Emerging Minds.

National Workforce Centre for Child Mental Health

Exploring bullying in context: Children's relationships, friendships and social functioning

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Introduction

Bullying is one of the most prevalent and harmful challenges to healthy social and emotional development in childhood. It has significant consequences for both children who experience bullying and those who engage in bullying behaviour, across their lifespan. In Australia, approximately 15–30% of children report having experienced bullying during the past 12 months (Jadambaa et al., 2019). Researchers estimate that approximately 10% of anxiety disorders, 13% of depressive disorders and 15% of intentional self-harm behaviours experienced by Australians are attributable to childhood bullying (Cunningham et al., 2016; Jadambaa et al., 2021; Ttofi et al., 2011).

A note on terminology

In this resource we use the term 'parent' to refer to anyone playing a significant caring role in a child's life, and acknowledge that this could include biological parents, grandparents, other relatives, adoptive parents, adults in blended families, kinship carers and many other roles.

Changing perspectives

Historically, societal attitudes and responses to bullying have been mixed. Traditionally, it has been viewed by many as a 'normal part of growing up' (Lyznicki et al., 2004; Olweus et al., 2010) and received little attention as a public health issue prior to the 1970s (McClowry et al., 2017). However, growing recognition of its impact has drawn increasing attention, with anti-bullying principles now included in legislation and policies in all Australian states and territories: www.bullyingnoway.gov.au/responding-to-bullying/legislation-and-policy.

Current interventions

The school environment has been the main focus of responses to bullying since the majority of bullying occurs within schools (Commissioner for Children and Young People WA, 2020) and school-based interventions can work well when implemented effectively (Bradshaw, 2015). However, the outcomes of many of these school-based interventions have been moderate and the prevalence of bullying remains consistent (Menesini et al., 2017; Dale et al., 2014). Therefore, bullying also needs attention from sectors beyond education.

Identifying bullying

Many children report unwillingness to raise bullying concerns if and when they arise (Scott et al., 2016). In many cases, the only indicator of bullying may be the presence of associated conditions such as mood disorders, school refusal or unexplained injuries (see 'Indicators' below for more information). This means that many of those who work in the health and wellbeing fields are likely to encounter children who have experienced or engaged in bullying behaviour, without being aware of it (for more information refer to *Identifying and responding to bullying in the pre-teen years: The role of primary health care practitioners* at www.emergingminds.com.au/resources/identifying-and-responding-to-bullying-in-the-pre-teen-years-the-role-of-primary-health-care-practitioners. Health and support services need to adopt practices that help identify children who are experiencing bullying.

Aims of this resource

This practice paper discusses how exploring a child or young person's social world to build your understanding of their strengths and vulnerabilities will help you identify and provide support for bullying involvement (that is, experiencing or engaging in bullying, or both). Studies that have measured children and young people's wellbeing at multiple points in time have consistently found that having good relationships with family and a close group of friends can interrupt the path from bullying involvement to poor outcomes (Hodges et al., 1999; Ttofi et al., 2014). On the other hand, children who are socially isolated, have low social skills and lack parental involvement suffer the greatest impact.

Practice principles

- Due to the prevalence and significant impact of bullying, it will benefit children when all professionals concerned with the health and wellbeing of children consider whether bullying is impacting the children they work with.
- It is important that you can recognise the risk factors and indicators for bullying, and remember bullying may still be occurring with no obvious signs.
- Bullying is a specific type of social difficulty that should be considered within the context of a child's overall social and emotional wellbeing, including friendships and family and community connections.
- It can help to ask directly about bullying.
- Children should be active partners in informing you about their social world and designing any supports that may be necessary.

Risk factors

Bullying is defined as repeated behaviour that causes harm to another person in the context of a real or perceived power imbalance (Nansel et al., 2001). This definition highlights complex social dynamics and patterns of influence as the driving forces behind bullying. These can be hard to untangle and interpret, especially when working with children in a clinical setting, outside of the social context in which the bullying occurs. However, researchers have identified a wide range of risk factors that increase the likelihood of a child experiencing or engaging in bullying behaviour. An awareness of these risk factors can help inform your assessment and support you to recognise when a child may be at greater risk of bullying involvement.

Identified risk factors include:

- poor family functioning
- lack of close relationships
- low socio-economic status
- history of abuse
- family violence exposure
- chronic illness
- higher weight
- disability
- learning disability
- behavioural issues
- diverse gender or sexuality (LGBTIQ+)
- mental health difficulties; and
- cultural and linguistic diversity (if within a largely non-CALD classroom).

Source: McClowry et al., 2017

Indicators

As mentioned, up to 30% of Australian children are likely to be experiencing bullying at any given time. This means many of the children and young people attending health and wellbeing services could be experiencing bullying without the service provider being aware. Some of these children may show symptoms that suggest bullying involvement. Being familiar with common indicators can help you to identify potential childhood bullying experiences.

Each of the indicators below are correlated to bullying involvement; however, they can also be associated with other issues, such as mood disorders (depression and anxiety), health concerns, abuse, trauma, family violence and problem behaviours. They can also be indicators of social difficulties more generally, such as conflict with friends, break ups in romantic relationships and arguments with teachers.

Indicators of bullying involvement

- Absences from school and school refusal
- Unexplained changes to routines, such as wanting to get to school a different way
- Mood changes before and/or after school, such as anxiety or tearfulness
- Dislike of school and other children
- Unexplained injuries, including minor scratches or bruises
- Belongings going missing or being damaged
- Difficulty getting to sleep
- Unwillingness to discuss school experiences
- Somatic symptoms, such as stomach aches and headaches
- Changes to friendship groups, including withdrawing from social activities
- Self-harm
- Suicidal ideation
- Behavioural issues
- Depression
- Anxiety

(Sources: Bonanno et al., 2010; Carr-Gregg et al., 2011)

When children or young people present with any of the above indicators, you should follow up with questions to learn more about the nature of the issue and determine any exposure to bullying.

Exploring bullying in social context

Bullying is best understood as a particular type of problem in a child's social world. It is not the only social problem that can occur – other examples include peer aggression, social isolation and risk-taking.

While bullying represents a vulnerability in the social context of a child, other aspects can be strengths. Strong relationships with family and friends can protect children by reducing risk factors for experiencing bullying and lessening the impact of bullying when it does occur. It also decreases the likelihood of children engaging in bullying behaviour (Bollmer et al., 2005). Traditional responses to bullying often overlook the importance of the protective effect of friendship.

To truly understand the role of bullying in a child's social experience consider the following questions:

- How strong are the child's connections to their family and community?
- How many friends do they have?
- What is the quality of their friendships?
- What social challenges are they facing?
- Are they 'socially hopeful'?

The term 'socially hopeful' refers to whether a child believes they are likely to have positive experiences with others, or not. Some researchers suggest this is the ultimate indicator of impact on a child's mental health – children who remain socially hopeful are likely to cope well with the impacts of bullying and other problems, whereas those who are unhopeful are likely to suffer poor outcomes (Bonanno et al., 2010). Bullying involvement impacts a child's wellbeing by eroding their sense of being socially hopeful.

Raising the topic in conversation

To get an accurate picture of a child's social experiences, and to maintain rapport, it is important to carefully consider how to raise the topic of bullying (and other social challenges). The best approach will depend on the context surrounding your engagement with the child, and the child or young person's understanding of why they're talking with you.

Depending on the time you have available for building rapport and exploring social experiences of children it may be necessary to book multiple appointments, or a longer appointment to address the topic of bullying adequately.

Remember that most children report they are unlikely to bring up concerns about bullying spontaneously, so it is important to remain curious and look for ways to explore these experiences in conversation.

Note also that social norms against acknowledging bullying involvement may affect what a child is prepared to tell you. Children who are targets of bullying behaviour may feel that it suggests they're weak or inferior to other children. This can be unintentionally reinforced by parents, carers or well-meaning professionals who may encourage children to be assertive, or 'stick up for themselves'. Depending on the child and the messages they have received, this means they may deny simple approaches such as asking, 'are you being bullied?', without some lead-in or follow-up discussion.

There are two main approaches to consider:

- Showing general interest in the child's wellbeing.
- Drawing connections between identified challenges and bullying.

These methods are described following.

Showing general interest in the child's wellbeing

In most helping contexts, it is usual to show an interest in a child's overall wellbeing. For example, a physiotherapist who is treating a child's sprained knee might ask questions about how that child is in general. Skilled practitioners can seamlessly include discussion of social wellbeing into this conversation by asking about friends and whether the child ever has problems with other children. This approach can provide clues to bullying involvement, which can then be explored more directly with further questioning.

Drawing connections between identified challenges and bullying

You can raise the issue of bullying and other social difficulties by sharing your understanding of how common these issues are for children and young people, and how they relate to other health and wellbeing issues. For example, a general practitioner treating a child for unexplained, repeated stomach-aches on school mornings, could share that she knows many children experience problems with how other children treat them at school, and that this can make them feel very uncomfortable about attending. The practitioner can then ask the child, 'Have you ever experienced anything like that?'

Further conversational techniques are provided in the next section.

Interview approaches

This section provides guidance on how to structure interviews, or conversations, with children to explore bullying and other social difficulties.

CHILD Tool

Emerging Minds developed the CHILD Tool to help practitioners structure conversations with children to ensure they cover key areas related to child mental health and wellbeing. The tool is adapted from the HEADSS tool, which is designed to explore psychosocial risk factors while maintaining engagement when working with young people aged 12–18 years (Cohen et al, 1991). The CHILD Tool serves the same purpose but has versions suited to children aged 5–12 and 0–5 years.

CHILD is an acronym representing five key domains. These are:

- Child – about the child
- Home – home circumstances and context
- Interactions – interactions between the child and parent
- Links – links in the community
- Development – development

The 'Links' domain includes various aspects of children's social wellbeing including friendships. You can use the CHILD tool as a framework for exploration of interpersonal issues including bullying.

Useful questions

This section provides suggestions for questions that can be used to understand a child's social experiences, including indications of bullying.

Screening questions:

- What do you like about school? What makes you like it?
- What don't you like about school?
- What do you do during recess and lunchtime?
- How do you get along with teachers and other students?
- Which teacher or other adult would you talk to at school about how you feel?
- Has school felt harder lately? What's making it hard?
- Many young people experience bullying at school or at home through the computer or their phone. Have you ever had to put up with this?
- Is school somewhere you can feel safe?
- How do other kids treat you outside of school?

When the child acknowledges the presence of bullying:

- Thanks for sharing this with me, that's brave of you. Is it alright if we talk about some ways I might be able to help?
- Who can you talk to at school or at home about what's going on?
- How do you think your parents could help you with this problem?
- What do you usually do when [behaviour] happens? [use the child's description of the behaviour]
- Now that we're talking about this, what do you think I can do to help?
- What sorts of things does your school do to prevent bullying?
- How often does [behaviour] happen? [use the child's description of the behaviour]
- How do others around you react when [behaviour] happens? [use the child's description of the behaviour]
- How does [behaviour] make you feel? [use the child's description of the behaviour]
- Some children who have experienced bullying have thoughts of hurting themselves or others. Has that ever happened for you?

Friendship network:

- Tell me about your friends. What are their names?
- How do you get along with other kids?
- Who do you like playing with?
- Who do you think you'll invite to your next birthday party?
- Do you think making new friends is something that is easy or something that is hard? What makes it that way?
- Do you chat to friends online?

Quality of friendships:

- Do you have a best friend? What makes someone a best friend?
- Where and when do you spend time with your friends?
- How often do you see your friends outside of school?
- What do you like to do with your friend(s)?
- If you were having a bad time, would any of the other kids make you feel better? What would they do?
- Do you ever fight with your friends?
- What do you think makes someone a good friend? Which of your friends have these qualities?
- What do you think your friends would say about the kind of friend you are?

Measures/questionnaires

Another option is to gather information about a child's social world through a questionnaire that the child or the parent can complete on their own. This has the advantage that it may be less confronting than discussing these issues in person with a professional – there is some research indicating that children and young people would prefer this approach (Scott et al., 2016). However, be mindful of different levels of literacy and any necessary accommodations that should to be made.

Strengths and Difficulties Questionnaire

The Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997) is a popular, reliable tool for assessing a child or young person's psychosocial wellbeing. It is used widely by practitioners who work with children. It can be completed by a child's parent or teacher, or by the child or young person themselves if they are aged 11 years or older.

The SDQ has a 'peer problems' subscale, which includes questions about being alone, having at least one good friend, and being picked on or bullied, amongst others. The fact that these questions are embedded within an overall enquiry about psychosocial wellbeing means that it offers good value in terms of providing insight into a range of issues, making it easy to fit into routine practice.

Bullying measures

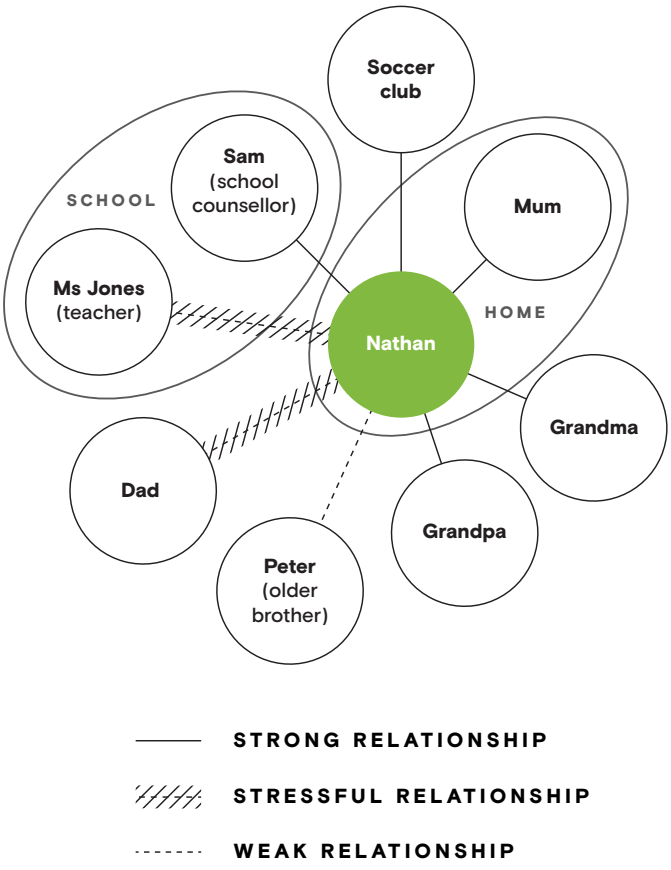
A number of measures have been developed to assess the experiencing of bullying behaviour, engagement in bullying behaviour, and bystanders. Unfortunately, many of these are designed for a research context and can't answer clinical questions about bullying involvement for individual children. The U.S. Centers for Disease Control and Prevention published a compendium of bullying-related measures in 2011, some of which are suitable for screening and readily accessible at: www.cdc.gov/ViolencePrevention/pdf/BullyCompendium-a.pdf

You may find these questionnaires, or a selection of questions from them, useful prompts to lead into further investigation during an interview.

Ecomaps

The Ecomap is a flexible tool used to map the network around a child and the type of relationship the child has with each person or organisation within this network. Together, the practitioner and child or young person place the name of each person and organisation that plays a role in that child or young person's life on a page, with the child or young person at the centre. The distance of each person or organisation from the child in the centre indicates how close the child feels to them, or how significant a role that person plays in the child or young person's life. Lines can then be drawn between the child and the people or organisation to indicate the nature of the relationship, such as a solid line for a strong relationship, or a dotted line for a weak relationship.

In the following example we can see that Nathan has close, positive relationships with his mother, grandmother and grandfather, but his relationship with his older brother is weaker and distant, and his relationship with his father is also distant and stressful. Outside the family, Nathan has positive, but distant relationships with people at his soccer club; and at school he has a less close but positive relationship with the school counsellor Sam, whereas he has a distant and stressful relationship with his teacher Ms Jones.



Ecomaps are advantageous because they allow a range of relationships to be represented; they are collaborative and visual; and they can build rapport by using toys, objects, drawings or colours to represent various entities.

More information on using ecomaps is available from the Leeds Safeguarding Children Partnership: www.leedsscp.org.uk/practitioners/working-with-families/practitioners-toolkit/ecomaps

Is it bullying?

Trying to understand a child's social experiences and their involvement in bullying can be challenging. While it may be tempting to assume that children's social relationships are simple, particularly at young ages, they can in fact be highly complex and nuanced. Adding to this challenge is the fact that outside of the school context, practitioners must often rely on children's own understanding of what's happening in their social world.

Bullying adds another layer of complexity. Researchers have found that children often inaccurately apply accepted definitions of bullying (O'Brien, 2019); for example, by describing a mutual disagreement, or not being chosen first for a sports team, as bullying. Furthermore, engagement in bullying behaviour and experiencing bullying often overlap – sometimes children who are experiencing bullying behaviour also engage in bullying behaviour, complicating decisions about what type of support or intervention to offer.

This doesn't mean children's views of their experience shouldn't be taken seriously. When working with a child, it is both the child's perception that there is a problem in their social relationships, and the language they use to describe it, that need to be respected and responded to. Interventions that focus on building a child's positive social connections are relevant to all children and avoid any risks associated with misinterpreting the social systems at play – a child having better friendships, and more of them, is a worthwhile aim (learn more about strategies in the section 'Next steps').

Understanding friendships

When talking to children about bullying and their broader relationships with peers, it can be helpful to have a general idea of the nature of children's friendships at different ages. Note that the following information is generalised and may not be true of every child.

Early childhood (about 1–7 years)

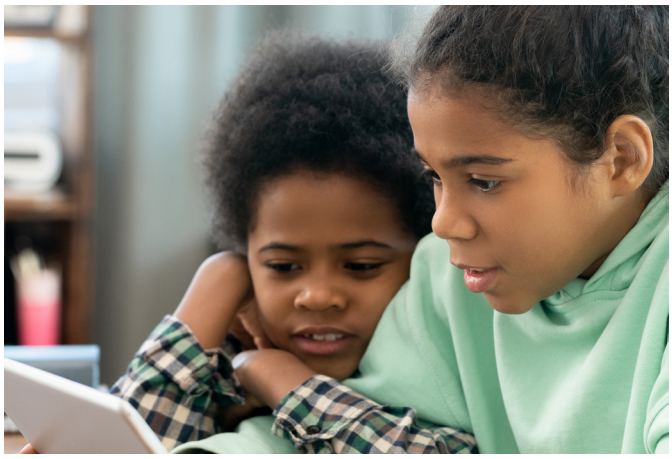
Friendships are mostly based on circumstances – children at these ages are friends with those they spend time with. Children view friends as people to play with and may show preferences for friends who like to play in the same way. Friendships can change easily in response to changing play preferences. Conflicts over play choices can be common.

Middle childhood (about 7–12 years)

At these ages, friendships tend to be based on shared activities and common interests. Children may have strong feelings and expectations about following rules, and give and take. Social norms can influence friendship groups and the desire to be accepted can be strong. Strong attachments among particular 'best friends' can form, which can also lead to jealousy and tensions around who children choose to play with. Bullying can often emphasise adherence to group norms, such the way children look, dress and behave.

Adolescence (about 12 years and older)

Friendships emphasise emotional closeness and trust. Friends are likely to be more tolerant of different preferences. Friendships are likely to be more stable over time than in younger years. Bullying may sometime include personal differences, such as breakdown of previous relationships or expectations about social roles.



Online interactions and cyberbullying

Technology often plays a significant role in modern relationships for children. Relevant technology includes:

- phone calls
- messaging services
- social media
- online games; and
- video calls.

Parents report that they are not always fully aware of their child's online activities, which increases the risk in children's online relationships, including cyberbullying (eSafety Commissioner, 2022). However, technology can also be a valuable tool for children to maintain and strengthen friendships.

Some older children form friendships that are entirely online (eSafety Commissioner, 2022).

When working with children, it is important to seek to understand the dynamics of their online interactions. Avoid downplaying the importance of online interactions. Be mindful that disconnecting from problematic online social environments can potentially limit a child's social opportunities.

Fully explore any indications of cyberbullying. It can be particularly harmful because cyberbullying often goes unobserved by those who could offer support (such as parents, teachers, or supportive peers) and some online content persists over time, like harmful posts on social media. Many children may benefit from education about safe online behaviour, and how to maintain control of their online presence (such as by being aware of how their online information can be used, and by changing privacy settings or deleting messages). Further advice on staying safe online is available from Be Connected website: www.beconnected.esafety.gov.au. A child-friendly online safety resource is available from eSafety Kids: www.esafety.gov.au/kids.

Bullying and suicidality

Research indicates that children who are involved in bullying by experiencing bullying behaviour, engaging in bullying behaviour, or both, are at high risk for suicidal ideation (Kim et al., 2008; Limbana et al., 2020; Skapinakis et al., 2011). Researchers in Canada found that 77% of children and young people aged under 18 presenting at hospital emergency departments for mental health concerns were experiencing bullying (Alavi et al., 2017).

This strong association between bullying and suicidality has two key implications. First, when working with children who show signs of suicidal thoughts or behaviours, you should investigate the possibility of bullying involvement (as either the child experiencing or engaging in bullying behaviour, or both). Second, when working with children who are involved in bullying, you should investigate for signs of suicidal thoughts or behaviours.

Suicidality screening and response processes are beyond the scope of this resource, but further information on suicide screening options is available from Zero Suicide Institute: www.zerosuicide.edc.org/toolkit/identify/screening-options.

Mandatory reporting

Most practitioners who work with children are subject to mandatory reporting requirements. This means that where a significant, immediate risk to the child or young person's health is identified, the practitioner must take action to protect them, even without the child's consent. This typically involves informing parents or carers and/or other service providers.

You must be aware of the potential for bullying involvement to cause significant harm to children and make judgements about reporting in response. Further information on mandatory reporting of child abuse and neglect is available from the Australian Institute of Family Studies: www.aifs.gov.au/cfca/publications/mandatory-reporting-child-abuse-and-neglect.

Next steps

Establishing an understanding of a child or young person's social strengths and vulnerabilities will equip you to take action to support that child or young person. Collaborate with the family to plan your ongoing role in supporting the child or young person and their family.

One key strategy is to build up a child or young person's social supports. Ideas for doing this can be found in the Emerging Minds companion resource, *Working with families to prevent bullying*: www.emergingminds.com.au/resources/working-with-families-to-prevent-bullying

General recommendations include:

- establish a key support person in the child's school
- support ongoing communication between the child or young person and their parents or carers
- help the family to improve communication and collaboration with the school; and
- help establish or support at least one supportive peer friendship.

(Source: Leff et al., 2017)

The National Workforce Centre for Child Mental Health (NWC) is funded by the Australian Government Department of Health under the National Support for Child and Youth Mental Health Program.

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References

Alavi, N., Reshetukha, T., Prost, E., Antoniak, K., Patel, C., Sajid, S., & Groll, D. (2017). Relationship between bullying and suicidal behaviour in youth presenting to the emergency department. *Journal of the Canadian Academy of Child and Adolescent Psychiatry, 26*(2), 70–77.

Bollmer, J. M., Milich, R., Harris, M. J., & Maras, M. A. (2005). A friend in need: The role of friendship quality as a protective factor in peer victimization and bullying. *Journal of Interpersonal Violence, 20*(6), 701–712.

Bonanno, R. A., & Hymel, S. (2010). Beyond hurt feelings: Investigating why some victims of bullying are at greater risk for suicidal ideation. *Merrill-Palmer Quarterly, 56*(3), 420–440.

Bradshaw, C. P. (2015). Translating research to practice in bullying prevention. *American Psychologist, 70*(4), 322–332.

Carr-Gregg, M. & Manocha, R. (2011). Bullying: Effects, prevalence and strategies for detection. *Australian Family Physician, 40*(3), 98–102.

Cohen, E., MacKenzie, R. G., & Yates, G. L. (1991). HEADSS, a psychosocial risk assessment instrument: Implications for designing effective intervention programs for runaway youth. *Journal of Adolescent Health, 12*(7) 539–544.

Commissioner for Children and Young People Western Australia (2020). *Speaking Out Survey 2019: The views of WA children and young people on their wellbeing – a summary report*. Perth: Commissioner for Children and Young People WA.

Cunningham, T., How, K., & Shannon, C. (2016). Does childhood bullying lead to the development of psychotic symptoms? A meta-analysis and review of prospective studies. *Psychosis: Psychological, Social and Integrative Approaches, 8*(1), 48–59.

Dale, J., Russell, R. & Wolke, D. (2014). Intervening in primary care against childhood bullying: An increasingly pressing public health need. *Journal of the Royal Society of Medicine, 107*(6), 219–223.

eSafety Commissioner (2022). *Mind the Gap: Parental awareness of children's exposure to risks online*. Melbourne: eSafety Commissioner.

Goodman, R. (1997). The Strengths and Difficulties Questionnaire: a research note. *Journal of Child Psychology and Psychiatry, 38*(5), 581–586.

Hodges, E. V., Boivin, M., Vitaro, F., & Bukowski, W. M. (1999). The power of friendship: Protection against an escalating cycle of peer victimization. *Developmental Psychology, 35*(1), 94–101.

Jadambaa, A., Brain, D., Pacella, R., Thomas, H. J., McCarthy, M., Scott, J. G., & Graves, N. (2021). The economic cost of child and adolescent bullying in Australia. *Journal of the American Academy of Child and Adolescent Psychiatry, 60*(3), 367–376.

Jadambaa, A., Thomas, H. J., Scott, J. G., Graves, N., Brain, D., & Pacella, R. (2019). Prevalence of traditional bullying and cyberbullying among children and adolescents in Australia: A systematic review and meta-analysis. *Australian and New Zealand Journal of Psychiatry, 53*(9), 878–888.

Kim, Y. S., & Leventhal, B. (2008). Bullying and suicide: A review. *International Journal of Adolescent Medicine and Health, 20*(2), 133–154.

Leff, S. S., & Feudtner, C. (2017). Tackling bullying: Grounds for encouragement and sustained focus. *Pediatrics, 139*(6).

Limbana, T., Khan, F., Eskander, N., Emamy, M., & Jahan, N. (2020). The Association of Bullying and Suicidality: Does it Affect the Pediatric Population? *Cureus, 12*(8), e9691.

Lyznicki, J. M., McCaffree, M., & Robinowitz, C. B. (2004). Childhood bullying: Implications for physicians. *American Family Physician, 70*(9), 1723–1728.

McClowry, R. J., Miller, M. N., & Mills, G. D. (2017). What family physicians can do to combat bullying. *The Journal of Family Practice, 66*(2), 82–89.

Menesini, E. & Salmivalli, C. (2017). Bullying in schools: The state of knowledge and effective interventions. *Psychology, Health & Medicine, 22*(s1), 240–253.

Nansel, T. R., Overpeck, M., Pilla, R. S., et al. (2001). Bullying behaviors among US youth: Prevalence and association with psychosocial adjustment. *Journal of the American Medical Association, 285*(16), 2094–2100.

O'Brien, N. (2019) Understanding alternative bullying perspectives through research engagement with young people. *Frontiers in Psychology, 10*, 1984.

Olweus, D., & Limber, S. P. (2010). Bullying in school: Evaluation and dissemination of the Olweus Bullying Prevention Program. *American Journal of Orthopsychiatry, 80*(1), 124–134.

Scott, E., Dale, J., Russell, R. & Wolke, D. (2016). Young people who are being bullied – do they want general practice support? *BMC Family Practice, 17*(A116).

Skapinakis, P., Bellos, S., Gkatsa, T., Magklara, K., Lewis, G., Araya, R., Stylianidis, S., & Mavreas, V. (2011). The association between bullying and early stages of suicidal ideation in late adolescents in Greece. *BMC Psychiatry, 11*, 22.

Ttofi, M. M., Bowes, L., Farrington, D. P., & Lösel, F. (2014). Protective factors interrupting the continuity from school bullying to later internalizing and externalizing problems: A systematic review of prospective longitudinal studies. *Journal of School Violence, 13*(1), 5–38.

Ttofi, M. M., Farrington, D. P., Lösel, F. & Loeber, R. (2011) Do the victims of school bullies tend to become depressed later in life? A systematic review and meta-analysis of longitudinal studies. *Journal of Aggression, Conflict and Peace Research, 3*(2), 63–73.

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