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Children who bully have learned to use their power and aggression to control others, a mode that is not conducive to healthy relationships either in the present or in their future lives. Furthermore, there is evidence that children who bully are also likely to have mental health problems that persist into adult life. There are also wide social and cultural differences in how bullying is perceived and defined. The values and norms of the culture itself strongly influence the behaviour of perpetrators. In this article, we discuss how educators and healthcare professionals can use this knowledge to help young people who bully develop deeper understanding of themselves and their relationships with others.

Keywords: bullying, peer relationships, interventions, mental health and youth

Introduction

Despite nearly three decades of research into the phenomenon of bullying, the issue still remains. While much of the focus has been on helping victims to cope with being bullied and on creating effective whole school policies that involve all members of the school community, much more has been written about how to help the targets of bullying than about the perpetrators. As parents, educators and healthcare professionals, we do not naturally empathise with the bully. Perpetrators are invariably viewed negatively and any tendency to show concern for the bully's emotional state is understandably likely to be met with criticism on the part of the targets of bullying and by those who support and defend victims. Paradoxically, the mental health needs of other groups of young people who display

undesirable behaviour, such as young offenders, *are* recognised and their vulnerability acknowledged. But the emotional difficulties of bullies are seldom taken into account in the design of interventions to resolve the issue. Yet, if we are to develop effective strategies for addressing the problem, it is essential to understand the processes and prior experiences that lead a child to engage in bullying behaviour.

The definition of school bullying originally proposed by Olweus (1993) and still to this day widely used by researchers and practitioners is that there are three core components:

- there is an intent to harm or upset another student;
- the harmful behaviour is done repeatedly and over time;
- the relationship between bully/bullies and victim/victims is characterized by an imbalance in power.

However, bullying appears to be understood differently depending on the social context. Smith et al. (2002) asked children from 14 different countries to look at 25 different stick figures illustrating situations that might be considered as bullying. Younger children had a less differentiated view of bullying than older children. There were also marked cultural differences, especially with regard to inclusion of indirect forms of bullying, such as ostracism and other forms of psychological bullying. Jacobson et al. (2014) argue that some of the ways in which individuals or groups interpret the phenomenon arise from cultural and situational differences in the construction of what it is to be bullied. Perceptions may vary widely depending on the amount of aggressive behaviour necessary for an act to be considered as bullying in that context. For example, bullying may be embedded in a child's family or community and that will have an influence on how the aggressive behavior is interpreted. In a very authoritarian school, the threshold of behaviour that would be labelled as bullying would be higher than in a more person-centred school with a greater emphasis on nurturing good relationships among pupils. In these social contexts, the child who bullies may well not be aware of the destructive effect of his or her behavior on targets. Particularly in situations where the young person is a bully-victim, their aggression towards vulnerable peers may be part of a protective mechanism to help them cope with negative experiences in their own lives.

Individual characteristics of the bully

Many studies of children who bully focus on their personal characteristics. Those who bully tend to have a range of difficulties in their peer relationships. Recent studies have indicated that children who consistently bully their peers from elementary through high school have peer relationship problems, including high conflict with peers, association with similarly aggressive peers, and susceptibility to negative peer pressure (Pepler et al., 2008).

There is strong evidence too suggesting that children who bully have a higher than average incidence of mental health difficulties (Cowie, 2010; Perren et al., 2010; Sourander et al., 2010). Kumpulainen et al. (1999) found that bullies, in particular those who were bully-victims at primary school, had more psychiatric symptoms at the age of 15 years. The probability of being deviant at the age of 15 years was higher among children involved in bullying at the age of 8 or 12 years than among non-involved children. Similarly, Kaltiala-Heino et al. (2000), in a large-scale survey of 14– to 16-year-old Finnish adolescents taking part in the School Health Promotion Study (8787 in 1995, 7643 in 1997), found that anxiety, depression and psychosomatic symptoms were most frequent among bully-victims and equally common among bullies and victims. On the surface, children who bully often appear confident, assertive, and popular; they also tend to exhibit a lack of empathy for the suffering of their victims (Sutton et al., 1999). Interviews frequently elicit rationalizations for their aggressive behaviour that minimize the outcomes for victims and provide justification for the actions. For example, bullies will often state that the victim provoked them in some way and so deserved the treatment that they had received.

Low fear reactivity seems to be a strong risk factor for aggressive behaviour since it prevents the development of a sense of conscience about harming others, undermines the quality of empathy for another's suffering and acts against the internalization of pro-social norms of behaviour. Terranova et al. (2008), in a sample of 124 middle-school children, investigated whether the children's fear reactivity and their 'effortful control' (that is, their ability to inhibit dominant responses) would influence whether they engaged in bullying. They found that children who carry out direct physical bullying (as opposed to psychological or indirect bullying) lack the qualities of self-regulation and also do not fear the consequences of their aggression. They noted that deficits in effortful control disrupt the development of pro-social skills and values, so reducing the repertoire of responses available to bullies when they interact with their peers.

These examples of the bully's personal characteristics also appear to confirm what some researchers have identified as a narcissistic preoccupation with the self and over-sensitivity to any form of actual or perceived criticism. Those high in narcissism appear to be self-confident with high levels of self-esteem but they are often considered by others to be egotistical and conceited individuals who have a grandiose conception of themselves (Baumeister, 2001; Baumeister et al., 1996).

The social context of bullying

It is essential to view the research that documents *personality* characteristics of bullies in the wider *social* context in which children and adolescents are growing up. For example, Frosh et al., (2002) found that it was very difficult for the adolescent boys in their inner-city sample to experiment with alternative ways of being masculine outside of the narrow stereotypes provided by their culture. In the researchers' words, 'the dominant form of masculinity is associated with heterosexuality, toughness, power and authority, competitiveness and the subordination of gay men' (Frosh et al., pp. 75-76). Many boys do not attain this masculine 'ideal' and have to find strategies for dealing with the sanctions of bullying, ostracism and name-calling meted out mercilessly to those who do not fit. Furthermore, as indicated by Page et al., (2015), in order to understand bullying more fully, it is essential to take account of the gender-related social context that supports the expression of male bullying attitudes towards girls. For example, it is a widespread phenomenon that adolescent girls experience direct bullying in the form of sexual name-calling and embarrassing comments about their appearance and indirect sexual bullying in the form of rumour-spreading about their reputation. From this perspective, bullying behaviour needs to be viewed in the cultural context of male power over women. This is often expressed through a form of pack mentality which is misogynist, homophobic and sexist, and which has been described by Jackson et al. (2014) as 'lad culture'. Where societal attitudes normalise abusive, laddish behaviour, it is likely that a peer culture emerges where bullying will flourish.

Salmivalli et al. (1998) showed how important it is to consider bullying in its social context. As they indicate, peers are frequently bystanders during episodes of bullying

and the nature of their response has a powerful influence on whether the bullying continues or is challenged. Salmivalli's research has been seminal here since she and her colleagues identified a range of participant roles in bullying to include: bullies, victims, assistants to the bully, reinforcers of the bully, defenders of the victim and outsiders (Salmivalli, 2014; Salmivalli, 2010); this research indicates the powerful role that bystanders can play as audience to the 'drama' of a bullying episode.

Continuities in bullying

Studies examining the continuity of abusive peer relationships suggest that the roles of bullies and victims remain quite stable from elementary to middle school and high school (Pörhölä, 2016; Salmivalli et al., 1998; Schäfer et al., 2005; Sourander et al., 2000). For example, Schäfer et al. conducted a six-year longitudinal study following German second and third graders through to the seventh and eighth grades, and found that bullying behaviour in elementary school was likely to continue at the later age, although being victimized by peers did not have similar continuity. Similarly, in their eight-year longitudinal study among Finnish students, Sourander et al. (2000) found that bullying at age eight was associated with bullying at age 16, and being bullied at age eight was associated with being bullied at age 16. Those who bully at school are most likely to continue to engage in various kinds of abusive behaviours in their social relationships. Particularly males who bully at school have been shown to have a heightened risk for sexual harassment (DeSouza & Ribeiro, 2005; Pellegrini, 2002), and dating violence (Connolly et al., 2000; Pepler et al., 2002).

Interventions that target the child who bullies

Interventions in a variety of forms have been developed over the years, ranging from those that focus on the whole school, those that target the bully in a group context and those that work therapeutically with individuals.

Schools with effective anti-bullying policies are generally those with consistent whole-school approaches that address the issue of bullying at different levels – fair policies that emphasise shared agreement on what is and is not acceptable behaviour, and why; a focus on the strengthening of positive relationships within the classroom; providing therapeutic interventions for individuals, where appropriate, either on a one-to-one basis or within a group. Much discussion focuses on the effectiveness or otherwise of sanctions and zero-tolerance policies (Cowie & Colliety, 2010; Ttofi & Farrington, 2011). Thompson and Smith

(2011) found that direct sanctions against the child who bullies, such as verbal reprimands, meetings with parents, detentions, suspensions and permanent exclusion, tended to be combined with other more restorative approaches so that a simplistic judgement about the effectiveness or otherwise of sanctions was uninformative and did not allow for the complexity of school responses to disciplinary matters.

Given the complexity of the personal circumstances and mental health difficulties of children who bully, it is not surprising that the impact of different forms of disciplinary, therapeutic and remedial approaches is hard to unravel and therefore its effectiveness is difficult to measure. However, there is evidence that small group work with very aggressive children can be effective in changing their behaviour and enhancing their capacity to relate positively with their peers. The Method of Shared Concern, developed by Pikas (2002) aims to create a set of ground rules that will enable children who engage in bullying behaviour and those whom they bully to co-exist within the same school community. They do not necessarily have to be friends and no punishment is involved but their behaviour has to change. There are three stages to the Pikas Method process:

- individual chats of around 7-10 minutes with each of the pupils involved in the bullying episode;
- follow-up individual interviews of around 3 minutes with each pupil;
- a group meeting with all involved of around thirty minutes.

The time that elapses between the initial chats and the follow-up interviews is usually one week. The chats and interviews are scripted. The basis of the Method of Shared Concern is for those involved to agree that there is a problem: that is, that the bullied pupil is unhappy. Individual discussions with each pupil involved in the bullying episode establish that this problem exists. All that is needed is for each young person to agree that the pupil who is being bullied is having a difficult time. Once they have agreed this, the adult facilitator asks each individual pupil to suggest what can be done to make the bullied child's life better. At no point does the adult apportion blame. The emphasis is on finding a solution. Solutions can be quite small ones, for example, 'Leave the bullied child alone'. When each child produces a solution the agreement is made to implement it and to meet again in a week to review progress as a group. In this final group meeting, the facilitator praises all participants for

their efforts to reduce the bullying behaviour and generates a wider discussion aimed at promoting values of helpfulness and co-operation. The adult who facilitates the Pikas Method is trained to adhere to the exact wording of the script. This person must also remain very calm, non-judgemental and clear about their goals. Specific details on how to run the method can be found in Sharp et al. (1996) and Sullivan (2000).

A very similar method, the Support Group Method (Sharp et al., 1996; Robinson and Maines 2007), creates a forum consisting of bullies, bystanders and defenders that focuses on the feelings of all participants, including those of the bully. The support group is a reflective, cooperative space within which these young people can develop problem-solving skills and the capacity to help others. The method does not apportion blame. Instead, the process of working cooperatively in the group changes the power structure within the group by discouraging negative behaviours and empowering group members to devise strategies for helping the bullied peer. There are particular outcomes in the process. The first is that the method creates a context in which the bully is given the opportunity to reflect on the victim's feelings by imagining what it must have been like to be a victim. The bully is encouraged to express concern for the victim within the safety of the group and, if possible, to come to some form of realization that the bullying actions were wrong. The second key outcome is that, since the facilitator places the emphasis on the expression of feelings, the process of change is a collective one involving not only the perpetrators but also the bystanders, onlookers and potential defenders. A consistent finding, as evaluations have shown, is that participants feel better about themselves through the experience of helping others. Young (1998), for example, found that the Support Group Method altered the dynamics of the group so that the benefits for helping the victim of bullying outweighed the costs.

The Nurture Group (NG) is another example of an approach that takes full account of the emotional and mental health difficulties experienced by aggressive children (though interestingly the NG approach does not specifically focus on bullying behaviour). The aim is to adopt a nurturing method in order to reach the unmet needs of these children and repair some of the damage that has been done earlier in their lives. From the NG perspective, the relationship with the nurture group teachers is supportive and these teachers provide a role model that the children observe and, over time, begin to incorporate into their own relationships. Nurture-based practice, grounded in attachment theory (Bennathan & Boxall, 2014), is an increasingly influential approach to the inclusion of children with social,

emotional and behavioural difficulties and is very relevant to the issue of the child who bullies. From this perspective, children who are placed in nurture groups have experienced dysfunctional or disruptive parenting in their early years. While NGs have many of the features of family life, such as soft furnishings, kitchen and dining facilities, they are not designed to replace family life but rather to complement it. The trained NG staff work collaboratively with the parents and, in fact, the experience of the NG appears to have a positive influence on the ways in which parents interact with their children. NGs focus primarily on internalizing models of effective relationships and forming attachments to loving and caring adults, so allowing the children to achieve a sense of security and safety at school.

Scott Loinaz (2015) compared NGs with 122 other effective evidence-based psychosocial interventions for children with emotional and behavioral difficulties. She concluded that NG provision shares most of its therapeutic procedures with other effective interventions, such as consensual goal-setting, modelling, cognitive restructuring, role-playing, relaxation techniques and affective education; similarly, NG provision can help children and adolescents address both externalizing and internalizing behavioral difficulties. What makes the NG distinctive is that the length of time involved helps the young people to form strong, trusting relationships with adults who show them affection, give them attention and reassure them of their self-worth and personal value. This greatly helps the process of reintegrating back into their mainstream class. Other evaluations of the impact of NGs (e.g. Bennathan & Boxall, 2014; Cooper & Whitebread, 2007; Seth-Smith et al., 2010) reveal statistically substantial improvements in terms of children's social and emotional development, social engagement and behaviors showing secure attachment.

As the research indicates, children engage in bullying for a range of different reasons, so the interventions need to be adapted to the particular needs of the individual and take account of that young person's peer group, their family values and behaviour patterns, as well as the characteristics of their community. Hazler (1996) describes the Promoting Issues in Common (PIC) Method, which works to change the bully-victim relationship by enabling bullies to understand the fears and anxieties that they have in common with those they bully. The rationale behind PIC is that everyone benefits when people seek to understand, work with and care for others. By reinforcing bullies' good behaviour when it occurs – 'catching

them being good' – through a traditional behaviour modification approach, the rewarding of low-level pro-social behaviour is likely to promote its recurrence, provided that the reward is offered in a consistent manner. But at a deeper level it is also necessary to work therapeutically to change the cognitions that many bullies hold and which, too often, are reinforced by the supporters in their immediate peer group.

Conclusion

There are important implications for intervention work with young people to change the quality of their peer relationships and to give them contexts in which to explore their own emotions and identities. A large body of research now confirms and gives added insight into what many educators know from their practice - that good quality relationships are as integral to the child's healthy development as academic attainment. However, as the research confirms, abusive bullying relationships are damaging for both target and perpetrator. On the surface, the bullies appear to win through the abuse of their power over others. This clearly provides rewards for continuing to engage in this kind of behaviour but in the longer term the outcomes are not good for the bully either. As Pörhölä (2016) argues, these individuals fail to achieve integration into their peer community and, as a result, fail to develop positive peer interaction skills since their apparent popularity is based on fear rather than genuine liking. In new situations, for example when they go to university, such young people, with a history of having bullied their schoolmates, may also experience being disliked by most peers, and therefore see the new peer community at university as a threat. In this situation they may end up gathering around them a group of similarly aggressive peers who encourage them to continue their abusive ways of relating to others. As a result, the participant role of bully may transfer from one social context to another since such individuals continue to feel the need to gain social power over their peer group and will as a consequence continue to target people who are in some way vulnerable. As Pörhölä (2016) argues, these young people have previously gained social power by bullying others, so the risk of them repeating the same strategy is high.

Implications for practice

Within both the education and health practice settings, there is a need for a multi-layered approach when working with these very aggressive children and young people. Although the

research shows that there are a number of effective interventions, none of them provides a quick and easy solution to change the long-term behaviour of children and young people who bully.

Although nurturing and restorative approaches have been demonstrated to be effective, they are very expensive and demanding on those who are involved. There is a strong evidence base for working therapeutically in small groups to change both the behaviour and cognition of those who bully, as the behaviour of children who bully can be changed by placing emphasis on the emotional aspects of their experience. Other evidence based strategies, such as the *Support Group Method* and the *Method of Shared Concern*, have been shown to change the behaviour of bullies. The complexity of the different approaches and their interaction can be seen in Figure 1.

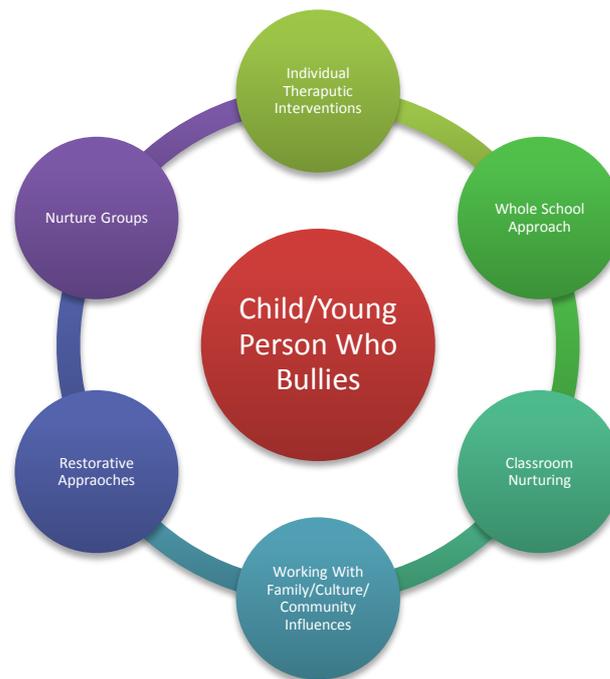


Figure 1: The range of supportive approaches to change bullying behaviour

The different approaches require different skills and expertise. There are supportive strategies that can be adopted by educators, such as creating nurturing communities in the classroom where relationships are valued and people are encouraged to care for one another, which will help to address the emotional needs of all the children in that class. This would be enhanced

by an in-depth appreciation of the link between children's relationship difficulties and their origins in the family and the community.

Additionally, there is a need to recognise that within a school environment, there is a need for a greater mental health input; both *promoting* positive mental health and *dealing with* mental health problems. This may in the form of specialist mental health input from mental health nurses or counsellors working at the individual therapeutic intervention level; or it may be in the form of school nursing input, working with children and young people in the area of promoting positive mental health, relationships and self-esteem. School nurses have an advantage in that they are available to all children and often run 'drop in' sessions that offer children and young people access to support and help without having to be referred. We acknowledge that these recommendations are not easy to implement. Tapson (2014) highlights the extreme mistrust of others expressed by the young participants in her research, each of whom had bullied their peers. She also noted the huge challenges that these young people presented to their counsellors and other staff who attempted to work therapeutically with them. The exposure of these professionals to the anger and aggression of their young clients put them at risk of exhaustion and disillusionment in their capacity to put into practice their person-centred, non-judgemental values. The counsellors in this study confided that they had experienced repressed feelings of anger towards these young people and that they very much needed guidance on how to maintain their boundaries and how to manage their own emotions.

Nevertheless, we still argue that working with bullies to help them to understand why they bully and what can be done to support them in changing their behaviour, seems essential if bullying is to be stopped. The needs of the victims cannot be ignored, but the use of approaches that work directly with those who bully in order to address their emotional needs will strengthen any whole-school strategy, as it will be dealing with the cause as well as the effect. Although not a popular view, perhaps the use of the term 'bully' needs to be rethought. Without condoning the ways in which children who bully deal with their social and emotional difficulties, we argue that those who bully others can be seen themselves as victims of their circumstances. Perhaps too we need to reframe our initial question from 'Who cares about the bullies?' to 'Why should we care about the bullies?'

We can summarise our response as follows. First, they are still young and, regardless of their behaviour, they deserve our understanding and guidance. Second, the literature consistently reveals that children who bully are more likely than other children to have mental health difficulties and so, as parents, teachers or healthcare professionals, we are duty-bound to offer them support and insight into their personal issues. Third, it is important to overcome our immediate feelings, such as outrage, anger, revulsion and vengefulness if we are to help reduce the phenomenon of bullying, and to seek appropriate supervision or emotional support when the children who bully reject us or rebuff our well-meaning offers of help. Fourth, in view of the continuities of bullying over time, it is essential to work towards preventing these young people from perpetuating their cruel, anti-social behaviour from childhood through adolescence into adulthood. Finally, we are all members of our communities where, as participants and observers we can challenge laddish attitudes whenever we encounter them.

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