ANTI-BULLYING ALLIANCE

FOCUS ON: BULLYING 2022

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 2022. Following the similar Focus on: Bullying reports for 2017, 2018, 2019, 2020 and 2021 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. Research has become increasingly international in scope, and with many meta-analyses; I have included these when at least some of the reports included in a meta-analysis were from the UK.

A useful summary of types of bullying in children, prevalence, risk and protective factors, consequences of bullying, and interventions, is provided in [1].

CONTENT

CONTEXT: GOVERNMENT

The main Department for Education guidance for England remains unchanged; see earlier Focus on Bullying reports, and [2], Advice from the Scottish Government [3], the Welsh Government [4] and Northern Ireland [5] is also unchanged. However the Irish Government has issued a comprehensive Action Plan on Bullying, *Cineáltas*, in December 2022, which was developed with advice from a cross-border Steering Committee, and bearing in mind UNESCO's Whole Education Approach [6].

PREVALENCE, TYPES AND ASSESSMENT

The Anti-Bullying Alliance's (ABA's) United Against Bullying programme [7] obtained pupil wellbeing data (including measures of bullying and victimisation) from a total of 29,308 pupils from 208 schools between Nov 2021 and Feb 2022. Key findings included that about 24% of pupils reported being frequently bullied, and about 6% admitted to frequently bullying others. Both kinds of involvement were associated with poorer wellbeing generally, and less satisfaction with school. Pupils with special educational needs or disabilities, or in receipt of free school meals, were significantly more likely to be bullied.

A survey was reported from Bradford of vulnerabilities in child well-being, with data obtained in 2016–2019 (so pre-COVID) [8]. Altogether 15,641 pupils aged 7 to 10 years, from 89 schools, were surveyed. Out of 18 vulnerabilities, 'bullied some or all of the time' emerged as by far the most frequent, at 52.7% (their Figure 2). This was slightly higher for boys (55.8%) than girls (49.7%). These high figures reflect a more lenient criterion than 'frequently bullied' in the ABA report.

The Personal Experiences Checklist provides another measurement tool, with the Short Form having 14 items assessing the frequency of peer victimisation experiences. A survey in secondary schools in England and Scotland [9] found that a slightly modified version of this was reliable, and could be used as a convenient measure of various types of victimisation, although a one-factor structure was found (meaning strong overlap in experiences of different types).

"...about 24% of pupils reported being frequently bullied, and about 6% admitted to frequently bullying others."

Nationality and ethnicity-based bullying (NEBB) is an important facet of prejudice-based bullying, and its assessment is the focus of a review article [10]. Accurate assessment obviously requires knowledge about the ethnicity of all those involved, but also the nature of the actions (if they are racially motivated) and the nature of any power imbalance involved. The authors provide recommendations for designing survey instruments, including recommending that bullying scales should be formulated in a way that captures any racist or nationalist content; have a special section on exclusion and relational bullying in general, based on racist or nationalist grounds; and measure the perspective of targets, perpetrators, and bystanders.

Cyberbullying continues as a strong focus of interest, and a review of 25 studies of cyberbullying measurement scales (including 3 from the UK) pointed out variations in definition, and in the range of behaviors involved. There are also variations in the types of roles (victim, perpetrator, bystander) assessed [11]. A study from 4 European countries (including England) tapped 'youth voice'; by examining how adolescents aged 14–16 years perceived cyberbullying, through production of comics [12]. A total of 10 comics were analysed by cyberbullying episodes (types, platforms, co-occurrence with bullying), coping strategies, characters (roles, gender, and group membership), and emotions. Online denigration on social media platforms was widely represented and cyberbullying co-existed with bullying. Social strategies were frequently combined with passive and confrontational coping. Of 154 characters identified, roles of cyberbully, cybervictim, bystander, reinforcer, and defender were all represented. Emotions, especially of sadness, were frequently expressed in association with cybervictims.

Although much research has been on school-aged populations, the study of bullying in higher education (HE) has been getting some attention. A study of 40 undergraduates from 17 UK universities examined students' lived experiences of bullying by means of online and physical focus groups [13]. Thematic analysis identified key issues, notably the importance of a power imbalance and perpetuation of existing systemic inequality in an HE context; bullying being motivated by attainment of social and personal gains; the tactics used to bully in HE resembling those seen in other contexts, but may be more nuanced; and bullying can be minimised and justified within HE, leading to its continued prevalence. Recommendations are made for clear information and guidance to prevent and reduce bullying in universities.

"...bullying scales should be formulated in a way that captures any racist or nationalist content..."

GROUPS AT RISK

It is well known that certain groups of students are more at risk of bullying victimisation. Two studies focused on this. A qualitative study used interviews with 19 people (including 9 teenagers) with dwarfism (defined as being no higher than 4ft 10 inches) to explore their experiences of school violence [14]. Various forms of physical, verbal and systemic bullying were recalled, as well as a range of coping strategies. The authors point to cultural underpinning to disablist bullying in which disability is still considered as a 'deficit'.

Another study provided a systematic review and meta-analysis of bullying victimisation in children and adults with autism [15]. This review examined prevalence of victimisation, and included 34 studies, 3 of which were in the UK. The average prevalence of victimisation was 44% overall and 39% for child or adolescent participants (but 27% from the UK studies). The authors argue that collaboration between social, health, and education settings is essential for victimisation prevention.

GRADE RETENTION

Although uncommon in the UK, holding pupils back a grade (because of low academic achievement) has been associated with increased risk of bullying. However, a survey of 25 countries (including the UK) using the PISA database (which measures victimisation but not perpetration) found that students who have been retained at least once are victimised more than non-retained students [16]. This was the case for both primary and secondary education, but with a stronger effect in the secondary sector. At national level, retainees in countries with low retention rates have a higher likelihood of being victimized. The authors comment that 'Peers seem to weigh up the stigma of being retained with the number of other retainees in their country, leading to more victimisation in countries where being retained is a rare experience. In countries where grade retention is a common practice, the high prevalence of retainees softens the negative association between being retained and school victimisation'.

CROSS-SECTIONAL STUDIES OF CORRELATES

The role that group processes may play in peer victimisation in early childhood was examined in a study of 200 children aged 5-7 years from three primary schools in the south-east of England [17]. Children reported on their own best friendship, and provided peer reports on involvement in peer victimisation (as aggressor, defender, and target) and social status (like-most and like-least). Aggressive children received more like-least nominations than other children, and defenders were the most liked. Most children said that they had a best friend, but aggressive children tended to have aggressive friends, while defenders were friends with other defenders. The authors suggest the importance of working with young children to develop positive friendships.

A study of 1,146 adolescents aged 13-16 years from 6 European countries, including the UK, analysed how personal experiences of violence are associated with experiences of bullying and cyberbullying victimisation [18]. Data was collected through an online questionnaire. In total, 37.2% of girls and 35.0% of boys reported being victims of bullying and/or cyberbullying. The likelihood of victimisation was higher when adolescents had experienced physical and or sexual abuse before the age of 15, had witnessed domestic violence against their mother or had been victims of intimate partner violence. Perceived social support from teachers and classmates and higher self-esteem were helpful but did not remove these associations. The authors argue that protecting adolescents from bullying/cyberbullying means preventing all exposure to violent experiences in childhood and adolescence.

"...likelihood of victimisation was higher when adolescents had experienced physical and or sexual abuse before the age of 15, had witnessed domestic violence against their mother or had been victims of intimate partner violence."

EMOTIONS AND SOCIAL COGNITIONS

Three articles provided data on the emotions and social cognitions of those involved in different roles in bullying, with somewhat divergent findings.

A study of 709 adolescents from 5 schools in central England [19], completed self-report measures of empathy (cognitive and affective), callous-unemotional traits (CU – cold, uncaring and manipulative), and affective instability (fluctuations in mood, high intensity, and low emotional control). Bullies and bully-victims showed high levels of CU traits, whereas victims and bully-victims were high in affective instability. Bully-victims shared attributes with both bullies and victims; high levels of CU traits and affective instability, but also low levels of cognitive and affective empathy. The authors argue that these findings further emphasize the need for bully-victims to be assessed as an independent group.

A meta-analysis of 128 studies (including 4 from England and Wales) investigated how affective empathy, cognitive empathy, affective theory of mind (ToM), and cognitive ToM, related to six different bullying roles [20]. Altogether 187,454 children and adolescents (aged 3 to 18 years) were involved. Significant associations were found for bullies, followers, and defenders, but not for victims, bully-victims, or outsiders. For bullies and followers, there were negative relations with both affective and cognitive empathy, but no relation with either type of ToM. For defending, there were positive relations with all four aspects of social–emotional intelligence. The authors argue that a successful anti-bullying programme may entail a combination of motivating children and adolescents with bullying tendencies to care about others' feelings, and empowering their classmates to become strong perspective-takers who can stand up for those in need of help.

Another meta-analysis focussed on victims of bullying, and how they process social information cues [21]. It covered 142 articles, including 8 from the UK. The results suggested that victimisation is related to a more negative perception of peers in general and more negative situational attribution (for example attributing more hostile intent, or being more sensitive to rejection); however victimisation seemed unrelated to abilities to empathize or understand others (consistent with [19] but not [20]).

"The authors argue that a successful anti-bullying program may entail a combination of motivating children and adolescents with bullying tendencies to care about others' feelings, and empowering their classmates to become strong perspective-takers who can stand up for those in need of help."

CHARACTERISTICS OF INVOLVEMENT

Many studies have taken a longitudinal approach over several years to look at implications of bullying victimisation over the school years, and attempting to provide more insight into causal processes involved.

The Environmental Risk (E-Risk) Longitudinal Twin Study, a birth cohort of 2,232 individuals born in England and Wales during 1994–1995, provided data on the developmental associations between loneliness and 4 measures of victimisation (physical/sexual abuse, emotional abuse and neglect, physical neglect, and bullying by peers) from mid-childhood to young adulthood [22]. Of the four forms of childhood victimisation (assessed at 5, 7, 10 and 12 years), bullying was the most common, and emerged as the strongest correlate of loneliness at age 12. It was the only form of victimisation to be associated with loneliness irrespective of concurrent psychopathology. Moreover, childhood bullying victimisation continued to predict loneliness in young adulthood (18 years), even in the absence of ongoing victimisation. However, the twin study data indicated that the more long-term association between childhood bullying and young adult loneliness is largely mediated by genetic mechanisms, possibly related to attachment styles or social cognitive skills.

Data from the Millennium Cohort Study, a representative birth cohort of 14,525 children born in 2000–2002 across the UK, was used to identify joint trajectories of victimisation and perpetration and their relation to early risk factors (emotional, cognitive, and physical vulnerabilities, and adverse family environments) [23]. Bullying victimisation and perpetration were assessed via child, mother, and teacher reports at ages 5, 7, 11, and 14 years, and early risk factors at 9 months, 3, and 5 years. Five joint trajectories were identified: uninvolved children (60%), early child victims (10%), early adolescent victims (15%), early child bullies (8%), and bully-victims (7%). Individual vulnerabilities (emotional dysregulation, cognitive difficulties) and adverse family environments (maternal psychopathology, low income) in the pre-school years independently forecast multiple trajectories of bullying involvement. Compared to victims, bully-victims were more likely to be male, have cognitive difficulties, and experience harsh maternal discipline and low income. The authors suggest the importance of addressing these risk factors (e.g., via accessible mental health care, stigma-based interventions, or programmes to support low-income families).

A nationally representative study of 15,110 young people in England, called Next Steps, investigated the mechanisms through which peer victimisation and teacher support affect aspirations for and enrolment at university 5 years later [24]. Adolescents were followed over 3 years of secondary education (13-15 years) until university (18 years). Adolescents subjected to more peer victimisation at 13 years had lower university aspirations 2 years later and were less likely to attend university 5 years later. These effects were mediated via secondary school engagement; more teacher support at 13 was related to higher school engagement, leading to higher aspirations at 15 and higher likelihood of university enrolment later. It was concluded that peer victimisation in secondary school can have long-lasting implications for university aspirations and enrolment, but teacher support can have a positive effect.

"...peer victimization in secondary school can have long-lasting implications for university aspirations and enrolment, but teacher support can have a positive effect."

IMPLICATIONS FOR MENTAL HEALTH

A meta-analysis of 39 longitudinal studies (including 9 from the UK) systematically reviewed the evidence for an association between adversity experienced in childhood (≤ 17 years old), and a diagnosis of psychiatric disorder in adulthood [25]. Eight of the studies (including 6 from the UK) focused on bullying as an adversity, and demonstrated a significant association between bullying (victimhood, and frequency) and adult mental disorder. Such findings suggest that childhood and adolescence is an important time for risk for later mental illness, and an important period in which to focus intervention strategies for those known to have been exposed to adversity, including bullying.

Four individual studies provide recent data on the links from peer victimisation to later mental health; three more in relation to suicide are reviewed in the next section.

One study [26] used retrospective interviews to explore the subjective experiences of childhood bullying for eight individuals experiencing psychosis, and whether bullying was perceived to be relevant to their experiences of psychosis. Four main themes were developed: "facing daily threat", "overcoming systemic mistrust", "negotiating power imbalance" and "a process of evolving identity". These individuals felt that bullying was a prevalent and traumatic experience that was not considered enough in services or schools. The authors argue that professionals need to enquire about childhood bullying when working with people experiencing psychosis, allowing time to build trusting and empowering therapeutic relationships.

Three other studies used longitudinal data. One used analysis of data from 3,337 English, secondary school students in the control arm of the INCLUSIVE trial (see 38 below), to investigate whether bullying/cyberbullying victimisation is associated with subsequent health risk-taking behavior in adolescence [27]. Bullying victimisation was measured at 11-12 years, and risk-taking behaviors (electronic cigarette and cigarette smoking, alcohol consumption, illicit drug use, early sexual experiences, weapon carrying, damaging property, and setting fire) at 14-15 years. There was strong evidence for an association between being bullied at 11-12 and nearly all risk-taking behavior at 14-15 (for weapon carrying, this

was found only for being cyberbullied). The authors conclude that it is plausible that bullying/cyberbullying victimisation increases the likelihood of subsequent risk-taking behavior in adolescence.

Data from the Avon Longitudinal Study of Parents and Children (ALSPAC) was used to examine how adverse childhood experiences (ACEs) are associated with depression and systemic inflammation in adults [28]. Longitudinal associations were examined for 3,931 individuals from the prenatal period up to age 23. ACEs included physical abuse, emotional abuse/ neglect, sexual abuse, bullying, household violence, parental substance use problems, parental mental health problems, parental convictions, parental separation, and low parent–child bonding, and were assessed up to 18 years. Inflammation (heat, pain, redness, swelling, and loss of function; assessed by C-reactive protein in the blood, CRP) was measured on three occasions (9–18 years), and depressive symptoms on four occasions (18–23 years). Most types of ACEs across all early-life periods were associated with elevated depression trajectories, with larger associations for threat-related adversities compared with other ACEs. Bullying victimisation between 7 and 18 years was the only individual adversity associated with inflammation (elevated CRP levels). However, inflammation was unrelated to depression at this age. The authors suggest that future studies should consider other inflammatory markers and different biological mechanisms for the associations of inflammation with ACEs.

A report used the English and Romanian adoptees (ERA) study to examine whether risk of neglect (here, up to 43 months of deprivation in Romanian Orphanages in the 1980s) increases the risk for bullying, which in turn increases the risk for poor mental health; and whether the extent of these effects are mediated by prior deprivation-related neuro-developmental problems such as symptoms of inattention, hyperactivity and autism [29]. Data were collected at ages 6, 11, 15, and young adulthood (22–25 years) from 165 Romanian adoptees compared with 52 non-deprived UK adoptees. Deprivation was associated with elevated levels of bullying and neuro-developmental symptoms at ages 6 through 15 and depression and anxiety in young adults. Paths from deprivation to poor adult mental health were mediated by effects from earlier neuro-developmental problems to later bullying. The findings underscore how persistent neuro-developmental impacts of institutional neglect can cascade across development and increase the risk toward bullying victimisation in childhood and adolescence and in turn to mental health problems in young adulthood.

SUICIDAL THOUGHT AND BEHAVIOUR

Suicidal thoughts and behaviour are tragic aspects of mental health issues that are known to have complex causation, but where experiences of being bullied are a known risk factor. Using data from ALSPAC (see above), suicidal ideation at 17 years old was examined in 2,571 adolescents in relation to negative life events, as well as aggregate genetic liability (measured using a polygenic score (PGS) for suicide attempts) [30]. Negative life events were assessed in the past year and included parental divorce and hospitalizations, death of friends and relatives, bullying, failure-related events, and involvement with drugs. The results highlighted the strong role of bullying (as well as drug use, and failure to achieve something important) in suicidal ideation. Although PGS was associated with suicidal ideation in girls, it did not affect the link from bullying to suicidal ideation in either boys or girls.

Two studies examined cases of actual suicide. In one, participants were drawn from the 1958 British birth cohort (National Child Development Study), a prospective follow-up of all births in 1 week in Britain in 1958 [31]. Fifty-five participants (48 males) had died by suicide between the age 18 and 52 years. From mothers reports of bullying victimisation at 7 and 11 years, bullying victimisation was associated with later suicide mortality; a one standard deviation increase in bullying victimisation linked to an increased odds of 1.29 for suicide mortality during adulthood. The effect was stronger for those frequently bullied or at both ages; those who had been frequently bullied had increased odds of 1.89 for suicide mortality. The study suggests that individuals who have been frequently bullied have a small increased risk of dying by suicide, although the study suggests that individuals exposed to the highest levels of bullying victimisation were also exposed to other forms of adverse experiences in their family, hence cumulating risk factors for suicide.

More recently than the 1958 birth cohort, online bullying has been linked to suicidal thoughts and behaviour. This was examined in a study of all young people aged 10–19 who died by suicide, between 2014 and 2016, based on national mortality data [32]. Information was extracted on relevant experiences and life events prior to the suicide, for 544 of these 595 deaths from official investigations, mainly inquests. Suicide-related online experience was reported in 128 of these deaths, and was more common in girls than boys, and those identifying as LGBT. Of these, 29 (5%) were bullied online, more often girls. Online bullying often (16/29) accompanied face-to-face bullying. The authors argue that mental health professionals should be aware that suicide-related online experience – not limited to social media – is a potential risk for young patients, and may be linked to experiences offline (including bullying).

ATTITUDES AND BYSTANDERS

How the peer group responds to bullying episodes is recognized as an important aspect to study. Attitudes to bullying were studied using data on 15-17 year olds from 34 OECD countries, available from the Program for International Student Assessment (PISA) 2018 [33]. The study distinguished attitudes to followers (who support the bully), bystanders (who watch and do nothing) and defenders (who help the victim). Overall, 90% of adolescents had a negative attitude towards bullying followers, and 89% toward bystanders, while 83% had a positive attitude to defenders. These figures were higher for girls than boys, as is commonly found, and in high school than in middle school, which is contrary to previous findings.

Two studies used scenarios or vignettes to examine bystander or defender reactions. In one [34], participants read a hypothetical scenario in which they witnessed a peer being excluded from a school club by another peer. The group membership of the victim (either British or an immigrant) and the group membership of the excluder (either British or an immigrant) was systematically varied. Indirect bystander reactions (judgments about whether to get help and from whom when witnessing social exclusion) and social-moral reasoning regarding reactions to social exclusion, were assessed among 424 children (8 to 10 years) and adolescents' (13 to 15 years) from schools in south-east England. Participants' likelihood of getting help decreased from childhood into adolescence. Group membership had rather small effects. However developmentally, children were more likely to get help from a teacher or an adult than from a friend, whereas adolescents were more likely to get help from a friend than from a teacher or an adult. Children justified their likelihood of responding by referring to their trust in their teachers and friends, whereas adolescents were more likely to refer to group loyalty and dynamics, and psychological reasons. The authors discuss practical implications for combating social exclusion and promoting prosocial bystander behavior in schools.

Another study examined how young people respond when they witness cyberbullying [35]; specifically, using 24 hypothetical vignettes to examine how young people perceive the severity of cyberbullying incidents and how they respond as a bystander according to different factors associated with cyberbullying (publicity, anonymity, type, and victim response). The sample was 990 students aged 11 to 20 years from two schools and one college in England, who responded to items assessing perceived severity, and bystander responses (ignore the incident, encourage the bully, seek adult help, seek friend help, provide emotional support to the victim, and challenge the bully). Perceived severity was higher in public scenarios, when the bully was anonymous, and when the victim was upset. How the victim responded was the most influential factor on how young people said they would react to cyberbullying, followed by the publicity of the incident, the anonymity of the bully, and to a limited extent, the type of cyberbullying.

A MODEL OF BULLYING IN RESIDENTIAL CARE SETTINGS

Most theoretical attempts to explain bullying, or provide a model, are rather piecemeal. A more integrative attempt, specifically for bullying in residential care for youth, has been proposed [36]. Drawing on the results of the existing research on bullying and peer violence in youth residential care, it proposes a Multifactor Model of Bullying in Residential Settings (MMB-RS), that assumes that bullying in residential care is shaped by a dynamic interaction between a complex set of individual characteristics (of those with potential for bullying, and victimisation) and contextual factors (physical and social environment). The authors note the importance of empirically testing the MMB-RS and propose a programme of research for this.

INTERVENTIONS

There are now many school-based interventions aiming to reduce bullying, and related phenomena. These have typically some but modest success (see Focus on Bullying 2021: 15). There has been increased interest in both the methodology of interventions, their feasibility, which components may be most effective, and what mechanisms are involved.

Many interventions focus on secondary school aged pupils, for whom questionnaire based surveys are seen as most reliable. One study [37] reported on a feasibility study for an evaluation of a UK primary school-based prevention programme that addresses multiple forms of abuse and neglect, Speak out Stay Safe (SOSS). Besides 194 children aged 6–11 years who completed a baseline survey and 113 following the intervention, eight focus groups were undertaken with 52 children and nine interviews with school staff. The authors highlight key considerations for conducting large-scale mixed-method research on sensitive topics with younger children. They argue that the feasibility study showed that younger children can contribute their views on sensitive topics in ways that are measurable, replicable and reliable, contesting ideas that certain topics are too sensitive to explore with younger children.

RCTs (randomized controlled trials) are seen as the gold standard for carrying out evaluations of interventions. One 'realist' critique of these has been that just assessing overall intervention effects ignores 'context-mechanism-outcome configurations' (what works for whom in which situations). INCLUSIVE is an RCT of a programme called Learning Together [see also Focus on Bullying 2018, 2021], and two articles [38, 39] reflect on analyses of qualitative data to augment the quantitative from the programme trial. These suggested three mechanisms for reducing bullying. The first involved a process of increasing commitment to school by giving students new roles, a forum to share their experiences of being at the school and working with teachers to address shared problems. This was likely to ensue in conditions in which schools had the capacity and space to engage in such elaborate processes. The second involved a process of building healthy relationships and behaviours by modelling and teaching pro-social skills via restorative practices, with the consequence of reducing misbehaviour and teaching non-violent conflict management. Such processes required staff who were committed to implementing restorative practice and were more likely to be transformative in schools where most student did not already possess strong pro-social skills. The third involved a process of de-escalating bullying among a core group of aggressive students via creating a space in which perpetrators could learn about the impacts of their behaviour. Such processes were more likely in aggressive or violent schools where committed staff recognised the need and had the capacity to implement restorative practice. Thus, the qualitative data suggested much more detailed ideas about mechanisms and in which schools these mechanisms would generate outcomes. The authors conclude that 'RCTs are what researchers make of them. They can be designed to merely assess overall intervention effects, or they can be designed to answer questions which are central to realist enquiry. Most RCTs fall somewhere between those two extremes but crucially, it is not the study design but the detailed planning of theorisation, data collection and analyses that determines what questions a trial may answer'.

Data from the INCLUSIVE trial was also used to examine the 'healthy context paradox' (HCP). This is a finding in some studies, that a general reduction in victimisation levels following intervention may actually produce

worse outcomes for those who remain victims. The authors [40] formulate the healthy context paradox in a more general form and propose two statistical models for testing the healthy context paradox informed by multilevel mediation methods. They found that neither model suggested that the INCLUSIVE trial represented an example of the healthy context paradox.
Some of the same authors provided systematic reviews of programmes including bullying. One [41] examined 10 school-based programmes (4 from UK) to reduce violence and substance abuse, focusing on what factors affect implementation. School staff were more likely to understand what was required in implementing an intervention when provided with good-quality materials and support. Staff could sometimes misinterpret interventions, and ease of integration with existing practices was important. Lack of local adaptability was particularly undermining for whole-school elements, such as proposed changes to school policies or discipline systems. School leaders were more likely to commit to a whole-school intervention when this addressed an issue they were already interested in tackling, for example, providing a way to respond to a new government policy or inspection requirements. Planning groups (of staff and possibly also students, parents or other community-members) were reported as particularly successful in ensuring collective action to enact interventions and maintain commitment. Another review [42] focused on school-based programmes that used an RCT design with adolescents to focus on dating and relationship violence, or gender-based violence. They aimed to provide a taxonomy of intervention components, identifying 40 in total. These included both student-directed components, non-student-directed components such as activities for school personnel and family members, and components addressing structural-social and structural-environmental aspects of the school. This taxonomy provides a framework for intervention evaluations. Some preliminary data on usage of components, and their association with intervention efficacy, are also provided.

Another systematic review and meta-analysis [43] examined whether school-based anti-bullying interventions specifically reduced internalising symptoms such as depression and anxiety. Altogether 27 studies were analysed, including 4 from England. The interventions were found to have a very small effect in reducing overall internalizing symptoms; this did not vary significantly across geographic location, grade level, programme duration, and intensity. The intervention component 'working with peers' was associated with a significant reduction, perhaps increasing student's perception and sense of safety at school. However, the component 'using CBT [cognitive behavioral therapy] techniques' was associated with a significant increase in internalizing outcomes;

"The analyses suggest that individuals of all ages can benefit from bullying and victimization interventions, and interventions that target those that bully and those that support victims can both be effective."

most of the interventions that implemented CBT components were delivered by school staff, which may not be optimal as research suggests that larger effect sizes are associated with programmes delivered by mental health professionals.

The effectiveness of interventions specifically for pupils with disabilities was examined in a synthesis of 14 studies (1 in UK) [44]. Bullying interventions had overall positive outcomes for individuals with disabilities, although the magnitude of effect was relatively small. The analyses suggest that individuals of all ages can benefit from bullying and victimisation interventions, and interventions that target those that bully and those that support victims can both be effective. To ensure adherence to procedures and enhance the intervention outcomes, support may be needed through monitoring treatment integrity by teachers and providing feedback on implementation of the intervention.

Despite disruptions caused earlier by the Covid-19 pandemic, trials of the effectiveness and cost-effectiveness of the KiVa programme continue in 118 primary schools (half intervention, half control) from North Wales, West Midlands, South East and South West England [45]. The trial is currently on-going, with approximately 13,000 students aged 7–11 years. KiVa (here called Stand Together) is a whole school programme with universal actions and a strong emphasis on changing bystander behaviour alongside indicated actions that provide consistent strategies for dealing with incidents of bullying. It is being implemented over one academic year, and outcomes will be compared to usual practice.

The Anti-Bullying Alliance developed its earlier All Together programme [see Focus on Bullying 2020, 2021] into a newer version called United Against Bullying, funded by the Department for Education in England [7]. The overall aim is to establish United Against Bullying Schools that have evidenced their work to reduce bullying and improve the wellbeing of all pupils. The programme has a particular focus on those children who are at risk, including disabled pupils and those with special educational needs (SEN/D), pupils in receipt of free school meals (FSM), and other groups at risk of experiencing bullying. Preliminary evaluation shows that UAB is well received by participating schools, with CPD training evaluated very positively. According to school audit reports, fully meeting a range of relevant criteria improved over the year, sometimes quite dramatically. Pupil self-reports show that levels of being bullied, and ever bullying others, showed modest decreases. For many pupils school experience improved, and for most pupils wellbeing scores improved. Although SEN/D and FSM pupils generally had higher levels of bullying involvement, they also tended to show higher levels of improvement over time.

"For many pupils school experience improved, and for most pupils wellbeing scores improved. Although SEN/D and FSM pupils generally had higher levels of bullying involvement, they also tended to show higher levels of improvement over time."

REFERENCES

[1] Del Rey, R., Espino, E., Ojeda, M. & Mora-Merchán, J.A. (2022). Bullying. In Smith, P.K. & Hart, C. (eds.), Wiley-Blackwell Handbook of Childhood Social Development (3rd ed.). Wiley-Blackwell, pp.591–608.

[2] Department for Education. Guidance for schools on preventing and responding to bullying. https://www.gov.uk/government/publications/preventing-and-tackling-bullying

[3] Scottish Government. Respect for All: national approach to anti-bullying. https://www.gov.scot/publications/respect-national-approach-anti-bullying-scotlands-children-young-people/

[4] Welsh Government. School bullying. https://www.gov.wales/school-bullying

[5] NI Direct Government Services. Dealing with bullying and getting support. https://www.nidirect.gov.uk/articles/dealing-bullying-and-getting-support

[6] Irish Government. Cineáltas: Action Plan on Bullying (December 2022). https://www.gov.ie/en/publication/52aaf-cinealtas-action-plan-on-bullying/

[7] Anti-Bullying Alliance (2022). United Against Bullying: Whole School Anti-Bullying Programme. A summary of achievements from Phase 1 2021–2022. https://anti-bullyingalliance.org.uk/sites/default/files/uploads/attachments/UAB%202021-22%20Summary%20Report.pdf

[8] Pickett, K.E., Ajebon, M., Hou, B., Kelly, B., Bird, P.K., Dickerson, J., Shire, K., McIvor, C., Mon-Williams, M., Small, N., McEachan, R., Wright , J., & Lawlor. D. (2022). Vulnerabilities in child well-being among primary school children: a cross-sectional study in Bradford, UK. BMJ Open 12:e049416. doi:10.1136/bmjopen-2021-049416

[9] Noret, N., Hunter, S.C. & Rasmussen, S. (2022). The Personal Experiences Checklist Short Form (PECK-SF): tests of invariance across gender and over time. Psychological Assessment, 34(5), 496–502. https://doi.org/10.1037/pas0001118

[10] Pyzalski, J., & Smith, P.K. (2022). Nationality and ethnicity-based (cyber)bullying: how should we tackle this phenomenon in survey studies? Psychology, Society & Education, 14(3), 11–17. https://doi.org/10.21071/psye.v14i3.15285

[11] Zhang, W., Huang, S., Lam, L., Evans, R. & Zhu, C. (2022). Cyberbullying definitions and measurements in children and adolescents: Summarizing 20 years of global efforts. Frontiers in Public Health, 10:1000504. https://doi.org/10.3389/fpubh.2022.1000504

[12] Mameli, C., Menabò, L., Brighi, A., Menin, D., Culbert, C., Hamilton, J., Scheithauer, H., Smith, P.K., Völlink, T., Willems, R.A., Purdy, N. & Guarini, A. (2022). Stay safe and strong: Characteristics, roles and emotions of student produced comics related to cyberbullying. International Journal of Environmental Research and Public Health, 19, 8776. https://doi.org/10.3390/ijerph19148776

[13] Harrison, E. D., Hulme, J. A., & Fox, C. L. (2022). A thematic analysis of students' perceptions and experiences of bullying in UK Higher Education. Europe's Journal of Psychology, 18(1), 53–69. https://doi.org/10.5964/ejop.3669

[14] Ktenidis, A. (2022) Encounters with disablist school violence: experiences of young people with dwarfism in the United Kingdom. British Journal of Sociology of Education, 43(8), 1196–1215/ DOI: 10.1080/01425692.2022.2122940

[15] Trundle, G., Jones, K.A., Ropar, D., & Egan, V. (2022), Prevalence of victimisation in autistic individuals: A systematic review and meta-analysis. Trauma, Violence & Abuse, 6, 15248380221093689. doi: 10.1177/15248380221093689.

[16] Van Canegem, T., Van Houtte, M., & Demanet, J. (2022). It's a hard-knock life for us: a multilevel analysis on the association between grade retention and being bullied in 25 countries. Research Papers in Education, https://doi.org/10.1080/02671522.2022.2125050

[17] Kucaba, K., & Monks, C. P. (2022). Peer relations and friendships in early childhood: The association with peer victimization. Aggressive Behavior, 48, 431–442. https://doi.org/10.1002/ab.22029

[18] Jaskulska, S., Jankowiak, B., Pérez-Martínez, V., Pyzalski, J., Sanz-Barbero, B., Bowes, N., Claire, K.D., Neves, S., Topa, J., Silva, E., Mocanu, V., Dascalu, C.G. &Vives-Cases, C. (2022). Bullying and cyberbullying victimization and associated factors among adolescents in six European countries. Sustainability, 14, 14063. https://doi.org/10.3390/ su142114063

[19] Guy, A., Lee, K. & Wolke, D. (2022). Bullying in adolescence: how do emotional traits distinguish those involved? Current Psychology, https://doi.org/10.1007/s12144-022-03956-5

[20] Imuta, K., Song, S., Henry, J. D., Ruffman, T., Peterson, C., & Slaughter, V. (2022). A meta-analytic review on the social-emotional intelligence correlates of the six bullying roles: Bullies, followers, victims, bully-victims, defenders, and outsiders. Psychological Bulletin, 148(3-4), 199-226. https://doi.org/10.1037/bul0000364

[21] Kellij, S., Lodder, G. M. A., van den Bedem, N. P., Güroğlu, B., & Veenstra, R. (2022). The social cognitions of victims of bullying: A systematic review. Adolescent Research Review , 7, 287-334. https://doi.org/10.1007/s40894-022-00183-8

[22] Matthews, T., Caspi, A., Danese, A., Fisher, H.L., Moffitt, T.E., & Arseneault, L. (2022). A longitudinal twin study of victimization and loneliness from childhood to young adulthood. Development and Psychopathology , 367-377. https://doi.org 10.1017/S0954579420001005

[23] Chow, A.R.W., Pingault, J-B., & Baldwin, J.R. (2022). Early risk factors for joint trajectories of bullying victimisation and perpetration. European Child & Adolescent Psychiatry https://doi.org/10.1007/s00787-022-01989-6

[24] Grew, E., Baysu, G., & Turner, R. N. (2022). Experiences of peer victimization and teacher support in secondary school predict university enrolment 5 years later: Role of school engagement. British Journal of Educational Psychology, 92, 1295-1314. https://doi.org/10.1111/bjep.12500

[25] McKay, M.T., Kilmartin, L., Meagher, A., Cannon, M., Healy, C. & Clarke, M.C. (2022). A revised and extended systematic review and meta-analysis of the relationship between childhood adversity and adult psychiatric disorder. Journal of Psychiatric Research, 156 (268), 283. 10.1016/j.jpsychires.2022.10.015

[26] Wheeler, C., Wood, L., Quinlan, E. & Spencer, A. (2022). "Snitches get stitches": a qualitative exploration of childhood bullying in first episode psychosis. Psychosis, DOI: 10.1080/17522439.2022.2080859

[27] Shah, R., Dodd, M., Allen, E., Viner, R., & Bonell, C. (2022). Is being a victim of bullying or cyberbullying in secondary school associated with subsequent risk-taking behaviour in adolescence? A longitudinal study in secondary schools. Journal of Adolescence, 94, 611-627. https://doi.org/10.1002/jad.12050

[28] Iob, E., Lacey, R., Steptoe, A., & Giunchiglia, V. (2022). Adverse childhood experiences and severity levels of inflammation and depression from childhood to young adulthood: A longitudinal cohort study. Molecular Psychiatry, 27, 2255-2263. https://doi.org/10.1038/s41380-022-01478-x

[29] Rizeq, J., Kennedy, M., Kreppner, J., Maughan, B. & Sonuga-Barke, E. (2022). Understanding the prospective associations between neuro-developmental problems, bullying victimization, and mental health: Lessons from a longitudinal study of institutional deprivation. Development and Psychopathology, 1-10. https://doi.org/10.1017/S095457942200089X

[30] Lannoy, S., Mars, B., Heron, J., & Edwards, A.C. (2022). Suicidal ideation during adolescence: The roles of aggregate genetic liability for suicide attempts and negative life events in the past year. Journal of Child Psychology & Psychiatry. 63(10):1164-1173. doi: 10.1111/jcpp.13653. Epub 2022 Jun 29. PMID: 35766310; PMCID: PMC9912194.

[31] Geoffroy M-C, Arseneault L, Girard A, Ouellet-Morin I, Power C (2022). Association of childhood bullying victimisation with suicide deaths: findings from a 50-year nationwide cohort study. Psychological Medicine 1-8. https://doi.org/10.1017/ S0033291722000836

[32] Rodway, C., Tham, S.G., Richards, N., Ibrahim, S.,Turnbull, P., Kapur, N., & Appleby, L. (2022). Online harms? Suicide related online experience: a UK-wide case series study of young people who die by suicide. Psychological Medicine, 1-12. https:// doi.org/10.1017/S0033291722001258

[33] Man, X., Liu, J., & Xue, Z. (2022). Does bullying attitude matter in school bullying among adolescent students: Evidence from 34 OECD countries. Children, 9, 975. https://doi.org/10.3390/ children9070975

[34] Yüksel, A.Ş., Palmer, S.B., Argyri, E.K. & Rutland, A. (2022). When do bystanders get help from teachers or friends? Age and group membership matter when indirectly challenging social exclusion. Frontiers in Psychology, 13, 833589. doi: 10.3389/fpsyg.2022.833589

[35] Macaulay, P.J.R., Betts, L.R., Stiller, J. & Kellezi, B. (2022). Bystander responses to cyberbullying: The role of perceived severity, publicity, anonymity, type of cyberbullying, and victim response. Computers in Human Behavior,131,107238. https://doi.org/10.1016/j.chb.2022.107238.

[36] Sekol, I., Farrington, D.P., & Ireland, J.L. (2022), Towards an integrative theory of bullying in residential care for youth. International Journal of Environmental Research and Public Health, 19, 5166. https:// doi.org/10.3390/ijerph19095166

[37] Barter, C., Batool, F., Charles, J., Devaney, J., Farrelly, N., Hayes, D., Kurdi, Z., Millar, A., Monks, C., Richardson Foster, H., Radford, L., Edwards, R. T., Winrow, E., & Stanley, N. (2022). Conducting large-scale mixed-method research on harm and abuse prevention with children under 12: Learning from a UK feasibility study. Children & Society, 00, 1-18. https://doi.org/10.1111/chso.12658

[38] Warren, E.A,, Melendez-Torres, G.J., & Bonell, C. (2022). Are realist randomised controlled trials possible? A reflection on the INCLUSIVE evaluation of a whole-school, bullying-prevention intervention. Trials, 23(1), 82. doi: 10.1186/s13063-021-05976-1. PMID: 35090541; PMCID: PMC8796527.

[39] Warren, E., Melendez-Torres, G.J. & Bonell, C, (2022). Using fuzzy-set qualitative comparative analysis to explore causal pathways to reduced bullying in a whole school intervention in a randomized controlled trial. Journal of School Violence, 21(4), 381–396. DOI: 10.1080/15388220.2022.2105856

[40] Melendez-Torres, G.J., Warren, E., Ukoumunne, O.C., Viner, R. & Bonell, C. (2022). Locating and testing the healthy context paradox: examples from the INCLUSIVE trial. BMC Medical Research Methodology, 22, 57. https://doi.org/10.1186/s12874-022-01537-5

[41] Ponsford, R., Falconer, J., Melendez Torres, G.J. & Bonell, C. (2022). What factors influence implementation of whole-school interventions aiming to promote student commitment to school to prevent substance use and violence? Systematic review and synthesis of process evaluations. BMC Public Health, 22, 2148. https://doi.org/10.1186/s12889-022-14544-4

[42] Rizzo, A.J., Orr, N., Shaw, N., Farmer, C., Chollet, A., Young, H., Berry, V., Rigby, E., Hagell, A., Bonell, C., Melendez-Torres, G.J. (2022). Exploring the activities and target audiences of school-based violence prevention programs: Systematic review and intervention component analysis. Trauma, Violence & Abuse, 30, 15248380221134294. doi: 10.1177/15248380221134294.

[43] Guzman-Holst, C., Zaneva, M., Chessell, C., Creswell, C. & Bowes, L. (2022). 1Research Review: Do antibullying interventions reduce internalizing symptoms? A systematic review, meta-analysis, and meta-regression exploring intervention components, moderators, and mechanisms. Journal of Child Psychology and Psychiatry, 63(12), 1454–1465. doi: 10.1111/jcpp.13620

[44] Maxfield, T., Park, E.Y. & Blair, K.S.C. (2022). Synthesis of bullying interventions for individuals with disabilities: A meta-analysis. Journal of Behavioral Education, https://doi.org/10.1007/s10864-021-09466-x

[45] Clarkson, S., Bowes, L., Coulman, E., Broome, M. R., Cannings-John, R., Charles, J. M., Edwards, R. T., Ford, T., Hastings, R. P., Hayes, R., Patterson, P., Segrott, J., Townson, J., Watkins, R., Badger, J., & Hutchings, J. (2022). The UK stand together trial: protocol for a multicentre cluster randomised controlled trial to evaluate the effectiveness and cost effectiveness of KiVa to reduce bullying in primary schools. BMC Public Health, 22(1), 608. https://doi.org/10.1186/s12889-022-12642-x