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Children who bully at school

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School bullying is a serious problem worldwide. There is now strong evidence to indicate that children who bully at school are at significant risk for a range of antisocial, criminal and poor health outcomes later in life. Importantly, bullying is a behaviour often influenced by 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. This paper focuses on children who bully at school, and specifically on the ways in which parenting and family functioning underpin a child's bullying behaviour. New evidence for possible protective or intervening factors that may interrupt the developmental sequence of antisocial behaviour is summarised. Parental involvement in anti-bullying interventions is also considered. Finally, some promising approaches for working with children who bully are outlined.

This paper provides background information about children who bully. A related publication, *Working With Families Whose Child is Bullying*, has suggestions for practitioners and other professionals on ways to work with and support families with a child who is bullying.

Key messages

- Bullying by children is a serious problem in Australia and elsewhere.
- Children who bully tend to have a wide array of conduct problems, and show high levels of depressive, aggressive and delinquent behaviour.
- Bullying by children is considered a stepping stone for criminal behaviours, increasing the risk of police contact when they become adults by more than half.
- Children who bully increase their risk of later depression by 30%.
- Bullying arises from the complexity of children's relationships with family members, peers, and the school community and culture. Families, especially, play an important role in bullying behaviours.
- Children who bully require greater support for behaviour change through targeted approaches. Children who chronically bully may also have mental health issues that require specialist intervention.
- Importantly, children who bully are not doomed to bully all of their life. Effective and early treatment may interrupt the risk of progressing from school bullying to later adverse life outcomes.

Understanding school bullying

School bullying is a serious problem in many countries. Bullying is observed across gender, race, ethnicity and socioeconomic status. It is prevalent in all grades and all schools—and can be mild, moderate or severe (Smith et al., 1999).

Bullying is now widely considered as a systematic abuse of power (Rigby, 2002); that is, the intention of bullying is to put the victim in distress in some way. Bullies seek power. While definitions in the literature vary, especially with new forms of bullying being identified, the majority of definitions include 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". While disagreement, teasing and conflict are part of growing up, bullying is an extreme form of peer conflict or teasing and can be harmful, both physically and psychologically (Rigby, 2002).

Examples of school bullying include:

- physical fighting;
- name calling;
- social exclusion;
- spreading rumours and gossip; or
- distributing hurtful or embarrassing messages or pictures.

It can take place in face-to-face encounters, through written words (e.g., notes), or through digital media such as text messages, social media, and websites (i.e., cyberbullying; see Box 1).

Box 1: Cyberbullying

Cyberbullying involves using technology such as mobile phones and the Internet to bully or harass another person. In Australia, 10–20% of children and young people have been cyberbullied (Joint Select Committee on Cyber-Safety, 2011).

Cyberbullying can take many forms:

- Sending mean messages or threats to a person's email account or mobile phone
- Spreading rumors online or through texts
- Posting hurtful or threatening messages on social networking sites or web pages
- Stealing a person's account information to break into their account and send damaging messages
- Pretending to be someone else online to hurt another person
- Taking unflattering pictures of a person and spreading them through mobile phones or the Internet
- Sexting, or circulating sexually suggestive pictures or messages about a person

For more information, see Robinson (2012).

Did you know?

- The Internet and mobile phone are fast becoming one of the key tools in bullying behaviour.
- Parents can be held responsible for phone or computer bullying, which can include facing legal actions or losing their phone or Internet accounts.

How common is bullying?

A survey of schools in about 40 countries found that Australian primary schools were among those with the highest reported incidence of bullying in the world (Mullis, Martin, & Foy, 2008).

Bullying has been the focus of considerable international research and policy development (Smith et al., 1999). Estimates of the prevalence of bullying vary enormously and are dependent on how bullying is assessed and who reports it. For example, teachers and parents frequently report fewer incidents of bullying behaviours than do children and young people themselves (Lodge & Baxter, 2014). In Australia, reasonable estimates can be obtained from questionnaire data. In one large national study, approximately 1 in 6 school students (between the ages of 7 and 17) reported being bullied at least once a week—with more reports by primary-school children than secondary-school students (Rigby, 1997).

The Australian Covert Bullying Prevalence Study reported that 1 in 4 students (in a sample of 20,832 Australian students aged between 8 and 14 years) reported being bullied every few weeks or more, with the highest prevalence rates being reported by children in Year 5 (age 10–11 years) (Cross et al., 2009).

Data drawn from the Longitudinal Study of Australian Children found that almost 1 in 3 students aged 10–11 years reported being bullied or picked on by peers, with name calling being far more common than physical bullying (Lodge & Baxter, 2013).

For children who bully others, the prevalence in child and adolescent samples is typically around 5–15% (Craig & Harel, 2004; Kärnä, Voeten, Paskiparta, & Salmivalli, 2010; Pellegrini, Bartini, & Brooks, 1999).

What do we know about bullies?

A significant number of young people who bully others have been bullied themselves (Solberg & Olweus, 2003).

Researchers suggest that children who bully are self-focused, highly competitive, exhibitionistic and aggressive (Salmivalli, Kaukiainen, Kaistaniemi, & Lagerspetz, 1999). Others propose that children who bully lack empathy and tend to be manipulative and self-seeking in their interpersonal relationships (Baumeister, Smart, & Boden, 1996).

While some conceptualise bullying as a continuum of behaviours (Bosworth, Espelage, & Simon, 1999), others (Salmivalli et al., 1996) suggest that children who bully can be grouped by their level of involvement:

- ringleaders—organising a group of bullies and initiating the bullying;
- followers—who join in the bullying once it is started; and
- reinforcers—who do not actively join in, but reinforce more passively by watching and laughing or encouraging the bullying.

However, in terms of the child who bullies, the literature commonly distinguishes between pure bullies and bully victims (those children who both bully and are victims of bullying) (Wolke, Woods, Stanford, & Schulz, 2001). A number of studies have examined these two groups, and have found several important differences.

The *pure bully*:

- appears motivated by a strong personal desire to control others and may feel empowered to bully when peer bystanders appear to support their behaviour;
- doesn't appear to care about fairness or another person's feelings; and
- has usually experienced abuse or neglect (Rigby, 2011).

The *bully victim*:

- might experience depression, anger, anxiety and/or impulsivity (Haynie et al., 2001; Holt & Espelage, 2007; Swearer et al., 2001);
- shows more negative affect and poorer self-regulation than bullies (Haynie et al., 2001; Toblin et al., 2005);
- engages in more illegal or problematic behaviours (e.g., carrying a weapon, using alcohol, using illegal drugs, fighting, lying to parents, staying out past curfew) than pure bullies (Haynie et al., 2001; Stein et al., 2007);
- shows lower levels of remorse when committing antisocial acts than pure bullies (Fanti et al., 2009);
- may show more deficits in problem solving, engage in external blaming, and endorse more aggressive actions (see Box 2; O'Brennan, Bradshaw, & Sawyer, 2009; Cassidy & Taylor, 2005; Haynie et al., 2001); and
- demonstrates attitudes supportive of retaliatory behaviour (O'Brennan et al., 2009).

Box 2: Bully victims and social knowledge

A deficit in interpreting social cues is one factor suggested as being related to the tendency of bully victims to attribute blame to others (Camodeca, Goosens, Schuengel, & Terwogt, 2003); that is, bully victims are more likely to respond with blame, anger and retaliation in ambiguous social interactions when the intent of the perpetrator is unknown. These children may not consider the possibility that the perpetrator had no harmful intent (Camodeca et al., 2003).

Did you know?

- Bully victims are at increased risk for a number of problem outcomes (Haynie et al., 2001; Swearer et al., 2001).
- Bully victims are more inclined to associate with deviant peers who share similar antisocial attitudes and who engage in criminal behaviour (Haynie et al., 2001; Menesini et al., 2009).

Childhood development and criminal offending later in life

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

Children's developmental problems

Children who bully display more conduct problems and other externalising behaviours (see Box 3; Cook et al., 2010; Salmon, James, Cassidy, & Javaloyes, 2000). They have been found to be impulsive and lack self-control (O'Brennen et al., 2009; Pontzer, 2010; Unnever &

Cornell, 2009). They are more likely to be inattentive and hyperactive (Cho, Henderickson, & Mock, 2009). Coolidge, DenBoer, and Segal (2004) found bullying behaviour to be associated with diagnoses of conduct disorder, oppositional defiant disorder, attention-deficit/hyperactivity disorder, and depressive disorder compared to a group-matched control group. A positive attitude toward aggression, combined with impulsivity, has also been found to increase the likelihood that children will behave aggressively (Fite, Goodnight, Bates, Dodge, & Petit, 2008).

Various psychiatric correlates have also been identified. Children involved in bullying at the age of 8 or 12 years—in particular those who were bully victims—were reported to have more psychiatric symptoms and a greater chance of displaying deviant behaviour when they reached 15 years (Kumpulainen, Rasanen, & Puura, 2001). Some studies indicate that anxiety and depression are equally common among bullies and victims (e.g., Kaltiala-Heino, Rimpelä, Rantanen, & Rimpelä, 2000).

Box 3: Behavioural and emotional problems associated with childhood bullying

- Bipolar disorder
- Lifelong alcohol and marijuana use
- Nicotine dependence
- Antisocial personality disorder (characterised by a pervasive pattern of disregard for and violation of the rights of others, and a lack of empathy)
- Paranoid personality disorder (characterised by a pattern of irrational suspicion and mistrust of others, interpreting motivations as malevolent)
- Histrionic personality disorder (characterised by a pervasive pattern of attention-seeking behaviour and excessive emotions)
- Passive-aggressive disorders
- A family history of antisocial behaviour

Source: Vaughn et al. (2010)

Criminal offending as an adult

There is now strong evidence for a substantial link between children who bully their peers and later offending and depression. Bullying others at school is a highly significant predictor of a child growing up to be a criminal offender, on average six years later in life. Farrington, Lösel, Ttofi and Theodorakis (2012) have provided the most comprehensive and up-to-date scientific evidence on this. Using meta-analyses, the authors specifically looked at the strength of the relationship of school bullying with later offending and depression, using the findings reported from longitudinal studies (29 associated with offending and 49 associated with depression), including Australian studies. Their research suggests that bullying peers at school increases by more than half the risk of later becoming an offender. Bullying peers at school was also significantly related to later depression—increasing the risk by 30%.

An additional body of research has isolated bullying as a unique risk marker of later offending. For example, the Christchurch Health and Development Study, a longitudinal New Zealand study spanning 30 years, provided evidence for direct linkages between childhood bullying and violent offending and arrest/conviction in adulthood, independent of the effects of childhood conduct and attention problems (Fergusson, Boden, & Horwood, 2014). In an Australian longitudinal study of 650 adolescents (in Victoria), students who bullied at age 16–17 years had over four times the odds of engaging in non-violent antisocial behaviour and two times the odds of violent antisocial behaviour in young adulthood (age 19–20 years) (Hemphill, Tollit, & Herrenkohl, 2014). Similarly, longitudinal data from the Edinburgh Study of Youth Transitions and Crime, a prospective cohort study of around 4,300 young people in Scotland, found that those who engaged in persistent bullying in their early teens (ages 13, 14, 15, and 16 years) were at increased risk of being violent in later adolescence (age 17 years) (McVie, 2014). Other prospective studies, such as the Cambridge Study in Delinquent Development (Farrington, 1993), point to inter-generational continuity—with those who had been bullies at age 14 being more likely at age 32 to have children who also bullied their peers.

Did you know?

Children who bully 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.

Parental influences on bullying behaviour

Children who bully are more likely to come from family environments characterised by less cohesion, expressiveness, organisation, control and social orientation (Bowers, Smith, & Binney, 1994; Stevens, Bourdeaudhuij, & Ost, 2002).

The family is undeniably the pre-eminent social system in which a child is embedded. As such, much research has focused on parenting approaches, the quality of relationships between parents and children and, more broadly, family functioning as important factors related to an increase in the likelihood of children bullying their peers (see Box 4).

Box 4: Family factors contributing to bullying behaviours in children

- The child is rejected or perceived negatively by one or both parents.
- There is a lack of nurturing and emotional support provided by the family.
- Often poor bonding exists between the parent and child.
- Parental disharmony and conflict is present.
- Harsh, physical punishment is used to coerce and control the child.
- The parent's discipline is inconsistent and based on the parent's mood rather than on the child's behaviour.
- The family is socially isolated and lacking in outside support.

Source: Bonds & Stoker (2000)

It should be noted, however, that not all bullies come from broken homes and unhappy families; some bullies come from loving, accepting and nurturing family environments (Ball et al., 2008). There is some evidence that child characteristics make some children more prone to bullying than others. For example, Olweus (1993) suggested that temperament (an inborn personality characteristic) could account for the development of an aggressive reaction pattern in some children. That is, a child who is naturally hot-headed and short-tempered may be more likely to use violence as a way of solving problems if they are not taught otherwise by their parents and teachers. Likewise, the crucial role of peers in bullying should not be overlooked, as peers assume many roles, including being co-bullies, supporting and being an audience to bullies, and also intervening in bullying (see Atlas & Pepler, 1998; Craig, Pepler, & Atlas, 2000; Olweus, 1999; Salmivalli & Voeten, 2004).

Parenting techniques

A substantial body of research suggests that children who come from families using authoritarian parenting techniques (such as harsh and inconsistent punishment) as opposed to an authoritative (democratic) style of parenting are more likely to bully their peers (Baldry & Farrington, 2000; Espelage, Bosworth, & Simon, 2000; Shields & Cicchetti, 2001). Others report that bullies are more likely to have experienced abusive, neglecting and/or hostile parental discipline techniques while growing up (Pontzer, 2010). Conversely, children who perceive their parents as authoritative, especially supporting their independence and autonomy, are less likely to engage in bullying behaviour at school (Rican, Klicperova, & Koucka, 1993).

Key dimensions of parenting techniques include:

- *communication and supervision*—poor parent–child communication (Spriggs, Iannotti, Nansel, & Haynie, 2007) and lack of parental monitoring (Espelage et al., 2000) have been documented

as increasing the risk of children bullying others. In contrast, effective parental communication with their child and parental–peer interactions (in the form of parents meeting their child's friends) has been associated with a lower risk of children bullying others (Shetgiri , Lin, & Flores, 2012).

- *support and involvement*—parental support (Conners-Burrow, Johnson, Whiteside-Mansell, McKelvey, & Gargus, 2009) and parental academic involvement (Hill et al., 2004) are related to lower levels of aggressive behaviour in children. Children who perceive their parents as holding positive attitudes toward them are less likely to be involved in bullying (Rican et al., 1993; Rigby, 1993). Conversely, parental feelings that their child bothers them a lot are associated with increased bullying, as is parental anger toward their child (Shetgiri et al., 2012).

Parent–child relationships

Parent-child relationships have powerful effects on children's emotional wellbeing (Dawson & Ashman, 2000), basic coping and problem-solving abilities, and future capacity for relationships (Lerner & Castellino, 2002). Children with a parent or caregiver who is insensitive and rejecting of their needs are more likely to demonstrate antisocial traits (e.g., lack of concern for others' feelings) and callous or unemotional characteristics (Fite, Greening, & Stoppelbien, 2008).

Children who report that they bully their peers are more likely to:

- have insecure relationships with their parent(s), characterised by inconsistent parental attention to their children's needs, and parental rejection and insensitivity; and
- have less affectionate and supportive fathers (Williams & Kennedy, 2012).

Parents as role models

It is well established that children learn behaviours through observation and role modelling. Children who bully are significantly more likely than others to perceive their family as being less concerned about each other's problems and needs (Rican, 1995). Parental divorce (Malone et al., 2004), parental stress (Fite, Greening et al., 2008) and child maltreatment (Cullerton-Sen et al., 2008) have all been linked to aggression in children. Children living in homes with violence between their parents are at a greater risk of themselves displaying violent, aggressive and bullying behaviours outside the home (see Hong and Espelage, 2012, for a review). Other research points to the level

of physical aggression between siblings—the most common form of family violence—as influencing bullying behaviour (Ensor, Marks, Jacobs, & Hughes, 2010).

Parents of children who bully can be intimidating—they may become emotionally reactive when their child's bullying behaviour is noticed, and may threaten litigation against the school (Crothers & Kolbert, 2008). Children who bully others at school frequently have parents who teach them how to retaliate and to hit back when attacked (Demaray & Malecki, 2003).

Did you know?

- Exposure to child abuse and domestic violence is associated with an increased risk of children bullying (Shields & Cicchetti, 2001).
- The use of physical punishment is associated with physical aggression in children, especially boys, while psychological control is associated with relational aggression (Kuppens, Grietens, Onghena, & Michiels, 2009).

What works in bullying interventions

A new body of research points to the potential role of parents in buffering children against the long-term negative effects of school bullying.

Protective factors against bullying and later offending

Several protective factors against children bullying were identified in the first systematic review of prospective longitudinal studies (Ttofi, Bowes, Farrington, & Lösel, 2014). These are summarised in Box 5.

Interestingly, most factors identified with protective effects against criminal offending tended to be related to the family and school/social aspects, while most protective factors against violent offending tended to be individual. This is convincing evidence that can potentially inform future program planning—namely, parent interventions might be efficacious in interrupting the continuity from bullying in school to later criminal offending, but not to violence.

Box 5: Protective effects for children who bully

Individual factors

- High intelligence
- Adaptive coping
- Prosocial behaviour and attitudes

Family factors

- Stable (undisrupted) family
- Attached to parents
- High parental monitoring
- Consistent discipline
- High family socio-economic status
- Involvement in the family

School/social factors

- Good academic/school performance
- Prosocial (helpful) peers

Source: Ttofi et al. (2014)

Did you know?

- Rates of offending tend to peak in adolescence, but for many young people this behaviour is short-lived and the offences are relatively minor (Richards, 2011).
- A small number of children who come into contact with the justice system continue offending into adulthood (Richards, 2011).

School anti-bullying programs

Children who bully require greater support for behaviour change, using selective and targeted approaches.

Programs that implement a whole-school approach are widely advocated for addressing school bullying (Hanish & Guerra, 2000; Pepler, Craig, Ziegler, & Charach, 1994; Smith et al., 2008). A whole-school approach aims to improve the general school environment by training all teachers, administrators and school counsellors to model and reinforce positive behaviour and anti-bullying messages (Olweus, 1993). Importantly, programs that include social and emotional learning—such as self-awareness, relationship skills, or responsible decision-making—have consistently yielded mixed results (Farrington & Ttofi, 2011; Lawner & Terzain, 2013). That is, the effects of such programs on bullying outcomes has varied at different times, for different subgroups, or in different evaluations.

Parental involvement in anti-bullying programs

Parent training is an important part of discouraging bullying behaviours.

Parental involvement in school anti-bullying programs varies extensively. Many efforts are focused on awareness raising, including inviting parents to a school anti-bullying conference day (Olweus, Limber, & Mihalic, 1999) and using the school newsletter to communicate with parents about bullying, school policies, and other activities and skills taught to students (Cross et al., 2010; Frey et al., 2005; Olweus et al., 1999). Parents may also be consulted and involved when the school bullying policy and programs are being created (Sharp & Thompson, 1994). Other approaches involve meeting with parents of victims and bullies when incidents occur, as a way to increase direct involvement (Bonds & Stoker, 2000; Olweus, 1993).

A meta-analysis of international bullying prevention programs revealed that parent training was a key component of bullying prevention efforts that reduced bullying and victimisation in schools (Farrington & Ttofi, 2011). Nevertheless, a lack of parent involvement (Sherer & Nickerson, 2010; Waasdorp, Pas, O'Brennan, & Bradshaw, 2011) and parent attitudes and beliefs that, for example, bullying behaviour in their child is acceptable (Olweus & Limber, 2010) continue to be major obstacles for many home–school liaison efforts.

Levels of preventive intervention

> Different treatments may be required, depending on the severity of bullying and the age, social and psychological characteristics of the child (Rigby & Slee, 2008).

While many anti-bullying programs may have positive effects on how children in general view bullying behaviours (either from being a target or passively witnessing bullying), typical anti-bullying approaches may be of limited benefit for children who bully others (Rahey & Craig, 2002). Rigby and Slee (2008) proposed that differences in the severity of bullying and the age, social and psychological characteristics of the children involved demand different types of treatment. Taking a mental health approach may be more effective than the socialisation orientation used in many schools. It follows that children who bully require greater support for behaviour change through selective and targeted approaches, as some of the risk factors are beyond the scope of school programs (Hilton, Anngela-Cole, & Wakita, 2010).

Within the broader literature, three levels of intervention are described: universal, selective and indicated preventive interventions.

Universal preventive interventions

Universal preventive interventions take the broadest approach, targeting a whole population that has not been identified on the basis of individual risk (O'Connell, Boat, & Warner, 2009). Universal prevention interventions might target schools or whole communities.

For example, the Friendly Schools and Families Program (Cross et al., 2003) is an Australian school-based bullying program for primary school students. This universal intervention provides a variety of whole-school strategies based on the Health Promoting Schools model to:

- increase understanding and awareness of bullying;
- increase communication about bullying;
- promote adaptive responses to bullying;
- promote peer and adult support for students who are bullied; and
- promote peer as well as adult discouragement of bullying behaviour

The program is designed to help all members of the school community, including teachers, school administrators, students and parents. For further information, see <www.friendlyschools.com.au>.

Selective preventive interventions

Selective preventive interventions target individuals or a population subgroup whose risk of developing bullying behaviours or associated problems is significantly higher than average. Selective interventions target biological, psychological or social

risk factors that are more prominent among high-risk groups than among the wider population (O'Connell, Boat, & Warner, 2009). In practice, selective programs in schools target children who have already been identified as a bully and are considered useful methods of intervention in cases of non-severe bullying.

For example, the Method of Shared Concern (Pikas, 1989) requires the practitioner to work on the problem with the "suspected" bullies, first as individuals, and then in a group. While this approach has seldom been evaluated, in Australia it has been reported to have had positive outcomes with 15 cases that were addressed (at 17 schools) (Rigby & Griffiths, 2010). Another program, the Support Group Method (formerly the No Blame Approach; Mains & Robinson, 1998) involves developing a shared responsibility between the bullies and a group of peers who are convened to help resolve the problem. In this, the practitioner plays a facilitative role. An 80% success rate has been claimed with this approach (Young & Holdorf, 2003).

Indicated preventive interventions

Indicated preventive interventions target high-risk individuals who engage in bullying or are identified as experiencing early signs of or symptoms foreshadowing mental, emotional or behavioural disorders. Such interventions focus on the immediate risk and protective factors present in the individual's environment (O'Connell, Boat, & Warner, 2009). Evaluations of indicated preventive interventions aimed at improving the mental health of children and adolescents suggest such secondary prevention programs significantly reduce problems and significantly increase competencies (Durlak & Wells, 1998). In relation to bullying, indicated intervention is a new but promising area.

An example of such a program is the Brief Strategic Family Therapy (BSFT), a family therapy program for children 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. Evaluations suggest it is an effective method for reducing short-term anger and bullying behaviour (see the related publication: *Working With Families Whose Child is Bullying: An Evidence-Based Guide for Practitioners*).

Promising approaches for working with children who bully

It is important to note that only a limited number of evidence-based anti-bullying programs exist. Evidence-based prevention refers to a set of prevention activities that evaluation research has shown to be effective. Some of these prevention activities help individuals develop the intentions and skills to act in a healthy manner. Others focus on creating an environment that supports healthy behaviour.

In a review of intervention approaches that have been rigorously evaluated (see Lawner & Terzian, 2013), certain approaches may be more effective for working with children who bully.[1] Those identified as being more successful include:

- Positive Action—a school-based program designed to reduce behaviour problems;
- Resolve It, Solve It—a school- and community-based media campaign to reduce violence and aggression;
- Success in Stages: Build Respect, Stop Bullying—an interactive computer program to decrease and prevent bullying; and
- Brief Strategic Family Therapy—a family therapy program for children at risk for developing behavioural problems (see the related publication: *Working With Families Whose Child is Bullying: An Evidence-Based Guide for Practitioners*).

Summary

This paper highlights the strong association of school bullying with criminal and poor health outcomes in adult life. Furthermore, it features a new body of research that points to the potential role of parents in buffering children who bully against offending behaviour in later life. This is convincing evidence for the use of indicated preventive interventions that involve working with families, and offers a new and promising early intervention approach for preventing crime, promoting health and addressing school bullying. This is the focus of a related practitioner guide, *Working With Families Whose Child is Bullying*, which has suggestions for practitioners and other professionals on ways to work with and support families with a child who is bullying.

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1 The effectiveness of the programs was assessed on physical and verbal behaviours and did not include social or relational bullying.

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