



Focus on: **BULLYING** 2019

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This edition of Focus on: Bullying summarises publications, especially journal articles, on bullying in the UK (or involving UK participants) published during 2019.

Following the similar Focus reports for [2017](#) and [2018](#), it is restricted to research relevant to children and young people, including students in higher or further education, and to studies which had bullying as a primary or substantial focus.

I have endeavoured to cover major contributions using search engines and databases, but inevitably a few may have been missed.

CONTEXT: GOVERNMENT

The Department for Education guidance for England remains unchanged [see Focus on Bullying 2018], as does advice from the Scottish Government. However the Welsh Government has new guidance, including materials for governing bodies, local authorities, parents, and young people, together with an online Hyb (Welsh: Hub in English) with resources that can be constantly updated¹.



PREVALENCE

The Annual Bullying Survey 2019 by Ditch The Label² surveyed young people aged 12–20 years (mostly 12–16), across the UK. Although a total of 7,347 young people completed the survey, after 'the data was cleansed to remove incomplete and low quality responses', the sample was reduced to 2,347, which does make it less representative. A key question was 'In the past 12-months and based on your own definition, what have been your experiences of bullying?'. On this basis, 22% said that they had been bullied, 27% had witnessed bullying, and 2% said they had bullied others. As commonly found, verbal bullying was most frequently reported, followed by physical bullying, and then cyberbullying. In 62% of cases the bullying came from a classmate. When those bullied were asked how it impacted them, the most common responses were feeling depressed (45%), anxious (41%) and having suicidal thoughts (33%). Of those bullied, 72% told someone (usually a teacher, family member or friend), most finding this helpful. Of the 28% who did not report it, common reasons were being called a 'snitch', and being scared of it getting worse. There are many quotations from respondents. There is considerable material on bias-based bullying and the extent of prejudiced attitudes. For those victimised, physical appearance was the most common reason reported for why it happened (58%); other

common reasons were disability (13%), sexuality (10%), race (9%), culture (9%), religion (8%) and gender identity (5%). Many respondents gave more than one reason for being bullied.

A report from Scotland³ used data from the 2018 Health Behaviour of School-aged Children (HBSC) survey, in which a standard definition of being bullied is given. The sample comprised 5,286 pupils aged 11, 13 and 15 years. Over the past couple of months, 33.9% of boys and 36.6% of girls reported being bullied occasionally (just once or twice) or more often, including 12.5% of boys and 14.1% of girls who reported it more frequently (at least 2 or 3 times a month). Frequencies of being a cyber-victim were less: boys 13.9% and girls 19.6% occasionally or more, including boys 4.4% and girls 4.5% more frequently.

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RISK FACTORS

Some earlier circumstances, or antecedents, can predict risk of involvement. A report using Millenium Cohort Study (MCS) data⁴ used reports on having been bullied from 5,857 children aged 7 years. Children living in lower income households (when the child was aged 9 months) were at 20% greater risk of reporting being bullied. Much (nearly half) of the effect of being in lower income households was due to differences in earlier social networks of the child (such as friendships), family relationships (such as parenting, discipline, family break-up), and child characteristics (such as illness, obesity, behaviour problems).

Data from the Environmental Risk Longitudinal Twin Study provided information on feelings of loneliness in 2,232 young people aged 18 years in England and Wales⁵. Such feelings were concurrently associated with more mental health problems, negative stress-coping strategies, and risky behaviours regarding physical health. Antecedents were investigated using data on earlier childhood experiences between 5 and 12 years. Experiences of being bullied and social isolation contributed as predictors of later loneliness, independent of other factors; although the effect sizes were small.

School experiences are an important aspect, often assessed by measures of school climate. One aspect of this may be the extent of rigid boundaries between staff and students, as contrasted with more consultative or collaborative relationships. A study of 20 secondary schools in England (control schools from the INCLUSIVE study of the Learning Together program; see Focus 2018) found that schools with more rigid boundaries had more bullying by boys, and more victimisation reported by boys, especially from less affluent families⁶. A related study with all 40 INCLUSIVE schools⁷ discussed the impact of action groups, involving students and staff supported by external facilitators, working on school policies and restorative practices. The report describes the process involved, and qualitative data on how it was perceived. It was concluded that action groups were a promising strategy for leading whole-school health promotion, especially when assisted by external facilitators, a local needs assessment survey, and involvement of senior managers.

EXPERIENCES OF
BEING BULLIED AND
SOCIAL ISOLATION
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PREDICTORS OF
LATER LONELINESS.



AT RISK GROUPS

In recent years a number of refugee children have settled with a parent or family in the UK. One study⁸ compared two groups of refugee children (79 aged 6–10 years; 70 aged 11–16 years) with 120 non-refugee children aged 6–10 years, on a wide range of measures. Although the refugee children did have higher Post-Traumatic Stress Disorder PTSD symptoms, poorer health, and more peer problems on the Strengths and Difficulties Questionnaire (SDQ), they also had more friends, and more siblings. However, in general the younger refugee children did not differ from controls on peer or sibling bullying; while older refugee children were less likely to be involved as victims or bully-victims. This may be because these refugee children appeared willing to integrate, took part in after-school activities, and were supported by refugee charities in mentoring and integration programs.

Two studies examined the experiences of gender diverse or transgender young people. One study⁹ reported questionnaire data from 274 young people, aged 16–25 years, who were offered an appointment at a national UK transgender clinic over a 2-year period. Almost all, 86.5%, had ever experienced being bullied, although this fell to 18.7% within the last 12 months. The bullying was most likely to have happened at school, and was often homophobic, transphobic or appearance-related name calling. Those bullied reported significantly more anxiety.

An online survey¹⁰ of over 8,000 pupil aged 13–17 from schools in England, included 55 who identified as Trans, and another 227 who identified as Other (rather than Male or Female). Altogether 40% of Trans and 19% of Other pupils reported being bullied in the last two months, compared to 10% of Male and 11% of Female pupils. Trans and (to a lesser extent) Other pupils also reported more depression and self-harm ideation, but less confidence in seeking or getting help from school.

Homophobic bullying can have long-term effects, as was shown in a study that recruited 232 gay/bisexual men and 168 lesbian/bisexual women via LGBT History Month in the UK¹¹. Respondents were mostly in the range 25–45 years. Nearly 52% of the men and nearly 40% of the women recalled frequent or constant experience of being bullied at school. Being bullied at school was associated with lower educational and occupational levels, especially for men; and with more workplace bullying and lower job satisfaction for both men and women.

Children and young people with disabilities are regularly at risk of greater bullying. This was substantiated in analyses using nationally representative (4,000+) data from the Longitudinal Study of Young People in England¹², between ages 13/14 and 19/20 years. In a main analysis, 21.6% of disabled young people reported being bullied 'once every two weeks or more often', compared to 12.3% of non-disabled young people. The main focus of the article was on educational attainment, typically less for disabled persons. In examining predictors of low educational attainment, it was found that lower educational expectations for disabled young people was a strong influence. Experiences of being bullied was also significantly associated with lower educational attainment, but the size of the effect was much smaller. The authors suggest that for educational attainment, felt stigma (lower expectations) may be more important than enacted stigma (being bullied).

HOMOPHOBIC
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SIBLING BULLYING

Two studies used data from the Avon Longitudinal Study of Parents and Children (ALSPAC) to examine earlier predictors and later outcomes of sibling bullying. Both studies used data on bullying roles (as bully, victim, or bully-victim) at 12 years. Examining a range of antecedents with a sample of 6,838 children¹³, strong predictors of sibling bullying perpetration were being male, firstborn, with more children in the household, and to a lesser extent aspects of suboptimal parenting. Predictors of being a bully-victim were similar to those of bullying perpetrators, but in addition there was a significant link to domestic violence. Victims of sibling bullying were more likely to have older brothers. Generally, family structure variables (such as household composition, having financial difficulties) and gender were stronger predictors than parenting variables, early social experiences, and child individual differences. The authors interpreted their findings in terms of competition for resources.

Outcomes were examined with a sample of 3,881 participants, relating both sibling and peer bullying involvement at 12 to data at 18 and especially 24 years¹⁴. As before, sibling and peer bullying roles were related quite strongly. Involvement in either sibling or peer bullying predicted depression, suicidal ideation and suicidal self-harm. This was especially marked for victims and bully-victims of sibling bullying;



anxiety was more strongly predicted by involvement in peer bullying. Those involved in both sibling and peer bullying had the strongest associations with these negative outcomes.

A third study¹⁵ used data from the Millennium Cohort Study, comparing 231 11-year-olds with autism spectrum disorder (ASD) with a much larger number of comparison children without ASD, followed up to 14 years. Although both perpetration and being a victim of sibling bullying were higher amongst the ASD children at 11 years, rates fell for both groups by 14 years and the difference between them largely disappeared (with the exception of bully-victims, still higher in the ASD group). The authors concluded that 'a reduction in sibling bullying is likely to reduce the psychosocial difficulties for individuals with and without ASD'.

INVOLVEMENT IN EITHER SIBLING OR PEER BULLYING PREDICTED DEPRESSION, SUICIDAL IDEATION AND SUICIDAL SELF-HARM.

SCHOOL BUSES AND PUBLIC PLACES

Bullying can occur travelling to and from school, especially on school buses with many children and little supervision. A third report on this in England¹⁶ reported data from Local Authorities, bus drivers, and retrospectively from young adults, making it clear that this is a serious issue, with 80% (N=51) of bus drivers and 77% (N=48) of young adults surveyed saying they had witnessed bullying on the school bus. A whole community approach is advocated to raise awareness of the issue, and develop and evaluate appropriate interventions, including perhaps using CCTV and the presence of another adult to manage school bus bullying.

Reports of harassment in streets or other public places were explored in a sample of 118 adolescents aged 11–15-years, over a 6–8 week period¹⁷. Males were equally as likely as females to report experiencing street harassment. Four types of harassment were identified: 'predominately verbal', 'non-verbal/non-direct', 'other incident', and 'all forms'. Females, and those experiencing 'all forms' of harassment, reported experiencing greater negative emotions following the episode. More research on these forms of harassment, coping strategies and interventions, is called for.

CORRELATES OF INVOLVEMENT

A report using Millennium Cohort Study (MCS) data at 9 months and 7 years, looked at earlier and current predictors of subjective well-being (SWB) among 13,066 children at 7 years¹⁸. Even after controlling for family and SES variables, children who reported being bullied, and left out of things by other children, had substantially lower SWB. The author concluded that 'the reason why some children aged seven years old feel happier or sadder than others is best understood in terms of the current conditions of their lives, rather than the effect of events earlier in childhood', and 'it is plausible that initiatives to tackle bullying could substantially improve children's SWB' (p.158).

A longitudinal study also using the MCS, used data from 13,888 young people at ages 11 and 14¹⁹. Bully and bully-victim status predicted aspects of affective decision-making, notably risk adjustment, meaning that they were more prone to risky behaviours and responsive to rewards than to punishments. Among males, this showed some improvement from 11 to 14.

BULLY AND BULLY-VICTIM STATUS PREDICTED ASPECTS OF AFFECTIVE DECISION-MAKING, NOTABLY RISK ADJUSTMENT, MEANING THAT THEY WERE MORE PRONE TO RISKY BEHAVIOURS AND RESPONSIVE TO REWARDS THAN TO PUNISHMENTS.

The authors took these findings as supporting a view of bullies behaviour as risky but strategic in terms of peer status, especially for males.

How popular are children who bully others? A study of 2,721 pupils aged 11–16 from 5 secondary schools in England²⁰ assessed bullying roles and aspects of peer group popularity: social preference (who is chosen to hang out with), social impact (summing those most and least often chosen), and perceived popularity (those seen as popular). Bully-victims had the lowest social preference, followed by victims. Bully-victims and bullies had the highest social impact. Bullies however had much the highest perceived



popularity, suggesting that in this respect they got some rewards from peers for their bullying behaviours.

A study of 273 college students from two UK universities related bullying roles to eight psychopathic personality traits²¹. On many traits the bully-victims scored highest. Higher reports of bullying others were associated with Blame Externalisation, Machiavellianism, Rebellion Nonconformity, Self-Centred Impulsivity, and Social Influence, supporting the view of bullying perpetrators as manipulative and less empathic. Being a victim was moderately related to Blame Externalisation (blaming others).

ONLINE BULLYING

Cyberbullying or online bullying remains a growing concern, even though most research suggests that it is still lower in prevalence than traditional or offline bullying. Concerns can start early. A questionnaire study of 329 pupils aged 8–11 years, from 5 primary schools²², found that while most said that they had some knowledge of online dangers and how to avoid them, they were often not so good at actually articulating these; this discrepancy between subjective expression and objective knowledge was especially marked for boys. A positive finding was the favourable attitudes that the pupils had towards e-safety education. Another study²³ compared older adolescents (16–17), emerging adults (19–20) and adults (mean age 33) on comparative optimism judgements (whereby individuals believe that they are immune from negative experiences that can happen to others). As regards cyberbullying, all participants displayed an optimistic bias, saying that they were less likely to experience cyberbullying than others were. They also rated socially close persons (e.g. friends) as less likely to experience cyberbullying than socially distant persons (e.g. strangers). Those younger than the respondent were judged to be most at risk. These findings have implications for the design of anti-cyberbullying interventions and campaigns to promote digital safety. A representative survey of 2,008 British

adolescents²⁴ concerning their experiences with mobile games, found that some experience of being bullied was reported by 33.5%, although serious repeated bullying by 9.3%. Risk factors were being male, from a minority ethnicity, and having caregiver-identified conduct problems. Many, 39.4%, of those targeted reported feeling fairly or very upset by it. Many sought support from parents (49.3%), few from the gaming platforms (4.2%).

ALL PARTICIPANTS DISPLAYED AN OPTIMISTIC BIAS, SAYING THAT THEY WERE LESS LIKELY TO EXPERIENCE CYBERBULLYING THAN OTHERS WERE.

The role of parents in protecting against cyberbullying perpetration was investigated in a representative sample of British adolescents (14–15 years) and their parents/caregivers²⁵. As expected, parents who used more autonomy-supportive strategies in relation to hypothetical cyberbullying scenarios (understanding the adolescents perspective, offering choice, and giving rationales for prohibitions) had adolescents who reported engaging in less cyberbullying behaviour, than parents who used controlling strategies (using guilt, shame, and conditional regard). These controlling strategies may lead to reactance by the adolescent. Surprisingly, parental use of punishment strategies was related to less cyberbullying; possibly in this context providing a structure of clear rules and sanctions consistent with adolescent need for autonomy.

Another study used data on 5,335 English pupils aged 11, 13 and 15 years from the 2014 HBSC survey²⁶, to examine a range of risk/protective factors for ever being a victim of cyberbullying (at least once or twice in the past 2 months). Being an online victim was more common with increasing age, and in girls (24%) compared to boys (12%). High family affluence (a measure of SES) was a risk factor; protective factors were less personal autonomy in relation to family (so more parental supervision and control), easier communication with father, higher school sense of belonging and teacher support, and higher neighbourhood sense of belonging.

A study of preservice teachers (i.e. trainee teachers on placements) used focus groups to examine how they conceptualised cyberbullying, how they would respond and intervene, and their thoughts on how their current training addressed these issues²⁷. They thought that teaching staff needed to be up to date on cyberbullying related issues, and that responding to incidents was important; but neither of the two initial teacher training courses that the participants came from, prepared them adequately.

A general overview of cyberbullying from school to university²⁸ discusses different roles in incidents; coping strategies; and interventions; it includes specific reference to policy and legal issues in the UK context.

TEACHING STAFF
NEEDED TO BE
UP TO DATE ON
CYBERBULLYING
RELATED ISSUES.



SOCIAL SUPPORT

The report from Scotland³, using HBSC data, examined the impact of both traditional and cyber victimisation on subjective well-being, and the impact of three sources of social support – from classmates; from teachers; and eating family meals together. Victimization predicted lower subjective well-being, most strongly for cyber victimisation. All social support indices predicted higher well-being. However the evidence that social support directly buffered against the effects of victimisation was rather limited, although eating family meals together was found to be protective against effects of cyber victimisation, in girls.

Another study²⁹ used data from 3,737 Y8 pupils (12–13 years) from one English Local Education Authority (LEA). This also assessed traditional and cyber victimisation, and support from family; friends/peers; or professionals (e.g. teachers, non-teaching staff, peer mentor). Mental health difficulties were assessed using the General Health Questionnaire (GHQ-12). Victimization predicted lower mental health scores, but more strongly for traditional victimisation (in contrast to³). More boys reported no social support, and more girls reported social support from friends/peers, although family was the most common for both genders. Perceived social support did predict mental health difficulties for girls, but not significantly for boys. Rather similar to³ however,

there was a lack of evidence that social support directly moderated the relationship between victimisation and mental health.

General Practitioners (GPs) are likely to encounter young people with health issues related to victimisation. An interview-based study of 14 GPs in England³⁰ found that all could recall experiences of a child or young person disclosing bullying during a consultation. All also said that they had had no formal training about how to deal with this. Most would welcome such training, or related professional development opportunities, while pointing out concerns around workload, and regretting the reduction of school nurse provision which had been a main source of liaison with schools.

GENERAL PRACTITIONERS (GPs) ARE LIKELY TO ENCOUNTER YOUNG PEOPLE WITH HEALTH ISSUES RELATED TO VICTIMISATION.



PARTICIPATORY RESEARCH

Recent years have seen more emphasis on involving children and young people to a greater meaningful extent in the design and conduct of research that affects them. A review of 4 studies³¹ contrasted a more traditional systematic review of teachers and pupils definitions of bullying in the UK, with three more participatory studies. Two studies were fully participatory, with young people involved in the design and execution of the research, focussing around definitions of bullying, reporting bullying, and the impact of cyberbullying. A fourth study involved interviews with pupils about reasons for self-exclusion from school. This latter work was taken further in a report³² in conjunction with a Red Balloon Learner Centre, on reasons for experiences of self-exclusion from school due to bullying; the young people helped design the focus and approach, and organise focus groups on the topic. The themes emerging threw light on factors contributing to anxiety and self-exclusion, such as lack of support from friends and school, and recommendations for avoiding such outcomes, such as raising bullying awareness and promoting empathy and compassion.

Another approach to pupil participation was carried out with 90 Y3 and Y7 pupils from 2 schools in Northern Ireland³³. The study used



cartoon scenarios to ask about which ones pupils thought were bullying; and then engaged them in designing their own cartoons to represent bullying, followed up by focus group discussions. Clear age differences were found in how bullying was described, but not gender differences. The analyses threw light on the importance pupils give to the 3 traditional criteria of bullying – intention to hurt, repetition, and power imbalance – and are discussed in relation to the Addressing Bullying in Schools (Northern Ireland) Act 2016, which omits the imbalance of power criterion.

An Erasmus+ project used participatory approaches with young people aged 14–16-year olds living in areas of socio-economic disadvantage in five European countries, including England and Northern Ireland³⁴. Following a survey on cyberbullying, the researchers worked together with 237 European teenagers across 10 schools to create innovative anti-cyberbullying resources for teachers, parents/carers, peers and social media providers using the quality circle approach (working together to solve a problem in small, peer-led groups). The project was felt to be largely effective in giving a voice to these young people, and producing resources that included videos, comic strips, a board game, leaflets, posters and newsletters; these are available on the project website, although their impact has not been assessed.

THE RESEARCHERS WORKED TOGETHER WITH 237 EUROPEAN TEENAGERS ACROSS 10 SCHOOLS TO CREATE INNOVATIVE ANTI-CYBERBULLYING RESOURCES FOR TEACHERS, PARENTS/CARERS, PEERS AND SOCIAL MEDIA PROVIDERS.

INTERVENTIONS

Proactive interventions aim to reduce the likelihood of bullying happening. Personal, social, health and economic (PSHE) curricula can help to raise awareness and encouraging prosocial behaviours around the issue. An analysis of data from 3,731 pupils aged 11, 13 and 15 years from the 2014 HBSC survey in England³⁵, found that favourable perceptions of PSHE by pupils was associated with lower rates of reported bullying perpetration.

Another study³⁶ examined the impact of one-day intensive training on role-playing activities aimed to increase defending behaviour, with 62 pupils aged 12–13 years, compared to a 59 pupil no-treatment control group (who actually got the program later). The pupils in the role play condition showed more defending intentions in two subsequent scenarios, with evidence that this was partly mediated by greater defender self-efficacy (confidence in defending).

The KiVa anti-bullying program has been used with considerable success in Finland, and some other countries, and is being tried out in Wales. A preliminary report³⁷ provides data from 41 primary schools using it with 7–11 year olds. Over a one-year period, victim rates (2 or 3 times a month or more) fell from 18.1% to 15.7%, and bullying perpetration rates from 4.9% to 4.2%. As the authors point out, the absence of control schools in this study make conclusions tentative. However an innovative feature was micro-costing the program implementation, with the cost being relatively modest at £2–84 per pupil per year.

An intervention called Lights4Violence has a primary focus on reducing dating violence in adolescents, but also aims to reduce bullying and cyberbullying. A report³⁸ describes the development of the intervention, implementation in 6 European countries including Cardiff in Wales (anticipated Dec 2017– Dec 2019), and plans for evaluation (yet to be reported on).

INTERNATIONAL META-ANALYSES

As the number of research reports expands, meta-analyses that present the summative or consensus findings from many reports become increasingly useful and important. A collection of such reports³⁹ includes meta-analyses of protective factors, gender differences, family characteristics, and effectiveness of school bullying and cyberbullying prevention programs.

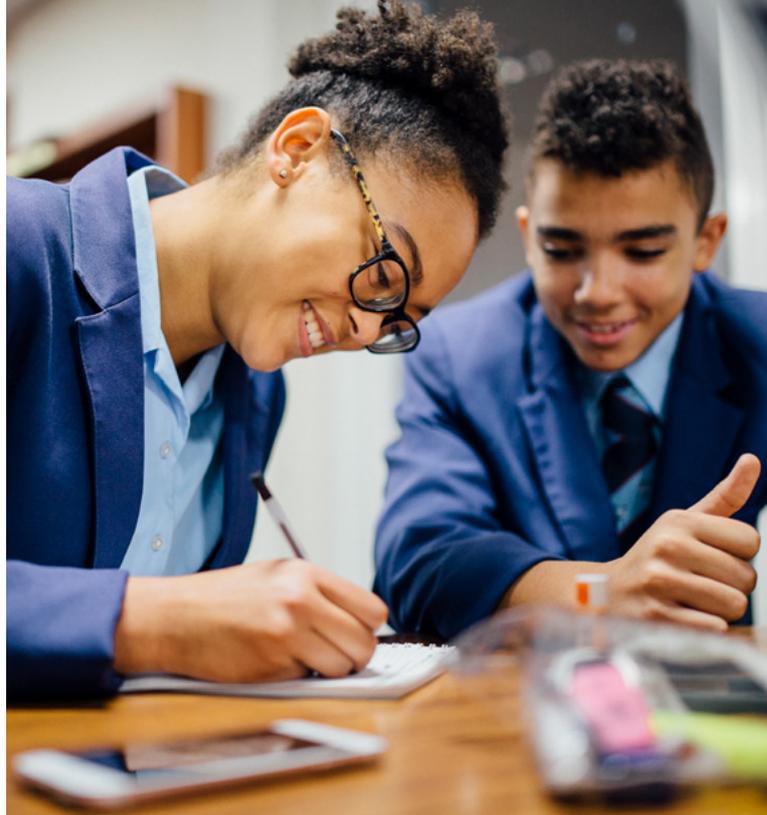
FAVOURABLE PERCEPTIONS OF PSHE BY PUPILS WAS ASSOCIATED WITH LOWER RATES OF REPORTED BULLYING PERPETRATION.

BOOKS

Books published on the topic of bullying include a practical guide for teachers on ways of working with children to resolve bullying in school⁴⁰; a story book about a child who is the target of bullying, the perpetrator, and the bystanders, that parents or teachers can read to an individual child or to a whole class, with guidance on methods for intervention⁴¹; a paperback edition of an edited collection covering school bullying and mental health⁴²; and an edited collection of international efforts to reduce bullying through programmed interventions⁴³.

CONCLUDING COMMENTS

Publications on school bullying continue to appear at a rapid rate, internationally and in the UK. Many reports make use of the considerable number of longitudinal data bases available in the UK^{3, 4, 5, 12, 13, 14, 18, 19, 26}. In general these reports confirm that school bullying remains quite prevalent, and that it has strong negative outcomes. Occasionally the importance of school bullying is less than might be expected^{6, 5, 29}, and there is more to learn about how factors such as social support moderate the effects of victimisation. There are some clear risk factors for victimisation, including bias-based bullying^{9, 10, 11, 12}. Bullying perpetration is seen as often strategic^{13, 19, 20}; however the bully-victims are often at highest risk^{14, 18, 19}. Online bullying continues as an important topic, with prevalence varying hugely depending on how it is measured^{24, 26}, and a lack of consensus on whether its effects are more or less severe than those of traditional bullying^{3, 29}. Interventions continue to be developed, and have some, if modest, success^{37, 39, 43}. An innovation here is the increasing use of more participatory approaches, involving young people themselves, both in research^{31, 32, 33} and in intervention^{34, 40}.



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