

# Bullying behaviours: adverse experiences for all involved?

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## Introduction

Bullying may have once been viewed as an almost inevitable nuisance on the journey from childhood to adulthood. The phrase ‘sticks and stones may break my bones but names will never hurt me’ was, for many generations, a common playground refrain. In more recent years both research and policy attention has been increasingly directed towards bullying (in whichever way it manifests), as our understanding of the impact that bullying can have continues to develop. Nowadays, bullying is no longer regarded as a relatively benign element of child development (Wong & Schonlau, 2013), and others would go so far as to argue that bullying is an adverse and stressful experience that “...should be considered as another form of childhood abuse alongside physical maltreatment and neglect” (Arseneault, 2018:416).

Acknowledging this, in the context of growing awareness across Scotland about the long-term effects of Adverse Childhood Experiences (ACEs), means that it is imperative that bullying is on everyone’s agenda, and universal prevention is key. In Scotland there is a holistic framework for those working with children and young people to address all aspects of bullying, ‘Respect for All’ (Scottish Government, 2017) which aims to support the implementation of a consistent and cohesive approach to anti-bullying in Scotland. However, understanding and addressing bullying behaviours is especially pertinent for practitioners working in youth justice and related fields as there is growing evidence that portrays an association between bullying behaviours in childhood and later involvement in offending (Sourander et al., 2011).

The purpose of this paper is to draw together the evidence from a rapid review of the literature in relation to bullying and offending, especially violent offending. The paper will also present empirical evidence on bullying drawn from analysis of risk formulation records about young people at risk of serious harm to themselves and others. This will include analysis of some of the factors that may be implicated in bullying either as a precursor to bullying, or as a result of bullying behaviours, such as peer rejection and social exclusion. Importantly, as most studies explore the relationship between bullying and later offending rather than victimisation and offending, this paper will present evidence on regarding bullies, victims and bully-victims.

## Definition and Characteristics of Bullying

Most definitions of bullying have common elements, including: a repeated pattern of behaviour; the knowledge that the behaviour is likely to cause harm or distress; and a power imbalance between victim and perpetrator (Olweus, 1997). Behaviours such as arguing or fighting with peers are therefore not included within this definition, unless the behaviours are targeted and sustained over time. The power imbalance between bully and victim could be actual or perceived, and may result from a difference in strength, status, numbers or other factors (Arseneault, 2018; Olweus, 1997), for example anonymous bullying online. More recent research recognises that the dichotomy between bullying and victimisation is not always a useful distinction (Kelly et al., 2015), much as is the case with the blurred boundaries between perpetrator and victim of offending. As a result this paper will be concerned with

those children who display bullying behaviours ('bullies'), the victims of bullying ('victims') and those who both bully, and are bullied by, others ('bully-victims'). This terminology has been used because it reflects the language used in the research literature, although Respect Me acknowledge that such labels can be stigmatising, disempowering and unhelpful in supporting behavioural change or recovery from the impact of bullying (Respect Me, 2019).

Bullying frequently takes place within school environments (Troop-Gordon, 2017), but can occur anywhere, including in the community or at home among siblings (Arseneault, 2018). School transitions can be a particular flashpoint for bullying, as social hierarchies are disrupted and bullying is used to obtain or maintain status (Troop-Gordon, 2017). Bullying can be direct (such as physical violence, intimidation, taking money or possessions), or indirect (such as name-calling, spreading rumours or exclusion) (Ireland, 2014). In recent times cyberbullying has emerged with the rise in the use of smartphones and social media (Troop-Gordon, 2017), and has provoked debates about whether online bullying is an extension of traditional bullying, or whether it is a distinct form of bullying (Troop-Gordon, 2017; Wolak, Mitchell, & Finkelhor, 2007). Again the boundaries between online and offline bullying are not always clear, with considerable overlap between the two, and most children reporting to know their online persecutors (Bainbridge, Ross, & Woodhouse, 2017; Hinduja & Patchin, 2007). However, there appears to be an emerging consensus that there are unique features of cyberbullying in that it is pervasive, permanent and difficult to find respite from (Bainbridge et al., 2017; Rivara & Le Menestrel, 2016), and that it is associated with psychological and emotional difficulties that are not seen in traditional victimisation (Troop-Gordon, 2017).

Bullying often arises in response to actual or perceived deviations from accepted social norms. Bullying related to body image and weight (Bainbridge et al., 2017; Troop-Gordon, 2017); sexual identity and gender non-conformities (Bainbridge et al., 2017; Mishna, Newman, Daley, & Solomon, 2008; Troop-Gordon, 2017); additional support needs (Bainbridge et al., 2017; Equalities and Human Rights Committee, 2017) and race and faith (Bainbridge et al., 2017; Equalities and Human Rights Committee, 2017) is common. Predictors of bullying are often externalising behaviours, and social or environmental factors such as peer or community influences (Cook, Williams, Guerra, Kim, & Sadek, 2010; Kljakovic & Hunt, 2016); predictors of being a victim are often internalising problems, peers status and social competence (Cook et al., 2010; Kljakovic & Hunt, 2016).

Research has provided evidence about the long term effects that are associated with bullying, and which highlights the importance of understanding, preventing and addressing bullying behaviours. Most children will experience some form of distress in response to being bullied (such as crying, sleep problems, anxiety etc) but that these symptoms should subside once the bullying ceases (Arseneault, 2018). However, bullying can also cause lasting harm. Being a victim of bullying has been linked to later suicide and suicidal ideation (Bainbridge et al., 2017; Troop-Gordon, 2017); self-harm; eating disorders (Bainbridge et al., 2017; Troop-Gordon, 2017); school attendance and performance (Bainbridge et al., 2017; Fullchange & Furlong, 2016); anxiety (Arseneault, 2018); depression (Arseneault, 2018; Lopez & DuBois, 2005); self-esteem (Fullchange & Furlong, 2016); other mental health outcomes (Gibb,

Horwood, & Fergusson, 2011; McGee et al., 2011) as well as perceived quality of life (Arseneault, 2018) and poor physical health (Takizawa, Maughan, & Arseneault, 2014) in adulthood. Being a bully has been linked with later offending (Gibb et al., 2011; Sourander et al., 2011; Ttofi, Farrington, Lösel, & Loeber, 2011), violence (McVie, 2014; Ttofi, Farrington, & Lösel, 2012), drug use (Farrington & Ttofi, 2011) and suicidality (Gibb et al., 2011).

Research tends to report the impact of bullying in terms of internalising behaviours for victims and externalising behaviours for those who do the bullying (Kelly et al., 2015). However, this may not reflect a genuine difference in outcomes, but may more simply reflect the aims and methods of the studies in question. For example, the Edinburgh Study of Youth Transitions and Crime is a longitudinal study that explores outcomes for around 4,300 children who started secondary school in 1998. In a paper exploring the long-term impacts of bullying on later life outcomes the study used regression modelling to test the effect of being a bully on later involvement in violence, whereas for victims of bullying it used the same analytical approach, but this time to test the effect on psychological distress (McVie, 2014). As a result Kelly et al. (2015) argue that the distinction between bullies/externalising and victims/internalising symptoms may be an oversimplification.

Bullies have been reported to describe experiencing fear and a lack of support, of wanting to stop but being unable to do so for fear of repercussions such as becoming bullied themselves or losing reputation and status (Bainbridge et al., 2017). Furthermore, studies that have involved bully-victims have found this group to be the most vulnerable, and the most adversely affected in terms of a wide range of symptoms (Toblin, Schwartz, Hopmeyer Gorman, & Abou-ezzeddine, 2005). Bully-victims have been found to be at greater risk of suicidal ideation, conduct problems, anxiety and depression (Kelly et al., 2015) and self harm (Barker, Arseneault, Brendgen, Fontaine, & Maughan, 2008). Importantly, it is not just individuals who are directly involved in bullying behaviours who are affected, as bullying can have an impact on the wellbeing of bystanders and witnesses too (Bainbridge et al., 2017; Equalities and Human Rights Committee, 2017). For example, prisoners who have never directly experienced bullying report the same level of fear of bullying as do those who have been the victims of bullying behaviour (Spain, 2013).

It is also important to note that not all children who bully, or are bullied, go on to develop mental health problems or other negative outcomes (Arseneault, 2018). Around one-third of victims of cyberbullying stated that they were unaffected by the experience (Hinduja & Patchin, 2007), although it is not clear what factors (situational, individual etc) might make a person more resilient to bullying.

## Methodology

The study was given ethical approval by the University of Strathclyde's Ethics Committee based in the School of Social Work and Social Policy.

A brief review of the literature was undertaken. Search terms initially focused on variants of bullying/victimisation and offending/delinquency/violence and aggression. Further academic and grey literature was then identified from this original search via snowballing (that is, the references of references). Emphasis was placed on studies that derived their samples from Scottish or UK populations, although other jurisdictions have been included where relevant.

The empirical data was drawn from an analysis of Interventions for Vulnerable Youth (IVY) clinic records. IVY was established in 2013 in order to promote best practice in forensic mental health risk assessment and management for young people in Scotland who present a serious risk of harm to others, as well as to themselves. IVY provides a specialist psychological and social work service which reflects a multi-disciplinary and tiered approach to risk assessment, formulation and management for young people aged 12 to 18 years who present with complex psychological needs and high-risk behaviour such as risk of violence, harmful sexual behaviour or extremism. The three tiers of IVY comprise distinct but related levels of assessment and formulation from Level 1 (a consultation and risk formation clinic); Level 2 (specialist psychological assessment) and Level 3 (treatment).

Professionals working with the young person provide details of historical and current risks, concerns and experiences with IVY in a referral form, and elaborate on these verbally in a multi-disciplinary case consultation clinic. This information is used to develop an individualised risk formulation, often informed by the completion of a SAVRY risk assessment tool (Borum, Bartel, & Forth, 2002) or other relevant assessment. This formulation is fed back to referrers in the form of a Risk Assessment Report (RAR). The research constituted secondary analysis of referral information and the Risk Assessment Reports (RARs) at Level 1 only. Consent was obtained from referrers at the point of referral to use the information provided for both risk formulation and research purposes.

A casefile reading tool was used to document the presence of four different bullying statuses: bully, victim, bully-victim and uninvolved. The study is affected by a number of limitations that should be kept in mind when interpreting the results. Firstly the sample size is small and, due to the high level of risk and need in the sample, is not representative of the wider Scottish population. In addition, the presence, or otherwise of any of the bullying behaviours is based solely on what was known, or deemed to be relevant, by professionals involved with the young person at the time of referral and the consultation clinic. The perceptions and experiences of young people may differ from what is known by professionals, but have not been included in this study. This methodology is most likely to result in an underestimation of the presence of bullying or bullying victimisation in this population.

All 209 children who had been referred to IVY between October 2013 and March 2019, and whose clinic records were available, were included in this research. The majority of the sample were male ( $n=180$ , 86.1%) and participants were on average 15 years old ( $Mean=14.9$ ,  $SD=1.5$ ), with the youngest aged 11 and the oldest aged 18 years.

Findings from both the literature review and the primary research have been presented together thematically, in order to position the findings from this study within the context of the wider evidence base.

## Findings

The findings are inextricably interlinked but have been divided into themes for clarity: prevalence, bullying and offending/violence; bullying and peer rejection; bullying and social exclusion; bullying and attachment; bullying and neurodevelopmental disorders.

### Prevalence

Bullying is a common childhood experience and occurs across different countries and cultures (Cook et al., 2010). A worldwide study of more than 200,000 children estimated the prevalence to be 11% for bullying, 13% for being a victim of bullying and 4% for being a bully-victim (Craig et al., 2009). Bullying rates do vary between countries, and with the methodology and definition of bullying used, with the range reported to be between 10% and 50% (Kelly et al., 2015).

In many studies, boys are significantly more likely to be involved in bullying (whether as a bully, victim or bully-victim) than girls (Arseneault, 2018). Bullying also tends to decline throughout adolescence (Kljakovic & Hunt, 2016) although more overt aggression is often replaced by more subtle relational aggression at this time, perhaps reflecting more sophisticated planning and linguistic abilities as adolescents develop (Troop-Gordon, 2017). In the Edinburgh Study, almost one-in-five boys reported to be involved in bullying at age 14 (19%), compared to 10% of girls, and 13% of boys reported being victimised compared to 10% of girls at this age (Barker et al., 2008). By age 16, 10% of boys were involved in bullying, compared to 5% of girls, and victimisation rates were 5% for both males and females. Although girls are more likely to report indirect or relational bullying, and boys more direct bullying, the genders experience both types of bullying, with 23% of boys in a UK study reporting physical bullying (compared to 13% of girls), and 31% recounting other types of bullying as compared to 33% of girls (Pople & Rees, 2017).

Certain minority groups of children are more vulnerable to bullying than other. LGBT+ children and young people are more likely to be the victims of bullying, with 88% of secondary teachers in Scotland reporting actual or perceived sexuality or gender identity as a reason for children being bullied, and 64% of children reported being bullies for these reasons (Bainbridge et al., 2017). Ethnicity, race and faith are also reported to be a factor in bullying although exact figures are not readily available (Equalities and Human Rights Committee, 2017). More than

60% of people in prison, who are often some of the most vulnerable and disadvantaged people in society, reported being bullied at school (or elsewhere) during their childhood (Scottish Prison Service, 2018).

### IVY Data

Levels of bullying were high in the IVY sample compared to more general prevalence figures, with victimisation higher than perpetration. Around one-third of children were not involved in bullying in any way (Table 1). Sufficient data was not available for 81 children to ascertain their bullying status and they have been excluded from the analysis.

Table 1: Bullying Status (*n*=128)

Status	Number	Percent
Uninvolved in bullying	47	36.7%
Victim of bullying	37	28.9%
Perpetrator of bullying	31	24.2%
Both perpetrator and victim	13	10.2%

While girls were more likely to be a victim of bullying (36.8% compared to 27.5%), and boys more likely to be a perpetrator (26.6% compared to 10.5%), a Chi Square analysis did not find this difference to be statistically significant,  $\chi^2(3, n=128)=2.55, p=.480$ . This may, in part, be due to the small proportion of girls in the sample. Also, as previously mentioned, the children referred to IVY are not typical of the general population, and this may be especially true for females in the sample (Vaswani, 2018).

## Bullying and Offending / Violence

There is no legal definition of bullying in Scotland hence bullying in itself is not a crime (Scottish Government, 2017), although some bullying behaviours may constitute a crime (for example, assault). Research does, however, portray an association between bullying and later offending, although the focus tends to be on those who perpetrate bullying, rather than those who are a victim of bullying. Gibb et al. (2011) report that children who were perpetrators of bullying between the ages of seven and 12 were significantly more likely to have been arrested by the age of 30. Bullying was also found to be predictive of the frequency of offending, with the odds of frequent bullies having committed more than five crimes by the age of 26 almost seven times that of those not involved in bullying (Sourander et al., 2011). These findings tend to hold up across studies and settings. In a systematic review of 18 studies, Ttofi et al. (2011) found that the odds of people who perpetrated bullying going on to offend at a later stage was 2.5 times the odds of those people not involved in bullying. A further systematic review and meta analysis of 29 studies (Farrington, Lösel, Ttofi, & Theodorakis, 2012) found that bullying perpetration was a highly significant predictor of general offending six years later.

Studies have also found an even stronger association between bullying perpetration and later violence. For example, a study that followed up more than 400 males in London between the age of eight and 48 identified that bullying behaviours during early adolescence were

associated with three times the odds of involvement in violent offending between the ages of 15 and 20, and were predictive of violent offending, drug use and poor life outcomes at age 48 (Farrington & Ttofi, 2011). A Finnish cohort study found that 20% of those identified as frequent bullies at age eight had committed a violent offence in early adulthood, compared to 3% of those who were not involved in bullying at all (Sourander et al., 2011), and similar findings were reported in the Edinburgh Study of Youth Transitions and Crime (McVie, 2014). A meta-analysis of 15 studies concluded that bullying perpetration was a significant risk factor in later violence, with odds two times greater than for those who were not involved (Ttofi et al., 2012). This association has led to debates about whether bullying, aggression, offending and violence are simply expressions of the same underlying construct (e.g. antisocial tendencies) but are interpreted differently depending upon age and situational context (Farrington & Ttofi, 2011; Ttofi et al., 2011). However, Ttofi et al. (2011) conclude from their meta-analysis that bullying is a specific risk factor for later offending.

There is also an association between bullying victimisation and later offending, although the relationship tends to be less strong than it is for bullying perpetration. Farrington et al. (2012) found that the odds of a victim of bullying being involved in later offending was around 1.1, which was not quite significant after controlling for other factors. They conclude that victimisation might increase the risk of later offending by around 10%. A moderate association between being bullied in childhood and adult crime was also found by Sourander et al. (2011), although when adjusted for factors such as mental ill health or psychological impairment in childhood, this association ceased to be statistically significant. The nature of this relationship is not fully understood, and there are debates as to whether offending, and other externalising problems, are a reason for victimisation (Troop-Gordon, 2017) rather than a symptom of victimisation. It may be that as offending is a normative part of adolescence (Moffitt, 1993) and aggression becomes a more socially acceptable way to ascertain social status (Troop-Gordon, 2017), victimisation for these reasons drops. This may also, in part, explain why bullying is highest in childhood and drops throughout adolescence.

However, there is a stronger link between bullying victimisation and later violence, with the odds of violence increasing by 1.4, which was highly significant (Ttofi et al., 2012). The meta-analysis also found that the younger a person was when they were victimised, the greater the likelihood of later violence (Ttofi et al., 2012). This may help to explain the finding that being bullied in school is the most common adverse childhood experience reported by people across the Scottish prison estate, reported by 61% of those in custody (Scottish Prison Service, 2018). Furthermore, the custodial environment is often a setting for bullying behaviours, especially in youth establishments, as young people use bullying to develop or maintain social status. In an older study conducted in five Scottish establishments that held young people, Power, Dyson, and Wozniak (1997) found that three-quarters had witnessed bullying, and 29% had been bullied by other young people, and one-third (33%) reported bullying from prison staff.

Implicated in this association between victimisation and violence may be the role of a small but significant subset of victims who display increased anxiety and aggressiveness (Olweus,

1997) and are more likely to be on a trajectory from victim to bully, or to bully-victim (Bettencourt & Farrell, 2013; Toblin et al., 2005). Barker et al. (2008:1036) conclude "...whereas not all bullies are victimized, victims have a high probability of engaging in bullying behaviours". The hypothesis is that victims wish to regain power and control after being victimised, which can lead to involvement in offending and violence to attain this position (Wong & Schonlau, 2013). Aggressive victims were found to display behaviours that were more impulsive and emotionally driven than children who were 'typical' bullies (Bettencourt & Farrell, 2013; Toblin et al., 2005), and as a result can be more unpredictable with a tendency to lash out or retaliate when provoked. In the most extreme example of this, Wong and Schonlau (2013) observe that the majority of perpetrators in US high school killings had been, or perceived themselves to be, victims of bullying by others in the school environment.

### IVY Data

In the IVY analysis, all forms of interpersonal violence were marked as violence, from a simple assault, to sustained and premediated violence or use of weapons, regardless of the level of harm caused. The only exception was that harmful sexual behaviour was not included in this analysis, even if the behaviour involved violence or the use of force, where the violence was instrumental to the harmful sexual behaviour. Where both violent and harmful sexual behaviours were displayed in separate incidents, the violence marker was included.

Table 2: Violence Status (*n*=203)

<b>Violence</b>	<b>Number</b>	<b>Percent</b>
Yes	143	70.0%
No	60	30.0%

Almost three-quarters of the IVY sample had displayed violent behaviours (Table 2). The distribution across bullying status highlighted that those involved in bullying behaviours, either as a bully or a bully-victim were the most likely to be involved in violent behaviours over and above bullying (Table 3).

Table 3: Bullying Status and Violence (*n*=125)

<b>Status</b>	<b>Violence</b>	<b>No violence</b>
Uninvolved in bullying	27 (58.7%)	19 (41.3%)
Victim of bullying	24 (66.7%)	12 (33.3%)
Perpetrator of bullying	27 (87.1%)	4 (12.9%)
Both perpetrator and victim	10 (83.3%)	2 (16.7%)

A Chi square analysis found this difference to be statistically significant,  $\chi^2$  (3, *n*=125)=8.38, *p*=.039). Post hoc analysis found that the differences lay in the uninvolved group, who were less likely to be involved in violence, and the bully group who were most likely to be involved in violence. Despite a high proportion of the bully-victim group being involved in violence, this was not statistically significant, which may be due to the small number of children in this classification (*n*=12). However, the case records did include several examples of children who had retaliated with violent behaviours as a direct result of being bullied. As a service designed

for children who are at risk of serious harm to others (as well as themselves), the IVY sample is an important but limited site for the study of the association between bullying and violence. Violent behaviours are a core component of the IVY referral criteria, and hence it is anticipated that the association between bullying and violence would be stronger in a sample that is more representative of the general population.

## Bullying and Social Exclusion

Exclusion and peer rejection are often a feature of bullying behaviour, however, it is important to note that, although closely related they are conceptually different (Lopez & DuBois, 2005). Some incidents of exclusion may be warranted or are not bullying, with Mulvey, Boswell, and Zheng (2017) describing the exclusion of a child from a school sports team on the basis of competence as acceptable. Furthermore, not all instances of exclusion will be experienced by the victim as such (Lopez & DuBois, 2005) but, conversely, any form of rejection can cause harm and distress even if it is not bullying per se (Mulvey et al., 2017). For exclusion and rejection to be considered bullying it must meet the definition of a pattern of sustained and deliberate behaviour where there is some form of power imbalance (Mulvey et al., 2017). Importantly, adolescence is a time in which identity is developing and is very much mixed in with peer group identity and belonging. As a result, adolescents often experience rejection and exclusion more intensely than at other times during the lifecourse, which may have a greater impact on later mental health and wellbeing (Troop-Gordon, 2017).

The relationship between social exclusion, peer rejection and bullying behaviours is complex. Of relevance is that predictors of bullying include peer influence; antisocial peers (Cook et al., 2010; Kljakovic & Hunt, 2016) and social problems i.e. social immaturity (Kljakovic & Hunt, 2016). Relevant factors that predict victimisation include self-related cognitions (i.e. self respect, self-esteem), social competence (Cook et al., 2010) and social isolation (Kljakovic & Hunt, 2016). However, the intersection between the presence of these factors and experience of bullying is unclear, for example, being a victim of bullying can also reduce self-respect and self-esteem (Fullchange & Furlong, 2016) and therefore may affect social competence. Being aggressive and associating with antisocial peers may cause a child to be rejected and excluded, or even victimised (Troop-Gordon, 2017).

Exclusion and rejection can be felt beyond the immediate circle of bullies. Adolescent victims are found to receive less support from peers (Troop-Gordon, 2017), perhaps due to the desire of other children to fit in, to not be associated with victim or to become victims themselves. More directly, adolescent bystanders have been found to reinforce the behaviour of bullies by their own non-intervention or by laughing at or encouraging the behaviour. Thus Troop-Gordon (2017) observes that although the bullying may come from a small group of children, the rejection and hostility may be perceived as coming from a much larger peer group. Exclusion may also have an important function in bullying in prisons, as new prisoners reported feeling bullied until they had been accepted into the established group, which was seen as a normative rite of passage, whereas a social support network was a strong protective factor against being bullied (Spain, 2013).

## IVY Data

The analysis looked at two main measures of exclusion: peer rejection and school exclusion. These measures were also combined, along with forms of exclusion not already covered in the previous two categories (for example, very rural communities), to give an overall measure of social exclusion. It was clear that the children referred to IVY were a very excluded group (Table 4), with four-in-five experiencing some form of exclusion overall.

Table 4: Social Exclusion ( $n=152$  to  $164$ )

Exclusion	Number	Percent
School Exclusion	85	54.8%
Peer Rejection	89	58.6%
Social Exclusion (overall)	132	80.5%

Peer rejection was experienced by almost three-in-five children but was unevenly distributed across the groups (Table 5) and a Chi square analysis found this difference to be highly significant,  $\chi^2$  (3,  $n=116$ )=49.12,  $p<.001$ ). Post hoc analysis found that those uninvolved in bullying were significantly less likely to be rejected by peers, and those who were victims, or bully-victims were more likely to be rejected by peers. Every single one of the bully-victims had experienced peer rejection, as had around four-in-five victims. Those who were in the 'bully' category were not significantly more or less likely to be excluded by peers.

Table 5: Bullying Status and Peer Rejection ( $n=116$ )

Status	Peer Rejection	No Peer Rejection
Uninvolved in bullying	6 (14.3%)	36 (85.7%)
Victim of bullying	29 (80.6%)	7 (19.4%)
Perpetrator of bullying	16 (64.0%)	9 (36.0%)
Both perpetrator and victim	13 (100%)	0 (0%)

Similarly, school exclusion was experienced disproportionately across the bullying categories (Table 6) and a Chi square analysis found this difference to be highly significant,  $\chi^2$  (3,  $n=114$ )=21.68,  $p<.001$ ). Those involved in bullying, either as bullies or bully-victims were significantly more likely to be excluded from school. Those who were uninvolved in bullying were significantly less likely to be excluded from school. There was no significant result for victims of bullying.

Table 6: Bullying Status and School Exclusion ( $n=114$ )

Status	School Exclusion	No School Exclusion
Uninvolved in bullying	16 (34.8%)	30 (65.2%)
Victim of bullying	14 (40.0%)	21 (60.0%)
Perpetrator of bullying	18 (85.7%)	3 (14.3%)
Both perpetrator and victim	10 (83.3%)	2 (16.7%)

When considering the overall measure this split was even more prominent, with all bully-victims and all bar one of the bullies experiencing some form of social exclusion in general.

Again, a Chi square analysis found this difference to be highly significant,  $\chi^2(3, n=118)=25.68$ ,  $p<.001$ ). Those uninvolved in bullying were significantly less likely to be excluded, while there was no effect for victims of bullying (Table 7).

Table 7: Bullying Status and Social Exclusion in general ( $n=118$ )

Status	Social Exclusion	No Social Exclusion
Uninvolved in bullying	22 (50.0%)	22 (50.0%)
Victim of bullying	30 (83.3%)	6 (16.7%)
Perpetrator of bullying	24 (96.0%)	1 (4.0%)
Both perpetrator and victim	13 (100%)	0 (0%)

With the exception of school exclusion, those who were victimised (either as victims, or bully-victims) were more likely to experience social exclusion. Bullies were most likely to be excluded from school. Two important features of exclusion that emerged in the data were self-exclusion (i.e. social withdrawal) and system-exclusion (i.e. exclusion as a result of justice-related factors such as bail conditions or court orders). As these variables were not conceived beforehand data was not consistently collected on these issues. It is therefore not possible to quantify their prevalence exactly, however they are worthy of future research and practice considerations. A number of children were excluded from school as the result of allegations of harmful sexual behaviour, or were educated within school but supervised under restrictive conditions that meant that they had little or no access to peers or social situations. Similarly, strict bail conditions also left children very socially isolated for long periods of time. For other children there may not have been formal restrictions on their movements, but concerns from parents, carers or professionals led to high levels of supervision that effectively made social interaction difficult. A small group were socially isolated by their circumstances, such as living in very rural communities, or in families that were themselves very socially isolated. Other children found social interactions stressful, anxiety-provoking or just generally difficult and often opted to self-withdraw from school or social relationships despite encouragement from the people around them.

## Bullying and Autistic Spectrum Disorders

This self-exclusion and social isolation was often true of children who were suffering from neurodevelopmental disorders such as Autistic Spectrum Disorder (ASD). Children with ASD may struggle to develop appropriate peer relationships, despite often wanting to form friendships and reporting loneliness more often than typically developing children (Rowley et al., 2012). There also appears to be some interaction between bullying victimisation and children with additional support needs (Bainbridge et al., 2017), with a study by the UK National Autistic Society reporting that more than 40% of children with ASD had experienced bullying at school (Batten, Corbett, Rosenblatt, Withers, & Yuille, 2006). Rowley et al. (2012) suggest that this may be due to their struggles in social contexts, such as interpreting non-verbal cues; reduced ability to understand social rules in relation to humour or conversational turn-taking; and often narrow range of interests leaving them vulnerable to teasing, bullying and rejection.

## IVY data

Within the IVY sample there was certainly an increased risk of bullying victimisation among children with ASD (Table 8), however a Chi Square analysis did not find this difference to be statistically significant,  $\chi^2$  (3, n=97)=3.90, p=.273). The prevalence of victimisation in this sample is very similar to that found by Batten et al. (2006) in the national survey.

Table 8: Bullying Status and Autistic Spectrum Disorder (n=97)

Status	ASD	No ASD
Uninvolved in bullying	7 (20.6%)	27 (79.4%)
Victim of bullying	11 (42.3%)	15 (57.7%)
Perpetrator of bullying	6 (23.1%)	20 (76.9%)
Both perpetrator and victim	3 (27.3%)	8 (72.7%)

This victimisation may be related in some way to peer rejection, as those children with ASD were significantly more likely to be rejected by their peers than other children in the sample,  $\chi^2$  (1, n=114)=4.74, p=.022). More than three-quarters (76.5%) of those with ASD experienced peer rejection, compared to around half (52.5%) of children without ASD. However, it is not possible to be certain whether the bullying took the form of peer rejection, or the children were bullied due to factors that also caused them to be rejected. Anecdotally, records indicated that children with ASD in the IVY sample were perceived to be different from their peers.

## Bullying and Attachment

Attachment disorders can lead to difficulties self-regulating, and in forming peer relationships outside of the home (Hong, Espelage, Grogan-Kaylor, & Allen-Meares, 2012), however, there is very little literature on the relationship between attachment styles, attachment disorders and bullying behaviours. A study of more than 300 primary school children in Cyprus (Nikiforou, Georgiou, & Stavrinides, 2013) found that the quality of attachment between child and parent predicted both bullying and victimisation. However the study used an inventory looking at the quality of the relationship with the parent (such as trust, communication and alienation) rather than looking at attachment disorders per se. Kõiv (2012) reported that in a sample of 1,921 schoolchildren in Estonia, bullies were more likely to have avoidant attachment styles and victims more likely to have insecure attachment patterns.

## IVY data

The study did not set out to look at the relationship between bullying and attachment, but the case file review revealed a high level of rejection and sense of abandonment in the IVY sample, due to their childhood experiences. It is perhaps unsurprising that attachment disorders were the most commonly recorded disorders in the sample, with three-quarters of the sample (153, 73.2%) described as having difficulties with attachment. This posed the

question about the relationship between bullying, attachment and exclusion, and how peer rejection might be perceived by children who already have attachment difficulties. Analysis did not reveal any statistical differences between those in each of the bullying status groups in terms of the prevalence of attachment difficulties,  $\chi^2$  (3,  $n=107$ )=1.22,  $p=.805$ ), perhaps due to the high prevalence of attachment disorders in the sample (Table 9), with almost all whose bullying status was known also presenting with these issues.

Table 9: Bullying Status and Attachment Difficulties ( $n=107$ )

Status	Attachment Difficulties	No Attachment Difficulties
Uninvolved in bullying	35 (89.7%)	4 (10.3%)
Victim of bullying	27 (90.0%)	3 (10.0%)
Perpetrator of bullying	25 (89.3%)	3 (10.7%)
Both perpetrator and victim	8 (80.0%)	2 (20.0%)

Almost two-thirds of children with attachment difficulties experienced peer rejection (62.5%) compared to just under half of children without such difficulties (46.7%). Although children with attachment difficulties experienced a higher rate of peer rejection than their contemporaries, statistical analysis did not find this difference to be significant,  $\chi^2$  (1,  $n=131$ )=0.87,  $p=.266$ ). Despite this non-significant result, the potential complex and combined interaction of rejection, abandonment and victimisation from multiple sources in childhood means that this relationship might be worthy of further study in a more typical sample. The case records included examples of children who were desperate to be accepted by their peer, sometimes at any costs, including perpetration of offending, bullying and violence and leaving themselves vulnerable to exploitation.

## Conclusions and Implications for Practice

Bullying is a common childhood experience, that occurs across diverse countries and cultures, with a prevalence of between 10% and 50% (Kelly et al., 2015). However, the wide-ranging and enduring impact that bullying can have on mental and physical health, academic performance, offending, other social outcomes and ultimately self-harm and suicide means that it needs to be considered on a par with other Adverse Childhood Experiences, and should not be considered a normal part of childhood. Children who are already facing childhood adversity are also more vulnerable to being bullied (Arseneault, 2018), and thus the adversity is compounded. Furthermore, the impact of bullying can be observed long into adulthood, and be felt in relation to economic prosperity, social relationships, adult criminality and perceived quality of life. Thus childhood bullying has implications for wider society far beyond individual suffering (Arseneault, 2018).

It is also important to note that bullying affects all who come into contact with it, most evidently among those who are victimised. However, neither bully-victims, bullies nor even bystanders emerge from bullying unscathed (Bainbridge et al., 2017; Equalities and Human Rights Committee, 2017; Spain, 2013). Thus approaches to bullying that focus on universal prevention are likely to be important. The implementation of preventative and responsive

approaches to bullying also needs to take the time to acknowledge, understand and, where necessary, to challenge the culture and environment in which bullying is occurring, including in schools, families, prisons and online spaces. Staff and children also need support to be able to confidently challenge bullying, or to call out harmful organisational culture or practices. As perceived or actual 'difference' is a common factor in bullying behaviour, then education and intervention to celebrate diversity and promote tolerance and understanding is essential.

Bullying also has specific relevance for youth justice practitioners. Children and young people who are involved in bullying (either as a bully, victim or bully-victim) are at increased risk of being involved in later offending and violent behaviours. Bullying could therefore be seen as a potential risk factor for offending. The potential for unpredictable retaliation and violence from victims of bullying may also not be as well recognised or understood among practitioners, and appropriate measures should be put in place as quickly as possible to address bullying when it occurs. However, practitioners should also be mindful that many children show great resilience in the face of adversity, and not all children experience any long-term effects of bullying once the behaviour ceases (Arseneault, 2018; Hinduja & Patchin, 2007). It will also be important not to label and stigmatise children and young people involved in bullying, but rather to ensure that preventative and early intervention approaches to offending are cognisant of the long-term effects of bullying and encourage and support positive change in children and young people. The evidence also highlights that a large proportion of children and young people involved in offending behaviours have been exposed to a range of adverse life experiences (Scottish Prison Service, 2018; Vaswani, 2018), as well as bullying (with bullying often directly associated with this adversity). It will be important to consider how best to support children and young people involved in offending behaviours to cope with these adverse experiences and to improve their wellbeing and future outcomes.

The high levels of social exclusion (of all forms) among bullies, bully-victims and victim is concerning, although it is not always clear whether this is a precipitating factor for their bullying behaviour or as a result of their bullying experiences. The reality is that it is likely to be a perpetuating cycle of exclusion, rejection and behavioural responses. Schools, and other institutions that children find themselves in, should promote inclusion of children wherever possible. Practitioners, and the justice system more widely, should also be aware of the potential for bail conditions, community criminal justice orders, or risk management procedures to contribute to social isolation and exclusion. While the risk of serious harm will need to be managed robustly, it will be important to manage risk in a way that is not unnecessarily isolating or detrimental to a child's wellbeing.

## References

- Arseneault, L. (2018). Annual Research Review: The persistent and pervasive impact of being bullied in childhood and adolescence: implications for policy and practice. *Journal of Child Psychology and Psychiatry*, 59(4), 405-421. doi:doi:10.1111/jcpp.12841
- Bainbridge, J., Ross, C., & Woodhouse, A. (2017). *Children's and Young People's Voices and Experiences of Bullying and Harassment in Schools*. Edinburgh: Children in Scotland.
- Barker, E. D., Arseneault, L., Brendgen, M., Fontaine, N., & Maughan, B. (2008). Joint Development of Bullying and Victimization in Adolescence: Relations to Delinquency and Self-Harm. *Journal of the American Academy of Child & Adolescent Psychiatry*, 47(9), 1030-1038. doi:<https://doi.org/10.1097/CHI.ObO13e31817eec98>
- Batten, A., Corbett, C., Rosenblatt, M., Withers, L., & Yuille, R. (2006). *Make School Make Sense: Autism and Education: The Reality for Families Today*. London: National Autistic Society.
- Bettencourt, A. F., & Farrell, A. D. (2013). Individual and contextual factors associated with patterns of aggression and peer victimization during middle school. *Journal of youth and adolescence*, 42(2), 285-302.
- Cook, C. R., Williams, K. R., Guerra, N. G., Kim, T. E., & Sadek, S. (2010). Predictors of bullying and victimization in childhood and adolescence: A meta-analytic investigation. *School Psychology Quarterly*, 25(2), 65.
- Craig, W., Harel-Fisch, Y., Fogel-Grinvald, H., et al. (2009). A cross-national profile of bullying and victimization among adolescents in 40 countries. *International journal of public health*, 54(2), 216-224.
- Equalities and Human Rights Committee. (2017). *It's not cool to be cruel*. Edinburgh: Scottish Parliament.
- Farrington, D. P., Lösel, F., Ttofi, M. M., & Theodorakis, N. (2012). *School bullying, depression and offending behavior later in life: an updated systematic review of longitudinal studies*: National Council for Crime Prevention (Brå).
- Farrington, D. P., & Ttofi, M. M. (2011). Bullying as a predictor of offending, violence and later life outcomes. *Criminal Behaviour and Mental Health*, 21(2), 90-98.
- Fullchange, A., & Furlong, M. J. (2016). An exploration of effects of bullying victimization from a complete mental health perspective. *Sage Open*, 6(1), 2158244015623593.
- Gibb, S. J., Horwood, L. J., & Fergusson, D. M. (2011). Bullying victimization/perpetration in childhood and later adjustment: Findings from a 30 year longitudinal study. *Journal of Aggression, Conflict and Peace Research*, 3(2), 82-88.
- Hinduja, S., & Patchin, J. W. (2007). Offline consequences of online victimization: School violence and delinquency. *Journal of school violence*, 6(3), 89-112.
- Hong, J. S., Espelage, D. L., Grogan-Kaylor, A., & Allen-Meares, P. (2012). Identifying potential mediators and moderators of the association between child maltreatment and bullying perpetration and victimization in school. *Educational Psychology Review*, 24(2), 167-186.

- Ireland, J. L. (2014). *Bullying among prisoners: Evidence, research and intervention strategies*: Routledge.
- Kelly, E. V., Newton, N. C., Stapinski, L. A., et al. (2015). Suicidality, internalizing problems and externalizing problems among adolescent bullies, victims and bully-victims. *Preventive Medicine*, 73, 100-105.
- Kljakovic, M., & Hunt, C. (2016). A meta-analysis of predictors of bullying and victimisation in adolescence. *Journal of adolescence*, 49, 134-145.
- Kõiv, K. (2012). Attachment styles among bullies, victims and uninvolved adolescents. *Online Submission*, 2(3), 160-165.
- Lopez, C., & DuBois, D. L. (2005). Peer victimization and rejection: Investigation of an integrative model of effects on emotional, behavioral, and academic adjustment in early adolescence. *Journal of Clinical Child and Adolescent Psychology*, 34(1), 25-36.
- McGee, T. R., Scott, J. G., McGrath, J. J., et al. (2011). Young adult problem behaviour outcomes of adolescent bullying. *Journal of Aggression, Conflict and Peace Research*, 3(2), 110-114.
- McVie, S. (2014). The Impact of Bullying Perpetration and Victimization on Later Violence and Psychological Distress: A Study of Resilience Among a Scottish Youth Cohort. *Journal of school violence*, 13(1), 39-58. doi:10.1080/15388220.2013.841586
- Mishna, F., Newman, P. A., Daley, A., & Solomon, S. (2008). Bullying of Lesbian and Gay Youth: A Qualitative Investigation. *The British Journal of Social Work*, 39(8), 1598-1614. doi:10.1093/bjsw/bcm148
- Moffitt, T. (1993). Adolescence-limited and life-course-persistent antisocial behavior: a developmental taxonomy. *Psychological review*, 100(4), 674.
- Mulvey, K. L., Boswell, C., & Zheng, J. (2017). Causes and Consequences of Social Exclusion and Peer Rejection Among Children and Adolescents. *Report on emotional & behavioral disorders in youth*, 17(3), 71-75.
- Nikiforou, M., Georgiou, S. N., & Stavriniades, P. (2013). Attachment to parents and peers as a parameter of bullying and victimization. *Journal of criminology*, 2013.
- Olweus, D. (1997). Bully/victim problems in school: Facts and intervention. *European journal of psychology of education*, 12(4), 495.
- Pople, L., & Rees, G. (2017). *The Good Childhood Report 2017*. London: The Children's Society.
- Power, K. G., Dyson, G. P., & Wozniak, E. (1997). Bullying among Scottish young offenders: Inmates' self-reported attitudes and behaviour. *Journal of Community & Applied Social Psychology*, 7(3), 209-218.
- Respect Me. (2019). What is Bullying? Retrieved from <http://respectme.org.uk/bullying/what-is-bullying/>
- Rivara, F., & Le Menestrel, S. (2016). *Preventing bullying through science, policy, and practice*. Washington DC: National Academies Press.

- Rowley, E., Chandler, S., Baird, G., et al. (2012). The experience of friendship, victimization and bullying in children with an autism spectrum disorder: Associations with child characteristics and school placement. *Research in Autism Spectrum Disorders*, 6(3), 1126-1134.
- Scottish Government. (2017). *Respect for All: The National Approach to Anti-Bullying for Scotland's Children and Young People*. Edinburgh: Scottish Government.
- Scottish Prison Service. (2018). *16th Prisoner Survey 2017*. Edinburgh: Scottish Prison Service Retrieved from <http://www.sps.gov.uk/Corporate/Publications/Publication-6101.aspx>.
- Sourander, A., Klomek, A. B., Kumpulainen, K., et al. (2011). Bullying at age eight and criminality in adulthood: findings from the Finnish Nationwide 1981 Birth Cohort Study. *Social psychiatry and psychiatric epidemiology*, 46(12), 1211-1219.
- Spain, A. C. (2013). Bullying among young offenders: findings from a qualitative study *Bullying among Prisoners* (pp. 74-95): Willan.
- Takizawa, R., Maughan, B., & Arseneault, L. (2014). Adult health outcomes of childhood bullying victimization: evidence from a five-decade longitudinal British birth cohort. *American journal of psychiatry*, 171(7), 777-784.
- Toblin, R. L., Schwartz, D., Hopmeyer Gorman, A., & Abou-ezzeddine, T. (2005). Social-cognitive and behavioral attributes of aggressive victims of bullying. *Journal of Applied Developmental Psychology*, 26(3), 329-346. doi:<https://doi.org/10.1016/j.appdev.2005.02.004>
- Troop-Gordon, W. (2017). Peer victimization in adolescence: The nature, progression, and consequences of being bullied within a developmental context. *Journal of adolescence*, 55, 116-128.
- Ttofi, M. M., Farrington, D. P., & Lösel, F. (2012). School bullying as a predictor of violence later in life: A systematic review and meta-analysis of prospective longitudinal studies. *Aggression and Violent Behavior*, 17(5), 405-418.
- Ttofi, M. M., Farrington, D. P., Lösel, F., & Loeber, R. (2011). The predictive efficiency of school bullying versus later offending: A systematic/meta-analytic review of longitudinal studies. *Criminal Behaviour and Mental Health*, 21(2), 80-89.
- Vaswani, N. (2018). *Adverse Childhood Experiences in children at high risk of harm to others: A gendered perspective*. Glasgow: Centre for Youth and Criminal Justice Retrieved from <http://www.cycj.org.uk/resource/adverse-childhood-experiences-in-children-at-high-risk-of-harm-to-others-a-gendered-perspective/>.
- Wolak, J., Mitchell, K. J., & Finkelhor, D. (2007). Does online harassment constitute bullying? An exploration of online harassment by known peers and online-only contacts. *Journal of Adolescent Health*, 41(6), S51-S58.
- Wong, J. S., & Schonlau, M. (2013). Does Bully Victimization Predict Future Delinquency?: A Propensity Score Matching Approach. *Criminal Justice and Behavior*, 40(11), 1184-1208. doi:10.1177/0093854813503443