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School-based programs to reduce bullying and victimization: Evidence and implications for public health

Review on which this evidence summary is based:

Farrington, D.P., & Tfoti, M.M. (2009). **School-based programs to reduce bullying and victimization (Report)**. *The Campbell Collaboration*, *2009*(6), DOI 10.4073/csr.2009.6.

Review Focus

P Students (kindergarten to high school)
I School-based anti-bullying programs
C No intervention (i.e. usual care)
O Prevention or reduction of school bullying (perpetration and victimization)

Review Quality Rating:	8 (strong) *Details on the methodological quality are available here.*

Considerations for Public Health Practice

Conclusions from Health Evidence*	General Implications
This high quality review is based on 41 program evaluations of moderate methodological quality. School-based anti-bullying programs **reduced** the rates of both **perpetration** (i.e. act of bullying) and **victimization** (i.e. being bullied). Specific **program elements** independently associated with a **decrease** in **1) bullying** include: parent training/meetings, disciplinary methods, and intensity of program for children; and **2) victimization** include: use of anti-bullying videos, disciplinary methods, and duration of program for children. A **program element** associated with an **increase** in **victimization** was **work with peers**, including peer mentoring and mediation. Specific **design features** associated with **more effective programs** include programs that target older children and programs with outcome measures twice per month.	Overall, the findings suggest that school-based anti-bullying programs are effective in reducing school bullying and victimization, particularly when firm disciplinary methods are incorporated. To specifically target bullying, programs should be of high intensity (> 20 hrs) and include training and regular meetings for parents. To specifically target victimization, programs should be of longer duration and be delivered via videos. However, due to potential harms, public health programs should not include work with peers. Public health should also consider *how* the programs are implemented. For example, targeting older children and measuring bullying and victimization outcomes frequently were associated with greater effects on bullying and victimization. Certain program elements were highly *associated* with reducing bullying and victimization but this does not necessarily mean that they *caused* a reduction. It is also important to note that these results are based on a relatively small number of studies.

Evidence and Implications	
What's the evidence?*	**Implications for practice and policy**
1. Bullying (41 studies) • Overall, school-based anti-bullying programs reduced prevalence of bullying (**OR 1.36**; 95% CI: 1.26 to 1.47; p<0.0001). Specifically: • **Program** elements **independently related** to **bullying effect sizes**: parents attended meetings to learn about the anti-bullying initiative, **Z = 3.25, p < 0.001)**; disciplinary methods (e.g. punitive methods, **Z = 2.02, p < 0.043)**; and intensity for children (i.e. ≥20 hours, **Z = 2.56, p < 0.010**). • Other program elements **associated** with **decreased bullying** include: playground supervision (**p < 0.0001**); duration (≥270 days) of program for children (**p < 0.0001**); having training for teachers, in general (**p < 0.006**), as well as the duration (≥4 days, **p < 0.0004**) and intensity (≥10 hours, **p < 0.0001**) of teacher training; classroom management (**p < 0.005**); classroom rules (**p < 0.006**); whole-school anti-bullying policy (**p < 0.008**); school conferences (**p < 0.008**); information for parents (e.g. written materials) (**p < 0.013**); and cooperative group work (i.e. experts from different disciplines) (**p < 0.019**). • **Design** elements **associated** with a **decrease in bullying**: age of children (i.e. ≥11 years) (**p < 0.0001**); outcome measurement frequency (i.e. ≥2 times per month) (**p < 0.0002**)	**1. Bullying** • Public health decision makers should consider school-based anti-bullying programs to reduce the prevalence of bullying in schools. • These programs should be intensive and long term, incorporating: training and information-sharing for teachers and parents, with input from multi-disciplinary experts; school-wide and classroom anti-bully rules and policies; and increased playground supervision and punitive disciplinary methods for children found bullying. • Public health should consider targeting older children with these programs.
2. Victimization (41 studies) • Overall, school-based anti-bullying programs reduced prevalence of victimization (**OR 1.29**, 95% CI: 1.18 to 1.42, p<0.0001). Specifically: • **Program** elements **independently related** to **victimization effect sizes**: use of anti-bullying videos (**Z = 2.55, p < 0.011)**; disciplinary methods (**Z = 2.35, p < 0.019)**; and greater duration for children (**Z = 2.79, p < 0.005)**. • Other program elements **associated** with a **decrease in victimization** include: parent training/meetings (**p < 0.0001**); cooperative group work (**p < 0.001**); greater intensity for teachers (**p < 0.028**) and children (**p < 0.002**); and greater duration for teachers (**p < 0.0003**). • Interventions involving **work with peers** (i.e. mediation/mentoring provided by student peers) was associated with an **increase in victimization**	**2. Victimization** • Public health decision makers should consider school-based anti-bullying programs to reduce the prevalence of victimization in schools. • These programs should be intensive and long term, incorporating: training and information-sharing for teachers and parents, with input from multi-disciplinary experts; and punitive disciplinary methods for children found bullying. • However, public health should note that engaging student peers in mentor and mediator roles increased the prevalence of victimization. • Public health should consider using anti-bullying videos in these programs, as well as targeting older children.

(**Z = 4.22, p < 0.0001**). • **Design** elements **associated** with a **decrease in victimization**: age of children (i.e. ≥ 11 years, **p < 0.047**); outcome measure (i.e. ≥ 2 times per month, **p < 0.0001**)	

Legend: P – Population; I – Intervention; C – Comparison group; O – Outcomes; CI – Confidence Interval; OR – Odds Ratio
**For definitions see the healthevidence.org glossary at http://www.healthevidence.org/glossary.aspx*

***Note: Only evaluations for programs for which statistical data was presented are addressed in this evidence table.**

Why this issue is of interest to public health in Canada:

In 2010, 12% of students in grades 6-10 admitted to bullying another student, 22% reported being the victim of bullying, and 41% reported being bullied as well as bullying others (exclusive of the other two groups).[1] Self-reports of bullying are more common among boys peaking during grade 9 at 47% for boys, while girls peak through grades 7, 8, and 9 at 37%.[1] As many as 25% of students in grades 6-10 say they have been the victim of bullying once or twice in the past month, and up to 12% say it happens to them at least once per week.[2] The potential for lack of confidence in oneself and others by those who bully and those who are victimized leads to an elevated lifelong risk for mental disorder (including anxiety and depression), poor academic and vocational achievement, and criminality.[1] Those who perpetrate bullying are also at long-term risk for antisocial behaviour, gang involvement, and substance use, as well as perpetrating sexual harassment, dating aggression, workplace harassment, and domestic violence. Moreover, parents who were bullies during their childhood tend to have children who bully others.[1]

1. Craig, W. & McGuaig Edge, H. (2012). *The Health of Canada's Young People: a mental health focus – Bullying and fighting*. Ottawa: Public Health Agency of Canada. Retrieved from www.phac-aspc.gc.ca/hp-ps/dca-dea/publications/hbsc-mental-mentale/bullying-intimidation-eng.php
2. Public Health Agency of Canada. (2008). *Bullying and Fighting Among Canadian Youth.* Ottawa: Public Health Agency of Canada. Retrieved from http://www.jcsh-cces.ca/upload/Bullying_ENG.pdf

*Other quality reviews on this topic are available on **www.healthevidence.org***

Suggested citation:

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