Factors Affecting Coping with Bullying in Adolescence

C. Munro

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"This thesis has been composed by myself
and all work contained herein is my own"

Signed:

C. Munro

Abstract

Bullying in schools has become an increasingly recognised problem. Since Olweus (1978) there has been an increase in research dedicated to this area, highlighting the ways bullying can be defined and its impact on the psychological well being of children and adolescents. As not all young people who are bullied experience psychological consequences, research has also examined differences in coping with the experience. This aims of this study are to investigate different types of bullying that occur and whether the psychological impact of bullying is affected by the ways in which young people cope and the social support they perceive to have available to them. A self-report questionnaire survey was conducted using two samples (school and clinical) of young people aged 12-16 years (N=82). Results suggest that those who report being bullied use cognitive restructuring coping strategies less often than those who report not experiencing bullying but overall psychological well being between the two groups was comparable. Type of bullying did not affect perceived levels of social support or the level of reporting bullying experiences to teachers. The implications of the findings are discussed.

Chapter 1. Introduction

Much research has been dedicated to bullying in a variety of areas such as the workplace or institutions. This study will discuss bullying within the context of day schools. Bullying has become increasingly recognised as a problem within the school system and is a concern for young people, parents, Education Boards, individual schools, Educational Psychologists and clinicians. A wealth of research has been dedicated to bullying in schools since Olweus' influential paper in 1978, which demonstrated the possibilities for research in this area. This paper intends to extend the current research by examining bullying in adolescence including a clinical sample as well as examining the impact of the different types of bullying and coping styles and patterns that have been identified in the literature.

1.1 Bullying

1.1.1 Definitions of bullying

In the research there is a lack of agreement in terms of defining what behaviours constitute bullying. However, researchers on the whole agree that bullying behaviour is intended to cause harm to another and occurs repeatedly and over time. There also is general agreement that a power differential is involved, where a bully is perceived to be more powerful, either physically or psychologically, than the recipient making it difficult for the victim to oppose the behaviour effectively.

An example of some disagreement is shown by Arora (1996), who questioned whether the repeated or long-term aspect of bullying, sanctioned by many researchers, is the most appropriate or whether the long lasting effects is a more accurate description. Arora argues a single event can cause upset for a considerable time both as a direct result of the incident itself and from fear of further attack.

Some studies have been concerned purely with defining bullying. Some of these have asked children, young people and teachers for their definitions of bullying in order to clarify their understanding of the problem. For example Boulton (1997) presented children with a list of behaviours and asked whether they were considered bullying. He found broad agreement in children's definitions of bullying, which were similar to those used by researchers in the field. However, he demonstrated that more children identified as bullying the more obvious forms, such as physical aggression and verbal abuse, than the more subtle forms such as social exclusion. This was also shown to be the case for teachers.

This was also found by Naylor, Cowie and del Rey (2001) who asked young people, identified as experiencing bullying (N=324), what they thought constituted bullying. In contrast to Boulton, Naylor et al did not give examples of behaviour but gave young people space to express their ideas. The majority cited direct physical abuse (67.3%) and direct verbal abuse (65.4%) but a comparatively small number mentioned social exclusion in their definitions (7.4%). It is not clear from the article how the young people were identified and the type(s) of bullying they experienced were not indicated, although this may have affected the answers they gave. The study took place as part of an evaluation of an anti-bullying peer support system in schools that had used the system for at least one year. This might suggest that these pupils were more knowledgeable than most about bullying.

This is similar to the findings of O'Connell, Pepler and Craig (1999), which suggest that children may not always be aware that what they are experiencing constitutes bullying, particularly when they experience social exclusion. This could lead to underestimates of the number of children and young people that experience bullying in some studies where an operational definition is not included. Arora (1996) suggests obtaining the most accurate information about bullying requires the provision of statements of behaviours considered to constitute bullying.

Some research has used broad and general definitions of bullying. For example Kochenderfer and Ladd (1996) described it as a "...form of peer abuse in which a

child is frequently the target of peer aggression" (p1305). Others have used very specific definitions, dividing bullying into a number of different experiences. Hawker and Boulton (2000) noted that researchers have used five categories to define bullying:

1. Indirect, where bullying behaviour is carried out through a third party so that the bully cannot necessarily be identified. This includes lies told or rumours spread about the target or receiving nasty notes.
2. Relational, where damage to peer relationships occurs. This includes being excluded from groups, not spoken to or rejected.
3. Physical, where behaviour causes physical harm to the target. This includes the target being hit, kicked or pushed.
4. Verbal, where the target's status is attacked using verbal communication. This includes being laughed at or called names.
5. Generic, which is used for non-specific descriptions of bullying experiences. This includes being picked on, bullied, harassed or tormented.

According to Hawker and Boulton (2000), many studies have not included categories of bullying, particularly relational or indirect types, either in their own right or as part of a composite definition of bullying (e.g. Kochenderfer and Ladd, 1996). Others use questionnaires where a combination of single examples of bullying are given and the score obtained is used to determine whether or not children have been bullied (e.g. Slee, 1994).

Arora (1996) suggests that applying any single model of aggression to all types of bullying is difficult. Arora implies that this suggests bullying is not a unitary concept and attempts to measure it as such, as most of the research and questionnaires measuring bullying do, is not the best way forward. This study aims to address this gap in the literature by giving each type of bullying and asking young people to specify which, if any, they have experienced. This also ensures that all are working from the same concept of bullying rather than their individual ideas of what constitutes bullying which, as the research above shows, may vary.

This study examined bullying using the categories of physical, verbal and social exclusion types. These three categories have not been explored together with this age group to date. A questionnaire was designed to cover these forms of bullying individually rather than being used to comprise a definition of general bullying. Young people were presented with a definition of the types of bullying to ensure the terms were consistently understood. Relational bullying was termed social exclusion for easier understanding by young people. Direct forms of bullying were chosen i.e. where the young person was aware of who the bully was. Physical and verbal forms of bullying are the most commonly thought of and social exclusion was chosen as opposed to indirect bullying because it causes damage to peer relationships, especially friendships and acceptance, arguably most relevant with this age group and according to Crick and Bigbee (1998) most relevant to females. Providing a definition was to overcome the issue of young people considering some actions as bullying and not others. It also enabled the identification of the different types of bullying chosen.

1.1.2 The extent of bullying in schools

Estimates of the prevalence of bullying in schools vary considerably. The figure arrived at varies according to a number of factors, such as the way bullying has been operationalised, the age of the children surveyed, which individual schools are surveyed and the method of data collection. Some researchers (e.g. Arora, 1996) suggest that the term bullying should not be used at all because it is open to interpretation but instead the incidence of certain specific behaviours that could be categorised as bullying should be sought. This would allow more effective interventions targeted at the behaviours that are occurring

Thompson (2000) suggests that those researchers who give more general or broad based definitions report higher incidence than those using more stringent definitions. Studies examining bullying tend to use age ranges that cover attendance of different schools (e.g. primary and secondary school in the United Kingdom (UK)). This has given different ages of peak bullying between the UK and America. UK studies

report a level of approximately 20-30% of pupils in primary school and 10-20% of pupils in secondary school experiencing bullying (Thompson, 2000) where as in America levels of bullying are reported as highest between the ages of nine and fifteen, when pupils attend junior high school (Hazler 1996).

Whitney and Smith (1993) suggest that in the first year of secondary school the level of bullying is higher than in the other years. Perry, Perry and Boldizar (1990) suggest that this can be explained, at least for physical bullying, as part of the group formation process in young people. At the beginning of secondary school many classes from different primary schools are brought together for the first time. Perry et al (1990) suggest that at times like these (i.e. when young people enter new peer groups) they behave aggressively to a number of different individuals to learn the reaction they receive and learn their status level in their new peer group. As time goes on, their choice of target becomes increasingly smaller and more consistent. It is not known whether a similar process could be applied to verbal and social exclusion forms of bullying.

In term of the institution being examined, Smith and Sharp (1994) found more than double the incidence of bullying in one secondary school as compared to another with similar characteristics, such as size, intake and academic attainment. This variation from institution to institution makes providing a generally accepted incidence difficult and has been argued by researchers to mean that interventions should be tailored to the institution concerned (Arora, 1996).

Researchers have used different methods of assessment to estimate the extent of bullying in schools. These include self-report, where young people report whether or not they have experienced bullying (e.g. Naylor et al 2001), observation and using peers, teachers or parents to nominate which children and young people have been bullied or picked on (Crick and Bigbee, 1998). Each method has its own advantages and disadvantages.

Self-report has the advantage of identifying bullying experiences that peers are not aware of (e.g. if a young person is experiencing bullying when no others are around) and self-report can be used in settings where it is not possible to get peer reports/nominations (e.g. clinical samples). Also self-report questionnaires are easier to administer, particularly to large numbers of young people. When whole school populations are not participating in a study, they also reduce the amount of redundant data. Perry, Kussel and Perry (1988) suggest that some young people who report being bullied overstate the extent and number of individuals involved in their experience, which is overcome using nomination identification. Crick and Bigbee (1998) compared peer nomination and self-report methods of identifying young people who are being bullied and found that those experiencing the most significant problems were identified by both methods.

Direct observation allows a more objective measure of the occurrence of bullying but does have disadvantages, such as some more subtle forms of bullying would be difficult to observe and would therefore be underestimated. Also bullying occurs in a variety of settings that would be difficult to cover (e.g. playground, school corridors, etc).

Self-report was used for this study rather than peer nomination due to uncertainty over the number of nominated young people who would consent to participate. Those nominated by others as experiencing bullying may not have taken part and therefore there was potential for significant unusable data. This made self-report, despite its limitations, the most effective method of data collection, maximising the amount of useable data. As the present study is concerned with young peoples' responses to bullying, rather than the incidence or prevalence, the active involvement of the young people nominated would be necessary.

1.1.3 Teachers' attitudes towards bullying

While studies have examined children and young people's ideas of what constitutes bullying, very few have used teachers as a sample. Boulton (1997) used a

questionnaire containing nine behaviours and asked teachers whether or not they constituted bullying. Less than half the sample (n=138) considered leaving somebody out to be bullying behaviour. Arora (1996) also states that many teachers do not accept a pupil has been bullied unless there is physical evidence of harm.

How attitudes towards different forms of bullying might affect the behaviour of teachers has not yet been clarified. Boulton (1997) suggests that the "attitude-behaviour link", put forward for other misbehaviour by pupils, may also apply to bullying. The attitude-behaviour link here would suggest that teachers who do not view social exclusion as bullying would therefore be less likely to intervene if they observed it occurring or respond less enthusiastically if it was reported to them.

Also whilst teachers are generally sympathetic towards those experiencing bullying, Boulton (1997) found a correlation which suggests as teachers' length of service increased, their attitudes towards those who experienced bullying became more negative.

1.1.4 Gender differences in bullying

Initially, it was put forward by Olweus (1978) that only males bullied others. This has since been shown not to be the case, although research shows that males reported bullying others more often than females (Bijttebier and Vertommen, 1998; Rigby and Slee, 1991).

Differences can also be found in the types of bullying behaviour undertaken by males and females. Evidence suggests that females use more indirect aggression and relational bullying (e.g. social exclusion) than males, who tend to favour physical aggression (Olweus, 1997; Rivers and Smith, 1994). Smith and Brain (2000) suggest that indirect aggression is more difficult to observe and discourage.

Gender differences in the bullying behaviour experienced have also been observed in some studies. Whitney and Smith (1993) found that, in secondary school aged

adolescents, males were more likely to experience physical bullying whereas females were more likely to experience indirect bullying. Evidence from Rivers and Smith (1994) suggests that female adolescents are also slightly more likely to experience verbal bullying.

Rivers and Smith (1994) asked young people who had been bullied whether their bully had been an individual person or a group and male, female or (in the case of a group) both. They found that although all of the possible combinations performed all types of bullying, indirect bullying was more likely to occur when the bullying came from an individual or group of girls and an individual boy who bullied others was most likely to use physical bullying.

1.1.5 Consequences of bullying

As the profile of bullying in schools has grown there has been increasing research into what consequences occur as a result of experiencing bullying. As well as exacerbating existing difficulties, research has suggested being bullied can be associated with poor physical health (Slee, 1994) and psychological consequences. Thompson (2000) states that at least 5-10% of children of all ages experience persistent bullying that interferes with their mental health and school achievements. This study will focus on psychological consequences rather than those associated with physical health.

The connection between being bullied and low self-esteem has long been established by a number of studies, using a range of ages and a variety of countries (see Hawker and Boulton, 2000). Although there is limited longitudinal research, a study by Olweus (1993) suggested that boys who had been bullied between the ages of 13 and 16 had lower than average self-esteem that continued into their twenties, suggesting long term consequences.

Studies looking at the psychological consequences of experiencing bullying have used a variety of tools to measure their operational definition of well-being or

psychological distress. For example, Rigby (2000) used the General Health Questionnaire as a measure of emotional well-being. Others (e.g. Bond, Carlin, Thomas, Rubin and Patton, 2001) have used versions of clinical interview schedules to cover psychiatric diagnosis. This study will use a brief questionnaire designed to examine both internalising and externalising symptoms.

Experiencing bullying has been linked to both internalising and externalising problems. Crick and Bigbee (1998) suggest that the evaluations young people make about their bullying experience may be one of the mechanisms that determines whether internalising or externalising problems develop. They suggest that young people who experience bullying and come to the conclusion that something about them has caused the bullying may be more susceptible to internalising problems, whereas those young people who blame those bullying them for the experience may develop externalising problems and retaliate. Internalising problems are particularly linked to experiencing bullying when young people are ignored or neglected by other peers (Deater-Deckard 2001). Maynard, Joseph and Alexander (2000) looked specifically for levels of post traumatic stress and found that about a third of young people who experienced bullying suffered from clinical levels of post traumatic stress.

Hawker and Boulton (2000) produced a meta-analysis of the cross-sectional research conducted on peer victimisation and psychosocial maladjustment between 1978 and the end of June 1997 and used data from 23 different published studies they located, conducted in a variety of countries. According to Hawker and Boulton (2000), a number of cross-sectional studies demonstrate associations between being bullied and internalising problems such as anxiety, social anxiety and depression as well as other difficulties such as externalising problems, loneliness and low self-esteem. Some of these will be discussed below.

Hodges and Perry (1999) examined a number of variables (including bullying, internalising symptoms, externalising symptoms and peer relationships) in young people (mean age 11.3 years) and retested the same individuals a year later. They

found that being bullied led to an increase in internalising symptoms such as depression and anxiety. They also found those with initial internalising problems had increased levels of bullying in their one year follow up. This suggests a vicious cycle exists between internalising problems and bullying where having internalising problems makes young people vulnerable to bullying and bullying increases internalising symptoms.

Other studies have suggested a link between being bullied and higher levels of depression in adolescents. Rigby and Slee (1992) found that young people who reported being bullied at least once per week also reported more depressive symptoms, suicidal thoughts and physical complaints than others. Rigby and Slee (1999) also studied Australian adolescents who self-reported and were peer nominated as being bullied. They found higher levels of suicidal ideation in those who were experiencing bullying and were also bullying others. This was particularly evident for those who perceived relatively little social support. Indeed a number of cases where young people have committed suicide because of experiencing bullying have been publicised in the media.

Studies have found that females are at higher risk of developing mental health problems as a result of experiencing bullying. Rigby (1999) found that, of those adolescents who reported experiencing bullying at the initial data collection, females were more likely to report mental health problems whereas males were more likely to experience physical health problems at the three-year follow up. He suggests two possible reasons for this: the types of bullying females tend to experience leads to social isolation or that it may be more socially acceptable for females to report mental health problems as a consequence of their bullying experience. Bond et al (2001) replicated these findings with the females in their study with a one-year follow up.

In terms of school adjustment, Asher and Coie (1990) suggest that peer rejection that occurs in social exclusion types of bullying is associated with a range of problems, such as leaving school early.

1.1.6 Prevention and Interventions

Research has tried to establish which children and young people are more vulnerable to bullying than others. Ideas, such as social isolation and physical differences (e.g. height, weight etc) have been examined. However, according to Thompson (2000) the research has only supported being socially isolated as a risk factor, whereas physical differences (e.g. wearing glasses, being overweight etc) are used as tools for bullying once those who are socially isolated have been identified and targeted.

Owens, Shute and Slee (2000) found that having a best friend not only decreases the chances of being bullied but can also reduce the negative influence of bullying if it occurs. Pellegrini, Bartini and Brooks (1999) found that being liked by peers was a more protective factor than having a best friend. These findings have important implications for bullying prevention and intervention programmes.

Current legislation dictates that all schools in the UK have an anti-bullying policy. Thompson (2000) suggests, to increase their effectiveness, all school anti-bullying policies should involve any interested parties, including parents and governors, not just pupils and teachers. There are also many children's organisations that aim to directly help children who have been or are being bullied using websites and telephone help-lines (e.g. Childline and National Society for the Protection of Cruelty to Children). These organisations suggest ways to cope and generally advocate telling someone who can help.

Hepburn (1997) suggests a great deal of education regarding bullying has been achieved by organisations such as Kidscape, in the form of newsletters made up of articles about people's experiences of bullying. In Highland region, one school has produced leaflets regarding bullying and there are some drop-in clinics available to young people that specifically mention bullying as a subject for discussion in their leaflets.

Thompson (2000) suggests that Personal and Social Education (PSE) is an ideal place to develop students' social relationship skills to prevent bullying but acknowledges that academic curriculum pressures have decreased the time available for this type of teaching in some schools. Thompson and Smith (1991) suggest that staff training in issues, such as dealing with children's emotional issues etc, is central to success of interventions.

There are a number of specific interventions that have been devised to tackle the problem of bullying. Some of these target specific groups, such as providing assertiveness training to recipients of bullying or teaching social skills to bullies. Others select and train pupils as "counsellors", to support and help their peers who are being bullied (see Carney and Merrell, 2001).

The whole school response programme is the general model that has been increasingly applied throughout the UK. It suggests acting both proactively, in terms of intervention and preventive strategies, and reactively, in terms of responding to crisis. There is some degree of flexibility as to which strategies schools choose to implement, so the programme is tailor made for the school. This is appropriate given Smith and Sharp's (1994) findings that schools which appear to have similar characteristics can have different levels of bullying occurring.

One element largely neglected in the anti-bullying interventions is the mobilizing of peer group pressure to effectively discourage school bullies. Salmivalli (1998) found that bullies consider themselves quite popular amongst their peers, although an earlier study (Salmivalli Lagerspetz, Bjorkqvist, Osterman and Kaukiainen, 1996) showed that their peers typically reject bullies. A possible explanation for this discrepancy comes from Whitney and Smith's (1993) research, which found that classmates do not demonstrate their disapproval of bullying. Salmivalli (1998) suggests that if bullies received more appropriate feedback, they might be more motivated to change their behaviour.

These ideas were included in Herbert's (1989) "whole curriculum approach to bullying" where social pressure is brought to bear by the peer group, rather than by adult authority figures. Researchers including Herbert have argued that targeting changes in pupils' attitude towards bullying is more effective than teachers monitoring the behaviours occurring.

Smith and Sharp (1994) monitored the success of an intervention campaign in Sheffield between 1991 and 1994. They demonstrated that those schools putting the most into the policy development, curriculum and focussed work with groups and individuals reaped the most benefit. The reduction of bullying was on average approximately 15-20%. Unfortunately, some research has demonstrated that schools' anti-bullying policies are implemented less and less as time goes on (Thompson, 2000).

Carney and Merrell (2001) suggest two types of victim exist, submissive and provocative. Passive victims, the most common, are characterised by the tendency to withdraw when confronted and are described as anxious and insecure. In contrast, provocative victims are described as relatively rare and are often young people with attention and hyperactivity problems who elicit negative reactions from others. When working with those who have experienced bullying individually, Carney and Merrell therefore suggest different types of intervention for the passive and provocative victim. They suggest improving self-esteem, assertiveness and confidence are required for passive victims, social skills training for provocative victims and both types of victim require learning the skills to implement problem solving coping strategies.

1.2 Coping

According to Frydenberg & Lewis (1993), coping is

> "a set of cognitive and affective actions which arise in response to a particular concern. They represent an attempt to restore the equilibrium or remove the

turbulence for the individual. This may be done by solving the problem (that is, removing the stimuli) or accommodating to the concern without bringing a solution." (page 255).

Coping strategies are made up of thoughts, feelings and behaviours and can be developed through a variety of ways, such as previous experience or through modelling by others. According to Lazarus (1991), coping strategies are defined by effort rather than effectiveness, so any attempt to deal with a problem constitutes a coping strategy.

1.2.1 Models of coping

For many years models of coping have focused on skills deficits; however, there has been a shift towards ability models, concentrating on the capacities that the individual already possesses to cope with situations. Although there is no agreed theory of coping, Lazarus' (1991) conceptualisation is the most supported (Frydenberg, 1997).

The model put forward by Lazarus uses the person-environment interaction model by Lewin (1936), which states that the person and the social context each have a dynamic action on the other. The formula states: B=f(P,E). Behaviour (B) is a function (f) of the person (P) and environment (E). Others, such as Hunt (1975), have supported the idea of this interaction, although perceived environment is now considered of more importance than actual environment. Frydenberg (1997) extends the equation to coping (C) is a function (f) of the person (P), situational determinants (S) and also the perceived situation (pS), (i.e. C=f(P+S+pS)) to take this into account.

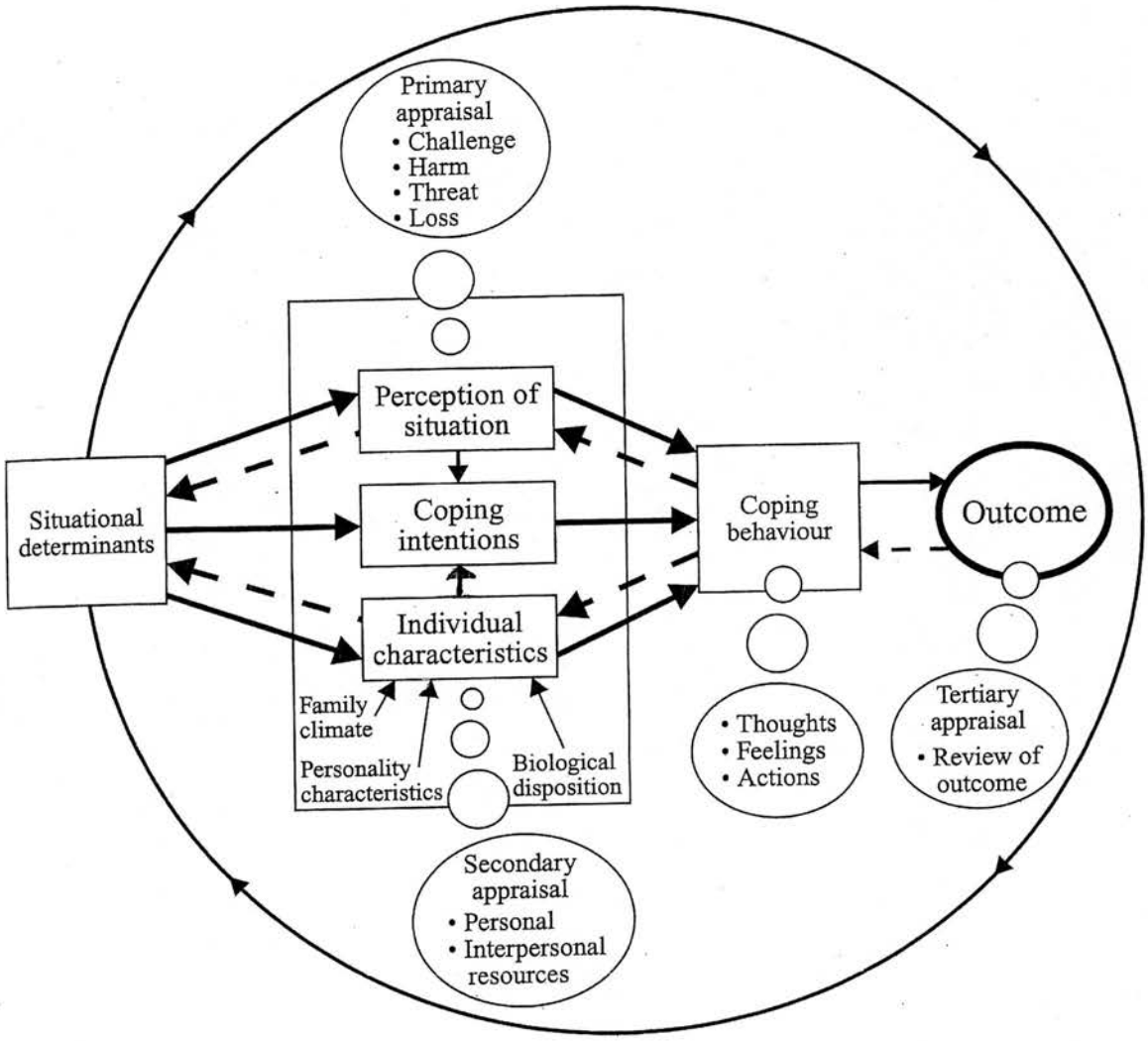
Lazarus' model works on the basis of three assumptions. First, that coping is not determined by stable personality characteristics but by the context. Second, that any act that constitutes an attempt to deal with the given problem is considered a coping strategy (i.e. a strategy does not have to successfully solve the problem). Third, coping is seen as a dynamic process due to appraisals that take place. This means

that strategies employed can change during a particular situation, which could be the use of new or different strategies being used, or a review and new appraisal of the situation.

Within the model, coping is seen as a process where situations are first appraised for their potential harm or benefit (primary appraisal) and their changeability in terms of the resources and options that are perceived to be available (secondary appraisal). Within a bullying context, the primary appraisal might reflect the young person's appraisal of whether there is a real threat to them or the situation is a peer argument. The secondary appraisal might reflect the young person determining which coping strategies are within their capabilities (e.g. fight, run, verbally respond etc). The model suggests that the resources available to an individual will depend on a number of variables, such as biological disposition, family history and personal history.

These appraisals influence which strategies or actions, if any, are undertaken (i.e. the coping behaviour). For example, if the young person sees the situation as a physical threat and perceive him/herself to be weaker, they may decide running away is the best strategy they have available to them, based on previous experience of similar situations. The individual then appraises the effectiveness of the outcome following the coping behaviour (tertiary appraisal). This could lead to a new appraisal of the situation or coping actions that are available to be used (e.g. after running for 30 seconds, if the bully has not followed them, the young person may perceive themselves safe from harm and stop running). Frydenberg (1997) represents the coping model diagrammatically and this is shown in Figure 1.

Figure1. The diagrammatic representation of coping by Frydenberg (1997)



According to Frydenberg (1997) psychological stress depends on the interaction between how an event is appraised and how, subsequently, it is adapted to. The severity of stress is linked to how well the individual thinks they can deal with

something, for example, for some individuals events like exams will be seen as extremely stressful where as for others they are exciting.

1.2.2 Coping behaviour

Research has examined the differences in the general coping strategies and some specific coping strategies (e.g. help-seeking behaviour) used by adolescents to explain why some are more affected by stressful life events (e.g. bullying) than others. Because individual coping strategies have been conceptualised in a variety of ways from different perspectives, researchers have generally grouped specific coping strategies into three coping styles:

1. Productive or problem solving coping, which includes direct attempts to manage the problem (e.g. seeking information or advice to implement).
2. Non-productive or avoidant coping, which includes strategies to avoid the problem either physically or cognitively (e.g. withdrawal, wishful thinking etc).
3. Reference to others, which includes turning to others for support (e.g. talking to peers or family to acknowledge the situation).

However, Donaldson, Prinstein, Danovsky and Spirito (2000) argue that as adolescents typically utilise two or more different strategies, investigating coping patterns (i.e. overall relative use of all coping strategies) are more relevant. They suggest this is particularly relevant to clinical settings where they argue identifying abnormal coping patterns could be used as part of an assessment.

Roecker, Dubow and Donaldson (1996) have found that adolescent interpersonal conflicts with peers and parents resulted in the same patterns of coping. Donaldson et al (2000) also found remarkably similar coping patterns across four categories of stressful situations (school, siblings, family and peers) with young people (aged 9-17). However, in their study each young person provided one stressful situation and did not complete the coping questionnaires for all four categories.

In practice though, most researchers have used styles or strategies when investigating coping. Some research has suggested that the coping styles individuals employ are largely consistent regardless of the nature of the concern (Frydenberg and Lewis 1993). This is in contrast to Lazarus' (1991) model, which suggests context is an important consideration when individuals chose coping strategies.

A number of correlational studies suggest that some strategies are associated with psychological consequences. For example, withdrawal, a form of avoidant coping, was found by Seiffge-Krenke (2000) to predict symptoms of depression in adolescents across a three-year time span whereas type of stressor was not. Seiffge-Krenke (1993) investigated how young people cope with everyday stresses, comparing what was classed as a clinical sample (in this study they were identified as adolescents with high problem intensity who had not yet been referred to counselling, those receiving psychotherapy and drug abusers) with a control group. She found that the tendency to use withdrawal as a coping strategy adequately identified the clinical sample.

Dumont and Provost (1999) also found that non-productive coping in adolescents was associated with higher levels of stress and distress, and lower levels of self-esteem. They suggest that this style of coping is used to lower psychological distress in the short term but does not help solve the problem and therefore does not prevent the stress recurring. They say this makes these young people vulnerable to acquiring depressive symptoms.

However, the outcome of using non-productive coping styles does not appear to be so straightforward. Forsythe and Compas (1987) found that different coping styles were associated with lower levels of emotional distress depending on whether the situation was perceived to be outwith or within the individual's control. For situations perceived to be controllable, relatively more use of problem solving strategies resulted in lower emotional distress, whereas when situations are perceived to be outwith the individual's control, relatively more use of emotion regulation strategies were associated with lower levels of emotional distress.

The efficacy of coping strategies is difficult to measure, as what is functional in one particular situation may not be in another. For example while avoidant coping has been found to be generally associated with poorer adjustment, Compas, Connor-Smith, Saltzman, Thomsen and Wadsworth (2001) quote eight studies that found it associated with better adjustment. They report that the contexts examined in these studies were relatively out of the control of the young people who participated (e.g. parental conflict and sexual abuse). They, therefore, suggest that avoidant coping is more functional in uncontrollable situations because problem-solving types will be ineffective and therefore not lower psychological distress.

A study by Oláh (1995) also found that the appraisal of a given situation had an important influence on the coping style chosen by adolescents. These studies support Lazarus' model of coping, which argues that the context, along with other individual variables, are important determinants of what coping actions are chosen and undertaken. Therefore, rather than being considered good or bad, coping should be labelled "functional" or "dysfunctional" (Frydenberg, 1997).

Perrez and Reichters (1992) suggest that maladaptive coping occurs when inaccurate appraisals are made of situations (i.e. a threat is perceived but is not real or a real threat is not perceived as such) or when there is a deficiency in coping resources (appropriate coping strategies are not in the individual's coping repertoire). Frydenberg (1997) suggests that appraisals and coping resources can be targeted in interventions.

With regards to bullying, Phelps (2001) found that children coped with different types of bullying in different ways. Internalising and distancing strategies were used more often for relational types of bullying, whereas externalising strategies were used more often to cope with physical bullying. It remains to be seen whether these findings apply in adolescence and whether these can be considered functional or dysfunctional styles of coping.

1.2.3 Help-seeking behaviour

Other research has examined specific coping strategies exclusively, such as help-seeking behaviour. This coping strategy is also recommended on websites and in literature regarding what to do if you are experiencing bullying (e.g. www.nspcc.org.uk/homepage2/schools/bullying.htm, www.childline.org.uk/Howtostopthebullying.asp).

Offer, Howard, Schonert and Ostrov (1991) examined help-seeking behaviour in emotionally disturbed and non-emotionally disturbed adolescents. As the sample was drawn purely from a school population, adolescents were defined as emotionally disturbed from their scores on the questionnaires completed. They found that disturbed adolescents are more likely to seek help from their peers and not their parents. They question the quality of advice that would be given by their peers, as they suggest that emotionally disturbed young people are more likely to be friends with each other.

Some studies have indicated that up to 30% of those who experience bullying do not tell anyone but those who did saw the outcome as positive (Smith and Shu, 2000). Also Whitney and Smith (1993) found that 50% of the bullied pupils in their sample had not reported their experiences to their teachers or parents. However, they did not ask whether pupils had discussed their experiences with peers.

There is also evidence that even when school-based bullying interventions are in place, there are still a significant number of young people who do not report being bullied. For example, the schools used by Naylor et al (2001) were ones who had an anti-bullying peer support programme in place for at least a year and although the numbers of those who had not reported being bullied were lower than those sampled by Smith and Shu (2000), they still amount to 14% of those who had been bullied.

Some researchers have suggested reasons why young people often do not report experiencing bullying. Evidence from O'Connell et al (1999) might suggest that if

young people are not aware that what they are experiencing constitutes bullying (e.g. social exclusion) they may be less likely to report it. However, Rivers and Smith (1994) found that even when young people reported experiencing indirect bullying (i.e. "telling tales, spreading rumours or persuading others not to play with that person"), they were still less likely to tell an adult than those who experienced physical or verbal types. They argue that these young people are aware that what they are experiencing constitutes bullying as the question asked was open ended ("In what way have you been bullied this term?"). Other reasons suggested in the literature for not telling include fear of further retaliation (Cowie and Olafsson, 1999) or expecting ridicule from their peers (Rigby and Slee, 1991). They may also have no confidence in their support systems available at home or in school (Cowie and Olafsson, 1999).

Westcott and Davies (1995) investigated help-seeking behaviour in young people aged 8-17 faced with bullying and parental conflict situations. Young people demonstrated a wide variety of reasons for choosing whom to seek help from but three factors appeared to be most important: the individual's willingness and ability to help; having experienced a similar situation; and their ability to make the young person feel better.

1.2.4 Gender and age differences in coping behaviour

Just as gender differences have been found in the types of bullying young people experience, some studies have found gender differences in the way young people cope with their experiences. Differences in the way males and females cope is predicted by theories that both the biological make up and the socialisation process are different for males and females.

Frydenberg (1997) states the socialisation process theory is backed up by cross-cultural studies and argues that children are "trained" to behave in the socially constructed and acceptable gender roles from birth by receiving different

reinforcement for using certain coping strategies (e.g. boys are supposed to be big and strong and are discouraged from crying, whereas girls are not discouraged from expressing emotions). Some others have argued that the differences in coping are biological. For example, Moir and Jessel (1989) argue that male and female brains function differently, leading to use of different coping strategies.

Raviv, Sills, Raviv, and Wilansky (2000) examined help-seeking behaviour for minor and severe problems. They found that for both types of problem, adolescent females are significantly more willing to seek help from parents and friends. Naylor et al (2001) also found that male adolescents were twice as likely as female adolescents to have not told anyone about experiencing bullying. They also found that males tend to fight back more often than females.

Smith and Shu's (2000) questionnaire study with 10-14 year olds revealed that a larger proportion of males and, in general, older members of the sample were less likely to report their bullying experience to anyone. Naylor et al (2001) replicated these findings with their sample of 11-14 year olds, although the numbers of young people not reporting being bullied were much lower. As the young people were not asked to explain why they had not told anyone, Naylor et al speculate that differences are a result of the socialisation of boys into a masculine role, which means they have more difficulties sharing feelings related to personal issues and may risk appearing weak and unmanly.

Frydenberg and Lewis (1991) examined gender differences in 16-18 year olds using both open self-report and a coping inventory. The open self-report revealed a significant gender difference in the use of talking to friends but otherwise the relative use of coping strategies was similar. The gender difference found in the use of coping strategies on the inventory were also linked with other variables, such as school and socio-economic status.

According to Frydenberg (1997), the distinction between the ways that adolescents cope in early and late adolescence is particularly evident. There is longitudinal

evidence that behavioural strategies are predominantly used by younger children, whereas cognitive strategies are more frequent in adolescents (Knapp, Stark, Kurkjian and Spirito, 1991), i.e. strategies become less concrete and more abstract with development. Donaldson et al (2000) also found that as young people go through adolescence, they report using more coping strategies.

1.2.5 Measuring coping

A number of ways to measure coping have been developed. These include self-report inventories (e.g. Spirito, Stark, and Williams, 1988), self-report from interviews or open ended questions (e.g. Naylor et al, 2001) and observer report (rarely used due to issues of practicality with larger groups). According to Frydenberg (1997), the most popular approach has been to use coping checklists as this type of self-report questionnaires has the benefit of gaining larger amounts of data than is often given in spontaneous response to a question. Also, it enables cognitive strategies that are not observable to be measured and is less easily influenced than interview methods by the young person's verbal skills.

Interviews can be more appropriate for those with reading difficulties and ensure comprehension of items, to get the most accurate data. They also offer the opportunity to explore the answers given for more details and qualitative information. Although there is debate over whether checklists or interview methods are the best for collecting data on coping, no research could be found comparing these approaches. When checklists and more unstructured methods (i.e. open ended questions or interview) are used together, each form of data can enhance that collected by the other.

In this study young people who had experienced bullying were asked how they coped in an open ended question, as well as completing a coping inventory. A small number of semi-structured interviews were also intended. Lazarus' (1991) model, described above, assumes that the situation and context drive coping so a coping inventory was chosen that allowed a determined and specific situation to be

considered when young people answered whether or not they had used particular coping strategies, to ensure some consistency between participants. The inventory used also asks young people about their subjective view of the situation to form a distress score and how effective they thought each coping strategy used was. This gives an indication of their appraisal of the situation.

1.3 Adolescence

1.3.1 Theories of Adolescence

Adolescence has generally been investigated from two broad perspectives: the developmental perspective and the developmental contextualism perspective. The developmental perspective draws from psychoanalytic theory and social learning theory, where age is used as an important marker that separates stages of development. This is described as limiting when it comes to researching adolescents' perception of their environment and themselves (Frydenberg, 1997).

Taking the developmental contextualism perspective of adolescence, age is not seen as a marker variable (Lerner & Spanier, 1980). Instead, development is seen as a life long cycle in which psychological growth continues across the age span. This approach considers three major mechanisms: first, the influence of the context on development, such as school, family and peer group (Bronfenbrenner, 1977); second, it takes into account the influence the individual exerts on their environment (Lerner and Spanier, 1980); and finally, therefore, development takes place within the context of social change due to the reciprocal interactions between the individual and the context.

Bronfenbrenner's ideas (1977) are also used in Lazarus' (1991) theory of coping, which makes these two theories compatible.

1.3.2 Transitions in adolescence

Adolescence has been described as the period between childhood and adulthood where a young person experiences a number of changes, both physiological and psychological. Some of the psychological changes include developing an identity by becoming independent from the family, new and increasing social roles with peers and the opposite sex, and completing the requirements of schooling.

The beginning and end of adolescence depends on the perspective being taken. In biological terms, adolescence can be seen to begin from the onset of menstruation for girls and the onset of pubic hair for boys. Other physical changes also occur during this time, such as growth spurts. These can also impact on psychological factors, such as an individual's ideas about themselves (i.e. their identity). Development of identity means realising you are detached and different from others and also learning how others perceive you. Bodily changes impact on this process by creating a sense of inconsistency in the self and therefore lessen the adolescent's knowledge about how they appear to others. Davies and Furnham (1986) found that the average adolescent is sensitive and critical of his or her changing self. This has also been associated with adolescents having idealised norms of attractiveness, which can lead to feelings of inadequacy if they are not met.

Although all normal young people pass through adolescence, there is considerable variation in the timing of onset and the sequence in which the changes take place (Alsaker, 1992). Timing of the beginning of puberty relative to peers can produce problems in adjustment. It has been suggested that boys who are late developers are less relaxed, less popular, more dependent and seen as less attractive by peers. The relative early onset of puberty for girls has been show to present benefits and problems. Some research has suggested early developers exhibit more inner turbulence and others have suggested they were more self-confident. (Coleman and Hendry, 1999) On the whole, relatively early onset of puberty is thought to push adolescents into adulthood, preventing the normal development of identity. This

means they are ill-equipped to deal with the developmental tasks that are expected of them (Petersen and Taylor, 1980).

Cognitive development also occurs during adolescence. According to Piaget (1969), abstract thinking develops. Although it typically first appears in adolescence, Elkind (1984) says that some adolescents (and adults) never acquire this ability. Adolescent self-reported use of coping strategies (Frydenberg and Lewis, 1991) suggests a range of cognitive styles and abilities, which demonstrates that capacities for abstract reasoning vary from individual to individual and even within the same age group, in line with the developmental contextualism perspective.

Adolescence is a period of increasing independence from parents (Coleman and Hendry, 1999). Steinberg and Silverberg (1986) developed a measure of emotional autonomy and found a steady increase in all four aspects of emotional autonomy (seeing parents as fallible and human, realising parents have separate lives, being able to work things out without their parents and feeling an individual in their relationship with their parents) in early adolescence (10-14 years), after which there was very little change. Larson, Richards, Moneta, Holmbeck and Duckett (1996) also found that the overall time adolescents spent with their families as a whole decreased throughout adolescence, although the one to one time spent with their parents did not significantly change. This suggests close relationships with parents continue to be considered important by adolescents.

There is also an increasing amount of importance placed on the peer group. Socially, it is important to fit in (i.e. conform to group values) and be accepted by popular peers (Carney and Merrell, 2001). However, conforming to the peer group becomes less important after mid-adolescence. A quote from a 15 year old in Frydenberg (1997), demonstrate this change: "I have changed all my friends and have realised that the best friends are not always the most popular" (page 73). Several hypotheses have been suggested to explain this change including an increasing interest in "romantic interests" or an increasing clarity about self-identity, social role and social status (Coleman and Hendry, 1999)

According to Coleman and Hendry (1999), adolescent development studies suggest that girls tend to mature socially earlier than boys. For example, Mahon, Yarcheski and Yarcheski (1994) found that, in adolescence, females reported statistically higher levels of perceived social support than males. This may be due to the socialisation process, which begins at an early age. In primary school, girls have best friends with whom they will talk and share secrets. In contrast, boys tend to be part of large groups and play competitive games with them. The social relationship patterns influences the development of communication and listening skills in girls and negotiating and cooperation in boys.

Because of the many developments and changes that occurs, adolescence has been described as a time where skills and coping strategies emerge to overcome problems and crises (Remschmidt 1994).

1.3.3 Myths of Adolescence

Adolescence was traditionally portrayed as a period of "storm and stress" where adolescents are seen as having uncontrolled fluctuations in their hormones and emotions, being incapable of rational thought and in constant conflict with his or her parents. However, since the research on adolescence has increased, this has been shown not to be the case.

According to Offer, Kimberly and Schonert-Reichl (1992), various authors have suggested mental health problems and deviant behaviour are more frequent in adolescence than any other time in the lifespan. However, more recently studies have investigated community samples as well as clinical samples and these have shown that 10-20% show severe emotional disturbance (Graham and Rutter, 1985). This is approximately equivalent to levels found in adult populations. Indeed most adolescents navigate the period without significant difficulties (Seiffge-Krenke, 2000).

1.4 Social support and coping ability

The term social support includes what is actually received from another, such as information or emotional support, as well as the sources themselves (e.g. family, friends etc). There are two main hypotheses as to the benefit of social support for dealing with general stresses. The buffering hypothesis (Cobb, 1976) suggests that social support has a moderating effect on stress by interacting with the environment to protect individuals. In contrast, Yarcheski & Mahon (1999) suggest that social support does not have a moderating effect but does have a modest mediating effect. They suggest that Boswell's (1969) theory is more accurate, that at times of crises and stress individuals call up their social support network, where they find the resources to deal with the particular situation and so maintain their well being.

When investigating the role of social support in coping with stress, researchers have found that the quality and perception of social support is positively correlated to adjustment (Sarason, Pierce and Sarason, 1990). Social support has been suggested as an important factor when considering bullying as the stressor. For example, Rigby (2000) found that frequent experience of bullying and low social support contributed significantly to relatively poor mental health.

Fenzel (2000) suggests that friendship may, amongst other things, provide the self-belief that the young person concerned has the ability to form good quality and lasting relationships with peers. Bagwell, Newcombe and Bukowski (1998) suggest that both peer rejection and the absence of close friendships have a role in the aetiology of psychopathology in adults. Research has also shown that in young people having a best friend can not only reduce the possibility of being bullied but also, if it does occur, reduce the negative impact of being bullied (Owens, Shute, and Slee, 2000).

Garnefski and Doets (2000) state that there is wide acknowledgement of the role of the social environment (including family, peer group and school) in general

emotional and behavioural problems in adolescence. Therefore they suggest that some assessment of social environment is necessary when investigating emotional or behavioural problems.

Few social support inventories are available for use with adolescents. Many researchers have devised their own questions to examine social support (e.g. Rigby, 2000); or adapted adult questionnaires to be used with adolescents (e.g. Bond et al, 2001). Some measure the number of people in an individual's social network, while others ask about perceived availability of social support in various specified situations or satisfaction with available social support.

Unlike other studies, in this study no one source of social support (i.e. family or peers) was specifically targeted. As previously discussed, each of the adolescents in the sample may be at a different stage in the process of development and hence rely more heavily on either their peers or family for social support. Their peer support could also come from peers within or outside school. A measure was chosen that allowed the young people to chose their own sources of social support for examination rather than a measure that dictated the types of people, who may not be used by the young person for social support.

1.5 Mental Health Services and bullied young people

It was noticed that a number of referrals to the Highland Child and Adolescent Mental Health Services (CAMHS) had been received that specifically mentioned the young person experiencing bullying as at least part of the reason for their difficulties and referral. Whilst this does not reflect the number of young people who experience bullying, according to the literature, it does suggest some young people are not able to cope as well as others with this experience. It was intended to investigate what differences, if any, exist between those who experience bullying and become referred to CAMHS and those who experience bullying but appear to manage without input from CAMHS.

The ways in which adolescents cope with stresses, such as bullying, can provide useful information. This can be used both for developing appropriate interventions and in a preventative way to aid young people in the development of appropriate and sound coping strategies and skills and prevent possible mental health problems. According to a document by the Scottish Council for Postgraduate Dental and Medical Education (SCPDME) and Clinical and Applied Psychologists in Scottish Healthcare (CAPISH) (1999), Clinical Psychologists have a role to play in the promotion of good health and the prevention of ill health. Also the NHS Health Advisory Service (1995) produced a document that suggests collaboration between education, health and social services is the way forward for CAMHS.

1.6 Summary and hypotheses

Although bullying has been associated with poorer psychological well-being, studies currently available have generally not used a clinical population for comparison with a community sample when investigating the effects of bullying. Many of the young people who are bullied at school cope with this experience and do not require input from Mental Health Services. However, there are some young people who are referred to Child and Adolescent Mental Health Services, to some extent, due to their bullying experience. This study aims to address this, using a clinically relevant sample (i.e. where bullying has been mentioned in the referral letter to CAMHS).

Also, studies using this age group have not used definitions to separate out the different types of bullying experienced to look at comparative levels of each and their impact on psychological well-being and coping. This study aims to differentiate between types of bullying and investigate their impact on psychological well-being and coping strategies and patterns employed.

1.6.1 Core hypotheses

1. Those young people who are bullied and use only avoidant coping strategies will show more psychological distress than those who use some problem solving strategies.

This is an attempt to predict if the style of coping or strategies adopted by young people can indicate which will be more likely to require intervention by CAMHS, using the scores of both the school and clinical sample.

2. Those adolescents experiencing social exclusion will perceive less social support than those experiencing other types of bullying.

Rigby (2000) suggests that the correlation between the degree of general victimisation and perceived social support is low, so is it possible that the relationship is with the type of bullying rather than the degree experienced? During adolescence, when the peer group becomes more important, those being excluded from peer groups may perceive their social support as lower than those experiencing other forms of bullying that are potentially less socially isolating.

3. Those adolescents experiencing verbal or social exclusion forms of bullying will be less likely to report it to teachers.

This relates to the literature that shows both young people and teachers less frequently mentioned this type of bullying in their definitions (Boulton, 1997). If this type of behaviour is not generally regarded as bullying and the attitude-behaviour link applies, as suggested by Boulton (1997), lower levels of reporting social exclusion bullying to teachers would be expected.

4. Males are more likely to have experienced physical bullying and females are more likely to have experienced verbal and social exclusion forms of bullying.

Other research has suggested gender difference exist in relation to the type of bullying experienced (Rivers and Smith, 1994).

1.6.2 Other hypotheses

The impact of experiencing one or more types of bullying will be explored. Specifically, it is hypothesised that those young people experiencing more than one type of bullying will demonstrate more psychological distress and perceive lower social support than those experiencing only one type. This was put forward to examine any differences in the impact on psychological well-being and perceived social support of experiencing bullying in more than one form.

Also the association between social support and psychological well-being will be explored. Specifically, those adolescents who have experienced bullying and who perceive having high social support will demonstrate less psychological distress than those for who have experienced bullying and perceive having low social support. This arose from the literature suggesting that social support can influence the psychological distress of bullying (Rigby, 2000).

Chapter 2. Method

2.1 Design

The present study is a quantitative survey design. The original intent was to interview a small number of participants about their experiences to enrich the quantitative data but due to the time taken to receive ethical approval this was not possible. A clinical sample and a school sample were used. The school sample consisted of those young people who reported experiencing bullying since beginning secondary school and a control group of young people who did not report being bullied. The number of young people in the clinical sample was much smaller than anticipated and as a result will be considered together with the school sample.

All participants completed a battery of four questionnaires. As the clinical sample was contacted by post, the questionnaires packs they completed were without the researcher's supervision. These were sent out between 1st May 2002 and 1st June 2002. The school sample completed the questionnaires at school under exam conditions, with the researcher present, in four groups of approximately twenty young people on 24th June 2002.

2.1.1 Approval for the study

Ethical approval was sought from the Highland Region Local Research Ethics Committee and the proposal was passed with minor wording changes to the information sheets and parental consent form. The Education Department of Highland Council also gave their approval for the study to involve a local school. Consent was sought and granted by the parent(s) of participants and by the participants themselves.

2.2 Participants

2.2.1 Recruitment of clinical sample

All the young people in this sample were recruited from within the Child and Adolescent Mental Health Service (CAMHS) in Highland Region. Young people aged between 12 and 16 years whose referral letter mentioned bullying were selected for inclusion in the study. Suitable participants were identified by reading referral letters and by asking clinicians in the service to identify suitable participants from their own caseload. Therefore participants were either open cases (i.e. currently receiving intervention) or those on the waiting list (prior to assessment and/or treatment). A total of seven young people fulfilled the criteria (seven females aged 13 to 15) and were offered the opportunity to participate, and two of these young people agreed to participate and completed questionnaires.

2.2.2 Recruitment of school sample

Three schools in Inverness were initially approached by telephone. One of these, Millburn Academy, agreed to participate. One of the guidance teachers at Millburn Academy agreed to liase with the researcher. Pupils in S1 to S4 were invited to participate; however, S4 were not available due to study leave for exams and two other pupils were not present at their registration class. This left 593 pupils who were given an information pack to take home to their parents. See appendices 1 – 4.

One hundred and sixty five were returned (28% of those sent out). Fifteen full packs were returned. Twenty-five parents returned their forms declining consent; fifteen of these also included young people's forms declining consent. Twelve parents returned forms consenting to their children participating but the young people declined. Two young people returned their forms declining consent without parental forms being returned. This left a sample of 111 young people (19% of those invited to take part).

Eighty attended the data collection sessions at the school. Out of the 80 participants who completed the questionnaires, 29, according to self-report, had been bullied since beginning secondary school. Those who did not report being bullied since beginning secondary school, which numbered 40, became the control group. The data of 11 participants who reported not being sure whether they had been bullied was excluded from analysis

2.3 Assessment measures

2.3.1 The Kidcope (Spirito, Stark and Williams, 1988) (see appendix 7)

This brief checklist by Spirito et al (1988) was developed to identify the kinds of coping behaviour used by young people and thus provides a screening instrument to identify children having difficulties coping. It uses a selected situation to determine the level of distress this situation produced; and which of a list of ten coping strategies were used and how effective each was perceived to be. The authors selected the strategies conceptually after reviewing the coping literature. The strategies include distraction, social withdrawal, cognitive restructuring, self-criticism, blaming others, problem solving, emotional regulation, wishful thinking, social support and resignation.

This instrument is available in two versions. The version used in this study is the one for adolescents (aged 13-18 years). It was taken from the Child Psychology Portfolio (Sclare, 1997) and was anglicised by Pretzlik and Hindley (1993).

It has been used with a variety of populations, from young people who have experienced a specific stressful life event such as road traffic accidents (Stallard, Velleman, Langsford and Baldwin, 2001) to adolescents who have attempted suicide (Spirito, Overholser and Stark, 1989).

It is suggested that the scale can be used either for child-identified problems or using a standard problem identified by the administrator. For the purposes of this study, the researcher identified the problem to be considered in an attempt to ensure consistency and therefore allow a better comparison. Those who had been bullied were asked to think about a bullying situation that had occurred recently which upset them and those who had not been bullied were asked to think about a recent peer conflict that had upset them.

Although Spirito et al (1988) advocate individual administration this was not possible due to the time constraints of the study. However, the school sample had the researcher present when their questionnaires were administered to answer any questions or queries that arose during its completion. The clinical sample had indirect access to the researcher as a telephone contact number was provided on the information sheet.

The Kidcope has been compared with other established coping measures such as the Coping Strategies Inventory (Tobin, Holroyd and Reynolds, 1984 cited in Spirito et al, 1988) and the Adolescent Coping Orientation for Problem Experiences (Patterson and McCubbin, 1983 cited in Spirto et al, 1988) to determine its psychometric properties. It is considered a valid and reliable measure of coping strategies (Spirito et al, 1988).

2.3.2 The Strengths and Difficulties Questionnaire (SDQ) (Goodman, 1997)(see appendix 8)

This is a UK based measure of behavioural and emotional difficulties. There are three versions of the SDQ: for the parent(s) of children aged 4-16 years, for the teacher(s) of children aged 4-16 years and a self-report version for young people aged 11-16 years of age. The self-report measure was used for this study. It yields a total difficulties score as well as five scale scores (conduct problems, emotional symptoms, hyperactivity, peer problems, and prosocial behaviour). For the purposes

of this study the total score was used to test the hypotheses rather than the scale scores as the total score give an overall picture of social and emotional functioning.

The SDQ has been shown to be a reliable and valid measure. Previous research has used various combinations of people completing the questionnaires and has compared the SDQ to various other validated questionnaires and independent psychiatric evaluations. For example, the self-report SDQ correlates highly with the Achenbach's (1991) self-report version of the Child Behaviour Checklist (CBCL) (Klasen, Woerner, Wolke, Meyer, Overmeyer, Kaschnitz, Rothenberger and Goodman, 2000, Koskelainen, Sourander and Kaljonen, 2001).

2.3.3 The Significant Others Scale (SOS) (Power, Champion and Aris 1988) (see appendix 9)

This scale was developed to measure social support functions (emotional and practical). It provides three indices for assessing emotional and practical support. These are actual support, ideal support and the discrepancy between the actual and the ideal support scores. The discrepancy score was used in this study as it provides an index of likely satisfaction with available support.

There are two versions of the measure, one where the potential support individuals are specified (e.g., father, mother, friend etc) and the second where the respondent can chose their own key individuals. In this instance, young people were allowed to choose their key people, as adolescence is a time where the source of social support shifts from being family based to being peer based (Coleman and Hendry 1999). By allowing young people to select their own key individuals, it gave the flexibility to take into account who they consider to be their social support.

This scale was developed for use with adults; however, Biggam and Power (1997) successfully used it with an adolescent population. In their study, the researchers nominated nine key individuals for consideration. In the present study time taken to complete the battery of questionnaires was limited to one school lesson (forty

minutes) so the number of individuals rated was limited to up to three rather than up to seven as in the original questionnaire. The instruction wording was also altered to exclude unlikely examples of individuals the young people might chose to rate (e.g. child).

Power, Champion and Aris (1988) indicate the SOS demonstrates satisfactory validity and reliability with an adult population.

2.3.4 Coping with bullying (see appendix 10)

A bullying questionnaire was designed for the current study because other questionnaires such as the Life in School Checklist (Arora and Thompson, 1987) and the Bully/Victim Questionnaire (Olweus, 1990) either did not mention or sufficiently separate out types of bullying experienced, but rather yielded a total score which indicated experiencing bullying as present or absent.

This questionnaire asks for some demographic information (age and gender). It also gives a definition of each of three types of bullying taken from Cicchetti and Cohen (1995) and asks whether these have been experienced since beginning secondary school and whether they have occurred in the last two weeks, to indicate any current experience of bullying. It also asks the young people who have been bullied to state how they have coped with this, whether they told someone, if so who, and asks why they chose the person/people they did. It also asks whether they have bullied others and if so, to indicate which types of bullying. Those who have also experienced bullying are asked to indicate whether they bullied other before, after or before and after experiencing bullying themselves.

Arora (1996) suggests that even when a definition of bullying is given at the beginning of a questionnaire, young people revert back to their own understanding of bullying rather than consistently using the definition provided. To overcome this young people were reminded in the relevant questions to use the definition given.

This questionnaire was tested, along with the other questionnaires, in a small pilot study.

2.4 Pilot study

The questionnaire was piloted with a focus group of three teenagers aged 14-16 who read the information sheet for young people, completed consent forms and completed the questionnaire pack. They were timed while doing this and took an average of 20 minutes to complete the task. After completion they were asked what they thought the purpose of the study was, how easy it was to understand the information sheet, consent forms and questionnaires and how easy they were to complete. All understood the purpose of the study and had no problems completing the questionnaires. However, it should be noted that they were more representative of the top end of the age range to be sampled.

2.5 Procedure

2.5.1 Clinical sample

The parent(s) of those young people identified as suitable for the clinical sample were sent a pack through the post. This was seen as the most suitable way to contact this group, as it was the least intrusive for those who had been referred and were waiting to be seen. If the case was open (i.e. receiving an intervention from a member of the CAMHS team), the therapist involved was given the opportunity to hand the pack to the client's parent(s) at the end of a session or tell them it would be arriving in the post. The pack included a parental information sheet (see appendix 5), two parental consent forms (one to return to the researcher and one to keep) (see appendix 2), young person's information sheet (see appendix 6) and two copies of the young person's consent form (one to return to the researcher and one to keep) (see appendix 4), a copy of the questionnaires for completion (see appendices 7 - 10)

and two envelopes (one to hold a copy of the parental and young person's consent forms and one stamped and addressed to the researcher for return of the completed questionnaires and the envelope containing the consent forms).

2.5.2 School sample

The guidance teacher involved in the study was given an envelope, addressed to parent(s), for each pupil in S1-S3. S4 were not available to be included as they were on study leave for exams. The envelopes were distributed to class teachers and were handed out to pupils at registration on 21st May 2002. The envelope contained a parental information sheet (see appendix 1), two parental consent forms (see appendix 2) (one to return to the researcher via the school and one to keep), a student information sheet (see appendix 3a), two consent forms for the young people (see appendix 4), (again one to return to the researcher via the school and one to keep) and a sticker to reuse the envelope for replies. The school requested the young people consent to the study at this point rather than meeting with the young people whose parents' consented, as was originally intended. This was to minimise the disruption to classes.

Any replies were collected by class teachers at registration and were centrally stored by the guidance teacher for collection by the researcher on 7th June 2002. All replies were examined and a list of participants (i.e. those young people and their parents who consented to taking part) was given to the school. Twelve parents returned their consent forms and had either signed the young person's consent form or not returned the young person consent form for their child. A teacher at school approached the young people concerned and gave them the opportunity to read the student information sheet and sign a young person's consent form if they wished to take part.

The school arranged a convenient time for the researcher to administer the questionnaires. The participants were seen in groups of approximately twenty. Before each session an amended copy of the student information sheet (see appendix 3b), a piece of paper to write their name on, the questionnaires and an envelope were

placed on the desks to be used. At the beginning of each session the researcher read out the information sheet and the instructions for each questionnaire. Any questions arising were answered. The young people were then asked to complete the questionnaires without discussing their answers with others but were told they could ask the researcher questions regarding the questionnaires if they had any difficulties understanding or completing them. This meant that while completing the questionnaires the participants would not discuss their answers with others and therefore give potentially more accurate answers. Any further general questions were answered and young people were offered the opportunity to leave if they had changed their minds about participating. Questions asked by the young people during the data collection can be found in appendix 11.

The consent forms were matched with questionnaire packs and allocated a participant number. Once matched, the pieces of paper included with the questionnaires on which the participants wrote their names were destroyed. Those questionnaires that could not be clearly connected together with consent forms were excluded from the study.

It was decided by the researcher it was unethical to potentially identify significantly distressed young people in the school sample without a clear rationale of how to deal with this information. It was decided that the names of any young people identified as significantly distressed (by their total score on the SDQ) would be given to the guidance teacher involved with the study. An appointment with their guidance teacher would then be offered to the young person. The school involved agreed and young people were told this on the information sheet.

2.6 Analysis of the Data

To ensure participant confidentiality, all participants were assigned a participant number, which was used to identify them rather than their names. All paper data was securely stored in a locked filing cabinet, the researcher being the only person with

access to this. Also the questionnaires were kept separately from the signed consent forms.

Eighty-two participants completed the questionnaires. The data were entered into and analysed by SPSS Version 10.1. The significance level was set at p=>0.05.

Chapter 3. Results

This section will begin by discussing the method of analysis chosen. The sample of young people used in this study will be described, the hypotheses will then be tested and the results shown along with other relevant findings from the data.

3.1 Method of Analysis

All data were analysed using SPSS for Windows, version 10.1.

3.1.1 Statistical analysis

The level of significance was set at $p<0.05$. All significant p values will be denoted by *.

Under normal circumstances, given the type of hypotheses and data collected, multivariate statistical analysis, such as regression methods, would be used to investigate more complex associations and accumulative effects. However, the small sample size in this instance precluded their use, as any results could not be taken as reliable. Therefore, when comparing two of the groups (e.g. those who were currently experiencing bullying and those who had experienced bullying in the past), mean scores on the appropriate questionnaires were analysed using *t*-tests or Fisher's Exact Tests. To investigate the relationship between two variables, a Pearson correlation was performed. An exploratory one-way ANOVA was carried out to compare the mean questionnaire scores of the three groups (i.e. those who were currently experiencing bullying, those who were bullied in the past and those who had not experienced bullying).

Also, as the use of multiple comparisons between variables increases the chance of Type 1 errors, the Bonferroni correction method was used in these comparisons to adjust the significance level. The purpose of the Bonferroni correction is to reduce

the chance of accepting a false significant result by providing a conservative estimate of significance based on the number of variables in the comparison.

3.1.2 Power analysis

Self-report was used for assessing both experience of bullying and perceived social support, psychological distress and coping. Hawker and Boulton (2000) found that under these conditions larger associations are yielded than if more than one source of information is used, as part of the association may be due to shared method variance. The studies they investigated demonstrated medium effect sizes for the association between experiencing bullying and depression. This was the closest concept to the psychological well being measure used in this study that they investigated.

Cohen's (1992) tables were used to establish the sample size necessary to gain significant results when performing ANOVA analyses. For a medium effect size, the sample size required to provide power at 0.8, with an alpha of 0.05, is 52 in each of the three groups. Tables from Clark-Carter (1997) were used to establish the sample size necessary to gain significant results when performing a two-tailed independent t-test. For a medium effect size, the sample size required to provide power at 0.78, with an alpha of 0.05, is 60 in each group.

3.2 Description of the samples

3.2.1 Clinical sample

The clinical sample consisted of two females, aged 13 and 15. Both participants had experienced physical, verbal and social exclusion types of bullying. One of these has experienced all types of bullying for 3 years and is currently being bullied; the other had experienced physical and social exclusion types of bullying for 13 months and verbal bullying for 2 years and is no longer being bullied. Both young people reported telling at least one adult and one of them reported telling some of their peers

that they were being bullied. Neither young people reported bullying others. Due to the size of the clinical sample it was decided to add this data to the school sample to be analysed together.

3.2.2 School sample

Eighty young people from Millburn Academy completed the questionnaires in school. They were aged between 12 and 15 years (mean age = 13.4 years). Of these 29 reported being bullied, 40 reported not being bullied, and 11 reported being unsure whether they had been bullied. Other descriptive information will be discussed as a total sample.

3.2.3 Total sample

Eighty-two young people took part in the study. These were 53 females and 29 males. The age ranged from 12 to 15 years (mean age = 13.4 years).

3.2.4 Reported bullying experienced

Of the 82 participants, 31 reported being bullied since beginning secondary school (the bullied group) and 40 reported not being bullied in secondary school (the control group). Eleven young people from the sample reported being unsure whether or not they had been bullied since beginning secondary school. Their data were removed before statistical tests were carried out. Tables 1 and 2 show the distribution of those who reported experiencing bullying by age and gender.

Table 1. Distribution of young people reporting bullying in secondary school by age.

		Age				
		12	13	14	15	Total
Reported bullying	Been bullied	4	14	9	4	31
	Not been bullied	8	16	8	8	40
	Not sure	2	5	4	0	11
	Total	14	35	21	12	82

Table 2. Distribution of young people reporting bullying in secondary school by gender

		Gender		
		Male	Female	Total
Reported bullying	Been bullied	19	12	31
	Not been bullied	26	14	40
	Not sure	8	3	11
	Total	53	29	82

Of those 31 in the bullied group, 19 reported being bullied in the past (14 females and 5 males) and 12 reported being currently bullied (within the last two weeks) (5 females and 7 males).

A one-way ANOVA was conducted to examine any differences in questionnaire scores between those who reported currently being bullied, those who reported being bullied in the past and those who reported not being bullied. The results must be treated with caution, as the sample size is much smaller than required to perform a powerful ANOVA.

However, the results suggest that there is a significant difference between the mean group scores on the SOS emotional support discrepancy score, the peer problems subscale of the SDQ and the use of cognitive restructuring as a coping strategy. The post hoc tests revealed that those who reported being currently bullied perceived significantly more dissatisfaction with their available emotional support than those who reported being bullied in the past. Also, those who reported currently being bullied reported significantly more peer problems than either those who reported experiencing bullying in the past or those who reported not being bullied. The difference between the three groups in terms of their use of the cognitive restructuring coping strategy was not found in the post hoc analysis (see appendix 12 for Table 3 showing the complete results).

3.2.5 Bullying others

The bullying questionnaire asked young people whether they had bullied others since beginning secondary school. Four young people did not answer this question. Of the remaining 78 young people, 54 said they had not bullied others (35 females, 19 males), 14 said they were not sure (10 females and 4 males) and 10 said they had bullied others (5 males and 5 females).

Of those who reported bullying others, 5 reported experiencing bullying, 3 reported not being sure if they had been bullied and 2 reported not being bullied. Table 4

shows, for those who reported being bullied and bullying others, the types of bullying experienced and those carried out on others.

Table 4. Showing those who reported being bullied and bullying others.

		Type of bullying to others			
		Verbal	Social exclusion	Physical and verbal	Total
Type of Bullying experienced	Verbal	2	1	0	3
	Physical and verbal	2	0	0	2
	Total	4	1	0	5

Those who had experienced bullying and bullied others were asked whether they began to bully others before, after or both before and after they themselves were bullied. One reported bullying others before being bullied, 3 reported bullying others after being bullied and 1 reported bullying others before and after being bullied.

3.3 Coping strategies

Hypothesis: Those young people who are bullied and use only avoidant coping strategies will show more psychological distress than those who use some problem solving strategies.

Data from the Kidcope and SDQ completed by the bullied group was used to test this hypothesis. An independent *t*-test was performed to compare the average total SDQ score of those who had experienced bullying and used only avoidant strategies (n=12) with those who also used problem-solving strategies (n=18). The Levene Test of Equal Variance was not significant, suggesting the data was equal in

variability. The result of the *t*-test was not significant. Bullied and avoidant strategies only: mean=12.5; sd=4.5, bullied and productive coping strategies: mean=14.1; sd=4.6. t=-0.92; df=28; p=0.37 ns; d=0.3.

However, the group sizes were not large enough to give sufficient power. To provide a power of 0.78, with a small effect size, 130 participants in each group would be required.

In addition to the Kidcope questionnaire, young people who had been bullied were given space on the bullying questionnaire to state how they coped with the experience. All young people wrote at least one statement, with nine suggesting they used more than one strategy. The responses were placed into the categories identified by Naylor et al (2001). Five new categories were created for data that did not fit those identified (no coping strategy reported, coped well, using social skills/support, took out on others and wishful thinking). Table 5 shows the responses.

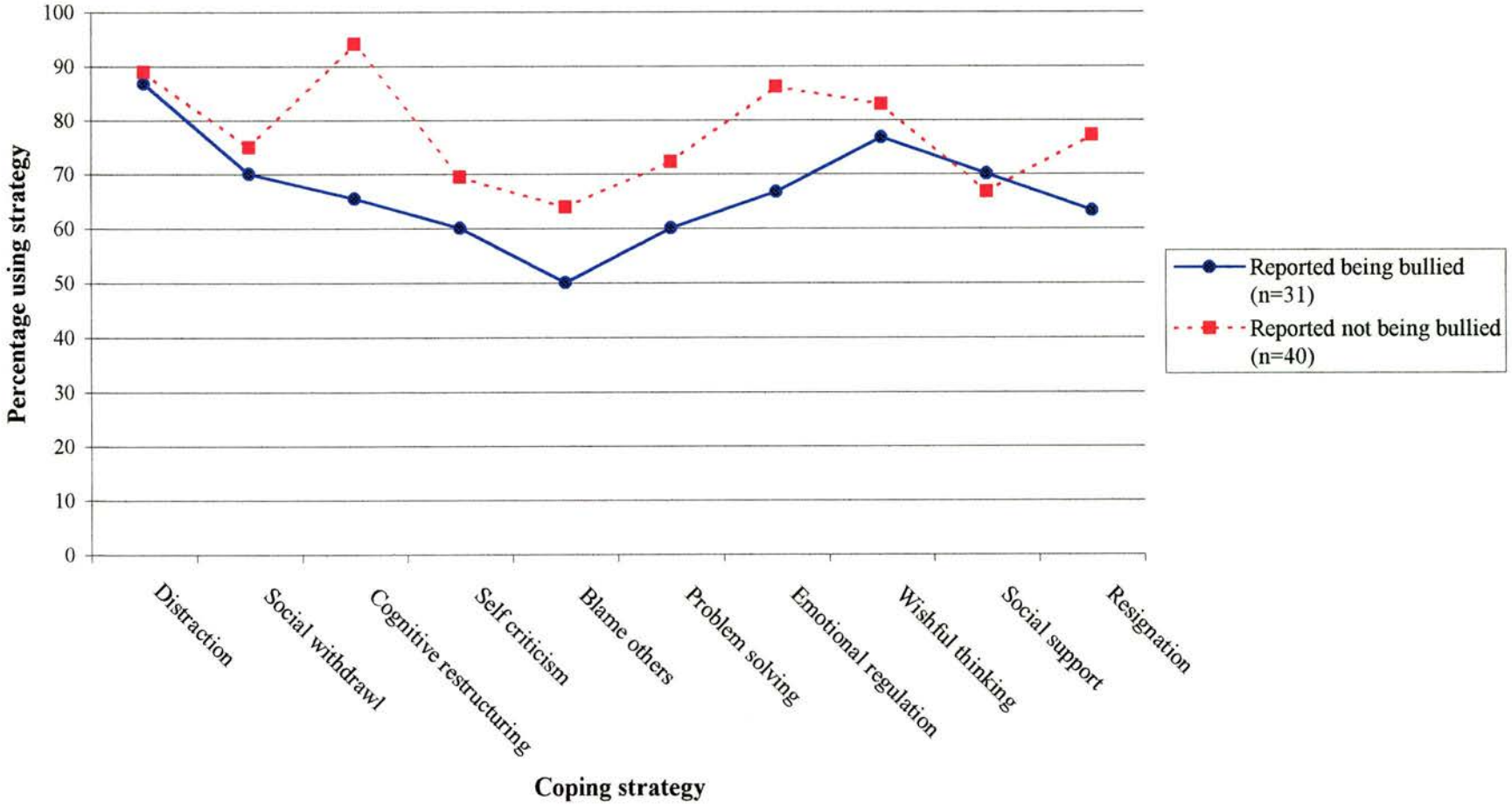
Table 5. How young people reported coping with being bullied (N=31)

Coping strategy	Example of responses	N=41
Ignore/endure it	I just ignored them, keeping my head down, I took it	17
Physical/verbal retaliation	Giving it back, make fun of them	3
Manipulate the social context	I used to jupe school, I avoided the bully	3
Told somebody	I went to the rector, I got my family involved	3
Admit to not coping	Not very well tried to kill myself, I was always upset and tearful	2
Planning revenge		0
No coping strategy reported	I haven't told anyone	1
Coped well	I coped with it quite well, I coped fine	5
Using social skills/support	I try to make friends with them, I made new friends, my friends stood up for me	5
Took it out on others	I took it out on other people	1
Wishful thinking	I hoped it would go away	1

The coping patterns, as described by Donaldson et al (2000), were considered for both those who reported being bullied and those who reported not being bullied. This is shown in Figure 2. A Fisher's Exact Test was conducted to compare the use of cognitive restructuring between the bullied and the control group. This was shown to be significantly different (p=*0.004) i.e. the bullied group reported using

cognitive restructuring less that the control group. This significant difference was not found in the post hoc analysis of the ANOVA. However, in the ANOVA the difference between the mean rating scores of how often the strategy was performed by the young person was compared whereas in this instance only whether it was reported as used at all was compared. Also, the sample size was not sufficient for a powerful ANOVA to be performed.

Figure 2. Graph to show the coping patterns used by the young people in the sample



3.4 Type of bullying and perceived social support

Hypothesis: Those adolescents experiencing social exclusion will perceive less social support than those experiencing other types of bullying.

Only data from those who reported being bullied was used to test this hypothesis. The SOS discrepancy scores of those who reported experiencing some social exclusion bullying were compared with those who reported only physical and/or verbal bullying, using an independent *t*-test. The Levene Test of Equal Variance was not significant, suggesting the data was equal in variability. The results were not significant for either emotional or practical support. Emotional support: t=1.839, df=29, p=0.076 ns; d=0.7. Practical support: t=1.066, df=28, p=0.295 ns; d=0.4. See Table 6, showing the means and standard deviation of each group.

Table 6. Showing means and standard deviations of the SOS discrepancy scores of those who have experienced social exclusion and those who experienced other types of bullying

SOS scores	Social exclusion experienced	Number	Mean	Standard deviation
SOS emotional discrepancy score	Yes	12	2.7	1.7
	No	19	1.6	1.5
SOS practical discrepancy score	Yes	11	1.8	1.8
	No	19	1.3	1.3

However, the group sizes were not large enough to give sufficient power. According to Clark-Carter's (1997) tables, to provide a power of 0.78, with a medium effect size, 60 participants would be required in each group.

3.5 Telling others regarding being bullied

Hypothesis: Those adolescents experiencing verbal or social exclusion forms of bullying will be less likely to report it to teachers.

This was tested using Fisher's Exact Test, as one of the four cells had an expected count of less than five, meaning the prescribed minimum requirements for the valid use of chi-square were not fulfilled. The result was not significant, p=0.56.

Twenty reported that they had told someone regarding being bullied (14 females and 6 males) and 10 (4 females and 6 males) said that they had not told anyone. One young person reported that the first time she was bullied she had told her peers and adults. She wrote that she moved school but bullying still occurs and has not told anyone this time because she thought it made it worse. Of those that reported telling someone about their experiences, 7 reported telling only their peers, 4 reported telling only adults and 9 reported telling both their peers and adults.

The young people who told someone were asked why they chose whom they did. The answers given are in appendix 13.

3.6 Gender differences in bullying experienced

Hypothesis: Males are more likely to have experienced physical bullying and females are more likely to have experienced verbal and social exclusion forms of bullying.

The types of bullying experienced by gender are shown in Table 7. Those who experienced all three types of bullying were excluded from the analysis. The hypothesis was then tested using Fisher's Exact Test, as one of the four cells had an expected count of less than five, meaning the prescribed minimum requirements for the valid use of chi-square were not fulfilled. The result was significant, p=*0.007.

Table 7. Types of bullying experienced by gender

		Gender		
		Female	Male	Total
Type of bullying experienced	Physical	0	2	2
	Verbal	9	5	14
	Social exclusion	1	0	1
	Physical and verbal	0	3	3
	Verbal and social exclusion	5	1	6
	Physical, verbal and social exclusion	4	1	5
	Total	19	12	31

3.7 Type of bullying and emotional distress

Hypothesis: Those young people experiencing more than one type of bullying will demonstrate more psychological distress and perceive lower social support than those experiencing only one type.

The total scores on the SDQ (to represent psychological distress) and the SOS discrepancy scores (as a measure of perceived social support) of those in the bullied group who reported experiencing one type of bullying were compared with those in the bullied group who reported experiencing more than one type of bullying, using an independent *t*-test (see Table 8 for mean questionnaire scores and standard

deviations for both groups). The Levene Test of Equal Variance was not significant, suggesting the data was equal in variability. The results were not significant. SDQ total score: t=-1.7; df=29; p=0.096 ns; d=0.6. SOS emotional support discrepancy score: t=-0.79; df=29; p=0.44 ns; d=0.3. SOS practical support discrepancy score: t=-0.13; df=28; p=0.9 ns; d=0.05.

Table 8. Showing the mean scores on the SOS and SDQ and the standard deviation of those who reported being bullied

Questionnaire Scores	Types of bullying	Number	Mean	Standard deviation
SOS emotional discrepancy score	One	17	1.8	1.7
	Two or three	14	2.3	1.6
SOS practical discrepancy score	One	17	1.4	1.3
	Two or three	13	1.5	1.8
SDQ Total score	One	17	12.4	4.4
	Two or three	14	15.1	4.4

A *t*- test was also performed with these groups using the distress score of the bullying incident (reported on the Kidcope questionnaire) as a measure of psychological distress. There was a significant difference in the distress scores reported by each group, with those who experienced two or three types of bullying reporting their incident as more distressing than those who reported experiencing only one type of bullying. One type of bullying reported: mean=5.9; sd=2.7, two or three types of bullying reported: mean=9.1; sd=2.3, t=-3.55; df=29; p=*0.001; d=1.2.

However, again the group sizes were not large enough to give sufficient power. To provide a power of 0. 78, with a small effect size, 130 participants would be required, with a medium effect size, 60 participants would be required and with a large effect size, 26 participants would be required.

3.8 Perceived social support and emotional distress

Hypothesis: Those adolescents who have experienced bullying and who perceive having high social support will demonstrate less psychological distress than those for who have experienced bullying and perceive having low social support.

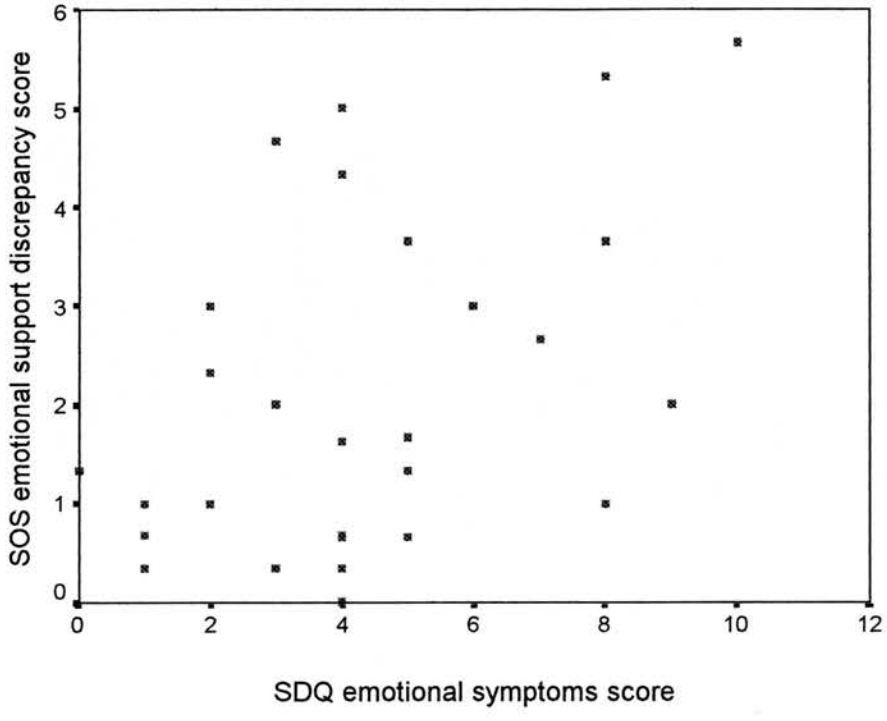
Using data from those who reported being bullied, a Pearson correlation was performed looking at the relationship between their emotional or practical support discrepancy scores from the SOS (perceived social support) and their total scores on the SDQ (psychological distress). There was no significant relationship between the total score on the SDQ and discrepancy scores for emotional support. r=0.21; n=31; p=0.26 ns. There was no significant relationship between the total score on the SDQ and discrepancy scores for practical support. r=-0.06; n=30; p=0.77 ns.

Two subscale scores of the SDQ, emotional symptoms and peer problems, were also explored. Using the Bonferroni method of correction, the significance level was lowered to $p<0.025$.

A significant relationship was found between the emotional symptoms score on the SDQ and perceived emotional support, with higher emotional symptoms being correlated with lower perceived emotional support (see Figure 3). r=0.44; n=31; p=*0.013. This suggests the relationship is likely to be a significant rather than due to a Type 1 error.

The relationship between the emotional symptoms and perceived practical support was not significant after Bonferroni correction (r=0.37; n=31; p=0.043 ns). There was no significant relationship between perceived emotional or practical support and the peer problems score.

Figure 3. Graph to show the relationship between perceived emotional support and emotional symptoms for young people who reported being bullied (r=0.44; p=0.04).



3.9 Summary of the findings

Taking into account the limitations of the statistical analysis due to sample size, the following result were found:

- The bullied group reported similar levels of psychological distress whether they reported only using avoidant coping strategies or also reported using problem-solving strategies.
- Ignoring or enduring bullying was the most popular coping strategy stated by the bullied group in an open-ended question about coping.
- The bullied group reported using cognitive restructuring coping strategies significantly less often than those in the control group.
- There was no significant difference in the reported level of satisfaction with social support between those in the bullied group who reported experiencing

social exclusion and those who reported only experiencing verbal or physical types.

- The level of reporting their bullying experience to teachers did not vary according to whether social exclusion or verbal and/or physical bullying were experienced by the bullied group.
- In the bullied group, males were more likely to report experiencing physical bullying and females, social exclusion types.
- The average levels of reported emotional distress, using the SDQ total score, were the same regardless of whether the bullied group reported experiencing one or more than one type of bullying. However, when the Kidcope distress score was used, those who reported experiencing more than one type of bullying rated their incident as significantly more distressing.
- The bullied group's SDQ emotional problems subscale score increased as their satisfaction with their emotional social support decreased.

Chapter 4. Discussion

This chapter will highlight the main findings of the study and discuss their implications. The limitations of the study will be examined before conclusions are drawn and recommendations for future research are suggested.

4.1 The sample

4.1.1 Reported bullying experienced

The sample provided almost equal groups of those young people who reported experiencing bullying (bullied group n=31) and those who reported no bullying experiences (control group n=40) since beginning secondary school. Those who were currently experiencing bullying (n=12) represented 14% of the total sample. In comparison with other research, this level of bullying experienced appears to be in line with those of the young people attending secondary schools as a whole. Studies measuring the incidence of bullying in schools in the UK suggest bullying levels of approximately 10-20% (Thompson, 2000), although Smith and Sharp (1994) found there can be wide variations even between institutions with similar characteristics.

It was predicted that the sample would contain more young people who have experienced bullying than those who had not, as parents of young people who have experienced bullying may have more of a vested interest in highlighting the issue. Of the five contacts received from parents asking questions regarding the study, all but one stated that their child had been or was being bullied. Young people may also have been influenced to participate by their parents' opinions, although some young people returned forms refusing consent to take part when their parent(s) had consented. It is not possible to say how many of the control group may have experienced bullying in primary school. However, one of those in the control group completed the Kidcope with a bullying incident from primary school.

Eleven young people reported that they were unsure whether or not they had been bullied. These were across the age range used for the study (see Table 1 in chapter 3). As this was a small number, their data were excluded from any further analyses, as it was not possible to test whether their data was significantly different from those who reported either having experienced bullying or the control group.

It would have been useful to interview a selection of these young people to discuss why they were unsure. Possible reasons include the definition given in the questionnaire not being clear enough (e.g. the incidents they wondered about were peer arguments and they were not sure if it constituted bullying) or they had experienced a one-off incident, which they, like Arora (1996), classed as bullying. Also, some of these young people reported telling others regarding their experiences. Others may have dismissed the experience as being a peer conflict rather than bullying, whereas the definition given in the questionnaire suggested otherwise; or the opposite, where an experience had been classed as bullying by the young person (e.g. indirect bullying) but did not fit into the types provided. Ten of the eleven reported being unsure whether they had experienced verbal bullying (three of these in addition to other types) which Arora (1996) suggests may not always be taken seriously as bullying as there is no physical evidence of harm.

When exploring the data, those who reported being bullied were further divided into those for whom bullying was a past experience (n=19) and those who were currently experiencing bullying (n=12). The mean scores on the questionnaire from the three groups (past bullying, current bullying and control) were compared using a one-way ANOVA. The result indicated a significant difference between the three groups in terms of their scores on one of the subscales on the SDQ, reported peer problems. This subscale covers items describing usually being alone, having one or more good friends, being generally liked by peers, being picked on and generally getting on with adults better than peers. The post-hoc test indicated that those young people currently experiencing bullying reported significantly more peer problems than either of the other two groups. A significant result was also found suggesting that those

who were currently being bullied were more dissatisfied with their emotional support.

It makes intuitive sense that those currently experiencing bullying would report peer problems. It is also interesting that when bullying is no longer occurring, the average score for peer problems returns to the level reported by the control group. This suggests that those who are no longer being bullied have either been able to integrated into a social group again or do not perceive themselves as unpopular as they did while experiencing bullying. The result suggesting those who are currently being bullied are more dissatisfied is consistent with the literature. However, these results would need to be replicated with a larger sample size because in this instance the group sizes are unequal and smaller than those required for powerful testing.

4.1.2 Bullying others

In total, 10 young people reported bullying others (12%) and 14 reported being unsure whether they had bullied others (17%). Again, it can only be speculated why some young people were unsure whether or not they had bullied others. Of those who reported bullying others, five reported being bullied themselves (bullied and a bully). All these adolescents reported experiencing verbal bullying (two also reported experiencing physical bullying) and all but one reported bullying others by verbal means (one reported social exclusion).

Three of the adolescents who reported being bullied and a bully, reported beginning to bully others after they were bullied. Whether this is a direct retaliation towards those who have bullied them or they are bullying other unconnected young people is not clear. Another in the bullied and bully group reported only bullying others before experiencing bullying themselves. Their bullying behaviour may have stopped in response to identifying with those they bullied or no longer feeling powerful enough after experiencing bullying themselves. The fifth young person bullied and a bully said they bullied others before and after being bullied. Again, interviews with a selection of these young people may have proved fruitful.

4.2 Coping strategies

The results suggested that those who used only avoidant coping strategies showed no significant difference in terms of their psychological distress (measured using the total scores on the SDQ) than those who also used problem-solving coping strategies. As Compas et al (2001) suggest, whether coping styles can be judged as functional or dysfunctional depends on the context they are used in. These results might suggest that for bullying avoidant coping styles may not necessarily be dysfunctional. It has also been suggested that when situations are perceived to be uncontrollable, avoidant coping styles can be associated with lower psychological distress (Forsythe and Compas, 1987). This may suggest that the young people perceive the situation to be uncontrollable and are therefore not necessarily using inappropriate strategies to manage their emotional state. It is also possible that the SDQ is not sensitive enough to detect differences in psychological distress or that the sample size has hindered a smaller effect size appearing as significant.

Donaldson et al (2000) suggest the use of coping patterns rather than coping styles for assessing coping behaviour. The results (see Figure 2) suggest that, although more of the control sample report using each of the strategies except social support, the overall coping patterns were similar, with the exception of cognitive restructuring. This is a strategy that requires more developed cognitive abilities than others, such as wishful thinking. Without any assessment of this, it can only be speculated whether the bullied group have either not yet developed these skills or whether when making appraisal, either of their coping resources or the likely outcome of the situation, they do not consider this strategy as within their coping resources or appropriate.

The results of the open-ended question about coping reveal that ignoring/enduring it was the most stated answer, stated by 17 of the 31 of the bullied group. The second most popular strategies were each mentioned by 5 of the bullied group (coped well and using social skills/support) (see Table 5). This is not consistent with the findings of Naylor et al (2001) who found that telling someone was the most stated strategy

(86%). Ignoring/enduring it was the second most popular coping strategy stated by their sample, but was mentioned by a much smaller percentage of their young people (27%).

The difference may be a reflection of the samples used. Naylor et al (2001) used schools with an anti-bullying peer support system, where telling may be more actively encouraged and the consequences of telling are appraised as positive. The school used in this study, Millburn Academy, has a school anti-bullying policy, including an "open door" system to allow young people to report bullying to teachers and discusses the topic of bullying in PSE classes each year. However, a guidance teacher said that their biggest problem combating bullying was that, on the whole, young people did not report being bullied to the school. A bullying box, where young people could report bullying without speaking directly to a teacher in the first instance, had been tried but was not judged as effective.

For the purposes of this study five new categories were added, as some responses did not easily fit into the categories already defined. These were no coping strategy reported, coped well, using social skills/support, took out on others and wishful thinking. Five young people mentioned either attempting to make friends with the bullies or making other new friends. According to the literature this would not only provide social support, a moderating factor, but also ensure they are less socially isolated, making them less vulnerable to bullying (Owens, Shute and Slee, 2000, Thompson, 2000). Five young people stated that they had coped well but did not state what strategies they had actually used. It would have been beneficial to interview a sample of these young people to get greater clarity of the actual strategies used. Took it out on others may reflect taking revenge, but this could not be assumed as it may also reflect a very different process (e.g. shouting at parents or siblings). Again, interviews could clarify this.

The results gained from both assessments of coping used in this study (i.e. coping inventory and open-ended questions) reflects what has been suggested in the literature, i.e. yields different types of data (Frydenberg, 1997). While a greater

amount of data is collected when using coping inventories, using open-ended questions gains different information i.e. highlighting the most salient coping strategies perceived by the participants, which is not necessarily obvious from their answers on coping inventories.

4.3 Type of bullying and perceived social support

There was no significant difference between the social support perceived by young people who experienced social exclusion bullying and those that experienced other types of bullying. This is in line with findings from Dumont and Provost (1999) who used a school sample to investigate how young people deal with general stress. They also measured social support in terms of the young person's perceived satisfaction with what was available to them. They also found no significant difference in terms of social support satisfaction between their identified groups of resilient, well adjusted and vulnerable adolescents.

It is possible that the questionnaire demands making judgements about variables that are too developmentally advanced to allow them to be reliably used with this age group. As discussed in section 1.3, during adolescent there is a wide range in the timing of development, such as the ability to think in an abstract way (Elkind, 1984). One school approached declined to participate in the study because they were unsure whether their young people would be able to sufficiently understand how to rate a variable as is called for in the SOS and Kidcope.

The effect size suggests a medium effect for the difference in emotional support perceived by those who have experienced social exclusion bullying. With larger numbers, this may become a significant result. This could also be a reflection of a gender differences in terms of the type of bullying experienced and the importance of social support. As, in this sample, there is a significant difference between the gender of those experiencing social exclusion forms of bullying, it may be that the difference found in SOS scores for emotional support represents the relative

importance of social support to adolescent females (Rivers and Smith, 1994). This would need to be tested.

4.4 Telling others regarding being bullied

The number of young people who had experienced bullying and reported it to teachers was not significantly different when verbal and/or social exclusion types had been experienced or when physical bullying had been experienced. This could reflect the participant's awareness that social exclusion and verbal types of bullying exist and are legitimate. There has been a lot of media attention recently concerning bullying and a number of websites have been set up that are dedicated to the topic of bullying. Also, as previously mentioned, the curriculum of PSE classes at the school covers bullying in all years.

In this study, 32% of the total number who reported experiencing bullying did not report it to teachers. Reasons for not telling others suggested in the literature suggest expecting ridicule from their peers (Rigby and Slee, 1991). Similarly, based on anecdotal evidence from clinical practice, one young person indicated not telling people when they had experienced bullying was a useful strategy because it prevented them being judged as deserving the bullying, which would make them feel embarrassed. A larger proportion of males reported not telling anyone. This is consistent with the findings of Naylor et al (2001).

Those experiencing bullying may also have no confidence in their support systems available at home or in school (Cowie and Olafsson, 1999). One young person in the study wrote that they reported being bullied the first time it occurred and had subsequently moved school because of it, but have been bullied here too. They stated that they didn't tell this second time because last time it made it worse. This suggests that their previous experience of a coping strategy affected its future use, which supports the use of appraisals in coping as posited by Lazarus' (1991). Also anecdotal evidence from clinical experience backs up Arora's (1996) finding that

teachers may not accept a pupil has been bullied unless there is physical evidence of harm. A parent reported that when they approached a school about their child being bullied, they were told that nothing could be done until physical harm had been caused.

These finding, together with Boulton's (1997) finding that as teachers' length of their experience increases their attitudes towards those who experienced bullying became more negative, backs up the need for whole school approaches where it is not just young people who are taught about types of bullying, their consequences and how to deal with it, but also the members of staff and parents.

4.5 Gender differences

There was a significant gender difference found between the types of bullying experienced, when those experiencing all three types of bullying were excluded. Females experienced more social and verbal bullying and males experienced more physical bullying. This is consistent with previous research by Rivers and Smith (1994).

Rivers and Smith (1994) suggest that the gender difference in social exclusion could reflect an attempt to cause the maximum impact on the recipient. They suggest males generally have large and disperse social networks compared to females who generally have smaller social groups with whom they have more intimate friendships. They argue this makes social exclusion more effective when used with females than males. In the case of males, the socialisation process engenders them to be strong (Frydenberg, 1997) and so physical types of bullying may have more impact by making the recipient appear physically weaker.

As the literature suggests that in the case of bullying in adolescents, females are more likely to perform and experience social exclusion types of bullying and also that males are more likely to perform and experience physical types of bullying (Olweus,

1997, Whitney and Smith, 1993), it would seem likely that (for the most part) bullying behaviour is performed by the same gender it is aimed at. However, no research directly investigating this could be found.

It is also worth noting that the initial clinical sample consisted purely of females (n=7). This may reflect the findings of Rigby (1999) that in adolescents females were more likely to experience long term mental health problems as a result of experiencing bullying and males were more likely to experience physical health problems. As a result males who experience bullying may end up in physical health services or in mental health services with different reasons for referral e.g. psychosomatic pain or externalizing disorders.

4.6 Type of bullying and emotional distress

There was no significant difference between the reported psychological distress (using the total score on the SDQ) and perceived social support of those who had experienced one type of bullying and those that had experienced two or three types. However, when the distress score of the Kidcope was examined, those experiencing more than one type of bullying reported significantly more distress from the incident they described than those who experienced one type, suggesting a cumulative effect. Accepting a significant result for distress can only be done cautiously for the following reasons. The numbers were not sufficient to provide a powerful test. Also, the difference may reflect what is being measured on the Kidcope i.e. for those who experienced bullying in the past, the distress score would be a retrospective score of how they felt at the time of the bullying, whereas the SDQ is potentially assessing how they feel currently. If the distress score was retrospective, issues of the accuracy are raised.

Assuming the Kidcope has been answered accurately, this difference in the distress caused by the incident described might also be created by the difference of the

severity of the bullying experienced in the two samples. As no direct assessment of severity was used, this cannot be ruled out.

If the distress score is accurate, possible reasons for a difference include potentially greater uncertainty from experiencing more than one type of bullying. Arora (1996) argued that a one-off bullying incident could create upset for a considerable length of time afterwards due to fear of recurrence. So, where a young person is, first, unsure when or whether another incident will take place and second, having experienced more than one type of bullying in the past, what form that incident will take, the fear created could potentially be greater.

Also the difference in distress could also be related to the young person's self-concept and self-esteem. Salmivalli (1998) investigated how self-concept of adolescents varied according to their social behaviour in bullying situations. The self-concept subscales examined were physical, academic, behavioural and social self-concept. The results, although not significant, demonstrated that those who experienced bullying reported more negative social and physical self-concepts or more negative in all areas of self-concept. However, a bullying definition was given which included physical, verbal and social exclusion but the different types of bullying were not examined separately. It could be argued that those who experience physical bullying would have a more negative physical self-concept and those who experience social exclusion would have a more negative social self-concept, therefore those who experience both would have a more negative self-concept in both areas. A more negative appraisal of one's self-concept in two areas may lead to more distress when these appraisals are confirmed by further bullying incidents.

4.7 Perceived social support and emotional distress

For those that reported experiencing bullying, there was no significant relationship between perceived emotional or practical social support and psychological distress when measured by the total score of the SDQ. However, there was a significant

positive correlation when the emotional symptoms subscale of the SDQ was compared with the emotional support discrepancy score. This suggests that as perceived satisfaction with social support decreases, emotional symptoms increase. This finding should be replicated with a larger sample to investigate possible gender differences, as there were relatively more females in this sample, which may have influenced this result.

All the subscales of the young person's life measured by the SDQ may not be affected by bullying. This would produce similar scores therefore not highlighting any differences between those who have and those who have not experienced bullying. This would therefore fail to highlight the difference seen in the emotional symptoms subscale.

4.8 Limitations of the study

The main limitations of the study will be discussed.

4.8.1 Power

The sample size precluded the use of multivariate statistical analysis, which may have highlighted more complex associations and accumulative effects. Due to the sample size, the results found must be accepted with caution. Despite this, the data reveal some interesting trends.

4.8.2 Survey designs

Cross sectional survey designs have the inherent problem of not being able to infer causality of the variables that are shown to be associated. This is a limitation as, although it allows us to state that as one variable changes, so does another, it does not determine the direction of the association (Hawker and Boulton, 2000). Also, survey designs typically suffer from a low return rate and this study was no

exception (13.7% of the total number of young people invited to take part completed questionnaires).

In addition, in this study it was not possible to dictate the numbers of participants suitable for each group studied (i.e. bullied currently, bullied in the past and control). Allocation to each group could not occur until after data collection, giving unequal sample sizes. This was not so much of an issue with regards to the groups of those who had experienced bullying since beginning secondary school and those who had not. However, when the sample of participants was further divided into those who were currently experiencing bullying, those for whom bullying was a past experience and those who had not been bullied, there was a large difference in the group sizes. Parametric statistics are quite robust, in that they can be used despite some of their assumptions being violated. However, with smaller numbers and quite unequal sample sizes, this becomes more problematic.

4.8.3 Self-report

The shortcoming of using self-report is that it relies solely on the young person's perceptions of being bullied, their social support, coping strategies and emotional distress. While this holds face validity and their perceptions have meaning, there was no independent rating from other sources to allow comparison, such as parents, teachers or peers. There are also questions around the truth and accuracy of information given in self-report questionnaires, either deliberately or inadvertently. The Kidcope is completed in retrospect about a past situation therefore relying on accurate recall of both the situation and the strategies used to cope. The Kidcope and SOS ask the participants to use ratings but how each individual interprets this can only be assumed.

To ensure answers were as truthful as possible participants were assured their answers would be anonymous. Participants in the school sample were told their name would be given to their guidance teacher if questionnaire scores suggested significant distress however, they were told their questionnaires would not be made

available to their teachers. Also the school sample completed their questionnaires under exam conditions to prevent discussion with others about their answers. Those in the clinical sample completed the questionnaires at home so the conditions they completed their questionnaires under could not be guaranteed.

Hawker and Boulton (2000) suggest that for reliable information to be achieved multiple sources should be used to ascertain both experience of bullying and adjustment to the situation. Using self-report as the only source of information increases the possibility that shared method variance accounts for at least part of associations found in the data.

4.8.4 Sample

There were 169 replies to the information packs distributed by the school. Of these, 111 consented to taking part. Unfortunately on the day of data collection not all of these young people attended. The guidance teacher involved with the study discovered some class teachers had not reminded their pupils of the data collection sessions.

The fact that young people would complete the questionnaires without the assistance of the researcher meant that some young people with learning difficulties would either be excluded from the study by their parents or not consent to taking part themselves. This means the sample is biased towards more academic pupils. One of the schools approached thought that the average level of reading ability in their school would mean that a large number would be unable to complete the questionnaires. This was also an issue raised by the ethics committee. However, the required number of participants for the study, together with the time constraints, did not allow all participants to complete assessments on an individual basis.

The parental consent form also caused some confusion. It was handed out with the appropriate information sheet and both contained an address and contact number for the researcher. The information sheet also invited the reader to make telephone calls

to the researcher or the independent advisor to answer any queries that arose or to discuss the study. The consent form was based on a template from the local research ethics committee. One of the questions asked "Have you have an opportunity to ask questions and discuss the study, even if you chose not to do so?". Two parents from the school sample telephoned to say that they wanted their child to participate but did not think they had had an opportunity to ask questions or discuss the study and so were unable to answer this question positively. It is possible that other parents thought the same way but did not telephone to inquire how they should proceed.

Also, for the school sample, it had been intended to speak to those young people whose parents consented in school about the study and hand out their information sheets at this time. However, the school stated a preference for all the information sheets and consent forms to go out together to cause minimum disruption to classes. This may have prevented some young people from consenting to participate, as they may also have been confused about the same question on the consent form and would also be less likely to telephone the researcher with any questions. Some young people who consented to participate did have questions about the study, which they asked before completing the questionnaires (see appendix 11).

There were also some difficulties recruiting participants from the clinical sample. Unlike the school sample, they did not meet the researcher and would therefore have no opportunity to ask questions about the study, except by telephoning. Also, some CAMHS clinicians when initially approached about recruiting participants suggested they had some suitable participants on their caseload. However, despite reminders sent by email, many of these were not identified for the researcher to contact. This could be for a number of reasons. Some of these potential participants may not have suitable for inclusion according to their referral letter i.e. experiencing bullying had been discussed during the assessment or intervention with the clinician but was not mentioned in the referral letter. Alternatively, the time pressure and size of caseloads that exist for clinicians may have prevented them checking if these potential participants were suitable for the study.

The number of suitable participants identified for the clinical sample not sufficient to provide a powerful analysis of the data. This was, to some extent, anticipated and the clinical sample was intended as more exploratory, aimed at gaining qualitative, as well as some quantitative information, to suggest ideas for future research comparing coping with bullying in clinical and school samples. Unfortunately delays with gaining ethic approval did not leave time for semi-structured interviews, which may have provided valuable data.

4.8.5 Questionnaires

The Kidcope (see appendix 7) was used to assess coping in the participants. This begins by asking the young person to state a recent incident (in this case standardised by the researcher) and consider how they coped with that situation. While this ensures that young people think about coping in context, an important aspect of Lazarus' model, some of the young people left the questionnaires blank, while other had difficulties thinking of a recent situation. It was noted that some participants stated situations from some time ago. One young person, who reported she had not been bullied since beginning secondary school, used an example of being bullied in primary school to answer the kidcope. Possibly reflecting a misunderstanding of the instructions for this questionnaire.

Also the majority of participants did not ring one of the phrases within each coping strategy that they used, as instructed by the questionnaire, but did rated the use and the efficacy of each strategy. As each of the phrases with a strategy are presumably tapping into the same factor, this was not considered to affect the results.

Spirito et al (1988) advocate individual administration, which would have overcome these difficulties, as the researcher would have been able to guide young people's situations and address any omissions, leading to a potentially more accurate assessment of their current coping resources. Although acquiescence issues might have arisen.

The SDQ was used to measure psychological distress as it measures behavioural and emotional difficulties. It's length, while useful for quick completion, may reduce the sensitivity of the scales total score, as the subscale scores (emotional symptoms and peer problems) revealed more differences than the total score.

The SOS was used to measure perceived satisfaction with social support. This questionnaire was adapted for the purposes of the study to make it quicker to complete. This may have affected the properties of the scale. It was also noticed that the discrepancy figures obtained in this study were higher than those that have been found in the adult population. Higher discrepancy scores demonstrate more dissatisfaction with social support. This may be as a result of adapting the scale; or could also be a manifestation of the developmental stage of adolescence.

During adolescence abstract thinking becomes more developed but the rates at which this occur will vary Elkind (1984). A small number of participants rated all "ideal" support as 7 (always), the top rating possible. This might demonstrate difficulties understanding what a rating of 7 actually means. For example, "spending time with this person socially" was rated as ideally always for parents. Does this mean that this young person would like to go to the school disco with their parents, for example? As already stated one school declined to participate in the study because they were unsure whether their young people would be able to complete this rating system. Also adolescents have idealised norms (Davies and Furnham, 1986). This means their higher discrepancy scores reflect unrealistic expectations of support from others.

The bullying questionnaire was designed for the purposes of this study, which means that it has not been standardised or tested in the usual ways for validity or reliability. It also did not include a measure of severity and although length of experience was asked, this was difficult for some young people to complete. It was tested in a pilot study with young people to ensure it's readability and that the questions were generally understood correctly.

4.9 Conclusions and suggestions for further research

Despite the limitations some interesting findings were noticed. The results suggested that only using avoidant strategies to cope with bullying did not have a negative impact on psychological well being, as measured by the total score on the SDQ. This suggests avoidant strategies may not be dysfunctional when coping with experiencing bullying. Also, cognitive restructuring coping strategies were used significantly less frequently in the coping patterns of those who had been bullied. Whether this reflects negative appraisals of this particular coping strategy or cognitive development remains to be seen. The types of bullying experienced did not appear to affect the satisfaction of available social support; or whether the young person reported experiencing bullying to teachers. However, it appears the distress caused by bullying incidents is affected by the number of types experienced.

For the future, it is recommended that more research is carried out comparing clinical and community samples to identify which young people require intervention as a result of experiencing bullying. However, when Seiffge-Krenke (1993) investigated how an adolescent clinical population cope with everyday stresses she found that while the clinical group as a whole differed from the control group by their tendency to use withdrawal as a coping strategy, those currently receiving therapy did not differ significantly from the control group. This is perhaps a reflection of the therapeutic process and suggests that those who have been referred but are currently waiting for therapy may prove to be a more relevant population that those actually receiving therapy.

Future research comparing clinical and community samples could examine the role of dysfunctional assumptions. In adult research it has been suggested that dysfunctional assumptions act as the filter between the external world and an individuals response to it (i.e. affects the appraisal of situations) (Gillis and Lanning, 1989). Whether this process affects coping with bullying in adolescents could be explored.

There is also scope for more work examining the effects of different types of bullying, particularly social exclusion, to identify any significant differences in coping and psychological impact. This would help establish if bullying can actually be accepted as a unitary concept, as most research to date has done.

As reporting bullying is seen as important to stop further experiences, more research regarding teacher attitudes may prove fruitful in increasing reporting. For example, it might be interesting to investigate whether the change in teachers' sympathy towards those that have been bullied (Boulton, 1997) is related to changes in attribution about the underlying cause of bullying.

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APPENDIX 1

Information sheet for parents of school sample

Highland Primary Care NHS Trust

Clinical Psychology Service for Children and Young People
Old Staff Residence
By Craig Dunain Hospital
Inverness
IV3 8JU
Telephone 01463 704665

NHS Highland

Date 8th May 2002
Enquiries to: 01463 704665

Parent Information Sheet

Study examining how young people cope with being bullied.

I would like to invite your child to take part in a research study looking at bullying. Before you decide whether or not you wish them to be involved, it is important for you to understand why the research is being done and what it will involve. Please read the following information and feel free to discuss it with anybody else such as relatives, friends or your GP. If there is anything that is not clear or you want more information, please contact me on the telephone number at the top of this sheet.

What is the study about?
The study is looking at the ways young people cope with bullying. Research has shown that bullying can cause emotional problems in some young people but many cope with it. This study is looking at whether the different ways people cope has an impact on developing problems.

Who is being asked to take part?
All young people in S1-S4 have being chosen to participate, whether they have been bullied or not. Obviously, only young people whose parent(s) sign consent forms will be offered a chance to take part.

What will my child have to do?
There is a pack of 4 questionnaires to complete. These ask about the young person's experience of bullying (if any) and its impact, how they cope with problems, the amount of social support they have and their psychological wellbeing. Even if you consent to your child taking part, they will also have the opportunity to decide themselves whether or not they wish to take part.

What do I have to do if I would like my child to be included?
Attached to this form are two consent forms. If you are happy for your child to take part, please complete the forms, keep one and place the other in the small envelope provided. This can then be returned to me via your son or daughter at school. A small number of participants may be interviewed about their experiences. If you would be happy for your child to be interviewed, please answer yes to this question on the consent form. Your child may independently decide whether or not they want to be interviewed and do not have to agree to be interviewed to take part in the study.

You can change your mind at any time. If you decide you no longer wish your child to be included once you have returned the consent form, please contact Chrissy Munro (details over the page) and your child will be withdrawn from the study.

Please turn over

APPENDIX 2

Consent form for parents

Highland Primary Care NHS Trust

Clinical Psychology Service for Children and Young People
Old Staff Residence
By Craig Dunain Hospital
Inverness
IV3 8JU
Telephone 01463 704665

NHS Highland

Participant number: .....
Date 8th May 2002
Enquiries to: 01463 704665

PARENTAL CONSENT FORM

Study examining how young people cope with being bullied.

Please complete the following section yourself by circling the appropriate answer:

Have you read the Parental Information Sheet? **Yes/No**

Have you had an opportunity to ask questions and discuss this study, even if you chose not to do so? **Yes/No**

Have you received enough information about this study? **Yes/No**

Do you understand that your child is free to withdraw from the study:

- at any time
- without giving a reason for withdrawing
- and without affecting any future medical care **Yes/No**

You should only agree to your child part in this study when all your answers to the above questions are "Yes"

Do you agree to your child taking part in this study? **Yes/No**

A small of participants may be interviewed about their experiences.
Would you agree to your child being interviewed if they wanted to? **Yes/No**

Parent's name:..... Signature:.....

Parent's name:..... Signature:.....

Child's name:..... Date:.....

Principle Investigator: Chrissy Munro Signature:.

Please keep one of the copies you complete and return the other in the envelope the sheets came in.

Headquarters:
Royal Northern Infirmary, Ness Walk, Inverness IV3 5SF

Interim Chief Executive: Miss Helen Masters
Chairman: Mrs Heather Sheerin OBE

APPENDIX 3

Information sheets for young people in school sample

A: For consent

B: Before completing questionnaires

Highland Primary Care NHS Trust

Clinical Psychology Service for Children and Young People
Old Staff Residence
By Craig Dunain Hospital
Inverness
IV3 8JU
Telephone 01463 704665

NHS Highland

Date: 8th May 2002
Enquiries to: 01463 704665

Student Information Sheet
Study examining how young people cope with being bullied.

What is the study about?
The study is looking at the ways young people cope with bullying. Research has shown that bullying can cause emotional problems in some young people but many cope with it. This study is looking at whether the different ways people cope have an impact on whether problems develop.

Who is being asked to take part?
Parent(s) of all young people in S1-S4 have received information sheets like these and consent forms to complete if they are happy for their child to take part. All young people whose parent(s) have returned consent forms are invited to take part. It does not matter whether you have been bullied or not. If your parent(s) did not sign the form you will not be able to complete the questionnaires

What will I have to do if I choose to take part?
Attached to this form are two consent forms. If you want to take part, please complete the forms. Keep one and place the other in the envelope provided to return to school. You will then complete the questionnaire pack at school. You do not have to answer any questions you do not want to. A small number of participants may be interviewed about their experiences. If you would be happy to talk about your experiences, please answer yes to this question on the consent form. You do not have to agree to be interviewed to take part in the study.

You can change your mind about participating at any time. If this is after the questionnaires have been collected, please contact me at the address or telephone number above and your questionnaires will be withdrawn.

What will happen if I don't want to take part?
If you do not want to take part, you do not have to do anything. There will be no penalty or consequence if you decide not to take part.

What will happen to the forms I fill out?
Any answers you give will be confidential. This means that your parents and teachers will not see any of the answers you give on the questionnaires. The questionnaires you complete will not have your name on them and will be kept separately from the consent forms you have signed and do have your name on them. However, if your answers on the questionnaires suggest considerable psychological distress the consent form and the questionnaires will be matched up so your name can be brought to the attention of your guidance teacher. They will offer you a time to speak to them but will not have access to your questionnaires or answers.

Please feel free to ask any questions. Thank you for your time and consideration.

Chrissy Munro

Highland Primary Care NHS Trust

Clinical Psychology Service for Children and Young People
Old Staff Residence
By Craig Dunain Hospital
Inverness
IV3 8JU
Telephone 01463 704665

NHS Highland

Date: 8th May 2002
Enquiries to: 01463 704665

Student Information Sheet
Study examining how young people cope with being bullied.

What is the study about?
The study is looking at the ways young people cope with bullying. Research has shown that bullying can cause emotional problems in some young people but many cope with it. This study is looking at whether the different ways people cope have an impact on whether problems develop.

Who is being asked to take part?
Parent(s) of all young people in S1-S4 have received information sheets like these and consent forms to complete if they are happy for their child to take part. All young people whose parent(s) have returned consent forms are invited to take part. It does not matter whether you have been bullied or not. If your parent(s) did not sign the form you will not be able to complete the questionnaires

What will I have to do if I choose to take part?
Please complete the questionnaire pack and place this in the envelope provided. You do not have to answer any questions you do not want to. A small number of participants may be interviewed about their experiences. If you would be happy to talk about your experiences, please answer yes to this question on the consent form. You do not have to agree to be interviewed to take part in the study.

You can change your mind about participating at any time. If this is after the questionnaires have been collected, please contact me at the address or telephone number above and your questionnaires will be withdrawn.

What will happen if I don't want to take part?
If you do not want to take part, you do not have to do anything except return the pack to the front of the class. There will be no penalty or consequence if you decide not to take part.

What will happen to the forms I fill out?
Any answers you give will be confidential. This means that your parents and teachers will not see any of the answers you give on the questionnaires. The questionnaires you complete will not have your name on them and will be kept separately from the consent forms you have signed and do have your name on them. However, if your answers on the questionnaires suggest considerable psychological distress the consent form and the questionnaires will be matched up so your name can be brought to the attention of your guidance teacher. They will offer you a time to speak to them but will not have access to your questionnaires or answers.

Please feel free to ask any questions. Thank you for your time and consideration.

Chrissy Munro

APPENDIX 4

Consent form for young people

Highland Primary Care NHS Trust

Clinical Psychology Service for Children and Young People
Old Staff Residence
By Craig Dunain Hospital
Inverness
IV3 8JU
Telephone 01463 704665

NHS Highland

Participant number:.....
Date 8th May 2002
Enquiries to: 01463 704665

YOUNG PERSON'S CONSENT FORM

Study examining how young people cope with being bullied.

Please complete the following section yourself by circling the appropriate answer:

Have you read the Information Sheet? **Yes/No**

Have you had an opportunity to ask questions and discuss this study, even if you chose not to do so? **Yes/No**

Have you received enough information about this study? **Yes/No**

Do you understand that you are free to withdraw from the study:

- at any time
- without giving a reason for withdrawing
- and without affecting any future medical care **Yes/No**

You should only agree to take part in this study when all your answers to the above questions are "Yes"

Do you agree to take part in this study? **Yes/No**

A small number of participants may be interviewed about their experiences
Would you like to be interviewed? **Yes/No**

Name:..... Signature:.....

Date:.....

Principle Investigator: Chrissy Munro Signature:...

Please keep one of the copies you complete and return the other with your parents' form.

Headquarters:
Royal Northern Infirmary, Ness Walk, Inverness IV3 5SF

Interim Chief Executive: Miss Helen Masters
Chairman: Mrs Heather Sheerin OBE

APPENDIX 5

Information sheet for parents of clinical sample

Highland Primary Care NHS Trust

Clinical Psychology Service for Children and Young People
Old Staff Residence
By Craig Dunain Hospital
Inverness
IV3 8JU
Telephone 01463 704665

NHS Highland

Date:
Enquiries to: 01463 704665

Parent Information Sheet

Study examining how young people cope with being bullied.

I would like to invite your child to take part in a research study looking at bullying. Before you decide whether or not you wish them to be involved, it is important for you to understand why the research is being done and what it will involve. Please read the following information and feel free to discuss it with anybody else such as relatives, friends or your GP. If there is anything that is not clear or you want more information, please contact me on the telephone number at the end of the sheet.

What is the study about?
The study is looking at the ways young people cope with bullying. Research has shown that bullying can cause emotional problems in some young people but many cope with it. This study is looking at whether the different ways people cope has an impact on developing problems.

Who is being asked to take part?
All young people who are aged 12-16 years old and have been referred to Clinical Psychology Services for Children and Young People where bullying is specifically mentioned in the referral letter have being chosen to participate. Also children in a local Secondary School have been asked to take part, whether they have been bullied or not. Obviously, only young people whose parent(s) sign consent forms will be offered a chance to take part.

What will my child have to do?
There is a consent form and a pack of 4 questionnaires included for your child to complete. The questionnaires ask about the young person's experience of bullying and its impact, how they cope with problems, the amount of social support they have and psychological wellbeing. Even if you consent to your child taking part, they must decide themselves whether or not they wish to take part.

What do I have to do if I would like my child to be included?
Discuss the study with your child and show them the young person's information sheet. If they are happy to take part please both complete the appropriate consent forms attached to the information sheets. Place these in the small envelope provided and then put this envelope in the large envelope provided. Give your child the questionnaire pack and allow them to complete them alone. The questionnaire pack and the consent forms can then be sealed in the large envelope and returned in the post. A small number of participants may be interviewed about their experiences. If you would be happy for your child to be interviewed, please answer yes to this question on the consent form. Your child may independently decide whether or not they want to be interviewed and do not have to agree to be interviewed to take part in the study.

Please turn over

Headquarters:
Royal Northern Infirmary, Ness Walk, Inverness IV3 5SF

Interim Chief Executive: Miss Helen Masters
Chairman: Mrs Heather Sheerin OBE

APPENDIX 6

Information sheets for young people in the clinical sample

Highland Primary Care NHS Trust

Clinical Psychology Service for Children and Young People
Old Staff Residence
By Craig Dunain Hospital
Inverness
IV3 8JU
Telephone 01463 704665

NHS Highland

Date
Enquiries to: 01463 704665

Young People's Information Sheet
Study examining how young people cope with being bullied.

hat is the study about?
ıe study is looking at the ways young people cope with bullying. Research has shown that bullying can cause emotional oblems in some young people but many cope with it. This study is looking at whether the different ways people cope ve an impact on whether problems develop.

ho is being asked to take part?
oung people who have been referred to the Clinical Psychology Service for Children and Young People at least partly cause they have been bullied. Also some young people in S1-S4 of a local Secondary School are being included.

hat will I have to do if I choose to take part?
tached to this form are two consent forms. If you want to take part, please complete both forms. Keep one and place e other in the small envelope provided along with your parent(s) consent form. Then please complete the questionnaire ck and place it and the small envelope in the big envelope provided which can then be posted. You do not have to swer any questions you do not want to. A small number of participants may be interviewed about their experiences. If u would be happy to talk about your experiences, please answer yes to this question on the consent form. You do not ve to agree to be interviewed to take part in the study.

ou can change your mind about participating at any time. If this is after the questionnaires have been sent back, please ntact me at the address or telephone number above and your questionnaires will be withdrawn.

hat do I do if I do not want to take part?
you do not want to take part, you do not have to do anything. It will make no difference if you decide not to take part.

hat will happen to the forms I fill out?
ıy answers you give will be confidential and anonymous. This means that no one except me will see any of the answers u give on the questionnaires. The questionnaires you complete will have a participant number and not your name on em and will be kept separately from the consent forms you have signed and have both your name and your participant mber on them.

ease feel free to discuss this study with anyone (e.g. parents, friends etc). If you wish to ask me any questions or eries, please contact me (details at the top of the page).

ank you for your time and consideration.

rissy Munro

Headquarters:
Royal Northern Infirmary, Ness Walk, Inverness IV3 5SF

Interim Chief Executive: Miss Helen Masters
Chairman: Mrs Heather Sheerin OBE

APPENDIX 7

The Kidcope questionnaire

KIDCOPE – OLDER CHILDREN

NFER-NELSON
INFORMING YOUR DECISIONS

Instructions: I am trying to find out how young people deal with problems and stresses. If you answered on the earlier sheets that you **have been bullied**, please think of a bullying incident that bothered you. If you answered on the earlier sheet that you **have not been bullied**, please think of a recent time you fell out or argued with a friend that bothered you. Can you briefly describe this to me?

Distress items

	Not at all	A little	Somewhat	A lot	Very much
Did that time (related to the above described problem) make you feel **nervous** or **anxious**?	0	1	2	3	4
Did it make you feel **sad** or **unhappy**?	0	1	2	3	4
Did it make you feel **cross** or **angry**?	0	1	2	3	4

Is there something you could change or do about it?	Yes	No
Is this situation one that must be accepted or you must get used to?	Yes	No
Is this situation one that you needed to know more about before you could act?	Yes	No
Is this situation one in which you had to hold yourself back from doing what you wanted to do?	Yes	No

APPENDIX 8

The Strengths and Difficulties Questionnaire (SDQ)

Strengths and Difficulties Questionnaire

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of how things have been for you over the last six months.

	Not True	Somewhat True	Certainly True
I try to be nice to other people. I care about their feelings	☐	☐	☐
I am restless, I cannot stay still for long	☐	☐	☐
I get a lot of headaches, stomach-aches or sickness	☐	☐	☐
I usually share with others (food, games, pens etc.)	☐	☐	☐
I get very angry and often lose my temper	☐	☐	☐
I am usually on my own. I generally play alone or keep to myself	☐	☐	☐
I usually do as I am told	☐	☐	☐
I worry a lot	☐	☐	☐
I am helpful if someone is hurt, upset or feeling ill	☐	☐	☐
I am constantly fidgeting or squirming	☐	☐	☐
I have one good friend or more	☐	☐	☐
I fight a lot. I can make other people do what I want	☐	☐	☐
I am often unhappy, down-hearted or tearful	☐	☐	☐
Other people my age generally like me	☐	☐	☐
I am easily distracted, I find it difficult to concentrate	☐	☐	☐
I am nervous in new situations. I easily lose confidence	☐	☐	☐
I am kind to younger children	☐	☐	☐
I am often accused of lying or cheating	☐	☐	☐
Other children or young people pick on me or bully me	☐	☐	☐
I often volunteer to help others (parents, teachers, children)	☐	☐	☐
I think before I do things	☐	☐	☐
I take things that are not mine from home, school or elsewhere	☐	☐	☐
I get on better with adults than with people my own age	☐	☐	☐
I have many fears, I am easily scared	☐	☐	☐
I finish the work I'm doing. My attention is good	☐	☐	☐

Thank you very much for your help

APPENDIX 9

The Significant Others Scale (SOS)

Subject number:.....

SIGNIFICANT OTHERS SCALE

Instructions

Please list below up to three people who are important in your life. These could include your mother, father, brother, sister, close friend(s) etc. For each person please circle a number from 1 to 7 to show how well he or she provides the type of help that is listed.

The second part of each question asks you to rate how you would like things to be if they were exactly as you hoped for. As before please put a circle around one number between 1 and 7 to show what the rating is.

Person 1 –	*Never*			*Sometimes*			*Always*
1. a) Can you trust, talk frankly and share your feelings with this person ?	1	2	3	4	5	6	7
b) What rating would your ideal be?	1	2	3	4	5	6	7
2. a) Can you lean on and turn to this person in times of difficulty?	1	2	3	4	5	6	7
b) What rating would your ideal be?	1	2	3	4	5	6	7
3. a) Does he/she give you practical help?	1	2	3	4	5	6	7
b) What rating would your ideal be?	1	2	3	4	5	6	7
3. a) Can you spend time with him/her socially?	1	2	3	4	5	6	7
b) What rating would your ideal be?	1	2	3	4	5	6	7

Person 2 –	*Never*			*Sometimes*			*Always*
4. a) Can you trust, talk frankly and share your feelings with this person ?	1	2	3	4	5	6	7
b) What rating would your ideal be?	1	2	3	4	5	6	7
5. a) Can you lean on and turn to this person in times of difficulty?	1	2	3	4	5	6	7
b) What rating would your ideal be?	1	2	3	4	5	6	7
3. a) Does he/she give you practical help?	1	2	3	4	5	6	7
b) What rating would your ideal be?	1	2	3	4	5	6	7
6. a) Can you spend time with him/her socially?	1	2	3	4	5	6	7
b) What rating would your ideal be?	1	2	3	4	5	6	7

PLEASE CIRCLE ONE NUMBER ONLY FOR EACH QUESTION

Please turn over

APPENDIX 10

Coping with bullying questionnaire

Subject number:

Coping with Bullying

Please answer the following questions:

1. How old are you? ..... Years

2. Are you: (please circle the appropriate answer) MALE FEMALE

3. Bullying has been defined as **repeated and regular** actions intended to cause harm to the victim. These actions can be:

- **physical** (for example, kicking, hitting, punching, taking money or belongings)
- **verbal** (for example name-calling, cruel teasing, taunting, threats, spreading rumours or gossip)

or

- **social exclusion** (for example, stopping others being friends with you or talking to you)

Using the above definition have you **been bullied** since starting secondary school? (Please circle the appropriate answer)

YES NO NOT SURE

If you circled YES or NOT SURE, please answer the following questions before completing question 4 over the page. If you circled NO, please go to question 4 over the page now.

➢ Using the above definition, please complete the table below about your experiences of bullying

Type of bullying	Please tick the type(s) of bullying you experienced since starting secondary school?	For each type of bullying you have experienced, please put how long it lasted in the appropriate box.	Please tick the type(s) of bullying (if any) you have experienced in the last 2 weeks.
PHYSICAL		.....Years .....Months .....Weeks	
VERBAL		.....Years .....Months .....Weeks	
SOCIAL EXCLUSION		.....Years .....Months .....Weeks	

➢ How have you coped, or how did you cope, with being bullied?

.....

.....

➢ Did you tell anyone you were being bullied? (Please circle the appropriate answer)

YES NO NO, BUT SOMEONE FOUND OUT

➢ Please complete the table over the page by ticking the box(es) of the people you told or if you did not tell anyone, the box(es) of who (if anyone) found out about the bullying in the columns indicated.

Please turn over

APPENDIX 11

Questions asked by young people in the
school sample data collection

Questions asked by the school sample during data collection

General

- Was Millburn picked because it has a bad reputation for bullying?
- Are all schools in the Highlands taking part in the study?
- Are those who agreed to be interviewed going to be on television?

SOS Questionnaire

- What does practical help mean?
- Do you have to use three people? (asked by 2 young people)
- Do you want us to put people's names? (asked by 2 young people)
- What does it mean by ideal? (asked by 2 young people)

Kidcope Questionnaire

- What do I do, I can't think of an example? (asked by 2 young people)
- Do I circle my answer?
- Are the questions over the page about the example we've put? (asked by 2 young people)
- Do we only put a bullying example if we were bullied in secondary school?

Bullying Questionnaire

- I don't understand question 4.

APPENDIX 12

Table to show the results of a one-way ANOVA

Table 3. Showing the results of a one-way ANOVA and post hoc tests comparing questionnaire scores

		Sum of Squares	df	Mean Square	F	Significance
SOS emotional discrepancy score	Between Groups	17.395	2	8.698	4.151	*.020
	Within Groups	148.775	71	2.095		
	Total	166.170	73			
SOS practical discrepancy score	Between Groups	7.641	2	3.821	2.217	.117
	Within Groups	120.618	70	1.723		
	Total	128.259	72			
SDQ total score	Between Groups	102.062	2	51.031	1.962	.148
	Within Groups	1820.979	70	26.014		
	Total	1923.041	72			
SDQ emotional symptom score	Between Groups	4.011	2	2.006	.302	.740
	Within Groups	464.866	70	6.641		
	Total	468.877	72			
SDQ conduct problems score	Between Groups	3.543	2	1.772	.660	.520
	Within Groups	187.827	70	2.683		
	Total	191.370	72			
SDQ hyperactivity score	Between Groups	2.953	2	1.477	.226	.798
	Within Groups	457.129	70	6.530		
	Total	460.082	72			
SDQ peer problems score	Between Groups	34.281	2	17.141	9.049	*.000
	Within Groups	132.596	70	1.894		
	Total	166.877	72			
SDQ prosocial behaviour score	Between Groups	13.916	2	6.958	2.777	.069
	Within Groups	175.399	70	2.506		
	Total	189.315	72			
Kidcope distress score	Between Groups	42.190	2	21.095	2.345	.104
	Within Groups	602.795	67	8.997		
	Total	644.986	69			

		Sum of Squares	df	Mean Square	F	Significance
Distraction frequency	Between Groups	.686	2	.343	.436	.649
	Within Groups	51.952	66	.787		
	Total	52.638	68			
Distraction efficacy	Between Groups	.689	2	.344	.312	.733
	Within Groups	64.000	58	1.103		
	Total	64.689	60			
Social withdrawal frequency	Between Groups	.455	2	.227	.197	.822
	Within Groups	76.357	66	1.157		
	Total	76.812	68			
Social withdrawal efficacy	Between Groups	.931	2	.465	.263	.770
	Within Groups	90.273	51	1.770		
	Total	91.204	53			
Cognitive restructuring frequency	Between Groups	5.333	2	2.667	3.835	*.027
	Within Groups	45.196	65	.695		
	Total	50.529	67			
Cognitive restructuring efficacy	Between Groups	.356	2	.178	.122	.886
	Within Groups	72.965	50	1.459		
	Total	73.321	52			
Self-criticism frequency	Between Groups	.024	2	.012	.013	.987
	Within Groups	62.845	66	.952		
	Total	62.870	68			
Self-criticism efficacy	Between Groups	.199	2	.100	.051	.950
	Within Groups	93.095	48	1.939		
	Total	93.294	50			
Blaming others frequency	Between Groups	2.362	2	1.181	1.293	.281
	Within Groups	60.275	66	.913		
	Total	62.638	68			
Blaming others efficacy	Between Groups	2.670	2	1.335	.981	.383
	Within Groups	61.247	45	1.361		
	Total	63.917	47			

		Sum of Squares	df	Mean Square	F	Significance
Problem-solving frequency	Between Groups	1.064	2	.532	.501	.608
	Within Groups	70.009	66	1.061		
	Total	71.072	68			
Problem-solving efficacy	Between Groups	6.105	2	3.052	3.445	*.041
	Within Groups	39.874	45	.886		
	Total	45.979	47			
Emotional regulation frequency	Between Groups	.270	2	.135	.163	.850
	Within Groups	54.542	66	.826		
	Total	54.812	68			
Emotional regulation efficacy	Between Groups	4.100	2	2.050	1.854	.166
	Within Groups	60.814	55	1.106		
	Total	64.914	57			
Wishful thinking frequency	Between Groups	.545	2	.272	.242	.786
	Within Groups	73.264	65	1.127		
	Total	73.809	67			
Wishful thinking efficacy	Between Groups	.067	2	.033	.026	.974
	Within Groups	69.657	55	1.266		
	Total	69.724	57			
Social support frequency	Between Groups	3.483	2	1.742	1.547	.220
	Within Groups	74.285	66	1.126		
	Total	77.768	68			
Social support efficacy	Between Groups	4.075	2	2.037	1.314	.279
	Within Groups	71.313	46	1.550		
	Total	75.388	48			
Resignation frequency	Between Groups	6.101	2	3.050	2.816	.067
	Within Groups	70.414	65	1.083		
	Total	76.515	67			
Resignation efficacy	Between Groups	3.486	2	1.743	.846	.436
	Within Groups	94.719	46	2.059		
	Total	98.204	48			

Dependent Variable		(I) group	(J) group	Mean Difference (I-J)	Std. Error	Sig.
SOS emotional discrepancy score	Dunnett T3	not bullied	bullied past	.2557	.37256	.863
		not bullied	bullied current	-1.1703	.48252	.108
		bullied past	not bullied	-.2557	.37256	.863
			bullied current	-1.4260	.50518	*.049
		bullied current	not bullied	1.1703	.48252	.108
			bullied past	1.4260	.50518	*.049
SDQ peer problems score	Dunnett T3	not bullied	bullied past	-.11	.358	.982
			bullied current	-1.89	.459	*.028
		bullied past	not bullied	.11	.358	.982
			bullied current	-1.78	.483	*.044
		bullied current	not bullied	1.89	.459	*.028
			bullied past	1.78	.483	*.044
Cognitive restructuring frequency	Dunnett T3	not bullied	bullied past	.48	.223	.096
			bullied current	-.26	.291	.815
		bullied past	not bullied	-.48	.223	.096
			bullied current	-.75	.302	.150
		bullied current	not bullied	.26	.291	.815
			bullied past	.75	.302	.150

* significant at the 0.05 level.

APPENDIX 13

Reasons young people gave for telling whom they did about their bullying experience

Reasons given for who the young person told regarding being bullied

Clinical Sample

- I choose my mum cause I can talk to her about anything
- because I am very close to my mum

Bullied Sample

Male (n=7):

- I told them because they were the kind of people who I knew would listen to what I had to say
- I wanted it sorted as soon as possible
- I chose them because they listened to me and understood
- Because I trusted him
- Dad had some experience and told me what to do
- I found these people the easiest to approach
- I did not tell anyone

Female (n=13):

- Because I was sure they would help
- Telling my gran gave me the confidence, I told the guidance coz it was in an interview
- I chose them because I can trust them
- Because I knew I could trust them
- I couldn't cope anymore I thought it might help by saying I didn't want to go anymore, I think by saying it, it made it worse
- I told my guidance teacher because she could do something about it, my friends because I trusted them and my sister because they asked if everything was ok at school
- My mum and I are very close and I knew if I didn't want her to she wouldn't say anything. My friends are the same

- I choose Amy my best friend but everyone knew because it was done in class and most joined in
- I choose my friend because she always listens and tries to understand
- It is easy to talk to them
- I found that it was easy to talk to them about it
- Because I could trust this friend and we told one another everything
- Because I needed someone to talk to