



BULLYING PREVENTION; A NARRATIVE REVIEW

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Abstract

Background: Bullying is defined as a form of aggressive behavior that occurs in an intentional and repeated manner causing another child to feel hurt. Bullying can take multiple forms, including spreading rumors, threatening, physical or verbal assault, engaging in insidious practices such as excluding a child from a group to hurt him/her, or any other gestures or actions that occur in a less visible manner. Bullying prevention program in the schools with an aim to improve the overall health of the adolescents contribute in achieving the United Nation's Sustainable Development Goals, three and four, of ensuring good health and well-being, and providing quality education, respectively. **Aim:** To identify bullying prevention methods commonly used in schools, to assess their effectiveness based on the evidence reported in interventions and reviews to highlight the most appropriate techniques to design an optimal strategy to improve adherence to data reporting, and provide recommendations for future interventions and research, **Methods:** A study of MEDLINE was made, all scientific literature published from May2020until April 2023 in PubMed & Web of Science [Science Citation Index Expanded), Social Sciences Citation Index, & Emerging Sources Citation Index] were included **Summary:** Bullying is the most prevalent potentially modifiable risk factors for mental health disorders, thus rendering it a major public health concern and a major target for universal prevention given the high prevalence rates, association with increased lifetime prevalence of mental health disorders and converging evidence supporting the feasibility and cost-effectiveness of anti-bullying interventions.

Keywords: bullying; prevention; school-based program; targeted interventions.

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Introduction:

The psychological outcomes of bullying are well-established in the research literature. Victims of bullying face a wide range of mental health problems such as low self-esteem, loneliness, psychosomatic problems, substance use, depression, anxiety, sadness, and self-worth. Not only school bullying but also sibling bullying involvement is associated with emotional problems, conduct problems, hyperactivity, and pro-social behavior, so bullying prevention is a priority. Bullying is one of the important public health concerns among adolescents especially in low- and middle-income countries. Its prevalence rates among students tend to show an increasing trend. There are two major strategies addressing bullying problem, which are Universal and Targeted anti-bullying interventions (1).

Universal, school based anti-bullying interventions

Whole-school multi-method approaches include combinations of school-wide rules, teacher training, classroom rules, parenteral involvement and individual counseling. Whole school approaches have been shown to be most successful at reducing bullying compared to interventions

targeting only one level of the problem (e.g. compared to interventions targeting only classroom level rules against bullying, or individual-level training such as social skills groups. Whole-school interventions take a socio-ecological approach to bullying by involving bullies, victims, peers, adults, and parents and by making substantial changes to the wider school environment (2).

Effective school-wide anti-bullying interventions decrease bullying and victimization in schools. On average, 50% of interventions reported decreases in perpetration, and 67% reported decreases in victimization (3).

School anti-bullying interventions are statistically significantly effective not only in reducing bullying rates but also in improving mental health problems in young people with a substantial population impact (1).

Examples of school based anti-bullying programs:

Olwes program

The program was developed in Norway following three pre-adolescent suicides apparently linked to extensive victimization. There was a coordinated, nationally based effort with the Ministry of Education financing both development of the

program and its evaluation. It was offered to all comprehensive schools (grades 1-9). The main components of the program, which was aimed at teachers and parents as well as students, were the following:

A booklet for school personnel describing what is known about bully/victim problems and giving detailed suggestions about what teachers and the school can do to counteract and prevent the problems, A folder with information and advice to parents of victims and bullies as well as "ordinary" children, A video cassette showing episodes from the everyday lives of two bullied children, a 10-year-old boy and a 14-year-old girl. The program significantly succeeded in reducing bullying and victimization among students (4). It's worthwhile to say that Olwe's program has been used in many recent studies such as **Limber, 2010** study which used the program in the American schools (5) and **Lester et al., 2013** study in the Australian schools (6).

Toronto anti bullying intervention

The Toronto Anti-Bullying Intervention was based upon the Norwegian model with adaptations for Canadian educational methods. The school, community (parents), class/peer, and individual levels were adapted by the Toronto Anti-Bullying Intervention as the Norwegian intervention; all schools have introduced three critical elements: staff training, codes of behavior, and improved playground supervision (7).

Kiva program

The KiVa program includes universal actions, directed at the class and school level, and indicated actions, for addressing incidents of bullying. It offers an innovative approach to bullying in that it focuses on the role of bystanders (students who witness bullying events). Through class lessons, it teaches children to recognize bullying and how to respond when they see it. This approach is based on researches that proved the vital role of bystander's intervention in stopping bullying, and that victims report distress when others do not help and that bullies tend to behave aggressively to attain higher status and are reinforced by onlookers' apathy or encouragement. The KiVa program was effective for reducing self-reported victimization and bullying perpetration. The effects were seen across all types of bullying, including verbal, physical, racist, sexual and cyber-bullying (8).

The KiVa program currently being undertaken in Europe (Wales, Estonia, Italy and the Netherlands) and it shows significant reductions in both bullying and victimization (9).

ViSC program

The Viennese Social Competence Training (ViSC) program has been developed, implemented, and evaluated as one component of the Austrian national anti-bullying strategy plan. The ViSC

Program is designed for secondary schools. It consists of an initial 1-year implementation phase and follows a cascaded train-the-trainer model within which scientists train multipliers, multipliers train teachers, and teachers train their students. Teachers are trained in (i) how to recognize bullying cases; (ii) how to tackle acute bullying cases; and (iii) how to implement preventive measures on the school and the class levels. The class project aims to empower students to take the responsibility for what happens in their class. Within student centered instruction of the teacher, the students actively work together to find ways to prevent aggressive behavior in their class. The ViSC program effectively and sustainably prevented all forms of bullying and extends to cyber bullying. The ViSC Program was effective in reducing cyber bullying but not cyber victimization (10).

Roots program

A recent low cost and simple randomized intervention, 'Roots', implemented in 56 schools (24,191 students) in the United States used a student-driven design to influence anti-conflict social norms and behavior, reducing overall levels of school conflict by 25% (11).

Learning Together intervention (INCLUSIVE Trail)

The Learning Together intervention (INCLUSIVE Trail), is a school-based intervention based on three approaches to reducing bullying and other health risks (smoking, alcohol consumption and drug abuse). Learning Together has significant effects on bullying but no effect on aggression. As Interventions to promote student health by modifying the whole-school environment are the most feasible and efficient methods to address closely related risk and health outcomes, INCLUSIVE trial also has positive effect in reducing smoking, alcohol and drug abuse (12).

Boston vs. Bullies program

It is a short-term, free, bullying prevention program that uses celebrity athletes to present content about bullying to Fifth-grade students. Students completing Boston vs. Bullies reported greater improvement in knowledge of bullying, assertiveness, perceptions of adult responsiveness, and bystander responsibility. They also reported decreased acceptance of aggression and peer victimization (13).

Tabby Improved Prevention and Intervention Program (TIPIP)

Tabby (Threat Assessment of Bullying Behavior among Youngsters) Improved Prevention and Intervention Program (TIPIP) is designed to address cyber bullying and cyber victimization. It is based on the Ecological System Theory and the Threat Assessment Approach (14).

Targeted anti bullying interventions

Targeted interventions are typically focused on the individual or a small target group, and involve providing therapy and counseling and seeking to enhance children's social competence. It is proved that targeted interventions concentrated solely at the level of the bully and/or the victim had little success in reducing bullying (15).

Interventions targeting victims

Although bullying is prevalent among school students, School children with a disability are more likely to be victims of bullying than non-disabled students (16). Moreover, they suffer emotionally, psychologically and socially; additionally, they may have fewer friends and develop externalizing symptoms over time, such as attacking their peers as a strategy for coping with victimization (17).

Many anti bullying interventions have been targeting bullying victims aiming to reducing bullying effects on their mental health. Examples of these studies include:

Co-operative cross-age teaching intervention (CATS study) conducted by **Boulton, M and Boulton, L., 2017**. The study results showed a significant increase in willingness to disclose being bullied and in self-esteem, and a significant decrease in self-blame (18).

Second Step-Student Success Through Prevention (SS-SSTP)

A Social emotional learning program was conducted on victim students with disabilities across 12 schools in Midwest United States aiming at increasing pro social behaviors that could serve as protective factors against peer conflict and bullying among students. After the intervention, Students with disabilities in the intervention schools reported a statistical and clinically significant increase in school belonging, empathy, caring and willingness to intervene in bullying incidents in comparison with students with disabilities in control schools (19).

Interventions targeting bullies

Target Bullying Intervention Program

The T-BIP is a cost effective, individual, three-hour cognitive-behavioral intervention for students who have displayed a history of physical, verbal, relational, or cyber bullying behaviors. Its Components include assessment of bullying behaviors and related symptoms, pre and post quizzes, a PowerPoint presentation, video, and a feedback meeting with the student, teachers, and parents (20). Recent analyses suggest that the T-BIP is an effective method for reducing office referrals and bullying perpetration (21).

Ideally, schools choosing to implement the T-BIP should do so in conjunction with effective primary and secondary behavioral modifications, for example, choose to implement the "Steps to Respect" curriculum as universal support, run small social skills groups as support for at-risk students, and implement the T-BIP as an individualized

intervention for students exhibiting more severe bullying behaviors (22).

Rational emotional group anti bullying intervention

Aalsubhien and Al-Qudah, 2013 conducted a study in Saudi Arabia among primary students. The intervention was based on the rational emotional behavioral theory; it consists of 13 sessions between group of students who are involved in bullying and bullying preparation and the researchers. The sessions aimed at reducing bullying behavior and improving social skills and relations of bullies with their schoolmates (23).

Interventions targeting the cause of bullying

Classroom communication resource program

A six months Classroom-based stuttering intervention addressing negative peer attitudes, perceptions, teasing and bullying of children who stutter (CWS) was conducted in 10 primary schools in the Western Cape, South Africa. The study concluded that the classroom-based stuttering intervention is required as part of holistic stuttering management in primary schools (24).

Interventions targeting teachers

The Teachers' Diploma Program on Psychosocial Care, Support, and Protection

Orphaned and vulnerable children (OVC) experience poverty, stigma, and abuse resulting in poor physical, emotional, and psychological outcomes. Teachers have a potential role to provide needed psychosocial support for OVC within the contexts of their school environments. The Teachers' Diploma Program on Psychosocial Care, Support, and Protection is a child-centered 15-month long-distance learning program focused on providing teachers with the knowledge and skills to enhance their school environments, foster psychosocial support, and facilitate school-community relationships. The intervention showed Positive outcomes related to future orientation, respect, support, safety, sexual abuse, and bullying (25).

Novel programs

Recently, some studies proposed utilizing alternatives to traditional school based anti-bullying approach aiming at helping individuals to develop strengths and cope more effectively with bullying. These interventions have specific relevance to bullying and more generalized importance to positive mental health (26).

Active-Start trial

An 8-week before-school PA (physical activity) program conducted in elementary schools. The program resulted in physical and verbal bullying victimization reductions among students. More over teachers' feedback indicated reduction in the violent behavior among students during the program. One additional benefit of this program is that is suitable for schools with limited budget (27).

Martial arts-based intervention

A novel program was conducted to examine the effects of a martial arts based psycho-social intervention on participants' ratings of resilience and self-efficacy among secondary school students. Results found a consistent pattern for strengths-based wellbeing outcomes. All measures relating to resilience and self-efficacy improved for the intervention group. These findings suggest that Interventions using this approach can promote the individual's ability to cope with the effects of bullying (26).

Art therapy intervention

The intervention of art therapy was conducted among Left Behind Children (LBC) over a period of 3 months, it included different theme painting activities to help students to understand what bullying is and how to cope with it. Tasks included a self-portrait, drawing of student's group and story, drawing people and things that make students feel warm, drawing student's strengths, future dreams, and friends. The art therapy succeeded in reduced bullying victimization and increasing self-esteem level (27).

Conclusion:

Bullying is a significant public health problem because it has serious long term harmful health consequences. Bullying is preventable. There are many factors that may increase or decrease the risk for perpetrating or experiencing bullying. To prevent bullying, we must understand and address the factors that put people at risk for or protect them from violence. Due to the harmful consequences of bullying, several studies have been conducted to evaluate the effectiveness of anti-bullying prevention programs. School based anti-bullying intervention programs that adapt the whole school-based interventions (SEM) reduce bullying perpetration and victimization by an average of 17-23%. It is also reported that interventional programs that are of shorter duration, with no parental involvement or that lack whole school approach, have less effect on bullying behaviors.

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