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Australian Institute of Family Studies

Child Family Community Australia

Working with families whose child is bullying

An evidence-based guide for practitioners

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Background

When children bully others at school, they are at significant risk of continuing this pattern of antisocial behaviour and having mental health concerns as they grow older. While bullying is often labelled as a school-related issue, it is also a family issue, as bullying is a behaviour often affected by the family environment. As such, working with families to interrupt the continuity from school bullying to later adverse life outcomes could be viewed as a form of early intervention for preventing crime, as well as a method of promoting health.

How to use this guide

This guide aims to provide practitioners and other professionals with information on school bullying and ways to work with and support families with a child who is bullying others. It provides an overview of the issue of bully, how to identify children who bully, and approaches to managing bullying. It can be read in conjunction with the related publication, *Children Who Bully at School*.

The guide also represents a starting point from which practitioners can consider:

- *assessing the prevalence and nature of the child's bullying behaviour*, including using psychometric resources and questions;
- *examining risk and protective factors associated with bullying* by pinpointing where the problems are in the family and the child who is affected, and identifying conditions that can protect against those problems; and
- *supporting children who bully and their families* by providing an overview of what works in bullying intervention and key issues to consider in engaging and supporting families.

The information and tools presented are not intended to be prescriptive, but instead represent useful resources from which a practitioner can selectively draw upon when working with families of children who are bullying.

Specifically, the tools and resources represent a combined approach for risk assessment that will assist practitioners to:

- assess the nature of the bullying problem;
- evaluate whether factors in the child's family environment create a risk of bullying;
- identify areas in which a child and family might need help; and
- help to plan measures and activities to reduce those risks.

Where possible, information should be gathered from multiple sources, such as interviews with the child, parents, and educators; observation; records of recent events; and the child's school history.

The problem of bullying

There is now strong evidence for a substantial link between children who bully their peers and later offending and depression.

Bullying among school-age children is a major problem, with estimates of 5–15% of children bullying their peers (Craig & Harel, 2004; Kärnä, Voeten, Paskiparta, & Salmivalli, 2010; Pellegrini, Bartini, & Brooks, 1999) and some 25% of Australian children reporting being victims of bullying at school (Cross et al., 2009).

As noted in *Children Who Bully at School*, bullying experiences are associated with a number of behavioural, emotional, and physical adjustment problems for both the victim and the child who bullies. Compared to young people who only bully or who are only victims, bully-victims suffer the most serious consequences and are at greater risk for both mental health and behaviour problems.

Young people who bully others are more likely to:

- do poorly in school;
- turn to violence as a way to deal with problems;
- damage property or steal;
- abuse drugs or alcohol; and
- get in trouble with the law.

While bullying has been defined in different ways in the literature, most agree that bullying among school-age children includes all or most of the following elements:

- aggression;
- intentional hurtfulness;
- abuse of power (asymmetric conflict); and
- repetition.

Importantly, bullying is distinct from interpersonal conflicts or “rough play”.



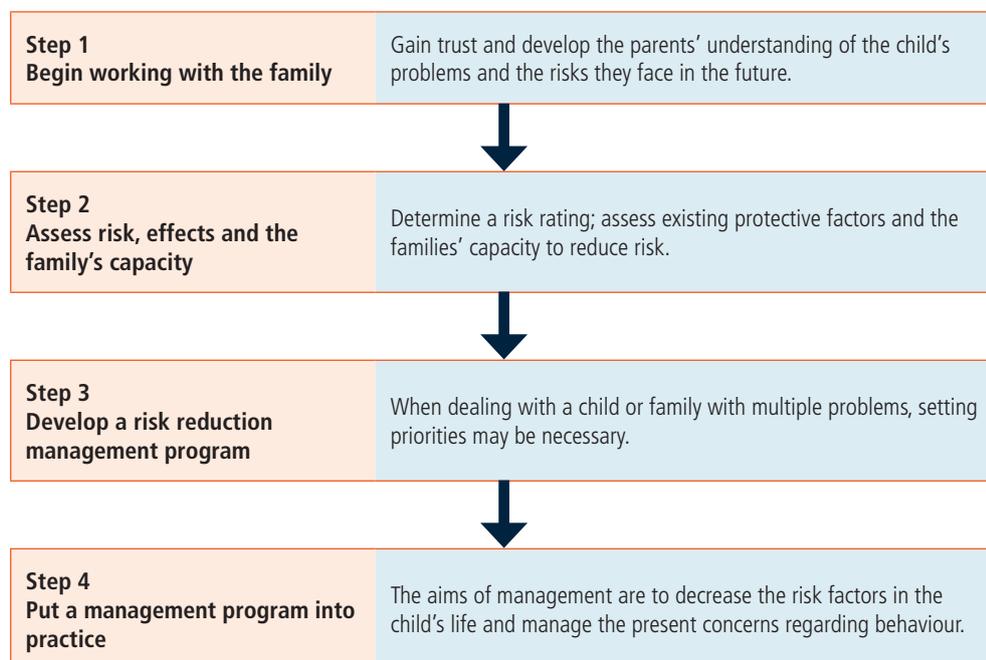
How do I know if a child is bullying?

Practitioners may be able to identify young people involved in bullying behaviour if the child or young person is:

- using verbal or physical aggression to deal with conflict;
- talking about “getting even” with others;
- blaming others or unwilling to accept responsibility for their behaviour;
- coming home with items or money that don’t belong to them;
- hanging around with other children who behave aggressively;
- having a hard time expressing their feelings and understanding others’ feelings;
- unable to play cooperative games (e.g., being an arrogant winner and a sore loser);
- reacting to questioning with anger or avoidance;
- playing inappropriately with much younger children;
- putting down other children in conversations;
- being impulsive; and
- fighting often with their brothers and sisters.

Approach to managing bullying

Intervention should consist of a management program determined by the needs of the child and family. The following four-step approach may assist practitioners to manage the child who is bullying and their family.



Evaluation of bullying behaviours, “at risk” and protective factors and timely supportive intervention are keys to preventing children’s adjustment problems. The remainder of this guide provides the tools and resources to assist with these parts of the process.

Assessing the prevalence and nature of the child's bullying behaviour

This section provides resources for assessments conducted directly with the young person, and includes:

- key psychometric resources available for measuring bullying behaviours in children—while this is not an exhaustive listing, these scales are published, widely available, and have been evaluated for psychometric properties (for a review, see Hamburger, Basile, & Vivolo, 2001); and
- questions for assessing the prevalence and nature of the bullying behaviour displayed by the young person—these questions are drawn from the literature (see Craig & Pepler, 2003), and serve to assess:
 - frequency or intensity of bullying;
 - history or habitual patterns of bullying;
 - generalisation of the behaviours across multiple social environments and contexts; and
 - seriousness and effects of the behaviours.

The tools in this section represent different ways in which the practitioner can measure bullying experiences. The selection of an approach is at the practitioner's discretion and will depend on the presenting case.

Key psychometric resources for measuring bullying

Table 1 summaries the key measures identified in a compendium of psychometrically sound measures for assessing self-reported incidence and prevalence of a variety of bullying experiences (see Hamburger, Basile, & Vivolo, 2001, for full details).

Scale name and description	Age	Number of items	Publication details
Aggression Scale Assesses frequency of perpetration of teasing, pushing or threatening others.	10–15 years old	11 items	Orpinas & Frankowski (2001); Orpinas, Horne, & Staniszewski (2003)
Modified Aggression Scale Two subscales assessing bullying behaviour and anger (modified version of the Aggression Scale)	10–15 years old	9 items	Bosworth, Espelage, & Simon (1999)
Bullying Behavior Scale Assesses bullying behaviour at school	8–11 years old	6 items	Austin & Joseph (1996)
Children's Social Behavior Scale—Self-Report Assesses frequency of various types of aggressive and prosocial behaviours and loneliness	8–14 years old	15 items	Crick & Grotpeter (1995)

Questions for assessing the prevalence and nature of the bullying

The following questions (based on Craig & Pepler, 2003) can help practitioners to assess the nature of the bullying by the child and their subsequent risk for problems associated with bullying.

- How frequently is the child bullying?
 - Once weekly or more often
 - Infrequently or briefly
- Over what period of time has the child been involved in bullying?
 - Six months or more
 - Recently
- In how many different places does the bullying occur (e.g., school, on way to school, home)?
 - More than one context
 - One context
- In how many different relationships does the bullying occur (e.g., siblings, same-sex peers, opposite-sex peers)?
 - Multiple relationships or peers
 - One relationship or peer
- What level of distress or other effects does the bullying cause to the victim?
 - Severe and serious effects
 - Moderate effects
 - Mild effects



Examining risk and protective factors associated with bullying

This section describes practitioner considerations for pinpointing where the problems are in the family and the child who is affected, and also identifying conditions that can protect against those problems.

Assessing risk factors

Risk assessment tools assess factors that can contribute to bullying, namely:

- family factors;
- individual factors; and
- school and community factors.

The presence of multiple family factors indicates that the risk of future destructive behaviour, violence or ongoing psychological and behavioural problems is very high. While the presence of individual or school and community factors alone do not mean that a young person will engage in bullying, the presence of these factors, in combination with family risk factors, indicate that the risk of future destructive behaviour or ongoing psychological and behavioral problems is very high.

These factors are explored in more detail below. Practitioners assess not only the presence of each risk factor, but also the extent to which each applies to the family. The more factors present and the greater the extent, the greater the risk.

Further guidance on determining the risk is provided in the section "What determines the level of risk?" (on page 9), and Table 2 (on page 11).

Practitioner considerations

- Bullying behaviours can arise from a number of interrelated risk factors, so it is important that each element not be considered in isolation.
- Importantly, the presence of these factors alone does not always mean that a young person will engage in bullying.
- Parents of children who bully may become emotionally reactive when attention and criticism is paid to their children's bullying behaviour; therefore it is best to use low-threat approaches.
- Factors that are assessed to fall into the area of higher risk should be addressed first before moving on to other areas revealed in the risk assessment.

Family factors

Exposure to child abuse and domestic violence is associated with an increased risk of children bullying (Shields & Cicchetti, 2001).

The following questions can help practitioners assess the family factors associated with a higher likelihood of engaging in bullying behaviour. These factors are drawn from the literature (see Bonds & Stoker, 2000), and are summarised as:

- lack of parental control;
- poor role models;
- lack of warmth; and
- other family characteristics.

Lack of parental control

- Is parent discipline inconsistent and based on the parent's mood rather than the child's behaviour?
- Are parents over-demanding and not giving their child(ren) any say in what happens at home?
- Is there low parental monitoring of the child's activities or whereabouts?

Poor role models

- Is there exposure to child abuse or domestic violence in the home?
- Is parental disharmony and conflict present?

Lack of warmth

- Do parents use harsh, physical punishment to coerce and control the child?
- Is the child rejected or perceived negatively by one or both parents?
- Is there a lack of nurturing and emotional support provided by the family?
- Does poor bonding exist between the parent and child?

Other family factors

- Is the family socially isolated and lacking in outside support?
- Is there stress in the family associated with parental divorce or separation?
- Does the family have low economic and social resources available (based on income, education, and occupation)?

Individual factors

The following questions can help practitioners consider some of the individual factors associated with a higher likelihood of engaging in bullying behaviour.

- Does the child have poor impulse control, display sensation-seeking behaviour, or show early persistent behaviour problems?
- Does the child show signs of attention deficit/hyperactivity disorder, anger, anxiety or depression?
- Is the child engaging in antisocial or illegal behaviour (e.g., carrying a weapon, using alcohol or drugs, fighting, lying to parents, staying out past curfew)?
- Does the child demonstrate poor problem-solving or blame others for their behaviour?

School and community factors

The following questions can help practitioners consider some of the school and community factors associated with a higher likelihood of engaging in bullying behaviour.

- Is the child experiencing school failure or a low commitment to school?
- Is the child being rejected by peers or involved with a deviant peer group?
- Is the child socialising with peers who have positive attitudes toward aggression and bullying?

What determines the level of risk?

The level of risk depends on:

- the prevalence and nature of the bullying behaviour (i.e., frequency or intensity, history, generalisation, seriousness and effects of the behaviour);
- the existence of family risk factors (i.e., lack of parental control, poor role models, lack of warmth, etc.);
- the occurrence of individual risk factors (i.e., persistent early behaviour problems, ADHD, antisocial behaviours, etc.);
- the incidence of school and community risk factors (i.e., school failure, deviant peers, etc.); and
- existing protective factors and the family's capacity to reduce risk (parenting knowledge, social connectedness, concrete resources, etc.).

Further guidance on determining the risk is provided in Table 2 (on page 11)

Assessing protective factors

Children who bully may come from homes in which family members experience above-normal stress and conflict (Smith & Myron-Wilson, 1998)

The assessment process should also evaluate whether the child and/or family has enough protective factors in place to eliminate or reduce risk.

The following are key areas to explore when assessing existing protective factors and the families' capacity to reduce risk:

- nurturing and attachment—child experiences consistent warmth and affection
- effective parenting techniques—including knowledge of child development;
- parental resilience—the capacity to cope with stress and solve problem;
- social connections—strong parent support network (i.e., family, friends); and
- access to parental supports—financial, housing and other concrete resources and services.



Questions for exploring protective family factors

The following are examples of questions that may be helpful for the practitioner to consider when exploring protective family factors.

- How does the parent respond to the child's challenging behaviour?
- How does the parent demonstrate affection?
- How does the parent model caring behaviour?
- Can the parent provide a safe and stable home and family environment?
- What steps has the parent taken to deal with the bullying problem?
- Can the parent identify alternative solutions for addressing bullying behaviours?
- How does the parent encourage positive behaviour through praise and modelling?
- Does the parent understand the child's development?
- What is the effect of stress on parenting?
- How does the parent communicate with his or her spouse or partner?
- What is the parent's ability to set and work toward personal goals?
- What is the parent's current social support system, including family, friends and membership in any formal groups?
- Are there other services and supports that would help the family?

Case study of risk assessment

Scott is nine years old. He lives at home with his mother and only sees his father occasionally, during school holidays. His father has a history of antisocial behaviour and of alcohol abuse. His mother's work means that Scott's after-school care has been inconsistent. His mother reports that she also has difficulty with controlling Scott's behaviour at home and often resorts to yelling and using physical punishment with Scott. Scott has attended three different primary schools due to family relocation. At each school, Scott has been in trouble for hitting, kicking and bullying behaviours. He has been reported to show disregard for the rights of others and shows a lack of concern for others' feelings. Most recently Scott hit another child at school, resulting in injuries. His mother initially blamed the school for Scott's behavioural problems. In the past she has been quite hostile towards the school when contacted.

Assessment of risk factors

Family

- Inadequate supervision at home and in the neighbourhood.
- Exposure to media violence due to lack of supervision.
- Lack of consistency in parenting styles.
- Harsh, physical punishment used to coerce and control the child.
- Family history of antisocial behaviour and substance abuse.
- Poor or non-existent family networks or support.

Individual and school

- Child has poor impulse control and shows early persistent behaviour problems.
- Child is experiencing school failure.

Further assessment is indicated to determine the nature of the bullying problem and the risk for other problems associated with bullying.

Supporting children who bully and their families

Where a child has been involved in bullying, child and family support practitioners are in a unique position to work with, and coordinate services for, a child and their family.

Key roles of the practitioner

- Assess and identify early risk, with risk management techniques put into place.
- Provided appropriate counselling and parent training.
- Assist with referral and coordination of other resources.

Levels of risk, levels of intervention

Intervention strategies should focus on reducing the risk factors that drive the bullying behaviour. As noted in *Children Who Bully at School*, these are most effective when they are appropriately matched to the child's level of risk (see Table 2). That is, different treatments may be required, depending on the severity of bullying and the age, social and psychological characteristics of the child (Rigby & Slee, 2008).

Table 2: Levels of risk mapped onto levels of intervention for children who bully others

Level of risk	Risky behaviours	Level of intervention
High risk	Children assessed as being at the highest risk of engaging in bullying others report high levels of aggression, externalising problems and delinquency or are identified as experiencing early signs of or symptoms foreshadowing mental, emotional or behavioural disorders. Problems are consistent and relatively stable over time. Several family, individual or school risk factors associated with a higher likelihood of engaging in bullying behaviour are present.	<i>Indicated intervention:</i> These children require greater support for behaviour change and an intervention that includes their family, as many of the risk factors are beyond the scope of school-based programs. This level of intervention is best used for the more entrenched cases of bullying problems.
Moderate risk	Children are involved in bullying infrequently or in a short-lived way. These children may exhibit early warning signs that indicate a risk of future involvement in bullying, and consequently the emotional, behavioural and social problems associated with bullying others.	<i>Selective intervention:</i> Children exhibiting non-severe bullying behaviour are likely to benefit from a selective program designed to address and prevent the developmental continuity of their peer relationship problems.
Low risk	Children assessed as being at low risk do not engage in bullying others and have few, if any, family, individual or school risk factors.	<i>Universal intervention:</i> These children are likely to benefit from school-based universal programs that aim to develop awareness of bullying and empower children to intervene on behalf of victims.

For a further discussion of interventions, see *Children Who Bully at School*.

Promising approaches for working with children who bully

As discussed in *Children Who Bully at School*, only a limited number of evidence-based anti-bullying programs exist. An evidence-based program is a set of intervention activities that evaluation research has shown to be effective. Some of these activities help individuals develop the intentions and skills to act in a healthy manner. Others focus on creating an environment that supports healthy behaviour.

Brief Strategic Family Therapy

One approach that has been identified as being more effective for working with children who bully, and that has potential to address risk factors present in the family, is the Brief Strategic Family Therapy (BSFT; see the evaluation review by Lawner & Terzian, 2013). Brief Strategic Family Therapy is a family therapy program for children aged 8–17 years who display or are at risk for developing behavioural problems. The primary emphasis is on identifying and modifying maladaptive patterns of family interaction that are linked to the child's symptoms.

The program has the following characteristics:

- The goal of the therapy is to improve child behaviour by improving family relationships, and to improve relationships between the family and other groups that may influence the child's behaviour.
- It can be implemented in approximately 8 to 24 sessions. The number of sessions needed depends on the severity of the problem.
- There are manuals available for reference and training programs for certifying counsellors in this method.
- The program has a flexible approach that can be adapted to a broad range of family situations in a variety of service settings.
- It appeals to cultural groups that emphasise family and interpersonal relationships.
- It focuses on assessing the family's conflict resolution style and developing strategic interventions to help families resolve their differences more effectively.



Parent skills and education

Parent training is an important part of discouraging bullying behaviours.

Parents may know about positive parenting skills, but have difficulty putting them into action when stressed. Others need education in parenting skills, which can be given during individual sessions or in a group where they can rehearse new strategies and receive encouragement from other parents. Parents may benefit from programs that:

- educate families about both the complexities of bullying behaviours and the challenging social and health issues experienced by a child who bullies;
- raise parents' awareness, knowledge, skills and self-efficacy to talk with their child about bullying;
- involve problem-solving to develop effective ways of managing difficult children and to resolve conflict;
- counsel parents by stressing the importance of the parent–child relationship in their child's development;
- help parents to improve their relationship skills in general and to counter negative, angry and hostile feelings within the family; for example, approaches that decrease negative communication patterns and improve conflict resolution techniques have proven value;
- arrange support for families experiencing hostile parental separations;
- encourage or advise on developing good parenting skills, including emphasising the importance of parental involvement, child monitoring and consistent discipline (that does not involve harsh and inconsistent punishment); and
- educate families of the need for parent–school collaboration, and the importance of parent attitudes in working with the school. Parents should be encouraged to calmly approach the school and to develop a clear action plan.

Conferencing with parents

When conferencing with parents of young people who are bullying, Roberts (2008) encourages practitioners to:

- stay focused on the issue;
- not respond to parent scepticism;
- use low-threat approaches with the parent;
- provide facts about the child's behaviour;
- recognise leveraging moments;
- leverage the parent towards developing a plan;
- let the parent respond and provide input to the plan;
- obtain parent commitment to the plan; and
- end on a positive note.

Useful parental responses when helping their child who bullies

While there is a scarcity of research on parents' reactions and strategies when helping their children with bullying behaviours, parental responses to wrongdoing are likely to influence their child's future perceptions and actions (Sigel, 1985). Appropriate parental responses identified by Cooper and Nickerson (2013) include:

- discussing the situation with the child;
- offering suggestions for coping;
- increasing supervision during children's unstructured time; and
- contacting the school.

See also the Parent Resources section for suggestions.

Practitioner considerations

Parents of children who bully others may not regard the behaviour as a concern, possibly because such a strong power differential is demonstrated in their own family system (Crothers & Kolbert, 2008). Therefore a realistic objective in conferencing with the parents of children who bully may be to gain at least enough of their support so that parents do not undermine the school by directly or indirectly implying to their children that they do not need to adhere to the rules regarding bullying.

Immediate risk or danger to the child or others

The following items can be used to assess if there is a chance of immediate risk or danger to the child or the people around them. These “warning signs” indicate that some intervention should begin as soon as possible, and may include an immediate evaluation by a qualified mental health professional.

Immediate risk may be indicated if the child:

- recently assaulted another child or was recently assaulted;
- brought a weapon to a place or situation that was inappropriate;
- has or may have a weapon that is potentially lethal;
- made destructive, violent or threatening gestures or statements;
- has or may have a plan for destructive, violent or suicidal behaviour;
- is saying or implying they are suicidal; or
- has identified a target for destructive behaviour or violence.

Referral to specialist services

Children who bully tend to have a wide array of behavioural and emotional problems. Co-morbidity or the co-occurrence of bullying and other childhood disorders is common.

Families should be referred to specialist services if their child’s behaviour is causing significant impairment in family or school functioning, and if the parents are having difficulty implementing the suggested management strategies.

Cognitive behaviour therapy (CBT) may assist some children who bully to manage their impulsive behaviour. CBT focuses on encouraging and rewarding appropriate behaviour and helps children learn what behaviour is expected of them. CBT encourages children with conduct problems to develop alternative ways of relating to other children and adults.

A child who chronically bullies may also have other mental health issues, and as such should be referred for a mental health consultation and intervention. A cognitive and educational assessment performed by a psychologist to identify learning difficulties is also desirable.

Parent resources

To assist parents in understanding the core issues of a child's bullying behaviour and specific parenting strategies for dealing with them, practitioners can provide families with reputable online resources.

From the Australian Institute of Family Studies:

- *Helping your child stop bullying: A guide for parents;*
- *Does your child bully others? Ten positive actions for parents;* and
- *What to do if your child is bullying* [infographic].

These resources are available at: <www.aifs.gov.au/cfca/focuson/bullying.html>.

Other resources:

- *Parent guide to helping children manage conflict, aggression and bullying.* Australian Psychological Society <www.psychology.org.au/publications/tip_sheets/bullying>; and
- *Changing bullying behaviours.* Victorian Department of Education and Early Childhood Development <www.education.vic.gov.au/Documents/about/programs/bullystoppers/afchangebullying.pdf>.

Helping your child stop bullying
A guide for parents
Jodie Lodge

Does your child bully others?
Ten positive actions for parents
Jodie Lodge

What to do if your child is bullying

It's hard for any parent to believe that their child is bullying another child, but sometimes it happens. Finding this out can bring up strong feelings that may stop you being able to think clearly.

Keep CALM:

- Control your thoughts and your actions
- Assess and decide if you are too upset to continue talking
- Leave the situation if you are feeling too angry or upset
- Make a plan to deal with the situation within 24 hours

Key actions

Focus on solutions rather than problems
Talk calmly and clearly with your child.

Encourage problem solving/thinking
Help your child to identify exactly what he or she did and to be accountable and responsive by saying sorry and finding a way forward.

Support the school policy
Ask the school, "What can I do from home to help?" Stay in touch with the school and hear how your child is doing. Call back regularly.

That sounds like a difficult situation.

I need you to know that bullying is unacceptable, and it must stop.

Whatever happened, I'm going to help you get through this.

So, what do you think would have been a better way to handle that?

If the situation seems serious, seek professional help promptly

SOURCE: Does your child bully others? CFCA <www.aifs.gov.au/cfca>
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References

- Austin, S., & Joseph, S. (1996). Assessment of bully/victim problems in 8–11 year-olds. *British Journal of Educational Psychology*, *66*, 447–456.
- Bonds, M., & Stoker, S. (2000).
- Bosworth, K., Espelage, D. L., & Simon, T. R. (1999). Factors associated with bullying behavior in middle school students. *Journal of Early Adolescence*, *19*(3), 341–362.
- Cooper, L., & Nickerson, A. B. (2013). Parent retrospective recollections of bullying and current views, concerns, and strategies to cope with children's bullying. *Journal of Child and Family Studies*, *22*, 526–540.
- Craig, W., & Harel, Y. (2004). Bullying, physical fighting, and victimization. In C. Currie (Ed.), *Young people's health in context: International report from the HBSC 2001/02 survey* (WHO Policy Series: Health policy for Children and Adolescents Issue 4). Copenhagen: WHO Regional Office for Europe.
- Craig, W., & Pepler, D. (2003). Identifying and targeting risk for involvement in bullying and victimization. *Canadian Journal of Psychiatry*, *48*, 577–582.
- Crick, N. R., & Grotpeter, J. K. (1995). Relational aggression, gender, and social psychological adjustment. *Child Development*, *66*, 710–722.
- Cross, D., Shaw, T., Hearn, L., Epstein, M., Monks, H., Lester, L., et al. (2009). *Australian Covert Bullying Prevalence Study*. Perth: Child Health Promotion Research Centre, Edith Cowan University. Retrieved from <education.gov.au/bullying-research-projects#australian-covert-bullying-prevalence>.
- Crothers, L. M., & Kolbert, J. B. (2008). Tackling a problematic behavior management issue: Teachers' intervention in childhood bullying problems. *Intervention in School and Clinic* *43*, 132–139. doi:10.1177/1053451207311606.
- Hamburger, M. E., Basile, K. C., & Vivolo, A. M. (2001). *Measuring bullying victimization, perpetration, and bystander experiences: A compendium of assessment tools*. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Retrieved from <www.cdc.gov/violenceprevention/pdf/bullycompendium-a.pdf>.
- Kärnä, A., Voeten, M., Poskiparta, E., & Salmivalli, C. (2010). Vulnerable children in varying classroom contexts: Bystanders' behaviors moderate the effects of risk factors on victimization. *Merrill-Palmer Quarterly*, *56*, 261–282.
- Lawner, E., & Terzian, M. (2013). *What works for bullying programs: Lessons from experimental evaluation of programs and interventions* (Research Brief No. 2013–39). Bethesda, MD: Child Trends.
- Roberts, W. B. (2008). *Working with parents of bullies and victims*. Thousand Oaks, CA: Corwin Press.
- Orpinas, P., & Frankowski, R. (2001). The Aggression Scale: A self-report measure of aggressive behavior for young adolescents. *Journal of Early Adolescence*, *21*, 50–67.
- Orpinas, P., Home, A. M., & Staniszewski, D. (2003). School bullying: Changing the problem by changing the school. *School Psychology Review*, *32*, 431–444.
- Pellegrini, A. D., Bartini, M., & Brooks, F. (1999). School bullies, victims, and aggressive victims: Factors relating to group affiliation and victimization in early adolescence. *Journal of Educational Psychology*, *91*, 216–224.
- Rigby, K., & Slee, P. (2008). Interventions to reduce bullying. *International Journal of Adolescent Medicine and Health*, *20*(2), 165–183.
- Shields, A., & Cicchetti, D. (2001). Parental maltreatment and emotion dysregulation as risk factors for bullying and victimization in middle childhood. *Journal of Clinical Child Psychology*, *30*, 349–363.
- Sigel, I. E., (1985). A conceptual analysis of beliefs. In I. Sigel (Ed.), *Parental belief systems: The psychological consequences for children* (pp. 345–371). Hillsdale, NJ: Erlbaum.
- Smith, P. K., & Myron-Wilson, R. (1998). Parenting and school bullying. *Clinical Child Psychology & Psychiatry*, *3*, 405–417.

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