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**THE UNIVERSITY OF WARWICK**  
*Institute of Education*

**Thesis Title:**

***“Physical, Verbal, and Relational Bullying  
of pupils with Learning Difficulties in  
Cypriot Primary schools”***

**By:**

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**A thesis submitted in partial fulfilment of the  
requirements for the Degree of Doctor of Philosophy  
in Education  
(*Special Educational Needs*)**

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## **DEDICATION**

This dissertation is dedicated to my parents and my two sisters Christiana and Stella, to all my friends, and especially, to all my pupils, who have all these years been teaching me everything I know.

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## **Abstract**

The present thesis explores main issues regarding school bullying, based firstly on an extensive literature and research review, and secondly on a research study which took place within a period of two academic years, in Nicosia, Cyprus. The study aimed to explore and compare bullying experiences among pupils with learning difficulties (LDs) and typically developing (TD) pupils as match controls, and identify whether learning disabled pupils are bullied on a higher frequency or severity compared to their non-disabled peers. Types of bullying (verbal, physical, and particularly relational) and several factors underpinning these, were investigated. The study also aimed to explore school staff's views and experiences regarding bullying, and to examine gender and age issues regarding the experiences of the sample in bullying. In addition, it aimed to examine bullying mental health effects on the victims, with a particular focus on its relational type. Lastly, a survey with 620 pupils from the sample schools, aged 9 to 12 years, was conducted to investigate the nature of bullying across the whole population of pupils in these schools at these ages. The *sample* included six primary inclusive schools located in Nicosia, a number of pupils who participated in the bullying survey ( $n=620$ ), 12 pupils with LDs and 12 TD pupils aged 9 to 12 years as the main focus groups, and six head teachers and 37 teachers from the sample schools. The *data collection tools* included the *Life in School Questionnaire* (LIS) to examine generally the bullying experiences of the



samples, the *Reynolds Bully Victimization Scales* to examine involvement in physical and verbal bullying, and specifically involvement in relational aggressive incidents and mental health effects on the victims. Also, *semi-structured interviews* were conducted to explore *in depth* the samples' experiences regarding bullying in their schools. The results showed that similar numbers of pupils with and without LDs reported victimization and generally no statistically significant differences were found when comparing the two focus groups. The interviews, on the other hand, identified interesting factors underpinning the LD pupils' victimization were identified, and important data regarding bullying in Cypriot primary schools were collected.

## ***Introduction***

In my country Cyprus, there have not, to date, been any studies investigating school bullying within a population of pupils with *Learning Difficulties* (LDs). Verbal, physical, and particularly relational bullying have not been researched in *inclusive* schools in Cyprus, and throughout my teaching experience of more than 18 years, I have come across many incidents of such aggressive behaviours against pupils with LDs by their non-disabled peers, even before these have come to be called ‘bullying’.

International research from several countries has revealed that pupils with *Special Educational Needs* (SEND) or LDs may often be bullied by non-disabled pupils at school because of their disabilities. For this reason, I chose to carry out research on this topic in my country, identify the nature and levels of bullying in inclusive primary schools, and investigate these within a population of pupils *with* and *without* LDs.

Bullying among school children is not a new phenomenon, as it has been described in studies in several countries around the world since the early 1980s (e.g. Andreou & Metallidou, 2007; Arseneault *et al*, 2006, 2008; Baldry, 2004; Beran & Li, 2007; Boyle, 2004; Boolger & Patterson, 2001; Braithwaite & Ahmed, 2004; Fox & Boulton, 2005; Gaviria & Raphael, 2001; Green, 2006; Houndoumadi & Pateraki, 2001; Hunter *et al*, 2007; Kaloyirou & Lindsay, 2008; Li, 2007; Lindenberg *et al*, 2007; Lindsay, Dockrell & Mackie, 2008; MadDougall, 1993; Nation *et al*,

2007; Oliver & Candappa, 2003; Olweus, 1978, 1986, 1987, 1991, 1993, 1994, 1996, 1999, 2001, 2003; Rigby, 2002; Sharp, Thompson, & Arora, 2002; Smith & Sharp, 1994; Whitney & Smith, 1993).

The attention of Norwegian society was drawn to bullying in the early 1980s when three boys aged 10 to 14 committed suicide as a result of severe bullying (Olweus, 1991a and b). Similar events took place in other countries such as the US, where a victim reacted by killing his bully (Greenbaum, 1988), or Japan where a boy hanged himself blaming his classmates for severe bullying (Lane, 1989). Also, in 1998 in Canada, a 14 years old girl died after being left to drown following severe bullying (Vancouver Province, 1998, 15 November). Additionally, school shootings, suicide commitments, and severe injuries, took place under the influence of bullies (Arseneault *et al*, 2006; Dedman, 2001; Markward, Cline, & Markward, 2002). Stimulated by the pioneering work of Dan Olweus in Scandinavia, much research has followed in several nations, exploring the nature, causes, prevalence, and effects of school bullying. The findings can provide reasons for initiating interventions and anti-bullying programmes for schools.

Societies now recognize that bullying is an unacceptable situation, highly prevalent in schools, and the harmful damage that it can cause can be a significant reason for prevention and intervention. Research suggests that bullying can lead to violence and aggression, long-term depression and anxiety, misery, loss of self-esteem, difficulty in concentration and

learning, and academic or work underachievement and failure (e.g. Boulton & Smith, 1994; Olweus, 1993; Smith & Sharp, 1994; Turkel & Eth, 1990).

The present thesis is divided into two Parts. The first Part is an extensive and detailed Literature Review on bullying, which includes definitions, age and gender issues, causes, effects, and characteristics of children involved, with a special focus given on its relational type (*relational aggression*) discussed in a different Chapter. Also, a detailed account of bullying of children with SEND and of the Cyprus educational system is given.

Specifically, the first Part of the thesis is divided into the following chapters, each comprising a specific theme:

- Chapter 1: School Bullying. In this Chapter, several issues regarding bullying are presented and discussed according to several researchers (e.g. definitions and types of bullying, age and gender issues, characteristics of children involved, causes and effects, and prevalence).
- Chapter 2: Relational Aggression. As the main focus of the present research regarded the involvement of the samples in relational bullying (relational aggression) and possible effects on them, Chapter 2 is a detailed account of several aspects regarding this type of aggression (e.g. definitions and types, causes and

effects, characteristics of children involved, and age and gender issues).

- Chapter 3: Bullying and children with SEND. As the main aim of the current study was to examine bullying among children with and without learning difficulties, this Chapter describes several issues regarding bullying among the population of children with various types of SEND (e.g. LDs, autistic spectrum and language disorders, emotional and behavioural difficulties, and ADHD).

The second Part of this thesis presents research taken place in Nicosia, Cyprus, lasting for about two academic years. The study focused on the experiences of physical, verbal and relational bullying of 24 pupils with and without LDs, in 6 public primary schools. The study used both qualitative and quantitative data collection methods and several issues were examined: levels and types of bullying, characteristics of children involved, places and duration, effects, feelings and thoughts, age and gender issues, and schools' intervention methods. Also, a survey was carried out in the sample schools exploring the bullying experiences of a larger sample number ( $n=620$ ) of pupils aged 9 to 12 years. Specifically, the second Part includes the following Chapters, each comprising a specific theme:

- Chapter 4: The Cyprus Educational System and Bullying in Cyprus. A description of the Cyprus Educational System is given

in this Chapter with a particular focus on inclusive practices, and bullying in the country is discussed based on previous research.

- Chapter 5: Methodology. In this Chapter a detailed account of the current research study is given, with reference on the methodology, samples, procedures, ethical considerations, and data collection and analysis instruments and processes.
- Chapter 6: Results: Interviews with the children. In this Chapter the results of the children's interviews are presented and discussed.
- Chapter 7: Results: Interviews with the teachers and head teachers. In this Chapter the results of the school staff's interviews are presented and discussed.
- Chapter 8: Questionnaires' results. The results of the Questionnaires completed by all the sample children are presented and discussed in this Chapter.
- Chapter 9: Discussion. The main issues related to the research and its results are discussed here with reference to previous research. This Chapter also includes conclusions, implications for policy and practice, recommendations for future research, a section where the study's limitations are reviewed, and lastly a section with some critical views on the concept of bullying.

## ***PART 1: LITERATURE REVIEW***

### **CHAPTER 1: SCHOOL BULLYING**

#### ***Introduction***

This is the first literature review Chapter of the present thesis which presents general issues regarding school bullying. It describes what bullying is by giving definitions of the term according to several researchers, presents the different types of bullying, discusses the issues of gender and age related to bullying, outlines characteristics of bullies, victims, and bully-victims, presents several theories about the causes of bullying, and describes and discusses the effects of bullying on the children involved.

#### ***1.1 What is Bullying?***

Aggressive behaviour is usually defined as behaviour that intends to cause injury or discomfort upon an individual (Berkowitz, 1993; Cuevas, Finkelhor, Turner, & Ormrod, 2007; Leff, 2007; Neto, 2005; Olweus, 2001; Roland & Idsoe, 2001). The meaning of *bullying* is closely linked to this definition since it is usually regarded as a subcategory of aggressive behaviour and a specific form of aggression (Cornell, 2006).

The most common definition of bullying comes from Olweus (1993) who suggests that a child is bullied when he/she is exposed to repeated and systematic harassment, or to negative actions, happening

over time, on the part of one or more other children. The bullying action is repeated and not a one-time act. A bullying relationship is characterized by the fact that one or more individuals repeatedly direct hurtful actions towards an individual who has difficulty defending. The generally accepted identifying criterion of the term bullying is according to Olweus that the negative behaviours are intentional and repeated over time to some extent. In addition, the relationship is characterized by an imbalance of power between the aggressor(s) and the target(s). The power differential may be rooted in physical or mental strength, or because several aggressors harass a single victim (Fox & Boulton, 2005; Naylor *et al*, 2006; Olweus, 1999; Smith & Brain, 2000). Bullying has been viewed as a potentially damaging form of violence that can lead to greater and prolonged adolescence and adult delinquency, psychosocial difficulties and even suicide commitment (Brunstein *et al*, 2008; Holden & Delville, 2005; Limber *et al*, 1997; Roland, 2002).

Such aggression is not only physical and can include a variety of non-physical forms such as emotional and verbal abuse, threats, or exclusion in which a person directly or indirectly, ostracizes another person in a social group. An example of this latter form includes situations where students spread malicious rumours about other students in order to make them disliked by peers (Guerin & Hennessay, 2002). This is known as *relational aggression* and will be described in Chapter 2.



### **1.1.1 Other Definitions and Types**

Other researchers have produced similar definitions. For example Hazler *et al*, (1992) have suggested that bullying is a form of aggression in which a child or a group of children abuse a victim over a period of time, physically or psychologically. Similarly, Randall (1997) defines bullying as an aggressive behaviour that arises from the deliberate intent to cause distress, physically or psychologically. Besag (1989) suggests that bullying includes repeated attacks that can be physical, psychological, social, or verbal, by some who is/are in a position of power over those who are powerless to resist, with the intention to cause distress for their own sake.

On the same basis Smith and Sharp (1994) have described bullying as '*a systematic abuse of power*' (p. 2) where there is repetition and an imbalance of power of the victim who is unable to defend due to the fact that he/she may be less physically strong or less psychologically powerful. In addition, Murphy and Lewers (2000) have defined bullying as an unprovoked aggressive behaviour, deliberately created by someone of greater power on someone of lesser power, which is persistent and repetitive.

Another broad definition is the one from Batche and Knoff (1994) who have defined bullying as a form of aggression in which one (or more pupils) physically, and/or psychologically, and recently sexually and electronically, harasses another pupil repeatedly. More recently, Rigby

(2002) has defined bullying as a systematic abuse of power imbalance which is an experience suffered by children who are considered as vulnerable or different.

Recently, *cyber-bullying* has become another form of victimization, defined as sending or posting (messaging or emailing) harmful messages or images using the internet or other digital forms of communication (Beran & Li, 2007; Li, 2007; Willard, 2004; Williams & Querra, 2007). *Sexual bullying* is an aggressive behaviour in which one or more children sexually harass another child repeatedly (Batche & Knoff, 1994). *Racist bullying* has also been a worrying situation in schools and in one case, resulted in a child's death. This kind of bullying includes teasing and name-calling against non-white ethnic origin children (Smith & Ananiadou, 2003).

As Olweus (1993) argues bullying can be carried out by a single individual (the bully), or a group. The target of bullying can be a single individual (the victim), or a group. In school bullying the target is usually a single pupil who is attacked by a group of two or three pupils that are physically stronger. The power may come from *physical superiority* (size or strength), or *mental strength* (Olweus, 1997, p. 171). Also, Tattum (1997, p. 223) has suggested that bullying involves a desire to cause a person stress '*not only by what happens but by the threat and fear of what may happen*'.

A great issue facing professionals is the vulnerability of children with Special Educational Needs (SEND) in bullying. Studies have

revealed that bullied children usually *differ* from their peers in respect of characteristics like appearance, disability, or school performance and academic success (Sweeting & West, 2001). Bullying and victimization by and/or of children with SEND or LDs will be discussed in Chapter 3 of this thesis.

In terms of the *present study* which is described in detail in the second Part of this thesis, it needs to be pointed out that after taking into consideration the above definitions created by several researchers, the term *bullying* for the specific study refers to: physical and verbal aggressive actions, as well as relational aggressive actions, taking place by an individual child (*the aggressor/the bully*) towards another child (*the victim*) repeatedly, with the aim to cause physical or emotional harm and psychological distress to this victim.

Specific types of physical and verbal bullying that were investigated in this study included: hitting, kicking, spitting, hurting, taking things off someone, name-calling, teasing, threatening, and having fun of, regarding or not disability and SEND. Specific types of relational aggression that were investigated in the study included: destroying social status, excluding from friendship groups, spreading false rumours and accusations, ignoring, gossiping, lying, disrespecting, isolating, disapproving, and marginalizing, related or not to disability and SEND.

The above definition, as well as the view that bullying is an inappropriate and maybe harmful kind of behaviour which can be exhibited in several ways by children, has guided the current research, as

its main aims included the investigation of the existence and severity of these aggressive behaviours in the sample schools, with a particular focus on relational aggression and its effects, both among a large sample of pupils who participated in a survey ( $n=620$ ), as well as between the two focus groups of a comparative study (*Learning Disabled* and *Typically Developing*).

## ***1.2 Bullying and Gender***

Within the literature, it is suggested that boys are much more likely to be bullied than girls (e.g. Olweus, 1993; Rigby, 2000). Rigby (2000) has found that approximately 1 in 5 boys in Australia reported being bullied compared to 1 in 10 girls. This has also been found in Sweden (Bjorqvist *et al*, 1992) and England (Smith & Sharp, 1994). Boys are also significantly more likely to be the perpetrators of bullying, and tend to engage more in direct physical aggression, or name-calling and threatening. In general, boys are found to bully and to be more violent compared to girls (Moffitt *et al*, 2001). Additionally, Olweus (1991) found in his nationwide survey of bullying in Norwegian schools that 11% of boys reported bullying others compared to only 3-4% of girls. Similar results have been reported by Borg (1999) in Malta and Scheithauer *et al*, (2006) in Germany who found that generally boys were much more likely to bully compared to girls, but girls were more involved in relational bullying compared to boys. Generally, girls are significantly more likely to use, and be victims of, non-physical aggression, like name-

calling and group exclusion (Crick, Bigbee, & Howes, 1996; Lagerspetz, Bjorqvist, & Peltonen, 1988; Olweus, 1993). However, more recently, researchers have argued that there can be no particular differences in bullying between boys and girls (see Rigby, 2002, for a review).

Delfabbrol *et al*, (2006) have argued that it is rather expected that boys would report more bullying than girls, because of their greater likelihood of experiencing difficulties in schooling or behavioural adjustment. Gender differences were obtained for a number of bullying incidents. Boys were found more likely to be picked on by both teachers and peers, called names, and kicked and pushed around. Interestingly, much of the bullying involved verbal behaviours like name-calling and teasing. Also, boys tended to be bullied more often than girls.

Olafsen and Viemero (2000) suggest that the nature of such behaviours may vary depending on the type of bullying. In their study, it was found that girls mostly responded to indirect bullying by directing their anger towards themselves (*self-destruction*), whereas other research has shown that boys tend to express their emotions by getting involved in fights (e.g. Rauste-von Wright, 1989).

The '*Construction of Hegemonic Masculinity Theory*' suggested by Connell (1995) and Gilbert and Gilbert (1998) may explain the developmental characteristics which lead boys to oppress girls, reporting that these characteristics cause boys' bullying towards girls, and boys' bullying against boys who do not possess stereotypical masculine

qualities. Such boys are usually named as ‘gay’ and are homosexually oriented (Rigby, 2003).

### ***1.3 Characteristics of Victims of Bullying***

#### **1.3.1 Typical Victims**

It has been suggested that typical victims are socially unskilled. Elliott (1991) has stated that victims may lack skills that can be used for every day interactions, have lack of humour, may be ‘incapable’ for every day’s life ‘give and take’, and generally lack social skills.

In two linked earlier studies in Norway, with samples of 80 and 125 children respectively, Olweus (1978) compared bullies, ‘*whipping boys*’ (victims), and controls (other boys), in respect of external characteristics like physical handicap, obesity, size, appearance, personal hygiene and facial expression. Results showed that victims were weaker than bullies and controls. However, as Olweus concluded, external characteristics like the ones mentioned above, seemed to play a weaker role on the ‘whipping boys’ than expected. Some other studies report that victims may be physically weak, obese and with a disability (e.g. Lagerspetz *et al*, 1982). Also they may be different from the rest of the class in dressing, speech, and have poorer personal hygiene (Stephenson & Smith, 1989). Similarly, Lowenstein (1978) found that victims were significantly less physically attractive and had strange manners or physical handicaps. Victims tend to be non-assertive (Perry, Willard & Perry, 1990), cry easily, and usually prefer to ‘hide’ than to enter a group

(Pierce, 1990). Generally they tend to display an anxious vulnerability (Olweus, 1978; Troy & Sroufe, 1987).

Schwartz *et al*, (1993) examined victims' behavioural characteristics during play time. The victimized boys were found to rarely display assertive behaviour like persuasion efforts and social conversations, and spent their time with passive play. Also, they rewarded their attackers by submitting and became more withdrawn. Additionally, Hodges and Perry (1999) assessed 229 children twice over an academic year. It was found that depression, withdrawal, anxiety and physical weakness, were predictive of victimization over time. Similarly, Hodges *et al*, (1999) examined 393 pupils throughout an academic year, assessing internalizing and externalizing problems. Results showed that such problems predicted increases in victimization over time.

On the same basis, Schwartz *et al*, (1999) examined the behaviour problems of 389 students, in relation to later victimization, for four academic years. Results showed that attention and social problems, and externalizing behaviours during Year 1, predicted victimization at Year 4. Similarly, Buchanan and Winzer's study (1995) showed that victims were characterized as different, slow, wearing funny clothes, nerds or dorks, were younger and quiet, the ones who were not good at sports or couldn't do anything. However, it has also been found that victims in respect of physical characteristics may not be different from their peers (Bernstein & Watson, 1997; Olweus, 1978; Stephenson & Smith, 1989).

More recently, Fox and Boulton (2005) argued that there are certain behavioural characteristics which can be viewed as poor social skills and can lead children to victimization. However, as the authors argue, there has been little research focusing on the victims' internalizing and externalizing problems. They also suggest that no study has yet looked at the relations between victimization and social skills from the perspective of children themselves, their peers and teachers. Their research was based on the hypothesis that victims would display greater social skills difficulties than non-victims. They researched two groups of 330 students, 168 male and 162 female aged 10 to 11 years. They found that six of the social skills stated were the most effective predictors for bullying, namely: looks scared, stands in a way that look like she/he is weak, gives in to the bully too easily when picked on, talks very quietly, seems an unhappy person, and cries when picked on. For these predictors, victims' scores indicated greater social skills difficulties.

Victims may display a behavioural vulnerability, something that makes them easy targets, and they may show non-assertive behaviour (Olweus, 1978; Schwartz *et al*, 1993; Troy & Sroufe, 1987), may reward their attackers by showing distress (Perry *et al*, 1990), be withdrawn at the edge of the group (Pierce, 1990), and participate less in social conversations (Schwartz *et al*, 1993). Also, victims may sometimes show externalizing behaviours like aggressiveness, disruptiveness and argumentativeness, which may set them at risk for further victimization (Hodges *et al*, 1999; Pierce, 1990).



Boy-victims tend to be physically weaker than boys in general, and several studies have shown that these boys may be sensitive at an early age which can lead to later victimization (e.g. Olweus, 1993). Also, they may have a closer relationship with their parents, especially the mother, something sometimes perceived as overprotection (Olweus, 1973a & 1978).

Primary school children's descriptions of victims include statements like: the victims 'are trying to get on with their work without talking to other pupils, always read books, and cannot do things properly' (Hartup, 1983), behaviours suggested to set children at risk of victimization (Hodges *et al*, 1999). Victims may have fewer social skills than non-victims. Non-assertive behaviour can be an indicator for children's poor social skills. However, little has been reported about appropriate social skills in relation to relational bullying (Fox & Boulton, 2005).

Additionally, there may be differences between boys and girls victims (Crick & Bigbee, 1998), including internalizing problems like depression or withdrawal, which may be a stronger risk factor for boys compared to girls, maybe because such behaviours are considered as more 'sex inappropriate' for boys (Perry, Hodges & Egan, 2001). However, Hanish and Querra (2000) have found no relation between withdrawal and victimization. These researchers argue that personal characteristics of children are not so important factors for bullying in young age maybe

because of their difficulty to recognize such kinds of behaviour (also see Younger & Boyko, 1987).

Additionally, a connection between victimization and academic achievement has been found. For example, in one study it was found that among primary and secondary school pupils, 27% of the victims were identified as poor achievers and received remedial education (Byrne, 1994). Also, children with SEND in mainstream schools reported frequent bullying by their peers and fewer friendships (Martlew & Hodson, 1991; Whitney *et al*, 1994). Victimization and low social skills are found among pupils who perform lower than average academically (Olweus, 1978) and are less active (Page *et al*, 1992).

No significant difference between bullied and non-bullied children in respect of their socioeconomic backgrounds was reported by Lowenstein (1978). However, in his qualitative study Mitchell (1999) found that 'being poor' was rather a typical disadvantage of victims. Regarding race, it has been suggested that children who are usually 'labelled' in the society, are those from different racial or ethnic groups (Besag, 1989) and this may be a risk factor for bullying (Department for Education, 1994). In addition, Mellor (1999) has suggested that racism can be a major cause of bullying. However, other research has shown no significant differences between ethnic groups and victimization (e.g. Olweus, 1978; Siann *et al*, 1994; Whitney & Smith, 1993).

More recently, Smith *et al*, (2004) collected data from a population of victimized pupils in the UK, for two years. They assessed

behaviour problems, liking of school, friendships, reasons for bullying and coping strategies, in relation to the victim's profile. Thirty five schools participated and the sample chosen was 413 pupils. The results suggest that continuing victims liked other pupils and break time less and missed school more often. One-third of the continuing victims admitted that fear of bullying had led them to truancy. They also reported less good quality friends at school but not outside school. Also, over one-quarter of the continuing victims reported that their friends had joined in bullying them. Continuing victims were rated as high on emotional problems and hyperactivity. Interestingly, they were found to have bullied others, thus being bully-victims.

Furthermore, Hunter, Boyle, and Warden (2007) with a sample of 1.429 pupils, 8 to 13 years, assessed victimization in terms of the victims' cognitive perception of the situations, use of coping strategies, and depressive symptoms. Over one-third of the pupils were categorized as victims who showed higher levels of threat, lower levels of control, and higher levels of depression. Additionally, Delfabbro *et al*, (2006) examined the nature and prevalence of victimization by peers and teachers, of 1.284 pupils (15 years old) from 25 public and private schools. Victims showed higher levels of social exclusion, poorer psychological functioning, and poorer self-esteem and self-image. Generally research has shown that victims tend to have poorer self-esteem (Karatzias, Power, & Swanson, 2002; Natvig, Albrektsen, & Qvarnstrøm, 2001; O'Moore & Kirkham, 2001), are more depressed or anxious

(Rigby, 2002; Salmon, James, & Smith, 1998), and score higher on suicide ideation (O'Sullivan & Fitzgerald, 1998; Rigby & Slee, 1999).

Victimization has also been related to difficulties in social adjustment. Victims may have lower levels of cooperativeness, be more socially isolated, or lack interpersonal skills needed for forming effective relations (Rigby, Cox, & Black, 1997). The lack of such relations may make these children vulnerable to bullying. This may arise because such children are more introverted and anxious. According to Delfabbro *et al*, (2006) victims are more likely to be socially isolated, may be less satisfied with their education and find the school environment unpleasant. Also, they tend to have negative mood and low life and self-satisfaction.

Compared to pupils who are rarely or never bullied, frequent victims have been found to show significantly higher scores on psychological adjustment problems, self-esteem, neuroticism, mood, suicidal ideation, and mental health (O'Moore & Kirkham, 2001). Victims have also been found to rate themselves as less physical healthy, attractive or popular, to receive less family support, and to be rated with less academic potential by their teachers. Additional findings further suggest that victims may respond to aggression with passivity and withdrawal, that may be seen as a sign of weakness by bullies (e.g. Sharp, 1995).

More recently, Cook *et al*, (2010) in their meta-analytic investigation on bullying, concluded that the typical victim of bullying is on who is likely to show internalizing symptoms, involve in externalizing

behaviours, lack certain social skills, have negative self-related beliefs, have difficulties in social problem solving, may come from negative family, community and school environments, and may be isolated and rejected by their peers.

### ***1.4 Aggressive and Passive Victims***

Typical victims of bullying are characterized in the literature as *passive-submissive* or *provocative-aggressive* (bully-victims) (Olweus 1973, 1978; Perry, Kusel, & Perry, 1988; Schwartz, Dodge, & Coie, 1993).

#### **1.4.1 Aggressive-Provocative Victims**

Aggressive and non-aggressive victims have both been found to cry easily in some research (e.g. Pierce, 1990). However, aggressive victims have been found to present externalizing behaviours like blaming others, being disruptive, lying, stealing, being argumentative. On the other hand, non-aggressive victims were found to be withdrawn, depressed, and anxious, and avoided conflicts. Fighting back has been found to be a factor that makes bullying start or continue (Salmivalli *et al*, 1996). However, victims are usually unequipped to handle aggressive provocations (Kochenderfer & Ladd, 1996).

According to Fox and Boulton (2005) some victims are identified as bullies at the same time (bully-victims) (also see Veenstra *et al*, 2005). These bully-victims may have different characteristics than passive victims. They usually irritate and provoke peers, and tease the ones

known to be aggressive (Pierce, 1990). Some other studies have focused on how children respond to victimization and especially on which behaviours promote further victimization. For example, Kochenderfer and Ladd (1997) have shown that having a friend to 'help them out' seemed to be associated with reducing bullying, whereas fighting back was related to stable victimization. On a similar basis, victims characterized as aggressive or helpless, 'helped' bullying start or continue. On the other hand, absence of helplessness in girls and absence of aggression in boys, seemed positive responses to bullying (Salmivalli *et al*, 1996).

Olweus (1978) described provocative-aggressive victims as anxious, aggressive, restless, hot-tempered, with concentration difficulties, and the ones who usually cause irritation and tension around. Some of them may be hyperactive. They are characterized by an overactive and emotionally disturbed behaviour. Stephenson and Smith (1989) have reported that aggressive victims are easily angered and provoked and tend to behave in uncontrolled ways. Also, they may be disliked by peers and may present serious behavioural problems (Kupersmidt *et al*, 1989).

Additionally, aggressive victims may have personality defects, a positive attitude towards violence, while lacking a positive concept of themselves (Austin & Joseph, 1996; Boulton & Smith, 1994; Olweus, 1978; Salmivalli *et al*, 1996; Slee & Rigby, 1993; Smith, Boulton, & Cowie, 1993). According to Mynard and Joseph (1997) bully-victims may

be high in neuroticism and psychotism, and they may also have low levels of social acceptance and problem-solving ability (Andreou, 2001).

Schwartz *et al*, (1997) investigated early family experiences of boys who later became bully-victims. These boys had experienced abusive and disorganized home environments. Their mother-child relations were hostile and punitive. Also, there were problems in the mothers' relations with their partners. In general, the main characteristic their home backgrounds was their exposure to physical abuse by their parents. Such children may develop an emotionally disturbed social behaviour (Crick & Dodge, 1996), and their angry behaviour may place them at risk for rejection and maltreatment by peers (Eisenberg & Fabes, 1992; Hubbard & Coie, 1994).

More research has suggested that the emotionally disturbed behaviour these victims exhibit may be a result of their exposure to violence at home, or a result of punitive and rejecting parents (e.g. Shields, Cicchetti & Ryan, 1994). Dodge (1991) has suggested that parental abuse, harsh punitive styles and rejection or hostility, can lead to children's aggression towards peers or to victimization. Bully-victims are particularly at risk of remaining involved in bullying for longer periods (Kumpulainen, Ra'sa'nen, & Henttonen, 1999).

Among 10 studies reviewed by Schwartz, Proctor, and Chien (2001), it was found that the overall prevalence of bully-victims varied between 0.4 and 29%. Bully-victims experienced problems in multiple areas of functioning. This review indicates that they may usually have

emotional and behavioural problems and difficult relations with peers and parents. Also, their school adjustment may be poor (Haynie *et al*, 2001), and they tend to be the object of negative attention by teachers (Olweus, 2001).

Bully-victims are generally regarded as a particularly *high risk* group (Bowers, Smith, & Birney, 1992, 1994, Cook *et al*, 2010; Perry, Willard & Perry, 1990; Rigby, 1994; Stephenson & Smith, 1989). Analyses of school shootings in the USA (Anderson *et al*, 2001; Vossekuil *et al*, 2002) indicate that a considerable proportion of bully-victims in these shootings had been involved in bullying. Although such tragic events are difficult to predict, they illustrate the fact that bully-victims may need greater attention from professionals and society (Mulvey & Cauffman 2001). Generally, aggressive children can be maltreatment targets for peers themselves (Dodge, 1991; Eisenberg & Fabes, 1992; Hubbard & Coie, 1994), and at risk for social and behavioural maladjustment (Schwartz *et al*, 1997).

More recently, Cook *et al*, (2010) have reported that the typical bully-victim is generally one who is likely to have externalizing and internalizing symptoms, negative attitudes and beliefs about him/herself and others, have low social abilities and poor social problem solving skills, exhibit poor academic performance, be generally rejected and isolated and influenced by peers negatively.

The reported prevalence of bully-victims varies considerably in previous research, and only a few studies have reported prevalence rates



across ages (Solberg, Olweus, & Endresen, 2007). There is evidence showing that the percentage of male bully-victims is around 2.6, whereas of females is around 1.1 (O'Moore & Hillery, 1989; Rigby, 1994, 1998; Solberg, Olweus, & Endresen, 2007). However, a few studies report higher prevalence. For example, Menesini *et al*, (1997) found that the prevalence of bully-victims was 12.7% in Italian primary schools and 7% in secondary schools. Also Nansel *et al*, (2001) reported a high prevalence rate of 6.3% bully-victims in the USA.

Lastly, Schwartz *et al*, (2001) have indicated a marked gender imbalance in the composition of this group, with boys being far more prevalent (see also Bijttebier & Vertommen, 1998; Natvig, Albrektsen, & Qvarnström, 2001; Pellegrini *et al*, 1999; Rigby, 1998; Solberg & Olweus, 2003; Wolke *et al*, 2001).

#### **1.4.2 Passive Victims**

According to Olweus (1993) *passive-submissive* victims are often more anxious and insecure than students in general and may be cautious, sensitive, and quiet. When attacked they usually respond by crying or withdrawing, suffer from low self-esteem, may have a negative view of themselves, and feel stupid, ashamed, and unattractive. They are lonely at school and with a negative attitude towards violence. Generally, passive victims often give signals of feeling worthless and would not respond if attacked or insulted. They are anxious and physically weak. The familial correlates of such behaviours are suggested to include restrictive or overprotective parenting (Finnegan, 1995; Olweus, 1993). However,

Schwartz *et al*, (1997) found that passive victims were mainly boys with limited exposure to aggressive experiences, but there was no evidence that their parents were controlling or restrictive.

## ***1.5 The Causes of Bullying***

As seen earlier, shootings at school in several countries have generated interest for identifying the causes of bullying. For example a large-scale study investigating children's shootings against their classmates reported that the children who murdered a peer had been bullied for long (Vossekuil *et al*, 2002). This finding and many others (discussed earlier) increased the need for research for identifying the causal factors underpinning bullying.

### **1.5.1 Child Development**

Some researchers have tried to explain bullying through the child's life developmental process (e.g. Hawley, 1999; Rigby, 2003). They believe that bullying usually begins in early childhood when children develop social life and establish social power. At the beginning, children try to build social relations by showing aggression toward others that are less strong, and as they develop, they start to use other verbal or indirect ways of aggression, which as they get older, may become less prevalent (Rigby, 1996; Smith & Sharp, 1994).

Such theories based on child development can be useful in identifying bullying problems, and providing guidelines for limiting them,

as for example with older students who may respond positively to problem-solving methods (Stevens *et al*, 2000). However, personality and social factors must also be taken into consideration - see ahead.

### **1.5.2 Personality**

Socialization through parenting and peers is associated with personality differences in childhood which are related to aggression. Meta-analyses of antisocial behaviour have suggested that 40-50% of it is caused by genetic factors and 20% by environmental influences (Moffitt, 2005; Rhee & Waldman, 2002). However, a general picture of the causes of bullying is not clear yet, as there is inconsistency in research findings. For example, some researchers have linked bullying with personality and neuro-psychological disorders (e.g. Coolidge *et al*, 2004; Kokkinos & Panayiotou, 2004), whereas others have emphasized factors like the children's temperament and social life and experiences (e.g. Olweus, 1980). However, the children's tendency to be a bully-victim was found to be influenced mainly by genetic factors. Also other personality characteristics of victims that have a genetic influence include social, cognitive, or emotional deficits (Camodeca & Goossens, 2005). Earlier research has indicated that personality factors moderate genetic influence on several types of environmental exposure like painful life events and their effects on children (Saudino *et al*, 1997). On the contrary, children's maltreatment by adults is generally found unrelated to genetic influences (Dinwiddie *et al*, 2000; Jaffee, Caspi, Moffitt & Taylor, 2004).

Additionally, a negative correlation between victims and their self-appraisal of their number of friends, popularity, happiness and safety at school, and school liking feelings, has also been found. Withdrawn children may be at risk of bullying (Boivin, Hymel & Bukowski, 1995; Olweus, 1993), whereas bullies justify their behaviours in terms of the victim's weaknesses, lack of friends or peer rejection, and sometimes the feeling they deserve such aggression (Hodges & Perry, 1999; Smith & Shu, 2000).

Externalizing behaviours like hyperactivity or impulsiveness, and internalizing behaviours like anxiety or depression, may also lead to victimization (Schwartz, McFadyen-Ketchum & Dodge, 1999; Woodward & Fergusson, 1999). Therefore, early identification and management of behavioural/emotional problems may be needed to modify bullying tendencies.

#### **1.5.2.1 The Bullies**

A widely accepted explanation of bullying is known as the *aggressive-motive theory* suggested by Camodeca, Goossens, Schuengel, and Terwogt (2003) and Olweus (1993). According to this theory, bullying is a form of aggression influenced by external stress. This stress makes bullies lose their temper and express aggression when stressful because of negative external situations. Professionals who support this theory may focus on helping bullies learn how to control their anger,

solve their problems positively, and develop empathy and sensitivity towards others.

Recent evidence shows that the bullies express this behaviour mainly because they are frustrated (National Institute of Educational Policy Research, NIER, 2006). According to this *frustration-aggression theory* bullying results from frustration, a psychological defence developed through external stressors to reduce anxiety. Professionals who support this theory may focus on how to help bullies control their inner stress, and deal with their frustration within therapeutic treatments. Recent studies have supported this theory (e.g. Catalano *et al*, 2002; Tam & Taki, 2007). Interestingly, high levels of stress and severe depressive symptoms may affect bullies even more than victims (Roland, 2002).

There are also researchers who argue that bullying is caused by an *aggressive-motive system*, or by emotional problems such as depression and anxiety (e.g. Olweus, 1993; Slee, 1995). Bullies may show either *reactive aggression*, that is the tendency to become angry when frustrated and afterwards hurt others, or *proactive aggression*, when using aggression to reach personal objectives (Dodge, 1991). *Reactive aggression* is led through a mechanism of defence towards threaten or provocation, whereas *proactive aggression* includes reaching specific outcomes rather than to relief a threat (Dodge & Coie, 1987). Bullies may use proactive aggression more often, whereas victims usually use reactive aggression in order to face victimization (Camodeca & Goossens, 2005; Pellegrini *et al*, 1999; Schwartz *et al*, 1997).

Anger and lack of empathy as causes of bullying have also been reported, as they may lead humans to aggression (Espelage, Bosworth, & Simon, 2001; Slee & Rigby, 1993). Bullies are generally found to have low empathy for others (Endersen & Olweus, 2001). Interestingly, Slee and Rigby (1993) have reported that such lack of empathy may lead bullies to psychoticism. Similarly, Connolly and O'Moore (2003) found that bullies tended to be high on extraversion, neuroticism, and psychoticism (also see Ramirez, 2001).

More recent research reveals that bullying is a destructive relationship problem and bullies seek to have power over others, something that develops through personality characteristics (Graig & Pepler, 2007; Pepler *et al*, 2006). These may include physical advantage, superior strength or age, knowledge of others' vulnerabilities, or dominant social role. They may hold a more popular position in the group, maybe because of their higher status (*popularity* versus *rejection*), or because of peers who support their acts. Bullies usually have more power than their victims and tend to increase it, whereas victims tend to lose it (Graig & Pepler, 2007). Moreover, bullies may display deficits in social cognition, low emotional abilities, and poor emotional regulation, which are highly heritable (Kozak, Strelau, & Miles, 2005).

Additionally, impulsiveness, attention problems, low intelligence and low achievement, linked to brain or neuropsychological deficits, have been suggested to be related to bullying behaviour (Coolidge *et al*, 2004; Monks *et al*, 2005). More recently, Farrington and Baldry (2010) found

that bullying behaviour was strongly associated with hyperactivity, impulsiveness, and low empathy for others. Similarly, several other studies have shown a link between impulsiveness and bullying behaviour (e.g. Ando *et al*, 2005; Baldry, 2001; Espelage *et al*, 2001), whereas some researchers have found an association between low self-control skills and bullying (e.g. Haynie *et al*, 2001; Moon *et al*, 2009).

According to the '*Social Skills Deficit Model*' suggested by Dodge *et al*, (1986), bullies may be powerful, intellectually simple, and with little understanding of others, whereas other researchers suggest that a good social cognition and theory of mind skills can be used by the bully in order to manipulate, control, and cause damage to others (e.g. Sutton, Smith, & Swettenham, 1999). Furthermore, it has been argued that bullies' behaviour towards bully-victims is usually aggressive, as they believe that such victims are hostile, and may respond with higher levels of aggression and social isolation and exclusion, compared to when they victimize pure victims (Salmivalli, 1999).

Bullying may also result from general aggression. For example, an earlier study by Olweus (1978) has shown that male bullies had an aggressive personality and a positive attitude towards aggression. Similarly, Andershed *et al*, (2001) found that bullies tended to commit street violent actions and to carry weapons. Also, Boulton and Smith (1994) reported that children identified by their peers as bullies tended to be the ones who started fights. Lastly, Wilton *et al*, (2000) found that bullies were significantly more likely to exhibit high levels of anger

compared to victims who mainly expressed unhappiness. Therefore, bullying may result from general aggression which can easily turn to sexual harassment, dating aggression, workplace harassment, marital aggression, and elder abuse, and transform into a 'powerful' behaviour within a social relationship (McMaster *et al*, 2002; Pepler *et al*, 2005). This power can be established through physical and psychological aggression which cause distress, can change through biological transformations during adolescence, and lead to sexual harassment or dating aggression. Bullying has been generally associated with aggressive and antisocial behaviour (Helstela, Helenius & Piha, 2000).

The above theories discussed can raise interesting issues regarding the causes of bullying, but may, on the other hand, have limitations, as children who are introverted or have low self-esteem are not necessarily victims, and children who are generally aggressive or not empathetic to others, do not necessarily bully others.

### **1.5.3 Socio-cultural Issues**

Bullying has also been investigated within a social perspective. Specifically, it has been argued that social deficits - like social problem solving - can develop aggression, and bullies may have low levels of information processing skills and lower social competence and knowledge (Camodeca *et al*, 2003; Crick & Dodge, 1994).



Researchers have also attempted to examine bullying within the context of different social groups with different power, or differences that arise from a cultural basis, gender, race, ethnicity, and social class. Such researchers argue that in society in general, males are usually stronger and the dominant gender and that is why male bullies often attack females (e.g. Olweus, 1993). In an effort to explain bullying of girls by girls Rigby (2003) has suggested that this can be done within the construction of their femininity where some girls are different from the idealized feministic conception and therefore can be easier targets for other girls.

Moreover, bullying has also been related to racial or ethnic factors. According to such theories, some social ethnic groups may be more powerful than other whom they want to dominate (Rigby, 2003). Some studies have shown that such children are mainly targets of verbal abuse (e.g. Rigby, 2002). However, other studies have not shown racist or ethnic factors being significantly related to bullying (e.g. Junger-Tas, 1999; Losel & Bliesener, 1999). There is still evidence though that some children may be at greater risk for victimization by bullies who come from higher social classes (e.g. Olweus, 1993), but this is not widely supported.

This socio-cultural perspective of bullying discussed above, may have implications for school intervention, through a curriculum that promotes respect for socio-cultural differences among pupils, and addresses differences in gender, race, ethnicity, and social class, in order to fight prejudice and discrimination. The use of counselling may also be

helpful to teach pupils how to accept and respect individual differences. The use of school curriculum in a way to enhance mutual understanding and acceptance among pupils may be effective.

#### **1.5.4 Family**

The relationship between parents and their children can be crucial for the children's development of self-esteem, and personal and social abilities. The development of antisocial behaviours may be learned in the family and take place in homes where there is poor quality of family life, low parental attachment, poor parenting skills, low level of problem-solving methods, child abuse and neglect and hostile discipline methods (Rankin & Kern, 1994; Tam & Taki, 2007). Family and parental characteristics like the above may be associated with becoming a bully, a victim, or a bully-victim (Macklem, 2003).

Generally, families of bullies and victims are usually less functional and their parents are controlling and less caring (Rigby, 2002). Child-rearing approaches related to bullying include power-assertive disciplinary methods, intrusive and overprotective parenting, hostility, psychological control, lack of warmth and cohesiveness, exposure to marital conflicts, mother's permissiveness for aggression, coercive power-assertive parenting and physical abuse (Haynie *et al*, 2001; Olweus, 2001; Perry *et al*, 2001). Permissive parents may support the development of victimization, whereas authoritarian parents may develop bullying behaviour (Kaufmann *et al*, 2000). Children with authoritarian parents may develop poor self-representation, depression, and

delinquency (Heaven *et al*, 2004; Soenens *et al*, 2005), whereas children with permissive parents may have the tendency to develop problems with their impulsiveness (Miller *et al*, 2002).

#### **1.5.4.1 The Bullies**

Olweus (1993) argues that parenting styles are significant in the development of bullying behaviour in young boys. Boys, who lack family warmth and come from families where there is physical aggression and low monitoring skills, may develop bullying behaviour. Bullies usually have authoritarian, harsh, and punitive parents (Shields & Cicchetti, 2001), and Bandura's *social learning theory* (1986) suggests that parental aggressiveness can be a model for children who bully. Bullies may often perceive their families as less cohesive, more conflictual, less organized, and less concerned about family problems and needs. However, children who see their parents setting limits but still respecting their children's independence and respond to their needs, are less likely to involve in bullying. Children from 'broken' families are likely to form delinquent groups in order to gain status, safety, power, and excitement (Spergel *et al*, 1994). They create a 'defensive world', feel vulnerable, have the need to protect themselves, as they do not really trust others, and tend to use violence to repel their peers.

In addition, Farrington (1993) has argued that adolescent bullies have the tendency to be adult bullies, or have children who are bullies. On the other hand, children with supportive parents are less likely to express

bullying behaviours, and similarly children who think their parents hold positive attitudes towards them are also less likely to bully (Rican, Klicperova, & Koucka, 1993; Rigby, 1993). Parents of bullies are found to provide less cognitive stimulation and emotional support, and usually allow more TV exposure compared to other parents (Zimmerman, Glew, Christakis, & Katon, 2005).

Also, more recent studies have shown that father's physical or psychological absence, mother's depression, and domestic violence, can also be factors that enhance bullying (e.g. Connolly & O'Moore, 2003). Bullies may learn to be aggressive when watching family contacts and learn from their parents to hit back when attacked (Demaray & Malecki, 2003). Harsh punishment at home, absence of warm relationships, coldness, indifference, limited love and interest from the mother, and lack of limits regarding aggression, can also develop aggressive children (Olweus, 1980). Generally, bullying may be related to parental rejection, weak supervision, lack of communication, and mother negativism, whereas paying attention to the children's needs within a warm and accepting relationship, discussing their problems and helping them with difficulties, are factors that can reduce aggression (Hagan & McCarthy, 1997). According to Georgiou (2007) parental responsiveness especially by the mother, is generally related to limited bullying. A responsive mother can prevent the child from being aggressive, and teach the child to be friendly to weaker people. However, when responsiveness reaches

overprotection it may then lead to the child's victimization (Georgiou, 2007; Perren & Hornung, 2005).

#### **1.5.4.2 The Victims**

Environmental factors may influence children's victimization and these include home and school experiences, friendships, or negative maternal treatment (Caspi *et al*, 2004). Correlations between parental characteristics and victimization may reflect genetic rather than environmental influences. When for example parents are anxious they are over-controlling and thus victimization can be linked to genetically inherited anxiety, as parents provide an environment influenced by their genes (Ball *et al*, 2008).

Victims often have parents who use control and dominant disciplinary methods with hostility and rejection, have insecure and disagreeable relationships with family members and low levels of effective communication (Shields & Cicchetti, 2001). Victims usually come from families where there is child abuse, poor attachment, and poorly managed conflicts (Perry *et al*, 1992). Also, victimization has been related to maternal overprotection for boys and rejection for girls (Finnegan *et al*, 1998; Perren & Hornung, 2005). Stevens *et al*, (2002) reported that victims may perceive their families as controlling and their parents as overprotective; overprotection may stop their initiative and

limit ability to defend when victimized. Georgiou (2007) argues that mother's overprotection may be related to high victimization.

#### **1.5.4.3 The Bully-victims**

Bully-victims are frequently negatively treated by their parents and more likely to be physically abused by them than pure bullies and pure victims. They have the least amount of parental involvement and support by their parents (Haynie *et al*, 2001; Schwartz *et al*, 1997). Additionally, Bower *et al*, (1994) and Rigby (1994) have reported that bully-victims often perceive their families as inconsistent in the practice of discipline and monitoring, and as lacking effective communication.

#### **1.5.5 School**

Sometimes school can be an associated factor for developing bullying behaviour, and it can be true that non-effective remedial education, unfair staff, low-income, emphasis on high standards, competitive attitudes, homework, segregation of low achievers, and racial discrimination, can create a bullying school climate (Frymier, 1992; Gottfredson & Hirschi, 1991; Kozol, 1991).

##### **1.5.5.1 The Bullies**

Bullies are likely to have a desire for fun or are prejudiced against less powerful peers. However, their behaviour may be supported and sustained by their connection with a group, hence bullying may be a

group social phenomenon (Rigby, 2003). Earlier studies have suggested that children can be bullied by ‘mobs’ (Olweus, 1993) as bullying is usually carried out by one or two children with the support of other (Pepler & Craig, 1995). Similarly, Rigby (2002) has reported that half of his samples admitted of having bullied on their own and the rest had acted as a group. Generally, bullies are usually responsible for starting fights and disrupt peers, and may be rejected, lack friends, and feel lonely at school (Veenstra *et al*, 2005). Also they may have academic difficulties, express strong dissatisfaction with school, and feel out of the school community (Ahmed, 2001). However, regarding bullies’ school performance, research findings have been controversial. For example, Olweus (1978) concluded that his sample bullies were only slightly below average academically, but they generally held negative attitudes towards the school and homework. On the other hand, Nansel *et al*, (2001) found that their sample bullies had significantly poor academic achievement (also see Andreou, 2004; Stephenson & Smith, 1989). Interestingly, Woods and Wolke (2004) found that high academic achievement at age 9 predicted indirect bullying behaviour at age 11.

#### **1.5.5.2 The Victims**

Victims are likely to be unpopular or belong to a rejected group; factors that make them have few friends and be lonely. In addition, they are often unhappy at school and may have difficulties in school work (Eslea *et al*, 2003). They report little confidence in their teachers’

intervention and believe school is not a safe place for them (Smith & Shu, 2000).

#### **1.5.5.3 The Bully-victims**

Some studies have examined social relations of bully-victims at school together with their academic performance. For example, Olweus (2001) found that bully-victims had the least number of friends, whereas pure bullies had the most, and similarly, Haynie *et al*, (2001) found that bully-victims had the most school adjustment and school bonding difficulties and academic problems, whereas pure victims had the least.

In addition, Unnever (2005) investigated the socialization experiences of bully-victims at school and home, compared to pure victims and pure bullies. The bully-victims were found to be the most problematic group in the sample and viewed aggression positively, (also see Schwartz *et al*, 1997 & 1998). More recently, bully-victims have been found to be proactively aggressive, more impulsive, with low self-control skills and fewer friends, and unpopular and peer disliked (Cook *et al*, 2010).

### ***Conclusions***

In summary, difficulties that extend across family and school can be common for bullies and victims. Bullies are likely to have family problems and less self-control skills, and may dislike school. Victims are also likely to have family and academic problems, as well as personal and



social deficits. Bullies usually come from families where parents are authoritarian, whereas bully-victims may have the worst family experiences, serious problems at home and school, and are more likely to live under abusive parenting styles. Personality characteristics like children's impulsivity, stress, anger, frustration, and shame, are likely to be determinants for bullying behaviour. Also, the ways children interact in the family and school can play an important role.

Current research findings may have important implications for bullying interventions at family and school level (Ahmed & Braithwaite, 2004). In order to implement effective anti-bullying interventions, both family and school approaches can be integrated. Some schools are nowadays trying to develop anti-bullying programmes based on the explanation of aggression, as bullying is regarded a kind of aggressive behaviour. However, no single approach has been reported as the most promising one yet, and therefore schools may consider each one's strengths and limitations and test how appropriate each one can be to solve bullying problems. Having in mind that bullying is a kind of aggression, as well as the negative effects it may have on children's life and health (see section 1.6 ahead), it can be argued that the assessment of current anti-bullying and intervention programmes, and the causes of bullying, may be further explored.

## ***1.6 The Effects of Bullying***

### **1.6.1 General Effects**

Research has shown the negative consequences of the children's involvement in bullying. Longitudinal studies have emphasized that exposure to bullying repeatedly can harm children's mental health and wellbeing, and engage them in suicidal acts, depression, and aggressive life. Considering that earlier research has suggested the high value of peer relationships in childhood and that peers play an important role in social, emotional, and cognitive development (Sibereisen & Todt, 1994; West, 1997) the health impacts of peer victimization need to be acknowledged.

Peer victimization has been related to psychosomatic symptoms and severe health problems. Bullying is found to have a major impact on the physical and mental health of the victims, the bullies, and the bully-victims, and also on their learning abilities and social adjustment (Hjern *et al*, 2008). Victimization may cause depression and other serious mental health problems (Ttofi & Farrington, 2008).

Research from several countries, has shown the various consequences of the children's involvement in bullying (e.g. Fekkes *et al*, 2004; Klomek *et al*, 2007; Nansel *et al*, 2001). Exposure to bullying might harm children's general health. It may create psychosomatic symptoms, physical injuries, and substance use. A particular concern has been given to bully-victims as they are found especially vulnerable to

mental illnesses. Research has shown that anxiety, depression, and severe psychosomatic and psychiatric disorders, are generally more frequent among bully-victims, and equally common among bullies and victims (Fekkes *et al*, 2004; Klomek *et al*, 2007; Nansel *et al*, 2001; Rigby, 2003). Another issue is the academic performance of the children involved, which is generally believed to get poorer and reach low levels when bullying occurs, mainly for the victims, an issue though not thoroughly investigated. The specific effects of bullying on the victims, the bullies, and the bully-victims according to several researchers, are discussed ahead.

### **1.6.2 The Victims**

Long-term bullying has been found to have disastrous effects on the victims. Victimization has been linked to low psychological well-being, psychological distress, severe depression, high levels of anxiety, unhappiness, low self-esteem and self-regard, negative self-image, negative mood, and anger (Fekkes *et al*, 2004; Klomek *et al*, 2007; Nansel *et al*, 2001; Ttofi & Farrington, 2008). Additionally victimization may lead to suicidal ideation (Kim *et al*, 2005; Klomek *et al*, 2007; Roland, 2002), suicide attempts (Cleary, 2000; Kim *et al*, 2005), and physical unwellness with several psychosomatic symptoms (Engstrom *et al*, 2005; Forero *et al*, 1999; Katliala-Heino *et al*, 2000; Kokkinos & Panayiotou, 2004; Nansel *et al*, 2001; Rigby, 2003; Wolke *et al*, 2001).

In addition, victimization may cause lower academic performance and school absenteeism (Brown & Taylor, 2008; Gwen *et al*, 2005; Nansel *et al*, 2000; Sharp, 1995; Slee & Rigby, 1993), and dislike for social environment, school or work, isolation, and personal and social relationship difficulties (Arseneault *et al*, 2008; Gilmartin, 1987; Glew *et al*, 2005; Hugh-Jones & Smith, 1999; Rigby, 2003). Furthermore, victimization may create emotional and behavioural problems, conduct disorder, hyperactivity (Bond *et al*, 2001; Gini, 2007; Kumpulainen *et al*, 1998; Kumpulainen & Rasanen, 2000; Rigby & Slee, 1993; Salmon *et al*, 2000; Stein *et al*, 2006), and criminality and antisocial behaviour (Maughan *et al*, 2000; Nagin & Tremblay, 1999; Sourander *et al*, 2007; Whitney & Smith, 1993). Importantly, victimization has been linked to psychiatric problems that might need consultation and medication (Kumpulainen *et al*, 2000; Nansel *et al*, 2004; Olweus, 1993; Salmon *et al*, 2000; Stein *et al*, 2006). Specifically, it has been linked to attention deficit hyperactivity disorder (ADHD), oppositional defiant/conduct disorder, anxiety and depression, and somatic complaints (Kumpulainen *et al*, 1999).

Victimization has generally been linked to severe depression (Storch *et al*, 2003b; Ttofi & Farrington, 2008), anxiety (Grills & Ollendick, 2002), social anxiety (Crick & Bigbee, 1998; Storch *et al*, 2005; Storch *et al*, 2003a), externalizing and internalizing symptoms (Hannish & Guerra, 2002; Wolke *et al*, 2000), and great loneliness

(Storch & Masia-Warner, 2004). In fact, victims have been found more likely to contact health professionals compared to neutrals (Kumpulainen *et al*, 1999). Repeated victimization may result in severe psychosocial maladjustment (Storch & Ledley, 2005), negative self-appraisal, school avoidance, and avoidance of social interaction (Grills & Ollendick, 2002; Hawker & Boulton, 2000). Isolation can reduce positive relationships and impact negatively on the development of healthy interpersonal skills (Storch *et al*, 2003a). Also, victims of bullying at school have been found to continue suffering victimization later in their workplace (Schafer *et al*, 2004).

Looking at the issue of gender, according to the meta-analysis of 41 studies conducted by Wolfe *et al*, (2003), it has been demonstrated that girls are more likely to suffer more long-term internalizing symptoms like depression, withdrawal, isolation, and anxiety, whereas boys suffer more externalizing symptoms like conduct problems, general aggression, hyperactivity, animal abuse, criminality, and substance use.

#### **1.6.2.1 Mental Health**

There is much evidence showing the psychological distress of the victims of bullying (e.g. Baldry & Winkel, 2004; Rigby, 2000; Ttofi & Farrington, 2008). As discussed above, victimization has been associated with increased internalizing symptoms like diminished self-esteem and self-confidence, distress, great loneliness, school fear, school anxiety and

avoidance, and suicidal ideation and attempt. It has been strongly associated with long-term depression and serious psychiatric symptoms (Hawker & Boulton, 2000; Ttofi & Farrington, 2008).

However, there has been a debate among professionals on whether psychological distress is a cause or an outcome of victimization. Still, there is evidence showing that children reported feeling much better before victimization, and their distress was a result of it (Boulton & Hawker, 1997; Owens, Slee, & Shute, 2000; Sharp, 1995). However, withdrawn behaviour and distress may also be risk factors for victimization (Hodges & Perry, 1999). Generally, both cases are possible, especially for older children (Dill *et al*, 2004). Therefore, there is still a confusion regarding victimization effects on mental health, as research is led through these two different dimensions discussed above (Sweeting, West, & Der, 2006). Therefore, mental health problems can be either effects or causes of victimization. More research is maybe needed to provide clarifications to this important argument.

Moreover, earlier studies have shown that victimization may contribute to the referrals of victims to psychiatric consultation and medication (e.g. Dawkins, 1995). More recently, there are longitudinal studies examining the relation between victimization and later depression showing a correlation (Kim *et al*, 2006; Sourander *et al*, 2007b), but none examining suicidal ideation (Klomek *et al*, 2008; Roth *et al*, 2002). Interestingly, it is argued that there is no population-based study focusing on victimization, depression and suicidal ideation as such (Klomek *et al*,

2008). However and recently, it has been suggested that peer victimization can be strongly associated with clinically relevant mental health problems, and can set adolescents at a high risk of general maladjustment (Stadler *et al*, 2010).

Based on the above arguments, it can be said that the picture is not clear yet and more research is maybe needed to clarify the association between victimization and mental health problems. However, there are a lot of professionals who have still reported disastrous effects on the victims, and therefore, involvement in bullying can be dangerous for children and may put them in the risk for several mental health problems.

#### **1.6.2.2 Well-being**

Although self-perception can be a powerful predictor of later life outcomes, the relation between victimization and self-perception of wellbeing, and the effects of it on the victims' self-perception of well being, are rather not much investigated (Schembri *et al*, 2006). However, in few studies carried out, it was found that victims perceived themselves as less popular, less physically attractive, with poorer athletic competence, and poorer social acceptance and global self-worth (O'Moore & Kirkham, 2001; Roth *et al*, 2002). Schembri, Reece and Wade (2006) have reported that the victimized boys in their sample had a great gradual drop in self-perception of wellbeing. Earlier research has similarly reported that victimization reduced positive perceptions of wellbeing in youth victimized by larger peer groups (e.g. Boulton &

Smith, 1994). Additionally, there is evidence suggesting that relational bullying may have serious impacts on the victims' psychological well-being. For example, Rigby (1999) has reported that downgrading, humiliating, teasing, and isolating, developed depression and powerlessness in his sample victims. Therefore, it can be hypothesized that when the victim is persistently bullied in physical/verbal and relational ways, this might increase the long-term suffering. Research generally suggests that constant victimization is strongly associated with poor general functioning (Baldry & Winkel, 2004; Rigby, 2000).

#### **1.6.2.3 Depression**

There may be a strong relation between victimization and depression in both boys and girls, especially in the secondary school (Carlin *et al*, 2001; Macias, 2004; Rigby, 1996; Slee, 1995; Ttofi & Farrington, 2008). According to Rigby (1996) victims might be twice as likely to develop depression compared to non-victims. In addition, Bond *et al*, (2001) examined the relation between victimization and depression of 2680 students, 13-14 years old. A strong association among these was found (also see Craig, 1998; Hawker & Boulton, 2000). Also, in a large-scale Australian study of 31,980 students, it was reported that the victims experienced great unhappiness. Furthermore, in another study, a 30% of sample victims was found to have developed high levels of depression, and social adjustment difficulties, particularly girls-victims (Rigby, 2002).



Similarly, Sweeting *et al*, (2006) examined the relation between victimization and depression during the ages of 11, 13, and 15. The researchers found that at the age of 13, there was evidence for a significant relation between these, and the victims had become strongly distressed. However, it was suggested that this relation was rather reciprocal, and victimization led to depression but depression also led to victimization. In addition, at the age of 15 there was no evidence of stronger victimization depression among girls (also see Dill *et al*, 2004; Snyder *et al*, 2003; Sweeting & West, 2001; Ttofi & Farrington, 2008). On the other hand, earlier studies investigating the mental health of adults who had been victimized at school, have reported a significant relation between victimization and later depression, feelings of maladjustment, and inadequacy (e.g. Olweus, 1993). Also, Rigby (1999) has found high levels of psychological distress in his sample victims three years after their first assessment, especially in girls.

More recently, according to Klomek *et al*, (2008), boys victimized at the age of 8 were more likely to be severely depressed at age 18. Severe depression of the victims at age 8 may have set the scene for their future depression, as due to victimization they were already very depressed at age 8. Still, victimization was a risk factor for later depression for the boys something found in other studies as well (e.g. Bond *et al*, 2001). Additionally, frequently victimized children, both girls and boys, were found significantly more likely to have thoughts of ending

their lives compared to neutrals (Kaltialo-Heino *et al*, 1999; Rigby & Slee, 1999).

Generally, frequent victims have been found more likely to develop clinical depression (Bjorkqvist *et al*, 1982; Callaghan & Joseph, 1995; Kumpulainen *et al*, 1988; Neary & Joseph, 1994; Slee, 1995; Williams *et al*, 1996) and poorer psychosocial health (Carlin *et al*, 2001; Macias, 2004; Schembri, Reece, & Wade 2006). Recently, Kaltialo-Heino *et al*, (2010) found a strong association between bullying victimization and later depression among their sample adolescents. Regarding gender related to victimization depression, young females have been found more likely to develop higher levels of depression compared to males (Kumpulainen *et al*, 2001). However, as highlighted by other researchers (e.g. Schembri, Reece, & Wade, 2006) such gender differences may sometimes be minor.

Generally, still the picture regarding victimization depression is rather unclear as it is possible that it may be both a pre-existing characteristic of victims, but a consequence of victimization as well. Some theories suggest that depression increases the vulnerability for victimization as the bullies perceive the victims weak and unable to defend (Hanish & Guerra, 2000). On the other hand, repeated victimization may increase depression (Swearer *et al*, 2004), reduce the victim's coping mechanisms and facilitate the development of psychological distress, anxiety, and suicidal thoughts (Dao *et al*, 2006;

Roland, 2002). More research is maybe needed to examine these arguments further, but still involvement in bullying can be a negative experience for children.

#### **1.6.2.4 Homophobic Bullying**

Rivers (2001) reports that most of current bullying research has probably ignored its *sexual nature*, even though some studies have interestingly revealed that homosexual people may often be victims of *homophobic* bullying. It has been argued that homophobic bullying can be even more severe than general bullying, and homosexual school children may experience serious mental distress as a result of it, mainly in the secondary school (Douglas *et al*, 1997). Rivers (1996) has also reported that 40% of victims of homophobic bullying have attempted suicide more than once, or suffer from nightmares and flashbacks and feel insecure in their sexual relationships. Also, they may suffer from depression, anxiety, and hostility, and receive counselling and psychiatric help. Similar effects have been more recently reported by teenagers attracted to the same sex who were regularly victimized (McNamee *et al*, 2008).

#### **1.6.2.5 Self-esteem**

Victims might develop poorer self-esteem (Bond *et al*, 2001; Egan & Perry, 1998; Forero *et al*, 1999; Olweus, 1978; Rigby & Slee, 1992; Stanley & Arora, 1998). However, Salmon *et al*, (1998) have suggested

that low self-esteem may derive from feelings of anxiety or depression and not from victimization as such.

#### **1.6.2.6 Psychiatric Disorders**

Research investigating psychiatric symptoms and victimization is rather scanty as Kumpulainen *et al*, (2000) have argued. However, it has been suggested that psychopathologic behaviour may be a consequence of victimization, and may include social problems, general aggression, and other serious externalizing problems. However, the picture is still rather unclear as some researchers have hypothesized that psychopathologic behaviour is a cause of victimization (e.g. Boulton & Smith, 1994; Hodges & Perry, 1999), whereas others that long-term victimization can lead to severe psychopathologic behaviour (e.g. Hanish & Guerra, 2002; Ladd & Troop-Gordon, 2003; Olweus, 1994). For example, Kim *et al*, (2006) found that psychopathological behaviour was a consequence of victimization and not a cause. Their findings suggest that regular victimization caused such behaviour in the victims examined 10 months later, including somatic symptoms, social problems, thought problems, and aggression. However, psychopathological behaviour was based on self-report evidence rather than medical reports.

Still, Kumpulainen and Rasanen (2000) suggest that their sample victims at age 8 or 12 years were at greater risk of developing psychiatric symptoms compared to bullies or neutrals. Victims had developed

depression, great relationship difficulties, serious psychosomatic symptoms, deviance, and generally poorer health. Similar findings have been reported by other researchers (Hugh-Jones & Smith, 1999; Olweus, 1993; Rigby, 1999). Also, the 'From a Boy to a Man' Finnish study (Sourander *et al*, 2007) is according to the researchers, the first population-based study about victimization in school years and later psychiatric disorders, based on medical psychiatric diagnoses. The study investigated the associations between victimization at age 8 and possible psychiatric disorders at 18 to 23 years. The results suggest that victimization could identify boys suffering psychiatric disorders in early adulthood. Also, the long-term outcomes of victimization were significantly worse in psychiatric symptoms, compared to children who were psychiatrically disturbed but not victimized.

#### **1.6.2.7 Anxiety, Anger, Fear**

Chronic anxiety, fear, anger, irritation, frustration, and nervousness, may often be outcomes of victimization. Frequently victimized children might develop mixed emotions and psychological distress. For example, Olweus (1987) reported that his 'whipping boys' (victims) were significantly more anxious and insecure, compared to bullies and neutrals. Additionally, victims have been found to report not sleeping well and bed wetting (Williams *et al*, 1996). Also, Francis and Jones (1994) have reported that their sample victims were extremely fearful. In addition, among 703 secondary school children, victims were

found to be irritated, nervous, and panicked, and to have a subsequent loss of concentration (Sharp, 1995). Victimized girls were found to experience clinically significant social anxiety (LaGreca, 1998). Victimized boys and girls have also been found with developed emotions of anger and self-pity (Borg, 1998), and have reported greater anxiety compared to non-victims (Grills & Ollendick, 2002). More recently, Hjern, Alfven, and Ostberg (2008) have reported that peer victimization can be strongly associated with psychosomatic and psychological symptoms, and victims may develop severe psychological pain. Lastly, Schembri, Reece, and Wade (2006) have also indicated that high victimization was strongly associated with increased anxiety in their sample victims.

However, the relation between victimization and anxiety has not been thoroughly investigated and still the picture may remain rather unclear (Espelage & Swearer, 2003). Similar to depression, there are theories suggesting that anxiety can be a risk factor for victimization as anxious children are often withdrawn and shy and, therefore, easier targets. Such characteristics may increase vulnerability to victimization, which may increase anxiety, and the likelihood for further victimization (Swearer *et al*, 2004). Therefore, there may be a cyclical relationship between victimization and anxiety, similar to victimization and depression.

#### **1.6.2.8 Emotional and Behavioural Problems**

Gini (2007) investigated whether victimization was related to emotional and behavioural problems. Her sample victims were found to have a strong tendency to exhibit such problems as reported by teachers, and also to have social and conduct problems, and hyperactivity. Victims were found with serious emotional problems which were not apparent in their life before victimization in other research as well (e.g. Bond *et al*, 2001; Kumpulainen & Rasanen, 2001). Victimization usually makes the victims believe that something is wrong with them as persons, and consequently they might develop poor self-esteem and high emotional problems (Olweus, 1999; Ross, 1996). However, whether emotional problems are a reason or a consequence of victimization, still remains unclear.

#### **1.6.2.9 Physical Health**

Relatively little research has focused on physical health problems caused by victimization, as argued by Williams *et al*, (1996). It has been suggested though that professionals who see children with regular sore throat, colds, breathing problems, nausea, or poor appetite, need to consider bullying as a contributing factor to these common health problems (Rigby, 2000; Wolke *et al*, 2001). Engstrom *et al*, (2005) have argued that victimization may have long-term effects on the victims' physical safety, with injury risks. They found that victimization was an

injury trigger, and the injury circumstances of physical victimization highlighted a loss of balance, for example tripping, falling, or missing a step, probably due to risk anticipation and risk management difficulty. The researchers concluded that victimization had effects on their sample victims' physical safety, caused by their disturbed concentration and attention during the stressful time.

In addition, Rigby (1998) has reported that his sample victims were significantly more likely to experience health problems like frequent colds, ear infections, fever, headaches, sore throats, anorexia, bulimia, dizziness, coughs, stomachaches, fainting, vomiting, and chest pains. Gini (2007) also argues that regular victims may develop sleeping problems, may regularly feel tensed and tired, or be nervous and dizzy. Due *et al*, (2005) have found that victimization increased the prevalence of a wide range of physical problems of both boys and girls, and influenced their general well-being and academic progress (also see Forero *et al*, 1999; Nansel *et al*, 2001).

#### **1.6.2.10 Academic Achievement**

Nansel *et al*, (2000) investigated the relation between victimization and academic achievement with a sample of 15.000 pupils in the US, Grades 6 to 10, finding a strong association between victimization and low self-perceived academic achievement. Glew *et al*, (2005) have also reported that the achievement scores for their sample



victims were significantly lower than the scores of neutrals. Also, the victims were significantly more likely to be suspended or expelled, unsafe, and felt they did not belong to school.

However, whether victims' low academic achievement precedes or is a consequence of victimization is again rather unclear. There is still research though that supports the hypothesis that bullying affects the victims' concentration and, as a result, their academic achievement (Hazler *et al*, 1992; Schwartz & Gorman, 2003). Sharp (1995) has found that one third of her sample victims had developed impaired concentration and feelings of nervousness or panic. Victims were found to have drops in their learning scores and academic progress, increased anxiety, and a loss of friends and social life in other research as well (e.g. Schwartz & Gorman, 2003).

Victims may often skip school. Sharp (1995) found that 20% of the 723 sample victims reported that they would skip school to avoid victimization, and interestingly, the American nationwide 1995 Youth Risk Behavior Surveillance study showed that 4.5% of the samples reported having missed at least one school day because of feeling unsafe. Also, primary school victims were found more likely to pretend illness and stay at home. School absenteeism increased with victimization in secondary school children too (Wolke *et al*, 2001). However, Glew *et al*, (2005) did not suggest association between school attendance and bullying involvement over a year among primary school children.

However, victims may dislike the school environment. For example, Kochenderfer and Ladd (1996) found that victims were more likely to report disliking school, being lonely at school, and avoiding school. Similar findings have been reported by Ladd *et al*, (1997) for kindergarten school children. Victimized children might report more absenteeism and this may increase by the severity of victimization (Rigby, 1997). Also, 19% of victimized boys and 25% of victimized girls were found to have often stayed at home because of fear (Zubrick *et al*, 1997).

More recently, Brown and Taylor (2008) explored the effects of victimization on the educational attainment of individuals chosen from the large British National Child Development Study. Their findings suggest that victimization impacts on the educational attainment of the victims remained in adulthood. Educational attainment was measured at the ages of 16, 22, 33 and 42, through results on the O' and A' Level exams, and then on diploma or degree. Victimization was measured at ages 7 and 11. Results revealed that the higher was the victimization, the greater was the percentage of the children with no qualifications across their life span. Victimization at school was associated with a lower percentage of qualifications across the several educational categories at each age, especially in the number of O' Levels the victims had obtained. Specifically, for the 8477 samples, victimization at ages of 7 and 11 had a statistically significant negative impact on the number of O' Levels

obtained at age 16 or obtaining no O' Levels at all. At age 23, increase in victimization, also increased the possibility of having no education and decreased the possibility of having a degree.

#### **1.6.2.11 Social Adjustment**

There may be a relation between victimization and long-term adjustment problems, but however, the direction of causality is unclear. It remains unclear whether victimization uniquely contributes to such problems after considering pre-existing adjustment problems. Still, there are studies showing that repeated victimization may have a long-term effect on the victims' social adjustment.

For example, school adjustment problems and school loneliness and avoidance, were found to clearly follow victimization, from the age of 5 to 6 (Kochenderfer & Ladd, 1996). Victimized children were found significantly lonelier than others as adults (Tritt & Duncan, 1997) and had developed serious interpersonal difficulties, shyness, and fear of intimacy that made relationships with the opposite gender difficult or impossible (Dietz, 1994; Gilmartin, 1987). Victims may become lonely, socially anxious, and rejected (Graham & Juvonen, 1998). According to Juvonen, Graham, and Schuster (2003) they are often unpopular, avoided, and ostracized. They may be socially incompetent and often react in provocative manners; therefore avoid social interactions and cannot develop social skills, leading to withdrawal and rejection (Hodges &

Perry, 1999; Roth *et al*, 2002). Schembri, Reece, and Wade (2006) reported that victimization had a significant increase of social difficulties in their samples, consistent with earlier research (Egan & Perry, 1998).

According to Storch and Masia (2004) repeated victimization had resulted to negative interactions and avoidance of social contacts and victimized girls had fewer opportunities for learning and social relationships because of avoidance, isolation, and distress. Also girls victimized in both physical and relational ways, experienced more social anxiety and loneliness, whereas relational victims reported comparable adjustment difficulties to girls experiencing both kinds of victimization. These findings show that both relational and physical victimization may place young girls at a particular risk for poor social adjustment, and that without intervention, these girls may be at risk of serious adjustment difficulties (Nansel *et al*, 2001; Storch & Masia, 2001, 2004). This has also been indicated in mixed gender high school classes (Prinstein *et al*, 2001; Storch & Masia, 2001).

Moreover, victims may develop significantly more internalizing problems compared to non-involved children. The victims may show fewer prosocial behaviour, behavioural problems and adjustment difficulties, and may be unhappy at school (Hawker & Boulton, 2000). Also, serious externalizing behaviours in girls (violence) may be developed (Nansel *et al*, 2003).

#### **1.6.2.12 Criminality**

There has not been a large research body examining victimization and its effects on criminal and antisocial behaviour. Sourander *et al*, (2007) examined the associations between victimization and later adolescent criminality, among 2551 boys, during four years. The percentage of the victims involved in criminal offenses was small and were related only to property acts. However, victims were found to have serious conduct problems and hyperactivity. Being a victim was not related to significant later delinquency, but still involved internalizing problems. On the other hand, there are studies suggesting that victimization can lead to externalizing problems like general aggression, disruptiveness, and other provocative behaviours (e.g. Troop-Gordon & Ladd, 2005).

Table 1.1 below summarizes the typical victims' common characteristics and possible effects of bullying.

**Table 1.1: The Typical Victims of Bullying: Common Characteristics and Possible Health Effects**

<i>Common Characteristics</i>	<i>Possible Mental Health Effects</i>	<i>Possible Physical Health Effects</i>
Lack of social skills	Low psychological well-being	Physical unwellness
Physically weaker	Severe depression and distress	Psychosomatic symptoms (frequent colds/ear infections/regular stomachaches or headaches, chest pains, vomiting, fainting, sleeping and eating problems)
Sometimes disabled	General and social Anxiety	Disturbed concentration and attention
With poorer personal hygiene	Low self-esteem	Sometimes physical injuries
Less physically attractive and younger	Negative mood/anger/fear	
Usually non-assertive	Suicide ideation and attempts	
Mostly withdrawn and distressed	Lower academic performance	
Maybe depressed or anxious	Emotional and behavioural problems	
Poor achievers	Isolation/unhappiness/loneliness/ Relationship difficulties	
Learning disabled	Psychiatric problems	
Usually with poorer self-esteem and self-image	Aggressiveness/substance use	
Generally isolated/peer rejected	Psychiatric consultation and medication	
With social adjustment problems	School absenteeism	

### **1.6.3 The Bullies**

The State of London's Children Report (2004) which reviews the health of the children in London, identified that bullying can have a range of negative effects on all children involved. Longitudinal evidence on its effects on the bullies has shown that they are likely to develop negative and anti-social behaviour, truancy, delinquency, substance abuse, and are at risk for psychiatric disorders during adolescence (Coie & Dodge, 1998; Kumpulainen *et al*, 2001; Olweus, 1993). Generally, being a bully has been associated with serious adult anti-social development (Olweus, 1994; Pulkkinen & Pitkanen, 1993), sometimes poorer health among girls (Slee, 1995), and increased health complaints among boys (Rigby, 1998). Interestingly, it has been suggested that underestimating or labelling bullies just as trouble-makers who need punishment can limit the opportunity to help them avoid future maladjustment (Olweus, 1993; Spivak, 2003).

#### **1.6.3.1 Legal Consequences**

It can be expected that when physical bullying is highly aggressive, there may be legal consequences for the bully. Norwegian bullies aged 6 to 9 years were found four times more likely to come to court because of their bullying actions compared to neutrals (Farrington, 1993; Olweus, 1993). Bullies are more likely to have criminal convictions in life, or be involved in serious crime (Olweus, 1997; Sourander *et al*,

2007; Whitney & Smith, 1993). Also, bullies are found to be marked for serious violent behaviours, such as weapon carrying, frequent fighting, and fighting-related injuries, with a national prevalence ranging from 9% to 54% (Kim *et al*, 2004; Nansel *et al*, 2003, 2004; Olweus, 1993; Smith & Morita, 1999).

#### **1.6.3.2 Mental Health**

Children who repeatedly bully others may experience high levels of depression (Salmon *et al*, 1998; Slee, 1995) and suicidal ideation (Rigby & Slee, 1999; Rigby, 1999; Salmon *et al*, 1996). Bullies may also experience severe aggression and other serious externalizing problems (Kim *et al*, 2006). Additionally, Gini (2007) found that bullies may be at risk for hyperactivity, sleeping problems, and feelings of tense and tiredness. Also, Kumpulainen *et al*, (2000) found that their sample bullies at age 8 had developed psychiatric symptoms in their pre-adolescence. Similarly, Kumpulainen *et al*, (2001) found that bullies were more likely to be depressed compared to controls or victims (also see Swearer *et al*, 2001).

Moreover, Sourander *et al*, (2007) found that being a school bully was a form of anti-social behaviour strongly related to an anti-social personality disorder in early adulthood, substance use, and depressive and anxiety disorders. Bullies may also experience excessive psychosomatic symptoms, excessive alcohol drinking and use of other substances, and



anorexia (Katliala-Heino *et al*, 2000). However, bullies have been found to develop equal or less anxiety compared to victims, and therefore they might be the least anxious children involved in bullying (O'Moore & Kirkham, 2001), but they may still develop higher levels of depression (Olweus, 1978; Ronald, 2002; Salmon *et al*, 1998) and dislike school more (Rigby & Slee, 1993). Additionally, bullies have been found to have low self-esteem and be anxious about their cognitive abilities, physical appearance, and popularity (O'Moore & Kirkham, 2001), though other earlier studies have shown that bullies tend to have high or above average self-esteem (e.g. Johnson & Lewis, 1999; Rigby & Slee, 1993). On the other hand, bullies have been found to develop suicidal tensions in adolescence (Davies & Cunningham, 1999). More recently, Farrington and Baldry (2010) in their Cambridge large-scale study found that being a bully was strongly associated with hyperactivity, impulsiveness, and low empathy for others. Interestingly, Veenstra *et al*, (2005) found that their sample bullies suffered high levels of peer rejection and were highly disliked. Lastly, Katliala-Heino *et al*, (2010) have recently found a strong association between being a bully and developing depressive symptoms.

#### **1.6.3.3 Academic Achievement**

There have been studies showing negative effects on the bullies' academic progress but on the other hand, there is evidence suggesting no changes in their school performance, compared to the increased academic failures among victims and bully-victims. For example, Woods and

Wolke (2004) found that there was little evidence of linking bullying and academic underachievement on the behalf of the bullies in their sample (also see Olweus, 1978). On the contrary, other researchers have reported that bullies had low academic performance and high academic underachievement (Andreou, 2004; Nansel *et al*, 2001; Stephenson & Smith, 1989). More research is maybe needed to examine these arguments further.

#### **1.6.3.4 Criminality**

Despite the fact that bullies are not generally found with decreased academic progress, a number of studies have shown that they may be at risk of later engagement in criminality, antisocial behaviour, alcohol abuse (Loeber & Dishion, 1983; Magnusson, Stattin, & Duner, 1983), and street violence commitment and weapon carrying (Andershed *et al*, 2001).

The anti-social behaviour of bullies has been found to be persistent in adulthood (Olweus, 1979), and Lewis (1988) has found that the sample school bullies had grown up into aggressive adults. Their marriages were less satisfactory compared to neutrals, they were more likely to use violence against their children, had poor interpersonal relationships and fewer friends, and had often trouble with the Law. Similarly, Olweus (1993b) in a large-scale study followed up boys who were persistent school bullies, from the ages of 13 to 24, and found that they had three or more court convictions within the study's period.

A generational continuity in bullies has also been reported. For example, Farrington (1993) followed up boys for 24 years, who were bullies at age 14 and found that they tended to be bullies at ages 18 and 32, and to have children who were bullies as well. However, it has been argued that there have been no long-term population-based studies focusing on the relation between being a bully and later criminal behaviour (Sourander *et al*, 2007). Therefore, the nature of this relation may be rather unclear at the moment. Still, Sourander *et al*, (2007) found that frequent bullies had been highly related to violent property, traffic, and drunk driving offenses, compared to neutrals. Also the bullies had conduct disorder and hyperactivity. Similarly, Barker *et al*, (2008) found that being a school bully in adolescence predicted involvement in later delinquency.

On the one hand, the above research findings interestingly suggest that early prevention of criminality can focus on the prevention of bullying and should be a priority for health policies, as bullying is a form of aggressive behaviour. However, more research may continue to examine further the association between being a bully and later engagement in criminality and delinquency, as there is rather not much evidence at the moment as discussed above.

### **1.6.3.5 Psychiatric Disorders**

There are maybe not many studies examining the relation of being a bully and psychiatric disorders. However, there is still research indicating a strong association between these. For example, a study conducted in the UK examined this relation with a sample of adolescents who were either inpatients or outpatients in a psychiatric unit (Salmon *et al*, 2000). The adolescents identified as long-term bullies had diagnoses which included hyperkinetic disorder, unsocialized conduct disorder or psychosis, paranoid schizophrenia, personality disorder, mixed disorder of conduct and emotions, depressive conduct disorder, and generalized anxiety disorder. Similar data were also found in other studies (e.g. Katliana-Heino *et al*, 1999; Salmon *et al*, 1998; Slee, 1995). Table 1.2 that follows summarizes a bully's profile with common characteristics and possible mental and physical health effects.

**Table 1.2: The Bullies: Common Characteristics and Possible Health Effects**

<i>Common Characteristics</i>	<i>Possible Mental Health Effects</i>	<i>Possible Physical Health Effects</i>
Disruptive, aggressive, argumentative, anxious, hot-tempered, hyperactive, impulsive	Aggressiveness/antisocial behaviour, delinquency, criminality (legal consequences)	Physical injuries
Usually with emotional and behavioural problems	Anxiety, depression, psychiatric problems, substance use	Sometimes psychosomatic symptoms (sleeping and eating problems)
Sometimes with lack of empathy for others		

#### **1.6.4 The Bully-victims**

Although most studies have focused on bullies and victims, the bully-victims may be at a higher level of psychosocial and academic risks than either bullies or victims (Pellegrini *et al*, 1999; Salmivalli, 2001; Schwartz, 2000; Xu *et al*, 2003). However, relatively little is known about the risks hindering their health especially in adolescence (Marini *et al*, 2006), but still it has been reported that bully-victims can be the most at risk group for major aggressive behaviours, delinquency, severe psychosocial problems and social adjustment difficulties (Barker *et al*, 2008; Nansel *et al*, 2001; Unnever, 2005), psychological disturbance (Kumpulainen *et al*, 1998), social isolation (Veenstra *et al*, 2005), alcohol use and general health problems (Nansel *et al*, 2004), severe depression (Juvonen *et al*, 2003), anxiety and disturbed personality disorders (Katliana-Heino *et al*, 2000), ADHD (Schwartz, 2000), and conduct disorder (Kokkinos & Panayiotou, 2004). Bully-victims may develop psychiatric symptoms, serious relationship difficulties, and problematic internalizing and externalizing behaviour in later life (Kumpulainen & Rasanen, 2000). They are at higher risk for physical injuries and serious academic and social problems (Veenstra *et al*, 2005). Additional evidence indicates that they have lower achievement scores and lower school adjustment than victims, bullies, and neutrals (Nansel *et al*, 2004). More recently, Cook *et al*, (2010) have reported that bully-victims are more likely to suffer internalizing and externalizing problems compared to

bullies, victims, or neutrals, they lack social competence, experience social problem solving difficulties, suffer peer rejection, and have negative home and family experiences. Table 1.3 below summarizes the bully-victims' possible profile which includes common characteristics and possible mental and physical health effects.

**Table 1.3: The Bully-victims: Common Characteristics and Possible Health Effects**

<i>Common Characteristics</i>	<i>Possible Mental Health Effects</i>	<i>Possible Physical Health Effects</i>
Disruptive, argumentative, aggressive, anxious, hot-tempered, hyperactive, peer rejected	Psychosocial maladjustment, disturbed personality disorders, anxiety and depression	Physical injuries, physical unwellness
Generally with increased emotional and behavioural problems	Academic underachievement	Psychosomatic symptoms
With poorer academic performance	Aggressiveness, criminality	
	Psychiatric problems	
	Social problems/peer-rejection	
	Social problem solving deficits	

## ***Conclusions***

In summary, childhood bullying is an inappropriate kind of behaviour, which may have serious consequences on the victims, the bully-victims, and the bullies. As discussed above, the victims' general health can be seriously affected. Victimization can have serious effects on their mental and physical health, academic performance, and social adjustment and development. However, the picture is rather confusing, as

conditions like depression, psychiatric disorders, or impaired psychological health may result from neurological deficits that the victims may suffer from, as indicated by psychiatric theories discussed previously. Also, there is still the case whether developing such problems is a consequence and not a cause of victimization. Research examining this issue seems unclear at the moment. On the other hand though, there is still evidence showing that bullies may not suffer significant academic difficulties or low self-esteem and self-worth as they are usually not peer rejected, but they may still be at risk of suffering mental health and psychiatric disorders like schizophrenia and suicidal ideation, physical injuries, aggressiveness, behavioural problems, conduct disorders, and criminality. They can also be at high risk for substance use, interpersonal difficulties, relationship/sexual/marriage problems, and may even bully their own children or have children who are also bullies. Bully-victims may experience serious effects as well. However, the research on the effects on them is rather limited. Still, there is evidence showing that bully-victims may suffer most psychiatric symptoms of all children involved in bullying, psychological disturbance, disturbed personality disorders, conduct disorders, ADHD, and hyperactivity. Also, they may suffer social difficulties, anorexia or bulimia, behavioural problems, anxiety and depression, negative moods and serious sadness, and school absenteeism. Furthermore, they may develop serious substance use problems, academic difficulties, and become socially isolated and ineffective. They usually engage in serious externalizing antisocial

behaviours like criminality. Finally, they may suffer psychosomatic symptoms and physical injuries and may generally represent an extremely high-risk group. Prior research has found that bully-victims may have the ‘*worst of both worlds suffering between victimization and bullying*’ (Juvonen *et al*, 2003, p. 1235). Such research results like the ones presented above, can still suggest, despite limitations, that bullying is an inappropriate kind of aggressiveness which may develop negative outcomes to the children involved and may be a negative experience for their later life.

### ***1.7 The Prevalence of School Bullying***

The prevalence of school bullying has been described in many studies worldwide. Researchers have focused on four main issues: 1) occurrence of bullying regarding pupils’ engagement in all types of it either as bullies, victims, or bully-victims, 2) occurrence of bullying regarding gender, 3) incidence of bullying regarding types, and 4) prevalence of bullying regarding different ages. Research on the prevalence of bullying has been conducted in many countries (see Smith *et al*, 1999 for a review). Studies now indicate that generally between 10% and 30% of young children are involved in school bullying (e.g. Fekkes *et al*, 2005; Nansel *et al*, 2001; Solberg & Olweus, 2003; Whitney & Smith, 1993). Moreover, school bullying is not an isolated problem linked to different cultures, but is prevalent worldwide (Cook *et al*, 2009, Eslea *et al*, 2004; Kanetsuna & Smith, 2002).



A review of research literature concerning bullying in 18 different countries was undertaken as background to the present study. This review indicates substantial variation in prevalence reported both between and within countries, reflecting different research focus in the studies. In terms of the current research, it needs to be highlighted that the prevalence of bullying was not investigated as this was not included in the main aims, which were mainly qualitative (see Part 2, 'Chapter 5: Methodology'). Also, the samples' numbers were rather limited for investigating and identifying prevalence rates. Consequently no detailed review is given of these research studies examining bullying prevalence, but a list of these studies is presented here:

1. Australia: Anonymous, (2003), Rigby, (1997), Main, (1999), Slee, (2001).
2. Canada: Craig, Peters, and Konarski, (1999), Craig *et al*, (1999), The World Health Organization Report (cited in Lamb, Pepler, & Craig, 2009), Charach, Pepler, and Ziegler, (1995).
3. Denmark: Dueholm, (1999).
4. Finland: Olafsen *et al*, (2003).
5. Ireland: Dake *et al*, (2003), O'Moore and Hillery, (1989).
6. Italy: Baldry and Farrington (1999).
7. Japan: Morita *et al*, (2001).
8. Korea: Kim *et al*, (2004).
9. Malaysia: Noran *et al*, (2001), Noran, Nagappan, and Jazimin, (2004), Salwina *et al*, (2009).
10. Nigeria: Egbochuku, (2007).
11. Norway: Olweus, (1994), Olweus, (1991), Solberg and Olweus (2003).
12. South Africa: Richter, Palmary, and De Wet, (2000), Greeff, (2004).
13. Spain: Anonymous, (2003), Vieira da Fonseca, Fernandez Garcia, and Quevedo Perez, (1998), Ortega, (1992), The Report on School Violence by the Ombudsman (AA.VV., 1999, cited in Betinez & Justicia,

2006), Serrano and Iborra (2005, cited in Betinez & Justicia, 2006), Ramirez (2006, cited in Betinez & Justicia, 2006).

14. Sweden: Boulton and Underwood, (1992), Olweus (1978, 1991, 1993, 1994).

15. Turkey: Falikasifoglu *et al*, (2004).

16. United Kingdom: Whitney and Smith (1993), Rivers and Smith (1994), Boulton and Underwood, (1992).

17. United States of America: Limber *et al*, (1998), Nansel *et al*, (2001), Olweus (1984, cited in Fried, 1997), The National Association of School Psychologists (cited in Anonymous, 2003), Hazler, Hoover, and Oliver (1991), Limber *et al*, (1999), The Report from the National Center for Educational Statistics (NCES, 2003), Gwen *et al*, (2005), Hoover and Olsen (2001), Dedman, (2001), Markward, Cline, and Markward, (2002).

18. Zimbabwe: Zindi, (1994).

## **CHAPTER 2: RELATIONAL AGGRESSION**

### ***Introduction***

When considering bullying, it is rather more usual to think about conflicts which focus to harm by causing or threatening to cause physical harm. However, there are times that children tend to harm another's emotional health by creating conflicts that target to harm his/her social status, relationships and friendships. These types of conflicts are often *hidden* and, therefore, school teachers may not always be aware of them. These incidents within the bullying era include several aggressive behaviours that can create serious emotional harm when going unnoticed. These aggressive behaviours have been included under the umbrella term "Relational Aggression".

As peers can play an important role into an individual's social development during childhood, relational aggression has been found to be common in dyadic friendships, when the individuals start to seek for social status and popularity, become possessive in close friendships and demand exclusivity, especially during adolescence (Espelage, 2002). Within dyadic or group relationships, the children fulfill their needs for belonging in a group and being accepted, and therefore for their adaptive coping skills and social competence (Yoon, Barton, & Taiariol, 2004). It is then when relational aggression starts to develop, taking place from preschool age to adolescence, and even adulthood.

Relational aggression is found to be a particularly negative behaviour (Crick *et al*, 2004). Therefore, understanding its nature, causes, and effects, can be crucial for helping young children develop and maintain positive relationships. Moreover, if only physically victimized children are identified as targets, then a large number of relationally victimized children may not be regarded as victims (Young *et al*, 2006). Most of the studies on bullying have referred to physical or verbal actions. Relational aggression has been researched during the last years (Crick *et al*, 1999; Crick & Bigbee, 1998; Crick & Grotpeter, 1996). It refers to the harm of an individual by damaging or manipulating his/her relationships, and includes lying and spreading rumours, excluding from group activities, gossiping, and threatening to destroy friendships and relationships (Crick *et al*, 2002; Crick & Grotpeter, 1996; Espelage & Swearer, 2003). Relational aggression can be found at the early age of 3 years (Crick, Casas, & Ku, 1999), middle childhood (Crick, Bigbee, & Howes, 1996), adolescence (Bjorkqvist *et al*, 1994), and adult relationships (Goldstein *et al*, 2008; Linder *et al*, 2002). It can limit the chance of developing supportive friendships, as the victims are often rejected and marginalized (Crick *et al*, 2001; Underwood, 2003). Also, it can be threatening as it destroys trust, and having information used against individuals, can make them particularly vulnerable (Prinstein *et al*, 2001). Therefore, victims of relational aggression may lack opportunities for social acceptance and close relationships. A main issue of concern is that since relational aggression is a not a physical form of

aggression, it may not be directly witnessed by teachers or parents. Also, teachers may sometimes be unwilling to intervene, or believe that these behaviours are ‘normal’ (Yoon *et al*, 2004).

This Chapter presents and discusses the literature regarding relational aggression, its types, causes and effects, characteristics of children involved in it, and related factors to it.

## **2.1 Definitions**

Aggression includes any act that intends to cause harm and hurt others (Taylor, Paplau, & Sears, 2006). The most common form of aggression is physical aggression which includes acts that cause physical injury or the threat of this (Underwood *et al*, 2001). Aggression can be reactive or instrumental. For example it can be a response to feeling threatened, or a manipulation in order to get what is desired, a behaviour mostly used by bullies (Little *et al*, 2003; Young *et al*, 2006).

Contrary to physical aggression, relational aggression includes the harm, or the threatening of it, of relationships and social status (Crick & Grotpeter, 1995). It involves direct and indirect actions like the threat of ending a friendship unless the peer comes in turn with a request, the use of social exclusion, the spread of false rumours, lies or secrets against the target in order to create rejection against him/her (Crick, Ostrov, & Werner, 2006), ignoring the target and finally excluding him/her from the group (Murray-Close, Ostrov, & Crick, 2007).

It is likely that as relational aggression has to do with relationships its use may increase depending on the individual's friendships. It is indicated that children have the tendency to be relationally aggressive towards their close friends, and high levels of intimacy is found associated with it (Grotmeter & Crick, 1996). Therefore, as the child's relationships increase during childhood, it is more likely for relational aggression to increase. Female relational aggression includes spreading rumours about an individual girl, gossiping or lying about her, and excluding her from the group (Owens, Shute, & Slee, 2000b).

## ***2.2 Terminology Difficulties***

There is currently a debate among professionals regarding the terminology of relational aggression, and there seems to be a disagreement on choosing a common term to describe this kind of aggression best.

Relational aggression is also known as *social aggression* (Cairns *et al*, 1989; Galen & Underwood, 1997; Paquette & Underwood, 1999; Underwood *et al*, 2001a and b), or *indirect aggression* (Bjorkqvist, 2001; Osterman *et al*, 1998; Owens *et al*, 2000), or *relational bullying* - though this term has not been widely used in empirical research (Young *et al*, 2006). However, there seems to be confusion as to whether all these forms of aggression are distinct, if they have the same basis, and how to place them under a common conceptual framework (Archer & Coyne,

2005; Underwood *et al*, 2001). Differences and similarities in the concepts of these three types of aggression are presented ahead.

### **2.2.1 Indirect Aggression**

*Indirect aggression* was firstly introduced in Finland by Lagerspetz and his colleagues, back in 1980s (Lagerspetz *et al*, 1988). They defined it as the kind of aggression which aims to create harm in indirect ways, and usually the aggressors are unidentified in their effort not to get back the attack or remain accepted by others. Indirect aggression focuses on social manipulation through indirect ways where the target is not directly attacked. A well-designed definition of indirect aggression came later by Bjorkqvist *et al*, (1992, as cited in Huntley & Owens, 2006) and was:

*“Indirect aggression is a kind of social manipulation: the aggressor manipulates others to attack the victim, or by other means, makes use of the social structure in order to harm the target, without being personally involved in the attack” (p.52).*

Indirect aggression includes spreading rumours, gossiping, writing nasty notes, trying to make others exclude the target, ignoring, avoiding, backbiting, and lying about the target. Indirect aggression can be verbal and physical, although the emphasis is given on its non-physical forms. More recently, a new definition takes into consideration the physical aspect of it (Bjorkqvist, 2001). Bjorkqvist defines indirect aggression as the several efforts made in order to cause psychological or physical harm to

the target, by socially manipulating and attacking him/her in hidden ways maybe through third persons, so that to hide the aggressive intention or pretend not being aggressive.

Regarding gender, indirect aggression is found to be more common among females up to the age of 18 (Kaukiainen *et al*, 2001; Salmivalli *et al*, 2000). However, studies among young adults have not come out to gender differences in indirect aggression (Archer, 2004).

### **2.2.2 Social Aggression**

The term *social aggression* was originally introduced by Cairns *et al*, (1989) and further investigated by Galen and Underwood (1997). Social aggression has similarities with both relational and indirect aggression. According to the above researchers, it focuses on damaging the victims' self-esteem and social status by verbal rejection, inappropriate body or facial movements and expressions, spread of rumours, and social exclusion. It seems that social aggression includes some behaviours of relational and indirect aggression, plus the use of non-verbal attacks, as for example giving dirty looks at the target (Coyne *et al*, 2006).

Cairns *et al*, (1989) specifically defined social aggression as the indirect or direct behaviours that use social community as a way to create conflict, similar to indirect aggression. Underwood *et al*, (1997) defined social aggression as indirect and direct aggressive behaviours which can



include non-verbal acts like negative facial expressions and body movements. It seems that at the moment, the term 'relational aggression' is more widely used among researchers, though there is still a debate regarding terminology.

### **2.2.3 Relational Aggression**

As discussed earlier, the concept of relational aggression covers a wide range of social manipulative behaviours, as it includes direct and indirect behaviours and the victim may be directly influenced by face to face attacks. Relational aggression is similar to indirect aggression, but focuses on harming the target through destroying relationships, or decreasing peer acceptance causing rejection and exclusion (Crick *et al*, 1999). Relational aggression is not usually physical and can take place directly in front of the target. Merrell *et al*, (2006) report that it covers deliberately unfriendly actions designed to hurt a person through words and other non-physical ways. Moreover, Underwood, Galen, and Paquette (2001a) state that it focuses on gaining social status by hurting individuals psychologically and emotionally.

Some researchers argue that this behaviour is distinct from indirect aggression (Crick, 1996) whereas researchers of indirect aggression suggest that these are two identical concepts (Bjorkqvist, 2001). This cannot be clearly defined, as some forms of relational aggression such as

gossiping or backbiting can be similar to indirect aggression, whereas others cannot (e.g. ignoring or stop talking to the target).

In terms of the *present research study* ‘*Relational Aggression*’ was investigated with the sample pupils as a main component of bullying which may have even more negative outcomes on the children than physical and verbal aggression, comprising the following repeated aggressive behaviours: destroying social status and friendships/relations, spreading false rumours and lying, gossiping, ignoring, disrespecting, marginalizing, ostracising, and eventually excluding certain individuals from peer groups. These aggressive behaviours were investigated in terms of one or more aggressors against an individual child victim (see ‘Chapter 5: Methodology’). The rationale behind this investigation was to find out whether such aggressive behaviours existed in the sample Cypriot schools, as according to an extensive literature and research review they can be quite common and frequent, well-hidden, and can create serious problems to all children involved. Moreover, the relational aspect of bullying has not been researched in Cyprus with children with or without LDs or other SEND yet. Therefore, the present study aimed to bring some light regarding relational aggressive behaviours within a population of pupils with and without LDs, and despite its limitations, to create awareness about this kind of aggression which can be dangerous for any school pupil. Finally, the study aimed to create interest to other researchers for further investigation of relational aggression, and to

examine mental health effects on its victims, as despite it is hidden, it can sometimes hurt more than even physical bullying.

### ***2.3 Relational Aggression and Gender***

According to Edalati *et al*, (2010) males have been generally considered as more aggressive than females and have been receiving more attention by researchers. Similarly, the fact that boys are generally more physically aggressive than girls has led adults giving more attention to them. Generally, professionals have rather been giving more emphasis on physical aggression that boys present and not on negative behaviours that girls are often engaged in (Underwood *et al*, 2001).

Relational aggression is generally found more common among girls and was originally conceptualized as a female kind of aggression (Crick & Grotpeter, 1995). However, some studies have shown similar levels among boys and girls (e.g. Crick, Casa, & Mosher, 1997). There have been numerous studies and publications examining aggression in childhood, however most of them focusing on aggressive boys and physical aggression, whereas girls have been rather ‘neglected’ in research (Bjorkqvist, 1994; Crick, Ostrov, & Werner, 2006; Underwood *et al*, 2001a). Therefore, understanding the correlation between relational aggression and gender may be difficult. Relational aggression however has been generally characterized as rather female (Underwood *et al*, 2001a). However, there is still work which supports that boys display

more relational aggression than girls, but is rather limited (Henington *et al*, 1998). Moreover, other evidence relates relational aggression equally among boys and girls (Galen & Underwood, 1997).

Research showing that relational aggression is more common among girls suggests that boys are often more concerned with physical dominance. Relational aggression is generally more frequently associated with young girls in early childhood (Bowie, 2007; Crick *et al*, 1999 and 2004; Crick & Grotpeter, 1995; Osterman *et al*, 1998; Ostrov & Keating, 2004; Ostrov *et al*, 2004; Sebanc, 2003). Studies have shown that girls may be more relationally and boys more physically aggressive (e.g. Burr *et al*, 2005). For example, relationally aggressive girls have been found much more than boys (boys 2% but girls 17%) by Crick and Grotpeter (1995). Moreover, teachers rated girls as more relationally aggressive and boys as more physically aggressive (Crick *et al*, 1997; Crick & Grotpeter, 1995). Other researchers (e.g. Osterman *et al*, 1998) measured verbal, physical, and indirect aggression among young adolescents in several countries and found that indirect aggression was mostly used by females, whereas physical aggression was used least by females. For the males it was found that verbal and physical aggression was the most common and indirect aggression the least common. Additionally, girls were found to believe that both relational and physical aggression are equally harmful, whereas boys think that physical aggression is more harmful (Galen &

Underwood, 1997). According to Crick and Grotpeter (1995) girls use relational aggression mostly against other girls.

In the context of relationships, girls usually have more close friends and greater levels of intimate exchange, while boys are more often involved in larger friendship groups (Maccoby, 1990). Intimate exchange has been related to relational aggression in girls, who have knowledge of peers and more chances to manipulate through relationship-damaging behaviours (Grotpeter & Crick, 1996). In addition, girls adopt a relational orientation easier during relationally aggressive episodes, or when peers are relationally provocative against them (Crick & Zahn-Waxler, 2003). Girls' friendships' functions may provide more opportunities for relational aggression to develop faster and easier than boys'. Generally, females' efforts to cause harm focus on manipulating dyadic friendships, whereas males' on harming membership and status in larger peer groups (Rudolph, 2002). Preschool girls focus on maintaining their interpersonal relationships contrary to the physical dominance the boys look for at this age (Burr *et al*, 2005).

More recently, Murray-Close *et al*, (2007) found that relational aggression increased over one year (also see Crick *et al*, 1999). These researchers argue that as children develop social and cognitive skills and more spend time with close friends, it is more likely to exhibit relational aggression. However, this increase was found only in girls. This may be because the social interactions of girls during their developmental life

period can facilitate the use of it in their intimate friendships. Therefore, within the friend intimate exchange of girls and since maintaining friendships is maybe their main target, relational aggression may seem an 'easier' way to reach their goals. Other research has shown girls exhibiting greater relational aggressive behaviours during late primary school (Crick *et al*, 1999; Ostrov *et al*, 2004).

Also there is the case of boys being more relationally aggressive. This is not widely suggested, but still, Henington *et al*, (1998) has reported that primary school boys were rated as more both relationally and physically aggressive by peers and teachers. However, this may be because boys are generally perceived as more aggressive. Moreover, the prevalence of relational aggression in adolescence has been suggested to be equally high among boys and girls (Prinstein *et al*, 2001; Storch *et al*, 2003).

Looking at the above arguments and research findings, it can be said that it is rather difficult to reach conclusions regarding gender and relational aggression, as there seems to be a mixture of arguments and research evidence. Some research has shown that girls exhibit more relational aggression, and some other that boys are more relationally aggressive. Finally, some work has reported no gender differences in relationally aggressive youth. Therefore, such findings need to be considered with caution when coming to conclusions.

## **2.4 Relational Aggression and Age**

Relational aggression develops by age as it needs verbal skills (Young *et al*, 2006). Based on the children's social and cognitive development, it may become more complicated as they grow older because then they can understand better which behaviours hurt their peers and what the gender norms regarding aggression are (Henington *et al*, 1998). Relational aggression usually begins at the early age of 3 years (Crick, Casas, & Ku, 1999), develops in middle childhood (Crick, Bigbee, & Howes, 1996), reaches a higher level during adolescence (Bjorkqvist *et al*, 1994), and may continue in adult relationships (Crick *et al*, 1999). Although general aggression may decrease in primary school years, relational aggression may become more frequent and serious in nature especially in adolescence (Yoon *et al*, 2004).

Yoon *et al*, (2004) argue that during middle childhood and particularly adolescence, there is growth in the individuals' cognitive and social development which affects their relationships' quality and function. Specifically, adolescents are mainly interested in friends and look for independence from family. They start to gain social status and look for peer acceptance which is essential to them. Their relationships start to become close and intimate. Within such relationships, hurting one another or creating conflicts, may have significant impacts. This is when relational aggression develops, and without intervention, may maintain throughout early adulthood. Social understanding and conflict resolution

skills may be essential for adolescents to develop positive relationships and reduce relational aggression. The changes in the adolescents' cognition usually lead to more complicated forms of relational aggression during middle childhood (Crick *et al*, 1999). Relational aggression has also been found common among high school (Roecker-Phelps, 2001) and college students (Werner & Crick, 1999).

Some research has shown that relational aggression is mostly used by same-gender children, but recently it has been indicated that there may be relational aggression in adulthood between romantic partners within male-female relationships (Pellegrini & Long, 2003). In adolescence relational aggression may be similar among boys and girls and there may not be particular gender differences in it (Crick & Grotpeter, 1995; Crick & Grotpeter, 1996; Gini, 2007; Tiet *et al*, 2001). It may affect more adolescents than very young children and may be particularly distressing to them (Maccoby, 1988). When their relationships are destroyed and they lose emotional support, they usually get more upset than young children do. Also, their self-concept at this age mainly depends on social comparisons with peers. When aggressors humiliate or embarrass them, this may be particularly painful, as their main importance is to create, develop, and maintain supportive relationships. However, other research within secondary schools, has shown that growth in relational aggression may become less common, as they are more involved in romantic relationships (Linder, Crick, & Collins, 2002; Pellegrini & Long, 2003).



According to Stauffacher and DeHart (2005), preschool children may use relational aggression with their friends and siblings. No particular differences are usually found between preschool boys' and girls' frequency of its use. It is also found that girls usually use more ignoring and verbal types, whereas boys use verbal forms like embarrassing their peers when they cannot reach their goals with physical actions. Girls usually use more relationship attacking methods and have more specific aims. Generally, young children use relational aggression as a response to provocation, maybe because the four year old children feel frustrated, while the two year olds mainly seek attention. Lastly, having an older sister may place young children, mainly girls, into the danger of being relationally victimized by peers or ignored by siblings. Moreover, relational aggression can be equally used by middle school aged boys and girls (Galen & Underwood, 1997) and preschoolers (Xie *et al*, 2003). However, Goldstein *et al*, (2002) found that preschool classmates thought of their male peers to be more relationally aggressive and this was more acceptable for boys.

In summary, research focusing on the nature of relational aggression within the different developmental stages the children pass through age, has shown that it can be evident through different ages starting from early years (preschool age), developing in primary school years, reaching a high level in adolescence, and even continue in romantic adult relationships.

## ***2.5 The Effects of Relational Aggression***

### **2.5.1 Mental Health**

A range of mental health outcomes have been linked to relational aggression. It has been associated with various health problems and general maladaptive functioning. It is suggested that relational aggression can hurt the victims even more than physical (Crick & Bigbee, 1998; Crick & Grotpeter, 1996).

Relational aggression can be strongly related to cognitive disorientation, stress, and emotional problems, especially for girls (Crick, Grotpeter, & Bigbee, 2002). It may develop rejection, problematic friendships, and severe externalizing and internalizing symptoms (Crick *et al*, 2002 and 2006; Crick, 1997; Crick & Grotpeter, 1995 and 1996; Crick & Nelson, 2002; Stauffacher & DeHart, 2005). Additionally, it has been linked to general aggression and anti-social and delinquent behaviour in childhood, adolescence, and early adulthood (Crick, Ostrov & Werner, 2006; Crick *et al*, 2004; Werner, 2004).

There is also evidence linking relational aggression to psychopathology (depression, personality disorder, ADHD, eating disorders, social anxiety) (Crick & Grotpeter, 1995 and 1996; Crick & Zahn-Waxler, 2003; Crick *et al*, 1999), adjustment problems and low self-esteem, loneliness, social avoidance and exclusion (Crick *et al*, 2001; Crick *et al*, 2002; Crick & Nelson, 2002; Ladd & Ladd, 2001), and

hostility and self-harm behaviours (Murray-Close *et al*, 2007; Ostrov *et al*, 2004; Zalecki & Hinshaw, 2004). Particularly in adolescence, effects include internalizing problems, loneliness, and lower global self-worth (Prinstein *et al*, 2001). Evidence relates more social and emotional problems to female victims compared to males (Murray-Close *et al*, 2007; Ostrov *et al*, 2004; Paquette & Underwood, 1999; Zalecki & Hinshaw, 2004). However, relationally aggressive boys have also been found to suffer social-psychological problems like depression, loneliness, rejection, and exclusion (Crick, 1997). Depression and anxiety in childhood have been linked to relational aggression for both boys and girls, though more related to girls who are also more affected with conduct problems like attention difficulties, hyperactivity, and impulsivity (Crick & Zahn-Waxler, 2003; Murray-Close *et al*, 2007). Murray-Close *et al*, (2007) found that relational aggression was significantly associated with increasing internalizing problems over time, interestingly in both genders. However, overall it is suggested that relational victimization is more distressing for girls, as girls set a higher emphasis on their relationships (Crick & Zahn-Waxler, 2003). Relationally aggressive girls are more likely to experience severe externalizing disorders like oppositional defiant and conduct disorder (Prinstein *et al*, 2001). More recently, Keenan, Coyne, and Lahey (2008), found that relational aggression was moderately related to oppositional defiant disorder and conduct disorder. Therefore, the increase of relational aggression may be related to the field of psychopathology, something given a particular

attention by researchers recently, as argued by Cicchetti and Sroufe (2000).

Moreover, relational aggression may be associated with high levels of disruptive behaviour among primary school children, interestingly more common in girls (Paul & Cillessen, 2003). Kochenderfer-Ladd (2004) found that primary school children responded to relational victimization by being aggressive driven by their anger towards the aggressors, maybe seeking revenge (also see Paquette & Underwood, 1999).

Prinstein *et al*, (2001) examined relational and physical aggression among 566 adolescents, focusing on the samples' social-psychological adjustment. Relational aggression was associated with girls' externalizing behaviours like oppositional defiant and conduct disorder. Victims (both boys and girls) suffered depression, loneliness, distress, and lower global self-worth. Interestingly, the most severely maladjusted individuals were those who experienced both relational and physical aggression. Also, relationally aggressive boys reported higher levels of loneliness. Adolescents, who shared supportive friendships, had lower levels of social-psychological maladjustment. This means that adolescents who have supportive friends, may be at lower risk for engaging in relational aggression.

Werner *et al*, (2003) who examined the association between relational aggression, anger control, and drug use among 3,922

adolescents, found that high levels of relational aggression were related to low anger control skills and high levels of drug use. Similarly, Sullivan, Farrell, and Kliewer (2006) examined relational and physical aggression related to externalizing behaviours including drug use, among 276 adolescents. Relational victimization had a unique significance on all externalizing behaviours. Surprisingly, minor gender differences were found, apart from the cases of physical aggression and marijuana use, found to be more related to boys. Relational victimization was related to general aggression and delinquency for girls and increased relational aggression use for boys. It was also associated with increased cigarette and alcohol use for both boys and girls, and increased marijuana use for girls. However, contrary to the large research evidence showing the association between physical aggression and drug use, the relation between relational aggression and drug use is rather not thoroughly investigated.

Relational victimization has been related to rejection, submissive behaviour, social avoidance in boys, and rejection in girls (Crick & Bigbee, 1998). Relationally victimized girls may develop emotional distress, thoughts of leaving school, or suicidal thoughts to escape the pain (Owens, Slee, & Shute, 2000a; Rigby & Slee, 1999).

Interestingly, Owens *et al*, (2000) found that the first effect of a relationally aggressive act was confusion, which led the victims trying to deny their experiences (*covering up*), which caused them pain, hurt, fear

or paranoia and anxiety, loss of self-esteem and self-confidence and avoidance of future relations. The pain led to school absenteeism or the desire of leaving school or even ending their lives. This pain developed 'catastrophic self-talk' by the victims or other externalizing actions. Crick *et al*, (2006) found that relational aggression was strongly associated with social-psychological adjustment difficulties. The association between relational aggression and internalizing and externalizing problems was also found by other researchers, for both genders, but with a higher level in girls (Cillessen & Mayeux, 2004; Crick, 1996). Such findings can create concerns as they may be related to psychopathology.

Relational aggression has also been examined within dyad friendships. For example, Crick and Nelson (2002) found that relational victimization within such friendships was strongly related to social, internalizing, and externalizing problems. Also, for girls, the impacts of having relationally aggressive friends were more negative. Generally, relational aggression has been found more stressful and upsetting for girls (Crick, Grotpeter, & Bigbee, 2002; Galen & Underwood, 1997). Although these findings have not taken into consideration causal effects, they may be regarded as good evidence considering that the emotional stress girls feel when relationally attacked, may lead to adjustment or depressive problems, as the value they give to their dyadic friendships is very high and they may be particularly disturbed when attacked by a close friend.

Both boys and girls were found to feel worse about themselves when relationally attacked, but particularly girls (Paquette & Underwood, 1999). The frequency of relational aggression was found to make girls develop negative self-worth (Crick, 1996). Interestingly, relationally aggressive girls are found to develop physical aggression and sometimes engage in acts where they are both victims and aggressors (Talbot *et al*, 2002). Girls relationally victimized by close friends, were found to report significant levels of social anxiety and avoidance, loneliness, psychological distress, and serious externalizing problems (Crick & Nelson, 2002).

### **2.5.2 Physical Health**

As reported in the “Ophelia Project” relational aggression may also have effects on the victims’ and aggressors’ physical health. Aggressors and victims may report frequent headaches, stomachaches, tiredness, sleeping and eating problems, and unexplained crying. Girls are found to cry more easily for no reason and suffer more sleeping problems. Boys-victims may have headaches, stomachaches, loss of appetite, and sleeping problems, and boys-aggressors may experience tiredness and sleeping difficulties.

## ***2.6 Characteristics of Children Involved in Relational Aggression***

### **2.6.1 The Aggressors**

Relationally aggressive preschool aged and adolescent children may be rejected, disliked, with no friends, not popular or accepted, and socially maladjusted (Crick *et al*, 1997; Werner & Crick, 2004). However, relational aggression does not exclude these children from having close friendships. They usually have at least one reciprocal friendship and are just as likely as their non-aggressive peers to have mutual friends (Rys & Bear, 1997), but interestingly, their friends may develop relational aggression themselves (Werner & Geiger, 1999). Moreover, relationally aggressive children are found to be central characters within peer social networks and quite dominant (Xie *et al*, 2004). Henington *et al*, (1998) found that these children's behaviour predicted rejection only when combined with physical aggression. Generally there is a belief that relationally aggressive children may be popular but not necessarily liked (Rose *et al*, 2004). Relationally aggressive children may be at risk of rejection and maladaptive relationships and can be a 'threat' for peers to imitate them. On the other hand, they can still create and develop close friendships.



### **2.6.2 The Victims**

Victims are often children who do something annoying or start a conflict first so they are ‘punished’ by aggressors, may lack social skills and have few or no friends, come from families where they have not learned to resolve conflicts effectively, and may be new at school or look ‘different’ (Owens *et al*, 2000). Owens *et al*, (2000) also reported that victims may be included in two categories: the ones that ‘it is not their fault’, and the ones that are ‘vulnerable’. Girls who were in the ‘not their fault’ category, usually annoyed peers or started conflicts. Girls in the ‘vulnerable’ category had certain characteristics that made them look ‘easier targets’, like being ‘different’, new at school, or having no friends. Children who are frequent targets may have important educational needs and serious adjustment difficulties and may need to be referred to professionals like psychologists or other mental health professionals (Crick & Nelson, 2002; Crick *et al*, 2002; Young *et al*, 2006).

## **2.7 *Relational Aggression in Friendships***

### **2.7.1 Childhood**

Even in preschool years children start to use relational aggression when gossiping about others. Maguire and Dunn (1997) have reported that kindergarten children were using self-disclosure, conflict, and gossiping in their dyadic friendships. On the contrary, Sebanc (2003) found that girls who had friends were less relationally aggressive than

girls who had no friends, whereas boys who had friends were more relationally aggressive than boys who had no friends. Early preschoolers may have both positive and negative social status, or be more relationally aggressive than peers who are at an average social status (Nelson *et al*, 2005). Johnson and Foster (2005, cited in Ostrov & Crick, 2005) found that relational aggression was negatively associated with acceptance, number of close friends, and friendship stability among kindergarteners.

Most of relationally aggressive children may have mutual friendships, something that can hypothesize that their behaviour may not prevent them from having friends (Burr *et al*, 2005). However, boys who engage in high levels of relational aggression are more difficult to maintain mutual friends. However, there may also be no gender differences regarding mutual friendships. This is maybe because children develop and establish friendships better during school years. However, the number of mutual friends may significantly increase relational aggression especially in girls. This includes the increase of negative comments about peers whom they do not like, or the ignorance of positive comments about them. Girls who maintain mutual friendships may generally have an increased use of relational aggression (Werner & Crick, 2004).

A particular question that can be addressed regards the reason for most peers who are good friends of relationally aggressive children, as it is indicated that relational aggression is often an outcome of rejection and

non-acceptance (Crick *et al*, 2003; Ostrov *et al*, 2004). However, this may be explained in the sense that relationally aggressive children tend to be popular during kindergarten years, in contrast with later school years that may be characterized bossy and mean (Hawley, 2003). Future research is needed to investigate these arguments. Additionally, it seems that when encouraging relationally aggressive children to develop mutual friendships this may put them at risk for more aggression. However, not all children who have mutual friends are relationally aggressive, and positive, stable friendships in early childhood can provide support and protection from victimization (Lansford *et al*, 2003). On the one hand, it is not advisable to discourage relationally aggressive children develop friendships, whereas on the other hand, such relationships may not bring the best positive outcomes. Future research may examine these arguments further.

Moreover, Stauffacher and DeHart (2005) reported that their sample preschoolers used more relational aggression against their siblings, and the age and gender of the sibling had different impacts on the nature of their acts. A stronger association was found between relational aggression used by 3-4 year old girls and their expressive language skills, compared to boys (Estern, 2005, cited in Ostrov & Crick, 2005). Furthermore, stability in relational aggression was found across early childhood into middle childhood in a longitudinal investigation which revealed that girls who had temperamental characteristics or were

exposed to paternal internalizing disorders were more relationally aggressive (Park *et al*, 2005, cited in Ostrov & Crick, 2005).

### **2.7.2 Adolescence**

When friendships during adolescence become important, particularly for girls, negative behaviours may start to arise. During adolescence, relational aggression may be used as a way of expressing anger towards friends, and cognitive development brings better understanding of sarcasm, which may allow relational aggression (Prinstein *et al*, 2001). Also, self-disclosure during adolescence may ‘provide’ more chances to teenagers to use private information in conflicts (Parker *et al*, 2005, cited in Prinstein *et al*, 2001). Conflicts, betrayal, and exclusivity, have been associated with aggression, loneliness, antisocial behaviour, and school maladjustment (Dishion *et al*, 1997). Betrayal has been particularly connected to physical aggression, while exclusivity to relational aggression (Grotzinger & Crick, 1996). Also, intimacy in friendships is found to be positively related to relational aggression (Sebanc, 2003). As teenagers share exclusive friendships such aggression may be a way to keep this exclusivity.

Therefore, it can be hypothesized that even though intimacy among friends may be positive, for relationally aggressive children it may be negative, as it can be the tool for self-disclosure that can be used to manipulate and exclude individuals. As relational aggression damages

relationships there may be a clearer link between this and adolescent friendships. As in adolescent years the individuals start to 'search' for identity, become engaged in social interactions and spend more time with their friends, relational aggression is maybe more easily developed. Social networks that lead to intimate friendships are found very important in adolescence (Huntley & Owens, 2006) as they help the individuals develop self-disclosure, deep understanding of self and the others, self identity, and provide feedback about their abilities and the outside world (Santrock, 2001).

There may be gender differences regarding adolescent friendships, which can be taken into account for understanding the nature of relational aggression. Adolescent boys are more likely to relate with peers who share similar activities and attitudes, like companionship, and are rather less interested in deeper personal experiences, a characteristic of girls' friendships (Erwin, 1998, and Maccoby, 1998, both cited in Huntley & Owens, 2006). Teenage boys are rather more involved in larger groups where they develop self-autonomy, while girls prefer deeper friendships (Erwin, 1998, cited in Huntley & Owens, 2006). Adolescent girls have small groups of close friends and like sharing emotional affect, based on trust and intimacy, asking for support and confidentiality and requiring loyalty and commitment. However, such female relationships can also be a 'positive' ground for the development of damaging, hurtful, and exclusionary behaviours, like relational aggression.

Relational victimization can cause negative effects on the adolescents' satisfaction with friends, a major characteristic of their general life satisfaction (Gilman *et al*, 2000). Young adolescents, with high need for affective friendships and high expectations of affective behaviours, were found to be more involved in relational aggression (Gini, 2007). Huntley and Owens (2006) reported that their sample teenage girl experienced tremendous levels of relational aggression within her friendship group consisted of another 6 girls. It included abusive, manipulative, and competitive behaviours against her. The teenage girl managed to face her hurtful experiences through one-to-one therapy sessions. Similar types of adolescent relational aggression were found by Owens *et al*, (2000). Their adolescent 15 year old sample girls displayed behaviours like talking about the target (*bitching*), spreading rumours, criticizing appearance and personality, talking loudly about the target in front of the group, ignoring and excluding from activities, and ostracizing. Also, writing abusive messages, letters or notes, or threatening, making gestures, and being sarcastic. The girls also used verbal direct aggression towards their targets.

It can be seen that adolescent girls who seek close friendships may have problems when sharing in a group. Relational aggression plays a negative role in friendships as it damages social interactions and development. However, not much is published regarding intervention methods, as research has mainly focused on physical aggression (Hadley,

2004; Huntley & Owens, 2006). There is some evidence though, suggesting ways of limiting relational aggression in girls, like for example peer counselling and creating 'circles of friends' (Cowie & Sharp 1996, cited in Owens *et al*, 2000).

## ***2.8 The Causes of Relational Aggression***

A lot is happening in the name of girls' friendships in adolescence, which can be dangerously abusive, and lead individuals to develop negative judgments of themselves and of the ways that people interact and socialize with each other (Huntley & Owens, 2006). Owens, Shute, and Slee (2000), reported that girls' relational aggression develops because of their 'boredom', need for attention, desire for creating excitement, 'having something to do', and because of their wish to belong to a group and have close friends, like a self-protection process. Girls look for things to make life more interesting, like gossiping. Moreover, driven by a desire to belong to friendships and gain popularity, they are found to ensure ongoing aggression and enjoy the excitement of spreading rumours, whereas boys are engaged mostly in sports and other activities, and use more verbal and physical aggression. Girls seek attention by sharing things that concern others, and therefore, manage to gain social status. Their need to be accepted may lead them to agree with nasty comments about targets and participate in exclusion to ensure being 'included' (Crick & Grotpeter, 1995; Thorne, 1993, cited in Owens *et al*, 2000).

### **2.8.1 Family**

Relations in the family may contribute to children's involvement in relational aggression. Within the family, children learn about emotions and how to regulate them by observing parental emotional functioning (Eisenberg *et al*, 2003). Familial climate the individuals experience daily affects their emotional and social development and reflects on the quality of their relationships. Finnegan *et al*, (1996) reported that in school years children who have a secure attachment with their parents are less likely to be victimized.

Parenting styles like power-based disciplinary strategies, commands, and physical abuse, have been strongly associated with children's physical aggression (Coie & Dodge, 1998 and Ladd & Pettit, 2002, both cited in Sandstrom, 2007) and behavioural problems (Dishion, 1990). However, less is known about parenting styles and relational aggression, and only a limited number of researchers have tried to identify this association with empirical studies (Sandstrom, 2007). It has been found that boys in middle childhood who are relationally aggressive are targets of their parents' relational aggression (Grotper, 1997). Stocker (2000) also reports that mother-child hostility and lack of parental monitoring can be associated with adolescents' relational aggression.

Regarding parental psychological control (withdrawal, guilt, negative affect, disappointment, shame, and possessiveness or



protectiveness) maternal control was found related to physical aggression (e.g. Hart *et al*, 1998), whereas a strong relation between parental control and high levels of relational aggression in female preschoolers (Yang *et al*, 2004, cited in Casas *et al*, 2006) and primary school females (Nelson & Crick, 2002, cited in Casas *et al*, 2006), has been reported. According to Hart *et al*, (1998) an association between less responsive parenting and low levels of relational aggression for boys, and maternal coercion and high levels of relational aggression in girls are indicated. Similarly, Nelson and his team (2006) found a strong association between preschoolers' relational aggression and their mothers' physically abusive approaches in girls.

There is also evidence regarding older children showing that maternal abusive punishment was strongly related to increased relational aggression in boys, whereas in girls there was an association between relational aggression and paternal psychological control (Nelson & Crick, 2001, cited in Sandstrom, 2007). In addition, primary school children were found to develop relational aggression in relation to their mothers' disapproval and criticism (Park *et al*, 2005).

Interestingly, Sandstrom (2007) has reported that authoritarian parenting is associated with primary school children's relational aggression, and permissive parenting may have a strong impact on girls' relational aggression. The researcher argues that maternal permissiveness may influence their daughters, as by being permissive they behave in

positive but rather indirect ways that can be used negatively by the girls in peer interactions to reach their targets (*manipulation*). However, future longitudinal research may explore further the association between maternal behaviours and relational aggression to reach generalizations. Also this association can be interrelated, as relationally aggressive girls may create their mothers' permissiveness, rather than the mothers' permissiveness develop the daughters' relational aggression. Future research may examine this possibility further as well. Additionally, it is not clear whether there is association between parental affect and relational aggression (Brown *et al*, 2007). In some cases children who are relationally aggressive, are found to be more intimate and use self-disclosure at higher levels, a fact that can hypothesize that relational aggression may be linked with affection (Sebanc, 2003). On the other hand, parental affect can develop a positive relationship, model positively for social relations, facilitate and develop positive conflict resolution skills, and therefore, limit the development of relational aggression by the children. Future research may examine these arguments further.

Moreover, regarding gender, there is also some confusion, as some studies have found parenting styles to predict relational aggression in boys and others in girls. For example, Hart *et al*, (1998) showed that conflicts in the marriage created relational aggression in boys, but not in girls, and similarly, Crick (2003, cited in Brown *et al*, 2007) found that mother's negative control had led to boys' relational aggression. Mother's

physical abuse was also found associated with boys' relational aggression (Nelson & Crick, 2002, cited in Brown *et al*, 2007). On the contrary, Yang *et al*, (2004, cited in Brown *et al*, 2007) found an association between psychological parental control and relational aggression in girls (also see Nelson *et al*, 2006, cited in Brown *et al*, 2007), and Nelson and Crick (2002) found that fathers' control predicted relational aggression in girls and parental physical abuse relational aggression in boys.

Negative maternal affect was also found in children's relational aggression by Brown *et al*, (2007). These researchers focused on the mothers' negative emotions and it was found that these were the strongest predictor of their children's relational aggression. This can be true, taking into account that relational aggression is mostly verbal. Also, positive maternal affect was found related to lower levels of relational aggression. Negative maternal affect was found to predict relational aggression in romantic relations in young adults as well (Linder *et al*, 2002).

Permissive mothers and authoritarian fathers were found related to boys' relational aggression, whereas both parents' authoritarian styles and mothers' permissiveness were found to be associated to girls' relational aggression (Casas *et al*, 2006). Also, parents who were using psychological control had led to their children's relational aggression, particularly father's control in girls. A father who controls interactions with his child may limit a positive relation and the child's development of effective social skills (Biller & Kimpton, 1997, cited in Casas *et al*,

2006). Casas *et al*, (2006) interestingly found that relationally aggressive girls shared an insecure attachment with their mothers, whereas boys who shared an insecure attachment with their fathers were also relationally aggressive. Moreover, sibling relationships can influence relational aggression. It is reported that relational aggression is more frequent among siblings than physical aggression (O'Brien, 1999) and can lead to conflicts, depression, and low self-worth (Updegraff *et al*, 2003).

In conclusion, parents may have an impact in their children's development of relational aggression. However, the association between relational aggression and parenting styles and personal characteristics can be further investigated with attention on gender issues, as there is controversy on the matter at the moment. Also, there is the issue of cultural or ethnic differences in parents and their child rearing methods, something that can also be explored further.

### **2.8.2 Social Factors**

According to Bowie (2007) relational aggression may be related to socialization through parents, teachers, peers, and the media, and, to the construct of 'self' among girls and therefore the use of it is usual as there are usually peer conflicts. Issues like maladaptive relationships, rejection, or peer influence on behaviour, need consideration. Also, it is possible that an emotionally 'disturbed' girl may react to social interactions with relational aggression if she feels threatened.

Werner and Crick (2004) investigated peer rejection and having aggressive friends related to relational aggression for one academic year. Both factors predicted relational aggression. This suggests that relationships and their influences on an individual, may predict such aggression. It is also suggested that relationally aggressive children may seek friends who behave in similar ways in order to share their similar experiences. Interestingly, rejected children and children who have relationally aggressive friends, may become increasingly relationally aggressive. This can hypothesize that peer maladaptive experiences may increase relational aggression. This was also found by Crick (1995) who showed that rejection among girls predicted high levels of relational aggression. Similarly, girls were found to rate peer conflicts concerning exclusivity and acceptance as more serious than boys did (Ittel & Lippman, 1997, cited in Werner & Crick, 2004), and female adolescents got significantly more bothered with peer troubles than males (Gavin & Furman, 1989). As Crick (1995) argues, girls exposed to rejection may develop relational hostility biases, in contrast to physically aggressive children who develop such biases in physical attacks.

Relational aggression can be promoted in friendships. Gossip may be a way children use to get closer to each other; however, it is against others. Therefore, when some children listen and reinforce friends when gossiping, this may be a way to engage in relational aggression (Werner & Crick, 2004). Also, girls who have relationally aggressive friends may

be influenced to behave similarly. There is the possibility that some girls may follow such behaviours because of feeling afraid to be excluded, or be targets themselves (Azmitia *et al*, 1998, cited in Werner & Crick, 2004).

### **2.8.3 Media**

There are some relational aggression professionals who have given emphasis to the large impact of television on relational aggression. For example, Coyne *et al*, (2004) argue that types of relational, social, and indirect aggression are found on television daily, and when children watch them, they are very likely to develop them in real life. Girls, who are indirect aggressors, may watch more programmes on television that contain such behaviours, compared to other girls. The researchers also argue that when individuals watch such behaviours on television, they develop cognitive ideas related to aggression that can increase the probability to act aggressively themselves in certain situations. Relational aggression on television seems rewarded and acted by ‘attractive’ characters, issues that increase the possibility for children to act in similar ways in order to gain positive outcomes. Young adolescents exposed to a significantly higher level of relational aggression on television, may move it into their real life. Television may influence their perceptions about aggression and make them believe it is rewarding and ‘powerful’.

#### **2.8.4 Personality and Cognitive Factors**

When trying to understand why some children use relational aggression against others, personality characteristics may have to be considered. Their behaviour is included in their social information-processing mechanism which includes a certain cognitive sequence of actions: the child encodes social cues, interprets them, sets a specific aim, accesses for a response, and decides for this response (Crick & Dodge, 1994). Researchers argue that if children are not able to carry out these cognitive steps they may misunderstand a peer's intent as hostile and respond with aggression (e.g. Dodge, 1980). However, not much evidence is available to examine such models for understanding relational aggression. In fact there have been only two studies up to present as Crick *et al*, (2002) report (Crick, 1995; and Crick & Werner, 1999) to investigate relational aggression within a social information processing model. A well-researched component of this model is the children's beliefs of peers' intent in social interactions (Crick & Dodge, 1994). These include the interpretation of social cues and the use of the cues that determine whether peers are using a hostile intention. However, Crick *et al*, (2002) argue that studies examining relationally aggressive children's interpretation of social cues are rather limited. Relationally aggressive children display hostile biases only in relationally provocative situations, whereas physically aggressive children respond with aggression to

physical provocations (Crick, 1995). However, such arguments may need further exploration.

Another factor that may lead to false interpretations of an act, is the emotional distress caused by a provocative interaction. Emotions of anger or upset may mislead an individual's interpretations of the peer's act, regard it as hostile, and respond aggressively. Boys under stress are more likely to respond with provocations that concern physical dominance, whereas girls focus particularly on social exclusion or gossiping (Crick *et al*, 2002). Moreover, Crick *et al*, (2002) showed that relationally aggressive children had developed hostile biases though relational provocations. The children used aggression to respond to upsetting episodes. Under the stress of provocation, physically aggressors responded with anger, whereas relational aggressors developed feelings which led to aggressive responses. Interpersonal-related provocations were more distressing for the girls. This may be an explanation for the girls' creation of hostile biases as interpersonal problems are very distressing for them (Crick & Nelson, 2002).

Lastly, regarding personality factors related to relational aggression, Zahn-Waxler *et al*, (2005) have found that their sample girls who were depressed and shared no caring feelings with others at age 7, were more likely to be relationally aggressive in adolescence. More recently, Bowie (2010) found that his sample girls had low levels of



emotion regulation, which was strongly related to their use of relational aggression against other girls.

### **2.8.5 Biological Factors**

Biological factors may influence children's development. For example, brain damage, neurological disorders, mental retardation, and ADHD, may increase difficulties in relationships (Merrell *et al*, 2006). Such conditions may increase learning difficulties, decrease social skills, and lead to behavioural problems and aggression. Therefore, the examination of certain biological factors when trying to understand the nature of relational aggression may be an important issue.

### **2.8.6 School**

The school and classroom environment may sometimes fail to respond to children's aggression and therefore maintain it (Song & Swearer, 2002, cited in Yoon *et al*, 2004). Most teachers' general attitude is that aggression is rather normal in children, and that may explain their 'indifference' towards relational aggression, and their non-involvement in prevention and intervention. Teachers have been found to accept relational aggression as 'just the way children are' especially in adolescence (Underwood *et al*, 2001). Additionally, teachers tend to regard it as less harmful than physical aggression, and may be therefore less willing to intervene (Craig *et al*, 2000). Most of the times, they ignore or get less involved in relationally aggressive conflicts compared

to physically aggressive incidents, and sometimes they may not be sympathetic to the victims (Yoon & Kerber, 2003).

Arguments like the above can raise concerns about the development and maintenance of relational aggression in schools. Relational aggression needs to be regarded as a rather serious kind of bullying and aggressive behaviour which may have negative outcomes on the children involved, and it is most of the times unnoticed. When teachers are indifferent, ignorant, or unfamiliar with relational aggression, they may give the children false messages that aggressive behaviours are permitted and tolerated and, therefore are 'normal' in or out school.

## ***Conclusions***

Relational aggression involves indirect and verbal behaviours that target on harming an individual's status and reputation, humiliating him/her, destroying his/her relationships, and excluding him/her from peer groups. It is important to keep on investigating relational aggression in schools and the ways it is exhibited, developed, and maintained. Also, it can be examined within sibling relationships where it seems to be serious and frequent. Researchers may investigate more detailed relational aggression as it is rather 'neglected' in research but may have disastrous effects on all the children involved. More research is maybe needed to examine its effects and the factors underpinning it. Schools need to be more informed about relational aggression, as sometimes teachers are not

aware of it or regard it as normal. Moreover, the relation between relational aggression and gender is still confusing, as research findings are mixed, and there cannot be a final conclusion on the issue. Still, relational aggression is viewed as an antisocial behaviour used by both genders. Although most professionals have shown that it is mostly used by females, there are still studies showing equal frequency for both genders. The causes of relational aggression seem to be several, like personality and biological characteristics, parental characteristics, or boredom and looking for excitement and something to do in daily life. Maternal characteristics, family conflicts, lack of parental responsive behaviour, family abuse, and generally problematic family environments can create relational aggression in the child.

Future longitudinal research may further examine the prevalence and types of relational aggression to identify youth at risk for later psychopathologic disorders. Also, the kinds and prevalence of relational aggression used by boys may be further investigated. Relational aggression seems a female behaviour, but there are also males who seem to use it frequently. Moreover, main factors underpinning the use of relational aggression by boys may be further explored, together with its effects on them. It can be argued that relational aggression is a behaviour that may harm not only girls' health, but boys' as well. Also, rather weak researched areas are the relation between relational aggression and academic difficulties for children, or work ability and performance for

adults, and substance use and suicide ideation in adolescents or adults. In addition, the relation between learning or other disabilities and relational aggression is rather un-investigated, as most researchers have explored physical or verbal bullying among these populations, but relational aggressive behaviours may often be used against pupils with several SEND who usually seem 'weaker' or may not be able to respond to such aggressiveness. Such experiences in these children's life may be negative and have serious outcomes on them as well. The links between relational aggression and the ability to develop peer or romantic relations can also be in focus in future research. Relational aggression throughout life span may be further investigated as well. Specific use of it related to different ages can be more researched. Lastly, more research is maybe needed to explore this aggression among preschoolers, as most focus has been given to adolescents.

Besides the few intervention programmes taking place in schools, an issue that can be considered is the training of teachers, parents, and the children themselves on relational aggression. When problems reach dangerous levels all staff should be informed so that to deal with them effectively. Involving also children themselves and their parents in intervention efforts may have positive results. All schools need to be prepared to face incidents of relational aggression, otherwise the problems may increase. Also, intervention may focus on helping children

develop positive social skills and teach them to understand and deal with their emotions in positive ways.

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## **CHAPTER 3: BULLYING AND CHILDREN WITH SPECIAL EDUCATIONAL NEEDS**

### ***Introduction***

Over the past two decades education for children with disabilities and special educational needs (SEND) has increasingly taken place into mainstream settings rather than special schools. According to Carter and Spencer (2006) the emphasis on including these children in general education has been increasing rapidly. However, professionals may tend to focus on academic success primarily, and maybe not much emphasis is given on social integration. It is important for children with SEND to achieve high academically, but at the same time socially. Effective peer relations are characterized as essential for the development of competent social skills during childhood, particularly for children with disabilities (Asher & Coie, 1990).

Children with SEND may be at risk for experiencing psychosocial difficulties (Lewandowski & Barlow, 2000), or have ‘lower intelligence’ and poor academic achievement. They are likely to be more vulnerable to bullying and may display more difficulties in social relations than ‘typical’ same aged individuals, or might have adjustment problems (Frederickson & Furnham, 2004; Kaukianinen *et al*, 2002; Lindsay, Dockrell, & Mackie, 2007; Norwich & Kelly, 2004; Torrance, 2000; Whitney, Nabuzoka, & Smith, 1992). This is why they have been

regarded as ‘at risk’ for victimization, poor relationships, rejection, and poor prosocial skills.

This Chapter explores particular issues concerning bullying of and by children with SEND, as the main sample of the present research study comprised of pupils with learning difficulties (LDs) and the main aim was to investigate bullying among a population of pupils with and without LDs (see ‘Chapter 5: Methodology’).

### ***3.1 Children with SEND: Common Characteristics***

The academic and psychosocial problems of children with SEND are of great importance with respect to victimization. Their academic deficits related to learning difficulties (LDs) may often lead them to poor performance and school failure (Pearl & Bay, 1999). Children with SEND are likely to exhibit poorer self-concepts, impulsivity, and poorer social skills compared to their non-disabled peers (Shevlin & O’Moore, 2000). Such characteristics are found to be risk factors for victimization (Kaukianinen *et al*, 2002; Whitney, Nabuzoka, & Smith, 1992). Researchers argue that bullying may be particularly prevalent among children with SEND (Kaukianinen *et al*, 2002; Torrance, 2000; Whitney, Nabuzoka, & Smith, 1992). Children with SEND, who are likely to appear ‘different’, have been found more subjected to victimization, rejection, and with poorer psychosocial adjustment. Moreover, they may have fewer friends and be less popular than typically developing children

(Geisthardt, & Munsch, 1996; Haager, & Vaughan, 1995; Kaukianinen *et al*, 2002).

Children with SEND may have social skills deficits, and as indicated, 75% of them may show such low social skills that can be easily distinguished from a non-disabled group (Kavale & Forness, 1996). They are usually less socially competent, engage in fewer interactions, initiate interaction less, and may be less cooperative (Haager & Vaughan, 1995). Additionally, children with LDs may be more behaviourally disturbed (Haager & Vaughan, 1995). Factors related to the above arguments have been mainly found to be neurological deficits that cause academic and social failure. These may include language, attention, and information processing problems (Pearl & Bay, 1999).

These children's academic failure may lead to poor self-esteem and frustration, which usually prevent them from developing social skills (Greenham, 1999). Also, their isolation may create limitations in learning and practicing of social skills (Lewandowski & Barlow, 2000). Children with SEND are found to be more distracted and less attentive in the classroom and may be high on hyperactivity (Kavale & Forness, 1996). Also they may present depression, anxiety, and greater loneliness (Svetaz, Ireland, & Blum, 2000). Many children with LDs are usually young offenders, and their school dropout is high, placing them into social and economic disadvantage (Morrison & Cosden, 1997; Winters, 1997).



Generally, pupils with SEND may have fewer friends (Nabuzoka & Smith, 1993; Roberts & Zubrick, 1992; Whitney *et al*, 1994), and fewer people to gain support from (Geisthardt & Munsch, 1996). According to Savage (2005) pupils with communication difficulties have reported the positive effect of a supportive friendship as protective from victimization. Also, children with LDs are more likely to have poorer self-concept compared to non-disabled peers (Kaukiainen *et al*, 2002). Children with SEND are more likely to present internalizing symptoms, like anxiety, low self-esteem, and unassertiveness (Hodges & Perry, 1999) probably because of their academic difficulties which can lead to low self-global worth, something that may make them seem and act in passive ways (Harter *et al*, 1998; Luciano & Savage, 2007). Moreover, as Rogers and Saklofske (1985) found, pupils with LDs reported having limited academic expectations from themselves. Also, pupils with LDs reported having less control over their academic success compared to non-disabled peers (Hall *et al*, 1993). Repeated academic failure may lead pupils with LDs to negative affective characteristics, which may place them in danger for victimization (Rogers & Saklofske, 1985).

Such internalizing problems as the above can be found in the victims of bullying in general. Low self-perceptions of social acceptance, behavioural problems, and negative global self-worth have been reported by victims (Neary & Joseph, 1994). Caldwell and Conley (2005) report that negative self-appraisal can be related to emotional distress in victims.

Internalizing problems have generally been found related to bullying (Nishina, Juvonen, & Witkow, 2005; Troop-Gordon & Ladd, 2005). Furthermore, pupils with language and communication problems may be targets of bullying as their impairment may lead to rejection or misinterpretation of social situations (Bauminger *et al*, 2005; Kaukiainen *et al*, 2002). Communication problems may reduce social acceptance as pupils may seem to ‘stand far’ from their peers (Owens, Shute, & Slee, 2000). In addition, lower abilities for verbal communication may cause problems to their ability to respond to verbal attacks properly (Savage, 2005). Children with LDs are found to have attention difficulties and hyperactivity and this is indicated also by the prevalence of attention deficit hyperactivity disorder (ADHD) among them. For example, Mayes, Calhoun, and Crowell (2000) found in their study that 82.2% of their sample learning disabled pupils had also ADHD.

Another important issue is the prevalence of bully-victims among children with LDs. For example, Kaukiainen *et al*, (2002) found that these pupils can possibly fit the pattern of a bully-victim. Additionally, Haynie *et al*, (2001) found that pupils with LDs had poorer school functioning, which can also be a characteristic of bully-victims. Also, Haager and Vaughan (1995) stated that pupils with LDs have more behavioural problems, similarly to bully-victims. Moreover, bully-victims have been found to show impulsive tendencies, something maybe related to ADHD of pupils with LDs (Pelligrini *et al*, 1999).

As the US Department of Education reports (2000) the number of complaints to the Office for Civil Rights and the Office of Special Education demonstrates increasing situations of 'disability harassment'. It reports that bullies often focus on peers who seem vulnerable, passive, anxious, quiet, shy, sad, weak, helpless, sensitive, or 'unusual' because of appearance or disability. Some researchers have focused on bullying of children with SEND. However, generally rather little research has been conducted on the relation between SEND and bullying (Mishna, 2003).

Some researchers have found a connection between victimization and the academic underachievement of children with SEND. Poor achievers or children who receive remedial education are likely to be victimized more than their typically developing peers (Byrne, 1994). Also, children with SEND or LDs in mainstream schools reported frequent victimization and fewer friendships (Martlew & Hodson, 1991, Whitney *et al*, 1994). Victimization and low social skills are generally found among pupils who perform lower academically. In contrast, there are no consistent findings to indicate that children with SEND are significantly more likely to bully others (Nabuzoka & Smith, 1993). In addition, labelling and separating children with SEND based on academic success provides inefficient support for victimization (Hoover & Salk, 2003). Continuing non-participation of them in general classes, mainstream educational clubs, organizations, or athletic programmes, can cause limited interaction among disabled and non-disabled children, and

therefore poor relationships and negative attitudes. Furthermore, children in segregated settings have been found more likely to experience bullying compared to children in regular schools (Morrison & Furlong, 1994; Norwich & Kelly, 2004). Attending general education has been found positive for children with SEND as it provides them opportunities to form relations with their peers without SEND (Klingner *et al*, 1998; Vaughn & Klingner, 1998). Such relations are found to be crucial for avoiding victimization (Boulton *et al*, 1999; Hodges *et al*, 1999; Savage, 2005). According to Sweeting and West (2001) bullying experiences do not differ among pupils according to race, maturity, and height. However, bullying may be significantly more common among children who are less attractive, overweight, or have a kind of disability, like sight, hearing or speech problems, or perform poorly at school.

Generally, children with SEND have been found to be at an increased risk for victimization because of all the difficulties they present (Hugh-Jones & Smith, 1999; Kaukiainen *et al*, 2002; Martlew & Hodson, 1991; Mishna, 2003; Morrison & Furlong, 1994; Nabuzoka & Smith, 1993; Norwich & Kelly, 2004; Sveinsson, 2006; Whitney, Smith, & Thompson, 1994).

### ***3.2 Attitudes towards Children with SEND***

An important component of the *inclusion* of children with SEND in the mainstream education, concerns social benefits, social acceptance,

and positive attitudes towards them, as such issues may play a significant role in successful inclusion in education and society in general. However, non-disabled children's attitudes towards their peers with SEND may not always be positive (Gottlieb, 1980).

Earlier studies exploring this argument have been controversial. Some studies have shown that typically developing children held positive attitudes towards their peers with LDs (e.g. York *et al*, 1992), but others that such children were not well accepted (e.g. Ochoa and Olivarez, 1995). Children with severe LDs may receive low levels of acceptance (Voeltz, 1984), though in some work peer acceptance was found high for children with such problems (e.g. Hall, 1994). For example, children with Down syndrome have been found socially accepted during their mainstreaming, while on other occasions social inclusion was not found successful for them (Scheepstra *et al*, 1999). It has also been indicated that typically developing peers may have negative attitudes towards disabled classmates particularly at an early age, and these classmates may often be rejected. For example, deaf children have been found neglected, not be chosen as friends, and received negative nominations by their peers (Stinson & Antia, 1999). In addition, children with visual impairments were found to seldom socialize with peers (Grocker & Orr, 1996). Earlier research has generally indicated the enormous impact that negative attitudes may have on children with disabilities (Rose & Smith, 1993).

Whitney and Smith (1993) highlighted the importance of focusing on bullying among SEND populations particularly in mainstream schools. The researchers suggest that these children might be seen as ‘different’ and this can increase the possibility of victimization. In their study it was found that these children’s learning difficulties, emotional problems, and low social skills, had made them vulnerable to bullying. Similarly, O’ Moore and Hillery (1989) found that children attending remedial classes were more likely to be frequently victimized. Moreover, Martlew and Hodson (1991) argue that typically developing children were found to prefer interaction with ‘same’ children rather than peers with SEND, or communication impairments who were indeed ignored or isolated (Hadley & Rice, 1991; Rice *et al*, 1991). In addition, as Whitney and Smith (1993) suggest, children who are alone and do not have friends, and children with SEND who may lack protective relationships, tend to be victimized.

Nabuzoka and Smith (1993) found that children with SEND were believed to be more vulnerable to bullying, had fewer friends, and lacked social relations. Also, children with language impairments may be less likely to form real friendships and this may place them at risk for bullying (Rubin & Asendorpf, 1993). Furthermore, the social experiences of these children or functional impairments may create negative behaviours, avoidance, fear, repulsion, and stereotyped perceptions by peers (Graetz & Shute, 1995; King *et al*, 1997; Wilde & Haslam, 1996). Dawkins

(1996) found that name-calling related to disability was the most common experience for his disabled sample pupils.

Generally, victims are found to share a common characteristic of vulnerability due to their deviation from the social 'norm', whether of appearance, ability, or ethnicity. It was found that peers believed victims were 'different' in some way (Siann *et al*, 1993). On a similar basis, Tattum (1989, 1997) reported that bullying focuses on vulnerable children who are 'different' due to ethnic origins, physical or mental disabilities, physical characteristics, or SEND. Cotterell (1996) also highlights that these children may often be rejected and neglected, name-called (*thick, dork, mental*), and 'out' of the group. It has been indicated that almost 30% of students with LDs are socially rejected, in comparison to 16% of peers without LDs (Greenham, 1999). In addition loneliness, withdrawal, unpopularity, or victimization, have been related to several disabilities like visual or hearing impairment (Hurre & Aro, 1998; Stinson *et al*, 1996), language impairment (Conti-Ramsden & Botting, 2004; Fujiki *et al*, 1996), inflammatory bowel disease (Akobeng *et al*, 1999), and cerebral palsy or epilepsy (Wilde & Haslam, 1996). Generally, children who experience frequent hospitalizations may be less preferred as playmates, perceived as isolated, and feel lonely at school (Graetz & Shute, 1995). Additionally, children with diabetes who depend on insulin are found more vulnerable to bullying (Storch *et al*, 2004). Moreover, children with LDs, emotional disorders, ADHD, psychiatric problems,

and physical disabilities, usually lack social awareness, an issue that may make them vulnerable to victimization (Baumeister *et al*, 2008; Unnever & Cornell, 2003). It has also been indicated that children with SEND are more likely to be socially rejected and bullying is mainly related to their disability (Whitney, Smith & Thompson, 1994).

A study in the UK in a large inclusive LEA examined children's attitudes towards their disabled classmates and other unfamiliar disabled children (Maras & Brown, 2000). Children with three kinds of disability were included in the sample: hearing impairment, learning disabilities, and physical disabilities. According to the non-disabled children, disabled children were significantly less liked in all schools. However disability did not have a serious impact regarding play time. On the contrary, some researchers have argued that typically developing peers may develop empathy and acceptance for their peers' differences and become responsive to their special needs (Carlson & Helmestetter, 1992; Lieber *et al*, 1998).

Still, the picture remains unclear since some empirical work has shown that typically developing pupils show acceptance towards disabled peers, and on the other hand, other research has indicated that pupils with disabilities are often neglected, disapproved, and disliked. More research may be needed to examine specifically the attitudes of non-disabled children towards their disabled peers.



### ***3.3 Prevalence of Bullying Among Pupils with SEND***

The prevalence of bullying among pupils with SEND is shown to be higher compared to typically developing children and as high as 83% (Hugh-Jones, & Smith, 1999) (also see Kaukiainen *et al*, 2002; Martlew & Hodson, 1991; Morrison & Furlong, 1994; Nabuzoka & Smith, 1993; Savage, 2005; Whitney *et al*, 1994). Other studies have reported prevalence rates between 12% (O'Moore & Hillery, 1989) and 52.4% (Sveinsson, 2005). Risk factors for victimization have been found to be communication difficulties (Hugh-Jones, & Smith, 1999; Savage, 2005), social difficulties (Bauminger *et al*, 2005; Kavale & Forness, 1996), and poor academic success (Kavale & Forness, 1996; Roberts & Zubrick, 1992; Singer, 2005).

Bullying and children with physical, learning, and intellectual disabilities, emotional and behavioural difficulties, ADHD, language impairment, and autistic spectrum disorders are discussed next.

### ***3.4 Children with Physical Disabilities***

According to Dawkins (1996) 50% of his sample children who had cerebral palsy, muscular dystrophy, or coordination disorders, were bullied at school at least once during the term compared to 21% of the typically developing children. Boys in both groups were more likely to be bullied compared to girls, and name-calling was found to be the most common type of bullying against the SEND group. The main factors

related to bullying of the SEND children included receiving extra help, being alone at playtime, and not having many friends.

Similarly, Yude, Goodman, and McConachie (1998) explored issues of social integration, acceptance, and friendships, in relation to bullying of children with hemiplegia in 54 schools in the UK. Results showed that the SEND children had fewer friendships and received more negative nominations, and 45% of them were severely bullied compared to 13% of the non-disabled controls. Interestingly, it was found that 6% of the SEND group and 17% of the controls bullied others, with 11% SEND children and 13% controls starting fights and picking on others. The main reasons for the victimization of the SEND children included: the classmates' biases towards disability and towards children who were 'different', the victims' social awareness deficits due to hemiplegia, and their sensitivity to comments about their disability and tendency to get upset and cry.

In addition, Llewellyn (2000) examined bullying experiences of six children with physical disabilities, 13 to 18 years old, in an inclusive mainstream school in the UK. These children all used a wheelchair. Results indicated the high concern of them about social isolation and regular bullying by their typically developing peers, and one case of physical and four cases of verbal victimization were reported. Furthermore, 'clumsy' and 'uncoordinated' children may also be at risk for victimization (Besag, 1989). Results from a large survey showed that

3% of the sample victims had a physical disability like cleft palate, hemiplegia, a hearing aid, or spinal deformity (Leff, 1999).

An interesting comparative study carried out by Nikolarazi and De Reybekiel (2001) focused on children's attitudes towards disabled deaf, in wheelchairs, and blind classmates, in Greece and the UK. Results showed that children in both countries expressed generally positive attitudes towards the disabled children, and particularly in Greece. However, their most positive responses regarded their emotional concern about their disabled peers, while their least positive ones concerned their willingness to form closer relationships with them. This may be because of feeling of having to protect children with SEND, rather than establishing reciprocal friendships with them, or because of fear of the 'unknown' or insecurity. It was also found that children attending schools without special units in Greece, had more positive attitudes towards disabled peers compared to the UK, but children of schools with units in Greece had a negative attitude towards the deaf peers and the ones in wheelchairs, while in the UK children in units had negative attitudes particularly towards blind peers.

Another study in Australia investigated the relation between bullying and self-worth with 182 pupils with movement coordination problems (Piek, Barrett, Allen, Jones, & Louise, 2005). This study did not show that these children experienced significantly more bullying than their control peers, but still they preferred to withdraw from social

interactions in order to prevent possible failures and criticisms. In addition, they did not have lower self-worth than their non-disabled controls, a contradictory result compared to Skinner and Piek (2001), who found that children with motor disabilities had significantly lower self-worth than their controls. Similarly, in another study, it was found that girls with motor disabilities had the lowest self-worth ability within the sample and peer victimization had an impact on this ability (Rose *et al*, 1997). Piek *et al*, (2005) also suggest that girls experienced greater levels of bullying through social manipulation, and their self-worth was also much affected by verbal victimization. Other research has shown that children with physical disabilities usually play differently or spend more time alone, play in small groups, or prefer to watch rather than to join the play. Indeed, it was suggested that such behaviours are maybe a result of exclusion due to relational aggression (Smyth & Anderson, 2000).

### ***3.5 Children with LDs and General SEND***

According to Martlew and Hodson (1991) children with learning difficulties (LDs) usually have fewer friends and are maybe teased more than their non-disabled peers. Additionally, Nabuzoka and Smith (1993) reported that children with LDs were characterized as shy, victims of bullying, and help seekers, and girls with LDs were found bullied more than boys. Disruption and fighting were related to bullying but it was not clearly distinguished whether these were characteristics of the children with LDs or their non-disabled controls. Also, the children with LDs had

deficits in decoding social situations and were not aware of how to avoid victimization.

Nabuzoka (2003) found that children with LDs were shy and more frequently victims compared to children without such difficulties. However, peers characterized victims as shy and help-seeking, while teachers as fighters, disruptive, and uncooperative. According to Sabornie (1994) there were significant differences in the non-disabled children's rates compared to their peers with LDs, regarding loneliness, integration, participation, and victimization, whereas no particular difference was found in self-esteem. Children with LDs are found more threatened, physically bullied, and have their stuff removed from them, facts that may be caused due to their passivity that makes others take advantage of them. It has also been found that at risk children may experience high levels of school violence, while those in special classes may experience the most bullying (Morrison, 1994). O'Moore and Hillery (1989) also found that children in remedial and special classes experienced frequent bullying, while a high percentage of children in general education were also victims. Interestingly, a high percentage of children in special classes reported being bullies. Regarding the association between self-efficacy for learning and boys' and girls' victimization but also bullying behaviour, it has been argued that children who feel confidence in their ability to accomplish academic tasks may be less likely to be bullies.

Research reveals connections between bully/victim problems and learning difficulties, linked with academic self-efficacy (Kaukiainen *et al*, 2002).

Norwich and Kelly (2004) explored the perceptions of children with LDs in the UK, during their Year 3 of mainstream or special schooling, in primary and secondary schools. Results revealed that most pupils with LDs reported being name-called, labelled, teased, and physically bullied. No significant differences were found regarding age, gender, or type of schooling. Children's feelings about bullying included being upset, hurt or withdrawn, ignoring the problem or not bothering, keeping calm or telling the teacher, or being frustrated and angry. In addition, more mainstream primary school girls reported being bullied compared to special primary school girls, while there was no difference with boys in both settings. However, mainstream secondary school boys reported less bullying than secondary special school boys, but no differences were found among girls in both settings. Children in both mainstream and special schools reported being bullied by children of other mainstream schools. Bullying by children from other special schools was not found on a high level. Also, children in special schools reported victimization by neighbours outside school. This research can create concerns as it was reported that half of the samples were bullied because of their LDs.

Furthermore, Johnson *et al*, (2002) examined the kinds of children's behaviours that could influence vulnerability to bullying. This

study showed significant differences in the victims regarding gender. The overall prevalence of victims was high. Boys with poor prosocial skills, emotional problems, social difficulties, and hyperactivity, were more victimized. Girls with high levels of prosocial skills and low levels of behavioural problems were the least likely to be victims. Moreover, Torrance (1997) investigated the experiences of pupils with SEND in a mainstream school. Results suggest that 9 out of 13 girls reported being bullied verbally, physically, or by exclusion, mostly in the playground. For the boys' sample, there was an emphasis on physical bullying and more bullying away from school. A girl victim was bullied regularly, was called 'fishy', and was humiliated by the majority of the class. As she reported herself, she was bullied because she was 'different' and isolated. In general, children with SEND in this school appeared to be at risk of victimization through social isolation, as the class's established relations seemed to determine 'included' and 'excluded' children. However, these children's coping strategies seemed to be protective, as most of them, especially girls, were sharing reciprocal friendships to protect themselves.

Similarly, Van Cleave and Davis (2006) tested whether having a special need was associated with being a bully, a victim, or a bully-victim. The researchers focused on the prevalence of bullying of children with SEND who were under health care, as well as family, community, age, race, and gender issues. Bullying of children without SEND was also examined. Results revealed a prevalence of victims of 34.4%, of bullies

of 23.5%, and of bully-victims of 10.2%. Children with SEND were more likely to be victims or bullies compared to the non-disabled group, and those with emotional and behavioural difficulties (EBDs), developmental disabilities, and general functioning impairment, were twice more likely to be victims. The main reason identified was that these children's health conditions had rather made them 'different'. Such conditions included physical disabilities, 'special' manners or speech patterns, or cognitive delays, all affecting their general life and academic achievement. However, other research does not suggest that such chronic conditions contribute to victimization, and being a bully was found related only to EBDs or other developmental disabilities (e.g. Carroll & Shute, 2005). Being a bully-victim has also been associated with SEND children, but as a result of having an emotional, developmental or behavioural condition, a functional impairment, or medication use (Zimmerman, Glew, Christakis, & Katon, 2005). Children with such problems were found three times more likely to bully others. This is maybe because bullying itself can be a severe emotional and behavioural problem.

More studies examining bullying of children with chronic conditions of SEND have reported a great association between these. Victimization was found among children with speech and language disabilities (Conti-Ramsden & Botting, 2004; Horwood *et al*, 2005), and bullying was a result of conduct disorders and poor psychosocial functioning (Witt, Riley & Coiro, 2003). Moreover, it was found that



among 186 primary school children with identified SEND, 62% of them were often bullied compared to their 46% non-disabled peers. Also, 59% of the secondary school SEND children were found bullied, compared to only 16% of their non-disabled peers. Interestingly, some pupils among the SEND population who admitted bullying others were also victims thus were bully-victims (Whitney *et al*, 1994b).

On a similar basis, Luciano and Savage (2007) examined the bullying experiences of 13 pupils with LDs in an inclusive school compared to non-disabled match controls. It was found that the pupils with LDs had significantly more victimization experiences. Also, the LD pupils' receptive vocabulary, reading skills, locus of control, and self-perception of social acceptance, were all found related to victimization. These pupils reported not having protective friends and being generally rejected. Peer rejection can be linked to victimization as generally argued (e.g. Peer *et al*, 1988), whereas protective friendships can be positive for its avoidance (Hodges *et al*, 1999). Luciano and Savage (2007) also indicated that academic underachievement and communication difficulties had resulted to social isolation which made pupils with LDs even more vulnerable. Such factors have been linked to bullying in earlier research too (e.g. Coie & Cillessen, 1993; Hugh-Jones & Smith, 1999).

In summary, further research may examine the relation between being a bully, a victim, or a bully-victim, among the population of children with chronic disabilities. Also, the role of bullying in the

psychosocial functioning of these children may need to be further explored. More studies can examine the possible outcomes of bullying on children with disabilities, especially LDs as well. Lastly, the prevalence of bullying among disabled children and the efficiency of intervention techniques that are being used at the moment in several countries may be further investigated.

### ***3.6 Children with Intellectual Disabilities***

Children with mental retardation are likely to have motor skills and other health difficulties that may make them easier targets for bullies. Children with intellectual disabilities (ID) may be candidates for victimization. According to Flynt and Morton (2004) these children generally have low self-esteem, look for others' guidance to work, and lack awareness of dangerous situations. These may place them at risk for victimization.

Some earlier informal surveys on bullying and youth with ID carried out mainly by voluntary groups raised debate and awareness (Mencap, 1999). However, rather little formal research has been published. Generally, it has been found that children with ID are more likely to be bullied compared to children without ID. For example, Branston *et al*, (1999) in the UK, compared bullying between two sample groups. The first group included 459 young people with ID and the second 135 university students. It was estimated that 37% of the ID group

reported victimization compared to 25% of the university students. Similarly, Morrison and Furlong (1994) found that pupils with ID experienced verbal assaults and victimization at a higher rate compared to children with other kinds of disabilities or typically developing children.

Children with ID may sometimes become provocative victims or bullies. This may be because of their difficulty to predict the consequences of their actions and recognize others' emotions (Rydin-Orwin *et al*, 1999). Also their desire to escape from boredom may make them provocative similarly to some children with autism or ADHD (Graffam & Turner, 1984). An interesting study by Sheard *et al*, (2001) explored bullying-related behavioural problems, in relation to gender, communication skills, and co-existing problematic behaviours. The sample included young people from a school for people with severe IDs. The results revealed a significant relation between bullying behaviour and ID. Similarly, Dickson, Emerson, and Hatton (2005) identified a prevalence of 28% of bullying behaviour in adolescents with ID, compared to 9.8% of the 'normative' population tested. Recently, Glumbic and Zunic-Pavlovic (2010) identified a prevalence of 18.3% of adolescents with ID in Serbia taking part in bullying either as bullies or victims in special school settings.

However, generally little research has been published on bullying of or by children with ID as recently argued by Glumbic and Zunic-Pavlovic (2010). Future research may focus on bullying of or by children

and adolescents with ID in order to reach generalizable prevalence rates, explore types of bullying being used against or by individuals with ID, and identify the consequences on these children. It can be dangerous for children with ID to be victimized and lose their rights for safety, acceptance, and respect in mainstream inclusive schools. Children with ID have the right to receive effective education like the rest of their peers, feel safe, and share positive schooling experiences. Therefore, further research may explore these experiences and if these are negative, then schools may need to intervene.

### ***3.7 Children with EBD and ADHD***

Children with emotional and behavioural difficulties (EBD) may often bully others as they usually have conduct problems and psychological impairments (Silver, Stein, & Bauman, 1999; Van Vleave & Davis, 2006). However, such children may also be victims of bullying. Some are anxious and withdrawn, described as having a personality disorder, usually have low self-esteem, are shy, and tend to suffer ‘hidden’ unhappiness (Heward, 2003). Still, research regarding bullying of or by children with EBD is rather limited and therefore, final conclusions cannot be made at the moment.

Children with attention deficit hyperactivity disorder (ADHD) usually have LDs, EBD, communication problems, and difficulties in fostering social relations. These characteristics may increase their

likelihood of being bullied or bully others. Unnever and Cornell (2003) investigated bullying among children with ADHD in mainstream schools in the USA. Results revealed that these children were significantly more at risk of victimization and 34% of them reported being bullied two or three times a month, while 22% of the controls reported victimization on the same frequency. Interestingly, 13% of the pupils with ADHD reported bullying others. However, being a victim for these children was twice as high as being a bully, and the reason for bullying others was found to be lack of self-control skills. In addition, children with this disorder were found to suffer low peer status and not to have many friends. They were also more likely to exhibit inappropriate behaviour, a fact that could have made them more vulnerable to bullying by and against others.

Salmon *et al*, (2000) report that their identified sample bullies were receiving therapy for conduct behaviours, whereas the victims were in treatment for depression. The bullies were diagnosed as having ADHD. The researchers also suggest that the link between bullying and ADHD was the frustration and the impulsivity of these children's academic failure. These children were disruptive in the classroom while struggling to catch up academically, a problem that had probably caused their frustration. It can be hypothesized that such children may often be picked on by bullies as they are sometimes aggressive in an attempt to deal with their inner feelings.

### ***3.8 Children with Language Impairments and Autistic Spectrum Disorders***

Montes and Halterman (2007) estimated the prevalence of bullying among children with autism and tried to find whether the coexistence of ADHD could increase the possibility of being a bully. They also tried to identify risk factors related to bullying of children with autism. It was found that autistic children were more likely to bully others. Also, they usually required treatment for their aggression. However, the autistic children did not have a higher rate of bullying unless they also had ADHD. The children with both disorders had a rate of four times higher than the ones with just autism or neutrals. They also had a higher rate of bullying others compared to children who only had ADHD and no autism. In general, children with autism were highly rated on bullying (44%). In addition to the existence of ADHD, family income, age, and gender, were also found to be related factors. Autistic children with ADHD who came from low-income families and were younger, were found more at risk for victimization or bullying behaviour. Finally, being a girl was not found to be an issue that could decrease the risk for bullying within the autistic population.

Similarly, other studies have also shown adolescents with autistic spectrum disorders having increased levels of aggressive behaviour (e.g. Matson & Nebel-Schwalk, 2007; McClintock *et al*, 2003). Adolescents with autistic spectrum disorders, who also had ADHD, were found to be

five times more likely to bully others compared to typically developing children (Montes & Halterman, 2007). Recently, Roekel, Scholte, and Didden (2010) found that bullying was prevalent among adolescents with autistic spectrum disorders in special education settings; similar to results of studies in general education settings reporting a rate of 2 to 17% of the samples (e.g. Due *et al*, 2005; Eslea *et al*, 2004).

In addition, two studies examining victimization of children with Asperger Syndrome have shown a high prevalence of such children found victimized. Little (2001) found that up to 75% of adolescents with Asperger were victimized in general education settings. Similarly, Little (2002) found that 94% of children with either Asperger syndrome or Nonverbal Learning Disability were victimized within one year as reported by their parents.

Interesting studies conducted in the UK (Conti-Ramsden & Botting, 2004; Knox & Conti-Ramsden, 2003; Lindsay, Dockrell, & Mackie, 2007), examined bullying behaviour in children with specific speech and language difficulties (SSLD), and found no significant relation. Before looking at those specific studies, it would be worth looking at some literature regarding language impaired children (Bishop *et al*, 2000; Fujiki *et al*, 1996; Knox and Conti-Ramsden, 2003; Lindsay & Dockrell, 2000; Lindsay *et al*, 2000; Redmond & Rice, 1998). According to these researchers, children with SSLD may have problems with conflict resolution skills and negotiation abilities. Also, they may

lack reciprocal friendships and be much lonelier. This may be because of their communication difficulties and their difficulty to use language appropriately. They usually have behavioural problems and may have low self-esteem. They are more likely to be ignored and not invited to join in social interactions. All these factors may put them in danger of victimization. Therefore, it can be said that children with such SEND may be at risk for victimization.

Lindsay *et al*, (2007) explored bullying of 67 children with SSLD. The researchers investigated the prevalence of bullying in relation to the children's self-esteem in their transition from primary to secondary school. Also, they explored the issue of prosocial skills, and whether bullying was associated with the language difficulties of the sample. The results revealed that physical bullying reported by the language impaired group was high (28%) and verbal bullying was twice as high (54%). However, comparisons with an SEND group were similar. Verbal bullying of the SEND group was comparable to the language impaired group (SEND 44%). Higher levels of bullying for typically developing children compared to children with language impairments have been shown by other researchers (e.g. Johnson *et al*, 2002; Seals & Young, 2003).

Similarly, Lindsay, Dockrell, and Mackie (2007) reported that secondary school children with language disabilities are not significantly more vulnerable to victimization compared to typically developing peers.



However, victimization depends on their social skills and these may usually be poor. It could be said that pragmatic difficulties of children with language impairments may place them at a greater risk of victimization. However, this study, as well as others (e.g. O'Moore & Kirkham, 2001) showed that both children with language disabilities and children with other SEND, had poor perception of social acceptance, but this was not related to bullying (Lindsay *et al*, 2007). Lastly, no relation between physical or verbal bullying and expressive or receptive language ability was found, a finding consistent with other studies (e.g. Conti-Ramsden & Botting, 2004). Contrary to other studies (e.g. Hunter *et al*, 2004), Lindsay *et al*, (2007) reported that there had not been gender differences among the language impaired children and their bullying experiences. Moreover, other research has also shown no differences for children with language disabilities and bullying, consistent with the results by Lindsay *et al*, (2007) (e.g. Knox & Conti-Ramsden, 2003; Norwich & Kelly, 2004). However, children with SEND in mainstream schools have been generally found to report more victimization compared to typically developing peers or children with SEND in special schools (O' Moore & Hillery, 1989; Thompson *et al*, 1994).

## ***Conclusions***

The studies presented above used quantitative and qualitative data collection methods such as interviews, questionnaires, surveys, rating scales, and social ability measure scales. Also, they were carried out in

both mainstream and special schools. However, there may be certain issues for highlighting, like bullying nature according to the different researchers, and the fact that interviews, or self-report surveys or questionnaires, may be susceptible to errors and biases in responses. Also, some of the studies may not be able to draw generalizations due to their small sample numbers. More research is needed to investigate all aspects of bullying by and against children with SEND in mainstream schools. On the other hand, interesting findings have been raised. These suggest that disabled children may experience significantly more frequent bullying and girls with disabilities are more likely to be bullied than boys. Schools, teachers, and parents need to be aware of the risk for children with SEND to be victimized and be able to intervene. Also, they need to be aware of the fact that sometimes children with ADHD or other EBDs may be bullies due to their behavioural problems. As seen above, children with such SEND are often aggressors towards non-disabled peers.

Most studies have shown that children with SEND may have fewer friends and be isolated and lonely, and they are usually shy or help seekers as they lack adequate social skills. They may be less popular or rejected by their peers without SEND. It is maybe usual to see children with SEND isolated and excluded in schools and this may place them at risk for further victimization. Very few studies have shown that these children are usually well accepted by non-disabled peers as discussed previously. Schools need to be ready to develop acceptance of 'different'

children among their pupils, and promote respect and inclusion. More research may investigate non-disabled children's attitudes towards their disabled peers.

Generally, findings like the above can create concerns, as inclusive education needs to consider *all* pupils without excluding anyone. Inclusive education needs to be effective in practice together with social inclusive education so that children with SEND can be educated well and be well included in the society. Children with SEND usually describe schools as unfriendly and lonely places where they are often teased and ignored (Stinson & Antia, 1999). It seems that these children may often experience victimization in mainstream schools more than in special schools, and this can be an issue for further investigation. Also, more research needs to explore teachers' attitudes towards inclusion and the education of pupils with SEND in general.

Being aware of the possible severe effects of bullying for all children in general, further investigation regarding children with SEND may be essential. More research may examine victimization of children with various disabilities and its effects on them. Also, academic ability and bullying may be further explored. Additional issues like age, gender, frequency, prevention, high risk factors, and intervention are also important for further investigation. The nature of bullying might make it difficult to establish a clear picture of its prevalence and effects towards children with SEND. Some of the studies examined above are large scale

studies and have revealed interesting issues, but however, they are mainly quantitative and therefore, may not be 'deep' and look at the 'insight'. In addition, the participating children with SEND may have affected the degree and the nature of the data collected and reliability. Generally, more research is needed to explore in detail these children's experiences and feelings related to victimization by non-disabled peers. Teachers must be aware of signs of abuse on children with SEND. Worries, fears, and concerns that children bring to school should not go unnoticed. Schools can have designated teachers responsible for safety and child protection, and well-designed anti-bullying programmes, particularly for pupils with SEND, may be implemented. The nature of bullying related to disability may be verbal, physical, or relational. A common type of victimization of children with SEND is found to be name-calling, but this is not thoroughly investigated in the above studies. However, as Besag (1991) argues, name-calling on disability is one of the most distressing behaviours that children go through, and is usually underestimated by adults. Therefore, the types of bullying related to children with SEND may be further explored in future research.

## **CHAPTER 4: THE CYPRUS EDUCATIONAL SYSTEM AND BULLYING IN CYPRUS**

### ***Introduction***

This Chapter focuses on the description of the educational system in Cyprus, and the prevalence and types of bullying that exist in Cypriot schools. **Section 1** provides an outline of the Cyprus Educational System (CES), with a description of its origins and condition in early years, its function within the political context, and its strengths and weaknesses. **Section 2** describes the origins of Special Education in the country giving a historical background and discussing the issue of inclusion of pupils with SEND in mainstream schools. **Section 3** discusses bullying in mainstream schools in Cyprus. The chapter generally aims to provide a brief account of the Cypriot educational system's function, and give an account of research on bullying that had taken place in the country and is related to the aims and research questions of the present study.

### ***4.1 The Cyprus Educational System***

The Cyprus Educational System (CES) is an important subsystem of the Cypriot culture and society and expresses this society's achievements as time passes through (Tsiakkios & Pashiardis, 2002). According to the Cyprus Ministry of Education and Culture (1992) the CES has gone through various changes. Starting with early years, education was practised at home only for rich citizens. Then children

went to schools near churches and monasteries. When the Ottoman Turkish occupation took place in Cyprus (1571-1878) education was not well-organized and the Turks did not give special provision for the Cypriots' educational development. The next step came by the Church of Cyprus which built schools in the cities and the countryside and most teachers were priests. From 1878 to 1960, as Cyprus was under the Great Britain's occupation, the CES became centralized with the aim to control education. After the Cyprus independence in 1960, and until the Turkish invasion in 1974, the system remained centralized and began to develop in a fast rhythm both qualitatively and quantitatively. The CES continued to develop until 1974 that was interrupted by the Turkish invasion. At that time 42% of the pupils lost their schools and 41% of the teachers lost their posts and were kept away from work. Step by step the CES continued to develop again, overcoming different problems and starting to move upwards. Today the CES has come to high standards, but still needs further improvements.

The today's CES has been developed under several political issues: the Cyprus ethnic problem, the Turkish invasion in 1974, and the entrance of the country in the European Union in 2004. Nowadays, new teaching schemes are conducted for the evaluation and promotion of the teachers, and changes are taking place, like the function of the new private universities in Cyprus, the 'whole-day school' scheme, the use of more technological aids in schools, the 'unified lyceum' in the secondary

schools, and the inclusion of children with SEND in mainstream primary, secondary, high schools, and Universities, with special educational provision made for their general development. Teachers are participating in all processes.

However, the CES presents certain weaknesses, like for example the limited technological tools, the organization of the primary schools, the rapid change of the primary school Director due to the existing promotion scheme, the limited financial resources of the schools, the lack of cooperation among schools, and the problematic inclusion of children with SEND in mainstream schools (see ahead). According to Tsiakkiros and Pashiardis (2002) there are important steps that the Cyprus Ministry of Education and Culture needs to take in order to improve the system. Firstly, the Directors in all sectors need to be well-educated and able to introduce and implement changes in the system. Also, attention has to be given to school effectiveness and improvement, national standards need to be set and met (UNESCO, 1997), and the quality of teaching needs improvement. Then educational standards may rise. The Ministry of Education also needs to give attention to staff development, which seems to be neglected at the moment. Furthermore, schools need to find more financial support, through the LEAs and several social and other activities. The CES needs to match the European Educational System, and Cyprus education has to be given a European orientation. Additionally, schools, LEAs, parents, and staff, need to be in cooperation and work towards the system's improvement and innovation. Finally, pupils with

SEND must be given attention and support in order to fulfil human rights and inclusive practices.

At present, the CES is very centralized and strictly guided by the Cyprus Ministry of Education and Culture, with the Minister as the main leader, his inspectors, the parents' and teachers' associations, the LEAs, and the head teachers of the schools.

## ***4.2 Inclusion in Cyprus***

During the early 1970s and 1980s *integration* of children with SEND in the mainstream setting was the main issue in the educational field in Europe and other countries, and during the 1990s the term *integration* changed into the term '*inclusion*' (Vislie, 2003). *Inclusion* and *inclusive education* rise on the promotion of the human right of *all* children to be educated in mainstream neighbourhood schools with special provision being made for children with SEND. To implement inclusion, schools are required to accommodate effectively all children with SEND (Barton, 2000). As Phtiaka (2006) argues inclusion may not just be the placement of these children into mainstream schools, but also their fundamental right to be educated effectively like their peers.

The CES was initially separatist like most European systems until the new Law 113(I) 99 in 1999, officially implemented in 2001 (Phtiaka *et al*, 2004). According to this Law, children with SEND enter the mainstream school of their neighbourhoods. Teachers were found rather



unprepared for such change, and therefore unable to practice inclusion effectively (Charalambous, 2004). Additionally, Phtiaka (2006) found that parents did not feel that schools were ready for effective and successful inclusion. Generally, parents have been found to prefer mainstream schools, but at the same time they call for an effective inclusion of their children, including teachers' training and avoidance of negative attitudes towards disability that seem well-fostered in the Cypriot culture and society (Vlachou, 1997).

Critically, when reading literature and research reviews regarding inclusive education in Cyprus (Angelides, 2004; Angelides & Zempylas, 2002; Angelides *et al*, 2004; Angelides, 2005; Kourea & Phtiaka, 2003; Phtiaka, 2000; Phtiaka *et al*, 2004, 2005a and b; Phtiaka, 2006; Vlachou, 1997; Zoniou-Sideri, 1998), it can be argued that inclusion is facing several problems at the moment. After the second Law for Special Education in 1999 (Cyprus Republic, 1999) that implies the placement and effective education of children with SEND in mainstream schools and despite several steps to develop inclusion, it still seems to be problematic. Firstly, peer acceptance and the attitudes of children without SEND towards their peers with SEND may be rather negative (Messiou, 2002). Also, teachers have not been found ready for inclusion in different studies (noted above) and generally hold a rather negative attitude towards inclusive education, believing they are not properly trained to teach children with SEND in their classrooms together with 25 other children.

Additionally, the communication between families and schools is rather limited, and ideal of the inclusive Curriculum and its differentiation to meet individual needs, is rather not working effectively. Lastly, parents express worries on the special provision that should be present in inclusive schools according to the Law of 1999. Some changes that need to be implemented within this Law include several facts like for example the classrooms which include children with SEND should not accommodate more than 20 children as a whole, and the classroom teachers are expected to give more time and provide more academic support to each individual pupil with SEND and cope more effectively with their needs and difficulties. Parents are found to be ‘tired’ as inclusion at the moment is not offering what promised with the Law of 1999 (Phtiaka, 2004). Phtiaka (2006) identifies serious limitations of inclusive education in the Cypriot context: the system is not prepared for real inclusion, mainstream schools have not done special changes in their construction in order to accommodate pupils with SEND, mainstream schools do not yet offer particular, differentiated Curriculum to these children, lessons are still teacher-centered, teaching cannot yet meet individual needs, specialized services are not available to integrated pupils, and special educational facilities are not yet there to support pupils with SEND effectively.

In Cyprus most children with SEND are now placed in mainstream schools. However, some children with severe SEND are still

educated in special schools after a process of ‘diagnosis’ from specialists of the Ministry of Education and the parents’ own will. A responsible Committee is formed by the Ministry of Education and Culture in order for a child to be identified as having SEND. The psychologist of this Committee is entitled to carry out a baseline assessment according to the Law in order to address the personal needs of each individual. This process probably needs to be under more critical consideration, as it is always very time-consuming. When the governmental psychologist prepares the assessment of the child, then the child is identified as having SEND similarly with the UK Special Educational Needs Code of Practice (2001). Under the UK Code of Practice and the Cypriot Special Education Law of 1999, a child has SEND when he/she has difficulties in learning which require special educational provision to be made for them in the mainstream setting. A child who has LDs is an individual who has significantly greater difficulty in learning than the majority of same-aged children, or has a disability which prevents them from making use of the educational facilities generally provided for same-aged children. The umbrella term ‘SEND’ is ‘given’ to the child, covering a range of disabilities like for example developmental delay, mental retardation, learning disabilities, hearing or visual impairments, physical disabilities, medical conditions, speech and language disorders, emotional and behavioural difficulties, autism, ADD/ADHD, dyslexia, communication difficulties. When the individual is identified with specific SEND, the mainstream school teachers are then expected to offer them the best

possible quality teaching in order for them to develop and be educated effectively as their typically developing peers. The Committee takes the decision and contact the parents that have to give their own will whether they want their child to be educated in a 'special unit' within the mainstream school, or in the main class together with their peers with individual support sessions to be provided to them by specialists. Professionals like special needs teachers, speech therapists, educational psychologists etc. are placed in the schools in order to support the children with SEND more effectively, according to the 1999 Law. However, despite the Law's commitments, not all schools have specialists working with these children yet. Special provisions are meant to be made by the schools, something that is maybe also still problematic as discussed earlier. For example, not all schools have a differentiated curriculum to accommodate all children, not all schools have specialists working with pupils with SEND individually, and not all schools have changed their constructions in order to facilitate children with physical disabilities.

#### ***4.3 Bullying in Cypriot Schools***

Bullying in Cyprus is recently receiving attention by specialists and teachers, as it has started to be regarded as a type of aggressive behaviour which may lead to anti-social behaviour, general aggression, and even child criminality. There have also been a couple of cases recently in the island, where bullying played the first role in serious

aggressive episodes between teenagers in secondary schools, and finally their criminal conviction. However bullying is a limited area of research in the country. A few findings from studies have revealed that bullying in Cypriot schools may be evident among children similarly to other countries. For example, a doctoral study (Kaloyirou, 2004) examined bullying as a form of aggression and what the situation is in Cypriot governmental primary schools. Kaloyirou also investigated the developmental history, and the social/psychological characteristics of nine boys identified as bullies. Bullying was found to be high in the sample schools and a kind of aggressiveness regardless the schools' social background. It was indicated that bullying was high and affected by the bullies' perception on several influential factors which played an important role in their relations with others, including family background and their perceptions of others' behaviours towards them. The bullies came both from economically disadvantaged and advantaged areas, and had cognitive ability in the low average range except one case, and similarly with respect to social cognition they showed more difficulties in processing social cues compared to their peers and responded more 'emotionally' under adverse situations (Kaloyirou & Lindsay, 2008). Crick and Dodge (1994) and similarly Camodeca and Goossens (2005) also found that bullies and victims had problems in the area of reactive aggression and anger expression. Motivation was also a key factor for the bullies. Also, Kaloyirou and Lindsay (2008) found that their sample bullies knew that their behaviour was inappropriate and wanted to start

therapy. Furthermore, the bullies were found to have a poor self-image particularly the ones who had seen violence at home (also see Black & Newman, 1996). The bullies who had a problematic relation with their mothers or attended special educational classes felt isolated and ‘different’. Finally the bullies were found to have a high self-perception regarding athletic competence and felt this was a case derived from their popularity. Despite other studies (e.g. Kyriakides, Kaloyirou, & Lindsay, 2006) which revealed that boys are more into physical bullying in games and athletic activities than girls, Kaloyirou and Lindsay (2008) reported that such games may help the bullies accept rules and coordinate with other children. Generally, the bullies held very positive perceptions of their academic achievement, regardless the fact that most of them were in special education classes. Kaloyirou’s research provides indications of the situation regarding bullying and possible relationship with having SEND. However, the study had no comparison group of typically developing children and the samples were selected based on their bullying behaviour. The present study, therefore, builds upon Kaloyirou’s research by using a different design.

## **PART 2: THE PRESENT STUDY**

### **CHAPTER 5: METHODOLOGY**

#### ***5.1 Aims***

The *aims* of the current research study which took place in Nicosia, Cyprus, and lasted for about seven academic months, are described in this section. The study generally aimed to explore the issue of bullying within a population of primary school children with and without LDs, with a particular focus on relational aggressive incidents, and to provide new knowledge about the current situation regarding bullying in the country, taking into consideration previous research (see Part 1: Literature Review). The study, despite its limitations, aimed particularly to give an insight about bullying among pupils with LDs in Cyprus to more researchers who like to explore this phenomenon within a population of pupils with SEND or other disabilities. The study comprises two different Parts (Parts 1 and 2) which are described in detail ahead.

Specifically, the aims of the current research study are as follows:

#### **Research Aims: Part 1**

- 1) To investigate the experiences of 620 pupils (Years 4, 5, 6) regarding bullying in participating primary schools.
- 2) To explore age and gender issues related to bullying among this sample.

- 3) To explore teachers' and head teachers' views, opinions and experiences regarding bullying in their schools. Specifically: to explore their views on types of bullying, levels, duration, severity, places, characteristics of children involved, effects on mental and physical health, risk factors, age and gender issues, and intervention techniques.
- 4) To explore in depth the experiences of a sample of pupils with learning difficulties (LD) and a comparison group of typically developing pupils (TD) regarding bullying in their schools, and draw comparisons between them, investigate risk factors, types, severity, duration, effects, feelings, thoughts and emotions at the first time point of the study.
- 5) To compare mental health effects of bullying among LD and TD groups of pupils.

### **Research Aims: Part 2**

- 1) To explore possible changes in the bullying experiences of the sample pupils (N=24) within the new academic year, during the second time point of the study. Specifically to examine whether there were any changes regarding the nature and effects of bullying, when comparing the LD and TD groups.
- 2) To investigate possible changes regarding specifically physical and verbal bullying.



## ***5.2 Research Design***

This study is a combination of quantitative and qualitative methods. It can be referred to as a combined methods educational research. Researchers have been conducting such kind of studies at least since the early 70s (e.g. Sieber, 1973) and have suggested the use of combined methods under the umbrella of a new paradigm (Yin, 2006). Johnson and Onwuegbuzie (2004) have suggested that a combined methods research is when the researcher combines qualitative and quantitative methodology into their single study. The aim is to avoid the traditional research reality where separate studies, either qualitative or quantitative, are conducted and then synthesized. As Berends and Garet (2002) argue, combined methods and the avoidance of the dichotomy between quantitative and qualitative concepts, can be crucial for internal and external validity of a study. Researchers in the UK, the US and lately in Europe call for this approach (e.g. Brannan, 2005; Ritchie & Lewis, 2003). Thompson (2004) argues that combining both quantitative and qualitative aspects in a single study is a design that helps the researcher to achieve a better use of the quantitative statistical relations, and at the same time select specific cases through the qualitative data in order to reach outcomes from the wider study and to test hypotheses on statistically large samples. Onwuegbuzie and Leech (2005) argue that in the US there is a tendency for American institutions, students and researchers, to use quantitative and qualitative methods separately, even

in theses. They argue that students have to utilize combined methods in their data collection, and become *pragmatic researchers*, integrating both quantitative and qualitative tools in a single study (also see Creswell, 1995). Furthermore, in earlier years Sieber (1973) suggested that both approaches display weaknesses and strengths and researchers have to use each approach's strengths in order to understand better the social phenomena they are investigating. According to Onwuegbuzie (2003) this debate between quantitative and qualitative approaches has split researchers in two groups rather than uniting them. In this way, there are two strong paradigms in research, the rich and deep observational data on the one hand, and the generalizable survey data on the other. As Brannen (1992) indicates, the differences that researchers believe in when comparing the two paradigms, have negative effects on the focus and conduct of their studies. She suggests that generally there are more similarities between the two paradigms than differences. Moreover, Onwuegbuzie and Leech (2004) argue that the collection, analysis, and interpretation of qualitative data can help the analysis of statistically significant data and findings. Furthermore, researchers may label their studies as either quantitative or qualitative, but still use a mixture of the two approaches in their research.

When having a positive view on combined methods, the researcher is in a position to inform the quantitative portion of studies and vice versa. As Madey (1982) suggested, this combination helps the

development of a conceptual framework, the validity of the quantitative outcomes reference to the information taken from the qualitative data, and the use of qualitative data in the analysis of the quantitative data. Researchers have reached specific outcomes that support the use of a combined methodological approach: 1) triangulation (different methods study the same phenomenon), 2) complementarity (finding clarification and elaboration of the results from the one method to the other), 3) development (use of the results from one method to help inform the other method, 4) initiation (investigating contradictions to help re-frame the research question, and 5) expansion (expanding the range of inquiry by the use of different methods for different inquiries) (e.g. Madey, 1982). Finally, by using quantitative and qualitative methods within the same framework researchers can utilize the strengths of both methodologies (Brannen, 1992; Greene *et al*, 1989; Johnson & Onwuegbuzie, 2004; Onwuegbuzie & Leech, 2005; Tashakkori & Teddlie, 2003).

### ***5.3 The two Parts of the Study***

The study comprises two Parts which are described in detail ahead. ***Part 1*** began in January 2009 and lasted for about four school months. This ***Part*** included a *pilot study* in the first school that was selected and agreed for participation. The pilot study mainly aimed to check and try out the data collection instruments and draw conclusions upon their usage (e.g. difficulties/limitations), in order to implement changes if needed within Part 2. ***Part 1*** also included a *Bullying Survey* carried out in the 6

sample schools, where all pupils of Years 4, 5 and 6 (N=620) completed the *Life in School Questionnaire* (LIS) (Arora & Thompson, 1987). This aimed to explore and identify the samples' involvement and experiences in bullying in the samples schools, and to investigate the current situation possibly existing in these schools within the period of the study. Additionally, a first round of *Interviews* and a first completion of two *Questionnaires* by the LD (learning disabled,  $n=12$ ) and TD (typically developing  $n=12$ ) groups (first comparative study), as well as interviews with the adult interviewees, took place in this time point. The interviews and questionnaires' completion with the focus children aimed to give an insight about their experiences regarding bullying during the first time point of the study. The interviews with the school teachers ( $n=37$ ) and head teachers ( $n=6$ ) aimed to identify and give an account of their views and opinions and explore their experiences regarding bullying in their current schools. School teachers' or head teachers' views and opinions have not been included in this thesis literature review chapters as not enough research evidence had been found on the topic. However, for school staff members to express their opinions and to be heard was considered important as reported by them during the meetings with the researcher. Also, these interview data would enrich and strengthen the validity of the results of the children's interviews and the study in general, if similar responses would be obtained.

**Part 2** began in November 2009 and was completed in March 2010. Data collection process lasted for four school months approximately. **Part**

2 included a second comparative study between the two main sample groups: the LD and the TD children. The sample children completed the two main Questionnaires of the study again, and a second interview with each of them was carried out. These aimed to identify possible changes, similarities or differences in bullying experiences, during the second time point. Table 5.1 below summarizes the main activities that took place in each Part of the study.

**Table 5.1: Parts and Activities of the Study**

<b>PART 1</b>	<b>PART 2</b>
Ministry of Education contacts and approval. Meetings with the head teachers, sample selection and consent process. The Pilot study and analysis of results. Data Collection: The Bullying Survey (LIS). Data collection: Interviews with the adult interviewees (37 teachers and 6 head teachers).	
First completion of the Questionnaires by the 24 sample pupils.	Second completion of the Questionnaires by the 24 sample pupils.
First round interviews with the 24 sample pupils.	Second round interviews with the 24 sample pupils.
Data Analysis.	Data Analysis.

### **5.3.1 The Pilot Study**

The pilot study was carried out in the first primary school of the sample (School A) after the approval of the *Cyprus Ministry of Education and Culture*. The aim was to try out the data collection tools, and identify problems and difficulties with their usage. All pupils of Years 4 (9 to 10 years old), 5 (10 to 11 years old), and 6 (11 to 12 years old), ( $n=99$ ),

participated in a survey (with the *Life in School Questionnaire*), which aimed to explore their experiences and involvement in bullying. Twelve boys and seven girls with LDs were included in the school and received special education (speech therapy and academic support in literacy and numeracy). Six of them, together with another six matched controls without LDs, were selected as the main samples, based on their teachers' nomination. These samples completed the two main questionnaires and participated in semi-structured interviews, individually. The teaching staff of the school consisted of 'general classroom' teachers, special needs teachers, the head teacher, two assistant heads, and clerical and administrative staff of 3 people. A number of the school teachers (N=7) who agreed to participate in the study, as well as the head teacher, were interviewed. The school was very active, and involved in several projects and studies from time to time not necessarily academic, and therefore students and staff were used to dealing with people interested in their school life.

### **5.3.2 Results from the Pilot Study**

Three categories of data were collected:

- 1) Survey data from Years 4, 5, and 6 pupils.
- 2) Questionnaire data from focus sample (12 pupils with and without LDs).
- 3) Interview data (pupils with and without LDs, teachers, and head teachers).

As mentioned above, the pilot study's main aim was to try out the instruments of data collection. When the pilot study was completed, the data collection tools were found to be satisfactory so the same tools were used in the other schools. The pilot study was the basis for the researcher to try out these instruments, gain experience in administering and analyzing questionnaires, and develop her interviewing skills.

## ***5.4 Participants***

### **5.4.1 The Schools**

Six mainstream primary schools were included in the sample (with pupils from Years 4, 5, and 6). Three of these schools were located in the city of Nicosia and the other three in the countryside. The six schools were selected based on the Ministry of Education's designation of areas. The head teachers of the six schools selected were familiar to the researcher and after personal discussions with them they agreed for their schools to participate in the study. Schools A to C were located in Nicosia in a low, medium and high social disadvantaged area respectively. Similarly, Schools D, E, and F, were located in the countryside, and also varied from low to high social disadvantaged areas (see Table 5.2 for information on the schools' numbers of staff and pupils).

**Table 5.2: Staff and Pupils Participants**

Name of school	Number of pupils, Years 4, 5, 6	Boys	Girls	Number of teachers	Number of LD pupils
A	99	59	40	19	4
B	62	29	33	9	5
C	96	53	43	20	8
D	123	58	65	19	11
E	112	54	58	22	9
F	128	80	48	25	12

### **5.4.2 The Children**

#### ***5.4.2.1 The LD group***

Every school now in Cyprus includes pupils with LDs or other SEND in their grounds and offers special educational provision to them (for further information see Literature Review: Chapter 4). For a child to be diagnosed as *learning disabled* an official process takes place by the Ministry of Education and Culture professional teams. Firstly, a baseline assessment is made for each individual referred by a teacher, a head teacher, or a parent, by an educational psychologist. After deciding on the ‘diagnosis’ of each individual, they arrange for these children to be educated either along with their TD classmates in the ‘general’ class with special provision given to them within the school grounds, or in a special education unit placed in the school. The pupils in the special units are educated in small groups by special needs teachers in cooperation with



other therapists, with some kinds of inclusion in the typical classrooms when possible for each individual. A personal file is then created for each individual and includes all relevant documents (e.g. assessments, tests, diagnoses, therapeutic aims, family history reports, etc).

A group of 12 pupils with learning difficulties (LDs) aged 9 to 12 years were selected by their teachers' nomination (2 per school). After getting the permission and the formal approval to carry out this research from the Ministry of Education and Culture, the researcher had access to the samples' personal files. The 12 pupils selected were all diagnosed as having LDs. All of them were included in the general classes and received individual special education and/or speech therapy sessions within the schools' grounds.

Pupils with LDs were selected rather than pupils with other 'more severe' SEND, because it was considered that these children would have a more developed ability and competence to participate in the study effectively, as they would be able to understand better the aims and procedures when explained clearly and thoroughly to them; to express freely their own will whether to participate or not; and to be more able to express their experiences, thoughts, and feelings on the topic of the research. The LD children would give more opportunities to the researcher to reach the goals of the study as they would have the ability to participate more effectively in the interview sessions and the questionnaire completions, understand the whole process better, and

speak up for themselves and be heard, as they did not have particular speech or intellectual difficulties, and they had basic reading and writing skills regardless their problems in language and numeracy. Lastly, the main data collection instrument in the study was the interview, as the main aim of the study within a qualitative design was to explore the samples' feelings and experiences in depth. Therefore, children with LDs and with no special language problems, rather than children with more severe disabilities, would offer a more suitable sample for the interviews.

All the participating pupils with LDs had a 'diagnosis' of Learning Difficulties by the Ministry of Education Assessment Team, and were included in the schools under the umbrella term 'Pupils with SEND'. This was the starting point taken into consideration for the selection of the samples. The teachers and head teachers then made recommendations on the most appropriate children to be selected, taking into consideration other co-existing conditions (e.g. communication or language problems, family or relationship difficulties, gender and age issues, and possible involvement in bullying).

The teachers' nomination method may have had weaknesses due to possible biases regarding certain individuals, as all children were familiar with their teachers. These biases may regard academic achievement, classroom participation, behaviour and relations with others, and personal and social characteristics. To avoid such biases, the researcher had personal contacts with the head teachers and discussed

each child's case with them in order to collect more information and further opinions before final selection. Additionally, the researcher checked the nominated children's personal files and went through all relevant information about each of them, in order to form a clearer idea and make the best possible decision about an appropriate sample which would best fit the study's main aims and research questions. Finally, she had personal informal meetings and several contacts with the nominated children aiming to get familiar with them, get to know them in personal, and enrich her knowledge about each of them. After these issues had been taken into consideration and the above processes had taken place, the final sample was selected aiming to best reach the study's aims.

The total number of LD pupils in the sample schools was 49. From them, 12 were selected as the focus sample of LD pupils in each school. The rationale here was to create pairs consisting of 1 LD and 1 TD pupil each, for each focus Year group. Due to time restrictions, a larger sample could not be selected. Therefore, the final sample consisted of 12 pairs of pupils, and each pair included an LD and a TD control pupil. These sample children were selected after taking into consideration the teachers' nomination, and certain other issues regarding each of them, like for example 'problematic' family life and relationship difficulties in the family, general social skills difficulties, language and communication problems, and gender and age, in order to examine these as risk factors for involvement in bullying and/or victimization, and therefore, the final

sample selection was an attempt to ensure that the known risk factors described above were represented in the pupils selected.

The selected sample children were attending Year 4, 5 and 6 classes and therefore were aged 9 to 12 years old. The rationale here was that after a comprehensive and extensive literature and research review by the researcher, it was probably obvious that bullying may regard mainly older school children and not usually very young ones. Therefore, it was initially hypothesized that bullying (physical, verbal, or relational) would involve mainly older pupils, and that was why pupils of these ages were selected as the focus samples.

#### ***5.4.2.2 The TD group***

A group of *12 pupils without any LDs* (Typically Developing, ‘TD’) aged 9 to 12 years (2 per school), were also nominated by their teachers to participate in the study with the aim to draw comparisons between the two groups to reach the study’s aims. Their teachers and head teachers again made recommendations about the best possible cases of children to be selected as the *match controls*, based on their possible involvement in bullying and their high academic achievement in school. To avoid biases in the teachers’ nomination of the TD samples, similar actions with those that took place for the LD group selection, were implemented (described above).

**Important Note:** The original focus sample comprised 30 children, but six of the sample pupils that were in Year 6 during the first

round comparative study (Part 1), could not participate in the second comparative study (Part 2), because of their transfer to Secondary School. The researcher tried to gain access to their schools, but the Cyprus Ministry of Education and Culture did not approve due to several practical difficulties (e.g. different Curriculum, different daily programme, time restrictions in the new schools, head teachers' unwillingness, etc). Therefore, she was not given access to the secondary schools. Due to this unexpected limitation, the sample pupils decreased to 24 instead of 30 of Part 1, so finally data are reported for 24 pupils in the two Parts of the study.

#### **5.4.3 Teachers and Head teachers**

Six head teachers and thirty seven classroom teachers participated in the study. These were school staff members who expressed their willingness for participation after personal contacts with the researcher, where the aims and research questions were reported and explained to them. Initially, there were 45 teachers who were contacted to take part, of whom 37 agreed to participate. Therefore, the final number of the adult interviewees was 43 (37 teachers and 6 heads) (Table 5.3), and were all interviewed according to their time convenience within the school grounds.

**Table 5.3: Adult Interviewees**

Name of school	Teachers	Head teachers
A	7 (all females)	1 (female)
B	8 (all females)	1 (female)
C	4 (all females)	1 (male)
D	5 (all females)	1 (male)
E	6 (one male and five females)	1 (female)
F	7 (two males and five females)	1 (female)

### ***5.5 Data Collection Instruments***

Quantitative and qualitative methods were used for data collection and analyses. These are as follows:

- 1) ***Questionnaires:*** A Questionnaire was used in a survey in order to identify types of bullying in the sample schools. Also, to identify common places where bullying took place, and investigate certain issues related to it that were *gender* and *age*. Additionally, it was used to identify the bullying experiences of the LD and TD focus pupils and draw comparisons among them. Additionally, a Bully-Victimization Screening Test was used with the aim to identify possible bullying experiences among the sample pupils, giving a special focus on relational aggression, and investigate possible health effects on the sample-victims.
- 2) ***Interviews:*** Interviews were used in order to explore in depth the focus children's feelings, ideas, thoughts, and experiences,

regarding bullying in their schools. Moreover, interviews were carried out with the sample teachers, head teachers, and special needs teachers in the participating schools, in order to investigate their views and beliefs about bullying in general, and bullying specifically in their current schools, including types, effects, and gender and age issues related to it. Interviews were carried out with all participating focus pupils twice, in both Parts of the research, in order to explore possible changes in their experiences and feelings.

## **5.6 Measures**

### **5.6.1 Questionnaires**

Questionnaires are a frequently used method for data collection in several kinds of research. With a questionnaire the researcher aims to explore a specific issue and collect information and opinions from the participants. An example of the frequent use of questionnaires come from Radhakrishna, Leite, and Baggett (2003) who reviewed 748 studies in the field of agriculture and found that 64% of them had used questionnaires.

#### **5.6.1.1 My Life in School Questionnaire**

*My Life in School Questionnaire* (LIS) was used in the current research. It was developed by Arora and Thompson in 1987 and consists of statements which describe positive and negative events that have happened in school during the last week in which the questionnaire was administered, a mixture describing bullying, friendly, and aggressive

behaviours. This questionnaire lasts for about 15 minutes. It covers mainly physical aggressive behaviours (e.g. tried to kick me, threatened to hurt me, tried to make me give them money, tried to hit me, etc.) where the individuals have to state whether each behaviour happened ‘never’, ‘once’, or ‘more than once’ during last week. It has been standardized and used with more than 5000 children and is quite similar to the Olweus Bully/victim Questionnaire.

A limitation of the LIS is that its original form focuses mainly on physical bullying. However, Lindsay *et al*, (2008) created in their study additional scales of verbal bullying and, as contrast, positive behaviours. Therefore, guided by the Lindsay *et al*’s study and their additional scales, similar scales were used in the current research with the aim to investigate physical and verbal bullying, as well as positive behaviours (see ahead). Also, the LIS does not cover specific relational bullying. Consequently the Reynolds Bully-Victimization Scales were selected and used in the present study in order to explore relational aggressive behaviours among the sample pupils (see ahead).

Guided by Lindsay *et al* (2008), additional scales were also created and used in the present research aiming to investigate physical and verbal bullying, and positive behaviours. A ‘*Verbal Bullying Index*’ was used with the aim to investigate verbal bullying, comprising 12 specific verbal items from the LIS, namely: ‘called me names’, ‘was nasty about my family’, ‘was unkind to me’, ‘said they’d beat me up’,



‘frightened me’, ‘laughed at me’, ‘tried to get me into trouble’, ‘was rude about the way I looked’, ‘shouted at me’, ‘said they’d tell me on’, ‘told a lie about me’, and ‘laughed at me horribly’. Positive behaviours were examined in the ‘*Positive Statement Index*’ comprising 17 items from the LIS, namely: ‘said something nice to me’, ‘was very nice to me’, ‘shared something with me’, ‘asked me for lunch/sweets’, ‘played with me’, ‘smiled at me’, ‘helped me’, ‘walked with me to school’, ‘told me a joke’, ‘played a nice game with me’, ‘visited me at home’, ‘chatted to me’, ‘helped me with my work’, ‘made me laugh’, ‘gave me something nice’, and ‘said they like me’. The last scale which describes bullying behaviour, used as the ‘*Physical Bullying Index*’ in this study, comprised 11 items namely: ‘kicked me/hit me’, ‘tried to make me give them money’, ‘stopped me playing a game’, ‘made me fight’, ‘hurt me/trying to hurt me’, ‘took something off me’, ‘tripped me up’, ‘spoiled my work’, ‘hid something of mine’, ‘tried to break something of mine’, and ‘tried to hit me’.

#### **5.6.1.2 The Reynolds Bully-Victimization Scales for Schools**

The “*Reynolds Bully Victimization Scales for Schools*” is a screening test which comprises three sub-scales used to explore the involvement of children and teenagers in bullying, and to investigate mental health symptoms of pupils subjected to bullying. These include internalizing and externalizing symptoms like distress, depression,

anxiety, psychosomatic complaints, aggression, and anger. These screening scales were created by Reynolds in 2003 in the US (see ahead for details). Each item in the three sub-scales is scored on a four point scale with responses ranging from ‘never or almost never’ to ‘almost all of the time’ regarding statements that happened within the last month in school. The Scales explore the involvement of pupils in a range of verbal, physical and relational bullying behaviours (e.g. throwing objects, hitting, stealing, name calling, teasing, threatening, hurting, saying bad things about an individual, etc), and investigate bullying/victimization psychological distress and anxiety levels of the children involved. This instrument was regarded as the most appropriate one for the purposes of the study, because its three specific scales could address mental health problems related to bullying (internalizing and externalizing). The three sub-scales of this measuring Test were used with the aim to collect data regarding the involvement of the samples in bullying either as bullies, victims, or bully-victims, and the internalizing and externalizing outcomes of their involvement in bullying.

### **Further Information on the Reynolds Scales**

The Reynolds Bully-Victimization Scales for Schools comprise a screening measuring Test which includes three sub-scales each examining certain aspects related to school bullying. These are:

- 1) The Bully Victimization Scale (BVS),*
- 2) The Bully-Victimization Distress Scale (BVDS), and*
- 3) The School Violence Anxiety Scale (SVAS).*

The *Bully Victimization Scale* (BVS) is a self-report standardized instrument designed to assess bullying behaviour or victimization in individuals aged 8 to 17 years. The BVS includes several items with responses ranging from ‘never or almost never’ to ‘almost all of the time’, on a five point scale, and takes round 10 to 15 minutes to be completed. In the present study, the Scale was completed by the children within 20 to 25 minutes approximately due to their academic difficulties and further guidance given to them. The BVS can be used for the identification of children who are being bullied or who bully others in school. In the present research, the Scale was used with each pupil in the focus samples individually. The Scale can also be used for identifying a child at risk for intervention, as well as to investigate children’s perceptions regarding threatening or unsafe school environments.

The *Bully-Victimization Distress Scale* (BVDS) can be used for the evaluation of victimization distress in individuals aged 8 to 17 years involved in bullying episodes. The BVDS measures aspects of externalizing and internalizing distress, as a child’s response to victimization may become subjected to internalizing (e.g. depression, anxiety, psychosomatic) and/or externalizing (e.g. anger, aggression, acting out) distress. The data collected by the use of this sub-scale in this research regarded externalizing and internalizing symptoms of the samples involved in bullying. Sometimes a correlation may be expected as some pupils may show both internalizing and externalizing responses to victimization. The BVDS can help psychologists, counsellors, or

researchers, to evaluate pupils' distress, as this can be important when considering the extent to which bullying is a problem in schools nationwide. The BVDS can be used individually or as a school-based screening test, and it includes specific statements with responses ranging from 'never' to 'almost all of the time'. In the present research, it was completed by each focus child individually and comprised different items related to victimization outcomes.

The *School Violence Anxiety Scale* (SVAS) measures the levels of anxiety of individuals and can explore their perceptions regarding school violence and safety. This Scale evaluates anxiety related to the school itself, as well as to physical harm at school, and to the potential for violence occurring at school. SVAS items can measure cognitive and emotional components of anxiety. In the current study it was used for each focus group child individually and included specific statements related to school anxiety and fear, with answers ranging from 'never' to 'almost all of the time'.

In the current research, the above three Scales were used in the two comparative studies between the focus groups (LD-TD). The *Bully-Victimization Scale* comprised 35 items describing worries and feelings caused by victimization (scoring system 1-4), and its responses were: 'never or almost never', 'sometimes', 'a lot of times', 'almost all of the time'. The *Bully-Victimization Distress Scale* comprised 22 items describing victimization distress outcomes, with scoring system and responses similar to the previous Scale. The *School Anxiety Scale*

comprised 43 items which describe victimization and anxiety outcomes and actions, with scoring system and responses similar to the previous two Scales.

### **5.6.2 Interviews**

Semi-structured interviews were used in the study (see Appendix 3) in order for the samples' involvement, feelings and experiences in bullying episodes to be explored in depth, rather than structured interviews that produce quantitative data (DiCicco-Bloom & Crabtree, 2006).

According to Chilban (1996) semi-structured interviews are often the only source of data in qualitative research studies, and can be conducted with an individual or a group of interviewees. Interviews were chosen as a qualitative instrument in the current research in order to explore and identify feelings, emotions, experiences, thoughts, and health problems associated with physical and verbal bullying, with a particular focus on relational aggression. The individual in depth semi-structured interview can give the opportunity to explore deep social and personal issues, and reconstruct perceptions of events and experiences (Johnson, 2002). On the other hand, specific ethical issues may be present, such as the possibility of unpredictable indirect harm of the interviewees, the protection of the interviewees' information reported, and the effective data provision regarding the study's nature (Rubin & Rubin, 2005) issues that were taken into consideration in the current research (see 'Ethics'

section ahead). Robson (1993) argues that the semi-structured interview can be flexible and adaptable and its use can aim at modifying the researcher's enquiry while following interesting answers and exploring special motives. Furthermore, body and facial expressions as non-verbal cues can provide a strong impact to the interview.

### ***5.7 Procedures***

A Greek version of the LIS was prepared by the researcher, and a professional translator overviewed the version to ensure a fair translation. Also, the authors' permission was given to the researcher in order for this instrument to be used in the current study. At the beginning of the study (Part 1), the LIS was administered to all classes of Years 4, 5 and 6 in the sample schools. Each statement was read aloud to the whole class by the researcher, and explanations were given to the pupils. This aimed to give all pupils an account of the questionnaire so that despite possible reading or writing difficulties, all would be able to complete it.

The LIS was administered to the samples (12 LD, 12 TD) that were the main focus of the research (Part 1). Guidance and individual help were given to the pupils with LDs to achieve a successful completion. The Reynolds Bully Victimization Scales were also translated to Greek and administered to the LD and TD samples in the same way as the LIS (described above). In order to examine possible changes over time for the LD and TD samples, individual assessments were repeated in Part 2, one year later.

All interviews lasted for 25 minutes each approximately, were tape-recorded, transcribed, and analyzed thematically and specific notes on non-verbal cues (e.g. facial expressions and body movements) were included in the transcriptions. Before the interviews with each child, there were personal informal talks with the researcher in order for them to know her and feel closer to her so that to manage to trust and talk as comfortable as possible to her. The researcher kept diary notes for these informal personal meetings and talks. She also had several talks with the teachers and head teachers in order to enrich her knowledge in several matters regarding each individual child. With these several talks with both the children and the related adults before the formal interviews, the researcher managed to collect much information concerning the background of each child, something that was useful for the analysis of the interviews afterwards. The teachers and head teachers gave useful information about each child's family background that could be helpful for the analysis process. Additionally, when meeting the children informally, the researcher gained their trust, became closer to them, and collected information about their characters and personalities that could be useful for the analysis of the results.

### **5.7.1 Interviews with the Children**

Two interviews were carried out individually with all sample pupils, in Parts 1 and 2 respectively, in a quiet room within the schools' grounds (e.g. library), each divided into two parts: the *warm up* stage and

the *work* stage. In the warm up stage of each interview, five to six minutes were spent on short informal discussions with the children aiming to make them feel comfortable and ensure a positive and trustful atmosphere. Then the interview questions were asked, giving explanations or further help to the children when needed. The interviewing hours for the children were set in advance by their teachers and the children were taken out of their classrooms not during compulsory lessons (e.g. language or maths), but mostly during lessons like art, religion or geography, on the children's own preference.

#### **5.7.2 Interviews with the Teachers and Head teachers**

One interview with each adult participant was carried out during the first Part of the study, lasting for about 25 minutes approximately. Each interview was conducted during the samples' free school periods at their convenience, in a quiet room within the schools' grounds (e.g. library, teachers' or head's office).

### ***5.8 Data Analysis***

The **interviews** were all analyzed thematically. As Braun and Clarke (2006) report, 'thematic analysis' refers to a method that requires identifying, analyzing, and reporting certain patterns within the interview data collected ('*themes*'). Minichiello, Aroni, and Hays, (2008) argue that thematic analysis involves two main steps: firstly the researcher reads through the transcripts and tries to make sense of the data, and secondly, he/she tries to understand what the interviewers reported as a group.



Thematic analysis “*involves searching across a data set, to find repeated patterns of meaning*” (Braun & Clarke, 2006), then make connections to create categories and sub-categories of the responses, and find themes in the data.

When analyzing the interview data of the current study thematically, similar responses that concerned an interview question were included in certain categories regarding a *theme*. This process created data on the following themes for each of the sample schools: 1) levels of bullying, 2) types of bullying (i.e. variants of verbal, physical, and relational bullying), 3) characteristics of bullies, victims, and bully-victims, 4) intervention techniques, 5) feelings, beliefs, experiences, 6) bullying of pupils with and without LDs, and 7) effects of bullying on the children involved.

The above themes were pre-determined in advance when the final interview questions were selected to fit the study’s main aims. After the interview sessions with the adult interviewees, several emergent themes arose and regarded mainly age and gender issues, as well as family background and social relations of the children involved. In the theme regarding the profiles of children involved in bullying (bullies, victims, bully-victims) almost all responses included several facts about these children’s age and gender, family background, behaviour and relations with others. These data were afterwards helpful for the examination of gender and age issues, as well as other risk factors related to bullying, which could fit additional aims of the study.

All the elements collected through the interviews were coded to the above specific themes following a specific process: 1) interview transcription, 2) highlighting and coding themes on paper, 3) sorting relevant information and creating the themes, 4) revisiting/rethinking and checking again the responses into the categories/themes created.

The results of all interview data are presented and discussed descriptively in Chapters 6 and 7 of the thesis, including direct quotations to provide primary evidence and illuminate the issues raised by the interviewees.

The data resulting from the **questionnaires** (LIS and Bully Victimization Scales for Schools) were analyzed using SPSS 17. The results of each questionnaire are described and discussed in Chapter 8.

## ***5.9 Ethics***

The present thesis is a research study on bullying of pupils with and without LDs in Cypriot primary schools. In order for the researcher to carry out this study, several ethical issues were considered. Ethics need to be taken into consideration in any research, especially when dealing with humans.

When conducting educational research with children researchers may face ethical and moral dilemmas. Educational research includes the participation of the researchers in the everyday life of the samples, their

activities, interactions, and relation. The samples usually include pupils, parents, teachers, head teachers, and other school staff.

As researchers are involved in the life of these humans, they might get into situations that may cause harm to their sample with their presence during a research project. Sociologists and psychologists have been taking into account ethical issues in educational research, especially in research that deals with vulnerable groups of people, or research on aggression, abuse neglect or bullying, or research with children with SEND. Such crucial issues are confidentiality, anonymity, child protection, and the children's competence as research participants.

### **5.9.1 Researching Children**

Conducting research with children can raise important ethical concerns. Research with children has developed interestingly recently, maybe because nowadays children's views are considered as valuable. Researchers are now trying to find ways to make children's voices be heard through innovative research projects. However, they have to clearly identify the issues of children's rights for confidentiality and address limitations within sensitive matters as child protection, so that to ensure they are honest with the children, are engaging them fully in the decision making process, respecting their capacities, and hinder the difference of power levels between adults and children. In this way, we as researchers, do not deny information from children that they themselves believe they

are able of coping with, respect their voices, do not underestimate them, and do not cause them discomfort or distress.

### **5.9.2 Child Protection**

Educational research is ruled by legislation in order to minimize children's risks. Several activities have been made in different countries to ensure the rights of children as human beings, as for example, the Children Act (1989) in the UK, the United Nations Convention on the Rights of the Child (1989), and the Australia's National Statement on the Ethical Conduct of Research with Humans by the Australian Health Ethics Committee (2003), which highlight child protection and safety (Danby & Farrell, 2004; James & James, 2001). It is crucial that a researcher who has concerns about child abuse, to transfer such information to somebody responsible. For example, it is indicated by the UK General Medical Council that it is an obligation for the researcher to disclose information regarding child protection issues, regardless that such requirement is not legally existing (Williamson & Goodenough, 2005). Similarly, the UK Department for Education and Skills (DfES, 2003) and the British Sociological Association state that a researcher working with children has to be ready to consider child protection and safety, particularly in cases of abuse (BSA, 2002). Additionally, parental views have to be taken into account before starting a study with their children when the children themselves are young in age or have difficulties in making their own decision for participation (BPS, 2004).

The duty of psychologists to report possible bullying incidents, despite the fact they are not obliged to do so, is also highlighted by the British Psychological Society (2007) and the UK Social Research Association (2003). However, there are still contradictions within the issues of confidentiality and child protection. This ethical dilemma includes the right of the children for confidentiality and the actions of the society when protecting them. Also, there is the case of false accusations of abuse that can create conflicts.

We, as researchers, have to be clear to the children from the beginning of any project, explaining clearly to them the issue of protection. As Lansdown (2000, cited in Williamson & Goodenough 2005) states, most children are capable of dealing with protection matters and distressing information by adults, and on the other hand, adults hide information in order to protect them. We need to be skilled to define protection issues to the children, and explain about harmful cases to them with honesty and sensitivity.

### **5.9.3 Consent**

Another concern for researchers is giving the children all the necessary information about the study, in order for them to be able to consider possible risks if any, and benefits, and make their own decision for informed consent (Williamson & Goodenough, 2005). Children must be aware of how much confidentiality and anonymity will be kept and the cases where these may be broken. As Alderson (2001) reports, involving

children directly in the research, protects them from exclusion and silence, and us from regarding them passive objects, empowers us to respect their abilities and personal voluntary consent, and therefore protects the children from possible covert and abusive research.

Previously, a traditional view of researching children was that of the developmental approach, which regarded children as not-completed versions of adults. Danby and Farrell (2004) argue that within this, children were regarded as individuals who learn how to develop social skills and as *learning* how to participate in their social environment. Therefore, children were viewed as underdeveloped or developing people, with lack of power and knowledge, and not aware of how to react in everyday situations (Hutchby & Moran-Ellis, 1998, cited in Danby & Farrell, 2004). This view is recently challenged and new researchers have indicated that children are competent of interpreting life experiences. These professionals believe that children are already developed and competent (Mayall, 2002 and 2003, cited in Danby & Farrell, 2004).

In order for the children to give consent, the researcher is responsible to give them the necessary information about the experience to participate, inform them about their right to withdraw when wish, give them information about their role in the study, and inform them about possible risks (Lewis, 2002). In order for the researcher to get the participants' consent, the participants have to receive all relevant information, understand about it, and respond to it in the way they wish.

The researchers have the moral responsibility to consider the children's right for privacy, especially when working with disabled children. They may need to have an open network with the children's adults to maintain participation or withdrawal in the study (Homan, 2001). However, these children's rights for expressing their views as competent are still there when there are not cases of severe communication or intellectual disabilities (Lewis, 2002).

#### **5.9.4 Listening to the Children**

Traditional educational research has focused on observations or interventions with children. In Australia, there have been new approaches that focus on listening to children as reliable participants and capable of providing information about their own experiences (Australian Law Reform Commission and Human Rights and Equal Opportunity Commission, 1997; Danby & Farrell, 2004). Therefore, researchers view children participating actively through conversations, building up their own social situations and relating their worlds with the worlds of adults (Danby, 2002; Mayall, 2002, both cited in Danby & Farrell, 2004). Through this, research is based on listening to children in order to make decisions *with* them and not *for* them. Children have suggested that it is important for them to be listened to (Morris, 2003). This is done through the ethical processes of children's confidentiality, consent, access and privacy. Alderson (2002, cited in Danby & Farrell, 2004) argues that the process of the consent has to be two-way exchange information where the

participants receive information, value it according to their beliefs, and take their decision. To succeed in this, in-depth interviews with children and listening carefully to them are useful.

Sometimes parents believe they know what is best for their children and take decisions for them in order to protect them and the children are required to accept such decisions (Danby & Farrell, 2004). As Mason and Stedman (1997) have reported, this is an ‘*adultist*’ version of childhood. Such arguments are recently challenged within the children’s rights for advocacy in decision making. In this way, children in research are viewed as competent participants and have the rights to be seen and heard.

#### **5.9.5 Children’s Rights**

The rights of the children to agree or disagree to participate in research, or withdraw are not a new issue. Throughout a historical focus on children’s rights, these rights have been central to legal, philosophical and political theories, and social sciences (Danby & Farrell, 2004). As Leach (2006) reports, it is only recently that the efforts of conducting research *with* the children and not *about* the children have been evaluated, and now the children’s voices are heard in research. Now children are regarded as active in research by negotiating with the adults, and their experiences and perspectives are recognized and validated (Ivan-Smith, 1998, cited in Leach, 2006). Danby and Farrell (2004) indicate that



ethical research should consider the right of the children to be regarded as competent participants, be heard and seen and have autonomy. The researchers have to listen to the children when speaking about experiences, respect and recognize them as competent participants and consider them as '*partners*' (Goodenough *et al*, 2003).

#### **5.9.6 Researching Bullying with Children with SEND**

After the United Nations Convention on the Rights of the Child in 1997, researchers now investigate disabled children's experiences, and argue that these children should not be excluded in research because of special methodology (Morris, 2003). It is a duty of the researchers to carry out *inclusive* studies for disabled children to participate. Traditionally, disabled children's views were ignored and researchers were mainly focusing on children who could use verbal communication skills (Kelly, 2007). Recently, researchers are using different qualitative methods to investigate disabled children's views (Davis *et al*, 2000). Some researchers have included disabled children to investigate children's experiences generally (Thomas & O'Kane, 1999), others focus specifically on disabled children and argue for a change in research methodologies (Watson & Priestley, 2000), while others include disabled children in doing research (Ash *et al*, 1997, cited in Morris, 2003). Researchers have to view disabled children as skilled and flexible social '*actors*' (Davis *et al*, 2000, cited in Kelly, 2007). It is ethical to gain the children's will to participate and create a trustful relationship with them

through visiting them or discussing with them before data collection. When interviewing disabled children, we have to ensure that the language is appropriate and that our questions are clear and understood. Research suggests that disabled children should also learn about the results of the study and have the chance to give their feedback (Thomas & O’Kane, 2000).

Walmsley (2001) has used the term *inclusive research* to indicate the various aspects of research where children with disabilities get involved in as active participants. Kellett and Nind (2001) worked with severely impaired people and found that their and other research had been lacking the effort to empower these individuals to their maximum extent. Also, learning disabled people have commented themselves that they needed a wider involvement in studies that are done about them (Townson *et al*, 2004). As Walmsley (2004) suggests, researchers can be the ‘enquirers’ and the people with disabilities may become the ‘experts’, and inclusive research moves beyond the labels of ‘disabled’ or ‘non-disabled’.

Therefore, when a researcher includes children with SEND, several ethical issues must be considered. Firstly, these children have the right for anonymity, confidentiality, privacy, feedback, and informed consent. There also has to be an interaction with the children’s parents or caregivers (Lewis, 2002). Also, the issue of autonomy includes their informed consent, self-protection, privacy and confidentiality (Yan &

Munir, 2004). Children with disabilities may need special provisions due to their difficulties to offer their own consent (Angell, 1988). Then their parents or legal caregivers are required to give their written permission for participation on behalf of their children and need to fully comprehend the risks and benefits of the study (Rawls, 1999, cited in Yan & Munir, 2004).

We, as researchers or teachers working with vulnerable children, have to be prepared about what information to give to them regarding the nature of our research, find appropriate ways to collect information from them on sensitive topics like victimization without causing them hurt, prepare ourselves on how to face difficult situations during the study and predict negative results. Moreover, fair treatment is required for children with SEND. The main duty of the researcher is to fully protect their rights. Furthermore, we need to acknowledge the way we use language to describe bullying to children with SEND in research. We need to have a compromise language to use, approved by an Ethical Committee before conducting the study. We need to ensure that we are not to cause more distress to the participants, and on the other hand, achieve their full disclosure. Additionally, the way we pose sensitive questions needs to be taken into account to avoid distress. Researchers must be skilled to be sensitive with the needs of the children who may become upset. A research study on victimization, if ethically conducted, can be of great beneficence to identify such serious problems and lead to interventions.

To sum up, we have to know that children with SEND represent a vulnerable population in research, and issues like bullying may make things complicated. Firstly, it is our ethical obligation and their legal right to include them in research. We have to keep in mind that their lack of understanding may make them unable to consent therefore the parental will may be required. Also, it is their right to know everything about the study, participate fully when they decide to and get familiar with the study's outcomes. We need to give them the chance to express their perceptions and thoughts, and be heard. We need to ensure them for autonomy, confidentiality, and privacy. We have to ensure their protection from more abuse against them, and be careful not to cause them more psychological harm when talking about painful experiences. In cases of suspecting further victimization, we may need to report it so that to protect them. Children with disabilities have much to offer to research and their participation is valuable. We need to ensure that their contribution is recognized appropriately for what they really are as equal individuals included in the society.

In order for the current research study to be carried out, Ethical Approval was given by the Warwick Institute of Education and the University of Warwick Ethics Committee, as well as the Cyprus Ministry of Education and Culture Research Ethics Committee.

## **CHAPTER 6: CHILDREN'S INTERVIEW RESULTS**

### ***Introduction***

In this Chapter the results of the interviews with the 24 sample pupils who were interviewed twice (Parts 1 and 2), are presented and discussed. Table 6.1 that follows provides information about the selected focus children in pairs. The pupils interviewed had a pair (LD versus TD), each pupil was interviewed individually, and afterwards all the interviews of each pair were compared and several conclusions were made thematically. All results are described and discussed next.

**Table 6.1: Children Interviewees**

	School	Child	Gender	Age
1	A	LD	Girl	11-12 Y
2	A	TD	Girl	11-12 Y
3	A	LD	Boy	10-11 Y
4	A	TD	Girl	10-11 Y
5	B	LD	Boy	11-12 Y
6	B	TD	Girl	11-12 Y
7	B	LD	Girl	10-11 Y
8	B	TD	Girl	10-11 Y
9	C	LD	Boy	11-12 Y
10	C	TD	Girl	11-12 Y
11	C	LD	Girl	10-11 Y
12	C	TD	Boy	10-11 Y
13	D	LD	Girl	11-12 Y
14	D	TD	Boy	11-12 Y
15	D	LD	Girl	10-11 Y
16	D	TD	Girl	10-11 Y
17	E	LD	Boy	11-12 Y
18	E	TD	Boy	11-12 Y
19	E	LD	Boy	10-11 Y
20	E	TD	Girl	10-11 Y
21	F	LD	Boy	11-12 Y
22	F	TD	Girl	11-12 Y
23	F	LD	Boy	10-11 Y
24	F	TD	Girl	10-11 Y

## **School A**

### ***Pair 1: LD Girl and TD Girl, Years 5-6***

E. is a young girl almost twelve years old with LDs. She receives special education three times a week by the special needs teacher. E. reported being generally unhappy at school and she is “always called names and teased by her classmates in the classroom or the playground”. During the first interview, she mentioned that she had been bullied during that term, mostly in the classroom and playground, where her classmates called her names, teased her negatively, ignored and excluded her from groups. She added:

*“I wouldn’t tell anyone about it as I was afraid. It was sad for me and made me unhappy. I didn’t like being called names and excluded. No one would spend time with me. I think everything was because of my problems. They would find things to tease me about the lessons. They thought I was not clever. They called me the girl from the unit. I am not in the unit but they always tease me like I am.”*

During Part 2, E. reported that she was still bullied in the classroom and corridors, but she wouldn’t tell anyone because of fear. She would ignore it if she saw bullying against other pupils because of fear. She continued to report that her classmates and other children were doing similar things to her, verbally teasing and calling her names. E. had the opinion that these behaviours were because of her academic difficulties. She reported:

*“The situation never stopped. They continued the same things. I was the girl teased by everybody. I never called them names. I was afraid. I was miserable at school. Because I was shy, I wouldn’t talk to other children so that to have somebody to talk to, the result was that I was alone...I feel miserable about this.”*

E. went on to say that in her school there are other girls maybe also bullied verbally. She believes that children like her with difficulties, are being teased and called names, because other children regard them ‘stupid’. She added that children like her who receive special education are regarded as ‘low achievers’. She reported:

*“Because they see the special teachers coming to take us for lesson, they believe that we are stupid and cannot be good at anything. This concerns other children who also have private lessons...they think we cannot do anything well. They laugh at us.”*

Lastly, E. reported that the school does not take bullying seriously and they ‘do nothing special about it’. Interestingly, she stated:

*“There are children in the school like me who are also called names and teased. Most other children ignore and exclude us from activities. However, our teachers do not help. They may talk and threaten them for punishments but they stop there...they don’t do real punishments.”*

Generally, E. reported being miserable, feeling angry as she cannot be good academically, and not liking school. Sometimes she likes to stay at home and miss school, and feels depressed and angry with her peers. She wants to finish Year 6 and move to Secondary school where things may be different. However, she revealed that she is worried about



this because as she said “her LDs will not disappear, and maybe in Secondary School she will face the same problems”. E. is a rather depressed girl who does not want to face bullying. She stated that she is afraid to react, shy, not self-confident to make friendships, and sometimes “hates school.” She is not happy and sometimes does not want to go to school. She prefers to be at home with her sister and parents who accept and love her. E. stated:

*“I tell my parents about school and also my sister. They try to help me, they call my teacher or the head, talk to the special teacher, they all promise they will control it...but this never happens at the end.”*

E. lastly reported that she reacts to bullying by crying in the toilets or at home. She feels depressed, anxious and fearful. E. is a girl with low self-confidence and negative self-image that does not do special efforts to improve, as her peers “do not like her”. Finally, she feels that she has so many academic difficulties and she will never be a good student. She reported:

*“There is no need to make efforts. I know I am not a good student and will never be. Actually they won’t let me try, they believe I am useless.”*

On the other hand, E.’s pair, H., is a girl without any LDs, who is generally happy at school. She mentioned that sometimes she argues with her friends when disagreeing on something, but soon they become friends again. She reported never been bullied by her peers. However, she

reported that there are children in her classroom and other classes that are maybe bullied verbally and are afraid to react. She stated that some children, mostly girls, who have special education privately, are generally regarded as ‘*different*’ by some others. About the school efforts to stop bullying, she said that she didn’t know for sure about this. She thought that the teachers at first try to do something, may punish the bullies, but after some time, they reduce their efforts as they feel “bored to threaten the bullies all the time, as they never stop their behaviours”. Lastly, she reported that there are children who are bullied mostly because they are:

*“Not so good academically, but the teachers do not seem to be serious. We have a girl in our class who is s called names and teased by others, mostly boys. They don’t really like her. Personally, I have sometimes tried to talk with her, but they wouldn’t let me...I stopped because I was afraid they would do the same things to me.”*

Generally, H. is a happy girl at school who is not having special problems with relationships. She has friends, mostly girls, and during breaks she has “good people to talk to”. She does not feel isolated or excluded and feels she “truly belongs to her friendship groups”. However, she feels “strange” when she is in a situation of knowing that some children with LDs are bullied verbally and she cannot do anything to help them because of fear that the bullies will do the same to her. Generally, she believes that bullying is a frequent phenomenon and mostly happens by older boys in the playground during breaks. She thinks these boys like

to threaten and tease children with LDs, mostly younger or same aged girls.

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***Pair 2: LD Boy and TD Girl Years 4-5***

K. is a boy with LDs, who receives special education twice a week, and is generally happy at school. He has a lot of friends, and is never called names or teased by them because of his LDs. He stated that he likes school and is happy there. He believes that he may not be good at language or math, but he is very good at gym and sports, so his peers like him. He reported never been bullied in any way, just sometimes he may argue with his friends during gym or play, but nothing serious, as they soon become friends again. K. is a young boy who makes efforts to improve his academic level and become a better student. He mentioned that he had never had any difficult problems with his friends at school. He added that he has mostly male friends, but also some girls too. During both Parts of the research K. reported similar things, stating that he is happy at school, does not generally like to fight or cause problems to others, and other children do not actually cause him serious problems. He likes to be friend and play with everybody.

However K. reported that there are other children who are bullied, but he was not sure that the school makes serious efforts to help and support these children or stop the bullying. K. also reported that there are

children who are “not good at things” that are bullied about their learning difficulties. He believes that this happens mostly to children who have LDs just like him. He thinks that some children like to tease special education pupils and regard them as “stupid”. Of course, this does not happen to him, as he reported. He also said that there are boys from Year 6 who like to:

*“Have fun with the pupils of the special education classes, tease and call them names, or fight with them because they think they are not strong enough to fight back.”*

However, as he stated:

*“Our school does not really help these children. I am lucky because I have friends and I am good at football and my friends like me. But there are other children who are not so good, and are teased and called names. Sometimes older boys threaten or fight with them; they kick, hit and tease them. But teachers do not really help.”*

Generally, K. is a boy who has positive relationships and friendships with his peers and is quite happy at school. He has talents in gym and sports, something that his peers seem to respect. He is not isolated or excluded and it seems that his LDs are not really causing him relational problems. He is well-accepted and respected by his peers. He considers himself to be lucky because he has good friends and because as he reported, there are other boys and girls in his position that are facing hard time at school because they are not accepted by others. K. believes that pupils with academic difficulties are easy targets for verbal or

physical bullying and that the teachers and school should do everything to avoid such situations. He believes that *all* children, with or without academic difficulties, are *special* and they all have talents and abilities.

Similarly, P. is a Year 5 girl who has no LDs, and is happy at school. P. reported having a lot of friends, mostly females, and that never been seriously bullied by peers, even though they sometimes argue about several things. Additionally, she reported that there are kinds of bullying in the school, especially name calling and teasing, or telling lies and spreading false rumours among girls. Also, there is physical bullying among male pupils, but the school does not take it seriously or try to help bullied children. She then reported:

*“We have two children in our class who have difficulties and others tease them in the classroom. However, our teacher does not really help them...also, other children with difficulties are usually excluded from playing and are usually alone in the playground, and they don’t really like to play with them. They are usually alone. Something must be done. It is not only telling the bad children to stop, but to punish them seriously so that to really stop!”*

P. went on to say that children who are maybe bullied are afraid and don’t really like to go to school. P. has tried sometimes to become friend with them but at the end she was fearful of the bullies who did not like such efforts for communication. She feels that bullied children are mostly the ones who have LDs and do not have friendships and respect. She believes that these children are isolated and depressed and sometimes cry, as no one likes to play with them and the bullies always find ways to

exclude them from play and friendship groups. She also feels that the school and teachers do not really seem to be thinking about bullying seriously and as she said:

*“Sometimes the teachers are not aware of what is happening. Some other times they realize that something goes wrong but do not really help. The head teacher and the teachers are sometimes unwilling to help children with LDs who are verbally or physically bullied or other times they just threaten the bullies or punish them but in ways that they are not really scared, because they do the same things after some time.”*

She added that the bullies are usually children who are strong physically and want to be in control of everything. Mostly they are boys from Years 5 and 6 who enjoy threatening younger pupils, hitting, teasing and calling them names, and do not generally like them. Also, according to P., the bullies believe that children with LDs belong to the “special unit” or have “mental retardation” and “*deserve*” to be alone. They enjoy it when they scare other children not to play with children with LDs as they believe they do not deserve it. Generally, the bullies believe that their peers with LDs are not physically strong and are mentally on a lower level. So they like to show power and like everybody else to see they are in control of not only these children, but of everyone. P. stated that the bullies are mostly boys who like to show their physical strength or that they are cleverer than children with LDs or others. As P. stated:

*“These boys are not afraid of the teachers or the head. Even their parents support them when the head talks to them about bullying. Their parents believe that nothing is serious and it is normal for young boys. They try to cover up these behaviours. They do not*

*really listen to the head or teachers. They believe there is nothing to talk about since nothing is serious. Parents believe that fighting is usual and normal for boys”.*

As P. reported, the parents of the children who act like bullies do not really cooperate with the school to solve the problems. Sometimes they even support the view that their children are fine and it is other children that cause their boys problems. However, these bullies are really enjoying causing trouble at school and be violent, as P. stated.

*“They like to cause trouble to others. They do not care about anything. Actually they do not feel something is wrong. They think this is OK. When the teachers talk to them, this is their reply. There is nothing wrong, just arguments about football. But this is not true. Such behaviours are frequent, take place very often and there are children, mostly boys with LDs who may be suffering.”*

Generally, P. is happy at school and has never been bullied. She has good friends, mostly girls, and not serious problems in her relationships. However, she believes that there are children with LDs who receive special education or are educated in the special unit, that are verbally and physically bullied by older boys. Also, P. stated that she would not do anything to stop bullying when witnessing it, because of fear of being bullied. She reported that bullying is getting serious in her school and adults cannot find effective solutions. Lastly, she reported that there are children with LDs bullied verbally and physically, mostly by groups of boys against male or female individuals, during play or breaks,

in the playground or the classroom. P. believes that children who are bullied are suffering and the school has to take it seriously.

### **Summary of Findings**

There seems to be verbal and physical bullying and particularly relational aggression in this school which mostly take place in the classroom or the playground. Interestingly, even though this school has a large number of pupils and a large number of pupils with LDs included, only the LD boy from Year 6 was found bullied. However, all interviewed children believe that in their school there are a lot of pupils with LDs or other SEND who are bullied verbally, physically and relationally. These pupils are usually isolated, excluded and ignored. In detail, in school A, one pupil with LDs reported victimization verbally and relationally in his classroom, as some peers tease him and call him names and ignore and exclude him from groups. This boy believes that he is bullied because of his LDs and the school does not try to stop this bullying against him. The victimized boy with LDs, reported being unhappy, miserable, anxious, fearful and insecure at school. He reported victimization during both academic years (both Parts of the study). Interestingly, he believes that there are more pupils with LDs, who are also bullied. The rest of the interviewed children were not found bullied, but all believed that there are pupils with LDs, girls who often become targets of verbal and relational bullying, and boys of physical bullying. They all believe that pupils with LDs easily become victims and that the



school and teachers do not take it seriously and react in appropriate ways. Finally, all children stated that pupils with LDs, who are victims of bullying, are in result isolated, ignored and excluded. All children believe that these pupils are not welcomed, and not respected and accepted, since other pupils believe they are not able to succeed academically and are not clever or have special talents (Table 6.2).

**Table 6.2: Results for School A**

GENDER	YEAR	LD	TD	PLACE
Girl	5 – 6	Verbal victimization, ignored, isolated, excluded-relational aggression.		Classroom, playground
Girl	5 – 6		Not bullied	
Boy	4 – 5	Not bullied		
Girl	4 – 5		Not bullied	

## **School B**

### ***Pair 1: LD Boy and TD Girl, Years 5-6***

B. is a young boy with LDs who receives special education twice a week. He stated being generally happy at school and not bullied because of his LDs. He has good relationships with his classmates and other pupils and believes that the school makes all efforts to reduce bullying. B. stated that he has friends and likes being at school. He enjoys playing football and other games with his friends during breaks and sometimes they meet in the afternoons. B. reported being very good at football and other sports, so his peers like him.

*“I think my difficulties with maths and Greek are not affecting me. They know I am good at football, so they like me. Sometimes when we play football they choose me to be the leader. They know I am not such a good student, but I am good at other things. I have friends. I am happy at school. My only problems are maths and Greek...too difficult for me.”*

B. reported that in the school there are pupils who are bullied or bully others, but he didn't really know the reason for this. When asked, he reported that maybe these children are bullied because they have learning difficulties, but he was not sure. He added that sometimes he has hard times with his friends when they argue in the playground. However, they become friends again without serious problems. B. mentioned that there are other children with LDs who may be victims or are bullies to defend. He thinks that this is maybe because they are not good at the lessons,

though he was not sure. He stated that children like him may become targets of verbal bullying, isolation and exclusion. He reported:

*“There are other children who are not such good students, others tease them, have fun of them and enjoy it. It is maybe because those children believe their peers belong to the unit, so they find ways to tease them about this. I don't know for sure...It happens a lot to have children like me teased, laughed or hit.”*

Interestingly, he went on to say:

*“Sometimes children who have difficulties are so nervous and angry that they attack...I think it is because they are afraid...so they start first...they feel insecure and want to show they are good... children who are afraid of bullying think that if they start first, they will be in control and stop their bullies.”*

As B. believes, bullying takes place mostly in the playground against pupils with LDs. He thinks that the bullies are mostly boys who use their physical strength against weaker or younger children. However, there are also girls who like to tease other girls or boys who are weaker and have a weaker personality. He reported that there are arguments among the girls very often.

*“Mostly it happens among boys. They threaten or call names and tease. There are also girls who like to tease other girls, mostly girls with difficulties. Girls do not use physical fights. Maybe name calling, teasing or lying about other girls. Sometimes, there are arguments among them and some do not like to be with other girls because they create problems in the group. It is not only boys.”*

Generally, B. is a happy boy at school. He has many friends and does not have relationship problems. He is good at sports and believes his peers like and respect him. He thinks his LDs do not prevent or harm his relationships. However, he believes that there are other children with LDs who may be often bullied but the school and the teachers try their best to stop this. He also believes that bullying is not just a male matter, but there are girls who bully other girls by name calling, teasing, or lying. Sometimes there are arguments among older girls and exclusion from friendship groups. Finally, B. believes that there are times that some children with LDs behave like bullies because of fear.

On the other hand, D, a girl without LDs, is generally unhappy at school and sometimes feels that her friends are jealous of her and they argue a lot mostly during breaks. What she does when she argues with her friends is to expect them to apologize and become friends again. However, this is not always the case. She stated that her female friends bully her by excluding her from their group when they argue. Sometimes some of them lie to other girls about her. She added that in arguments they call her names and spread rumours about her. She feels sad about this when it happens and she wants them to stop such behaviours against her.

*“I am not happy at school. These things happen all the time. My friends never stop. I have some friends, but I don’t like it when they say things about me. Mostly things about boys or that I accuse them to other girls. But this is not true. Actually, they are the ones who accuse me. I do not feel well when such things*

*happen. I don't understand why they do so. They talk about me behind my back, and lie about me so that other girls don't like me. I don't know why."*

Generally, D. has times that she feels "terrible" at school because she is "bullied in the playground, when they very often call her names or tease her or exclude her from activities". Her main worry is that because of doing so, her friends react strangely when she tries to apologize and believe she was wrong. They just forgive her for a while and after some time they behave in the same way. As she stated:

*"I am unhappy. Even when trying to be their friend again, they want me and after a few days they do the same things. I feel they don't really love me because their behaviour is strange. This makes me cry and feel sad. I feel insecure that after a while they will do the same to me. Most times it is not my fault. That is why I cannot understand them. Sometimes I don't want to come to school. When things are OK between us I feel fine to come and concentrate on school activities. I am a good student. I don't understand what the problem is."*

D. stated that she does not tell anyone about bullying and she is not sure if the school does positive steps to reduce it. During Part 2, D. stated that she was still bullied mostly in the playground, but she changed her reaction to this by telling the teacher. However, even when she told the teacher, not serious steps were taken. She believes that the school generally does not take bullying seriously, although there are more children who are bullied or bully others. As she mentioned "school needs to take it seriously because the feeling is very bad".

When D. was asked about pupils with LDs, she reported that there are such children in her class that other children ignore, do not accept and call names because of their difficulties, usually in the classroom or playground. However, she referred to H., her classmate with LDs, who is happy at school and does not face serious problems with his peers. She reported:

*“H. is OK with his friends and doesn’t have problems. However, there are other children like him in our class who have trouble. Some boys tease and call them names. They like to have fun with them. They believe they belong to the special teacher and these children are something like stupid. Not only boys. There are girls teased and called names by other girls or boys. Also, some of the children with difficulties are physically attacked sometimes. In the playground when teachers cannot see, they are sometimes hit or kicked.”*

Generally, D. is unhappy and there are times that she doesn’t want to go to school, because she is afraid of her friends. She believes the school does not really help bullied children as they do not really take it seriously. She revealed how sad she feels when things are not well with her friends. She reported feeling miserable and that she sometimes hates school. She stated that her friends behave strangely to her by teasing and calling her names, arguing with her, isolating her, lying and spreading rumours about her, and excluding her from friendships. D. reported that there are children with LDs who may also be bullied as some regard them stupid. She thinks that bullying against children with LDs takes place in the playground, classroom or toilets, and includes physical attacks like

hitting and kicking or verbal attacks like teasing and name calling. D. believes that the teachers and school have to take bullying seriously, as it is damaging. She stated that her feelings because of bullying are getting worse, she feels miserable and sometimes she doesn't want to go to school. She finally reported that when she feels sad she cries a lot. However, she does not talk to her parents and at the beginning she would not tell the teacher either. During Part 2, D. reported that she talked to her teacher about her problems, but the teacher did not do anything special apart from threats. Generally, D. believes that the school and the teachers do not take bullying seriously, or try to stop it by punishment threats or by talking to the bullies. Lastly, D. stated that children with LDs may be victims of verbal or physical bullying, but not bullies themselves.

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### ***Pair 2: LD Girl and TD Girl, Years 4-5***

T. is a girl with LDs, who receives special education twice a week and is generally happy and likes school a lot. She has a few female friends with whom she plays during breaks and is happy with. She added that sometimes she argues with her friends but this is not something that makes her dislike school. She said that when she argues with her friends she just tells the teacher. She finally said that during last year she felt generally happy and was similarly happy in Part 2. However, she mentioned that there are other children, mostly children with LDs like her, who may be bullied because others believe they are “different” and

“belong to the unit” but she believes that the school does everything to “stop bullying”. T. interestingly reported that sometimes there are pupils with LDs who become bullies, something not suggested by the Year 6 pair pupils. T. stated that pupils with LDs may sometimes be targets of verbal or physical bullying by older children, but there are other times that these pupils act like bullies because they are afraid of further victimization. T. reported:

*“There are others like me and some children tease them. Some are bad to them. They don’t really like children like us. They think we are stupid. They don’t do the same to me. But there are other girls or boys maybe victims. They like to tease and call them names. Sometimes they find them in toilets and fight with them. These children are afraid. They feel bad. I am lucky because I don’t have such problems.”*

T. also reported:

*“I am happy with my friends. They are girls and we get on well. It is true that sometimes we argue. But nothing special. We become friends again. I am happy at school. But as I told you, what about other children? I know some are not happy. They are alone.”*

T. also reported that not only boys are involved in bullying, but girls as well. She said that apart from boys who like to fight all the time, there are girls who talk about their friends to other girls, lie about them, spread false rumours, tease or exclude them. T. stated that this is rather a female issue, as boys prefer to fight physically and with verbal threats or name calling.



*“It is not only boys who like to fight. It is also girls who speak behind other girls’ back and accuse them of several things. They have fun talking about other girls and sharing secrets. Sometimes they spread rumours about a girl or they argue with other girls. This happens often. I argue with my friends sometimes but they don’t speak about me or accuse me. Even when we argue, we become friends again. However, other girls do this often”.*

Regarding school efforts to stop bullying T. was under the impression that nothing very serious was taking place. She mentioned that the teachers organize discussions in the classroom or talks in a circle or threaten to punish the bullies. However, nothing effective is made and bullying continues. She added that there are not only children with LDs maybe bullied or bully others, but there are also other high achieving students who are victims or bullies. Teachers do not do anything serious to control them as they believe they are good students and children. T. believes that serious actions must be taken in order to stop aggressive behaviours.

*“It is not only children with SEND. There are also other children who like to tease or threat or hit others. They are considered naughty. They are from several classes. Even young children in Years 1 and 2. There are children who like to fight all the time. They enjoy fighting and scaring others. When the children they choose are children with SEND things are worse.”*

Generally, T. is happy at school. Although she has LDs, things between her and her friends are fine. She does not face special problems in her friendships and even when they argue sometimes, they become friends again. T. believes that there is verbal and physical bullying and

pupils with LDs are involved in it. She reported that children with LDs can be either victims or bullies. Sometimes some of them become bullies because of fear. There may also be children with LDs targets of verbal bullying, threatening, teasing and name calling. Some of them may be bullied physically when others hit or kick them in the playground during breaks or in toilets or corridors. T. believes that she is lucky that despite her LDs she has good friends and not serious problems.

On the other hand, S., a girl without LDs, reported that there are times she feels unhappy at school because her friends argue with her, call her names and spread rumours about her. She said that there are times that her friends ignore her and do not accept her.

*“I am shy to ask them why they behave like this and it is getting worse. I am a good student, but this does not make my friends like me. Sometimes I feel they hate me. I want to be in groups and have friends. But they do not accept me. They think I pretend to be a good student to make my teachers like me. But this is not true. I am a good student because I do my homework and try my best to be good.”*

She went on to say:

*“Why do they lie about me? All the time they call me names and have fun of me. They enjoy teasing me. I feel they are not my friends. They accuse me that it is always my fault. But I am not a girl who likes arguments. I don’t understand why they don’t accept me. During breaks, I try to befriend, they pretend they are my friends but the truth is they don’t want me to be with them.”*

S. added that during Part 1 she was bullied by her peers but for not long and she reacted by telling the teacher. However, in Part 2, she said

that she had been bullied for half a year, mostly in the class when her friends called her names or ignored and excluded her from friendships. She reacted by telling the teacher but she wasn't sure whether the school really helps victims. She reported that she is unhappy at school, often cries and feels so bad that she does not want to go out in the playground during breaks and stays in the classroom alone.

*"I don't like breaks. I sit in the classroom alone. I feel miserable and don't like to come to school. I feel my friends are jealous of me because I am a good student. In the classroom during lessons, I help my classmates who need help. They like this and pretend they are my friends. Afterwards they don't like me, and when the teacher leaves the classroom they start to tease me. This makes me sad."*

Finally S. mentioned that she was verbally bullied in the corridors and classroom. Generally, S. was unhappy during both interviews, and as she said:

*"There are times that I do not want to come to school because I am afraid, I don't like them...and my teacher doesn't really help. She thinks because I am a good student, there is nothing wrong with me. She doesn't understand that this is a problem...when I explain to her, she says I am a good student, my friends like me and nothing is wrong."*

When S. was asked about pupils with LDs in her classroom and school she reported that there are such children who receive special education and speech therapy, or are in the unit, that are maybe bullied by others verbally or physically. She stated that this happens because they think these pupils are not able to do things, belong to the unit, are

“stupid” and “children with special needs”. S. reported that there are such pupils that are being teased or called names because of their difficulties. She also said that these children are isolated.

*“Especially children in the unit. Others don’t play or talk to them. Some say they are different and don’t belong here. They say they belong to special schools. These children are alone. No one really plays with them. However not only them. There are others like me, good students, also teased, called names and disliked. They are girls or younger boys.”*

Generally, S. is an unhappy child because she is verbally and relationally bullied in the classroom, corridors and playground. She feels sad and sometimes does not want to go to school. At the beginning she used to tell her teacher about the bullying, but nothing really special was done. She usually cries when things between her and her peers are bad, and sometimes prefers to stay in the classroom during breaks. She mentioned that verbal bullying and teasing is getting worse during the current year and she sometimes wants to miss school, despite the fact that she is a good student. Additionally, S. believes that there are other children who may have similar problems, especially children with LDs. She believes that such children are teased, called names, isolated and excluded from groups and activities. She believes that there are not only children with LDs bullied, but other girls or boys without LDs too. She thinks that bullying is a serious behaviour that needs to stop because it makes children miserable. She finally reported that the teachers and the school do not take bullying seriously or act in effective ways to reduce it.

S. believes that there are a lot of bullies and victims in her school. Bullying against her is something really bad that makes her dislike school. There are times that she feels deeply sad and wants to be alone, but she does not react to bullying by behaving aggressively.

### **Summary of Findings**

In school B one boy and one girl with LDs reported not being bullied. Interestingly, the two pair girls without LDs reported victimization during both Parts of the study. Bullying took place mostly in the playground, corridors and classroom, and includes verbal and relational acts, exclusion and isolation. The two victimized girls believe that the teachers and the school do not really help victims. All children believe that there may be pupils with LDs or other SEND in their school bullied verbally or relationally because they seem *different* (Table 6.3).

**Table 6.3: Results for School B**

GENDER	YEAR	LD	TD	PLACE
Boy	5 – 6	Not bullied		
Girl	5 – 6		Bullied verbally and relationally, ignored, not accepted, isolated, excluded.	Playground
Girl	4 – 5	Not bullied		
Girl	4 – 5		Bullied verbally and relationally, ignored, isolated, excluded.	Classroom and corridors

## **School C**

### ***Pair 1: LD Boy and TD Girl, Years 5-6***

A. is a young boy with LDs who receives special education three times a week by the special teacher. A. is generally miserable because some of his male peers bully him often. During Part 1 he reported being bullied mostly by boys from Years 5 and 6 in the playground during breaks. He stated that bullying had started from the year before and continued during Year 6. He reported being bullied in the playground and the classroom as well where some peers teased him and called me names daily.

A. believes that these behaviours against him are caused because of his academic problems. He thinks that because he is dealing with the special teacher and takes private lessons, they find chances to tease and have fun of him because of this.

*“They think I am stupid. They think I am not able to do anything well and am useless. During gym they don’t like me to play football with them. I am good at sports. However, they don’t let me play. When the teacher asks them to include me in football, they accept, but they fight with me continuously so at the end I stop playing.”*

A. reported that children like him are not really liked and accepted. He feels miserable when his peers act in such ways against him. He believes that none of his classmates likes him; they think he is different, and marginalize and isolate him.

*“Children like me are not happy. There are other boys and girls teased and called names because they are not good students. They enjoy threatening me that if I do something they don’t like, they will hit me. They start fights. They don’t like me to play football with them. They don’t really like me. They think we are different and children with special needs. But we are just not so good at Greek.”*

He went on to say:

*“It is not just Greek or maths. I am not good at these, but I am good at sport, science and art. But they never pay attention to me. When the special teacher comes, they start to shout names in front of everybody. They laugh at me.”*

A. reported that he wouldn’t tell the teacher about bullying, because of fear. Also, he stated that sometimes it happens in the classroom where his classmates laugh and call him names like “lazy” or “too bored” or “special needs child”. The teacher is in the classroom and sees these behaviours. She threatens them they will be punished. However, similar things happen again. Nothing really effective is there to support children like A.

A. mentioned that he was also physically pushed, kicked and hit by other boys regularly and feels that his classmates do not like him because of his LDs. He revealed that some of his peers start fights, hit or kick him, spit on him or threaten to hit him. He said this happens often in the playground during breaks, gym or even the toilets and corridors, when the teachers are not there. He believes that his school does not really help victims and teachers do not really take it seriously or sometimes feel

unable to control the bullies. Finally, he reported that there are other children with LDs who sometimes play with him, but may also be bullied by boys and girls who seem not to like them.

*“I think the problem is about children like me. I know other boys and girls sometimes threatened, pushed, hit or teased. Actually, they believe we are slow and not clever. This makes me feel incapable. Maybe it is too difficult for me to become a good student. But even if they are cleverer, I do nothing bad to them, but they are mean to me and other children too.”*

A. reported feeling very sad and some peers make him believe he is useless and not able to become a better student. He sometimes feels worthless to try harder because they will not respect his efforts and will not change their views about him and. He stated:

*“I don’t want to try. They will never change. They will always think I am not good. They tease me about next year. They say I will not be able to go to Secondary school and will fail again. They ask me to go to a special school. I don’t like to be here. Sometimes I ask my parents to stay at home because I am sick. I don’t want to go to school. What will happen next year? Will it be the same?”*

Generally, A. is a boy with several relational problems. He reported feeling unhappy because his classmates and other boys do not accept him, tease and have fun of him, laugh at him, or physically attack him, in the classroom, playground, toilets or corridors. A. is disappointed in the school’s and teachers’ efforts to reduce bullying and support victims. He reacts to bullying by telling the teacher, but does not have the necessary attention. He mentioned that the ways the teachers try to stop



bullying are not so effective because they are verbal threats or even punishments that are not really stopping the bullies. A. reported that the school and teachers should cooperate more and find better solutions. He added that the parents of the bullies should be aware of what their children do at school and punish them. However, as he stated, the cooperation with the parents about such problems is not the expected one. The teachers try to persuade them to punish their children but they don't give the necessary attention. The parents usually react by verbally threaten their children for punishments but after a while these children behave in similar ways. A. reported:

*“These children are not afraid of punishments. They are from Years 5 and 6 and the naughty of the school. The teachers try to stop them but they laugh and disobey. They are not afraid of the teachers or their parents. They enjoy showing off and think it is cool to be the bad guys. They show their power in this way. They don't care about rules or respect. They like to be above everybody.”*

Similarly, I. a TD girl from Year 6, a classmate of A., interestingly revealed that she was bullied during last and current year. She reported victimization by other girls who “always lie and spread rumours about her”. I. reported victimization by some boys as well who systematically teased and called her names. I. comes from another country, is considered as a foreign girl, and was teased about her appearance (different skin colour) and different ethnicity. Boys often bullied her by pushing and hitting her and girls excluded her from groups, did not accept her different appearance and did not like her in friendships. I. is a girl who admitted

feeling unhappy at school despite that she is good academically. She believes that her peers “dislike” her because she is “black” and don’t want to be with her because she comes from another country. During both Parts, I. expressed her feelings and reported sadness, dislike of the school, the children and the teachers, and dislike of Cyprus. She revealed that she never wanted to move away from her country but she had to because of her parents work in the island. I. feels miserable because her peers tease her as she has different colour and comes from another country. She stated:

*“I made efforts I made to be good academically. It was difficult for me. I knew the language because my father is Cypriot. But it was still difficult. These behaviours against me are not new. I am in Year 6 and since last year that I moved to this school, I have been unhappy. They don’t like me and call me “black”. Some others call me “Chinese” or “ugly”. I had similar problems in my previous school.”*

Interestingly she went on to say:

*“The children in this country do not really accept children from other countries or with a different colour. This does not happen only to children. There are also men and women who are verbally teased by other adults because of their colour and ethnicity. The children here have not accepted me and they never will. Even in Secondary School next year, I think I will face similar problems”.*

Bullying against I. is a continuing situation. When asked how she reacts to bullying, she reported that at the beginning she wouldn’t tell the teacher or her parents. However, when the situation got worse and made her feel quite bad, she tried to talk to her teacher, other teachers and the

head teacher. She started telling her parents who tried to help by talking to the head teacher. The head teacher and the teacher sometimes were not aware of the situation. When the parents talked to them, they all tried to find ways to stop the bullying. They made efforts to talk to the bullies and the rest of I.'s peers, tried to teach them to respect one another, and thought of several punishments like missing the breaks or the gym for the bullies. However, I. believes that these efforts were not really effective as these children behaved in similar ways afterwards. She stated that the situation never stopped. Until the end of the year, she was a target of verbal, relational and physical bullying. She was worried about Secondary School that her peers would not accept her there either.

*“The teachers try to talk to them. They organize discussions in circles or in classroom. They use threats or punishments. But these children never change. Things got a bit better, but I was still someone to tease and call names in the classroom and playground.”*

When I. was asked about pupils with LDs, she stated that there is maybe verbal and relational bullying against such children. She interestingly reported that they are not always accepted in peer groups and are thought to be “stupid” and “incapable” in comparison to others. She reported feeling sorry for these children because they are in the same situation like her. She said that “bad” children do not care that there are others who face academic and other problems.

*“These children are thought to be stupid and mentally retarded. They believe these children should be in special schools. They do*

*not usually accept them in their play or other activities and believe they belong to the unit. They believe these children are not clever, are lazy, don't do their homework and don't belong with them."*

She went on to say that children with LDs may not be accepted or respected and others do not like to play or be with them. I. stated:

*"They have similar problems like me. They are verbal targets. They don't accept them and as a result these children are isolated and afraid to talk. They think these children are different, like they believe about me. Children with SEND are often called 'disabled'."*

Generally, I. is an unhappy girl and doesn't really like her schooling. She is afraid of peers and feels disappointed and miserable because of them. She believes that children with a different ethnicity, skin colour, or SEND, may easily be targets of verbal, relational, and physical bullying. She stated that she is unhappy at school and sometimes prefers to stay at home. She believes that children like to talk about others who look 'different'. Most of the times, these children cannot cope with such negative situations, react with fear, don't usually talk, and feel miserable. I. also believes that there are some efforts made by the school to reduce bullying, but not always effective. She reported that teachers do several activities in order to support victims and make bullies develop better communication skills, however not always successfully. I. reported that bullying is a bad situation for the children involved, especially the victims. She reported feeling deeply miserable at school, disappointed,

fearful, feeling she is ‘different’, not accepted or respected, and isolated. She feels unhappy when female peers exclude, isolate and marginalize her, call her names, have fun and laugh at her, and spread rumours about her behind her back. She also feels bad when boys of her age try to hit, push and kick her, in places that there are no teachers. I. believes that bullying is getting worse and the head teacher and teachers should take it more seriously. Some teachers believe that most bullies are older children from Year 6, so they do not pay enough attention to them as they will soon leave school and enter Secondary school. Regarding pupils with LDs, I. believes that such children may often be targets of verbal, physical, and especially physical bullying. She argued that bullying takes place in the playground and classroom. She reported that pupils with LDs or other SEND can be targets of name calling, teasing, excluding, and marginalizing. These children are thought to be ‘different’ in many ways and some peers behave to them *negatively*. Generally, she believes that children of different ethnicity, and different appearance or academic needs can very often be victims.

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### ***Pair 2: LD Girl and TD Boy, Years 4-5***

L. is an 11 year old girl with LDs who receives special education and speech therapy twice a week. L. reported being generally happy at school and having a lot of friends, mostly girls. She added that she also has some male friends, but she mostly “tells her secrets and everything”

to her female friends. She feels happy in her friendship group and has good relationships with her classmates. When asked about bullying, she reported that nothing like this has ever happened to her. However, she reported that there are some boys in the school, mostly from Year 6, who sometimes fight in the playground and behave negatively to an overweight boy in her class. L. thinks that children with different appearance or special characteristics may be victims of verbal and relational bullying. She believes that children who look ‘different’, such as children from other countries or overweight children, and children who have special characteristics or SEND, are easier targets for victimization.

*“That boy is miserable and has no friends. Other children call him ‘fat’ and don’t really like him, so he is always alone during breaks.”*

L. did not report victimization because of her LDs, but she believed that there are other children, boys or girls, with SEND who are targets. When asked about pupils with LDs, she stated that some pupils do not really accept two girls in the class with LDs and usually exclude them. She stated that children like her, are not always welcomed in the school. She reported:

*“I feel sorry for these girls. I try to be with them, but they do not really like to talk and prefer to be together them two...me and my friends try to make them our friends, but it doesn’t work. Some boys like to call them names all the time. They are alone without friends. They regard them different.”*

L. added that children with LDs or other SEND, different appearance or who speak another language, may be targets of verbal and relational bullying. Such children are not always accepted and do not get on well with the rest of the pupils, they are shy and alone. Interestingly, L. argued that such children may also be physically bullied. She reported:

*“There are children with difficulties just like me, sometimes they are kicked, pushed, or hit by older boys from Year 6. These boys do not like these children. They believe they belong to the unit. The children from the unit are usually alone. They regard them different. The special teacher tries to make them understand that these children are not different and just have LDs. She did the same for me. But they don’t usually like them. I am lucky because I have friends.”*

Generally for L. school is a nice place and she likes being there and spending time with her friends. As she reported:

*“They know I am not such a good student, but they like me and don’t cause me trouble. I have friends who help me in the class and protect me from bad things. However, I don’t know why those two girls are in different situation. They are shy and don’t talk. I try to talk to all my classmates and don’t let anyone tease me. I have friends. I feel sorry for those girls and will try to become their friends. But they don’t really let us be with them; they are shy and sad most of the time.”*

About the school’s efforts to reduce bullying L. reported that such efforts are made and teachers manage to control the situation most of the times. However, they don’t really stop bullying, especially for pupils with SEND, like LDs or physical disabilities. Sometimes teachers organize class discussions or circle time, where all children can express their

difficulties and try to solve problems. However, she believes that this is not always effective for pupils with SEND because these children do not usually talk in front of everyone or feel afraid to express their problems. L. believes that more effective actions should take place as bullying creates problems to some children. Finally, she thinks that bullying causes problems to the victims, like crying, fear or dislike of school, isolation and exclusion.

Contrary to L., O., a ten year old pupil without LDs, is generally miserable at school, and considers being physically bullied by younger boys. O. reported victimization in the playground during breaks when he was in Year 5. During Part 2, he reported still being victimized mostly in the playground, where his peers kept hitting, pushing, kicking and spitting him, regularly, and sometimes without reason. As he reported:

*“I am all the time hit and kicked by other boys who at the beginning pretended to be friends, but then started this fighting in the playground...sometimes we argued about football...but they continued hitting and spitting on me every day. Before I used to tell my teacher, but she thought it was nothing. Now I am not telling anyone.”*

O. reported that there are other children that are being hit and kicked regularly by older boys, but the teachers just threaten the bullies of punishments. However, they are not actually punished and repeat their actions regularly without being afraid of the teachers or the head teacher.

*“There are maybe other children who are targets. There are boys from Years 4 and 5 who threaten us that they will find us in the*



*toilets, they accuse us of things we never do, and fight with us. Most of us are afraid to react. They like to fight for no reason. Sometimes they fight when we play football, but they don't stop there, they find us in other places and kick us. This is quite bad."*

O. reported that he had stopped telling his teachers about bullying because they were not really intervening and he preferred to speak to his parents or special needs teacher when something bad happened. His parents tried to talk to the teachers and the head teacher and were assured that the school would do:

*"Everything to stop this, because such things happen often in schools, boys fight all the time...but it is not serious because boys fight and become friends again."*

However, the head teacher and the teachers believe that this fighting is not serious. They believe it is a usual thing for boys and stops easily. Things are getting worse for O. and other children. O. also reported being sad, not liking school, being afraid of going there, and not feeling safe. Finally, he is a good student academically and sometimes his male friends are jealous of him. When asked if he had good friends at school, he reported:

*"I don't really have friends apart from two girls, we talk during breaks...but there are boys who are mean to me, find me in the toilets and frighten me that they will hit and kick me. I don't really know why. I don't really like school, I like it only in my classroom during the lessons where I feel safe...otherwise I don't like school, it makes me sad, sometimes I cry. I am scared. I think they are jealous of me because I am a good student."*

When asked about children with LDs or other SEND, O. reported that some of them may also be bullied verbally, relationally and physically. He stated that such children are thought to be ‘disabled’ because they have therapists or are in the unit, like children with physical disabilities who are in wheelchair. O. believes that some boys and girls like to call these children names, tease and laugh at them because they are not successful in class. He thinks that in result these children are isolated.

*“Children with SEND are often called names, excluded, and some laugh at them because they are in the unit or have special teachers. These children may feel miserable like me. They laugh at them and tease them because they are not good students or cannot walk or talk well. I can understand them because I feel the same. And not only them. Good students like me as well.”*

Generally, O. is a high achieving, who reported often being bullied by peers physically. He feels miserable and sometimes doesn’t want to go to school. He feels his peers are jealous of him because he is a good student. However, he stated that there are children with LDs, or language and physical disabilities, who may also be victims of verbal, relational or even physical bullying. O. feels insecure in the playground or other places. He only feels safe in the classroom. He doesn’t like to talk to the teachers and believes they do not take bullying seriously. O. expressed how unhappy he is at school. He is a boy who despite that he is a good student, doesn’t like school and is disappointed and angry for what is happening. He is a boy with no good friends or positive relationships. He believes that bullying, verbal, relational or physical, is a bad situation that

causes problems to children. O. believes that there are other children who may also be victims. Additionally, he reported that there are children with LDs or other SEND that are not welcomed. Some of them may be targets of laughing, teasing, name calling, isolation and exclusion. Their bullies believe that these children are different, belong to the unit or a special school. They feel that children with SEND are not clever and belong to a different place for ‘different’ pupils. They think that these children should not be in ‘normal’ but in special schools. O. is generally unhappy and would like to move to another school. However, he was not sure:

*“I asked my parents to take me to another school...but who knows if things will be different there. My parents were angry about this situation and contacted the school, but teachers don’t take it seriously. Now my parents are thinking about another school, though not easy because other schools are quite far. Sometimes I don’t want to come in the morning. I prefer to be in another place where I can make new friends and feel happier.”*

### **Summary of Findings**

In this School, the LD boy and the TD girl from Year 6 reported victimization during both Parts of the study. The LD girl from Year 5 did not report victimization, but her TD pair reported being a victim. Interestingly, the first TD girl of Year 6 reported victimization because of her different ethnicity and skin colour. Therefore, racist bullying may be taking place in this School. The Year 6 LD boy reported victimization because of his academic difficulties. The kinds of bullying found in this School were verbal, relational, and physical, which take place mostly in

the playground and classroom. All children believe that the school does not take bullying seriously. Additionally, they believe that some children with LDs or other SEND are maybe verbally and relationally bullied because of their problems. All children believe that pupils with LDs or other SEND, or pupils with different appearance or special characteristics, may be bullied, but the teachers do not take serious steps to solve the problem. These children may be called names, teased, hit, pushed, kicked, and excluded (Table 6.4).

**Table 6.4: Results for School C**

GENDER	YEAR	LD	TD	PLACE
Boy	5 – 6	Verbally and physically bullied		Playground and classroom
Girl	5 – 6		Bullied verbally and relationally, ignored, not accepted, isolated, called names, excluded and physically bullied.	Classroom
Girl	4 – 5	Not bullied		
Boy	4 – 5		Physically bullied	Playground

## **School D**

### ***Pair 1: LD Girl and TD Boy, Years 5- 6***

W. is a 12 year old girl with LDs who receives special education and speech therapy twice a week. W. reported being happy at school and having friends, boys and girls, from her class and other classes too. She likes her friends and they like and respect her. W. has never been bullied for any reason in all her schooling. She reported:

*“I have friends and we are happy. I never have bad things happening to me. I am happy in all my academic years; I am here since Year 1. I spend nice time with my friends, in the classroom and playground, we talk or play together. We tell secrets. Boys do not really like to talk, but they include us in several sport activities like basketball or volleyball. Boys are different, but I don’t have serious problems with them. I think they like me.”*

When asked about her LDs, W. reported that her friends know about these, but never tease her, on the contrary they help and respect her regardless her problems.

*“I have difficulties, my friends know it but never cause me trouble, they try to help me and respect me the way I am. They like me. I have nothing to be sad about. I am happy here.”*

When W. was asked about other children with LDs, she reported that she knows such children who do not really face serious problems. She stated that some children with SEND have friends to play with. However, she reported that she knows another few children who are in

some way bullied because they “are not good pupils”, or have “language or physical difficulties”, or they are “fat” or “ugly”. She reported:

*“I know pupils like me. Some are in my class or in Years 3 or 4. I think there is some bullying against some of them. But there are also others who are happy. Of course, some older boys and girls believe we are different. They believe we are not clever. For me, this has not been a problem because I have friends. But there are other children who may be often teased and some others like to hit and fight with them. These children do not tell the teachers so it is not good for them. But not only children like me. I think good students too.”*

W. reported that bullying may regard *all* children with or without SEND. All children can be involved in bullying despite difficulties or talents. She added that there are high achieving children who are maybe bullied. W. believes that children with SEND may be stigmatized because of their problems and bullies believe they are incapable of reacting as they are weaker. She mentioned that children with LDs, who are victims of bullying, are usually shy and scared. She considers herself to be lucky to have friends, because if this was not the case, she would be in a situation that she wouldn’t be able to react, as she is generally shy and calm and doesn’t like arguing.

*“I think we all should respect one another despite abilities. We are in Year 6 and soon leave primary school. We need to try harder to achieve more this year, because next year will be more difficult. I know children who have problems like me but their peers may not like them and cause them problems. I think they should respect and accept them as friends. We are just pupils who need more help in homework. We are not different. I am fine at school with my friends and feel happy. My difficulty is literacy and numeracy!”*

Children with LDs should be accepted and respected so that their academic efforts are successful. If those children are bullied they won't succeed in academic tasks. She stated that all children with or without difficulties should be included in all activities and be accepted the way they are. She feels that other children like her may feel miserable because of peer problems and academic difficulties.

*“When you are respected, you make efforts to become better. Some children face not only their difficulties in the class but also peer problems. I know some who feel disappointed, angry and unhappy because they struggle to achieve and have other problems as well. If you have friends who help you, you can become better. Some children with SEND believe that no one likes them, so every effort to become better is not worth it. They accuse themselves for not being good students or think they are not clever.”*

Generally, W. is happy at school without relational problems. She has good friends who respect, accept and support her academically and emotionally. She feels her friends accept her the way she is, despite her difficulties. She considers herself lucky because she has positive relationships. She is happy with her friends and learns a lot from them. However, she stated that there may be some children with LDs or other SEND targets of aggressive behaviours. She believes that this is wrong as it doesn't create to them the feeling of trying harder in school. She thinks that everybody should be respected and accepted. She also believes though, that there are children with SEND who do not face serious problems and have friends. She finally thinks that bullying is something bad that concerns all children, with or without LDs. However, she

believes that the school and teachers do not have effective solutions to the problem, or even when they try, the bullies keep finding ways to continue. She thinks the teachers should try harder, because bullying can create problems, especially to younger children or children with SEND who are usually shy, and not very talkative or strong. W. believes that bullying is getting worse in her school and something must be done. She mentioned that she feels lucky but she expressed a fear of possible victimization in Secondary School.

*“I think Secondary school is not a controlled place, especially for us who have problems. I am afraid of what to face there next year. I am not such a strong girl and easily cry or feel sad when something bad happens.”*

On the other hand, G., an eleven year old boy without LDs, reported being regularly bullied at school by other boys in corridors, outside the school grounds, or playground during gym and breaks. During both Parts, G. reported victimization by same aged or younger boys. G. reported that some boys like to call him names and tease him or often fight with him because he is overweight. He feels that these boys do not really like him because he is a good student or because he is overweight. He said they are not so good students and don't like children who are better academically. They are also boys who like to be in control and enjoy teasing or hitting other boys. His bullies like to cause trouble to overweight children. They also find younger girls to tease. They like to threaten children with LDs. G. believes that children who are overweight



or have LDs or other SEND like physical or language disabilities, may be targets of name calling, teasing, hitting and excluding. G. reported:

*“They find me in the corridors, hit and push me, spit on me, call me names and tease me ironically. I am not happy. I am clever and a good student...however, I don’t really have friends to play. They say I am fat and wear glasses. I don’t like them. They find me when school finishes, tease and laugh at me. I don’t know why. I feel I am different because I am overweight and that is why they laugh at me...they call me fatty, I am a good student, all my teachers like me...but my classmates don’t.”*

G. reported he is also bullied in the playground during breaks and the only friend he has is another boy, also overweight. G. feels that he is avoided and excluded because of his weight and he is generally miserable even though he is high achieving. Regarding children LDs or other SEND G. believes that some of them may often be victims.

*“They like to find such children, they know they are shy and scared, but they attack them. Sometimes they tease them and call them disabled. They think they belong to a special school, so they laugh at them. And it’s not only them. It is me and my friend as well. They call us fat and laugh. My friend is has LDs too and is usually verbally bullied. They think they are handsome and we are not. Things like these happen.”*

G. believes that the school should take more effective punishments for the bullies because they create a lot of problems. He thinks the victims are not happy. He stated feeling miserable because his peers’ behaviour against him and his friend is unbearable. He also knows pupils with LDs, including his friend, who may also be bullied by other boys. He knows girls who are shy and with SEND who may also be

bullied. He believes that the bullies are boys who like fighting and their parents do not really punish them because they don't believe this is serious. Additionally, G. believes that the teachers are not always aware of aggression, or when they are, they try to solve the problem but most of the times not effectively.

Generally, G. is unhappy and faces difficult peer problems. He revealed feeling sorry and bad because of his weight. He feels he is maybe really very "fat" and "ugly" as some peers say. He feels sorry for himself because of his appearance and frustrated for what is happening. However, he is not a person that likes fighting but sometimes would like to be able to fight his bullies back. He is generally miserable even though he is high achieving. Sometimes he doesn't like to go to school. He mentioned that he talked to his parents but they did not really help him and just told him to be patient or react by fighting back. Finally, he feels sorry for children with LDs or other SEND because some of them may be victims and cannot react, either because they are weak, younger, have communication problems, or are weak personalities. Bullying, according to G. is disastrous for victims and the school needs to find ways to stop it.

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### ***Pair 2: LD Girl and TD Girl, Years 4- 5***

R. is a girl with LDs who receives special education three times a week by the special needs teacher. R. is a girl with family problems as the

head teacher mentioned. She belongs to a big family and has seven sisters and brothers. Her parents are old and don't belong to a high financial or educational background. R. revealed being victimized by her classmates verbally in the classroom for more than a year. She believes that the reason for this verbal bullying is her LDs, and stated that it happens to other different pupils as well. She stated that some peers believe that children like her are "different" and that is why they are bullied.

*"I don't have friends. They call me names and think I am not clever, call me stupid and don't want me in the class. When the special teacher comes, they laugh. They are doing this for long. They think I am dirty. They say I don't have a bath or clean myself. They like to laugh at me. I don't like them."*

During the first interview R. stated that she kept telling the teacher about this, but she only punished the bullies verbally with threats of going to the head. The head teacher tried to help by talking to the bullies and frighten them with punishments. However, the verbal bullying continued in the classroom where her peers teased and called her names, laughed at her, excluded her from activities and talked to their friends about her for fun. R. thinks that her peers talk about her behind her back and laugh ironically. At the beginning R. did not speak to anyone about bullying. Then she started talking to the special needs teacher, who made efforts to help in cooperation with the classroom teacher. However, the bullying continued.

*"These boys are not afraid of the teachers or head. They, pretend they listen to them and then do their own things again. And it is*

*not only me. I know other girls as well. They like to tease and laugh at them. My teacher and my other teacher talk to them...but they just laugh. They are not afraid."*

When R. started trying harder academically her classmates laughed at her and kept showing that she belonged to the pupils who have "special needs" and receive special education. As she reported:

*"After a while my teachers stopped. They verbally threatened my classmates, told the head many times and talked to them, they stopped for a while but started again. The head talked to them many times...they stopped and then started again, they are not afraid of the teachers or head, don't care about punishments because they always manage to get away in one way or another."*

In both Parts of the study R. reported feeling miserable, disliking school and sometimes she pretended illness to avoid school. She reported feeling excluded from activities and that the school generally cannot find solutions apart from talking to the aggressive children. Additionally, she mentioned that she would like to "be strong enough to take care of those who tease and laugh at her". She also reported having some kind of depression as she cries often at home and feels uncomfortable and anxious in the class. During breaks she tries to be with another two girls and one boy who also receive special education because of their LDs. She mentioned:

*"These children may have similar problems...we try to be together to talk....but we don't like school."*

Finally, R. reported that during last academic year she was trying to tell the teacher every time she was verbally or relationally bullied, but no real punishments took place. R.'s parents did not really take any responsibility or come to school to talk with the teachers and did not make any efforts to help her, as they are "always busy or never know what to do".

When asked about other children with SEND R. reported that some children like her may have similar problems. She knew girls and boys from Years 4 and 6 who were not accepted or respected, faced peer problems and were alone. R. feels sorry and blames the teachers, the head and her parents for the situation. R. did not like to talk about her family. She avoided questions regarding her parents and only stated being the youngest in the family and that her brothers and sisters have their own families and live in their own houses. She is a girl who seemed unhappy and never smiled. As the head teacher mentioned, R.'s family is facing a lot of problems especially financial and R. was always coming to school not clean enough and sometimes with dirty clothes and that was probably why her classmates teased her. Additionally, it was stated that R. had communication and language problems and this was found during the interviews when R. was not speaking properly. So, it was hypothesized by the head teacher that because R. had language, academic and self-hygiene difficulties, that was why she was bullied.

Generally, R. is a girl full of fears and insecurity who doesn't want to continue her schooling if bullying does not stop. About the school and staff, she believes that they don't really know how to help pupils like her who subsequently become isolated and excluded. R. is a girl with language and academic difficulties and psychological and social problems. She is an unhappy teenager who seems depressed since she often cries and rarely speaks about her problems. She is a girl who doesn't really know how to take care of herself either. She believes that they bully her because of her LDs and they believe she is dirty and doesn't have the skills to look after herself. She seems to have depression, anxiety and school phobia. She doesn't like going to school or to be in the classroom or playground.

Similarly, U. is a ten year old girl without LDs, who also reported victimization by female peers. She reported being bullied for a long time because her friends lie, spread rumours and step by step do not like her in the friendship group and she ends up to be excluded. She stated that she has a lot of arguments with her friends because of all they say and when they do so she "feels deeply sad and miserable". She always tries to get closer to them and she is successful for some time, but as she said, they always find things to say about her to other girls, things that are not true and make other girls "dislike" her. She reported:

*"This is not new, it keeps happening, and I don't understand why they say such things about me. They keep telling other girls about me, but these are not true things. I ask them to stop but they*

*pretend these are not happening. They speak about me behind my back and the result is I don't have friends and feel lonely."*

When asked about her academic abilities U. reported that she is a good student without special difficulties and she is doing very well at all lessons. She also said that she is always included in class and school activities and she is good at those too. However, she feels disappointed with her friends because they speak about her "behind her back" and laugh at her without reason or just for fun. U. reported being bullied mostly in the playground and never telling her teacher or parents about it. However, she "hates this situation" because it makes her disappointed and sad. She finds herself crying and feeling desperate as she feels she does not "belong to her friendship group". Finally, she mentioned that she always makes efforts to join the group again, she succeeds and things go better for a while, but afterwards her friends start the same things for fun. Sometimes they argue and do not talk to each other for some time. Then U. feels disappointed and excluded. When things go well with her friends, U. "feels fine". During Year 5, U. talked to her teacher about her problems, but the teacher did not really think they were serious for serious actions.

*"I don't like this. I think they are jealous because I am a good student and do well in sport, dancing and art. Maybe they are jealous. I don't usually start arguments, they start. Sometimes I do the same to them. I don't want to be the one who is hurt every time. When they do things to me, I do similar things to them. But it is not me who starts the trouble. They enjoy starting it."*

When asked about children with LDs or other SEND, U. interestingly reported that there are “such pupils who may be targets of laughing and teasing because they belong to the special education team”.

*“Similar things may happen to children with SEND. They don’t usually like them. They think they are different, have special needs, are not clever, cannot speak well, are dirty and many other things. These children stay together and feel alone. Older boys and girls tease and laugh at them. They think it is fun.”*

Finally U. stated that her school always tries to support pupils who are targets by either talking to the bullies or take them to the head or by giving them punishments like “missing gym or breaks”. U. stated that she is “OK” at school, apart from the times that her friends behave in “such ways” because this makes her feel unhappy for a long time and it is a reason for her to cry often.

Generally, U. is a girl who looked depressed during the study. She admitted crying often and expressed how unhappy she is at school sometimes. U. believes that her friends bully her relationally and their behaviour is negative. Her friends regularly lie, spread rumours, talk about her behind her back, ignore and disrespect her and in result they exclude her. U.’s friendships are not steady or positive something that makes her sad, angry and disappointed. Even she is a good student and takes part in every class and school activity, she is still unhappy most of the time. U. always tries to avoid arguments, but not always successfully. She mentioned that her friends like to argue, tease and attack her about



several things. U. counts on her friends and they end up disappointing her very often. For this reason she feels miserable most of the time. Regarding the school and teachers U. believes that they do efforts to stop bullying and to support victims. She finally reported that bullying is a negative experience and that the school should continue trying to solve the problem.

### **Summary of Findings**

In this School the kinds of bullying reported include verbal and relational aggression, with exclusion and isolation. The places it takes place are the playground, corridors, gym, places outside school, and classroom. It was also found that generally children with LDs may often be targets of verbal, physical, and relational bullying. Interestingly, some of these children may sometimes be bullies. Specifically in school D, the Year 6 LD girl interviewed did not report victimization and being happy without relational problems despite his LDs. On the other hand, the TD pair reported victimization during breaks or gym, in corridors or outside school grounds during both Parts of the study. Similarly, the LD girl of Year 5 reported verbal and relational victimization during both Parts. Relational aggression was also reported by the TD pair girl as she mentioned being constantly excluded at school. All interviewees believe that generally pupils with LDs or other SEND may be targets of physical, verbal, and especially relational victimization, or bully other children (Table 6.5).

**Table 6.5: Results for School D**

GENDER	YEAR	LD	TD	PLACE
Girl	5 – 6	Not bullied		
Boy	5 – 6		Bullied verbally	Corridors, gym, playground, outside school
Boy	5 – 6		Bullied verbally	Corridors, gym, playground, outside school
Girl	4 – 5	Bullied verbally and relationally		Classroom
Girl	4 – 5		Bullied verbally and relationally	Playground

## **School E**

### ***Pair 1: LD Boy and TD Boy, Years 5-6***

J. is a boy with LDs who receives special education twice a week by the special needs teacher. When J. was interviewed he reported being generally unhappy at school because some boys call him names continuously and sometimes hit and kick him. There are times that J. is not accepted in groups to play with his peers and is ignored and alone. J. “feels terrible” about this and sometimes he does not want to go to school as he is sad when peers call him names about his LDs. He added that he has very few friends who support him when bad things happen and help him in class. However, this does not stop his sadness regarding other peers. He expressed feeling sad at school because of his peers’ behaviour. He usually cries when things are bad and doesn’t like school sometimes. J. is a boy who looked depressed during the study and at the beginning it was hard for to talk with him properly, because he wouldn’t like to speak. Some informal talks with J. before the interviews took place in order for him to feel more comfortable. He reported:

*“I don’t feel well here. They tease me. They enjoy calling me names. I know I am not a good student, but I am trying to become better. However, they keep calling me stupid, ugly, fat. I want to react like them. But I don’t do it because I am afraid. Sometimes they talk to other boys about me and at the end none of them likes me.”*

Additionally, J. reported that his teachers try to include him in several activities but he doesn't really like it and refuses to participate. He feels that if he participates in activities, he will be teased. He then feels miserable because at the end he is alone.

*"I am alone. I am shy to take part in celebrations, because they would laugh at me. When they organize visits, I ask my mother to stay at home, pretending I don't like such things. I don't like to go with them. They tease me. Sometimes in the playground they hit, kick or threaten me."*

Finally, J. reported that feeling similarly sad during last and current academic years. As he stated, he is mostly bullied in the playground during breaks, in corridors or classroom. He doesn't feel safe in the class and doesn't feel happy either in the class or the playground. He mentioned that sometimes he feels weak to defend and doesn't like fighting. As he stated, he is weaker than his bullies and cannot cope with them.

When asked about other children with LDs, J. interestingly reported that there may be others like him who may have similar problems. He said that generally the children do not really accept him and others like him. They believe they are "inferior and different". They think they are not clever and are labelled as "children with special needs" or "disabled" who need to be in a special school and not in typical classrooms. J. believes that there is stigmatization of children with SEND in his school. He interestingly reported:

*“They don’t really like us and think we are different. It is not only me, other pupils too. They call us names and laugh and believe the school is theirs and we don’t belong here. They think they are the best because they don’t have problems. We are stupid and not good students. They call us lazy.”*

Generally, J. is unhappy and does not really like going to school because of his LDs and his peers’ behaviour. When asked, he reported that he never tells anyone because of fear. Regarding school, J. has the impression that the teachers try hard to reduce bullying, though not always successfully. He believes the teachers and the head should find more ways to punish bullies and make sure they will not do the same things again. During the study J. looked miserable. At the beginning it was difficult to talk with him and make him open and share his experiences. After some time, J. expressed feeling bad because of being verbally, relationally and physically bullied. J. reported being verbally bullied in the classroom where his classmates regularly call him names, tease and laugh at him. He is also bullied relationally because his peers do not respect or accept him and eventually isolate and exclude him from friendships. J. is also bullied physically in the playground or other places, where some boys often beat him without reason. J. believes that there are other children with LDs or physical disabilities who may also be victims of verbal, relational, and physical bullying. He stated that the school and teachers make a lot of efforts to stop bullying and support victims. He added that he would like to be strong enough to react to bullying by being a bully himself. However, he is not such a strong personality and not

physically strong enough to attack his bullies. Generally, J. is a boy who does not like to talk about his experiences and as he stated his parents are not aware of the bullying. He does not like to speak to his teachers either. J. is rather depressed and often reacts by crying and isolating, ending up alone. Finally, he believes bullying is a negative experience which concerns all children and schools and affects many children, especially children with LDs and other SEND.

On the other hand, Y. is a boy without LDs who is generally happy at school, with good friends who help and support him. He reported being a high achieving student. However, he referred to a boy in his class who always calls him names and hits him, but this is not something that affects him. The behaviour of this boy against Y. was not regarded bullying as it was not frequent or caused him harm. As he reported this is something that happens only sometimes and not serious. He reported:

*“There is a boy in my class who doesn’t like me. I have problems with him. He likes to laugh at me, threaten that he will beat me up and hits me sometimes. But this is not serious to me. I don’t care about him and react by doing similar things to him, apart from hitting. I don’t like fighting. When he calls me names, I respond similarly. This does not make me sad. He does this to other children too. I don’t like him, but I have other friends.”*

What Y. does to avoid this boy is ignoring him or answering back to him in similar ways, and when physically attacked he tells his teacher. He hates aggressive behaviours and fighting.

*“I don’t like fighting. He tries to make me fight. But I don’t like it. When he tries to hit me I tell my teacher. Sometimes he finds me in the playground or toilets and threatens or kicks me. I immediately tell my teacher so he is punished. When he calls me names or teases me I tease him back. But, this is not making me miserable.”*

When asked about bullying of other children, Y. reported not being sure about this and was neither sure if the school organizes activities to support victims. However, he reported that some children from the special unit or who are “labelled as children with special needs”, are usually alone, stick together, and are not well included in the school. He believes that there are some of these children who may be targets of verbal but not physical bullying, as they have many adults who take care of them. Y. believes that the teachers and special needs teacher always try to include these children in the school’s function and all activities. However, sometimes some of them are not socially included and there are peers who don’t really like them. He stated that children with SEND like physical or language disabilities are believed to belong to the unit and are usually alone and “in the margins”. Y. referred to J. who is in his class and has LDs. He mentioned that J. sometimes may be target of ‘laughing’ and excluding. He stated that a lot of their classmates do not really accept J. so he is usually alone. Y. thinks there may be other children like J., who are thought as “not clever” or “incapable” and are not usually welcomed. He reported that pupils who receive special education by specialists or are in the unit may be verbally or relationally attacked by peers, in the classroom or playground, but they are generally protected by their

therapists. Generally, Y. believes that children with LDs may become targets of bullying but they are well protected. However, he mentioned the example of J. who is generally miserable and isolated. During Part 1 of the study, Y. reported that his school was not doing enough to support pupils with LDs victims, but in Part 2 he had the opposite opinion. He stated:

*“I am not sure if this is bullying, maybe there are such victims, but I am fine here. Even there is bullying against these children, I think our teachers are good and are doing the best to solve such problems. There are children in our school who like fighting, kicking and hitting. Also, there are children with SEND who may be targets of verbal teasing and sometimes punching. But I think our teachers help them. There are punishments and the teachers try to talk with all of us to solve problems.”*

Generally, Y. is happy at school. He has friends, mostly boys, who support and spend time with him. He does not face problems with his peers, apart from one of his classmates who likes teasing or physically attacking him. This classmate is behaving in a strange way and without reasons. He enjoys fighting not only with Y. but other pupils too. He is a boy who likes to control other boys and as Y. said he has family problems. However, this situation is not frequent and when happens, Y. finds ways to react. He verbally teases his classmate when teased by him, but he does not like to be aggressive or physically hit him or others. Additionally, Y. has the impression that there may be other children victims of bullying by older boys, especially some pupils with LDs or other SEND. However, he believes that these children are protected by



their teachers, despite the fact that many other pupils tease or hit them, call them names or exclude them. Y. is generally a happy and healthy boy; he likes school, is a good student, and has a lot of friends and positive social relationships.

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### ***Pair 2: LD Boy and TD Girl, Years 4-5***

Q. is a boy with LDs who receives special education and speech therapy three times a week. During the period of the study it was quite difficult to gain Q.'s trust and make him express. He is a boy with poor communication skills who does not like to talk. When observing him in the playground, Q. was usually alone. Sometimes he tried to get involved in play, but was not really accepted.

Q. reported being generally unhappy and disliking school as he is bullied verbally and physically by peers mostly in the playground during breaks or gym. Q. reported that his peers regard him as "disabled" and "a child of the special needs group". As he stated his peers laugh and have fun with him, but they do it "purposefully because of his LDs". Q. reported:

*"They are bad. They don't like me. I don't have friends. I have one friend in my neighbourhood. We play or ride our bikes in the afternoons. We play football. I don't have friends here. I don't like school."*

He added that he does not ask for the teacher's help as she "does not really pay attention", and that he does not speak about bullying to anyone because of fear. He doesn't tell his parent either. As found by the head teacher, Q. has also family problems. His parents are divorced, his mother was in a mental hospital for long and his father has another wife and children. Q. is now staying with his aunt. His aunt doesn't really look after him well and behaves with authority. Q. spends his afternoons with his friend with whom he goes on the bike until late at night. Q. seemed unhappy during the study. Apart from his LDs, he has family problems, things that make him depressed and bored of his daily routine. At school, he doesn't have friends and is stigmatized because he receives special education. He is a boy with poor learning abilities, limited language and communication skills and insecurity. When Q. spoke about school he seemed miserable. He couldn't understand why some peers behave in such ways and thought of the reason to be that he was a "special needs pupil". When asked about other pupils with LDs he didn't really know what to reply. He thought it was only him.

*"I don't know. It is me. I want to leave this school. It is not a nice place. Only my special teacher likes me. I am doing well with her. She says I am a good student. But others don't. They laugh at me. They don't want to play football with me. Sometimes they hit and kick me. I don't like to be in the playground during breaks."*

Generally, Q. is a boy with severe LDs and family problems, unhappy at school both in class and playground as he cannot follow his classmates academically and he becomes "someone to laugh at". During

breaks he tries to find friends, but this “doesn’t really work”, and subsequently he is alone and excluded from groups and activities. He believes that this is because of his LDs and that there are not any other pupils like him with similar problems. He believes that he is not good at anything and will always fail. He doesn’t like school, other children, teachers or head teacher, apart from his special needs teacher. He doesn’t like to talk, is shy and introvert. He is depressed most of the time and cries when he is alone in the classroom or bathrooms. He wants to leave school because he believes that if he does his problems will end. He blames himself for what is happening and thinks he is not a good person. Q. didn’t like to talk about his family or his aunt and generally it was difficult to collect more information about him, apart from what was described above. Q. has a low self-image and low self-esteem and self-confidence. He doesn’t believe in himself and is not making efforts to socialize as he is fearful. When asked about the school and teachers, he wouldn’t report a lot apart from the efforts his special needs teacher makes to speak to his classmates and find solutions to his problems. He said that sometimes this teacher talks to his classmates when he is not around and they promise to make efforts to include him in their play. However, nothing is done and in result he is lonely and excluded.

On the other hand, Q.’s pair Or., is a girl without LDs who reported having no problems, being happy and liking school.

*“I don’t have problems with my friends. I have a lot of friends, girls and boys. We spend time together in school and in the afternoons because we live close to each other. We are good students. I am happy here. I don’t argue with my classmates or friends.”*

When asked about other children involved in bullying she reported:

*“Yes, there are some pupils sometimes teased because they are not good students and others may not really like them. We have such pupils in our class. I am happy, a good student and they like me. But there are children who don’t like this school because older boys tease, laugh at them and call them names. These children sometimes have SEND. They say they are not good or clever and should go to a special school.”*

Or. mentioned about Q., her classmate, and interestingly supported Q.’s words when he reported being verbally bullied and excluded from friendships. She stated:

*“There are children who are not happy and are called ‘special needs children’. I think my classmate Q. may be one of them. Some children are not happy because others create trouble to them. We have a few boys who believe they are the best and want to show they are stronger. Sometimes they like to fight. I think Q. is often called names and teased. Older boys like to argue or hit and kick others.”*

Or. believes that there are children with LDs or other SEND who may be targets of verbal, physical and relational bullying. She believes that such children are maybe isolated because others may not like them. Or. reported that there must be something done to support them. She was not sure about the school’s and teachers’ efforts to reduce bullying. She reported that most of the time the special needs teacher tries to talk to the

bullies and solve problems. However, the classroom teachers do not do much. Also, the head teacher usually talks to the bullies to make them stop their behaviours towards younger children or children with SEND. However, the bullies repeat their behaviours after a while. Or. stated that some teachers talk to the pupils in the class to improve their attitudes towards children with SEND. Sometimes they discuss in a circle where all pupils express themselves and find solutions to problems. However, the bullies are not usually afraid of punishments or threats. Most of the times even their parents find things to say in order to defend them, like for example that “this is usual” or “normal”.

Generally, Or. is happy, likes school and has many friends. She likes spending time with her friends and doesn't have problems with them. She has positive relationships and good friendships with other girls and boys. She is also a high achieving student. She likes sharing her secrets with her female friends and cooperating with her male friends in the classroom or playground. She believes though, that there are children with LDs who may often be victims of verbal, relational and physical bullying. The bullies, mostly older boys, find ways to tease and call them names about their difficulties. These boys believe they are in control of all other children and like to show their powerful personalities to younger or weaker children. Or. commented that the teachers and parents of those boys are not really aware of their behaviour, or when they are, they threaten to punish or talk to them without effectiveness. Or. believes that

there are a few teachers who cooperate with the special needs teacher and make efforts to stop bullying against pupils with LDs, however not always successfully.

### **Summary of Findings**

In School E the children interviewed were an LD boy and a TD boy Year 6, and an LD boy and a TD girl Year 5. The first pair reported different arguments. The LD boy reported being generally unhappy and being victimized. The second LD boy also reported victimization, while the TD girl and the TD boy did not report victimization. Bullying in this School includes verbal, physical, and relational acts, and the place that they often take place is mostly the playground. Additionally, children with LDs may often be victims of verbal, physical, and especially relational bullying. Lastly, the TD boy from Year 6 believes that the school makes efforts to support victims. The children from Year 5 were an LD boy and a TD girl. The LD boy reported victimization by peers verbally in the playground during the whole period of the study. The TD girl did not report victimization and she is generally happy at school. Both the LD boy and TD girl believe that there is marginalization and exclusion of pupils with LDs or other SEND in their school. Generally, all children believe that there may be pupils with LDs targets of verbal, physical, or relational bullying, who are maybe fearful. These children are thought to be targets because of their academic difficulties. All

interviewees believe that the school needs to take bullying more seriously and the teachers need to find more effective ways to stop it (Table 6.6).

**Table 6.6: Results for School E**

GENDER	YEAR	LD	TD	PLACE
Boy	5 – 6	Bullied verbally, physically and relationally		Playground
Boy	5 – 6		Not bullied	
Boy	4 – 5	Bullied verbally and physically		Playground
Girl	4 – 5		Not bullied	

## **School F**

### ***Pair 1: LD Boy and TD Girl, Years 5-6***

Z. is a boy with LDs who receives special education and speech therapy twice a week. During the first interview Z. reported being bullied by some of his peers in the playground, when they often hit and kick him or exclude, disrespect, do not accept him and isolate him. He reported that sometimes some of these children who are mostly boys, spit on him or threaten to beat him. He thinks that his peers' behaviour is because of his LDs. He reported that in order to defend himself he fights back. He feels frustrated with the bullies and tries to fight them. When called names, he defends by calling names back. He thinks they are the ones who are right because Z. has LDs and cannot be "so clever". He reported:

*"I am not a good student so they tease and laugh at me. They believe I am not as clever. They have fun laughing at me. They speak about me to one another. They say they will beat me up. Sometimes they hit and kick me. They think I cannot fight, I am weak and they are strong enough to beat me up. They are mostly boys."*

Z. believes that his peers do not want to play with him, or when they do, they just have fun of him and call him ironic names. Z. is also a boy not good at gymnastics and sports, and because of this his peers laugh at him:

*"I can't play football and because everybody can they laugh at me saying I am useless if I can't play football. They don't like me, call me disabled and believe I am different. They think I am stupid."*



*Some call me 'gay' and say I am like a girl because I cannot play football. But I am not."*

Z. went on to report:

*"They give me bad names. I am alone. There are other boys like me and peers laugh at them and believe it's fun to call them stupid names. I am sad at school and prefer to stay at home with my family. I don't like to speak about this. I will not quit though sometimes I don't want to come."*

As Z. reported, most bullying happens in the playground during breaks and in corridors. Also, during gym and sports. The most interesting issue was that he hates being a victim and he reacts aggressively to his bullies. When he is kicked or hit, he does the same thing to his bullies. He responds to verbal bullying by calling his bullies names. On the other hand, he reported that sometimes he is afraid to react because the bullies may find him again. However, he tries to react in any way he can, as it makes him feel angry. Anger and frustration were two main characteristics that could be noticed in Z. Interestingly, it can be said that Z. reacted by being a bully himself in an effort to defend and stop victimization. When asked about this, he replied:

*"Most of the times I do similar things to them. But they are more than one, sometimes I am afraid. I feel very angry. Every time they do something to me, I feel to do the same to them. Because they say I deserve it. I say, they deserve it too. They don't let me play football because they say I am useless in it."*

Interestingly, Z. reported that there are maybe other pupils with LDs who may experience similar situations. He stated that some pupils believe that children with LDs or other SEND “deserve to be in special schools”. Z. reported that there is maybe marginalization and exclusion of children like him, and verbal, relational, and even physical bullying against them. He added that most of these children are weak, shy or fearful, or cannot defend themselves so in result things get worse. Additionally, Z. believes that the school and teachers make efforts to reduce aggression towards pupils with LDs but not always successfully. The bullies are usually older boys who enjoy being aggressive against weaker children. They are not afraid of punishments and find ways to act aggressively when the teachers are not present.

When Z. shared his feelings about his experiences, it could be seen that he was full of disappointment, anger, frustration and unhappiness. Z. does not usually cry but reacts by being aggressive. He does not want his bullies to think he is weak or cries. He believes that he should react to bullying by bullying. He wants to show he is clever and strong as well. When asked if he starts the bullying first he interestingly reported:

*“Most of the times it is them who start. But sometimes I start because I am afraid they start first. I want to show I am strong even though I am not good at sports or Greek. I feel angry and want to punish them. They are not afraid of teachers and hide to do their things, and the teachers do not really see them. So I am the only one who can stop it. Even I am afraid.”*

Generally, Z. is a boy with LDs who is struggling academically and is unhappy and angry with the bullying against him. This bullying is regular and includes verbal teasing and threatening, excluding and isolating, and hitting or kicking. It mostly happens in the playground or during gym and sports. Interestingly, Z.' anger, frustration and disappointment turned to aggression towards his bullies. In order to show he is strong and clever, he finds himself in a position of being a bully. He finds aggressive ways to react. It can be hypothesized that Z. is like a bully-victim who expresses anger and frustration by bullying his bullies. As his teachers reported, Z. is a boy full of negative feelings who always looks angry and finds ways to express this anger by being aggressive in the classroom and playground. He is a *difficult* child, as his special needs teacher reported, who apart of his LDs, faces peer problems and reacts aggressively. Z. doesn't like school and sometimes he avoids it, lying to his parents that he is ill. He doesn't like his classmates or teachers. He is a boy who does not actually like to talk about his problems and that is why the head teacher and teachers find it difficult to get close to him and support him. Finally, Z. reported that there are other children with LDs who are maybe also bullied, but don't react because of fear or low self-confidence. He reported that the teachers and head teacher do not really take bullying seriously.

Similarly, X. who is in Z.'s class is a girl without LDs, who claimed being bullied by female friends. During Part 1, X. reported that

she had two friendship groups, with same aged or younger girls. She stated spending time with her friends not only at school but in the afternoons as well, since some of them live close to her.

*“I have friends, mostly girls. Some of them live close to me. We spend time together at school and in the afternoons as well. However, they are not always good to me. Sometimes they like to argue with me. This happens a lot.”*

X. reported that she is normally happy at school apart from the times that her friends make her argue with other friends and then “things don’t go well”. Some of her friends like to tease or lie about her to other girls, but say this is for fun and not serious. However, this situation makes her unhappy because they like to speak about her “behind her back”, saying things which are not true. X. stated that she feels she is bullied by friends when they do such things and this makes her quite sad. She also said that “such things” happen mostly in the playground, but in the classroom as well, when her friends accuse her of things in front of other pupils, or lie or speak about her with negative comments.

*“These things make me unhappy and disappointed. They say things in front of the whole class. The other pupils laugh at me. They accuse me of things that I never do. They tease and call me names in the playground. I think they are jealous because I am a good student. They argue with me all the time...they say things about me and boys....so everybody laughs.”*

X. added that sometimes it is not serious, but there are times that it gets very serious and makes her miserable and angry. She reported that

she doesn't like when "people talk about her and laugh at her for stupid things". Then she stated that sometimes she and her friends come back together again, but they never apologize for "being stupid", something that she hates. After the arguments, they become a group again, but after a while, she is relationally bullied again. As she stated, "they never stop". Being verbally abused, X. feels "useless", "ugly" and "bad". Generally, when such behaviours take place, she feels "so angry and disappointed that she wants to do the same to her friends". She reported:

*"They make me feel useless, but I am not. I am a good student. I don't know what the problem is...they make me disappointed and lonely. I don't like to be lonely...it is not a nice feeling."*

Interestingly, X. reported that when her friends bully her verbally or relationally, she tries to find ways to hurt them in order to feel relieved. However most of the time she feels guilty afterwards. She reported:

*"I do similar things to them to hurt them. I speak about them to other friends and laugh. This makes me feel better at first, but then sad and guilty, but they feel no guilt. I feel tired and want to find new friends. It is getting stupid and I don't like it...the thing is that I am speaking and laughing about them, saying stupid things. I prefer to be with my friends without problems because these make me a bad person. They say everything is fun but I don't think it is funny. They tell my secrets to other girls, this is quite wrong I believe."*

X. finally stated that there are also other children who may be bullied mostly because they are "ugly" or "overweight" or have SEND. She said that the bullies are mostly boys who like to call other children

names, tease and threaten them or physically hurt them. She referred to the pupils of the unit and reported that some of them are often “hurt”. She mentioned that bullying does not only happen to children with LDs or other SEND, but also to children who look “different”, speak another language, are overweight, wear glasses or have other special characteristics in their appearance. She finally reported that some children with LDs may behave aggressively because of fear. This though, happens only with boys. X. also reported that verbal and relational bullying takes place among other girls too, mostly from Years 5 and 6.

X. ended up saying that the school does not take bullying seriously though there are a lot of children who are maybe victims or bullies. The teachers believe that “such things are normal in every school”. She stated that most of the times bullying takes place in places that there are no teachers and in result they are not usually aware of it. To stop bullying, teachers punish the bullies by sending them to the head teacher. The head teacher talks to them, however not always successfully. As X. reported:

*“It is difficult for the teachers and head to find the bullies and punish them. They are older boys not afraid. Even punished, they are still doing things. The head teacher sometimes asks parents to come, but they don’t come up with good solutions.”*

X. didn’t use to speak to her teacher, but then she started doing so. However, the teacher reacts by telling her that “these are childish things

and you and your friends will be together again and everything will be ok again”.

Generally, X. is fine at school only when things are fine between her and her friends. However, when things go wrong, she becomes angry, frustrated, sad and disappointed. Interestingly, she reported that sometimes when her friends behave aggressively, she end up being like them, for punishing them and make herself feel relieved. However, this makes her feel guilty and miserable afterwards. She is not a person who likes to argue, but feels very angry when they start, so she reacts by doing similar things to them even though this makes her worse. Finally, X. reported that there are children in her class, like her classmate Z., who have LDs and are teased and name-called by others, mostly boys, because they are not good academically. X. would like her school and teachers to get more serious about bullying and make efforts to support victims with or without LDs.

*“It is not only Z. There may be others like him, and also pupils who are good students like me, but similar things happen to them. Teachers must take it seriously.”*

X. is generally unhappy and feels disappointed and angry. She sometimes feels that she would like new friends and hopes that in Secondary School things will be better. She feels lonely and believes that her friends do not really like or respect her as they always cause problems. As she reported:

*“I hope next year will be better. But a lot of my current classmates are moving to the same secondary school. So I really hope I will not have the same problems. I also hope to make new friends there.”*

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### ***Pair 2: LD Boy and TD Girl, Years 4-5***

V. is a boy with LDs who receives special education and speech therapy twice a week. V. reported being unhappy at school, having no friends and his classmates behave in “strange ways” because they often laugh at him, tease and call him names like “special needs child” or “disabled”, fight, kick, and hit him. V. said that most verbal bullying takes place in the classroom and physical bullying in the playground during breaks. V. seemed to be a boy full of anger and frustration, with poor communication skills, low self-esteem and self-image, and poor social skills. V. is a boy who reacts to bullying by being a bully himself. He is a child that could be regarded a *bully-victim*, as he ‘pays back’ his peers by reacting aggressively. V. reported that when attacked verbally, he feels so bad that he shouts bad names trying to feel better and when physically attacked he defends by hitting and kicking his bullies. He reported:

*“I get so angry that I hit them. I am not afraid of them. They start fights and I hit back. I sometimes start the fights when they laugh or call me names that I am not clever, and especially when they frighten me. If I don’t fight them, they will fight me first and even I try to be calm they make me angry.”*



V. reported that the bullying is caused because of his LDs. He believes that peers think he is lazy and not clever. So, he thinks that if he does not react his peers will go on bully him verbally and physically without reasons. However, he reported that sometimes he is the one who starts because he is afraid of being the victim. He also reported:

*“The teachers allow such things. At the beginning I wasn’t reacting and was scared. But things were getting worse. I used to tell my teacher, but she believed it was my fault. So I stopped telling her and when they start fights I do the same to them. This is the only way to escape.”*

When asked about other pupils with LDs V. argued that there may be others ‘like him’ with similar problems but most of them are afraid to react. So they are teased and called names. They are excluded and fearful. V. said that the school does not really help him and it is better if victims fight for themselves, like he does. “I don’t like to be like them, but I don’t have choice. If they hit me, I hit them”. V. reported being bullied both in the classroom and playground often and he does not regard himself a *bully* but a *victim* even he is bullying others. He believes he is a victim who just defends. Finally, he stated that when he sees bullying against others, he tries to help the victims by fighting their bullies. V. is like a typical bully-victim who tries hard to feel safe and thinks that the only way to do that is to be aggressive against his bullies.

*“I don’t care about the teachers. Sometimes the head calls me in her office and tries to make me stop. When I tell her they do the same to me, she says that we should all be friends and cooperate. I don’t think any of them is my friend. Actually, I don’t have friends*

*here. My only friends are two boys in my neighbourhood and we are together in the afternoons”.*

Additionally, V. reported that at the beginning he was telling his parents and older brothers about the bullying and they had the impression that he should behave similarly, even though this was aggression. His parents believed that this was not serious and happens often. V.’ older brothers tried to enter the school to find his bullies. They managed to threaten them that if they go on they will have trouble. V.’s brothers and parents, seem to regard aggression normal and are not really aware of its consequences. They believe aggression should be solved with aggression. The head teacher and V.’s teacher reported that he has a ‘problematic’ family with low communication and social skills and low educational background.

Generally, V. is unhappy at school and can be regarded as bully-victim. His peers bully him verbally and physically regularly and he reacts to this by bullying them back. He is a boy with family and academic problems and poor communication and social skills. He has no friends and dislikes school. Sometimes he wants to miss school because of fear. He doesn’t care about punishments and believes the best way to feel safe is to be aggressive to the ones aggressive to him. However, he believes that he is not a bully but just a victim. V. reported feeling unsafe, lonely, and isolated at school. He believes that peers do not like him and exclude him from groups and activities because he is not good

academically. Lastly, he believes that the only way to avoid victimization is to bully his peers first. V. is a boy with social and emotional problems. He believes that there are maybe more children with LDs or other SEND who may also be victims. He thinks they should respond by aggression. He is not a calm child and comes from a family that promotes aggression to solve social problems. He reported feeling unhappy, disappointed, frustrated, and excluded. He feels alone as he has no friends at school. He feels that school is like a “prison” and he dislikes it. Also, he does not believe in himself and thinks he will never be a good student. He does not like the teachers and head teacher, apart from his special needs teacher who is the one who tries to talk to him when he has problems. Finally, he believes that his school and teachers do not make effective efforts to stop bullying and support victims. V. seems to be a mentally unstable boy, full of fears, anxiety and depression, who tries to feel better by being aggressive.

On the contrary, Co. is a girl with no LDs who has good friends and positive relations with boys and girls and has never been bullied at school. She is generally happy and never has problems with her friends. Sometimes they argue, but not seriously as they become friends again soon.

*“I don’t have problems at school. I am a good student and have many friends. I like to spend time with them and feel happy. They never disappoint or make me angry. We get on well together. I like school. I like my teachers and our head. They are good.”*

Co. likes school, she is high achieving, and never sad. However, as she reported, there are some other pupils who may be victims of bullying, mostly ones who “look different because they have special needs or are weak, thin, younger and not strong enough”. She believes that often, children with SEND may be verbally and relationally bullied. As she reported, some older boys from Year 6 find ways to exclude such children from friendships and activities and these children cannot do anything about it. They are weaker, younger or have problems, and are eventually victimized.

*“Some children from the unit may be bullied verbally or physically. The teachers try to stop this but the problem is not always solved. I think recently it is worse. Sometimes the teachers don’t know what to do. Or other times, they are not even aware of it. It is bad for children with SEND. They are regarded different and disabled by some others.”*

Regarding school, Co. reported that she was not sure about things done to help victims and it would be better if the teachers “seriously reacted in better ways”. However, she reported that sometimes teachers try to solve problems by discussing in a circle or the classroom. At the beginning of the year, the teachers and especially the special needs teacher and the head teacher, organized several talks in order to enhance respect and acceptance of the children with SEND. Then things were fine. However, it didn’t last for long and several aggressive behaviours started against them. Co. stated that it is not easy for other children to understand

the differences of such children and accept them the way they are. She believes that such children are usually marginalized and isolated.

*“Some children think pupils with LDs are lower, unable to be good students, and not clever. But these children are fine actually. Some are alone and sad. We have a few in our class. Things are not always nice for them. Apart from their difficulties, they haven’t got good friends, so they may feel miserable. I think children with SEND deserve a better place and good friends. The teachers should find successful ways to help them.”*

Generally, Co. is happy, has many academic abilities and friends of both genders. She likes being at school as does not have academic or social problems. She enjoys her time and feels happy to go to school every day. She is a girl with talents and abilities. However, she believes that some pupils with LDs or other SEND may be regarded inferior, not clever, lazy and different. She believes that there are kinds of bullying against such children, like verbal and relational. They do not have many friends or belong to friendships. They are sometimes excluded from activities because peers do not regard them able. Co. believes that the teachers’ efforts to stop bullying need to continue. The cooperation of the teachers and head teacher, together with parents and specialists, should bring up better solutions. Finally, she believes that children with LDs deserve a place in the school and should all respect and accept them as friends.

## **Summary of Findings**

In School F an LD boy and a TD girl from Year 6 and an LD boy and a TD girl from Year 5, were interviewed. From the results it was found that both boys with LDs reported victimization, the LD girl was also bullied and the TD last girl was not found bullied, during both Parts of the study. Bullying includes physical, verbal, and relational forms, with several kinds of exclusion and isolation. The places it takes place are the corridors, playground and classroom. The reason for the LD children to be bullied was their academic difficulties and special education sessions. The feelings bullying developed were misery, disappointment, anxiety, depression, isolation, and exclusion. Interestingly, some children reported that there are children with LDs who become bullies. The school does not really find serious solutions to the problem of bullying. The first LD boy reported being physically and verbally bullied in corridors or playground because of his LDs, during both Parts of the study. He was also relationally bullied and generally excluded from groups, something that made him isolated, miserable, disappointed, anxious, and depressed. Similarly, the first TD girl reported being verbally and relationally bullied, mostly in the playground, during both Parts. She felt miserable, insecure and fearful. She mentioned that the teachers may not always be aware of bullying. The second LD boy reported being bullied in the class and playground, mostly verbally, during both Parts. On the contrary, his pair TD girl reported being happy at school, having a lot of friends, and

not being bullied. Interestingly, all interviewees believe that generally children with LDs or other SEND may often be targets of verbal, physical, and particularly relational bullying. Most of them are sometimes isolated and excluded from activities. They may be marginalized and not accepted or respected. Sometimes children with LDs are bullies in order to avoid victimization. The interviewees believe that the school and teachers should come up with effective methods to stop bullying (Table 6.7).

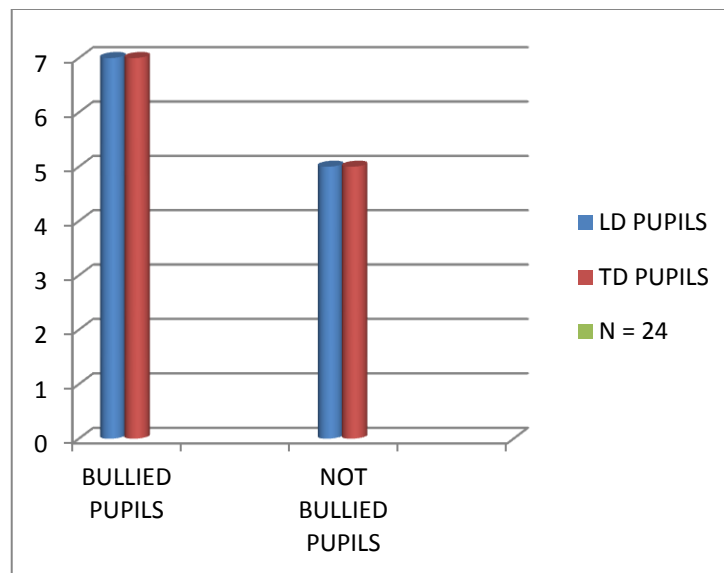
**Table 6.7: Results for School F**

GENDER	YEAR	LD	TD	PLACE
Boy	5 – 6	Bullied verbally, physically and relationally		Playground and corridors
Girl	5 – 6		Bullied relationally and verbally	Playground
Boy	4 – 5	Bullied verbally		Playground
Girl	4 – 5		Not bullied	

## ***Conclusions***

Looking at the overall results of the children's interviews presented above, it can be argued that bullying may exist in all sample schools. Out of the 24 pupils, 14 of them reported victimization by peers. Of these, there are 7 pupils with LDs and 7 pupils without LDs (Figure 6.1).

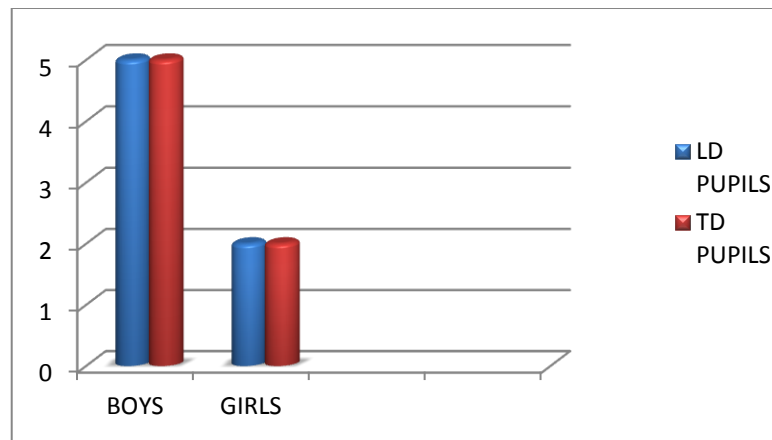
**Figure 6.1: Victimization**



Regarding gender, 2 girls with LDs reported victimization together with 5 girls without LDs. Also, 5 boys with LDs and 2 boys without LDs were found bullied. On the other hand, 5 girls without LDs and 2 boys without LDs did not report victimization (Figure 6.2).

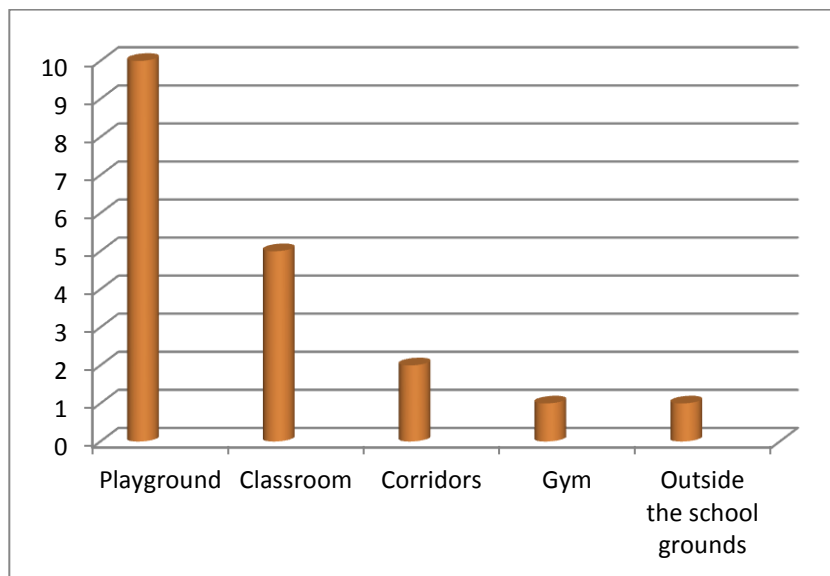


**Figure 6.2: Gender**



Most bullying seems to take place in the playground, classroom, corridors, gym, and outside the school grounds (Figure 6.3). Regarding age, 8 victims were in Year 6, and 6 victims in Year 5.

**Figure 6.3: Common Places**



The common types of bullying found in all schools were verbal, relational, and physical. Verbal bullying includes name calling, teasing,

and threatening. Verbal teasing was found to be related to academic difficulties, ethnicity, skin colour, and physical appearance. Relational aggression includes spreading rumours, isolating, excluding, marginalizing, lying, and accusing, in order to decrease the victims' social status in peer groups and harm their social relations (Figure 6.4).

**Figure 6.4: Common Types**

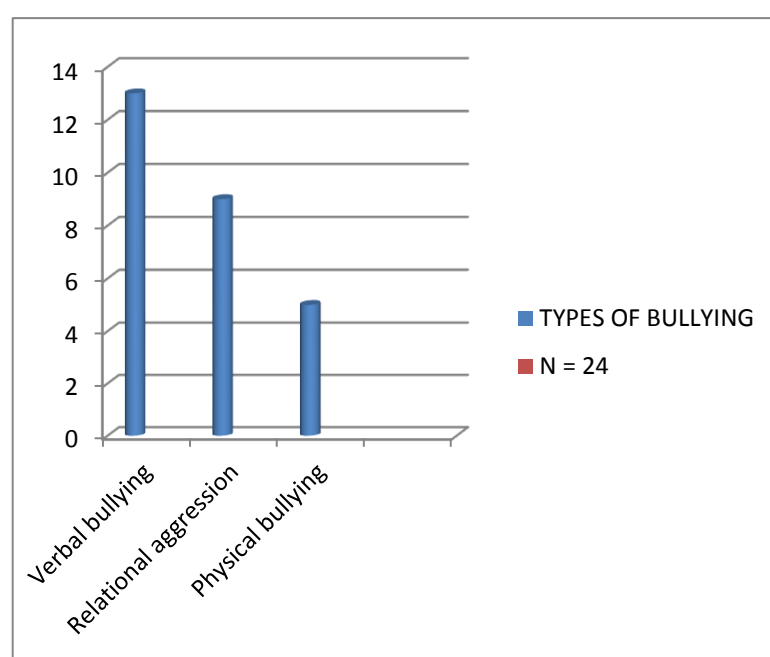


Table 6.7 below demonstrates overall results collected from the children's interviews in the sample schools.

**Table 6.8: General Findings**

<b>Gender</b>	<b>Year</b>	<b>LD</b>	<b>TD</b>	<b>Place</b>
Girl	6	Bullied verbally and relationally		Classroom
Girl	6		Not bullied	
Boy	5	Not bullied		
Girl	5		Not bullied	
Boy	6	Not bullied		
Girl	6		Bullied verbally and relationally	Playground
Girl	5	Not bullied		
Girl	5		Bullied verbally and relationally	Classroom, corridors
Boy	6	Bullied verbally and physically		Classroom and playground
Girl	6		Bullied verbally and relationally	Classroom
Girl	5	Not bullied		
Boy	5		Bullied physically	Playground
Girl	6	Not bullied		
Boy	6		Bullied verbally	Corridors, gym, playground, outside school
Girl	5	Bullied verbally and relationally		Classroom
Girl	5		Bullied verbally and relationally	Playground
Boy	6	Bullied verbally, physically and relationally		Playground
Boy	6		Not bullied	
Boy	5	Bullied verbally and physically		Playground
Girl	5		Not bullied	

Boy	6	Bullied verbally, physically and relationally		Playground
Girl	6		Bullied verbally and relationally	Playground
Boy	5	Bullied verbally		Playground
Girl	5		Not bullied	

Looking at the overall results of the interviews, it can be argued that almost all the children interviewed believe that generally pupils with LDs or other SEND may often be bullied by peers physically, verbally, and especially relationally. Such pupils are often isolated and excluded from groups and activities, are usually disliked, not welcomed and not respected. They may often be marginalized, name called, and teased by non-disabled peers. Also, there are pupils without LDs that may be bullied because they look *different* regarding their physical appearance, ethnicity, or skin colour. Interestingly, children with LDs may sometimes be aggressors. Lastly, regarding the comparison of the results between Parts 1 and 2, it was reported by all victimized children that their victimization lasted during the whole period of the study and its effects, according to them, were getting worse and unbearable.

## **CHAPTER 7: TEACHERS' AND HEADTEACHERS' INTERVIEW RESULTS**

### ***Introduction***

This Chapter presents the data collected from the interviews with the teachers and head teacher of each school. The results are presented by school thematically, followed by a summary section with the main findings presented.

### **School A**

Bullying in School A seems to reach higher levels compared to the rest of the schools. This is maybe because it is larger regarding number of pupils and academic staff. According to the interviewees, bullying is a phenomenon of high prevalence. There are pupils who “enjoy” threatening or hitting others, mostly in the playground, during breaks or gym. “Verbal threats” and “physical bullying” like fighting, hitting, and kicking, seem popular mostly among boys. One of the interviewees reported:

*“There are older boys who like aggression and enjoy finding younger children to attack. This is a daily situation. Sometimes we don't know how to face it. Most of these boys are so aggressive that make us worried about others' safety. The worst is that they are not afraid of punishments. They seem to like aggression. Their behavioural problems are serious.” (A1)*

The bullies are mostly boys, but there are also girls who “become a team and exclude other girls purposefully” as another teacher reported. Relational aggression among the female population probably exists on high levels and concerns mostly girls of Years 5 and 6. Younger girls are usually quieter and calmer. A teacher reported:

*“There are boys who like to cause problems to others. Sometimes they are in small groups and enjoy threatening others of hitting or ‘killing’ them. However, there are girls as well who like gossips about other girls for several things...this happens very often. They are in small groups and like to speak about other girls and create problems in friendships. They lie and spread rumours to exclude girls from friendships.” (A2)*

Another teacher argued that these girls are mostly from Years 5 and 6, so they are almost 12 years old teenagers who “truly care a lot” about friendships and “place a high value” on their female friends.

*“Younger girls do not usually create problems...they don’t know about gossiping or lying, are quieter and calmer. There are times when they argue, but not seriously. However, 12 year old girls argue a lot about boys, relationships and other life things. They want to create friendship groups and belong to them. But sometimes they do it in wrong ways and end up creating problems.” (A3)*

Interestingly, the bullies are often physically strong or overweight children, not high achieving educationally, and children who seek attention and recognition from their peers in “negative ways”. As a teacher reported:

*“Bullies tend to seek attention, they don’t know how to make others accept them, are afraid of disapproval, and try to be*

*accepted in aggressive ways to show strength and become popular. They want to show power. They believe other children are below and they are the strongest.” (A4)*

Regarding victims, these are according to the interviewees, children who are not only weak but physically strong as well. Interestingly, children with LDs may often be bullies and behave aggressively. They believe that being aggressive can make them feel safe and superior. This argument is not similar to the children interviewees’ arguments in most of the sample schools, where it was not widely reported that children with LDs are usually bullies. Also, children with LDs who are shy can usually be bullied and afraid to react. These children do not really share their fears and usually hide to feel safe. According to another teacher:

*“It sounds strange but it is true. Sometimes children with LDs feel insecure and not respected because they are on lower academically, so they become something like bullies. Some think they will be bullied because they are not good students, so they act first. Of course we have other pupils with LDs who because of their weak personality may become victims of verbal and relational bullying. The worst is that they hide their fears. They don’t speak. Sometimes it is difficult to realize something is wrong with them because they don’t really talk about their experiences. It takes long to understand them and gain their trust.” (A5)*

Children with or without LDs can bully others or be bullied on a similar level. Some children with LDs who are bullied react by crying or telling the teacher, hiding and refusing to speak, or becoming aggressive to “keep safe”. A teacher reported:

*“Some of them defend with aggression. They think if they don’t show their strength, they will be bullied. They want to be in control of the ones they are afraid of, even though they may be physically weaker. But some feel guilty afterwards even though they are bullied.” (A6)*

The effects of bullying for *all* children include mental health problems like isolation, depression, anxiety, and school phobia, and psychosomatic symptoms like usual headaches or stomachaches. The head teacher interestingly reported:

*“We had children reacting by crying, or being scared, isolated or afraid to come to school... we didn’t really know why as most of the times they wouldn’t speak. We had parents asking why their child didn’t want to come or telling us their child was pretending to be sick. We faced dilemmas because we didn’t know what the problem was. Later when these children talked to us we tried to stop the bullying, but some older pupils wouldn’t obey or were not afraid of our punishments. Bullying can affect children. Not only children with LDs or other SEND but all children.” (A8)*

The head teacher also reported that bullying is a “mysterious situation” that may regard any child and it is “quite difficult” to stop it, as the bullies are usually children who do not listen to teachers or care about punishments. She added that it is a “quite usual phenomenon” that probably takes place in many schools, and that every school must find ways to stop it, because it may affect “the education and health of the children”. As she stated:

*“Bullying is getting worse in primary schools. Think about secondary and high schools. The situation there must be tragic. We all need to cooperate to find solutions. It is difficult and affects children, staff and the school in general. It affects teaching and*



*learning. How can children involved in such problems concentrate on their lessons?” (A9)*

School A does not follow specific anti-bullying programmes as reported. However, teachers organize class discussions for all pupils to express problems and find solutions without antisocial actions. During such discussions all children are welcomed and reinforced to share their experiences with the rest of their peers and teachers.

*“We organize discussions to improve communication and problem solving skills. We try to enhance cooperation among pupils. Our aim is to create positive relationships and the children to talk about their difficulties. It is not always easy but it is a way to make them understand aggression is not the only way to solve problems. We want them to talk and express feelings and worries and learn to solve problems by discussing. We hope to reach positive results.” (A10)*

Generally, bullying in this School includes verbal, relational, or physical repeated actions and the level of bullying among pupils with or without LDs can be similar. Interestingly, some pupils with LDs may become bullies in order to “save themselves” or show they are not “invisible”.

Looking back at the children’s interviews (Chapter 6) it can be seen that the children interviewees of School A believe that there are often all the above kinds of bullying in their school, among several pupils, especially from Years 5 and 6. The children believe that bullying concerns all pupils with or without LDs. However, most of them reported

that there is rather more verbal and relational bullying against pupils with LDs or other SEND. They believe that many of these children may be isolated, marginalized, excluded, name called and teased quite often. On the contrary, the teachers' interviews results have shown that the level of bullying can be equal for pupils with or without LDs. Lastly, most children interviewees in this School reported that pupils with LDs are more often victims of bullying and not aggressors, contrary to the teachers' arguments.

### **Summary of Findings**

The results of the data collected from the interviews reveal that there are some kinds of bullying in School A. There seems to be physical bullying mostly among boys and relational aggression mostly among girls, which take place mostly in the playground and gym. The bullies are usually physically strong or overweight and not high-achieving children. The victims are usually shy or have LDs, but not always physically weak. Interestingly, pupils with LDs may often be bullies. The School does not follow specific anti-bullying programmes, but the teachers try to solve problems among the pupils by group or class discussions where all are encouraged to express feelings, problems, and fears, and find effective and harmless solutions.

### **School B**

According to the teachers, the special needs teacher, and the head teacher of this School, there may be bullying among pupils with or without LDs. Bullying includes verbal or relational aggression, with isolation and exclusion mostly among girls. Most bullying takes place in the playground, gym, or other places where there are no teachers. There is also sometimes bullying in the classroom, mostly against children with LDs who may often be teased or called names. Pupils with LDs may be teased because of their academic difficulties, or because non-disabled children may regard them as children with “special needs” or “mental retardation”. Interestingly, bullying may begin in very early years, among pupils of Years 1 or 2, when these young children like to physically or verbally attack others regularly. A teacher reported:

*“We have three pupils in Year 1 who act violently. It is surprising. They like to attack, hit or kick others. They enjoy calling names and this is ongoing. They enjoy being aggressive, despite they are so young. They continuously bully peers. Imagine what will happen when they grow up. I don’t know why, maybe they go through such things in their families, maybe their parents are not right models to them.” (B1)*

The level of bullying is quite high and there are times that teachers are not aware of it. Physical bullying happens mostly in the playground and corridors, among boys of several classes, and relational aggression mostly among girls. Bullying includes teasing or name calling, threatening, physical attacks, hitting, kicking, and spiting. Relational

aggression includes isolation and exclusion, spreading false rumours, ignoring, and not accepting or respecting *different* children. A teacher reported:

*“There are girls who do not seem to like ‘different’ children. They believe for example that children who have LDs are different. Sometimes they exclude them and in result, these children may be isolated. Generally they don’t accept pupils who look in one way or another ‘different.’” (B2)*

She went on to argue that:

*“Boys are strong and like to show it. Sometimes they tease girls by calling them names or saying ironic words in order to create problems in their friendships. Physical aggression is a rather male matter. Relational and verbal aggression is mostly female. Girls may look weaker but in reality they are capable of creating problems to their friends. They may not like physical aggression, but have fun with name calling, teasing or gossiping.” (B2)*

Additionally, the level of bullying can be similar among pupils with LDs and typically developing pupils. However, there may be bullying often taking place against children with LDs because others generally regard them “inferior or different”. Sometimes, physical appearance can also play an important role in bullying incidents, mostly against children who are overweight or have “different skin colour”. The head teacher reported:

*“It is easier for some children to target peers with LDs because they think these children are different, weak and quiet. Also we have problems with overweight children. These may also be called names like ‘fat’ or ‘ugly’. Also children who wear glasses or have other problems with their eyes, are called names which insult*

*them, some believe such pupils are 'different' and do not belong with them."* (B3)

Another teacher argued that there are children from other countries that *differ* according to skin colour and ethnicity and may also be bullied. Generally, children with LDs, different ethnicity or colour, or different appearance, may be easier targets. A teacher interestingly argued:

*"This is something that takes place in our schools and society. We are a small country and it is not easy for us to accept people from different countries. It is difficult for children to accept peers who look 'different', or come from different countries and have different skin colour. It is not easy for them to understand that nothing is different in reality. They label them as 'different'. It is the same with children with LDs. They don't accept them easily because they differ."* (B4)

According to the head teacher, the school always "tries to find solutions to such behaviours by threatening the bullies for punishments", supporting victims emotionally, or discussing in class about social relationships. However, there are times that the school staff cannot find effective ways to stop the bullies, as they are usually "strong and influential personalities", not really afraid of punishments. As a teacher stated:

*"The bullies are older pupils who do not care about anything...they want to have fun by harming others, sometimes it is hard to restrict them...It is hard to control them."* (B5)

The effects of bullying for all children are according to the interviewees, school phobia, anxiety, depression, isolation, and exclusion. Some children were found “very afraid” going to school and sometimes victims cried and felt isolated and excluded.

*“We had pupils who regularly missed school and we didn’t know why... parents contacted us for possible reasons, we didn’t know what was happening. When we realized and discussed with the parents, we understood that victims were depressed, isolated and fearful, didn’t like school and preferred staying at home. It is difficult for us and the parents, sometimes to find out what is happening and why children end up disliking school”, another teacher reported. (B6)*

All interviewees believe that mental health problems because of bullying can regard all children, with or without LDs. The effects of bullying concern more mental health. Bullying, and especially relational aggression, may also develop frustration.

*“Sometimes it is obvious when you see children involved in bullying. They look depressed and miserable and cry easily. Some become angry, disappointed and frustrated. Some others become isolated, fearful, upset and dislike school. Bullying can be disastrous for mental health. Sometimes some are so angry that become aggressive to others thinking that in this way their problems will disappear.” (B7)*

The teachers generally believe that children with LDs may be easier targets for bullying, but not just them. They argued that all children can be victims. However, in the children’s interviews it was spotted that pupils with LDs or other SEND may be more often victims. Such pupils

may often be marginalized, isolated, excluded, name-called, teased, and hit, by older or physically stronger pupils. A teacher argued:

*“Generally pupils with LDs may be easier targets because they are usually weaker or shy. Most of them cannot defend so it is easier for others to bully them. They don’t usually react or react by crying and isolating. However, it is not only children with LDs. Bullying may concern all children in any school.” (B8)*

Generally, bullying in Schools A and B seems to take place regularly among several pupils, regardless LDs or other SEND. In School A there seems to be a higher level of bullying as it is a larger school. However, bullying seems frequent in School B as well. These two Schools do not seem to implement specific anti-bullying programmes, but the teachers try to solve the problem by discussions or punishments. However, this is not always easy, as some of them reported. Also, according to the children interviewees, bullying is getting worse recently and teachers have not come to effective solutions yet. All interviewees, children and teachers, generally believe that bullying is a serious aggressive behaviour that needs to stop, and schools are expected to implement more effective techniques to solve the problem.

### **Summary of Findings**

There is probably a high level of bullying in this School as reported by most interviewees. There is also relational aggression taking place mostly among girls. Physical bullying regards mostly boys of any age, and includes hitting, spitting, kicking, beating, and pushing. There is

also verbal bullying like name calling, threatening, and teasing. Relational aggression regards mostly the female population and includes excluding, isolating, spreading false rumours, ignoring, destroying social status, and not accepting *different* children. Most bullying happens in the playground, classroom, gym, and school corridors. The level of bullying among pupils with and without LDs can be similar. According to some teachers though, children with LDs or other SEND may be easier targets, often teased, ignored, and not accepted. Also, overweight children or children with a different appearance may also be victims. Generally, children who look ‘different’ may be targets of regular verbal and relational bullying. The effects of bullying regard mostly mental health. It may cause depression, anxiety, phobia, anger, and frustration. This School does not seem to follow specific anti-bullying programmes, but the teachers usually try to punish the bullies, support the victims, or organize classroom discussions.



### **School C**

According to the teachers, the special needs teacher, and the head teacher, there is bullying in this School, mostly by groups of children against individuals, and relational aggression mostly among girls. Physical bullying regards mostly boys.

*“Boys usually use physical strength. They argue and fight with other boys often. The bullies are mostly older boys, who like to tease or fight with younger or weaker boys. However, there are girls involved too. Female bullying does not have to do with physical actions, but psychological. Girls bully within friendship groups by lying, gossiping, teasing and excluding. Many girls believe it is fun to act in such ways. I could say that bullying involves both genders. Some believe it is just a male problem. This is not true according to my experience.” (C1)*

Bullying takes place mostly in the playground or classroom, and it happens quite regularly, even daily, mostly among older pupils. However, some teachers stated that bullying in their own classes is not that frequent. A teacher argued:

*“There are boys who like aggression in the playground and do it regularly. But there are also girls who use verbal and relational bullying against their friends.” (C2)*

Interestingly, in accordance with the comments of a previous teacher:

*“There are girls who like to tease verbally and call other girls names or threaten or hit and kick other girls but not boys. It is not only boys involved in bullying. Girls mostly enjoy relational aggression, but there are some who like to attack other girls physically too. This is not so often, but still happens.” (C3)*

The most common types of bullying are physical and relational. In some classes, pupils appear to have good relationships, but in some others, mainly older children often solve their problems in aggressive ways. In Years 5 and 6 the most common bullying behaviour seems to be name-calling. However, there is also physical bullying like regular hitting, pushing, and kicking, as well as relational aggression like spread of rumours, isolation, and exclusion.

*“There are pupils who solve problems by threatening. These are children who enjoy being in control. They seem to have fun with such things. They find their victims even in toilets and threaten them. Their victims are afraid of being physically attacked and isolate and hide themselves.” a teacher reported”. (C4)*

The bullies are usually children with “negative life and family experiences who like fighting” and are physically stronger. On the other hand, the victims are mostly sensitive, shy, and ‘weak’ children. Sometimes the bullies have serious “behavioural and emotional problems” and enjoy “causing trouble in the class or playground regularly”.

Children with LDs are not really easier targets for bullying, which may concern *all* pupils. Interestingly, children with LDs may not only be victims, but aggressors as well. A teacher interestingly reported:

*“In our school we have children with LDs who are either stronger or weaker. We had a pupil with LDs who was very clever but he was a bully...pupils with LDs may be victims but bullies too.” (C5)*

This teacher also emphasized:

*“Bullying can involve any child, with or without LDs. It takes place on a similar level for children with or without LDs. However, there are children with LDs who may be bullied more because of their restricted communication and self-defense skills. They can on the other hand be bullies. Some of them are at the same time victims and bullies. These are the most problematic children. Most of them are miserable but some feel relieved. Some feel guilty. It is complicated.” (C5)*

Similarly, another teacher stressed out:

*“There are children with LDs who bully others in order to hide their difficulties and have a place in groups. Also, there are pupils with LDs from problematic families ending up to like violence. Children with LDs are not always victims as we all think. They can be bullies or even bully-victims.” (C6)*

Some other teachers though regard children with LDs easier targets for verbal and relational bullying, but all agree that all children in general may become victims or bullies. Generally, a contradiction among the teachers was spotted regarding whether children with LDs are bullied or bully others on a similar level compared to children without LDs. Some teachers believe that children with LDs are not easier targets and usually “become good members in friendship groups”, but some others think that such children are usually weaker and may often be easier targets. For example, another teacher revealed that “exclusion happens mostly against pupils with SEND”, but interestingly, pupils with LDs can sometimes be bullies. A teacher argued:

*“There is a pupil with LDs in Year 1(!) who likes to call other children names regularly. He is only 6 and likes aggression. He likes fighting, hitting, kicking and spitting on peers. He is a six year old child who can be a bully. He likes to create trouble even to older pupils. He is not physically strong but likes fighting boys even from Year 6! He is not afraid. There are young children who like aggression even if they are learning disabled.” (C7)*

The effects of bullying and especially relational aggression include mostly mental health problems like depression, anxiety, or school phobia, and psychosomatic symptoms like regular headaches or stomachaches. Sometimes the effects are “invisible” and teachers may not be aware of them. For example, there are children who cry regularly or look fearful and isolated. Pupils with LDs usually react by crying, feeling sad, isolating, or being afraid to go to school. However, there are other children with LDs who may act aggressively. Generally, the “effects of bullying can be disastrous for all children”. Interestingly, children with LDs may be more affected by regular victimization because most of them do not usually talk about their experiences, or have communication difficulties, or are afraid to discuss with adults.

*“It is difficult to talk with them most of the times. They don’t really open up. Some of them are not good at expressing feelings because of limited communication skills. So we don’t know why they cry easily or prefer to be alone. We try to make them talk, but it is difficult sometimes.” (C8)*

This School does not seem to have specific anti-bullying programmes as reported. However, there are often class discussions

where teachers and pupils share their problems and try to find solutions.

However, as a teacher reported:

*“Sometimes pupils with LDs who are victims, do not express how they feel and it is difficult for us to know about bullying. It is not easy to gain their trust. Even when there is trust, they don’t really speak. Also, they are afraid to talk. We try our best in group discussions to make them talk. It is not easy for them to talk in front of other children. They don’t usually express feelings. So we end up not knowing what is wrong.” (C9)*

With younger children teachers sometimes organize circle time sessions where all children are free to express themselves and solve problems in positive ways. All children are encouraged to express themselves freely, with their teachers’ guidance. With older children, teachers usually organize discussions in the class with the aim to improve communication and problem solving skills. As a teacher stated:

*“When I see negative things among my pupils, I organize discussions, where all of them sit in a circle and share experiences. This sometimes works. But not always. There are children who don’t like to talk and prefer to keep things for themselves. Especially children with SEND. This method is not always the best way to make them open up. Sometimes other children don’t like to talk either. We try our best to be successful in circle time. We managed to solve some problems but not with all pupils.” (C10)*

Looking at the children’s and teachers’ interviews, it can be seen that the adult interviewees generally believe that bullying regards all children with or without LDs equally, but the children believe that children with LDs or other SEND are more often victimized. There may

be verbal, relational, and physical bullying against such pupils. The children generally argued that pupils with LDs are easier targets and may become lonely and miserable.

### **Summary of Findings**

There seems to be bullying in this School, usually when groups of pupils attack individuals, as argued by most interviewees. There are all kinds of bullying like name-calling and teasing, physical bullying mostly among boys, and relational aggression like spread of rumours, isolation and exclusion, mostly among girls. Bullying takes place mostly in the playground and classroom, almost daily. The bullies are usually children with negative experiences and generally stronger than their victims. On the other hand, the victims are usually shy, sensitive, and weak. The level of bullying can be similar among pupils with and without LDs. Interestingly, a contradiction was spotted in the interviewees' answers, as some of them argued that children with LDs are easier targets for verbal and relational bullying, while some others that children without LDs can be easy targets as well. Children with LDs may sometimes be aggressors too. The effects of bullying concern mostly mental health, as it can develop depression, anxiety, and phobia. Also, it can create psychosomatic symptoms like regular headaches and stomachaches. Interestingly, children with LDs may be more affected, as they are usually more sensitive or weaker. Some of them become fearful and do not want to go to school. The teachers sometimes organize classroom discussions where all pupils can express

problems and share experiences. For younger pupils teachers organize circle time sessions to find solutions to social problems.

### **School D**

According to the teachers, the special needs teacher, and the head teacher of School D, there is bullying that happens almost daily. Physical bullying involves mostly boys, whereas relational aggression regards mostly girls of older ages.

The special needs teacher argued that there are more relational aggressive behaviours like regular exclusion and isolation against SEND pupils. She interestingly reported that the pupils of the special unit may often be targets of verbal bullying, as others regard them as *different* and like to call them names like “stupid”, “disabled” and “mentally retarded”.

*“It is not easy to accept children who look ‘different’. Some regard children with SEND mentally retarded or disabled. They believe these children are different and not good. Such children are usually not welcomed in groups, teased, called names, and marginalized. It is not easy to accept them the way they are. Some believe these children should be in special schools. It is the same with children with only LDs. They regard them as lazy. They are stigmatized.” (D1)*

In addition, the head teacher reported that there are children, mostly boys, who often behave in physically aggressive ways against others, mostly in the playground. However, there is not only physical bullying among boys, but also verbal.

*“Older boys like to call names, threaten and tease, and fight with peers. This happens mostly during breaks or gym, or in corridors and toilets. We found boys in the toilets threatening younger boys. Also, this happens after school. Bullies find targets in the street and threaten, hit or call them names and tease them. There are*



*boys who like physical or verbal aggression to show they are stronger.” (D2)*

The teachers argued that sometimes they are not aware of bullying and may find it difficult to realize what is happening. Also, it is even more difficult to control the bullies and support the victims, as the bullies are rather not afraid of punishments, and victims do not usually share their problems.

*“We have done our best. Even they are punished and stop for a while, after some time they start again. Sometimes we don’t know how to react. They are not afraid of us. They pretend they do nothing wrong and try to convince us that everything is OK. They defend saying it is not their fault. They like aggression and don’t feel guilty. Things are difficult with them.” (D3)*

All teachers reported that bullying takes place almost daily and affect several children, older or younger. Bullying may regard a large population of pupils, starting even from Year 1. The bullies are from several classes, mostly physically stronger and older than victims, but there are also bullies who are weaker and when they feel threatened they often become aggressive. On the other hand, victims do not seem to like violence and are usually quiet and shy.

*“The victims are usually quiet and don’t like trouble. They don’t like fighting, are usually introvert, shy, weaker and less self-confident. The bullies are older and stronger and show their power in negative ways. They are afraid to see somebody may be stronger. They have limited conflict resolution skills and negative social experiences.” (D4)*

Children with LDs are generally believed to be easier targets for bullying and as a teacher stressed:

*“It is easier to tease such children or call them names because of their special characteristics or because they look ‘different’. Very often they are targets of verbal or physical bullying and at the end excluded and isolated. Most pupils do not usually accept peers with LDs or other SEND, especially pupils on wheelchairs.” (D5)*

The same belief was reported also by the special needs teacher who argued that children with LDs or other SEND may often be isolated, teased, ignored, and excluded. Non-disabled children may regard them as “children from the unit” and may not really accept them.

*“I do everything to convince them that these children are not different. They don’t usually accept it. They believe these children come from special schools. When I take my students for lessons they call them names in front of the whole class and laugh. They don’t really care about me being there. They are not afraid of me or other teachers. I have explained and talked to them without the presence of my students. They don’t seem to realize how negatively they act.” (D6)*

Generally, all teachers agreed that children with LDs can be easier targets, but still, all children with or without LDs, can be victims. Interestingly, the interviewees did not report that children with LDs may be bullies, contrary to some of the teachers of Schools B and C. According to the special needs teacher, there is maybe regular teasing and name-calling against pupils in the special unit because of “belonging there”. As she pointed out:

*“There is teasing because these children are in the unit. Psychological bullying, name-calling and exclusion. It is a pity because these children are trying to become better and on the other hand they have these problems. This makes them feel bad and not worth trying harder.” (D7)*

In addition, the relation between physical appearance and bullying was raised. There is an overweight boy who is regularly teased as “fat” by peers. Also, another overweight boy who is often victimized reacts by calling his bullies names. A teacher argued:

*“It is not only pupils with SEND. It is also children who look different physically. There is an overweight boy in my class and his peers call him ‘fat’ and tease him because of his weight. The boy reacts by teasing his peers back or shouting at them, we have such problems. Children nowadays have fun with such things. They find ways to tease peers who have different characteristics. They don’t accept overweight children, or children with different colour or SEND. They enjoy having fun of them.” (D8)*

Bullying happens mostly by boys, but there are also girls who express aggressive behaviours. Girls get anxious more easily regarding their friendships and may look weaker or quieter, but this is not always the case. There are girls who often act like bullies. Some prefer gossiping, spreading rumours, lying, or excluding other girls from groups. Interestingly, there are girls who “enjoy fighting and physically attacking” other girls or younger boys.

*“Girls may look quieter or weaker. But there are girls with powerful personalities who sometimes like to gain attention and cause trouble to their friends. Some girls even like fighting with younger boys in order to show strength.” (D9)*

Bullying may affect all children negatively. It can develop mental health problems like anxiety, depression, and phobia. As a teacher stated:

*“We had a child who didn’t want to come to school because he was scared. Also, we had an excluded boy who never wanted to come. These children prefer to stay at home where they feel better. Victims may be depressed. Bullies may be frustrated, bossy, anxious and nervous.” (D10)*

However, apart from mental health problems, psychosomatic symptoms may also be developed. However, it is not clear sometimes whether these are effects of bullying. The victims often cry and report headaches.

*“I am not sure but we have children who often complain of headaches or stomachaches. I cannot be sure that these children are involved in bullying and this is the reason for these symptoms. However, I believe bullying creates mental and psychosomatic symptoms.” (D11)*

The School organizes “special lessons” in the class where the teachers try to enhance mutual respect and acceptance of individual differences. During these typical discussions all children are free and encouraged to express feelings and experiences. Children with LDs participate and are reinforced to share their experiences with their peers. In addition, teachers sometimes organize poetry or art competitions for all children. There, all children, including children with LDs or other SEND, have the opportunity to show their talents. The head teacher emphasized:

*“We had pupils with LDs winners of art competitions who got special prizes in front of the others. Their self-confidence*

*improved. It is positive when these children take part in such events and show their talents. It is a way to create a positive image to their peers. Some of them really have talents and should show everybody. They can be good in art or music.” (D12)*

There are also other activities organized by the teachers for all children, aiming to teach them how to accept and respect pupils with LDs or other SEND, like for example circle time or teaching social skills.

Looking back at the children’s interviews of this School, it was seen that they all believe there is generally marginalization of pupils with LDs or other SEND. They believe that such children may be often victims of verbal teasing, relational aggression, and physical bullying. They are left alone and most of their non-disabled peers regard them as “children with special needs”, or “lazy”, who “belong to special schools”. Similarly, all teachers believe that pupils with LDs or other SEND are quite often easier targets for bullying and especially relational aggression by non-disabled peers.

### **Summary of Findings**

According to most of the interviewees, there is physical and relational aggression in this School. Physical bullying concerns mostly boys, but interestingly there are girls who like to fight with younger girls or even boys. Most relational aggression regards the female population. There is also verbal bullying in the School. All types of bullying, including relational aggression, concern all ages. Most bullying takes place in the playground or classroom. The bullies are physically stronger

and older than their victims, or can be even weaker. On the other hand, the victims are usually shy and quiet. Most bullying regards 'different' pupils, like pupils with SEND, or overweight pupils. Children with LDs or other SEND can be easier targets for verbal and relational bullying. They are often name-called and teased about their academic weaknesses. Also, such pupils are often isolated and excluded from peer groups. Interestingly, it was not reported by the interviewees of this School that pupils with LDs can be bullies. The effects of bullying include depression, anxiety, phobia, and psychosomatic symptoms. The school staff sometimes organizes class discussions, circle time sessions, and several competitions where all pupils are reinforced to participate. Also, teachers try to enhance respect and acceptance of pupils with LDs through several circle time activities.

### **School E**

According to the teachers, the special needs teacher, and the head teacher of School E, there is bullying in the school on a rather high level. The common types of bullying include verbal threats, teasing, name-calling, and isolation and exclusion which particularly regard children with LDs. There is also physical bullying mostly among boys. Interestingly, the special needs teacher reported:

*“There is bullying which concerns all pupils with or without LDs. However, according to my experience, children without LDs like teasing children with LDs. They call them names regarding academic difficulties and believe they are inferior and worthless. They find such pupils easier targets for verbal and psychological bullying. I believe children with LDs are easier targets and usually isolated, excluded and marginalized.” (E1)*

She went on to emphasize:

*“Children without LDs have the impression that peers with LDs are ‘different’ and don’t belong here. There is discrimination against such children and I believe in many schools. Also in secondary and high schools or universities. Generally, children or people with SEND are discriminated in this country and other countries.” (E1)*

There is also physical bullying in the School, like regular fighting, beating, hitting, and kicking. Such behaviours concern mostly boys. However, there is generally a higher level of relational aggression mostly involving children with LDs and girls. Relational aggression against pupils with LDs includes frequent name-calling, teasing, and excluding. On the other hand, some teachers reported that there is mostly physical

bullying in the School which can regard all pupils. The head teacher however, reported that most bullying which concerns pupils with LDs is basically either verbal or relational. She argued:

*“There is verbal bullying against our children with LDs. They are weaker and don’t really react. Some call them names and tease them often and they usually cry. Some seek help, but some do not speak so sometimes we are not aware of the problem. Children with LDs may be easier targets of verbal bullying. We try to make them feel comfortable to speak so that to punish the bullies. However it is not always easy for them to share negative experiences. Most of them do not have friends or are shy and insecure.” (E2)*

Bullying takes place mostly in the playground, gym, corridors, and toilets. Physical bullying happens more often, mostly when older pupils fight regularly with younger ones. A contradiction was found among the teachers’ arguments, as some reported that relational aggression is more frequent and some that there is more physical aggression in the School. Relational aggression includes verbal teasing, destroying social status, and excluding. A teacher argued:

*“I believe there is more physical aggression in our school. It is very frequent to see fights, hitting, kicking, spitting and pushing. Of course there is relational aggression too mostly among girls. But physical is more serious and more frequent.” (E3)*

On the contrary:

*“I teach in Year 6. I see a lot of relational aggression. Boys and girls in this age care mostly about friends. They want to belong to groups and have good friends to share secrets and daily experiences. However, a lot of problems are created when they gossip, spread rumours or lie. There are a lot of such incidents*



*and not just among girls. I think the level of relational aggression is higher.” (E4)*

Bullying takes place almost once a week. However, such behaviours may happen more often, but teachers may not be aware of them. They are sometimes “hidden well”, as reported by a teacher. Also, older pupils may threaten younger ones regularly, and as a result there is physical fighting. According to a teacher:

*“Physical bullying takes place usually among pupils of Year 6 against younger ones afraid to react. There is hitting, spitting, kicking and fighting among older and younger boys. They think aggression is the way to make them in control.” (E5)*

The head teacher of the School reported that most bullying involves older pupils in two specific classes. Another teacher argued that bullying in past years was on a very low level, but recently it is much more evident and frequent in schools. As she stated:

*“Recently bullying happens very often and is getting worse. It starts very early, in young ages. Many schools have similar problems. Not only primary schools but secondary and high schools too. It needs to be stopped because it affects not only children but schools as well.” (E6)*

The bullies are physically stronger children, with strong personalities, who “want to show superiority” to weaker or even stronger peers in order to look powerful and strong. A teacher argued:

*“Bullies are mostly boys who want to show strength so everybody regards them powerful. They want to be in control and be*

*regarded as powerful personalities. Sometimes bullies are children from problematic families. We have such children with divorced parents or parents who fight. They have the impression that with violence they are in control of everything.” (E7)*

A few teachers argued that the bullies are usually clever children, but with serious behavioural problems. On the contrary, another teacher reported that the bullies are mostly children with a:

*“Low educational level who present aggressive behaviours to show they are not invisible.” (E8)*

Sometimes, children with LDs “try to impress” their peers, to show they are not *invisible* or *stupid*, and that they are “good at things too”. Bullies are usually good in the class and may constantly seek attention from their teachers and peers. There are other times though that they try to find ways to show their “real self”. Interestingly, some pupils with LDs “may sometimes be regular bullies”.

*“It sounds strange to consider that children with LDs may be bullies, but it happens sometimes. Not children with serious disabilities. They try to take control so that to avoid being bullied. They think if they react aggressively before the others, they will ‘save’ themselves. Also there are children with LDs who are both victims and bullies.” (E9)*

The victims are physically weaker and thinner, quiet, less self-confident, and may sometimes have LDs. Most victims do not like violence. They are usually children who seem easier targets as they present a lower self-image and have low self-esteem. They are children

who do not like to express because they are shy or afraid, or they have weak personalities, do not believe in their abilities, and think are worthless to be friends with. Victims sometimes believe they “deserve the bullying”. This may often be the case with pupils with LDs.

*“Some pupils with LDs are weaker personalities, don’t believe they can succeed academically or socially, believe they are different and cannot do anything. They are shy and afraid to communicate with peers, don’t develop social relations and don’t have friends. Some of them even believe they deserve the bullying.” (E10)*

Another teacher pointed out:

*“It is really a pity to have pupils with such low self-esteem and self-confidence and we cannot really find ways to help them. To build a positive self-image is long-lasting and needs effort. This is why children with LDs may be easier targets. But not all of them. Some act aggressively because they think they can fight back. This doesn’t make them feel better at the end.” (E11)*

Generally, pupils with LDs may be quite often easier targets of bullying, as they may show *inferiority* within the peer groups. However, there are also children with LDs who may bully others. Victims with LDs may experience both physical and relational aggression. These children do not usually seek help, prefer to hide, and are fearful, but when they start to really suffer they end up telling their parents or teachers. However, there are some of them who do not really like to share their experiences. Sometimes parents of children with LDs become very angry and come to school demanding from the teachers to react effectively. On

the other hand, sometimes children with LDs may use aggression against their bullies, but however this situation is rarer. Children with LDs are generally more often targets and usually believe they are “not good enough and that is why they are victimized”. Interestingly, there are pupils without any particular LDs and who come from “high income families”, who can be both bullies and victims.

School teachers usually talk to the pupils involved in bullying in order to find out what exactly happens and how often, and when the problem gets very frequent, they talk to the bullies to persuade them stop these behaviours. When the situation continues within a set time limit, then teachers try to contact the parents, or work with the involved pupils in the class. A teacher stated:

*“If the bullying continues after several actions, I implement a programme in my class with the target to improve conflict resolution skills. We sit in a circle and children are free to discuss about problems or anything else affecting them. It is useful for most children. However, there are sometimes children with LDs who are shy and find it difficult to speak in front of their peers. I try to make them understand that talking will make them feel better. Circle time is positive and popular for most children and I use it quite often. Some colleagues use it too when there are problems among their pupils.” (E12)*

There are also times when teachers are not aware of the bullying and may not realize what is really happening. However, they generally try to improve social and problem solving skills, and enhance cooperation among their pupils.

*“Sometimes it may be difficult to react as we may not be aware of it. We try to develop positive relationships among the children by discussing in the class. We try to develop cooperation, mutual respect and positive problem solving techniques.” (E13)*

Additionally, the school sometimes organizes special events like for example the “talent day”. During that special school day, all pupils with LDs have the chance to show their talents in an effort to develop their peers’ acceptance and respect. In this way, children with LDs or other SEND can raise their self-confidence and gain their peers’ attention. Additionally, teachers and pupils discuss in the classroom about human rights and respect of individual differences. Lastly, the school tries to have regular cooperation with the parents in order to support pupils involved in bullying. Interestingly, the head teacher reported that it happened in the past to be in the situation of telling the parents to remove their child from the School, as the victimization against them was serious and the teachers could not stop it.

*“I, myself, ended up not knowing what to do. I had to ask the parents to remove their child. Things got out of control. It was so negative for me, the teachers, and the school. I had to convince the parents that this was the best solution. The parents removed their child. The consequences were negative for us as you imagine.” (E14)*

When bullying is regular anxiety, depression, and school phobia may be developed in the victims. Sometimes victims want to miss school days because of fear. Also, they may develop psychosomatic symptoms. According to a teacher:

*“A victim often complains of stomachaches or headaches, something that makes us suspect bullying. Victims cry easily and often, become depressed, nervous, upset, worried and anxious.”* (E15)

Another teacher argued that the effects of relational aggression on all pupils can include isolation and exclusion.

*“I have a pupil in my class who is not accepted; other pupils exclude and disapprove him. They do not respect or support him. He feels lonely and disappointed. As a result, he cannot make friends, he is alone, isolated and excluded.”* (E16)

Children with LDs who are victims may develop mental health problems like anxiety or depression, and sometimes psychosomatic symptoms. Children with LDs may also become isolated. Interestingly, these children may sometimes become bullies in order to find a better solution to their problem. Bullying takes place among children with and without LDs equally, at a similar level and in similar ways. However, children with LDs may be easier targets of verbal and relational bullying. As a teacher reported:

*“Sometimes children with LDs are afraid to get involved in peer groups. They are afraid of disapproval. They don’t want to belong to friendships or to have many friends. Maybe in this way they think they are safer. So they end up not having friends and being isolated.”* (E17)

Children with LDs sometimes want to show they are good at something, for example at gym. However, peers may react negatively as they “hold negative attitudes and want to exclude them from activities”.

Relational and verbal bullying, as well as isolation and exclusion, are often experienced by some pupils with LDs. These findings are also supported by the children interviewees who all believe that children with LDs or other SEND may often be victims of verbal and relational bullying, as their peers 'think of them negatively'. All children believe that peers with LDs are often depressed, worried, fearful, anxious, isolated, and excluded.

### **Summary of Findings**

According to the interviewees, there is maybe bullying in this School, once in a week or more often. There is a high frequency of verbal, physical, and relational bullying. Physical bullying includes fighting, hitting, kicking, and pushing, and verbal bullying includes regular threatening, name-calling, and teasing. Physical bullying happens mostly among boys and relational aggression mostly among girls. There also seems to be frequent verbal and relational bullying against pupils with LDs or other SEND. All types of bullying, including relational aggression, take place mostly in the playground, gym, corridors, and toilets. The bullies are physically stronger, have powerful personalities, and want to show 'superiority'. Sometimes they are clever but with serious behavioural problems. Interestingly, there are children with LDs who often become bullies in order to show some strength. Victims are generally weaker, thinner, quieter, calmer, and less self-confident, with lower levels of self-image and self-esteem. They are shy, fearful, have weak

personalities, or very often have LDs. Children with LDs or other SEND may be easier targets of physical, verbal, and especially relational bullying. However, some may be bullies too. Children with LDs who are victims are usually fearful, depressed, and continuously anxious and worried. Sometimes they refuse to go to school. The teachers try to solve the problems among their students by group discussions. They also organize special event days or circle time sessions for all pupils, aiming to develop mutual respect, acceptance, and cooperation.



### **School F**

According to the teachers, the special needs teacher, and the head teacher, there is probably bullying in this School which has recently been increasing. Interestingly, much bullying regards very young ages. A teacher argued:

*“Bullying is worse recently. We have children who enjoy being bullies and importantly it involves pupils in several ages. We have children of very young ages who like to cause problems. They are mostly boys, but there are young girls too who enjoy bullying other same aged boys or girls, verbally or physically. Bullying may concern pupils from a wide age range. As they get older it gets worse.” (F1)*

There is physical bullying in the School like regular fighting with hitting or kicking, verbal bullying like name-calling or teasing, and relational aggression like isolation, marginalization, and exclusion of individual children. Relational aggression mostly concerns girls, whereas boys are more involved in physical and verbal aggression. Bullying takes place mostly in the playground, classroom, or on school trips, even daily.

It was reported:

*“Bullying is not a rare phenomenon nowadays. It is frequent and affects not only the children, but the staff as well. We have pupils who are not obedient and create problems. They enjoy being leaders and calling others names, fight with them regularly, or exclude them from activities.” (F2)*

Interestingly, it also was argued:

*“Verbal, relational, and physical bullying does not concern only boys, but girls as well, who like to lie or gossip or exclude other girls from friendships. Also, both boys and girls enjoy threatening, calling names and teasing others regularly. Bullying can break the balance of the school and ruin daily function. It creates problems to the children’s learning too. How can children concentrate on their lessons when they are not calm with a clear mind?” (F3)*

The bullies are usually children who need and seek love, or have serious lack of communication with their parents. As a teacher reported:

*“Bullies are children who need love and try to find it in negative ways. They have problematic families. They don’t have a positive relationship with their parents or other family members. They seek attention.” (F4)*

Interestingly, the bullies may sometimes be children with LDs who are afraid of being victimized. The victims are usually introvert and calm children, who do not really react. Victims are not necessarily children with LDs. When the victims react, bullying seems to reduce. Pupils with LDs are not always easier targets, as a teacher argued.

*“Maybe pupils with LDs are easier targets, but because they have more support by their therapists, they overcome the problem easily. There are also pupils who are good academically and are victims.” (F5)*

However, other interviewees seemed to believe that children with LDs can sometimes be easier victims. They may be victims of verbal, physical, and especially relational bullying, more often than their non-

disabled peers. However, there are children without particular LDs who can also be victimized. A teacher reported:

*“I had a pupil in my class (Year 4) who was very good academically and never opened up to speak. After noticing some unusual things like crying or regular headaches, I realized something was wrong. When I tried to find out, he wouldn’t speak. I made a lot of efforts to come closer to him. After a long time he expressed himself in circle time and I realized he was bullied regularly.” (F6)*

The teachers sometimes organize special programmes which aim to improve mutual acceptance and respect. In the class there are discussions once a week where all children can express and share problems and worries. These discussions take place either in the classroom or within specific circle time sessions. Circle time seems to be popular and most pupils feel free to express themselves during the sessions. This programme seems effective as most children believe it is ‘better’ to speak directly to one another when there is a problem. The head teacher reported:

*“We had occasions where some pupils were victims of relational aggression and in the weekly circle time we managed to solve the problem.” (F7)*

However, there are certain children, mainly children with LDs, who do not like to speak and express themselves in front of their peers or are afraid to share their experiences. With these children, it takes longer for circle time to be effective and requires much more effort. Another

programme the School implements is the cooperation with the parents regularly when problems get frequent and serious. However, the parents are not always willing to cooperate or are “very busy”. Also, there are parents who “do not really care about what is happening and always pretend to be busy”. Finally, there are parents from low educational or income backgrounds who do not seem to have the necessary skills to enable cooperation with the School. As it was interestingly reported:

*“Parents are not always willing to help. Some of them are very busy or some others pretend to be. There are also parents who don’t have the necessary skills to communicate with their children or us. So the cooperation with the parents is not always successful, especially when the problems are serious.” (F8)*

The effects of bullying are mostly mental health problems like anxiety and depression, for all pupils with or without LDs. A teacher pointed out:

*“I had a pupil in my class who was high academically and expressed being bullied, something that made him cry at home and feel isolated and miserable. He wouldn’t come to school or would be continuously unhappy here. I strongly believe bullying can create health problems not only to the victims but the bullies too. It can make children miserable, full of fears and worries, anxious and depressed, disappointed and angry.” (F9)*

Looking back at the children’s interviews of this School, it seems that there is a contradictory view as most children believe there is much more physical and relational bullying against children with LDs. On the other hand, most teachers believe that children with LDs may sometimes

be easier targets, but generally the level of bullying involving children with and without LDs is rather similar. Children interviewees though believe that pupils with LDs are more often verbally, physically, and especially relationally victimized, as they are not regarded *normal*. Children with LDs may often be marginalized, excluded, and isolated. Some teachers also seem to believe that there are pupils with LDs who become bullies, an argument that was not reported by any of the children interviewees.

### **Summary of Findings**

There is probably physical, relational, and verbal bullying in this School, and is increasing recently as reported by most interviewees. Physical bullying includes regular fighting, kicking, pushing, and hitting, whereas relational aggression includes exclusion, isolation, gossip, and spread of false rumours against certain individuals. Verbal bullying includes verbal threats, name-calling, and teasing. There seems to be more relational aggression among girls and more physical aggression among boys in this School. Bullying interestingly takes place daily and involves children from several ages, even very young ones. It takes place in the playground, classroom, or on school trips. The bullies are usually children who seek love and have lack of positive communication with their family members. Interestingly, the bullies may sometimes be children with LDs. On the contrary, victims are introvert, calm, shy, and

not always children with LDs. Children with LDs may be easier targets for verbal, physical, and especially relational bullying, but children without LDs may also be victims. The effects of bullying especially on children with LDs are mainly mental health problems like depression, anxiety, isolation, frustration, and school phobia, as well as several psychosomatic symptoms. The School sometimes organizes class discussions, circle time sessions, and special activities, aiming to enhance and develop mutual respect and acceptance among the pupils. Also, the teachers try to cooperate with the parents of the children who are involved in bullying in order to stop this aggressive behaviour, but however this is not always effective due to several problems that parents seem to have.

## ***Conclusions***

According to the classroom teachers, the special needs teachers, and the head teachers of all the sample schools, bullying is probably taking place quite often, even daily, includes children from all Year groups, and may have negative effects on all children involved. Bullying includes regular physical attacks with fighting, hitting, kicking and pushing, as well as verbal threats, teasing, and name-calling, and is quite prevalent. Relational aggressive actions include spreading false rumours, lying, gossiping, avoiding, disapproving, isolating, destroying social status, and excluding certain individuals from peers groups. Verbal bullying also seems to be very common in the schools, taking place mostly in the playground and classroom. Physical bullying involves mostly boys, whereas relational aggression regards mostly girls from several age groups. However, there seems to be certain girls who may often be involved in physical aggression as well.

In all the Schools, bullying may generally regard all children, with or without LDs. Sometimes, children with LDs are easier targets, but interestingly there are some of them who are bullies, when trying to defend themselves or not to seem incapable in their peers' eyes. Generally, children with and without LDs can be bullied or bully others on a similar level. Most of the times however, children with LDs who are victims, seem afraid to report the problem and prefer to 'hide' their experiences. Bullying is a negative way of behaving and children

involved may become anxious, worried, frustrated, depressed, isolated, and afraid of school. Also, victims might sometimes skip classes pretending illness. There may also be psychosomatic complaints by some victims, like regular stomachaches or headaches. There are not any specific anti-bullying programmes or schemes in the sample schools, as reported. However, teachers organize several school events where all children are asked to participate and show their strengths and talents in order to gain peer respect and acceptance. Also, they organize discussions or circle time sessions where all children have the opportunity to speak and share their experiences. Finally, all schools' head teachers often talk to the bullies, advise or punish them, and try to cooperate with the parents.

Taking into consideration both the teachers' and the children's overall interview results, it can be argued that bullying may regard all pupils, with or without LDs. However, it was generally found that pupils with LDs may be easier targets and are often regarded "inferior", "mentally retarded", "stupid", "children with special needs", or "the children from the unit" who "do not really belong to *normal* schools". The data collected from the children's interviews suggest that children with LDs or other SEND may often be more marginalized, isolated, discriminated, stigmatized, and excluded, compared to non-disabled children. Such children are usually alone, seem to be depressed and miserable, and often have no friends. On the other hand, teachers argued



that children with LDs may not only be victims, but can be bullies as well. Also, there may be children with or without LDs who are bully-victims. The bully-victims are maybe the most problematic children, because they usually exhibit serious behavioural and emotional problems.

It was generally reported in all the interviews that children with LDs or other SEND may very often be victims of regular verbal, physical, and particularly relational bullying. However, almost no pupil interviewee reported seeing children with LDs bullying others. This is in contrary with some of the adult interviewees who reported that LD pupils may very often be bullies. Most interviewees believe that bullying can generally involve any child, and that any child can become a bully, a victim, or a bully-victim.

The effects of bullying mostly on the victims can be serious. Bullying may affect health in general and develop depression, anxiety, phobia, and psychosomatic symptoms. Bullying is according to all adults a phenomenon that is quite frequent recently and can be disastrous not only for the children, but for the teachers and the schools in general.

## **CHAPTER 8: QUESTIONNAIRES' RESULTS**

### ***Introduction***

This Chapter presents the results of the Questionnaires in these sections: **Section 8.1**: The results of the LIS Survey with 620 pupils from the six schools, Years 4, 5 and 6, and **Section 8.2**: The results of the LIS and Reynolds Bully Victimization Scales completed by the sample pupils (N=24). The results are reported for the subscales for both the LIS and Reynolds Scales. Additional information is provided by some item analyses where appropriate. Main findings are reported here with additional data reported in Appendices 1 and 2 as appropriate. Analyses comprised independent measures t-tests for comparison between two groups (e.g. gender); repeated measures t-tests for comparisons of the same group over time; ANOVA for differences between three groups; and  $\chi^2$  where t-tests or ANOVAs were not appropriate.

### ***8.1 The LIS Bullying Survey***

#### **8.1.1 Gender**

Overall results regarding gender differences for the *Physical* and *Verbal Index*, as well as the *Positive Behaviour Index* (see Chapter 5: Methodology, for reference), are demonstrated on Table 8.1 below.

**Table 8.1: LIS Physical and Verbal Bullying and Positive  
Behaviour (*By Gender*)**

SCALE	Items	Alpha	Boy		Girl		t	P
			M	SD	M	SD		
Physical Bullying	11	.861	1.587	.508	1.550	.487	.901	.368
Verbal Bullying	12	.875	1.610	.522	1.574	.497	.886	.376
Positive	17	.811	2.232	.392	2.312	.396	-2.753	.006

N=620 (boys=327, girls=293)

There was no significant gender difference for the Physical or Verbal Bullying scale; however, there was a significant gender difference for the Positive Behaviour Scale (Table 8.1).

The pupils were also asked to state their feelings regarding several situations (Table 8.2). The girls were more likely to feel happy on their way to school ( $p=.021$ ) and when eating ( $p=.006$ ), but no other gender differences were found.

**Table 8.2: LIS Feelings (*By Gender*)**

STATEMENT	Boy		Girl		$\chi^2$	P
	HAPPY	SAD	HAPPY	SAD		
On my way to school	249	78	245	48	5.327	.021
When I'm waiting in the playground	225	102	186	106	1.804	.179
When I'm in the classroom	223	104	214	78	1.927	.165
Playtime in the playground	301	25	264	28	.724	.395
When we eat	292	32	280	12	7.701	.006
Going back home	296	27	275	17	1.486	.223
N=620 (boys=327, girls=293)						

There was no gender difference with respect to 'further negative statements' (Table 8.3).

**Table 8.3: LIS Further Negative Statements (*By Gender*)**

STATEMENT	Boy		Girl		$\chi^2$	P
	YES	NO	YES	NO		
Is there a place in the school that makes you feel unhappy?	109	174	85	164	1.096	.295
When you are unhappy do you tell your teacher?	182	140	176	115	.986	.321
I have been bullied in another way	199	108	173	105	.423	.515
N=620 (boys=327, girls=293)						

The participants reported the period of time the bullying had been going on (Table 1, Appendix 1). Again there were no significant gender differences found ( $\chi^2 = 3.837$ ,  $p = .573$ ).

Further analyses by gender are presented in Appendix 1, Tables 2-5. There were no significant gender differences with regard to who they have told about the bullying, where the bullying occurred, what they would do if they saw bullying, and whether they thought their school took bullying seriously. However, it is also of interest to note that more of those who had been bullied told no-one or a friend than a teacher (Table 2, Appendix 1).

The main location for being bullied was the classroom for both boys and girls (Table 3). More boys and girls would tell a member of staff or try to stop bullying than ignore it (Table 4), and both boys and girls thought the school took bullying seriously than those that did not, though the differences were not large: 103 v 79 boys, 92 v 68 girls (Table 5).

In summary, therefore, there were no systematic gender differences with respect to bullying although there was a significant difference with respect to positive behaviour, in favour of girls.

### **8.1.2 Age**

Overall results regarding age differences for the Physical and Verbal Index, and the Positive Behaviour Index are presented in Table 8.4 below.

**Table 8.4: LIS Physical and Verbal Bullying and Positive Behaviour (*By Year*)**

SCALE	Year 4		Year 5		Year 6		<i>F</i>	<i>p</i>
	M	SD	M	SD	M	SD		
Physical Bullying	1.571	.502	1.505	.493	1.617	.495	2.543	.079
Verbal Bullying	1.573	.510	1.529	.503	1.663	.509	3.721	.025*
Positive Behaviour	2.307	.373	2.259	.416	2.252	.401	1.222	.295

\*Post-Hoc test: Statistically significant difference between Year 5 and Year 6

N=620 (Year 4=215, Year 5=179, Year 6=226)

Overall there was no significant relationship with age for physical bullying ( $p=.079$ ), whereas there was a significant relationship for verbal bullying ( $F=3.271$ ,  $p=.025$ ) with the Bonferroni post hoc test showing a significant increase between Years 5 and 6 ( $p=.026$ ). Regarding positive behaviour items there were no significant differences among the three age groups either. Younger children were less likely to report that there was a place in school that made them feel unhappy, compared to Years 5 and 6 children ( $\chi^2=13.90$ ,  $p<.001$ ).

Further results by age are presented in Appendix 1, Tables 6-11; again there were no significant differences by age on any of those items.

## **Summary of Findings**

Although there were significant differences by gender and age for specific LIS items, overall there was no significant relationship with either gender or age for physical bullying. However, verbal bullying was more common among the oldest pupils (Year 6) and positive behaviour was more likely among girls than boys.

### ***8.2 LD-TD Pupils***

#### **8.2.1 The LIS**

Comparisons of the LD and TD samples produced no significant differences regarding Physical and Verbal Bullying, as well as the Positive Behaviour Index items at each time (Parts 1 and 2) (see Table 8.5 below).

**Table 8.5: LIS: Physical and Verbal Bullying and Positive Behaviour: LD versus TD Pupils**

				Learning disabled		Typically developing		T	p
SCALE		Items	Alpha	M	SD	M	SD		
Physical Bullying	<i>Part 1</i>	11	.757	1.39	.22	1.42	.39	-.233	.818
	<i>Part 2</i>	11	.875	1.64	.49	1.57	.48	.343	.735
Verbal Bullying	<i>Part 1</i>	12	.839	1.54	.34	1.60	.49	-.365	.719
	<i>Part 2</i>	12	.923	1.73	.59	1.86	.63	-.529	.602
Positive Behaviour	<i>Part 1</i>	17	.814	2.01	.35	1.99	.34	.105	.918
	<i>Part 2</i>	17	.929	2.27	.49	2.22	.53	.224	.825

N=24, LD=12, TD=12

### 8.2.2 The Reynolds Bully-Victimization Scales

Table 8.6 below presents the results of the analyses of the Reynolds Scales (see ‘Chapter 5: Methodology’, for reference) completed by the focus LD and TD pupils in Parts 1 and 2 of the study.

**Table 8.6: The Reynolds Bully Victimization Scales:**  
**LD versus TD Pupils**

SCALE		Items	Alpha	Learning disabled		Typically developing		<i>t</i>	P
				M	SD	M	SD		
Bully Victimization Scale	<i>Part 1</i>	35	.913	1.16	.50	1.11	.68	.204	.840
	<i>Part 2</i>	35	.937	.95	.61	.96	.57	-.020	.984
Bully-Victimization Distress Scale	<i>Part 1</i>	22	.895	1.36	.69	1.21	.65	.581	.567
	<i>Part 2</i>	22	.946	1.2	.74	.92	.60	1.083	.290
School Violence Anxiety Scale	<i>Part 1</i>	43	.910	.80	.44	.83	.50	-.121	.905
	<i>Part 2</i>	43	.926	.58	.45	.46	.34	.734	.471
N=24, LD=12, TD=12									

Overall, no significant difference was found between the LD and TD pupils at either assessment point (Part 1 and 2). Similarly, there were no significant differences over time for either the LD or TD groups on any of the three Reynolds scales (Table 8.7).



**Table 8.7: The Reynolds Bully Victimization Scales:**  
***Part 1 versus Part 2***

		<b>Part 1</b>		<b>Part 2</b>		<i>T</i>	<i>P</i>
SCALE		<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Bully Victimization Scale	<i>LD</i>	1.16	.50	.96	.61	.919	.378
	<i>TD</i>	1.11	.68	.96	.57	.510	.620
Bully- Victimization Distress Scale	<i>LD</i>	1.36	.69	1.22	.74	.826	.426
	<i>TD</i>	1.20	.65	.91	.60	.979	.349
School Violence Anxiety Scale	<i>LD</i>	.80	.44	.58	.45	1.238	.242
	<i>TD</i>	.83	.50	.46	.33	1.923	.081
N=24, LD=12, TD=12							

## ***Conclusions***

With respect to the school sample (N=620) there are generally no gender and age differences related to bullying. The only significant difference is that older children (11-12 years) are rather more involved in verbal bullying and girls show more prosocial behaviour. Similarly, comparisons of the LD and TD groups on the LIS produced no significant differences on any scale of the LIs or Reynolds at either Time 1 or Time 2.

## **CHAPTER 9: DISCUSSION**

### ***Introduction***

In this Discussion the aims of the current research are reiterated, and the main findings drawn from the quantitative and qualitative parts are presented and interpreted in relation to the research literature review. Next, certain conclusions are presented based on the overall results. Lastly, several limitations are considered and recommendations and proposals for future research are discussed.

#### ***9.1 The main Aims of the Study***

The main aim of the present research was to explore the phenomenon of bullying within a population of primary school children in Cyprus with and without learning difficulties (LDs), with a particular focus on relational aggressive actions, and to provide new knowledge about the current situation regarding school bullying in Cyprus. The study particularly aimed to explore bullying against or by pupils with LDs in six Cypriot primary schools, and give an insight to more researchers who like to explore this specific form of aggression within a population of pupils with SEND and/or other disabilities.

Specifically and most importantly, the study aimed to explore in depth the experiences of a sample of pupils with LDs and a comparison group of typically developing pupils (TD) regarding bullying in school,

focusing particularly on relational aggression, and draw comparisons between them, while investigating types, risk factors, severity, duration, effects, feelings, thoughts, and emotions, and comparing mental health effects of victimization between the two focus groups, over two academic years. Therefore, the study firstly aimed to explore whether pupils with LDs are bullied by non-disabled peers, and if so, to examine in what ways they are bullied, for how long this behaviour against them lasts, and what the reasons underpinning the victimization are. Also, to examine whether these children are bullied at a greater frequency or severity by non-disabled peers compared to typically developing pupils when attending inclusive educational settings characterized by the involvement of individual pull-out classes (special education and speech therapy). This comparative part of the study was initially based on the hypothesis that the factor 'learning difficulties' was associated with more bullying than the absence of this, and that because of this certain 'risk-factor', there might be differences in the frequency, severity, and types of bullying between the two groups of children, over a two-year time period.

Another aim of this research was to examine the mental health condition of the sample pupils (LD-TD) subjected to bullying, and identify how this changed because of the victimization, if so, within the period of the study. Moreover, the study aimed to examine differences of mental health effects related to bullying between the two focus groups in

order to identify whether pupils with LDs are more affected compared to TD pupils, and to identify changes when comparing the two time points.

In addition, the study aimed to investigate the experiences of a larger sample ( $n=620$  pupils, aged 9 to 12 years) regarding bullying in the six participating primary schools, and to examine the relationship with age and gender, the places where it happened, the period of time it lasted for the victims, and the types of bullying experienced.

Lastly, the research aimed to explore teachers' and head teachers' experiences and views regarding bullying in their current schools, examining specifically types, levels, duration, severity, common places, characteristics of children involved, health effects, risk factors, age and gender issues, and school intervention techniques.

## **9.2 Main Findings**

### **9.2.1 Pupils with Learning Difficulties and Typically Developing Pupils**

There were no significant differences between the LD and TD pupils with respect to responses to the Life in School Questionnaire at either time point. In fact, the same number of pupils with and without LDs reported victimization, mainly either in the classroom or the playground, at both time points. Similar kinds of bullying were reported by the victims in both groups, and included several physical, verbal, and relational aggressive actions. Therefore, the LIS analyses cannot suggest

that the sample pupils with LDs were more likely to be bullied or be more severely bullied compared to their TD match controls. Regarding duration, it was found that the pupils from both groups who had reported victimization in Year 1 reported being continuing victims in Year 2 as well, both in the LIS and the Reynolds Bully Victimization Scales.

Interestingly, the overall analyses of the Reynolds Bully Victimization Scales, as well as the LIS Questionnaire, though non-significant, suggest a trend for more TD sample pupils to report aggressive behaviours towards their peers, whereas the LD pupils were not generally likely to report bullying others, but mainly being victimized. However, teacher interviews indicated that children with LDs can also be frequent bullies in some cases.

Still, the general picture derived from the teachers' interview data suggests that the majority of the teachers believe that there are often pupils with LDs or other SEND, as for example physical disabilities, language and communication difficulties, or autistic spectrum disorders, who may be targets of verbal, physical, and especially relational victimization, and sometimes 'easier targets' compared to their non-disabled peers, mainly because of their personal and social weaknesses. In addition, teachers reported that TD children generally hold rather 'negative' attitudes towards their peers with SEND, as they most of the times ignore them or do not really like to share close relationships with them, and may exclude them from friendship groups. Previous research

has similarly shown that children without SEND may not always hold positive attitudes towards their learning disabled peers (Whitney, Smith, & Thompson, 1994). Similarly, children interviewees with LDs in the present study reported experiencing sometimes negative attitudes by their TD peers, and interestingly, as reported by children interviewees with or without LDs and by teachers as well, pupils who look ‘different’ because of learning abilities, skin colour, ethnicity, language, or physical appearance, may be more likely to experience victimization, a finding also reported by other researchers previously (Sweeting & West, 2001; Torrance, 1997). Less than half of the teachers still argued though that the level of victimization between pupils with and without LDs can be similar, but the special needs teachers who participated in the interviews argued that the victims of bullying in many Cypriot primary schools are more often pupils with LDs, communication and language problems, physical disabilities, ADHD, or autism, compared to non-disabled pupils. Generally, therefore the interview data suggest that children who look ‘different’, not only because of personal, social, or academic deficits, but also because of different skin colour, language or ethnicity, and ‘special’ physical characteristics, may be more at risk of being victimized in Cypriot schools.

Through the above results presented it can be seen that generally no clear evidence is available from the LIS questionnaire or the interviews to show that the pupils in the LD group were more likely to be

victimized, or be more frequently or severely victimized compared to the pupils in the TD group. However, certain issues were raised in the interviews regarding particularly verbal and relational victimization, which seemed to be mostly related to learning, communication, and physical disabilities, skin colour and ethnicity, and special appearance characteristics, as discussed above.

### **9.2.2 Effects of Bullying on Pupils with and without LDs**

The analyses of the results of the Reynolds Bully Victimization Scales did not produce significant differences regarding the effects of bullying victimization on pupils with and without LDs, although there was a (non-significant) trend to suggest that such effects, and particularly effects of relational aggressive repeated actions against a certain individual, seemed to be more related to the LD sample pupils compared to the TD controls. For example, pupils with LDs were more likely, though non-significantly, to report mental health effects such as depression, anxiety, fear, unhappiness, loneliness, and dislike of school compared to the TD controls, as previous work has similarly shown (Grills & Ollendick, 2002; Hunter, Boyle & Warden, 2007; Storch *et al*, 2003b). Also, pupils with LDs were (non-significantly) more likely to report school avoidance because of fear, the experience of isolation, and the belief they deserved the bullying, compared to the TD pupils (also see Hawker & Boulton, 2000; Grills & Ollendick, 2002). However, no

suicide ideation was reported by any of the victims, supporting the lack of limited relationship between bullying victimization and suicide ideation and action as Klomek *et al*, (2008) have argued. Generally, the results of the present study did not reach statistical significance, but did provide support for previous research suggesting that involvement in bullying and victimization, and particularly in relational aggression, may be associated with negative psychological and other health problems (also see Fekkes *et al*, 2004; Hjern *et al*, 2008; Klomek *et al*, 2007; Solberg & Olweus, 2003).

Data collected from the children's interviews suggest that pupils with LDs were generally believed to be more affected when experiencing bullying victimization compared to pupils without learning or other disabilities, particularly when relationally victimized, mainly because of their personal, social, and academic deficits. As argued in the interviews, children with LDs or other SEND are not always welcomed in peer groups, do not really have close friends, may not always be respected and accepted, are often called names and teased about their academic problems, are rather isolated, excluded, and marginalized, and may often be characterized by others as 'pupils who belong to special schools', or 'disabled', or 'pupils from the special units'. However, further children's interview data together with the Reynolds Scales data analyses, suggest that the pupils from both the TD and LD groups who reported victimization were all feeling miserable and deeply sad at school, fearful,



insecure, powerless, lonely, helpless, and worried and anxious about bad things happening at school. Generally, unhappiness, anxiety, and phobia related to bullying victimization were reported by most LD and TD sample victimized pupils, similar to previous research (Bond *et al*, 2001; Hawker & Boulton, 2000; Rigby, 2002). However, it cannot be clearly identified whether these symptoms followed victimization or created it, an argument that has been widely debated among professionals as discussed earlier (see 'Literature Review: Chapter 1') (Dill *et al*, 2004; Snyder *et al*, 2003; Sweeting & West, 2001), though there is still evidence showing that serious psychological symptoms may not be apparent before victimization (e.g. Bond *et al*, 2001; Kumpulainen & Rasanen, 2001). Furthermore, there were victimized pupils with LDs who reported having feelings of anger and frustration, which sometimes led them to aggressive actions against their bullies, whereas other victims reported having developed self-pity emotions maybe because of their victimization (also see Grills & Ollendick, 2002; Sharp, 1995).

In addition, the majority of the girls who reported relational victimization in the interviews, particularly girls with LDs, reported certain kinds of health problems which were, according to them, related to this victimization, and these included feelings of peer rejection, problematic relations, and internalizing symptoms like depression, disappointment, anxiety, unhappiness, and loneliness, as previous research has similarly shown (Crick *et al*, 2006; Crick & Nelson, 2002;

Crick & Zahn-Waxler, 2003). In fact, earlier evidence has shown that relational victimization may hurt victims even more than physical (Crick & Bigbee, 1998; Crick & Grotpeter, 1996), something similarly seen in the present study's interviews, especially by girls with LDs.

Furthermore, girls with LDs who reported relational victimization, reported coexisting feelings of emotional distress ending up disliking school (also see Owens, Slee, & Shute, 2000a; Rigby & Slee, 1999), psychosomatic symptoms like headaches, stomachaches, and sleeping problems, and isolation, sadness, and exclusion. Girls with LDs also reported often being verbally bullied (regularly teased and name called), something that might have also contributed to their depressive feelings. It has been stated that relational and verbal victimization, when repeated and systematic, may have disastrous effects on the victims (Baldry & Winkel, 2004; Rigby, 2000). However, it cannot be clearly identified whether these conditions described above followed victimization or created it.

There was a trend for the results of the Reynolds Scales, though non-significant, to suggest that LD pupils were more likely to report psychosomatic symptoms (e.g. sleeping problems, bad dreams, sweating hands, worries) compared to the TD controls, as previous research has similarly shown (Hjern *et al*, 2008). During the second academic year however, such symptoms seemed to have decreased, maybe because the

LD pupils had been involved in more friendly experiences with their peers after some schooling time passed.

Even though overall results may not show clear evidence to relate the above mental and psychosomatic symptoms to relational victimization, it still needs to be highlighted that such findings can raise various questions regarding this kind of aggression in Cypriot schools. It can be suggested that relational aggression may exist in primary schools in Cyprus and may have negative effects on the children's life and health, and therefore, teachers in Cyprus need to become familiar with relational aggression as most of the times it is 'hidden' but may still create serious problems to the victims, especially victims with LDs or other SEND that might be more vulnerable. In fact, it has been argued that victims of systematic relational aggression may at some point need therapy by specialists (Young *et al*, 2006).

### **9.2.3 Effects of Bullying on all Children involved**

Several bullying effects were reported in the teachers' and children's interviews regarding all children involved in such aggressive behaviours, either as victims or as bullies. Such effects include physical harm, mental health problems like depression, anxiety, phobia, isolation, exclusion, low self-esteem and self-confidence, and psychosomatic symptoms (also see Hjern *et al*, 2008; O'Moore & Kirkham, 2001; Solberg & Olweus, 2003). Teachers believe that all types of bullying can

be serious, and that without intervention it can create serious harm to any child involved. It can also harm the school's function, atmosphere, academic achievement, and general climate, and create various problems to the staff.

#### **9.2.4 Types of Bullying, Common Places, Frequency**

The LIS survey results suggest that verbal, physical, and relational bullying exist in the sample schools. Bullying incidents were reported to occur in all the main settings within the school and on the way to and from school, but the most common place for both boys and girls was within the classroom, in all three year groups, and such behaviours took place usually by one or more aggressors towards an individual child (the target).

The results of the children's and teachers' interviews also suggest that verbal and physical bullying may exist in the sample schools, as well as several relationally aggressive incidents that happen quite often among a number of pupils, particularly older girls. Several examples of bullying behaviours were found to be evident, happening quite often, even daily, (e.g. fighting, hitting, kicking, spitting, name-calling, teasing, excluding, spreading false rumours, gossiping, etc), and mainly taking place in the playground, classroom, school corridors, gym room, bathrooms, and on school trips. As interview data have shown, such behaviours may sometimes be repeated, systematic, and persistent, particularly among

certain individuals. Therefore, the interviews support previous research that bullying can take place even in small countries like Cyprus and may be a negative experience in children's life (Kaloyirou, 2004; Kaloyirou & Lindsay, 2008).

### **9.2.5 Gender, Age, and other Issues Related to Bullying**

Teachers' interview data suggest that girls, especially teenagers, continuously try to gain acceptance by their female friends and need to belong to their close friendship groups, so they try to overprotect themselves in order to succeed in these efforts, ending up sometimes to behave in relationally aggressive ways maybe because of feeling threatened and afraid about their close relationships (also see Owens, Shute, & Slee, 2000). In addition, data drawn from the children's interviews have shown that girls who reported relational aggressive behaviours mainly towards other girls, stated that sometimes they were feeling 'bored' and liked 'gossips' in order to find 'something exciting to do' and 'enjoy this excitement' (also found by Owens *et al*, 2000). Also, they sometimes felt they had to behave in such ways in order to 'follow' their groups and not be excluded. These girls' involvement in relational aggression had maybe resulted from problematic family relationships, as reported by teachers in the interviews. As Eisenberg *et al*, (2003) have also reported, when family functioning is problematic, young girls may be involved in such kind of aggression. Additionally, girls who reported

being relationally aggressive stated that they often behaved in such ways because they were feeling threatened of losing their best friends or their belonging to the group (also see Bowie, 2007).

Data from the Reynolds Scales and the interviews have shown a trend among the pupils who reported victimization for the girls to be more likely to report depressive symptoms compared to boys, particularly because they were more relationally victimized, experienced negative evaluation by peers, avoided new social situations, and were eventually lonely (also see Kumpulainen *et al*, 2001; Storch & Masia, 2004). However, the differences found in the Scales regarding these issues were statistically nonsignificant.

The overall results of the teachers' interview data suggest that generally boys are believed to be more involved in physical and/or verbal bullying, whereas girls in relational and/or verbal aggression. On the other hand, the analyses of the LIS survey results do not support this argument, as no statistically significant gender differences were found for either the Physical or Verbal scales. This lack of gender differences regarding the types of bullying in the LIS survey implies that both boys and girls in the sample schools tended to get involved in verbal, physical, or relationally aggressive actions on a similar level. However, there may have been biases in the girls' responses in the Questionnaire's completion, as it was a self-report measure, and as girls are not generally 'believed' or 'expected' to be so physically aggressive compared to boys.

Still, certain gender differences were found in the interviews and the Reynolds Scales data, as described above.

Although the LIS results were not statistically significant, a tendency was still spotted on behalf of boys who were more likely to report victimization for a longer time period (half or more than an academic year) compared to girls. Moreover, boys were more likely to report bullying others compared to girls, though the results were again nonsignificant. Still, the (non-significant) trend of these results is in accordance with earlier research which has shown that boys are more often the aggressors in bullying incidents compared to girls (Crick, Bigbee, & Howes, 1996; Delfabbrol, *et al*, 2006; Lagerspetz, Bjorqvist, & Olweus, 1993).

Data drawn from the children's interviews have shown that boys and girls reported victimization on a similar level. Interestingly, boys reported being generally involved in verbal and physical aggression, whereas girls in indirect and relational aggressive actions (also see Crick *et al*, 1997; Crick & Crotmeter, 1995; Owens, *et al*, 2000b). Teachers' interview data suggest that teachers generally believe that older boys and girls undertake physical and verbal bullying. Interestingly, as reported in the interviews, verbal and physical bullying may sometimes occur in young children as well, even from Years 1, 2, and 3. Lastly, more than half of the children interviewees argued that both verbal and physical

bullying mainly concerns teenage pupils, mostly boys, whereas teenage girls are more often involved in verbal and relational bullying.

Regarding the age factor examined, the results of the LIS survey produced a statistically significant difference for verbal bullying with a significant increase between Years 5 and 6. The number of children from all the groups reported some involvement in physical and verbal bullying, though generally there was a trend for older children (particularly girls) to be involved in verbal and relational aggression compared to younger children.

#### **9.2.6 Children Involved in Bullying**

The overall analyses of the teachers' interview data suggest that the 'typical victims' of bullying are generally believed to be children with some lack of social and communication skills, physically weaker, shy, withdrawn, rather poor achievers, and often pupils with LDs or other SEND (also see Fox & Boulton, 2005; Perry, Hodges & Egan, 2001; Whitney *et al*, 1994). Victims were regarded by teachers as rather unpopular, rejected, shy, introvert, lonely, weak, miserable and low self-confident, and with no close friends. As argued by teachers, victims usually believe the school is not a safe place for them, and they generally hold negative views and attitudes towards school, classes, teachers, and peers (also see Smith & Shu, 2000). Lastly, victims were regarded as children with lack of family support, an issue raised in the children's



interviews and found in previous research as well (O'Moore & Kirkham, 2001).

Similarly, more than half of the children interviewees regarded the victims of bullying as usually pupils with LDs or other SEND (e.g. physical disabilities or 'mental retardation'), or children with low levels of social and communication skills, who are usually peer rejected, unpopular, and lonely. Also, some of the focus pupils who reported verbal and relational victimization by non-disabled peers had LDs. These children regarded themselves unpopular, disrespected, marginalized, unwelcomed, ostracized, not really accepted, generally excluded from friendship groups, and rather lonely at school. It can be argued therefore that, despite the lack of statistically significant results from the LIS Questionnaire, interview data suggest that incidents of relational aggression may sometimes take place against individuals with LDs in the sample schools. On the other hand, there were pupils from 'high' educational levels and with no particular LDs (typically developing children) who also reported victimization in the LIS and the interviews and in fact the number of the focus pupils with and without LDs who reported being victimized was the same. Similarly, as reported by teachers, victims may sometimes be children without academic problems and not necessarily pupils with LDs or other SEND. As it can be seen, therefore, the views of the children at the interviews suggesting that

children with LDs or other SEND are more often victimized compared to non-disabled children, seem not to be supported by other evidence.

Moreover, teachers' interview data suggest that children who come from other countries, have different skin colour, different ethnicity, speak a different language than the Greek, or 'differ' regarding physical appearance, may also be victims of bullying. This argument was supported by two specific cases of the sample pupils who reported victimization in their interviews. These were a boy who reported victimization because of his 'different' physical characteristics (overweight), and a girl who reported victimization because of her different ethnicity and skin colour. Repeated verbal and relational victimization was reported by these two children in their interviews at both time points. Therefore, overall results can suggest that the profile of the victim of bullying can on the one hand include factors like learning or other disabilities, 'different' physical appearance or ethnicity, low academic achievement, low self-confidence, and 'weak' personality characteristics, and on the other hand, no particular learning or other disabilities, high academic achievement, and 'strong' personality characteristics.

The 'typical aggressors' (the bullies) are believed by teacher interviewees to be children who lack love and 'look' for it in wrong ways', or try to gain attention in 'negative' ways. According to interview data, the bullies are more likely to be children who lack positive family

relationships, or children who have LDs and try to show they are not 'invisible'. Such children may often express dissatisfaction with their school and peers and feel out of the school community because of their academic or social difficulties (also see Ahmed, 2001). On the other hand, as argued by teachers, pupils with LDs may also act like bullies because of their feelings of insecurity with their ability to learn which sometimes makes them try to show they are strong in other activities or have physical strength.

Additionally, the bullies are believed by teachers to be children with serious behavioural and emotional problems, children who 'like and enjoy' fighting and aggression, and may be psychologically distressed (also see Zimmerman *et al*, 2005). It was argued that the bullies are more likely to be children who like violence or experience it in their families, choose aggression to solve peer or other problems, probably have weak parental supervision, or lack positive communication with their family members, especially their parents. Bullies were thought to be children who probably experienced hostility in their families, as previous research has also shown (Haynie *et al*, 2001; Olweus, 2001; Perry *et al*, 2001; Rigby, 2003). Moreover, the bullies are more likely to be children who like to show their 'power' and 'strength' to their peers, and this is may be because of their own character and personality characteristics (Graig & Pepler, 2007; Pepler *et al*, 2006). Lastly, the bullies are thought to be children who are not afraid of the school's rules or the school staff as they

probably hold a superior status among their peers (Graig & Pepler, 2007; Pepler *et al*, 2006).

Similarly, as reported by children interviewees, the bullies are usually older pupils, mostly boys, who seem to ‘enjoy’ fighting and being aggressive to weaker or younger children. Also, they are children who are not really afraid of the teachers or the head teachers, and do not really consider or follow the school’s or classroom’s rules. They do not seem to be afraid of punishments, and they ‘enjoy’ causing tension and troubles around. Moreover, they are not really afraid of their parents as most of the times their parents ‘support’ them, and try to ‘cover’ their troubles and ‘help’ them get away easily, and very often their actions come out to be ‘successful’. Therefore, the bullies may continue as they are not truly punished in order to stop their aggressive behaviours. Interestingly, pupils with LDs or other SEND were not generally regarded as bullies by most children interviewees, contrary to some teachers’ arguments.

Data collected by the teachers’ interviews interestingly suggest that some children can be at the same time both victims and bullies (thus bully-victims), and these are more likely to be boys (also see Solberg, Olweus & Endresen, 2007; Wolke *et al*, 2001). These bully-victims have rather different characteristics compared to typical bullies and typical victims. They are usually children who try to irritate and provoke their peers, like to respond to their aggressors in similar ways, or are afraid of further victimization so they act first in order to avoid it. The bully-

victims are generally thought by teachers to be children with serious emotional and behavioural problems together with problematic relationships with their peers, teachers, or parents, findings in line with previous research (Schwartz *et al*, 2001).

### **9.2.7 Relational Aggression**

Apart from the several findings regarding relational aggression that were discussed previously, it was also interestingly found in the teachers' interviews that the members of the schools' staff were not always aware of relationally aggressive episodes in the school, or sometimes they thought not to intervene, rather regarded it as 'normal' in adolescence, or were more 'interested' in physical aggression as it was more 'obvious', 'risky', and 'dangerous'. Similarly, children's interview data suggest that most of the time the teachers do not really help or support relationally victimized pupils maybe because they regard such behaviour as 'not serious' or 'usual' among teenagers (also see Craig *et al*, 2000; Underwood *et al*, 2001). In addition, as reported by children interviewees, teachers generally believe that teenage girls argue quite often and then come back together again with no serious problems.

Older girls were rather more likely to report involvement in relational aggression, as revealed in the interviews, compared to younger girls, as earlier researchers have similarly found (Crick *et al*, 1999; Ostrov *et al*, 2004). The girls who reported relational victimization also reported

feeling worried about their friendships, the ideas their peers held about them, and they shared critical friendship groups which they needed to belong to. When their friends ‘attacked’ them, they felt depressed, angry, and disappointed, as in their close friendship groups they looked for attention and acceptance, and when these were threatened they were likely to feel ‘really bad’ (also see Yoon *et al*, 2004).

### **9.2.8 Risk Factors**

As mentioned previously, children’s interview data have shown that risk factors for victimization of the pupils with LDs include poor social skills, communication difficulties, and poor academic success, in line with previous work (Bauminger *et al*, 2005; Singer, 2005). It was also found that generally the sample pupils with LDs were more likely to report involvement in relational victimization compared to the TD controls. Also, facts like having LDs or other SEND, receiving individual academic support like special education or speech therapy, attending the special unit, and lacking protective close friends, may be related to victimization, and particularly relational and verbal victimization. Lastly, certain physical characteristics that may make individual children look ‘different’ (e.g. skin colour, weight, physical disabilities), or different ethnicity and language, can also be factors related to verbal, physical, and particularly relational victimization.

### **9.3 A Critical Perspective on the Concept of Bullying**

In this section, a final critical consideration on the concept of bullying is presented. Firstly, studies examining and reaching high bullying prevalence rates, usually with the use of questionnaires or interviews, could create concerns about validity and reliability when considering children's responses, as bullying, as defined in this study on the basis of the dominant conceptualization, takes several forms and is persistent and systematic. Therefore, when children give their responses based on their own beliefs and thoughts, the researcher needs to ensure that the actions listed reach the necessary criteria and are actually bullying if they are to be interpreted using this terminology. Meanwhile, the researcher needs to ensure valid results when the study uses behavioural measures (e.g. being teased, hit etc) to distinguish usual arguments and real aggression, as the concept of bullying is broad and it may often be difficult to distinguish it from other forms of peer aggression or even play, as for example usual, friendly, and playful teasing, and actual verbal bullying. This may apply to the measures and/or the interpretation of the results, moving from behavioural descriptions to terms such as bullying or victimization. In addition, there are at the moment various definitions of the term 'bullying' created and used by several researchers, which may not all address the main criteria, may vary slightly from measure to measure, and lead to confusion regarding the interpretation of results. On

the other hand, even if there is one commonly agreed definition, this still may not ensure that all participants or researchers will apply it consistently. There might be methodological challenges, as research is generally based on self-report measures where the samples are asked to fill in their responses which may depend on their knowledge of the concept of bullying (if this term is used), understanding of the questions, memory skills, and ability to recall events. Meanwhile, bullying may mean different things to different children participants, for example the level of concern they attribute to others' actions such as teasing or aggressive acts; or some may not be willing to report involvement for their own reasons, while other may exaggerate or report false or extreme accusations or false victimization. Similar biases may also be apparent in peer and teachers' reports and rating instruments. There may also be the case where teachers do not intervene to actual aggression when they regard it as 'normal' and 'usual', or give wrong instructions and information to their pupils when participating in a survey. Moreover, researchers who examine effects of bullying need to take into account the coexisting factor of causality, as generally aggressive children may be more likely to bully compared to others, but as bullying takes many forms it could be a mistake to assume that all their aggressive behaviours will lead to or be seen by the recipient as bullying. Similarly, not all children who are usually withdrawn, unpopular, depressed, or have few friends are always victims of bullying. Also, the concept of bullying can be influenced by culture and social norms. For example, children may have



developed different meanings of bullying influenced by their societies and cultures, and the concept of bullying is socially constructed through individual experiences and beliefs as ‘victims’, ‘aggressors’ or ‘bystanders’ which may differ with respect to cultural norms. Finally, the concept of bullying can be influenced by ethnic differences in the interpretation of the term *bullying*, where for example victimization of children from minority ethnic groups may be judged as racist and of greater concern as a result; or the tendency of some people to have regard only for physical aggressive actions as bullying and therefore not be aware or take proper account of the broader set of forms it may take and make relational, verbal, or social bullying underestimated in research.

#### **9.4 Conclusions**

When looking at the overall findings of the present study it can be argued that there is no clear evidence suggesting that the LD pupils were regarded or could really be easier targets for victimization as generally not many statistically significant results were reached from the quantitative element and this lack of statistical differences between the LD and TD children was supported by the qualitative strand of the study. The results generally suggest that bullying exists in Cypriot primary schools among pupils with or without academic deficits, and can create various problems which may get worse when time passes if no intervention is established, but this research did not seek to explore prevalence. Still, the results of the interviews provide support showing

that LD pupils can be at risk for peer victimization. Generally, the issue of bullying, and particularly its relational type, of and by pupils with LDs or other SEND in inclusive schools may be a case to be considered by professionals in the field. This study's results may suggest that these children's academic difficulties, poor social and communication skills, lower self-image and self-confidence, or other personal characteristics, may be risk factors for peer victimization, particularly relational. Because of their lower social and academic skills such children may lack friends and protective relationships, may be lonely and not well accepted, or isolated and excluded, factors that may make them even more vulnerable.

This study has revealed certain factors which were probably related to the victimization of pupils with LDs. Interesting findings were obtained regarding relational victimization of pupils with LDs as well. Future research could be conducted in Cyprus to investigate these findings further and explore verbal, physical, and particularly relational bullying among the population of school children with LDs and other SEND, as attempted in the present study.

The protection and welfare of *all* children must always be a priority for every school, in every country. It is the responsibility of all involved in education to protect children's rights, safety, and health. Children with LDs or other SEND are often socially unequipped and consequently more vulnerable to victimization. These children must be particularly protected as the danger of victimization in inclusive settings

is present, as demonstrated by this study. Inclusive schools need to welcome and educate successfully children with LDs and SEND in general. It is their duty to do this and the children's fundamental right to feel safe and enjoy a 'normal' and positive schooling experience, while feeling real and active members of their schools, and of society later on.

Bullying may exist in inclusive primary schools in Cyprus, and there may be pupils with LDs victimized by non-disabled peers. Verbal and relational victimization of pupils with LDs may be common in Cypriot schools. Further research in this country is needed to investigate this argument further as the present study did not address specific prevalence rates, if effective inclusion is to be implemented. There is no other research in Cyprus up to date, which examined bullying among pupils with and without LDs. This study, despite its limitations, was an attempt for creating primary interest to the schools and school staff to become more familiar with the phenomenon of bullying and particularly relational aggression, and become more equipped to face such kinds of aggression in effective ways as they can harm the children's health and life in general. If effective inclusion is to be fully implemented in Cyprus, then the possibility of the included pupils to be victimized by peers must be seriously addressed.

## **9.5 Limitations**

The existence, types, and effects of bullying, aggressors' and victims' profiles, bullying common places, gender and age issues related to bullying, school staff experiences and views, and bullying experiences among children with and without LDs in inclusive primary schools in Cyprus have not previously been researched. Also, the risk factor *learning difficulties* related to verbal, physical, and particularly relational bullying in such Cypriot schools has not been previously investigated either. This research attempted to investigate all the above within specific inclusive school settings in this country and with a combination of both qualitative and quantitative methods, has brought to light several findings and issues, all described and discussed in the present thesis.

However, several limitations of the current research need to be acknowledged. Firstly, the limited sample numbers of the comparative studies (LD versus TD focus children) may not be appropriate for the generalization of the results. In addition, the number of the adult interviewees (37 teachers and 6 head teachers) may also be considered as limited to lead to generalizations.

Next, the study's design, general scope, methodology, and results, cannot provide specific numbers and percentages regarding the existence, frequency (prevalence), and duration of bullying among the populations tested: these were not included in the main research aims. The levels of

bullying and victimization were based on self-report methods and specifically prevalence was not examined with the aim to provide percentages, as the sample numbers were limited and the overall design of the study was mainly qualitative. Also, self-report methodology may on the one hand present strengths, but on the other hand weaknesses as well (e.g. biases created by personality, character, social, or other factors).

In addition, there may have been biases in the questionnaires' completion by the children, as these were self-report measures. Biases may have also been apparent in the teachers' interviews related to negative or positive personal attitudes or beliefs on behalf of certain teachers regarding certain individual pupils, or towards their schools or other schools they are familiar with. Moreover, there may have been biases on behalf of the children interviewees related to personal positive or negative attitudes, or personal relations or beliefs, towards other certain individuals, or their schools and teachers, as well as their own characters and personalities, and cultural or family differences.

Next, biases may have been caused by the researcher's existence in the schools' and children's daily school life during the period of the study (approximately 8 months), or by the personal and face-to-face contacts and communication with the teachers and the head teachers, and especially with the children and the rapport that was developed between each of them and the researcher.

In addition, the several health complaints and symptoms considered as victimization effects by the sample pupils during both time points may not lead to generalizations in terms of causal effects, and therefore, the causal relation between verbal, physical, and relational victimization and the mental health effects reported may be regarded as unclear, as these could exist before victimization.

### **9.6 Implications for Policy, Practice, and Research**

Despite the various limitations presented above, the current study was an attempt to bring to light certain issues that were not apparent in the Cypriot educational or research field context as they have not been researched before, and can therefore, be useful to schools, teachers, and other professionals or researchers who like to explore bullying in this country further, or policy makers who might design intervention techniques to solve the problem of bullying which is maybe evident in many schools, but goes unnoticed.

Specifically, with respect to policy, the overall results of the present research can create various concerns about school bullying in Cyprus. Given the findings of the study, policy makers should become aware of these results and also past research on the topic, through lectures and seminars organized by the Cyprus Ministry of Education and Culture, with the aim to develop a clearer understanding of the phenomenon of bullying and the serious effects it may have on children, schools, and the

society in general, and to become a possible starting point for the creation of prevention and intervention programmes. This will require a summary of the current results to be sent to the Authorities (Ministry of Education) as this was one of the main obligations that the researcher had to follow when given the permission to carry out this study. Therefore, the results will be known and could be used by policy makers for beginning the creation and implementation of prevention and intervention programmes. The researcher can also make efforts to cooperate with the Ministry with personal meetings and discussions in order for these results to be published and distributed to schools, head teachers, and teachers, together with information about bullying.

With respect to practice, the current results can be a reinforcement for schools and school staff to become more aware of the problem of bullying and especially relational aggression, and may be helpful for the teachers to broaden their knowledge on the topic, as well as to develop their skills on understanding situations of bullying and relational aggression, and being able to face such incidents and solve such problems more appropriately among their pupils within the school setting. Such efforts may be made with the cooperation and agreement of head teachers, as well as the Authorities, and could be organized and take place in schools taking the form of school staff meetings or presentations by the researcher.

Moreover, the results can be used and presented in larger-scale organized lectures, seminars, and workshops for teachers, head teachers, other school staff, researchers, policy makers, parents, and others, probably in several areas and towns in the country, aiming to familiarize the topic, develop knowledge, and enhance prevention and intervention skills. Such attempts can again be made with the cooperation and support of the Cyprus Ministry of Education or universities and other academic and research authorities. Relational aggression specifically may be addressed through such workshops and seminars, as it is most of the time ‘well-hidden’, does not usually take place in the presence of school staff, and therefore, cannot actually be witnessed by teachers who do not then interfere and intervene. Furthermore, relational aggression is not seriously taken into account by most schools, teachers, or policy makers in Cyprus, or is regarded as an ‘innocent’ kind of aggression compared to physical or verbal bullying or other aggressive behaviours, and in most cases it is a rather unfamiliar kind of aggression. However, considering the present study’s findings, as well as past research results presented previously, it can be argued that such views and attitudes on behalf of professionals in the Cypriot educational context or elsewhere can be questioned and need to be reconsidered, as relational aggression needs to get eventually in focus because of the various effects it may have on all children involved.

In general, the current study may help in the implementation of prevention and anti-bullying and intervention schemes in the country,



which are rather necessary, as bullying in all its forms, may negatively impact on the school's climate and function generally, and can create several problems to the children involved, the schools, and the society in general, which may get serious in nature through time without intervention.

Concerning future research on the topic, several recommendations can be made. Future research in Cyprus may build on this study using larger sample numbers to investigate specifically prevalence, frequency, duration, and types of bullying among LD or other SEND populations. Further research can be conducted to investigate the effects and impacts of bullying and particularly of relational aggression on all children involved, and specifically on victims or aggressors with LDs and other SEND, as attempted in the present study. Also, future research is needed in this country to investigate TD children's attitudes towards their disabled peers in primary schools. Several issues were identified in the present study regarding this argument, though may not be generalizable and it is important to examine whether they are generalisable samples as the sample numbers were limited. Finally, more longitudinal research could also investigate specifically the longer term effects on the development of children with disabilities who are victims, bullies, or bully-victims in Cypriot schools.

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# APPENDICES

## Appendix 1: Additional Analyses of the LIS Questionnaire

**Table 1: LIS: How long has the bullying been going on? (*By Gender*)**

STATEMENT	Boy						Girl						$\chi^2$	P
Not at all this term														
Just this week														
This half year														
This term														
This year														
More than a year														
Not at all this term														
Just this week														
This half year														
This term														
This year														
More than a year														
How long has this been going on?	47	19	77	20	31	12	44	10	70	12	28	15	3.837	.573
N=620 (boys=327, girls=293)														

**Table 2: LIS: Who have you told about the Bullying? (*By Gender*)**

STATEMENT	Boy						Girl						$\chi^2$	P
	I haven't been bullied this term	No-one	A friend	My parents/carers	My teacher	Another member of staff	I haven't been bullied this term	No-one	A friend	My parents/carers	My teacher	Another member of staff		
Who have you told?	56	75	50	4	19	0	51	77	30	9	15	2	8.646	.124

N=620 (boys=327, girls=293)

**Table 3: LIS: Where has the Bullying happened? (*By Gender*)**

STATEMENT	Boy					Girl					$\chi^2$	P
	I haven't been bullied this term	In class	Around the school grounds and corridors	On the way to and from school	In the playground	I haven't been bullied this term	In class	Around the school grounds and corridors	On the way to and from school	In the playground		
Where has the bullying happened?	56	87	11	14	33	52	82	17	7	23	4.667	.323

N=620 (boys=327, girls=293)

**Table 4: LIS: What would you do if you saw someone being bullied?**  
(By Gender)

STATEMENT	Boy			Girl			$\chi^2$	<i>p</i>
	Ignore it	Tell a member of staff	Try to stop the bullying	Ignore it	Tell a member of staff	Try to stop the bullying		
What would you do if you saw someone being bullied?	32	98	89	25	83	87	.737	.692
N=620 (boys=327, girls=293)								

**Table 5: LIS: Do you think your school takes Bullying seriously?**  
(By Gender)

STATEMENT	Boy			Girl			$\chi^2$	<i>p</i>
	Yes	No	I don't know	Yes	No	I don't know		
Do you think this school takes bullying seriously?	103	79	112	92	68	117	1.048	.592
N=620 (boys=327, girls=293)								

**Table 6: LIS More Negative Statements (*By Year*)**

STATEMENT	Year 4		Year 5		Year 6		$\chi^2$	<i>p</i>
	YES	NO	YES	NO	YES	NO		
Is there a place in the school that makes you feel unhappy?	44	130	65	90	85	118	13.9	.001
When you are unhappy do you tell your teacher?	119	91	110	69	129	95	1.01	.604
I have been bullied in another way	122	85	106	66	144	62	5.77	.056
N=620 (Year 4=215, Year 5=179, Year 6=226)								

**Table 7: LIS: How long has the Bullying been going on? (*By Year*)**

STATEMENT	Year 4						Year 5						Year 6						$\chi^2$	<i>p</i>
	Not at all this term	Just this week	This half year	This term	This year	More than a year	Not at all this term	Just this week	This half year	This term	This year	More than a year	Not at all this term	Just this week	This half year	This term	This year	More than a year		
How long has this been going on?	31	9	50	11	21	4	23	12	40	6	17	9	37	8	57	15	21	14	9.190	.514
N=620 (boys=327, girls=293)																				

**Table 8: LIS: Who have you told about the Bullying? (*By Year*)**

STATE MENT	Year 4						Year 5						Year 6						$\chi^2$	<i>p</i>
Who have you told?	I haven't been bullied this term	No-one	A friend	My parents/carers	My teacher	Another member of staff	I haven't been bullied this term	No-one	A friend	My parents/carers	My teacher	Another member of staff	I haven't been bullied this term	No-one	A friend	My parents/carers	My teacher	Another member of staff		
	38	41	29	8	10	1	28	49	21	0	8	0	41	62	30	5	16	1	12.101	.278
N=620 (boys=327, girls=293)																				

**Table 9: LIS: Where has the Bullying happened? (*By Year*)**

STATE MENT	Year 4						Year 5						Year 6						$\chi^2$	<i>p</i>
Where has the bullying happened?	I haven't been bullied this term	In class	Around the school grounds and corridors	On the way to and from school	In the playground		I haven't been bullied this term	In class	Around the school grounds and corridors	On the way to and from school	In the playground		I haven't been bullied this term	In class	Around the school grounds and corridors	On the way to and from school	In the playground			
	35	57	11	10	11		30	46	8	3	18		43	66	9	8	27		8.032	.430
N=620 (boys=327, girls=293)																				



**Table 10: LIS: What would you do if you saw someone being bullied?**  
(By Year)

STATEMENT	Year 4			Year 5			Year 6			$\chi^2$	P
What would you do if you saw someone being bullied?	Ignore it	Tell a member of staff	Try to stop the bullying	Ignore it	Tell a member of staff	Try to stop the bullying	Ignore it	Tell a member of staff	Try to stop the bullying		
	24	64	53	14	54	38	19	63	85	9.203	.056

N=620 (boys=327, girls=293)

**Table 11: LIS: Do you think this school takes Bullying seriously?**  
(By Year)

STATEMENT	Year 4			Year 5			Year 6			$\chi^2$	p
Do you think this school takes bullying seriously?	Yes	No	I don't know	Yes	No	I don't know	Yes	No	I don't know		
	69	41	83	54	49	63	72	57	83	3.464	.483

N=620 (boys=327, girls=293)

## **Appendix 2: Interview Questions**

### **Teachers**

1)	<p>Could you please tell me about bullying among the pupils in your class/school?</p> <ul style="list-style-type: none"> <li>• Do you think there is much bullying taking place in your class or school?</li> <li>• What different types of bullying in terms of seriousness take place among your pupils? Could you please give me some examples? (e.g. pushing, hitting, spitting, kicking, stealing, destroying property, calling names, excluding from the group and marginalizing, spreading false rumours, destroying social status and friendships, etc.)</li> <li>• Where do you believe that bullying takes place according to your experience?</li> <li>• How different do you think physical bullying and relational aggression are in terms of seriousness and frequency among your pupils? Would you report there is more physical or more relational aggression taking place among your pupils?</li> <li>• How often do you think that bullying behaviours take place?</li> </ul>
2)	<p>Do you think there are typical aggressors? If so, who do you think are generally or usually the aggressors? Could you please describe to me a typical aggressor according to your experience? (e.g. physical appearance, character, personality, family background, academic achievement, disabilities, etc).</p>
3)	<p>Do you think there are typical victims? If so, who do you think are generally or usually the victims? Could you please describe to me a typical victim according to your experience? (e.g. physical appearance, character, personality, family background, academic achievement, disabilities, etc).</p>
4)	<p>Please tell me about the pupils in your class who are identified as having LDs. To what extent do you believe that these pupils are bullied by their peers?</p> <ul style="list-style-type: none"> <li>• If you think that these pupils are bullied by their peers, what do you think the reasons for this bullying are?</li> <li>• Where and how often are pupils with LDs targets of bullying and relational aggression?</li> <li>• Is there more physical bullying of these pupils with LDs or more</li> </ul>

	<p>relational aggressive behaviours against them by their peers?</p> <ul style="list-style-type: none"> <li>Concerning these pupils with LDs, could you please give me some examples of the types of bullying taking place against them?</li> <li>How do the pupils with LDs react to bullying situations against them? What do they do?</li> </ul>
5)	<p>To what extent do you believe that such bullying incidents affect the learning disabled pupils' mental and psychological health? (e.g. mood, feelings, mind, etc).</p> <ul style="list-style-type: none"> <li>Could you please give me some examples of possible bullying effects on these pupils' mental health?</li> <li>How do you think these pupils feel about being targets of bullying at school, if so? (e.g. sad, angry, miserable, anxious, lonely, etc.)</li> <li>To what extent do you think these pupils' psychological health will get worse if bullying does not stop?</li> <li>What other health problems do these pupils report to you? (e.g. headaches, stomachaches, nightmares, etc.)</li> </ul>
6)	<p>How do you think that these learning disabled pupils react to aggression against them?</p> <ul style="list-style-type: none"> <li>Do pupils with LDs report bullying incidents that happen to them, to you and their parents? If yes, what actions do you take to support them? What does the school do about the problem of bullying of pupils with LDs or all the pupils in general?</li> <li>What do the parents do? How do they react? How do you cooperate with them in order to find solutions to the problem of bullying?</li> <li>How do you cooperate with the rest of the staff and the head teacher in order to help and support these pupils?</li> <li>How happy and satisfied do you feel with the actions taken by the school for the support of the bullied pupils? What else and more can be done? Could you please give me some ideas and suggestions?</li> </ul>

### **Head teachers**

1)	<p>Could you please tell me about bullying in your school?</p> <ul style="list-style-type: none"> <li>• Do you think there is much bullying taking place in your school?</li> <li>• What different types of bullying in terms of seriousness take place among your pupils? Could you please give me some examples? (e.g. spitting, pushing, hitting, kicking, stealing, destroying property, exclusion, name-calling, spreading false rumours, etc).</li> <li>• Where do you believe that such bullying takes place? Does it take place in the classrooms or elsewhere? Could you please clarify according to your experience?</li> <li>• How different do you think physical bullying and relational aggression are in terms of seriousness and frequency among your pupils? Would you report that there is more physical or more relational aggression taking place among your pupils?</li> <li>• How often do you think that bullying behaviours take place?</li> </ul>
2)	<p>Would you report that there are more physical or more relational aggressive behaviours among the pupils?</p>
3)	<p>Who do you think are usually the aggressors in such behaviours like the above? Could you please describe a typical aggressor? (e.g. older, physically stronger, more popular, etc.)</p>
4)	<p>Who do your think are usually the victims in such behaviours like the above? Could you please describe a typical victim? (e.g. younger, physically weaker, marginalized, disabled, disliked, etc.)</p>
5)	<p>Please tell me about the pupils in your school who are identified as having LDs, in Years 4, 5, 6. To what extent do you believe that these pupils are bullied by their peers?</p> <ul style="list-style-type: none"> <li>• If you think that these pupils are bullied by their peers, what do you think the reasons for this bullying are?</li> <li>• Where and how often are pupils with LDs targets of bullying?</li> <li>• Would you give me some examples of aggressive behaviours taking place against pupils with LDs?</li> <li>• Concerning these pupils with LDs, could you please give me some examples of the types of bullying against them?</li> <li>• How do the pupils with LDs react to bullying situations against them? What do they do?</li> </ul>

6)	How do the pupils with LDs react to bullying? What do they do? (e.g. cry, get angry, report to the teacher, etc.)
7)	<p>To what extent do you believe that such bullying incidents affect the learning disabled pupils' mental and psychological health? (e.g. mood, feelings, mind, etc).</p> <ul style="list-style-type: none"> <li>• Could you please give me some examples of possible bullying effects on these pupils' mental health?</li> <li>• How do you think these pupils feel about being targets of bullying, if so?</li> <li>• Do pupils with LDs report bullying incidents that happen to them, to you and to their parents? If yes, what actions do you take to support them? What does the school do about the problem of bullying of pupils with LDs or all the pupils in general?</li> <li>• What do the parents do? How do they react? How do you cooperate with them in order to find effective solutions to the problem of bullying against their children?</li> <li>• How do you cooperate with the teachers and the rest of the school staff in order to help and support bullied pupils?</li> <li>• What else and more can it be done, if anything? Could you please give me some ideas and suggestions?</li> </ul>

### Children with LDs

	<p><b><u>Introduction (Warm up):</u></b></p> <p><i>Hello. I would like to talk to you for a while about your school, your days at school, and about your friends that you have here, if you agree. Anything that you tell me will only be between you and me. I am studying to get my degree and I need to get some information from you and some other children in several schools in Nicosia. Is it OK with you to talk for a while?</i></p>
1)	<p>How many friends do you have at school?</p> <ul style="list-style-type: none"> <li>• Who is/are your best friend/friends at school?</li> <li>• Are they in the same class like you or from another class?</li> <li>• Are they at your age, or they are younger/older?</li> <li>• What things do you enjoy doing with your friends at school?</li> <li>• How much do you enjoy spending time with your friends?</li> <li>• Would you like to have more friends at school?</li> </ul>
2)	<p>I would like to know how happy you are at school. How nice are your school days?</p> <ul style="list-style-type: none"> <li>• How happy do you feel when you come to school every morning?</li> <li>• How happy do you feel every day?</li> <li>• How happy are you the classroom?</li> <li>• How happy are you in the playground?</li> <li>• Do you enjoy the school subjects?</li> <li>• What is your favourite school subject?</li> </ul>
3)	<p>How many classmates do you have? How many children are there in your class?</p> <ul style="list-style-type: none"> <li>• Are you all friends in your class?</li> <li>• How well do you get on with your classmates?</li> <li>• How much do you enjoy being in the class or in the playground with your classmates?</li> <li>• Are there any classmates that you don't really like playing or spending time with? If yes, how many are they?</li> <li>• Why don't you like playing or spending time with these classmates?</li> <li>• Are they younger or older than you? Or are they at your age?</li> <li>• Are they boys or girls?</li> <li>• Why do you think you don't get on well with them?</li> <li>• How do you feel about them?</li> <li>• How do you feel about spending time with them in the classroom and in the playground?</li> </ul>

	<ul style="list-style-type: none"> <li>• Do they do anything to you that you don't like? If yes, what do they do?</li> <li>• Do they do anything bad to you? Do they try to upset or annoy you? If yes, how do they try to upset or annoy you?</li> <li>• Why do you think they try to upset or annoy you?</li> <li>• Would you prefer them to be your friends rather than making you upset?</li> </ul>
4)	<p>Could you please tell me a few things about the children in your class that try to upset or annoy you? Could you please describe a child that does such things to you?</p> <ul style="list-style-type: none"> <li>• How often does another child from your class try to upset you?</li> <li>• Where does this happen?</li> <li>• Why do they try to upset you?</li> <li>• What do they do when they try to upset you? (e.g. do they hit you, push you, spit at you, kick you, call you bad names, steal things from you, destroy your stuff, talk to other children badly about you, don't let you play or work in the group, etc).</li> </ul>
5)	<p>I would like to ask you how you feel when another child tries to upset you (e.g. angry, miserable, sad, nervous, scared, lonely, etc).</p>
6)	<p>How do you try to protect yourself when another child tries to upset or annoy you? What do you do? How do you react? (e.g. you get aggressive, you ask for help, you get sad, etc).</p> <ul style="list-style-type: none"> <li>• Do you ask for somebody's help when such incidents take place against you by your peers? If yes, whose help do you ask for? What does this person do to help you?</li> <li>• If you tell your teacher or head teacher about this, what do they do to help you?</li> <li>• Do you talk to your friends about it? If yes, how do they react? What do they do to help you?</li> <li>• Do you talk to your parents about your peers who try to upset or annoy you at school? If yes, what do your parents do to help you? (e.g. do they talk to your teacher or head teacher? Do they meet the teacher or other staff members? What can make you happier at school? etc).</li> </ul>

	<p><b><u>Conclusion:</u></b></p>
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	<p><i>Thank you very much for your help and cooperation. You have been very helpful to me and my studies. I will like to talk to you once again about your school life and your friends at the end of the month, if you agree. I hope you will agree to meet me again and we can have another lovely talk like today! Thank you very much!</i></p>
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## **TD Children**

	<p><b><u>Introduction (Warm up):</u></b></p> <p><i>Hello. I would like to talk to you for a while about your school, your days at school, and about your friends that you have here, if you agree. Anything that you tell me will only be between you and me. I am studying to get my degree and I need to get some information from you and some other children in several schools in Nicosia. Is it OK with you to talk for a while?</i></p>
1)	<p>How many friends do you have at school?</p> <ul style="list-style-type: none"><li>• Who is/are your best friend/friends at school?</li><li>• Would you like to have more friends at school?</li></ul>
2)	<p>I would like to know how happy you are at school. How nice are your school days?</p> <ul style="list-style-type: none"><li>• How happy do you feel when you come to school every morning?</li><li>• How happy do you feel every day?</li><li>• How happy are you in the classroom?</li><li>• How happy are you in the playground?</li><li>• Do you like all your school subjects?</li><li>• What is your favourite subject?</li></ul>
3)	<p>How about your classmates? Are they your friends too? Do you generally like all your classmates?</p> <ul style="list-style-type: none"><li>• Are you all friends in your class?</li><li>• How well do you get on with your classmates?</li><li>• How much do you enjoy being in the class or playground with your classmates?</li><li>• Are there any classmates that you don't really like playing or spending time with? If yes, how many are they?</li><li>• Why don't you like playing or spending time with these classmates?</li><li>• Are they younger or older than you? Or are they at your age?</li><li>• Are they boys or girls?</li><li>• Why do you think you don't get on well with them?</li><li>• How do you feel about them?</li><li>• How do you feel about spending time with them in the classroom and playground?</li></ul>

	<ul style="list-style-type: none"> <li>• Do they ever do anything to you that you don't like? If yes, what do they do?</li> <li>• Do they do anything bad to you? Do they try to upset or annoy you? If yes, how do they try to upset or annoy you?</li> <li>• Why do you think they try to upset you?</li> <li>• Would you prefer them to be your friends rather than doing bad things to you?</li> </ul>
4)	<p>Could you please tell me a few things about the children in your class that try to upset or annoy you? Could you please describe a child that does such things to you, if any?</p> <ul style="list-style-type: none"> <li>• How often does another child from your class try to upset you?</li> <li>• Where does this happen?</li> <li>• Why do they try to upset you?</li> <li>• What do they do when they try to upset you? (e.g. do they hit you, push you, spit at you, kick you, call you bad names, steal things from you, destroy your stuff, talk to other children badly about you, don't let you play or work in the group, etc).</li> </ul>
5)	<p>I would like to ask you how you feel when another child tries to upset you (e.g. do you feel angry, miserable, sad, nervous, scared, lonely, etc).</p>
6)	<p>How do you try to protect yourself when another child does things to upset you? What do you do? How do you react? (e.g. you get aggressive, you ask for help, you get miserable, etc).</p> <ul style="list-style-type: none"> <li>• Do you ask for somebody's help when such incidents take place against you by your peers? If yes, whose help do you ask for? What does this person do to help you?</li> <li>• If you tell your teacher or head teacher about this, what do they do to help you?</li> <li>• Do you talk to your friends about it? If yes, how do they react? What do they do to help you?</li> <li>• Do you talk to your parents about your peers who try to upset you at school? If yes, what do your parents do to help you? (e.g. do they talk to your teacher or head teacher? Do they meet the teacher or other staff members? etc).</li> </ul>
7)	<p>I would also to ask you a few things about your friends or classmates who have 'special educational needs'. Are they your friends? Do all your classmates like them?</p> <ul style="list-style-type: none"> <li>• Are you aware of any bad incidents happening to these children by peers in your class or school?</li> <li>• Why do you think some children try to upset your classmates with SEND, if so?</li> </ul>

	<ul style="list-style-type: none"> <li>• How do you feel about such things happening to these children? (e.g. angry, sad, etc).</li> <li>• How do you think they feel about being the targets of aggression?</li> <li>• When you notice aggression against your classmates with SEND, how do you react? How do you think you can help them? What can you do to help them? What do you do to help them? Can you do something or not? If not, why?</li> <li>• Who are the children who try to upset your classmates with SEND? Could you please describe one to me? (e.g. physical appearance, personality, character, age, gender, etc).</li> <li>• Do you tell your teacher or your parents about the incidents?</li> <li>• Who are the people who try to help these children after you report aggressive incidents against them?</li> <li>• What does the aggressor do to upset your classmates with SEND? (e.g. hit, push, spit, call names, steal, speak badly, destroy personal staff, etc).</li> </ul>
8)	How happy and satisfied do you feel with your teacher's and school's help and support for your classmates with SEN who are bullied by their peers?
	<p><b><u>Conclusion:</u></b> <i>Thank you very much for your help and cooperation. You have been very helpful to me and my studies. I will like to talk to you once again about your school life and your friends at the end of the month, if you agree. I hope you will agree to meet me again and we can have another lovely talk like today! Thank you very much!</i></p>

