social workers who look after these children.

Methods

We carried out a cross-sectional survey of ten to 16-year-old children in the care of Walsall social services department. Children who met the following criteria were included:

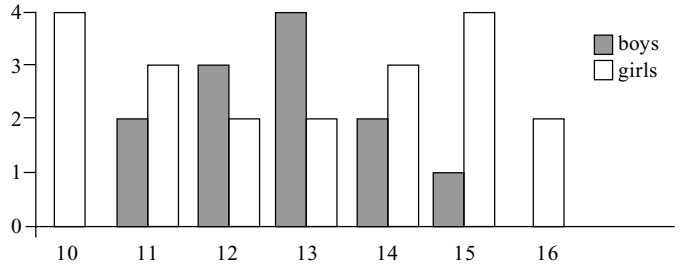
- not living with birth parents;
- being in the care of the local authority for more than six months;
- attending school in Walsall.

A sample size calculation suggested that a sample of 75 children would allow the prevalence of bullying to be estimated, with a 95 per cent confidence interval of ten per cent either side of the hypothesised population prevalence of 27 per cent. In the event, only 76 of Walsall's 418 looked after children met the eligibility criteria for the study and a sample of 50 was included in the survey. The small sample size limits the power of this survey to identify the true extent of bullying in the looked after population.

A validated anonymous, self-administered questionnaire based on the Olweus questionnaire (Olweus, 1993) was used for the study. It is suitable for children from eight years and older and profiles the nature and extent of bullying over the previous term. A modified version of this questionnaire was used in a large UK study of bullying (Department for Education and Employment, 2001).

The study protocol was reviewed and approved by the ethics committees of King's College, London and the Walsall local research ethics committee. The Children's Right's Officer of Walsall social services department was informed of the study and the ethics committees' approval. Clearly, bullying is a sensitive and difficult subject and one of the authors personally contacted the foster carer or residential social worker by telephone to explain the project and seek co-operation. It was made clear that the role of the foster carer or residential

Figure 1
Age and gender distribution of respondents



social worker was to explain the questionnaire and what was meant by bullying and, if asked, help the young person complete the questionnaire without prompting answers. A pack comprising a covering letter, consent forms (for young person and carer), information sheets, questionnaire and a stamped self-addressed envelope was sent. This pack contained contact details for the researcher and a confidential helpline run by Kidscape so that any young person distressed by the questionnaire could access professional support. At this stage ten young people declined to take part in the study: one residential home social work manager said that five young people did not want to take part because they had not been at school for some time; one child with autism and severe behavioural difficulties was not able to complete the questionnaire; one child was so upset at some family news that the carer did not want to approach her about this subject; and three children had moved placement in the three weeks between the identifying list of placements and the telephone call. Of the 40 remaining children, 33 completed and returned the questionnaire. The reasons for seven not completing the questionnaire could not be determined.

Results

There were 13 boys and 19 girls (one questionnaire did not give the gender of the young person). Figure 1 gives the age and gender of respondents and Table 1 provides some basic demographic and background information about school and relationships.

There are many ways to define

Table 1
Demographic and school-related information

Place of residence	*Number, percentage*
Relatives' home	2, 6%
Residential home	3, 9%
Foster parents	27, 85%
School enjoyment	
Disliked school	7, 22%
Disliked break-time	6, 19%
Liked school	19, 59%
Friends	
Had at least one good friend	17, 22%
Up to 3–5 good friends	11, 34%
Many good friends	14, 44%
Isolated by other pupils	
Every once in a while or now and then	10, 31%
Several times a week	2, 6%
Not isolated by friends	20, 63%
Feeling less liked than other children	
Once in a while or now and then	5, 16%
Often or very	4, 13%

bullying. In the largest study carried out in the UK (Department for Education and Employment, 2001), bullying behaviour was defined as:

- deliberately hurtful (including aggression);
- repeated often over a period of time;
- difficult for victims to defend themselves.

Other definitions include:

Bullying is intentional, unprovoked abuse of power by one or more children to inflict pain or cause distress to another child on repeated occasions. (Dawkins, 1995, p 274)

Bullying is a conscious, wilful desire to hurt another and put him/her under stress. (Tattum and Lane, 1988, p 1)

Bullying is the use of aggression with the intention of hurting another. (Elliot, 2000, leaflet)

Bullying is the systematic, repeated and deliberate abuse of power. (Smith and Sharp, 1994, p 2)

Bullying is the repeated oppression, psychological or physical, of a less powerful person by a more powerful person or group of persons. (Farrington, 1993, p 381)

The questionnaire used in this survey set out a formal definition of bullying to ensure that all respondents had the same understanding of what it constitutes:

We say that a student is being bullied when another student or a group of students, say nasty and unpleasant things to him or her. It is also bullying when a student is hit, kicked, threatened, locked inside a room and things like that. These things may take place frequently and it is difficult for the student being bullied to defend him or herself. It is also bullying when a student is teased repeatedly in a negative way. (Olweus, 1993, pp 53–54)

This definition, although lengthy, has been validated in numerous settings and has been shown to reveal the true extent of bullying. Table 3 summarises the answers to this section of the questionnaire. From these results, the prevalence of bullying is 30 per cent if bullying is defined by the child. If it is defined by a teacher being sufficiently concerned to talk to a young person about being bullied, the prevalence rises to 44 per cent. The Department for Education and Employment estimated the prevalence of children being bullied 'every now and then' in a school term was 27 per cent (Department for Education and Employment, 2001).

The young people who responded positively to questions about bullying were asked in further questions about the type of bullying they had experienced and about the perpetrators (Tables 3 and 4).

Table 2
Young people's experiences of bullying

How often were you bullied this term?	*Number, percentage*
Not bullied	23, 70%
Now and then or once in a while	8, 24%
Several times a week	2, 6%
Has a teacher spoken to you about you being bullied?	
Yes	15, 44%
No	18, 56%

The young people were asked if they had suffered from a number of health problems and whether they felt these were related to being bullied. Results were available from children who had and had not experienced bullying (see Table 5).

Table 3
Type of bullying

Type of bullying	*Number, percentage*
Verbal bullying	10, 66%
Racist name calling	2, 13%
Being deliberately left out	2, 13%
Rumours spread	3, 20%
Other ways	4, 26%
Physical bullying	3, 20%

Table 6 shows the results of questions to these young people on being bullies themselves.

Table 4
Information about the bullies

The bullies were in which class?	*Number, percentage (out of 15)*
In my class	5, 38.5%
In my year but a different class	5, 38.5%
In a different year	3, 23%
Gender and number of bullies	*Number, percentage (out of 9)*
Single boy	2, 22%
Several boys	1, 11%
Single girl	1, 11%
Several boys and girls	5, 56%

Three children, all girls – two aged 12 and one 13 – were both victims and bullies. One of the 12-year-olds, who was living in foster care and disliked school, said, 'My mates told me to do it [bully other children] for a laugh or they would belt me.' But she also suffered verbal bullying and was left out of things: 'Their words keep spinning in my head and made me feel dizzy.' None of the 32 children who responded thought it was fun to bully others.

Table 5
Health complaints and bullying

Symptoms	*Problems with bullying (n = 12)*		*No problems with bullying (n = 13)*	
	Sometimes	*Often*	*Sometimes*	*Often*
Headache	6	4	10	2
Bellyache	7	2	9	0
Backache	3	1	4	1
Irritability or bad temper	4	0	6	0
Difficulty in getting to sleep	3	1	3	0
Feeling dizzy	4	1	2	0
Number of responses	36		37	

Table 6
The children as bullies themselves

Children as bullies	*Number, percentage (n = 32)*
Had been spoken to by teacher about bullying other children	7, 22%
Spoken to by foster carer	4, 12.5%
Admitted bullying other children now and then	5, 15.6% [all had been up to see the school Head for their behaviour]
Excluded from school for bullying	2, 6.2%
Asked to stay back after school for bullying	1, 3.1%
Did not bully other children but thought they could be persuaded to join in	2, 6.2%

Discussion

Bullying is clearly an issue for these looked after children. By their own account, 30 per cent of children reported that they had been subjected to bullying either infrequently or more often. The fact that teachers had had occasion to speak to 44 per cent of the pupils in this study about being bullied suggests that the children may have under-reported the extent of bullying. Large-scale studies in the UK have shown the prevalence of occasional or more frequent bullying to be of the order of 27 per cent (Department for Education and Employment, 2001). Set against this finding, we conclude that the prevalence of bullying among looked after children is of this order. Unfortunately, the sample size limits the power of this survey to identify if bullying is a more or less frequent problem for looked after children compared to their peers, and more detailed comments on prevalence are not possible.

The anonymous and self-administered questionnaire methodology used here was chosen because it had been validated in previous studies (Olweus, 1978, 2004; Grief and Furlong, 2006) and has been demonstrated to provide a good estimation of bullying. A recent study has confirmed good validity and reliability of the questionnaire using Rasch modelling (Kyriakides, Kaloriyou and Lindsay, 2006). However, this methodology prevents the depth of insight that could be obtained by qualitative methods such as direct interviews or focus group work, which would provide useful perspectives into children's experiences and would have been employed in the past. For instance, Owen *et al* (2000) used a focus group method with pair and individual interviews in two Australian schools to explore indirect forms of bullying like talking about each other and exclusion tactics. Teacher and parent reports on bullying are of little value as these adults may be unaware of its happening and

operate from different definitions of the problem (Naylor *et al*, 2006). Other methods used in this type of research are peer nominations, in which classmates are asked who is a bully or a victim, and direct observation of behaviour, as in the playground, which has high validity but is expensive and time consuming to carry out and analyse (Smith and Ananiadou, 2003).

Looked after children are subject to the same types of bullying as other children. Bullying in these vulnerable children takes the form of verbal abuse, racist name calling, spreading rumours and physical bullying. The pattern of bullying appears to be no different in this group of children than in the general population. It was interesting to note that there was no difference in health complaints between those reporting bullying and those who did not, suggesting that they did not provide a clue to bullying in this group of children. Wolke only demonstrated a low to moderate association of direct bullying such as hitting with common health problems in younger children aged six to nine years (Wolke *et al*, 2001). This does make symptomatology and patterns of illness unreliable as a way of identifying children who are bullied.

Dake and colleagues (2003) have prepared lists of characteristics of both bullies and victims from a review of the literature; these are summarised in Table 7. It is clear that children who are bullies or victims share many of the identified characteristics. It is also obvious that characteristics such as depression, suicide attempts, eating disorders, lower educational achievements, difficulties in school and impaired social relationships are common in looked after children (Barbell and Freundlich, 2001). Adults who care for these children must be attentive to the possibility that bullying affects their lives and learn how to both recognise bullying and victimisation behaviours and respond effectively (Dougherty, 2003).

The issue of bullying in looked after children requires training to improve recognition and identify effective strategies. More work has been done on this in the residential sector than in the fostering sector. Pat Doorbar produced a training pack for carers and children in residential care called *Beat Bullying* (Doorbar, 2002). The folder provides anti-bullying strategies suitable for residential settings and includes training on six key areas:

1. defining, recognising and acknowledging bullying;

2. developing the necessary skills and implementing strategies to prevent bullying;

Table 7
Characteristics of bullies and victims*

Bullies are likely to:	*Victims are likely to:*
Suffer symptoms of depression	Suffer symptoms of depression
Experience suicidal ideation	Experience suicidal ideation
Suffer from psychiatric problems	Suffer from psychiatric problems
Suffer from eating disorders	Suffer from eating disorders
Engage in substance abuse	Suffer feelings of loneliness
Engage in fighting behaviours	Have low self-esteem
Engage in criminal misconduct	Suffer from anxiety
Engage in academic misconduct	Be less popular than other children
Have parents who use punitive forms of discipline	Spend a lot of time alone
Have less responsive and less supportive parents	Have suffered child abuse
Come from harsh home environments	Have less responsive and less supportive parents
Have poor parent–child communication	Come from harsh home environments
Lack adult role models	Have parents who allow few opportunities
Have suffered child abuse	to control social circumstances
Have lower school bonding	Have problems with school bonding
Have lower school achievement	Have greater rates of absenteeism
Have lower school adjustment	Have problems with school adjustment
Have authoritarian parents	Experience physical health problems

*(Dake, Price and Telljohann, 2003)

3. learning how to offer appropriate protection to those who are bullied;

4. developing appropriate responses for those who bully (with a strong emphasis on non-stigmatising and non-punitive approaches);

5. teaching children how to not be a victim and helping them to develop appropriate coping responses if they are;

6. teaching those children who bully how they can stop.

The material has 14 exercises that cover all these main themes and five case studies with a 'Let's talk about it' section to work through as a group. The resource emphasises the importance of drama, role play and artwork as a therapeutic way to express emotions.

There are no randomised controlled trials or systematic reviews to demonstrate the effectiveness of interventions for bullying in looked after children, but there has been a systematic review of school-based secondary prevention programmes for averting violence, including bullying, in the Cochrane database of systematic reviews, most recently updated in 2006 (Mytton *et al*, 2006). The review team found that interventions designed to improve relationship or social skills and those aimed at teaching non-response to provocative situations are both capable of producing statistically significant benefits, when delivered alone or in combination. The most successful interventions focused on relationship and social skills training, including how to develop good relationships and get on with others by using skills like listening, learning to respond positively to feelings (either your own or others), understanding how your own behaviour affects the way other people relate to you and how to work co-operatively with others or assert yourself in a constructive way. Some of the interventions combined a school intervention with a home-based initiative such as family counselling. There is, as yet, little published evidence that the intervention was effective beyond 12 months (Mytton *et al*, 2006). Another systematic review was published in 2007 on school-based interventions to prevent bullying (Vreeman and Carroll, 2007). The process identified a number of intervention types: curriculum, 'whole school', social skills groups and one study each using a mentor and social worker support. The authors conclude that many school-based approaches to bullying could reduce bullying, with multidisciplinary programmes being the most effective (Vreeman and Carroll, 2007).

The National Bullying Survey 2006 asked children for their views on the most effective ways to address the problems caused by bullying. They cited counselling as the most effective strategy (53%), followed by anti-bullying peer support (51%), restorative justice (50%), circle time (45%), mediation (40%) and 'no blame' (34%) (Bullying online, 2006). Results from a five-year randomised controlled trial of both primary and secondary interventions to reduce aggressive behaviour in 11-year-olds attending 37 schools across four states in the USA are currently being evaluated. This trial aims to identify whether primary or secondary prevention strategies are effective in developing social, emotional and cognitive skills to handle conflict. It uses the Guiding Responsibility and Expectations for Adolescents for Today and Tomorrow (GREAT) programme that includes teacher, student and family intervention components (Multisite Violence Prevention Project, 2004).

This research supports the general approach to bullying built upon principles described by Olweus (1993):

- Teachers, parents, other child carers need to be alert to signs of bullying and racial harassment.

- Schools need to have a clearly stated whole-school policy on bullying. There are model policies available, but as important as having a policy adopted is the development of a culture that takes the problem seriously and is determined to stamp it out. This strategy should be used in children's homes and extended to foster homes.

- Those in authority need to deal firmly with all bullying behaviour and take

action based on clear rules, which are backed by appropriate sanctions and systems to protect and support victims, while at the same time educating perpetrators.

- Health staff should consider bullying as a possible etiological factor, as in cases of other forms of child abuse, when children present with physical injuries or more subtle signs of emotional abuse (Rao, 1995).

The requirement that all looked after children should have a periodic health assessment is an opportunity to explore the issue. The British Association for Adoption and Fostering (BAAF) health assessment forms contain questions on bullying. There ought to be a systematic and sensitive enquiry about bullying and any disclosure should be followed up with carers, school authorities and other agencies involved. It should be flagged in the child's notes as a significant preventable cause of mental ill-health. This would serve to remind everyone involved in the care of the child of the importance of working collaboratively to resolve the issue. We are not advocating for a specific screening questionnaire on the issue of bullying but rather the importance of asking directly about it. The Strengths and Difficulties Questionnaire has been validated within the looked after child population as a sensitive and specific tool to identify mental health issues and could supplement direct questioning to attempt to identify early the children whose mental health is being adversely affected by bullying (Goodman *et al*, 2004). These are most likely to be the bully/victim group of children (Kumpulainen, Räsänen and Puura, 2001). There is now a wide range of materials designed for children and young people, carers, parents and teachers on identifying and addressing bullying (see Resources).

Conclusion

Bullying is a preventable cause of psychological ill-health in all children. Looked after children are vulnerable and have at least similar rates of bullying to the general population. Childcare professionals should have a high index of suspicion of bullying as a possible underlying cause of stress and behaviour problems. By specifically enquiring about bullying at every clinical encounter, childcare staff can detect bullying and take steps to resolve the problem before it leads to serious consequences.

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References

Barbell K and Freundlich M, *Foster Care Today*, Washington DC: Casey Family Programs, 2001

Bullying online, *The National Bullying Survey 2006*, www.bullying.co.uk; accessed 21 November 2006

Dake J A, Price J H and Telljohann S K, 'The nature and extent of bullying at school', *Journal of School Health* 73:5, pp 173–80, 2003

Dawkins J, 'Bullying in schools: doctors' responsibilities', *British Medical Journal* 310, pp 274–5, 1995

Department for Education and Employment, *Bullying in Schools: Don't suffer in silence*, London: HMSO, 2001

Department of Health, *Promoting the Health of Looked After Children*, London: DH, 2002

Department of Health, *The National Service Framework for Children, Young People and Maternity Services*, London: DH, 2004

Dixon J and Stein M, *Still a Bairn: Throughcare and Aftercare Services in Scotland*, Edinburgh: The Scottish Executive, 2002

Doorbar P, *Beat Bullying: Working with looked after children to overcome threatening behaviour*, Brighton: Pavilion, 2002

Dougherty S, *Bullying and Children in the Child Welfare System*, New York: National Resource Center for Foster Care and Permanency Planning, Hunter College School of Social Work, 2003

Elliot M, *Preventing Bullying! A parent's guide*, London: Kidscape, 2000

Farrington D P, 'Understanding and preventing bullying', in Tonry M (ed), *Crime and Justice*,

Volume 17, Chicago IL: University of Chicago Press, 1993

Goodman R, Ford T, Corbin T and Meltzer H, 'Using the Strengths and Difficulties Questionnaire (SDQ) multi-informant algorithm to screen looked-after children for psychiatric disorders', *European Child and Adolescent Psychiatry* 13:S2, pp 25–31, 2004

Gowar M, *So Far, So Good*, London: Collins, 1988

Grief J L and Furlong M J, 'The assessment of school bullying: using theory to inform practice', *Journal of School Violence* 5:3, pp 33–50, 2006

Kaltiala-Heino R, Rimpela M, Marttunen M, Rimpela A and Ranten P, 'Bullying, depression and suicidal ideation in Finnish adolescents: school survey', *British Medical Journal* 319, pp 349–51, 1999

Kumpulainen K, Räsänen E and Puura K, 'Psychiatric disorders and the use of mental health services among children involved in bullying', *Aggressive Behavior* 27, pp 102–10, 2001

Kyriakides L, Kaloyirou C and Lindsay G, 'An analysis of the revised Olweus Bully/Victim Questionnaire using the Rasch measurement model', *British Journal of Educational Psychology* 76, pp 781–801, 2006

Maclean K and Gunion M, 'Learning with care: the education of children looked after away from home by local authorities in Scotland', *Adoption & Fostering* 27:2, pp 20–31, 2003

Multisite Violence Prevention Project (MVPP), 'Multisite Violence Prevention Project: background and overview', *American Journal of Preventative Medicine* 26:1S, pp 3–11, 2004

Mytton J, DiGiuseppi C, Gough D, Taylor R and Logan S, 'School based secondary prevention programs for preventing violence', *Cochrane Database of Systematic Reviews* 3, CD004606, 2006

Naylor P, Cowie H, Cossin F, de Bettercourt R and Lemme F, 'Teachers' and pupils' definitions of bullying', *British Journal of Educational Psychology* 76, pp 553–76, 2006

Olweus D, *Aggression in the Schools: Bullies and their whipping boys*, Washington DC: Hemisphere, 1978

Olweus D, *Bullying at School: What we know and what we can do*, Oxford: Blackwell, 1993

Olweus D, General information about the revised Olweus Bully/Victim Questionnaire, PC program and Teacher Manual, 2004, www.clemson.edu/olweus/order_formOlweus2004.pdf; accessed 26 March 2007

Owen L, Shute R and Slee P, '"Guess what I just heard?": indirect aggression among teenage girls in Australia', *Aggressive Behavior* 26, pp 67–83, 2000

Rao V, 'Bullying in schools: a more aggressive preventative strategy is required', *British Medical Journal* 310, pp 1065–6, 1995

Salmon G, James A and Smith D A, 'Bullying in schools: self-reported anxiety, depression and self-esteem in secondary school children', *British Medical Journal* 317: pp 924–5, 1998

Smith P and Ananiadou K, 'The nature of school bullying and the effectiveness of school based interventions', *Journal of Applied Psychoanalytic Studies* 5:2, pp 189–209, 2003

Smith P and Sharp S (eds), *School Bullying: Insights and perspectives*, London: Routledge, 1994

Tattum D (ed), *Understanding and Managing Bullying*, Oxford: Heinemann, 1993

Tattum D and Lane D, *Bullying in Schools*, Stoke on Trent: Trentham Books, 1988

Vreeman R C and Carroll A E, 'A systematic review of school based interventions to prevent bullying', *Archives of Pediatric and Adolescent Medicine*161, pp 78–88, 2007

Whitney I and Smith P K, 'A survey of the nature and extent of bullying in junior/middle schools', *Educational Research* 35, pp 3–25, 1993

Wolke D, Woods S, Bloomfield L and Karstadt L, 'Bullying involvement in primary school and common health problems', *Archives of Disease in Childhood* 85, pp 197–201, 2001

Resources

The following focus on bullying identification and management for children and carers:

www.childline.org.uk/extra/bullyingindex.asp

Bullying is the most common reason why children contact ChildLine. The website has ten top tips for beating bullying, a downloadable bullying diary and information sheets on bullying for children, carers and teachers and other professionals. There are also links to two ChildLine conferences on bullying and the DfES report, *Tackling Bullying: Listening to the views of children and young people* (2003).

www.kidscape.org.ukk/download/download.shtml