ANTI-BULLYING ALLIANCE

FOCUS ON: BULLYING 2021

Peter K Smith
Goldsmiths, University of London

NATIONAL CHILDREN'S BUREAU
Part of the family

This edition of Focus on: Bullying summarises publications, especially journal articles, on bullying in the UK (or involving UK participants) published during 2021. Following the similar Focus on: Bullying reports for 2017, 2018, 2019, and 2020, 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.

A useful summary of types of bullying in children, prevalence, and a table of health consequences associated with victim, bully, and bully-victim roles, is provided in [1].

CONTENT

CONTEXT: GOVERNMENT

The main Department for Education guidance for England remains unchanged [see Focus on Bullying 2018], although there is a September 2021 update on 'Sexual violence and sexual harassment between children in schools and colleges' [2]. Advice from the Scottish Government, and the Welsh Government is also unchanged [see Focus on Bullying 2019]. In Northern Ireland, the Addressing Bullying in Schools Act (Northern Ireland) 2016 came into force with statutory guidance on 1 September 2021; Section 1 of the Act sets out a legal definition of bullying, Sections 2 and 3 of the Act deal with the duty of the Board of Governors to secure measures to prevent bullying; and the duty to keep a record of incidents of bullying (or alleged bullying) [3].

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PREVALENCE

The influence of the COVID-19 pandemic and the associated closing of many schools, partially or completely, during 2020 and 2021, has affected the viability of obtaining meaningful prevalence statistics. For example, no annual Ditch the Label survey was reported for 2021. The Anti-Bullying Alliance's 'All Together' programme (see [40] baseline data, collected from 15,104 pupils in 111 schools before the pandemic, found 27% reported experiencing frequent bullying; 7% bullied others frequently. These figures were significantly higher for those with SEN/D and free school meals).

Absence of pupils from the physical school environment for part of the school year will have reduced opportunities for offline bullying. Online bullying might be expected to increase, with more time spent online; on the other hand, as offline and online bullying often intermesh with each other, online bullying might also decrease. More research is needed here, as stated in a short opinion piece [4]. Globally, findings for are quite varied, but tend to find marked reductions in offline bullying and smaller reductions in online bullying [5,6].

A 'cybersurvey' by Youthworks Consulting [7] of 11–17 year olds in the U.K., between November 2020 and February 2021, found online bullying remained stable overall since 2019, at 20% of the sample. However, one third of COVID affected young people had been cyberbullied, identifying a new at-

risk group. Looking at cyberaggression more generally, since 2019 there were reductions in insults about religion (5% to 3%) and threats to harm me or my family (13% to 12%), but increases in sexist insults (12% to 16%), homophobic insults (15% to 17%), racist insults (13% to 14%) and insults about appearance (23% to 25%).

Another survey [8] recruited 408 participants through social media sites, 'with a focus in the UK'. They were aged from 11 to 63 years, but mainly females (83%) and mainly at university (86%). Of these 37% reported some form of cyber victimisation, 21% more than once. The most common perpetrators were 'girls in my grade' (51%) and the most common forms were spread rumours (49%) and threats (44%). 'I stood up to the bullies' was the most common reason it stopped (37%). The period in which the survey took place is not stated, but was 2017–2018 (personal communication from the authors), so pre-pandemic.

Large cross-national data bases continue to be a source of information, and the PISA survey from 2018 includes data on 6 types of victimisation from 15-year olds in 71 countries, including the UK. Prevalence rates are compared in [9]. On a measure of any type of victimisation 'a few times a month' or more over the last 12 months, prevalence was 27.0% in the UK compared to 30.4% overall average. Verbal victimisation was reported by 21.2%, relational by 15.8%, and physical by 8.4%. Online victimisation was not specifically assessed in this survey.

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PUPIL VOICE

A book chapter [10] describes work from a 5-country European project including England and Northern Ireland (see Focus 2020: 27). It used focus groups and quality circles to enable pupil voice about online bullying, in European teenagers from socioeconomically disadvantaged backgrounds. The chapter discusses the strength of these approaches and also the difficulties encountered.

CHARACTERISTICS OF INVOLVEMENT

From middle childhood on, victimisation is a group process involving several children in different participant roles. This is not so clear with younger children (four to six years old). This may be because peer victimisation is really a mainly dyadic process (between two children) among younger children, or because of limitations in young children's cognitive capacity to identify behaviours such as assistant, reinforce and defender. An observational study of 56 children aged four and five years in 2 reception classes in south-east England [11], using time sampling during free play at school, found that although children other than the aggressor and target were present in nearly two thirds of the episodes of peer victimisation observed, few exhibited behavioural responses in line with the assistant, reinforcer or defender roles. This suggests that bullying is actually less of a group process in younger children, rather than children being unable to describe these roles.

Previous research has found both differences and similarities between bullying in England, and *ijime* (the word most closely corresponding to *bullying*) in Japan. In England, bullying is often by pupils in different classes or higher year groups whom the victim does not know very well; in Japan, *ijime* is often by victims' classmates whom the victim knows very well. A direct comparative study of 1036 Japanese and 931 English secondary school pupils [12] confirmed that these differences were true for six different types of victimisation. Japanese pupils mainly formed friendships on a class basis, English pupils on a broader basis including pupils in different years. In school, English pupils spent much time in the playground with their friends and saw this as a likely venue for bullying, whereas Japanese pupils spent more time in the classroom and saw this as a likely venue for *ijime*. The difference in friendship formation, together with differences in the organisation of class-based teaching in the two countries, were hypothesized to play a significant role in explaining some differences between *bullying* and *ijime*.

Personality traits and self-esteem may be important characteristics of involvement, but findings are rather varied. A survey of 1,288 secondary school students in London [13], of whom 243 (19%) were involved in perpetrating bullying, assessed these. Comparing aggressors in traditional bullying and online bullying, there were no significant differences on narcissism traits, but higher scores in impulsivity, callous unemotional traits and lower self-esteem were found in those perpetrating traditional bullying. Impulsivity predicted all forms of bullying perpetration, while callous-unemotional traits and self-esteem predicted traditional bullying, especially if they also were involved in online bullying. The authors emphasise the need for early recognition of these features and development of school and clinic-based interventions to target them.

AT RISK GROUPS

Some very different studies provided information on groups at risk of being involved in bullying.

Increased risks of bullying and mental health problems for lesbian, gay, bisexual and trans (LGBT) young people are well established. A review [14] screened articles from the international literature and found 40 (including 7 from the UK) had data which could be meta-analysed, showing that victimisation and mental health difficulties were highly prevalent among LGBTQ+ youth with experiences of self-harm and suicidal ideation / suicidal behaviour. A total of 1,146,395 participants were included, aged 12 to 25, with 129,469 (11.3%) being LGBQ and 13,041 (1.1%) being transgender and gender non-conforming (TGNC). Odds ratios were calculated on subsets of the studies which demonstrated substantially higher levels of victimisation (3.74) and mental health difficulties (2.67) for LGBTQ+ youth when compared to their non-LGBTQ+ counterparts (1) who also had experiences of self-harm or suicide.

In collaboration with Stonewall, a study [15] sought to examine which factors, including traditional and online bullying, act as additional risk or protective factors for self-harm, suicidal ideation and suicide attempts. In an opt-in survey, 3,713 LGBT adolescents, aged 11–19 years, reported on their own history of self-harm, suicidal ideation and suicide attempts, as well as their experiences of school and homophobic, biphobic and transphobic bullying. A high proportion of the sample reported self-harm (65.3%), suicidal ideation (73.8%) and suicide attempts (25.7%). Non-binary or trans young people (467, or 12%) were particularly at risk of these outcomes. Experiences of traditional bullying and online bullying were associated with an increased risk for each outcome, whereas positive school experience was associated with a reduced risk for each outcome.

While research is increasing into trans identities in educational settings, young people identifying as non-binary have been little studied. A qualitative study [16] gives some insight into the increased risks for non-binary pupils. Interviews explored the school experiences of eight non–binary teenagers aged 13–18. The findings suggested that both the implicit and explicit school curricula are strongly binary, making it hard for non-binary young people to come out at school. As non-binary identities were invisible at school, some did not feel safe there, and bullying came out as a prominent theme, often based on critical comments about their non-binary status and stereotypical expectations of how they should behave. The authors recommend that institutions should work harder to educate staff about non-binary identities, and non-binary young people should be involved in designing inclusive initiatives.

A quantitative survey study was carried out with 78 persons with autism [17]. This included adults (age range 18 to 59), but 38 were currently in education. The survey took place in 2017-2018, so pre-pandemic. Altogether 23 had experienced online bullying victimisation, 2 had engaged in cyber aggressive behaviours, and 6 in both. The most common forms were being excluded or ignored in a social networking site, and having nasty things said about them. Online bullying victimisation was predicted by more time spent on social media, being male, and being younger.

It is known that immigrant children can be at risk of victimisation, although findings are varied. A sophisticated quantitative analysis [18] was reported, of data from the 'What About Youth' study from 2014-2015 (see https://digital.nhs.uk/data-and-information/areas-of-interest/public-health/what-about-youth-study). Data came from 110,788 pupils in England aged 15 years, on health and wellbeing, including bullying victimisation. The data could be analysed by the 150 English Upper Tier Local Authorities (UTLAs), to show regional distribution of victimisation rates across England. Victimisation rates generally were higher in areas of more immigration from the 8 enlarged EU countries between 2004 and 2014, but only in those UTLAs where British white students were the majority of the secondary school population. The authors saw this finding as confirming that places with high level of multiethnicity are more prepared for the arrival of newcomers, having already had experience of different migration inflows, so less victimisation occurs. It was also found that local poverty promoted a solidarity effect among deprived pupils, with reduced victimisation, whereas greater spatial income polarization (variation in the distribution of income across neighbourhoods within the same UTLA) increased the odds of school bullying.

Bullying perpetration can lead to temporary or permanent exclusion from school, but the experience of exclusion can relate to mental health problems, as shown in a survey [19] of 1,648 English students in 2019 who participated in a school mental health and well-being survey and responded to a school exclusion question. Ninety-three pupils who self-reported having experienced school exclusion were compared to 1,555 pupils in years 8, 10 and 12 who did not report experiencing school exclusion. More males were present in the excluded sample. A significantly higher proportion of those who had been excluded from school had experienced being bullied at school (38% vs. 25%), and reported that they felt their school dealt very badly with bullying (29.5% vs. 11.5%). However, they reported relatively good access to mental health support. The authors argue that the difficulties identified by the pupils need to be addressed by school and health systems, and this would benefit from the active involvement of young people in generating solutions.

A significantly higher proportion of children excluded from school had experienced being bullied at school and reported that they felt their school dealt very badly with bullying than those who hadn't been excluded.

FAMILIES AND BULLYING

Since much online bullying takes place outside school, it might be expected that parenting practices would be more influential online than traditional bullying involvement. That this is the case was confirmed by a study of 2,218 secondary-school students aged 11-19 years in 4 London schools [20]. Positive parenting significantly protected against online bullying involvement but not against traditional bullying. Inconsistent discipline was associated with perpetrating online bullying but not face to face bullying. Lower levels of parents monitoring technology were associated with a child online bullying, in 'cyberbully-victims', those that bully face to face and those traditional 'bully-victims'. It was concluded that effective parenting practices such as positive parenting deserve attention as a potentially modifiable factor to protect against online bullying involvement.

This finding concords with a study [21] of 1,613 adolescents aged 10 to 16 years, from secondary schools in northern and central UK. It was found that there was a significant positive correlation between problematic internet use and substance abuse, which was mediated by traditional and cyberbullying and victimisation. Furthermore, the quality of the parent–child relationship was found to be a protective factor that moderated the correlations between problematic internet use and substance abuse, and between problematic internet use and traditional bullying. The authors emphasised the need to reduce problematic internet use among adolescents as a risk factor for involvement in bullying as perpetrators and victims (as well as in substance abuse). Furthermore, the findings highlighted the importance of a good parent–child relationship as a protective factor among adolescents.

Recent studies have also drawn attention to the issue of sibling bullying. Using data from the Millennium Cohort Study, longitudinal data from early (11 years), middle (14 years), and late (17 years) adolescence were analysed from 17,157 participants [22]. Some sibling bullying was reported by nearly half of participants at 11 years, and about one-third at 14 years. Associations between sibling bullying roles in early adolescence and positive and negative mental health outcomes in late adolescence were investigated. Generally, sibling bullying, irrespective of role, was associated with poorer mental health outcomes in late adolescence. If the frequency of sibling bullying victimisation maintained or increased from early to middle adolescence, the severity of mental health outcomes in late adolescence was greater. It was concluded that sibling bullying, irrespective of role, was associated with poor mental health outcomes.

LINKS FROM CHILDHOOD THROUGH TO ADOLESCENCE

Many studies have taken a longitudinal approach over several years to look at implications of bullying victimisation over the school years, with some now also focussing on mechanisms of influence.

A systematic scoping review [23] found 28 studies about the association between child maltreatment experience and peer victimisation, and their relation to mental health. The evidence suggested that maltreatment and peer victimisation have additive effects on mental health outcomes. The authors consider how altered neurocognitive functioning following maltreatment may shed light on why maltreated children are more likely to be victimised by their peers. They consider the threat, reward, and autobiographical memory systems and their role in relation to stress generation, stress susceptibility, and 'social thinning' (being less able to cultivate and maintain the social support of peers). They conclude that neurocognitive alterations that follow early adversity mean that peer rejection and peer victimisation is more likely to occur (stress generation), especially in a context where a child may be less able to cultivate and maintain the social support of peers (social thinning). When such victimisation occurs, the effect may be amplified (stress susceptibility).

Data from the Avon Longitudinal Study of Parents and Children (ALSPAC), a cohort study based in the Bristol area, was used to assess the prospective associations of bullying exposure with both general psychopathology (a range of symptoms relevant to youth psychiatric disorders) and specific internalising and externalising disorders [24]. Self-report data on bullying from 6,210 children at 8 and 10 years were related to child psychopathology symptoms from parent-interview at 7 and 13 years. Bullying exposure was significantly associated with general psychopathology in early adolescence, especially if youth were exposed to both overt and relational multiple forms of bullying. Bullying exposure was also associated with both internalising and externalising measures, although the general factor of psychopathology was the main predictor. Higher levels of general psychopathology at age 7 also associated with bullying exposure at age 8 which, in turn, associated with general psychopathology at age 13; thus, exposure to bullying is a risk factor for general vulnerability to psychopathology.

Bullying behaviours and other conduct problems often co-occur and share common risk factors and later outcomes. This was confirmed in a nationally representative sample of 2,232 children from the Environmental Risk (E-Risk) Longitudinal Twin Study [25]. Mothers and teachers reported on children's bullying behaviours and conduct problems at ages 7 and 10, and mainly self-report data assessed behavioural, emotional, educational and social problems at ages 12 and 18. Earlier bullying behaviours and other conduct problems were independently associated with the same poor outcomes at both ages 12 and 18; but bullying behaviours were the more powerful predictor at age 18.

Do mental health outcomes improve if victimisation experiences cease (e.g., being victimised in primary school but not secondary school)? A study [26] explored this, using data from 13,912 participants in the Millennium Cohort Study (MCS), a nationally representative cohort of individuals born in the UK. Self-reported victimisation by peers and siblings, as well as mental health outcomes (depressive symptoms, life satisfaction, self-esteem, and body image), were collected at ages 11 and 14. Victimisation at either time point was associated with poorer mental health across the range of outcomes, with effects largest for those who were consistently victimised. Those who reported increasing victimisation had greater deterioration in their mental health compared with their peers who were never victimised. Conversely, children whose victimisation decreased showed similar mental health development over this period as those who were never victimised. There was a cumulative effect of victimisation by peers and siblings, with effect sizes generally larger for experiences with peers. The promising outcomes associated with reductions in victimisation suggest the importance of bullying interventions in schools.

Bullying victimisation has also been associated with sleep disturbances. One study [27] used data from the Twins Early Development Study (TEDS), a longitudinal, general population sample of monozygotic (MZ) and dizygotic (DZ) twins born in England and Wales between 1994 and 1996. Several thousand participants reported on bullying victimisation at 14 years, and sleep quality and insomnia symptoms at 16. Bullying victimisation was modestly associated with sleep quality and insomnia symptoms, irrespective of type of bullying (not including cyber at that time). The association between bullying-victimisation and sleep quality was explained by both genetic and non-shared environmental influences. The authors speculate on the mechanisms underlying these links, and whether certain heritable traits, such as temperament, may increase vulnerability to experiencing sleep disturbances and being bullied.

Two studies focussed on mechanisms linking childhood victimisation and negative outcomes. One such mechanism might be how children think about their experiences. In a short-term longitudinal study [28], 530 adolescents aged 11–14, from 4 schools in England and Scotland, who experienced peer-victimisation at the beginning of the study, reported on peer-victimisation, cognitive appraisal (threat, challenge, control, blame, and perceived social support), and depressive

symptomatology at three-time points each one month apart. There were two-way relationships between peer-victimisation and depressive symptomatology over the three months. Both feeling threatened, and challenged, by peer victimisation, were related to depressive symptomatology at the end of the study. This study did not find evidence for perceived social support to moderate the relationship between peer-victimisation and adjustment. The authors suggest that reframing adolescents' appraisals of victimisation experiences might be integrated into anti-bullying programmes.

A study [29] investigated the possible role of inflammatory markers (in response to an injury or infection) in relation to how childhood victimisation may be associated with psychotic experiences (PEs) such as hearing voices, or feeling spied upon. Participants were 1,419 British-born children followed from birth to age 18 years as part of the Environmental Risk [E-Risk] Longitudinal Twin Study. Childhood victimisation was measured prospectively using multiple sources from birth to age 12 years. PEs were assessed during private interviews with participants at age 18 years for the period since age 12. Inflammatory markers were measured from plasma samples collected from participants at 18 years. Young people with both PEs and childhood victimisation were more likely to belong to a group with elevated inflammatory markers than those with no childhood victimisation and without PEs; this was not the case for those with only PEs or only childhood victimisation. The authors suggest that early victimisation might impact on the child's psychological development by creating negative representations of the self, others and the world, and a state of hypervigilance to threatening stimuli and general sense of mistrust, which could fuel psychotic phenomena and in turn, or in parallel, trigger a biological dysregulation with enduring changes in the immune response.

CORRELATES OF INVOLVEMENT: LINKS FROM CHILDHOOD AND ADOLESCENCE THROUGH TO ADULTHOOD

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Two studies reported on links from childhood victimisation to mental health and wellbeing in adult life. Both used data from ALSPAC (see [24]). In the first [30], with several thousand participants (varying by measurement point), peer victimisation was assessed at 13 years and wellbeing at age 23. The presence or absence of depression was diagnosed at 18 years. Analyses explored relationships between peer victimisation, depression, and wellbeing, adjusting for potentially confounding individual and family factors. Victimisation had a significant impact on later wellbeing, even after adjustment for the mediating and moderating effects of depression, suggesting that the burden of victimisation extends beyond depression to impact wellbeing. Thus, individuals who showed resilience by avoiding a diagnosis of depression after victimisation, still had significantly poorer wellbeing than their non-victimised counterparts.

Two studies reported on links from childhood victimisation to mental health and wellbeing in adult life.

The second study [31] investigated the effects of neurodevelopmental adversity (such as obstetric complications, early cognitive and motor impairments) and childhood trauma (including from caregivers, and peer bullying) up to 17 years, on psychotic experiences (such as hallucinations, delusions) at age 24. Data was available from 3,514 participants. Exposure to neurodevelopmental adversity and childhood trauma were both independently associated with psychosis. There was also an indirect relationship between neurodevelopmental adversity and psychotic experiences via increased exposure to childhood trauma, especially peer bullying. The authors suggest that psychotic experiences may be partially modifiable through reducing exposure to peer bullying, especially in children with developmental impairment.

SEXUAL AND SEXIST BULLYING AND DATING VIOLENCE

Bullying has often been defined and studied separately from dating and relationship violence and sexual harassment. An EU-funded project explored young people's understandings and experiences of sexual bullying (bullying related to gender and/or sexuality) [32]. Data was collected via 41 focus groups with 253 young people aged 13–18 across five European countries (Bulgaria, England, Italy, Latvia, Slovenia). Participants highlighted intersections between bullying, dating and relationship violence and sexual harassment. They also drew upon notions of consent to determine whether and when certain actions constituted bullying. The authors advocate that Relationships and Sex Education (RSE) and anti-bullying initiatives treat consent as a 'common thread' in discussing and challenging a range of gender- and sexuality-related forms of bullying and harassment within peer relationships.

Involvement in peer bullying perpetration or victimisation could be risk factors for perpetration or victimisation in early romantic relationships. A systemic review and meta-analysis [33] found 23 projects (up to 2016) that reported relations between bullying (perpetration and victimisation) and dating violence (perpetration and victimisation). Bullying perpetration was related to dating violence perpetration, even after adjusting for covariates. There was also a significant relation between bullying perpetration and dating violence victimisation, but this was much weaker after controlling for covariates. Bullying victimisation was related to dating violence victimisation, also after adjusting for covariates. Emphasising different aspects of the ecological model, the authors of [32] argue bullying (like other forms of gender- and sexuality-related harassment and violence) is culturally situated and embedded within hierarchical gendered power relations in society. The authors of [33] suggest that bullying and dating violence could be different behavioural manifestations of the same underlying antisocial or violent dispositions in individuals.

The 23 studies reviewed in [33] did not include any from the UK, but 2 recent studies reported findings from the School Health Research Network (SHRN) Student Health Wellbeing (SHW) surveys of students aged 11–16 from schools across Wales. The first [34] used data from the 2017 survey, from 74,908 students from 193 schools. It reported on the prevalence of dating and relationship violence (DRV) victimisation, perpetration and joint victimisation and perpetration, and associations between DRV and socio-demographic characteristics. More girls reported emotional victimisation (28%) and perpetration (18%) than boys (20% and 16%, respectively). More girls (8%) than boys (7%) reported physical perpetration. However, boys (17%) reported more physical victimisation than girls (12%). Students from single or step parent homes, those in care, and certain ethnic minority groups had increased odds of DRV, but there was no association between socioeconomic status and DRV.

The second study [35] used data from the 2019 survey, from 48,397 students from 149 schools, to examine the associations between DRV victimisation and perpetration and risk behaviours (bullying, online bullying, sexting, alcohol, and cannabis use), and how these varied by gender. There were significant associations between experiencing and perpetrating emotional and physical DRV and all the risk behaviours. The findings from these studies suggest that DRV is a major public health problem for which little UK-specific intervention evidence exists. Universal prevention and intervention programmes in schools to develop healthy school environments and peer-to-peer relationships, could also reduce the occurrence of future DRV and associated risk behaviours. Some evidence of differences based on ethnicity and family structure-related risk factors in DRV suggest areas for further research and targeted interventions.

INTERVENTIONS

There are now a large range of anti-bullying interventions, many school-based, that have some measure of success. A review and meta-analysis [36] of 100 evaluations reported up to the end of 2016 found, in line with previous reviews, that bullying programmes were effective in reducing bullying perpetration outcomes by on average about 18–19% and bullying victimisation by 15–16%. There were substantial variations in effects, and the reasons for these variations required further research. The same authors [37] reported an analysis of which components of programmes were associated with effectiveness in relation to bullying perpetration (n = 82) and victimisation (n = 86). Components were coded at the level of school, classroom, teacher, parent, peer, individual, and intervention specific. The presence of a whole-school approach, anti-bullying policies, classroom rules, information for parents, informal peer involvement, and work with victims was significantly associated with larger effect sizes for school-bullying perpetration outcomes. The presence of informal peer involvement and information for parents was associated with larger effect sizes for school-bullying victimisation outcomes. The number of intervention components included did not significantly predict effectiveness.

Two studies reported on INCLUSIVE, a randomised control trial [RCT] of a programme called Learning Together [see also Focus on Bullying 2018: 30,31]. Over a 3-year period, 20 intervention and 20 control secondary schools from the south east of England participated, with around 6,000 pupils. The programme comprised staff training in restorative practices; a school action group to encourage pupil participation; and a social and emotional

skills curriculum. The first study [38] looked at what might help bring about, or mediate, some positive outcomes that were found. In particular, it was tested if school belonging was a mediator of intervention effects. This was found to be so at the student level. However, in schools where belonging was not a mediator, other mechanisms may have been involved. The second study [39] evaluated cost-effectiveness, comparing 20 intervention and 20 current practice control schools in the RCT. Using measures of health-related quality of life, and detailed data on the cost of delivering the intervention, it was found that the intervention was highly cost-effective, especially after 3 years.

The Anti-Bullying Alliance continued work with their whole-school programme 'All Together' programme [see Focus on Bullying 2020:36] until 2021. Although there was disruption due to the COVID-19 pandemic, some evaluation was possible [40]. In particular, 71% of schools that took part said bullying had reduced in their school as a result of the program. The pupil bullying and wellbeing questionnaire showed that experiences of being bullied (victimisation) and pupils bullying others steadily reduced over time. The biggest reduction in bullying was reported by pupils with SEND. Parents and carers reported feeling more confident about issues relating to bullying as a result of using the information provided. There were major improvements in the way schools approached bullying, as captured by an audit and action plan tool. An independent review of the Online CPD Training for Professionals [41] commented that 'These modules are an excellent resource for anyone working with children with disabilities or SEN and wanting to prevent or reduce bullying and extend his/her knowledge'. This programme has now morphed into a newer version called United Against Bullying.

A study [42] investigated the opportunities provided by Internet of Medical Things (IoMT: medical sensors and wearable devices already attached to students due to chronic conditions) towards safeguarding. A new model is developed based on blockchain technology: this keeps a track record of changes that complies with the rules of digital evidence. The feasibility of the model and the interaction between the sensors and the blockchain was simulated. The authors argue that schools and medical centres could conduct feasibility studies to enable real-time intervention triggered by IoMT data that can be used to detect stressful events, such as when bullying takes place.

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INTERNATIONAL RESOURCES

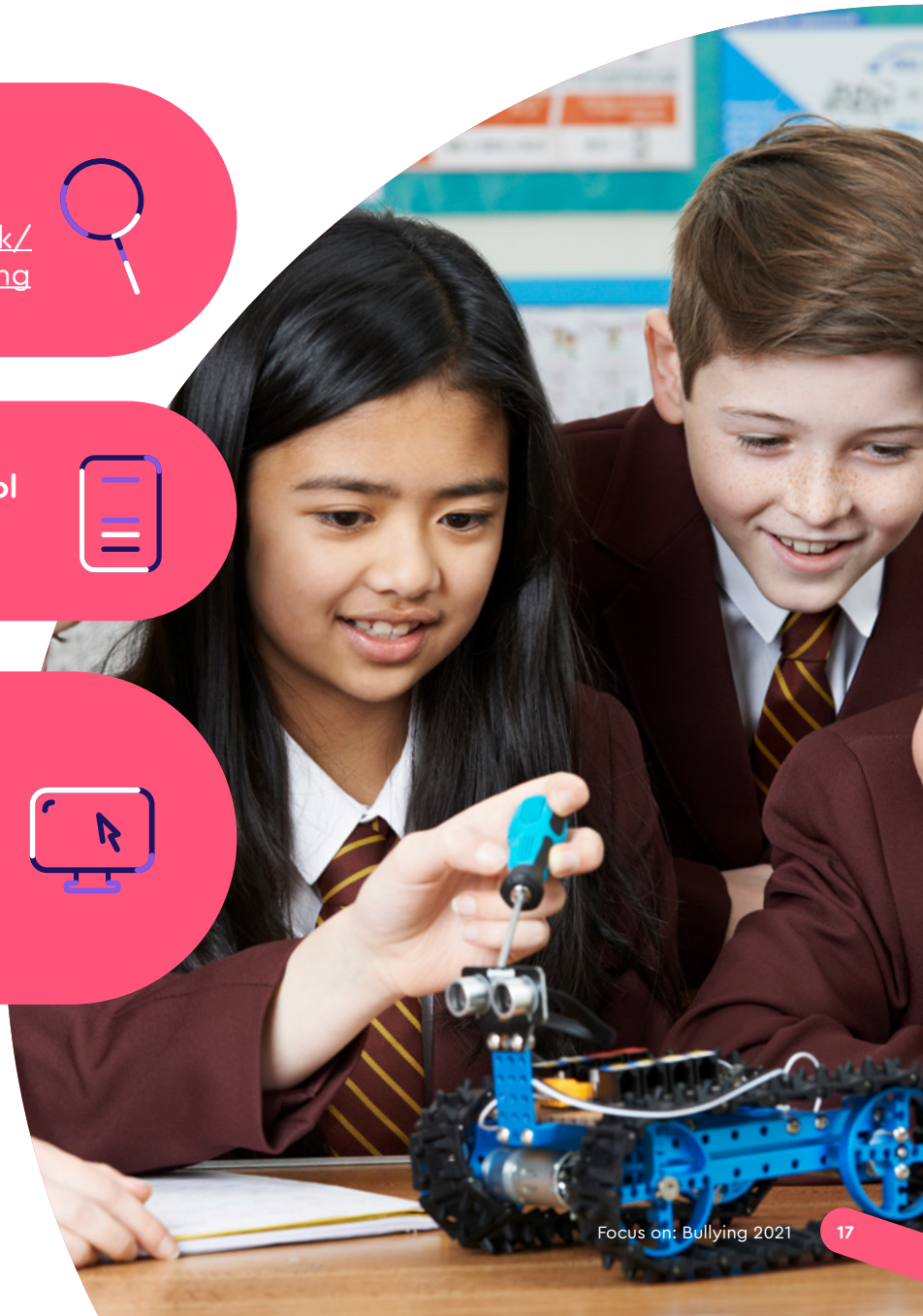
UNESCO had its second International day against violence and bullying at school including cyberbullying, on 4th November 2021 (https://en.unesco.org/commemorations/dayagainstschoolviolenceandbullying). A UNESCO report [43] presents the definition of Sustainable Development Goals (SDG) Thematic Indicator 4.a.2 to measure "safe, non-violent, inclusive and effective learning environments". A measure of "Percentage of students who experienced bullying in the past 12 months" is available from six cross-national surveys, and a total of over 190 countries and territories. The report discusses the strengths and limitations of this data.

A 2-volume Handbook with 74 chapters covers bullying generally [44] from an international perspective, with many chapters focussing on school bullying, including definitional issues, types, measurement, prevalence, correlates and effects, practical interventions and theoretical perspectives.

For more information, tools and resources about bullying, visit: https://anti-bullyingalliance.org.uk/tools-information/all-about-bullying

Take part in our free whole-school anti-bullying programme HERE

Learn more about bullying with our free CPD anti-bullying online training https://anti-bullyingalliance.org.uk/tools-information/free-cpd-online-training



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