Bullying Interventions: A Binocular Perspective

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Abstract

Introduction: Bullying is a complex relationship problem associated with many psychosocial difficulties for children who bully, as well as those who are victimized. A recent international volume of school-based bullying programs revealed modest effectiveness, highlighting the need to refine interventions using research on developmental profiles of children who bully and those who are victimized, as well as on their relationships. **Method:** Based on developmental-systemic theory, a research review was conducted on individual and relationship risk factors associated with bullying and being victimized. **Results:** The review led to the proposal of two organizing principles for interventions: Scaffolding and Social Architecture. Scaffolding focuses on providing tailored and dynamic supports for the needs of individual children who bully or who are victimized. Social architecture requires that adults focus on the social dynamics of children's groups and create social contexts that promote positive peer interactions and dissipate contexts that foster negative interactions. **Conclusion:** Interventions for bullying require a combination of scaffolding and social architecture to provide comprehensive supports and to change the social dynamics that enable bullying. With an empirically derived, comprehensive perspective, we may move closer to reducing the burden of these relationship problems in the lives of children and youth.

Key Words: bullying, victimization, interventions, children's mental health

Résumé

Introduction: Le problème de l'intimidation en milieu scolaire provient de problèmes complexes, de difficultés psychosociales, tant chez l'agresseur que chez la victime. À ce chapitre, un livre récent qui s'est penché sur cette question en faisant un survol de plusieurs pays conclut que nombre de programmes sont peu efficaces, d'où le besoin d'améliorer les interventions, et ce à partir de recherches sur les profils de ces enfants agresseurs et agressés ainsi que sur leur fonctionnement réciproque. **Méthodologie:** Nous avons effectué, à partir de théories systémiques et développementales, une recherche sur les facteurs de risque individuels et relationnels associés à l'un et l'autre groupe d'enfants. **Résultats:** Cette étude nous a conduit à proposer deux principes-clé dans l'élaboration d'interventions: échafaudage et architecture sociale. L'échafaudage s'occupe des besoins spécifiques et de la dynamique de l'enfant agresseur ou agressé. L'architecture sociale voit à ce que les adultes se préoccupent de la dynamique sociale des groupes d'enfants tout en créant un environnement susceptible de favoriser une interaction positive entre pairs et en annihilant tout ce qui conduit à une interaction négative. **Conclusion:** Une combinaison d'échafaudage et d'architecture sociale est nécessaire à la création de programmes qui pourront contrer la violence des uns par rapport aux autres. C'est dans cette perspective empirique, bimodale, que nous pourrons influencer et réduire ces problèmes relationnels, fardeau réel pour ces enfants et adolescents.

Mots-clé: intimidation, représailles, intervention, santé mentale des enfants

In Canada, the rates of bullying and victimization are considerably higher than in many other countries. On the recent World Health Organization (WHO) Health Behaviours in School-aged Children (HBSC) survey, Canada ranked a disappointing 26th and 27th out of 35 countries on the prevalence of bullying and victimization, respectively (Craig & Harel, 2004). Across all categories of bullying and victimization, Canada ranked at or below the middle of the international group. Among 13 year olds, 17.8% of boys and 11.6% of girls bullied others frequently (twice or more), while 17.8% of boys and 15.1% of girls were victimized frequently (Craig and Harel, 2004). Although a substantial number of children and youth are occasionally involved in bullying and/or experience victimization, our longitudinal research shows that a small group is chronically involved in bullying their peers throughout elementary and high school (Pepler, Jiang, Craig, & Connolly, 2005) and a small group experiences frequent and prolonged victimization at the hands of their peers (Craig, Jiang, Pepler, & Connolly, 2005). These are the children who experience a wide range of problems and are in need of focused support to enable them to move on from these abusive interactions with peers and to find healthy relationships in adolescence and beyond (Pepler & Craig, 2000).

Concerns for children involved in bullying and/or victimization

There is reason to be concerned for the well-being of students who are chronically involved in either bullying or victimization because of the prevalence of associated physical, social, and mental health problems. Children who bully their peers often present with a constellation of psychosocial difficulties. Our research revealed that adolescents who bully others are almost five times as likely to report alcohol use and about seven times more likely to report using drugs than their peers (Pepler et al., 2001). In longitudinal research, boys who bully have been found to have a high risk for delinquency and subsequent criminal behaviour (Farrington, 1993; Olweus, 1993).

The mental health of victimized children is jeopardized by the abuse they experience at the hands of their peers. They are at high risk for stress-related physical symptoms: they are 1.3 to 3.4 times more likely to report headaches, and 1.3 to 3.3 times more likely to report stomach aches than non-victimized children (Due et al., 2005; Williams et al., 1996). Victimized children also suffer psychosomatic symptoms: they are 1.3 to 5.2 times more likely to report difficulty sleeping (Due et al., 2005) and 1.2 to 2.4 times more likely to wet their bed (Williams et al., 1996) than non-victimized children. Victimized children are 1.6 to 6.8 times more likely to report depressive symptoms than children who are not experiencing victimization in bullying (Due et al., 2005; Williams et al., 1996; Kaltiala-Heino et al., 1999). The psychosocial difficulties that victimized children experience spill over to their school experiences: they are at high risk for disliking and avoiding school; one-fifth to one-quarter of frequently victimized children report bullying as the reason for staying home (Rigby, 2003).

Children who bully and those who are victimized are both susceptible to depressive symptoms; those who are simultaneously involved in both bullying and being victimized are at even higher risk for depression (Kaltiala-Heino et al., 1999, 2000). There are similar patterns for anxiety problems among children who bully, are victimized, or both (Kaltiala-Heino et al., 2000). There is evidence that the psychiatric problems associated with involvement in bullying may persist later into life (Kumpulainen and Rasanen, 2000), which highlights the need for prevention and early intervention to divert children involved in bullying from troubled psycho-social pathways.

A New Perspective

Bullying has been defined as negative actions – physical or verbal – that have hostile intent, are repeated over time, and involve a power differential between the child who is bullying and the victimized child (Olweus, 1993). Over the past twenty years, the dominant perspective of bullying has been as an aggressive behaviour problem that requires a punitive approach with consistent sanctions for those who bully (McGrath & Stanley, 2005, Olweus, 1993). Through our research on bullying, we have come to understand bullying as a relationship problem: Children who bully are learning how to use power and aggression to control and distress another; children who are repeatedly victimized become trapped in abusive relationships that are increasingly difficult to escape. Once we came to recognize bullying as a relationship problem, a basic tenet for interventions was clarified: A relationship problem requires relationship solutions. Therefore, the goal of interventions with children who

bully, are victimized, or are bystanders to bullying is to enhance their relationship capacity to promote healthy relationships in the present and to lay the foundation for healthy relationships throughout the lifespan.

The understanding of bullying as a relationship problem also leads to new perspectives on the problems that arise from developmental-systemic theory (Cairns, 1979; Ford & Lerner, 1992; Magnuson, 1988). This holistic theory requires that we use binocular vision to view two central processes in bullying problems. First, developmental theory directs us to focus on the individual child who is experiencing problems in bullying others and/or in being victimized. The lens on the individual highlights behaviours, motivations, and challenges that change with development and provides insight into the specific risk and protective processes in individual children's lives. Secondly, systemic theory highlights interactions within the salient systems or contexts in which children are developing. The systemic lens focuses on children's relationships and leads us to consider how interactions within the family, peer group, school, and neighbourhood might be contributing to healthy or troubled interaction patterns. This perspective is similar to the socio-ecological framework that guides attention to social interactions and the broader cultural context of relationships. By merging these two lenses to achieve binocular perspectives of troubled children within their relationship contexts, we can assess their problems in greater depth and develop a more comprehensive intervention. Therefore, the challenge in addressing bullying problems is that the developmental-systemic perspective directs us to provide not only supports for individual children's relationship capacity, but also to mobilize and transform the central systems in children's lives so that they promote healthy relationships. The complex array of potential interventions to accomplish these two objectives can be considered under two complementary strategies that comprise an integrated and comprehensive framework for bullying interventions: Scaffolding and Social Architecture.

Scaffolding

The metaphor of scaffolding, introduced by Bruner (1971) and Vygotsky (1986), refers to the process of anticipation and directed instruction to provide dynamic supports for learning so that children can perform above their normal levels. As children become increasingly skilled, the scaffolds can be gradually dismantled, only to be set up again to support the next developmental stretch. In terms of bullying and/or victimization, the scaffolding metaphor directs us to consider the supports required to provide children with the skills, capacities, and social cognitions to move

out of the roles that are deleterious for development and into healthy relationships. Scaffolding can be programmatic, such as social skills training (e.g., Juvonen & Graham, 2004; Pepler, Craig, & Roberts, 1995); however, the vast majority of scaffolding experiences are moment-to-moment. An example of moment-to-moment scaffolding might occur before the school day starts, when parents of a child being victimized rehearse strategies to join friends and avoid peers who bully at lunchtime. Similarly, parents of children who become swept up in bullying others might coach them to stop and think: How would I feel if this happened to me? Each child requires scaffolding according to his or her individual needs and strengths. As with any form of intervention, there are multiple ways to create supportive scaffolding for children involved in bullying and/or victimization. Scaffolding can be strengthened through consistent support at home, at school, and in the community. Adults responsible for children in these important contexts may also need support to anticipate, plan for, and carry through with consistent scaffolding for troubled children.

In developing scaffolding strategies for children who bully, the first step is to identify their needs in terms of relationship skills. Children who bully vary considerably in their levels of skill and social understanding: some are leaders within their social groups and others are marginalized in the peer group and may, themselves, be victimized (Ma, 2004). An assessment of individual children's strengths and challenges is essential to guide effective interventions. Some of the difficulties that children who bully may experience include problems with: empathy, emotional and/or behavioural regulation, internalizing problems, social skills, positive leadership skills, alternative problem solving, and the social-cognitive skills to withstand peer pressure. Each of these problem domains can be addressed through empirically-validated cognitive-behavioural interventions that form the core of clinical interventions for children and adolescents. The challenge for practitioners is that the scaffolding provided for children through individual therapy or programs within a clinical setting is limited in time and scope and needs to be supported through extensions to the multitude of children's moment-to-moment interactions with parents, teachers, and peers. Therefore, mutual understanding and close communication among the adults in a child's life is essential for consistent messages and supportive interventions across all the contexts in which a child lives, works, and plays.

Adults' anticipation of children's needs and their provision of momentary supports enable children to function above their normal levels and promotes development. Anticipating when a child may experience problems and providing some momentary coaching to think of the other, to stay cool, or to remember expectations, may enable children to refrain from bullying and to interact positively. To provide the sensitive scaffolding that children require on a daily basis, parents, teachers, and others responsible for children may also require scaffolding. For example, parent management programs that have been effective in reducing children's aggressive behaviour problems build scaffolding and understanding for parents, who in turn, are able to support their children.

In considering the scaffolding required for children who are victimized, we must again recognize the diversity among these children and assess their strengths and weaknesses. First and foremost, all children who are victimized require protection from the abuse they are experiencing at the hands of their peers. Protecting children from abuse is the responsibility of adults in their lives. Some of the difficulties that children who are victimized may experience include problems with: social and assertiveness skills, emotional and/or behavioural regulation, and internalizing problems. As described above, scaffolding for the challenges faced by victimized children can be provided through emprically-validated programs and, more consistently, through moment-to-moment support from parents, teachers, and peers. For victimized children, it is the combination of supportive scaffolding to promote relationship skills and essential support from adults and within the peer group, a form of social architecture, that will enable them to escape the torment and gain confidence in developing friendships.

Scaffolding may also be required for children who are bystanders in bullying. They may not recognize the critical role that they play in maintaining and exacerbating bullying problems. They may also not recognize the dynamics that draw them into bullying and encourage their participation. Thus, bystanders may need similar programmatic and moment-to-moment support in developing and practising strategies to intervene and/or report to adults who can help when they observe bullying (Pepler & Craig, in press).

Social Architecture

I propose the metaphor of "social architecture" to refer to the opportunity to structure children's peer groups to promote positive peer experiences and to deconstruct negative peer experiences. Our observational research has highlighted the central role of the peer group in promoting bullying dynamics (Craig & Pepler, 1997; O'Connell, Pepler, & Craig, 1999), but

also the potential of peers to intervene to reduce bullying problems (Hawkins, Pepler, & Craig, 2000). Within the framework of bullying interventions, social architecture can essentially function to reorganize children's group structures in three ways. First, it can be used to separate the child who is bullying from the victimized child and from the peers who reinforce the bullying behaviour through their attention and joining. While separated, these children require supportive scaffolding to develop relationship skills, rather than exclusionary discipline that may promote hostility and frustration. Children who bully require support for positive relationship skills so that they can be quickly reintegrated into the peer group. Some children who bully have strong motivations for status and leadership. There are opportunities to transform the negative leadership shown through bullying to positive leadership within the home, school, and community context.

Secondly, social architecture can be used to embed victimized children within a positive peer context. These children often become isolated as a result of their victimization. When organizing children in groups, such as for a group project for school, teachers often ask the children to choose members of the class for working groups. Inadvertently, they set up a victimization situation, because a marginalized child is unlikely to be chosen, and more likely to be actively rejected in a public display of humiliation. This example highlights the need for adults to be aware of the social dynamics among children and ensure that marginalized children are embedded in a constructive, positive, peer context.

The third process of social architecture is to promote a generally positive, respectful, accepting, and supportive climate within a social group. Enhancing peer support for victimized children has been the focus of Salmivalli's interventions in Finland (Salmivalli, Kaukiainen, Voeten & Sinisammal, 2004). Within a supportive, collaborative climate children who are bystanders in bullying will recognize their responsibilities to intervene and will come to trust that adults will follow through with constructive responses to bullying problems. The leadership for this form of cultural change comes from the adults who are role models and who promote healthy relationships.

In proposing the term "social architecture", I do not mean to imply that adults responsible for children should be building rigid structures to constrain children's social experiences, but rather that it is the adults' role and responsibility to be aware of the positive and negative social dynamics in children's family, peer group, school, and community systems. When adults understand that a child is experiencing relationship problems in bullying, it is incumbent upon them to restructure the social context of the peer group to reduce the potential for negative dynamics for both the child who is bullying and for the child who is being victimized, as well as for bystanders. When social architecture is combined with supportive scaffolding, the potential to move children from troubled behaviour patterns and interactions to healthy relationship pathways is strengthened. Restorative justice practices are an example of the combination of these two strategies. Since these practices are focused on restoring relationships, they are ideal mechanisms to promote the relationship solutions required in bullying. "These practices, ranging from proactive to reactive, involve development and enhancement of relationships in schools and teaching of conflict resolution and problem-solving skills. (Armstrong & Thorsborne, 2005, p. 176).

The developmental-systemic perspective guides us to consider the complexity in both individual children's development, as well as in the important contexts in which they interact on a daily basis. At times, the complexity in these contexts is overwhelming for a clinician or teacher who is faced with the task of assessing children's problems and providing effective interventions. With the integrated framework of scaffolding and social architecture, the task can be structured and directed with the following questions: What are the strengths and weaknesses of the child, what supports are required, and who can provide them? Do the significant adults in the child's life also need supportive scaffolding so that they can become attuned to the child's needs and anticipate and provide the required support? What are the dynamics in this child's relationships within the family, peer group, classroom, and community? How does the child relate to others; how do others relate to the child? How can this child's social contexts be reconstructed to minimize the opportunities for negative interactions and to promote positive interactions with other children and adults?

Children involved in bullying are experiencing relationship problems that require relationship solutions. By supporting the development of relationship capacity for children and adolescents and by providing social contexts that promote healthy relationships, we can lay a foundation for healthy adaptation and positive relationships across the lifespan.

Acknowledgements

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