Evaluating an intensive recovery programme for adolescents

who have been bullied: A mixed methods study

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Abstract

Bullying is a serious problem for many adolescents, and one that can have detrimental effects on normal developmental processes, as chronic and severe bullying can obstruct the fulfilment of essential psychological needs. However, there are currently few targeted interventions available for chronic and severe bullying cases. The purpose of this study was to evaluate the effectiveness of the Red Balloon Learner Centres (RBLC) which are a full time personal and academic recovery programme for bullied adolescents. A mixed-methodology was utilised, and quantitative outcome measures included: depression, anxiety and trauma symptoms, self-esteem and academic engagement and self-concept. The study was non equivalent groups design (NEGD) and incorporated a comparison group of bullied adolescents from Hertfordshire local authority (LA). The aim was to compare the recovery process between groups over time by taking an initial baseline measure, and conducting follow-up assessments every three months. Both groups demonstrated significant improvements in outcome variables over time, but there were no significant differences between groups at six month follow-up on any outcome variable. Both groups reported similar recovery themes that related to need fulfilment in the areas of safety and security, control, belonging and self-esteem. Recovery is not just the absence of internalising symptomology, but constructive fulfilment of needs. Social needs were felt to be most affected by chronic and severe bullying and most difficult to fulfil constructively. It is recommended that interventions for chronically and severely bullied adolescents should enable constructive need fulfilment, which may involve changes to the ethos and culture of schools, collaborative therapeutic intervention and targeted skill building.

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Chapter 1: Introduction

What is bullying? Definitions

Bullying is a common problem in schools, and one that can have serious consequences. Prevalence rates for adolescents being bullied at least once a month have been found to be around 30% (Due, Holstein & Soc, 2008) and around 5% of adolescents are thought to experience more frequent and repeated bullying in the UK (Glover, Gough, Johnson & Cartwright, 2000 & Salmon, 1998). Bullying can also become a persistent or chronic problem for some individuals who are bullied throughout their school career (Sourander, Helstelä, Helenius & Piha, 2000). Young people who are bullied are at risk of experiencing psychosocial, psychiatric and academic problems that interfere with normal development, and may persist into adulthood. The effects of bullying will be discussed in the next sections.

But firstly, how is bullying defined in research? Generally it is agreed by researchers in the field of psychology, that for behaviour to be defined as 'bullying' certain criteria are met (Olweus, 1993 & Smith & Sharp, 1994)

- the perpetrator intends to cause harm or distress to the recipient
- the behaviour is repeated
- there is a real (or perceived) imbalance of power between the victim and perpetrator
- bullying behaviour can be direct or indirect
- general absence of provocation from the victim*

*With regard to the last point, a subgroup of victims are known as 'provocative' victims, in that their behaviour toward peers is often perceived as annoying and offensive, and they lack appropriate social skills. They are also likely to demonstrate both reactive and proactive aggression (Salmivalli & Nieminen, 2002). Aggressive victims may also be 'bully-victims' i.e. those who bully others but also experience victimisation from peers (Olweus, 1993).

Often the term 'bullying' is used interchangeably with 'victimisation' in the research literature, and although the two are conceptually similar, they have slightly different meanings. Peer victimisation refers to situations where an individual is frequently the recipient of peer aggression (Kochenderfer & Ladd, 1996) whereas bullying refers to peer aggression where there is a power imbalance and intent to cause harm. In this report, the terms will be used as they are intended in the research literature. It has been found that both bullying and peer victimisation produce negative effects, but bullying is thought to be associated with more serious consequences due to the real or perceived imbalance of power and intent to cause harm (Hunter, Boyle & Warden, 2007). This study will investigate the recovery process in victims of severe and chronic bullying, and a comprehensive bullying questionnaire has been designed by the author to obtain detailed and specific information about bullying experiences.

Bullying behaviour can be direct or indirect; direct bullying may involve physical or verbal abuse, and indirect bullying involves relational or social bullying, such as being excluded or ignored by peers, and being the subject of derogatory rumours (Olweus, 1993). More recently, two new types of bullying behaviour have been identified. Cyberbullying is the intentional and repeated harassment

and abuse of an individual by computer or mobile phone. In one UK study up 6.6% of students had been a victim of cyberbullying (Smith, Mahdavi, Carvalho, Fisher, Russell & Tippett, 2008). Cyberbullying has been associated with both online and offline sexual and psychological abuse and victims report elevated levels of trauma symptoms (Mitchell, Finkelhor, Wolak, Ybarra, & Turner, 2011). So called 'sexual' bullying (sometimes referred to as sexual harassment) involves behaviours such as spreading sexual rumours, inappropriate touching, assault, and in extreme cases, rape. Sexual harassment is thought to be a fairly common occurrence among school aged adolescents, as the American Association of University Women (AAUW, 2001) found that 81% of students in the US reported sexual harassment while at school (27% targeted often). Sexual harassment was found to produce more serious and widespread outcomes compared to bullying and was especially associated with trauma symptoms (Gruber & Fineran, 2008). It may be useful therefore to include sexual harassment when investigating the bullying experiences of victims, as sexual harassment can also involve a power differential and be repeated over time, and often is malicious in intent.

Are there any gender differences with regard to frequency and type of bullying experienced? Although physical bullying declines with age, adolescent boys are more likely to be physically bullied than adolescent girls and are more likely to physically bully others, whereas adolescent females have been found to be more involved in relational bullying, both as victims and perpetrators (Nansel, Overpeck, Pilla, Ruan, Simons-Morton & Scheidt, 2001, Wang, Iannotti & Nansel, 2009, Bjorkqvist, 1994 & Crick & Gropeter, 1995). However, during adolescence, there is some evidence that males and females report similar levels of relational aggression (Swearer, 2008, Prinstein, Boergers & Vernberg, 2001 & Storch, Crisp, Roberti, Bagner & Masia-Warner, 2005). Also, some studies have found that changing gender norms may be encouraging the increased use of physical violence among females (i.e. Skara, Pokhrel, Weiner, Sun, Dent & Sussman, 2008). There is no clear evidence that gender influences the likelihood of being a victim of cyberbullying (Beran & Li, 2007, Juvonen & Gross, 2008, Katzer, Fetchenhauer & Belschak, 2009 & Ybarra, Diener-West & Leaf, 2007). Sexual harassment increases during early adolescence, and both males and females report similar levels, although boys receive more same gender sexual harassment (Chiodo, Wolfe, Crooks, Hughes & Jaffe, 2009 & Petersen & Shibley Hyde, 2009).

Many victims are bullied and rejected by peers because of perceived differences, such as having a learning disability or developmental disorder such as Asperger Syndrome (AS) or Attention Deficit Hyperactivity Disorder (ADHD) (Little, 2001, Nakken & Pijl, 2002 & Wainscot, Naylor, Sutcliffe, Tantam & Williams, 2008). These individuals are especially vulnerable because of social skills deficits and behavioural characteristics that may annoy peers and young people with ADHD are often provocative victims because of their behavioural difficulties (Cho, Hendrickson & Mock, 2009). Some individuals are bullied because of their sexuality and homophobic bullying is a common experience for adolescents who are lesbian, gay, bisexual or transgendered (LGBT) (Berlan, Corliss, Field, Goodman & Austin, 2010, D'Augelli, Pilkington & Hershberger, 2002 & Pilkington & D'Augelli, 1995). LGBT youth are also more likely to experience sexual harassment (Saewyc *et al*, 2007 & Williams, Connolly, Pepler & Craig, 2005 & Williams, Connolly, Pepler & Craig, 2003).

As mentioned above, bullying is also associated with peer rejection (DeRosier & Thomas, 2003 & Hodges, Boivin, Vitaro & Bukowski, 1999) (which may be both a risk factor and consequence) and as

it can go on for many years (Kumpulainen, Rasanen & Henttonen, 1999) there is a risk of serious consequences.

Consequences of bullying

Internalising/externalising problems

Both direct and indirect bullying have been associated with internalising problems such as depression, anxiety and low self-esteem, with most studies reporting a dose-response relationship (Brunstein Klomek, Marrocco, Kleinman, Schonfeld & Gould, 2007, Prinstein, Boergers & Vernberg, 2001, Storch & Ledley, 2005, van der Wal, de Wit, & Hirasing, 2003, Kumpulainen, 2008, Meland, Rydning, Lobben, Breidablik & Ekeland, 2010, Cassidy, 2009, Esbensen & Carson, 2009 & Raskauskas, 2010). The largest effect sizes have been found for depression (Hawker & Boulton, 2000). Most worrying is the increased risk of suicide attempts and self-harming behaviours in adolescents who have been bullied (Mills, Guerin, Lynch, Daly & Fitzpatrick, 2004, Young & Bennett, 2008, McMahon, Reulbach, Keeley, Perry & Arensman, 2010 & Kaltiala-Heino, Rimpelä, Marttunen, Rimpelä & Rantanen, 1999). The risk has been found to increase with greater severity and duration of bullying, and is associated with declining school attendance (Davies & Cunningham, 1998). Higher levels of bullying have been associated with suicide ideation regardless of current psychiatric morbidity (Skapinakis and colleagues, 2011). Young people who have experienced severe bullying are referred more frequently for psychiatric evaluation and to Child and Adolescent Mental Health Services (CAMHS) with depression and other mental health problems (West & Salmon, 2000 & Lawlor, 2006). Bullying is also associated with social isolation at school and difficult peer relationships (Nansel *et al*, 2001, Prinstein *et al*, 2001, Newman, Holden & Delville, 2005 & Storch & Masia-Warner, 2004). Longitudinal and prospective studies have provided some evidence for a causal link between bullying and internalising problems (Sweeting, Young, West & Der, 2006, Bond, Carlin, Thomas, Rubin & Patton 2001, Fekkes, Pijpers, Fredriks, Vogels & Verloove-Vanhorick, 2006, Arseneault and colleagues, 2008, Dill, Vernberg, Fonagy, Twemlow & Gamm 2004, Storch, Masia-Warner, Crisp & Klein, 2005, Hodges & Perry, 1999 & Abada, Hou & Ram, 2008).

Clearly, not everyone will be affected by bullying in the same way, and in fact responses to bullying may differ between the sexes, with girls reporting more internalising and mental health problems in some studies (Rigby (1998, 1999, Abada *et al*, 2008, Vaillancourt, Duku, Decatanzaro, Macmillan, Muir & Schmidt, 2008, Bond *et al*, 2001 & Baldry, 2004). Interestingly, bully-victims have been found to report the worst outcomes in terms of psychosocial wellbeing (Kaltiala-Heino *et al*, 1999, Fekkes, Pijpers & Verloove-Vanhorick, 2004 & Dukes, Stein & Zane, 2009) which may be due to pre-existing emotional or behavioural problems and unsupportive or problematic family backgrounds (Schwartz, Dodge, Pettit & Bates, 2000).

Evidence is accumulating for the causal role of severe and chronic bullying in the development of posttraumatic symptomology in victims. Clinically significant posttraumatic stress symptoms have been found in individuals who experience frequent bullying, especially social bullying and serious physical assaults (Storch & Esposito, 2003, Tabori, 2007, Kay, 2005, Flannery, Wester & Singer, 2004 & Finkelhor, Turner & Ormrod, 2006). It is known that trauma related to interpersonal abuse is especially damaging, which is why relational bullying may produce more negative outcomes. It has

been found that trauma symptoms in victims of bullying are similar to those found in victims of rape, and sexual harassment has been found to produce higher levels of trauma symptoms than other types of bullying as mentioned previously (Gruber & Fineran, 2008). Severe and prolonged bullying in both adults and young people is thought to be a risk factor for the development of complex posttraumatic stress disorder (Field, 1996 & Herman, 1992).

Bullying and peer rejection are also associated with externalising problems such as anger, aggression and deterioration in behaviour (Barker, Arsenault, Brendgen, Fontaine & Maughan, 2008, Flannery *et al*, 2004, Felix & McMahon, 2006, & Kim, Leventhal, Koh, Hubbard, & Boyce, 2006). In extreme cases, bullied and rejected adolescents (predominantly males) have been involved in school shootings (Leary, Kowalski, Smith & Philips, 2003, Anderson and colleagues, 2001 & Newman, 2004).

Effects on academic achievement

Hugh-Jones & Smith (1999) found that individuals who were severely bullied were fifteen times more likely to report that their school work had been affected. Bullied and rejected adolescents may develop very negative associations with regard to educational establishments which may also affect their long term academic career. Robson (2003) found that rejected children were significantly less likely to obtain a degree in adult life, for example. Overall a meta-analysis of studies investigating the effects of peer victimisation in relation to academic outcomes, found evidence for a significant negative correlation between peer victimisation and academic achievement, indicted by lower grades and lower scores on standard achievement tests (Nakamoto & Schwartz, 2009). Longitudinal studies have also provided evidence for a causal link between bullying and declining school achievement (Buhs, Ladd & Herald, 2006 & Ladd, Kochenderfer & Coleman, 1997) and Juvonen, Wang & Espinoza (2011) found that students who reported higher levels of bullying over time, were more likely to demonstrate the lowest levels of achievement. Various mediating pathways have been proposed.

Behavioural disengagement may occur, which is indicated by poor attendance, deteriorating behaviour and decreased classroom participation. Bullying can directly block access to educational opportunities as victims may be too frightened to attend classes and often stay away from school for their own safety; some may eventually withdraw from school completely (Berthold & Hoover, 2000 & Bauman, 2008). Some victims (especially male victims) may develop externalising problems that can affect academic functioning as behaviour in class deteriorates (Hoglund, 2007 & Rose & Rudolph, 2006). Peer rejection is felt to be one of the strongest predictors of school adjustment and has been linked to decreased classroom participation. It has been proposed that reduction in classroom participation mediates the relationship between peer rejection and exclusion, and academic achievement (Ladd, Herald-Brown & Reiser, 2008, Buhs *et al*, 2006 & Buhs & Ladd, 2001).

Poor relationships with teachers and peers can result in emotional disengagement indicated by feelings of not belonging in school (O'Brennan, Bradshaw & Sawyer, 2009 & You, Furlong, Felix, Sharkey, Tanigawa & Green, 2008). Teacher and peer support and feeling safe and cared for in school, however, has been found to relate significantly to feelings of school belonging and connectedness, and is positively associated with achieving higher grades (Ma, 2003, Ma, Phelps, Lerner & Lerner, 2009, Konishi, Hymel, Zumbo & Li, 2010, Osterman, 2000 & Furrer & Skinner, 2003). However, many bullied individuals may feel unsafe on school premises, and perceive

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teachers as being unsupportive and uncaring, especially if they do not protect them from the bullies. Also, if students feel unfairly treated, this may result in disengagement from school (Ripski & Gregory, 2009) and victims of bullying are likely to feel unfairly treated if they are not believed, or the bully is not punished.

Bullying acts as a significant stressor on an individual's cognitive functioning, via heightened emotional distress (Juvonen, Nishina, & Graham, 2000, Buhs & Ladd, 2001 & Graham, Bellmore & Mize, 2006) and can therefore affect cognitive engagement. An individual who is feeling anxious and depressed, for example, may be unable to concentrate or process information efficiently (Flook, Repetti & Ullman, 2005) and relatively minor episodes of social exclusion have been found to interfere with performance on complex tasks (Baumeister, Twenge & Nuss, 2002) possibly as a result of the individual using cognitive resources to manage or suppress related emotional distress. Depression is also likely to disrupt sleep and result in motivational deficits, which affect achievement. Schwartz, Gorman, Nakamoto & Toblin (2005) found some support for this, in that depressive symptoms partially mediated the relationship between victimisation and subsequent achievement, and this finding is thought to be a more common experience for female victims (Hoglund, 2007).

Therefore children and adolescents who have been bullied (and often peer rejected) are at risk of behavioural, emotional and cognitive disengagement from school which subsequently affects academic functioning and achievement. Bullying and rejection can also affect academic achievement via lower perceived academic competence, which may be influenced by feelings of depression and low self-esteem (Ma *et al*, 2009) and peer rejection is also thought to influence perceived academic self-concept and subsequent achievement through exclusion, which reduces classroom engagement (Buhs, 2005 & Buhs *et al*, 2006).

Need obstruction as a pathway to negative outcomes

Firstly, it is useful to place bullying problems during adolescence within the context of a developmental psychopathology framework. It enables further understanding with regard to how bullying and peer rejection produce detrimental outcomes and impact on normal developmental processes, and can identify risk and protective factors that may influence the relationship between bullying and negative outcomes in various domains. These risk and protective factors (potential mediators and moderators) can be an important focus for intervention. In fact, the developmental assets framework (Scales & Leffert, 1999 & Leffert, Benson, Scales, Sharma, Drake & Blyth, 1998) highlights important protective factors that act as developmental 'assets' and may buffer against adverse experiences such as bullying and build resilience in the adolescent. Developmental assets include: support from parents or other adults outside the family; supportive and caring school environment; feeling safe at home and in school; school and family environment that has clear and consistent guidelines for behaviour; engagement and bonding with school; social competencies; and high self-esteem.

This thesis will specifically present a case for the development of interventions for severely and chronically bullied adolescents that enable them to fulfil essential psychological needs. It has been proposed by researchers that there are universal needs that motivate human behaviour and which are important for psychological well-being, growth and development (Deci & Ryan, 1985 & 2000).

Although needs are considered to be theoretical constructs, convincing support has been provided for their existence, obtained through theoretical development in applied areas such as clinical psychology, and experimental and laboratory based research (Maslow, 1968, 1987, Staub, 2004, Janoff-Bulman, 1992, Flanagan, 2010, Greenberg, Pyszcyynski & Solomon, 1986, Deci & Ryan, 1985, 2000, Williams, 1997, Baumeister & Leary, 1995, Seligman, 1975, 2002, Sheldon, Elliot, Kim & Kasser, 2001). A review of proposed essential psychological needs was undertaken, and those needs that were felt to be most relevant for adolescent wellbeing and development and most obstructed by bullying were identified. These needs were confirmed during the course of the research, and the final group of needs included: safety and security; control and stability; positive identity and self-esteem; belonging and social needs; understanding of the world and meaning in life. Needs are not mutually exclusive and deficits in one need may impact on the fulfilment of another need. Human needs theory provides further understanding with regard to how bullying might produce detrimental effects, and can help to explain the motivations underlying the behaviour and actions of victims. It is proposed that severe and chronic bullying (and peer rejection) may seriously frustrate the fulfilment of essential needs, which has negative psychological, social and behavioural consequences that impact negatively on development.

The motivation to fulfil needs can drive some individuals to use destructive strategies that may obstruct the fulfilment of other needs, or harm others (Staub, 2004). A rejected individual for example, may become socially submissive or use ingratiating behaviours to fulfil the need for belonging and acceptance (Downey & Feldman, 1996 & Romero-Canyas & Downey, 2005). However, this strategy may ultimately backfire in that these behaviours are likely to invite further abuse and rejection by others. Some victims of bullying may have a history of need obstruction as a result of problematic or unsupportive family backgrounds, and consequently be more at risk. Gender is a vulnerability factor in some areas of psychopathology and this becomes more apparent during adolescence. A productive focus of inquiry therefore, would be to look at possible gender differences with regard to the importance of specific need fulfilment and reaction to need obstruction. Female victims of bullying, for example, have been found to experience more serious internalising problems by some researchers, which may be related to differential effects of need importance and reactions to need obstruction. Gaining further understanding in this area may help when planning interventions for male and female victims.

Essential needs that are felt to be most relevant to adolescent adjustment and development (and most affected by bullying) will now be discussed, and deficits in existing interventions highlighted.

Safety and security

Maslow (1968, 1987) proposed a hierarchy of needs that included: safety needs, social needs, esteem needs and self-actualisation needs and believed that individuals are motivated to fulfil lower level needs such as safety, before moving on to higher level needs. Although Maslow's theory lacks empirical evidence, especially with regard to a hierarchical structure, it is likely that to feel safe and secure (i.e. to be free from physical or psychological harm) is a basic human need, as real or perceived threats to safety result in fear and anxiety. Individuals who experience protracted interpersonal trauma may also develop negative schemas about the world and others that encompass beliefs such as the world is unsafe and people are abusive and hostile, for example (Janoff-Bulman, 1992). When an individual experiences long periods of feeling unsafe, they may

come to expect or anticipate future danger or harm, but perceive that they lack the resources to *cope* with the potential threat, as coping resources have become depleted. These threat appraisals cause emotional distress, and the individual will look for ways to avoid danger and maintain safety (Lazarus & Folkman, 1984 & Lazarus, 1999). A common reaction might be avoidance coping, which is detrimental in the long term, as the individual limits the opportunity for confronting the threat and gaining a sense of mastery and satisfactory resolution. This is in accordance with a transactional model which posits that adaptation following stress is a function of the cognitive appraisals and coping strategies utilised. Being bullied has been found to predict threat appraisals, and perceiving the bullies to be more powerful (and therefore in a position to cause harm) increases perception of threat (Hunter *et al*, 2007) and threat appraisals are also related to low perceived control, which will be discussed below.

The ability to fulfil safety and security needs may be especially salient in adolescence, as the process of growing up involves many changes and new challenges that are best accomplished when the adolescent perceives their world to be safe and secure. Bullying significantly affects the fulfilment of basic safety and security needs, as the victim may endure physical or mental abuse on a regular basis, which gradually depletes their coping resources. It is likely that prolonged obstruction of safety needs is a risk factor for the development of anxiety disorders and habitual use of poor coping strategies, and developing an anxiety disorder during adolescence significantly increases the risk of anxiety disorders in adulthood (Kovacs & Devlin, 1998). Threatening events are implicated in the aetiology of anxiety disorders in young people (Fong & Gerralda, 2005) and anxiety is related to high levels of threat perception. Being bullied for long periods of time may lead to the development of faulty social information processing, in the form of cognitive biases such as an increased *attentional* bias to threat cues and a threat *interpretation* bias for ambiguous cues (Crick & Dodge, 1994), which maintains and perpetuates anxiety. Similar social cognitive processes operate for both passive and aggressive victims of bullying, demonstrated by hypervigilance for threat and hostile attribution biases in social situations (Crick & Dodge, 1996) and are associated with increased levels of fear for passive victims, and anger for aggressive victims (Kochenderfer-Ladd, 2004).

Research has found that students report feeling safer in schools where authoritative discipline is in place i.e. high levels of support, but clear boundaries relating to acceptable behaviour (Gregory, Cornell, Fan, Sheras, Shih & Huang, 2010). However, if young people do not feel safe in school and experience long lasting and high intensity bullying, they may become fear conditioned. Victims may begin to associate schools and other social environments with feeling unsafe and experience acute anxiety, or develop a generalised fear of other young people. The individual may engage in avoidant behaviours which maintains anxiety, and avoidant behaviour may be especially damaging for adolescents as it interferes with the fulfilment of other important needs and developmental competencies. Parental overprotectiveness is a risk factor for the development and continuation of anxiety, in that overprotective parents may collude with the adolescent and encourage avoidant behaviours i.e. the parent may take their child out of school at the first sign of bullying, which may reinforce the young person's belief that school is dangerous and they are unable to cope. Parental overprotectiveness is also a risk factor for being bullied (Georgiou, 2008) as it may result in the young person appearing anxious and timid to their peers, and thus an easy target, and when they are teased, they may overreact or feel unable to defend themselves, which can cause the situation to escalate into a chronic bullying problem (Perren & Hornung, 2005, Kochenderfer & Ladd, 1996 &

Stevens, De Bourdeaudhuij & Van Oost, 2002). In fact, overt displays of internalising difficulties have been found to predict increases in victimisation (Hodges & Perry, 1999). Put simply, the young person is sensitive to, and overreacts to threats to safety. Chronic feelings of being unsafe and feeling under threat as a result of being bullied, may also cause long lasting disruption to the hypothalamic-pituitary-adrenal axis (HPA) (Vaillancourt *et al*, 2008) and affect emotion regulation capacities in adolescent victims.

Severely bullied adolescents may therefore be struggling to cope in a world perceived to be unsafe and insecure. The family however, can help to fulfil the basic safety and security needs of the adolescent. Even though adolescence is a time of growing independence, it is important that adolescents still have a secure base from which to explore and eventually master the world, and a safe haven to return to for comfort and reassurance, which relates to having a supportive family background. The family background of the adolescent appears to play an important role with regard to both risk and protective factors (Rutter, 1990). Poor family functioning has been associated with increased risk for both victimisation and internalising and externalising problems (Georgiou, 2008, Perry, Hodges & Egan, 2001, Fosse & Holen, 2002, Smith & Myron-Wilson, 1998, & van Hoof, Raaijmakers, van Beek, Hale & Aleva, 2008). Young people who experience difficult family circumstances may demonstrate hyperarousal, fear and other signs of emotional dysregulation, that interfere with peer interaction and socio-emotional processing, thus increasing the risk of victimisation (Mohr, 2006 & Shields & Cicchetti, 2001). In one study, parental internalising problems were found to mediate the relationship between bullying and suicide ideation (Herba and colleagues, 2008). It is likely that parents with emotional difficulties do not have the resources to be able to adequately support their child. Children and adolescents from single parent families have been found to be more at risk for being bullied, and more vulnerable to the effects of bullying, which again may be related to available support (Abada *et al*, 2008). However, adequate levels of parental support can buffer the internalising effects of bullying (Guzick, Dorman, Groff, Altermatt & Forsyth, 2004 & Baldry, 2004) and the presence and support of the father is especially beneficial for male victims (Flouri & Buchanan, 2002).

Parenting style might be considered to be another important developmental asset, with supportive and consistent care an established protective factor (Wenar & Kerig, 2000). Authoritative parenting is high in both responsiveness and demandingness and is likely to produce secure attachment in the child (Baumrind, 1966 & 1991). Attachment theory (Bowlby, 1988) proposed that mental representations of self and others - 'internal working models' - develop based on early relationships with caregivers and act as a guide for future relationships. Attachment styles have been categorised as secure or insecure (Ainsworth, Blehar, Waters & Wall, 1978) and secure attachment is associated with feelings of inner security, and more effective emotion regulation capabilities. Attachment patterns and behaviours mirror those from early childhood, and are demonstrated in relationships and interpersonal interactions outside of the family (Ainsworth, 1989). Secure attachment is characterised by positive views of self and others, and is a strong developmental asset which may reduce the risk of being bullied and seriousness of outcomes if bullying is experienced. It is also predictive of more adaptive need fulfilment.

However, positive relationships and secure attachments with adults *outside* the family may also provide good outcomes for young people, and increase resilience (Masten & Reed, 2002).

Stability and control

Stability has been proposed as a candidate psychological need from observations obtained in therapeutic practice. Experiencing an ongoing trauma can affect an individual's need for stability, in that it disrupts established routines (Flanagan, 2010). Related to stability, is control, which is thought to be in important psychological need, and perceived lack of control is implicated in the aetiology of common mental health problems such as depression, anxiety disorders and eating disorders (Seligman, 1975, Waller, 1998 & Sassaroli, Gallucci & Ruggiero, 2008).

The construct of control could be conceptualised as anxious perception of low control over external threats and emotional reactions, and gaining control over a threat involves being able to predict the occurrence of the threat, and respond to the threat adaptively i.e. in a way that reduces it and provides the individual with a sense of competence and self-efficacy (Hoyer, Becker & Roth, 2001, Rapee, Craske, Brown & Barlow, 1996 & Shapiro & Astin, 1998). Seligman (1975) proposed that lacking control over one's environment for extended periods would deplete coping responses and eventually result in learned helplessness, and reduced self-efficacy (Bandura, 1997). Social theories of depression postulate that loss of control over the social environment is especially depressogenic (Gilbert, 2006), and it has been found by researchers that if peer victimisation continues for a prolonged period, the individual will perceive the situation as becoming increasingly out of their control (Hunter & Boyle, 2002, 2004). Hunter & Boyle (2002) found a gender difference with regard to control beliefs in their study, with male victims reporting greater perceived control over bullying problems, but the authors suggest that this may be due to a social desirability bias. Perception of uncontrollability may influence coping responses, such that victims may use more emotion focussed or passive coping strategies such as rumination, which increases depressive symptoms, and become less likely to try new coping strategies (Hunter & Boyle, 2002, 2004 & Terranova, 2009). Barchia & Bussey (2010) found that prolonged victimisation reduced beliefs that schools could stop the bullying, which lowered perceived self-efficacy to obtain the support of friends and increased depressive symptoms, and Esbensen & Carson (2009) found that victimisation resulted in reduced self-efficacy over time.

The learned helplessness model was reformulated to include the role of explanatory or attributional style in predicting responses to negative life events (Abramson, Seligman & Teasdale, 1978). Individuals with a negative attributional style, in response to negative life events, will ascribe the causes of that event to stable internal factors that increases the risk for depression, and this is more likely where an internal causal attribution is viewed as *uncontrollable* (Sanjuán & Magallares, 2009). Victims of bullying may make causal attributions for why they are bullied, and if they believe that they have little control over the situation because of stable internal factors, this may increase the risk for depressive symptoms. For example, they may believe that their victimisation is a result of *unchangeable* personal factors such as personality or appearance. Research has found that victims of bullying who make internal causal attributions for their plight experience more psychological maladjustment (Huitsing, Veenstra, Sainio & Salmivalli, 2010).

Exposure to uncontrollable and unpredictable events is also felt to be involved in the aetiology and maintenance of generalised anxiety disorder (GAD) (Chorpita & Barlow, 1998) and in fact experimental research has found that exposure to aversive and uncontrollable events is an

important causal factor in both depression and anxiety (Mineka & Zinbarg, 1996). Aversive events that are unpredictable *and* uncontrollable have a more negative impact on overall functioning (Mineka & Kihlstrom 1978 & Price & Geer, 1972). Bullying is likely to be perceived as uncontrollable and unpredictable for the victim i.e. the victim may feel unable to stop the bullying, and attacks may occur at any time. Therefore it is likely that bullying is a risk factor for anxiety and depression as may be perceived as threatening, unpredictable *and* uncontrollable. Bullying can also result in posttraumatic stress symptoms as it induces powerlessness and helplessness in the individual, and the belief that control lies with powerful others has been associated with trauma symptoms in victims of bullying (Mynard, Joseph & Alexander, 2000).

Positive identity and self-esteem

Self-esteem is thought to be an essential need and is an inherent part of most human needs theories; to feel good about one's self and to develop a positive identity are considered important motivational factors in all cultures (Kelman, 1990, Pyszczynski, Greenberg & Solomon, 1997, Sheldon *et al*, 2001 & Baumeister, 1998). Terror Management Theory (TMT) (Greenberg *et al*, 1986) posits that self-esteem is an important psychological need, because it buffers the anxiety associated with reflecting on one's mortality and insignificance. TMT proposes that human beings share cultural 'world views' that define reality and provide meaning and order to existence. Worldviews provide guidance with regard to what is considered valuable in a particular culture, and individuals will derive self-esteem from 'living up to' their culture's worldviews. Also inherent in most worldviews is the assumption that being valued by others is an indicator of one's worth (Pyszczynski, Greenberg, Solomon, Arndt, & Schimel, 2004a). In fact self-esteem is understood by some researchers to act as a 'sociometer' that functions as an indicator of the quality of the individual's interpersonal relationships (Leary, Tambor, Terdal & Downs, 1995) and acceptance has been found to make unique contributions to self-esteem (Gailliot & Baumeister, 2007). Low self-esteem therefore is thought to be a consequence of interpersonal rejection and abuse from others, and from this perspective, self-esteem is likely to be based on values and attributes which guarantee the approval and acceptance of others (Leary & Baumeister, 2000). The attainment of high self-esteem and a positive identity is often based on factors such as appearance and status, which are associated with social success in Western cultures (and form part of the cultural worldview). Lacking those qualities or attributes that are valued by society or important others, can also be a causal factor in the development of low self-esteem. However, self-esteem based on factors deemed to be important to the individual, or those that are well integrated with core aspects of the self, is felt to be most adaptive, as it builds stable self-esteem (Pyszczynski, Greenberg & Goldenberg, 2003). To summarise then, low self-esteem is associated with rejection from others and lacking qualities valued by the individual's culture, or important others.

The need to develop a stable and coherent sense of self and to be able to evaluate the self positively, are important developmental tasks during adolescence (Harter, 2008), and self-esteem is the evaluative and affective dimension of the self-concept (Harter, 1999). Obstruction of the need for a positive identity is related to low global self-esteem and depression. Low global self-esteem in adolescents is a risk factor for psychopathology and poorer social functioning (Mann, Hosman, Schaalma & de Vries, 2004, McGee & Williams, 2000, Muris, Meesters & Fijen, 2003 Bos, Huijding, Muris, Vogel & Biesheuvel, 2009 & Harter, Marold & Whitesell, 1992) and low self-esteem may

independently contribute to suicide risk regardless of depressive symptoms (Grøholt, Ekeberg, Wichstrøm & Haldorsen, 2000).

How does bullying interfere with the need for a positive identity? In early adolescence there may be a decrease in self-esteem regardless of bullying problems, as self-evaluations become more negative (Harter, 1999). Firstly, this is thought to be influenced by the developing ability to use social comparison processes with regard to self-evaluations, and older children and adolescents frequently compare themselves to their peers (Ruble & Frey, 1991). These social comparisons involve attributes viewed as desirable by the individual, and the individual's culture, and those valued by the individual's parents and peer groups. Victims of bullying may compare themselves unfavourably to peers as they begin to feel that there must be something wrong with them. Secondly, the young person develops the ability to differentiate the 'real' self from the 'ideal' self, and this might lead to a drop in self-esteem as they realise that they do not possess the attributes or abilities that they would like (Harter, 2008). Lastly, increases in social perspective taking skills can influence self-esteem, as young people are more aware of other people's true evaluations of them (Harter, 2008). Adolescents who are bullied may only be too aware of how they are viewed by peers, and may internalise their evaluations.

In fact, during adolescence, peer evaluations become an important influence in developing self-esteem. Harter (1999) found that peer approval had more of an impact on self-esteem than did the approval of close friends, which could be explained by the fact that peer approval is perceived as being more objective, and therefore is more valuable to the adolescent as an indicator of their worth within the peer group. In adolescence it may be more important to have *others* approve of you, than approving of yourself and global self-esteem can be understood as an individual's view of how important and valuable they are within the groups and relationships of which they are a part. Bullying is likely therefore to affect self-esteem and impact on identity formation, because peer evaluations are often negative, and victims may also be rejected by peers. Negative evaluation from peers may produce more serious consequences in adolescent girls as they place more value on the opinions of others (Rudolph & Conley, 2005). In one longitudinal study, female adolescents who became depressed demonstrated more concerns with regard to their adequacy and more introspective self-concern predictive of internalising problems, than did males (Gjerde, 1995 & Block & Gjerde, 1990 & Gjerde & Block, 1991)**.**

There is a consistent finding relating to gender differences in reported levels of self-esteem during adolescence, with girls obtaining lower scores than boys, and being more likely to have 'devastated' self-esteem (Bagley & Mallick, 2001). Low self-esteem is a specific predictor of depression (Lewinsohn, Gotlib & Seeley, 1997) especially in females (Block & Gjerde, 1990 & Gjerde & Block, 1991). Turner, Finkelhor & Ormrod, (2010) found that victimisation resulted in lower self-esteem in female adolescents, and that decrements in self-esteem produced more depressive symptoms in females relative to males. There are also significant gender differences in the development of depression in adolescence, with female adolescents more likely to be depressed (Hankin, Abramson, Moffitt, Silva, McGee & Angell, 1998). Researchers have proposed that what might partly account for the observed gender differences with regard to both self-esteem and depression, is that girls are more likely to be dissatisfied with their appearance, and as they are more sensitive to the opinions of others, negative evaluations from others may have a greater impact on self-esteem and

depressive symptoms (Harter, 2008, Gjerde, 1995 & Nolen-Hoeksema & Girgus, 1994). Adolescents with low global, or high contingent self-esteem (i.e. based on maintaining an acceptable weight or obtaining social approval, for example) have been found to be more at risk of depression, anxiety and eating disorders (Bos, *et al*, 2010 & Burwell & Shirk, 2006).

Young people are now exposed continuously to images of what is considered to be a desirable appearance in the media, and victims of bullying are often taunted about supposed flaws or defects in appearance based on these images, which may have a serious impact on self-esteem and identity. Research has found that being overweight is a risk factor for being bullied, and that being overweight is associated with low appearance related and global self-esteem, and body dissatisfaction (Falkner, Neumark-Sztainer, Story, Jeffery, Beuhring & Resnick, 2001, McClure, Tanski, Kingsbury, Gerrard & Sargent, 2010 & Janssen, Craig, Boyce & Pickett, 2004). Female obesity has been associated with more negative social, psychological and educational problems (Falkner *et al*, 2001). Interestingly, individuals low in self-esteem place more value on appearance as a factor determining self-worth and their self-worth is contingent on other's approval (Crocker & Luhtanen, 2003, Crocker & Park, 2003 & Crocker & Wolfe, 2001).

Prolonged interpersonal abuse is likely to influence the development of negative self schemas (Storch & Ledley, 2005) and self cognitions (Cole, Maxwell, Dukewich & Yosick, 2010). In one study, it was found that relational victimisation especially, was associated with negative self cognitions which mediated the relationship between victimisation and depressive symptoms (Cole *et al*, 2010). Verbal victimisation from parents and peers has also been found to predict changes in inferences for negative events (Gibb & Alloy, 2006, Gibb & Abela, 2008 & Rose & Abramson, 1992). Prinstein, Cheah & Guyer, (2005) proposed a cognitive vulnerability stress model, where negative peer experiences (victimisation and rejection) and critical self-referent cue interpretations (i.e. blaming the self) were associated with depressive symptoms both concurrently and longitudinally. Dill *et al*, (2004) found that holding the belief that peer aggression is legitimate and warranted mediated the relationship between victimisation and internalising distress. High self-esteem however, may provide some protection against the negative effects of peer victimisation and rejection, in that individuals high in self-esteem have been found to make fewer self-blaming attributions (Ford & Collins, 2010).

The family are also an important influence on developing adolescent self-esteem and self schemas. Being brought up with little positive nurturance, acceptance and approval from parents, is associated with negative self-evaluations and low global self-esteem (Feiring & Taska, 1996). The authoritative style of parenting described above, high in both warmth and demandingness, is more predictive of positive self evaluations in the adolescent, and support from parents is strongly related to global self-esteem (Harter, 2008, Lamborn, Mounts, Steinberg & Dornbusch, 1991 & McClure *et al*, 2010). If bullied adolescents have parents who approve of them, and instil in them a strong sense of self-worth, this may provide some protection against the detrimental effects of bullying, while individuals who already have low self-esteem as a result of negative experiences within the family, may be more at risk of being bullied and more vulnerable to the effects of bullying.

Adolescents who are bullied, rejected, and therefore socially humiliated by peers, may be at risk for developing social anxiety which is related to fear of negative evaluation and heightened self-consciousness, and may result in social avoidance (Carleton, Peluso, Collimore, & Asmundson, 2010, Erwin, Heimberg, Marx & Franklin, 2006, Storch *et al*, 2003 & Rapee & Spence, 2004). The adolescent may develop an attentional bias for negative evaluation cues and interpret ambiguous social interactions in a negative manner.

Social needs

The need to belong and to form positive attachments with others is arguably the most important need for humans, and obstruction of this need can also impact considerably on the fulfilment of other core needs. Strong empirical support has been obtained relating to the need to belong, and the need to belong and to form positive attachments with others, is considered fundamental to human survival (Baumeister & Leary 1995). In fact, it is theorised that the need to belong has been such an important evolutionary factor, that parts of the brain have evolved to detect threats to belonging, which serve as an early 'warning system' in the form of social pain (MacDonald & Leary, 2005). Blackhart, Eckel & Tice, (2007) found that chronically rejected individuals demonstrated significantly higher levels of cortisol in response to a rejection manipulation, compared to an acceptance and control group, which indicates psychological distress.

Evidence has been obtained from a number of experiments that have manipulated ostracism as an independent variable (i.e. being excluded or ignored). The immediate effect of ostracism for most participants is lowered mood and physiological arousal in the anterior cingulated cortex, an area thought to be implicated in the experience of social pain. Participants then try to regain belonging needs by social compensation strategies (Williams & Sommer, 1997, Williams, Cheung, & Choi, 2000 & Eisenberger, Liebermann & Williams, 2003). Researchers have found that ostracism and rejection are also likely to result in aggressive behaviour, and this is more likely where control has been significantly obstructed (Williams & Zadro, 2005 & Warburton, Williams & Cairns, 2006). In another set of laboratory experiments, social exclusion and rejection were manipulated to thwart belonging needs which produced deficits in self-regulation and cognitive functioning, and these deficits were thought to explain increases in aggressive behaviour (Baumeister & DeWall, 2005).

Williams (1997, 2001) proposed that being ostracised thwarts four essential needs, and these needs are very likely to also be affected by bullying and peer rejection. Ostracism interferes with belonging as the individual is excluded from social interaction. It interferes with self-esteem needs as it indicates to an individual that others must hold negative views of them. It significantly reduces control over the social environment as the individual has difficulty influencing the behaviour or opinions of others. Finally, it challenges an individual's sense of meaningful existence and understanding of the world (Williams & Zadro, 2005). This last outcome is related to TMT (Greenberg *et al*, 1986) as Williams and Zadro (2005) suggest that being ostracised is a potent mortality cue. Stillman, Baumeister, Lambert, Crescioni, DeWall & Fincham (2009) conducted an experimental study that manipulated social exclusion and found that participants in the experimental condition perceived life to be less meaningful compared to the control and acceptance condition. In a related study, loneliness was also related to lower perceived meaning in life. A sense of belonging and social relationships therefore appears to give life meaning.

Bullying and peer rejection are likely to have a significant impact on fulfilment of social needs, and obstruction of social needs in adolescents is likely to be related to poor psychosocial functioning, suicide ideation and reduced global (and social) self-esteem. Social hopelessness is a risk factor for suicide (Bonanno & Hymel, 2010), and obstruction of social needs is likely to have the most serious and long lasting consequences for adolescents. Relational bullying is especially damaging with regard to the fulfilment of belonging needs. Early adolescence is when the process of individuation occurs and emotional attachment is transferred from parental relationships to friends and opposite sex partners, therefore bullying and peer rejection during this period is likely to have serious consequences, because this is when peer group belonging and affiliation becomes increasingly important (Pombeni, Kirchler & Palmonari, 1990) which is also related to social identity formation (Kroger, 2000). In fact, social rejection is more painful for adolescents as they are less able to regulate emotions related to rejection (Masten and colleagues, 2009 & Sebastian, Viding, Williams & Blakemore, 2010).

Are there any gender differences with regard to the need for belonging? The friendships of adolescent girls are qualitatively different from those of adolescent boys i.e. more intimacy, disclosure and validation (Zarbatany, McDougall & Hymell, 2000), relational bullying is therefore thought to be especially damaging for adolescent girls as this type of bullying can interfere with the close friendships, belonging and peer support which are of primary importance in this developmental period (Paquette & Underwood, 1999) and might partly explain the higher levels of internalising symptoms found in some female victims. In fact, relational aggression has been shown to be more stressful for females than males (Crick, 1996) and there is some evidence that females react with more distress to social rejection (Stroud, Salovey & Epel, 2002).

Bullying and rejection from the peer group can result in both internalising and externalising problems. Rejection from peers can increase the incidence of aggressive and deviant behaviour, and this effect has been found where prior levels of aggression and externalising problems have been controlled for (Trentacosta & Shaw, 2009 & Laird, Jordan, Dodge, Pettit & Bates, 2001). In a five year longitudinal study, Ollendick, Weist, Borden & Green, (1992) found that peer rejection was predictive of delinquency and antisocial behaviour, and Kupersmidt, Burchinal & Patterson, (1995) found that peer rejection predicted aggression and as rejection increased over time, so did the occurrence of aggressive behaviour. It has been proposed that what underlies this aggressive behaviour, are deficits in self-regulation relating to reactive anger that might increase as the individual becomes chronically victimised, thus establishing a negative cycle of victimisation, anger and retaliation (Schwartz, Dodge, Pettit & Bates, 1997, Perry, Perry & Kennedy, 1992 & Dodge, 1991).

The individual may develop maladaptive relational or 'victim' schemas that influence cognition and behaviour (Rosen, Milich & Harris, 2007 & Perry, Hodges & Egan, 2001) and are transferable to novel social contexts (Rudolph, Troop-Gordon & Flynn, 2009). For example, faulty social cognitive processes may lock the young person in a cycle of rejection (Crick & Dodge, 1994). The young person becomes hypervigilant for social threat; demonstrates attentional and attributional social-cognitive biases i.e. attributes hostile intent to peers in ambiguous social situations; and holds negative expectancies that become a self-fulfilling prophecy. Some victims will blame others, and be more likely to react with aggression which results in further rejection and conflict (Dodge & colleagues, 2003). Alternatively, victims may blame themselves, and hold more negative self

evaluations relating to social competence, and self-blaming reactions are also associated with more internalising problems (Juvonen & Gross, 2005). The victim may withdraw socially which restricts opportunities to improve or develop social competencies, thus social withdrawal behaviours may ultimately maintain victimisation and rejection (Boivin & Hymel, 1997, Crick & Bigbee, 1998 & Juvonen & Gross, 2005). Aggressive and withdrawn children and adolescents are also more at risk of being rejected from the peer group (Coie, Dodge & Kupersmidt, 1990), and over time, bullied and rejected individuals may develop social reputations that prejudice peers against them, thus further limiting their opportunities for peer group acceptance and belonging (Hymel, 1986).

Individuals who have experienced repeated rejection by either parents or the peer group may become 'rejection sensitive' (Downey & Feldman, 1996) and adolescent recalled teasing is thought to be a key predictor (Butler, Doherty & Potter, 2007). Those high in rejection sensitivity anxiously or aggressively expect rejection, and are hypervigilant for signs of rejection. On perceiving rejection, the individual will experience internalising distress or react aggressively, and may engage in socially inappropriate ingratiating behaviours with the intention of gaining acceptance which are likely to result in further rejection (Downey & Feldman, 1996, Downey, Lebolt, Rincon & Freitas, 1998 & Downey, Freitas, Michaelis & Khouri, 1998).

Victims of prolonged bullying and rejection may experience possible changes to the internal working model of self and others which further thwarts the fulfilment of social needs, regardless of initial attachment status. For example, being severely bullied and rejected by peers could lead to a negative *revision* of the internal working model of self and others (Schäfer and colleagues*,* 2004), and adolescents and adults with a history of being bullied have been found to be more likely to present with an insecure attachment style i.e. fearful or preoccupied (Tanaka and colleagues, 2008). A young person who is insecurely attached may have difficulty forming relationships with peers because they already hold negative schemas of self and others, and victimisation experiences may provide further 'evidence' that supports the validity of these schemas (Kokkinos, 2007). Insecure attachment (and related rejection sensitivity) is a potent risk factor for not being able to fulfil social needs throughout the lifespan.

Another aspect of social needs is social support. Cohen and Wills (1985) proposed two models of social support. In model one, perceived social support is thought to benefit an individual irrespective of current level of stress, in that it provides security and enhances self-efficacy and positive affect. The stress buffering hypothesis in contrast, posits that social support provides benefits only when the individual is experiencing stress. Social support acts to buffer stress by increasing perceived coping ability for future stressful events, and if a stressful event does occur, social support can provide some protection against the harmful consequences of that event. Social support is thought to buffer (or moderate) the internalising and externalising distress associated with being bullied. Newman *et al*, (2005) found that perceived social isolation moderated the relationship between victimisation and negative outcomes in adolescent victims of bullying, while Rigby (2000) found that high levels of victimisation and low levels of perceived social support (from parents, teachers and peers) made independent contributions to mental health status in victims of bullying.

The importance of parental support has been discussed previously, but other sources of support can exert protective effects for bullied adolescents. Good quality friendship can help a young person to

cope with stress and also protect against being victimised (Hodges *et al*, 1999, Boulton, Trueman, Chau, Whitehand & Amatya, 1999 & Schwartz, Dodge, Pettit & Bates, 2000). However, the support of a friend may not always be effective in moderating the *effects* of bullying (Davidson & Demaray, 2007), which might be because adult support is more effective (i.e. problem-focussed) when dealing with serious bullying problems. Also, victims of bullying may be more likely to socialise with other victims or rejected individuals, who might not be able to offer adequate support (Pellegrini, Bartini & Brooks, 1999) and may engage in co rumination which increases internalising distress (Rose, 2002, Rose, Carlson & Waller, 2007 & Hampel & Petermann, 2005). Stadler, Feifel, Rohrmann, Vermeiren & Poustka, (2010) found that school support exerted a significant buffering effect for older adolescents, and a supportive and caring school environment has been proposed as a developmental asset. However, an important point with regard to school support is that teachers should be sensitive to how they respond to victims. For example, telling a victim to stand up to the bullies, or keep away from them, may have detrimental consequences as the young person may feel unsupported, or infer that teachers think that they are to blame (Troop-Gordon & Quenette, 2010).

Davidson & Demaray (2007) found differential effects of gender with regard to the effectiveness of social support. For example, parental support buffered the internalising distress experienced by female victims, while teacher, peer and school support provided a buffering effect for male victims. Females seem to benefit more from perceived levels of social support, and are more likely to perceive that support would be available from close friends and peers (Rigby, 2000 & Holt & Espelage, 2007). Kochenderfer-Ladd and Skinner (2002) propose that gender norms may influence how male and female victims of bullying use social support. In their study, female victims benefitted from social support seeking, but this strategy was related to lower peer acceptance for male victims, which might reflect norms relating to masculinity i.e. it is seen as more acceptable for girls to seek social and emotional support from close friends and peers.

Social support from parents, schools and peers can therefore be an important protective factor for adolescents. However, victims of bullying may ironically experience reduced social support. They may become socially isolated via their victim status and rejected by peers, and stressful events such as bullying can themselves impact on the support system. The support deterioration model (Barrera, 1986) proposes that stress interferes with the *perceived* availability or effectiveness of social support, which then leads to depression and anxiety. Chronic stressors such as bullying can also provoke interpersonal conflict; result in social withdrawal; and increase demands on friends and family. This then leads to declines in *actual* support and decreased satisfaction with support received. Victims of bullying may thus perceive that they have less support and also their victim status may result in actual loss of support. Seeds, Harkness & Quilty (2010) found that perception of reduced support (especially tangible and belonging support) mediated the relationship between peer bullying and depressive symptom severity, for example.

Meaningful existence and understanding the world

Most individuals are believed to be motivated to view the world as benevolent and meaningful (Janoff-Bulman, 1992) and will strive to maintain this view, even when they experience events contrary to this assumption, because it fulfils a need for security and understanding of the world. Related to this, belief in a just world (BJW) hypothesis (Lerner, 1965, 1980) is based on the

assumption that most individuals view the world as being fair and just, and consequently negative events are believed to be caused by individual failings. Secondary victimisation is also related to BJW hypothesis as victims of abuse may be blamed by others for what has happened to them, and therefore receive little support or sympathy which compounds their trauma. Victims may be confused about why the bullying has occurred and wonder what they have done to 'deserve' it. They may also find that others are not as sympathetic or supportive as they had expected, or perceive that they are blamed by teachers or their peers for what is happening to them, because they are viewed as too timid, or too shy, for example. This acts as a form of secondary victimisation, which is likely to result in further psychological distress and confusion.

Deficits in existing interventions for bullied adolescents

Interventions for chronic and severe bullying problems in adolescents should aim to stop the bullying; help the victim to recover from the consequences of the bullying; eliminate or reduce risk factors for continued victimisation; and build up protective factors that may reduce the occurrence of future victimisation, or act as a buffer when victimisation is experienced (Harlow & Roberts, 2010). Interventions should also aim to enable victims to fulfil essential needs constructively.

Anti-bullying policies should be in place in every school, and many schools have adopted a 'whole-school' approach (Olweus, 1993) to tackling bullying problems. Whole-school anti-bullying programmes raise awareness of bullying and try to reduce bullying by involving the entire school community. Significant differences have been found between rates of bullying and victimisation in schools within the same locality, suggesting that individual schools should be able to have an impact on factors influencing bullying and victimisation (Chaux, Molano & Podlesky, 2009).

How effective are school-based anti-bullying programmes? A recent systematic review and meta-analysis conducted by Ttofi, Farrington & Baldry (2008) found that overall bullying and victimisation were reduced between 17-23% in schools that implemented an anti-bullying programme, compared to schools that did not. The most effective elements of anti-bullying programmes included improved playground supervision, school discipline and classroom management, regular meetings with parents and cooperation between professionals involved in the bullying case. Duration and intensity of programmes was also related to effectiveness i.e. schools should view anti-bullying programmes as a long term commitment and be prepared to rigorously enforce these programmes. Programmes that seem to be most effective are multi faceted, theory and research driven and provide clear recommendations, rather than vague guidelines. One such newer programme is KiVa (Salmivalli, Kärnä & Poskiparta, 10a & 10b) currently being implemented and evaluated in Finland. A central principle of KiVa is the involvement of the peer group in preventing and addressing bullying problems, by encouraging peers to defend and support victims. There is convincing evidence that addressing 'bystander' behaviour i.e. when peers join in the bullying or reinforce bullying behaviour is a useful target for intervention (Salmivalli, Lagerspetz, Björkqvist, Österman & Kaukiainen, 1996 Rigby & Johnson, 2004 & Cowie & Hutson, 2005). In the case of chronic victimisation, as the bullying continues over time, peers are more likely to blame the victim for their plight and therefore be unlikely to offer assistance (Schuster, 2001 & Teräsahjo & Salmivalli, 2003) or fearful of being targeted by association (Kanetsuna & Smith, 2002).

KiVa also aims to improve the efficacy of teachers and parents to deal with acute bullying problems and to improve competency development for all students. The programme includes elements found to be effective in the systematic review of Ttofi, Farrington & Baldry (2008). However, a recent randomised controlled trial (RCT) provided some initial evidence that the programme may be most effective in preadolescent populations (Kärnä, Voeten & Little *et al*, 2011).

Some anti-bullying programmes incorporate a 'no blame' approach such as the method of shared concern, where the victim and perpetrator are encouraged to work together to find a solution to the bullying problem (Pikas, 2002). However, this approach may be ineffective when dealing with chronic and severe bullying problems, or when the victim has become socially isolated from the majority of their peers.

To be most successful, anti-bullying policies and interventions need to understand bullying problems from a social-ecological perspective, and address factors on an individual, class and school level and to involve not only victims of bullying, but other students, teachers, professionals and parents in interventions (Swearer & Doll, 2001 & Craig & Pepler, 2003). Therefore considerable commitment is required from individual schools to successfully reduce bullying and deal with existing bullying cases effectively, and this may require strong management from the top and changing the culture of the school (Jennifer & Shaughnessy, 2005).

Schools in the UK may have various programmes, policies and procedures in place to address existing bullying problems, but in practice, bullying may be a difficult situation to resolve. This may be especially likely if the bullying problem has been ongoing, and where there is a lack of support and training provided to staff with regard to dealing with severe and prolonged bullying problems. Hunter & Boyle (2002) make the point that early intervention in bullying problems is warranted as perceptions of uncontrollability increase over time. Chronic victims may lose confidence in their own capability to influence the situation, and also may not believe that their school will be able to resolve the problem. However, chronic victims are unlikely to be able to resolve a long standing bullying problem by themselves (Craig, Peplar & Blais, 2007). Some may eventually try to take control of the bullying situation by using aggressive means, but retaliation is often associated with *increases* in victimisation (Kochenderfer-Ladd, 2004 & Salmivalli, Karhunen & Lagerspetz, 1996). However, retaliation has been found to reduce feelings of anxiety in chronic victims, and may provide a sense of empowerment (Visconti & Troop-Gordon, 2010) especially for male victims. Therefore teaching assertiveness skills may be a useful strategy, as victims will be more equipped to fulfil the need for control, and are able to take positive action without being aggressive. Both aggressive and avoidant responses are associated with chronic and severe bullying (Owens, Daly & Slee, 2005).

Are there any existing interventions that explicitly target risk and protective factors relating to victims? Interventions that increase the victim's social support network may be useful, especially where the individual has limited support from the family environment or peer group. Peer support interventions such as befriending or mentoring, are commonly used in schools in the UK, as research suggests that seeking support as a coping strategy is associated with reductions in victimisation over time (Kochenderfer & Ladd, 1997 & Smith, Talamelli, Cowie, Naylor & Chauhan, 2004) especially for female victims (Shelley & Craig, 2010). Naylor & Cowie (1999) found that victims who used peer support reported most benefit from having someone sympathetic to talk to. Although peer led interventions undoubtedly have benefits, they may be problematic for those that have experienced

severe and chronic bullying. Firstly, they might experience stigma or feel embarrassed turning to peers for support outside the context of friendship, and secondly, victims may be reluctant to trust peers (or teachers) in the school environment. Some adolescent male victims may also find it difficult seeking support from peers which goes against masculine norms, as discussed previously. Peer support interventions are likely to be more effective for victims with less serious psychological or social maladjustment, and less severe bullying problems.

It is agreed by many researchers that helping young people to develop positive relationships with both peers and adults is one of the most important areas for intervention (Nation and colleagues, 2003), because ongoing peer rejection is predictive of increased or stable victimisation, and maladjustment (Hodges & Perry, 1999). Smith *et al*, (2004) found that 'escaped' victims, for example, had tried to make friends or become more popular. Some whole-school anti-bullying programmes include interventions such as Circle of Friends, but these interventions have had variable success rates and are not thought to be as effective with adolescent populations (Stevens, De Bourdeaudhuij & Van Oost, 2000 & Merrell, Gueldner, Ross & Isava, 2008). It is likely that during adolescence, making friends becomes a more socially complex and sophisticated process, and thus these interventions are too simplistic. Also, a victim's social status in school may be relatively fixed and not amenable to change, especially if they have a stable history of peer rejection, or an established victim reputation. Thus the peer group in a particular school environment may be resistant to attempts the victim makes to be accepted or to make friends (Hepler & Rose, 1995).

Fox & Boulton (2003) piloted a Social Skills Training (SST) programme for chronically bullied older children in a UK school, which aimed to increase social skills and assertiveness. However, the only significant outcome was an increase in global self-esteem. DeRosier (2004, 2005) evaluated a social skills group intervention for younger victims, and found that the treatment group demonstrated significantly higher global self-esteem and peer acceptance, and lower levels of social anxiety. At follow-up, positive outcomes had been maintained and those in the treatment group also reported lower rates of victimisation. Effect sizes, however, were modest and generally, it would seem that social skills deficits and peer relation problems may be easier to correct in younger children. Also, social skills programmes do not always address the social cognitive processing deficits found in chronic victims of bullying (Rosen *et al*, 2007). Using cognitive-behavioural interventions, maladaptive behaviour and responses can be reduced by helping victims change how they interpret and process social events. Individuals learn to recognise their maladaptive responses, and then make behavioural changes accordingly. Rabiner & Coie (1989) found that increasing *expectation* of social acceptance increased *actual* acceptance. Although this study was conducted with younger children, it may be useful to encourage more optimistic expectations of future acceptance in victims, which may have a positive influence on their behaviour in social situations. Of course, not all victims of bullying have poor social skills, and social skills deficits may only be demonstrated within bullying related contexts (Merrell & Gimpel, 1998, Perry *et al*, 2001 & Menesini & Favini, 2001).

Victims may receive school-based interventions or general support aimed at raising self-esteem. Raising self-esteem can be beneficial for increasing general psychosocial wellbeing and functioning in victims of severe and chronic bullying, and may also reduce the occurrence and impact of victimisation. However, interventions should aim to cultivate high *stable* self-esteem – that which is based on internally determined and realistic attributes (Rogers, 1959, 1961) and is therefore less affected by negative evaluations from others (Kernis, 2005). Young people (especially girls) should be

encouraged to base their self-esteem on factors other than appearance. Whole school interventions that encourage acceptance of individuality and difference may also be useful, as cultural worldviews can influence the development of self-esteem that is based on conforming to a limited range of desirable attributes.

Teaching effective emotion regulation strategies is likely to be beneficial (especially those that address anxiety) as this reduces the risk for future victimisation, and allows the individual to think more 'rationally', and thus apply more adaptive coping strategies. (De Rosier & Marcus, 2005, Orpinas & Horne, 2006, Lengua & Long, 2002, Mahady-Wilton, Craig & Peplar, 2000 & Cuevas, Finkelhor, Clifford, Ormrod & Turner, 2010). Also, dyscontrolled emotional arousal to threat has been found to interfere with social cognitive functioning (Rosen *et al*, 2007).

Cognitive restructuring is likely to be beneficial for addressing self schemas and styles of thinking that negatively influence self-esteem and depression (Cole *et al*, 2010). Attributional retraining could be used to reduce the tendency to make characterological self-blaming attributions for victimisation, and to help victims to understand that it is not their fault (Cassidy, 2009). It is important that victims of bullying realise that other young people get bullied, which may reduce the tendency to self-blame as causation is then more likely to be ascribed to external factors (Juvonen, Nishina & Graham, 2001). Adaptive inferential feedback could also be a useful intervention as it involves countering depressogenic (i.e. self-blaming) or anxiety provoking inferences for negative events (Panzarella, Alloy & Whitehouse, 2001). Graded exposure therapy may be useful for addressing avoidant behaviours, and anxious victims should be encouraged and supported to master their fears and to take risks, which builds confidence. It is important that avoidant behaviours are sensitively challenged before they become too entrenched as a way of coping. In fact victims of severe and chronic bullying may drop out of school entirely, and the young person may become increasingly anxious and avoidant.

Overall, there are limited interventions relating to global recovery or that target a range of risk and protective factors. Berry & Hunt (2009) however, developed an intervention for anxious adolescent male victims that targeted a range of well established risk factors, with the aim of decreasing both incidence and impact of victimisation. Areas addressed included: emotion regulation deficits, internalising symptoms, low self-esteem, social skills deficits and poor coping strategies. Results were encouraging, as victims reported fewer bullying experiences, were significantly less anxious and depressed, and better able to manage their anxiety when confronted with victimisation. Effect sizes for most outcomes were large. In fact, the researchers concluded that more effective anxiety management was the key to the overall success of the programme.

Merrell *et al*, (2008) conducted a meta-analysis of school-based interventions and outcomes for victims, and concluded that overall there was some evidence for increases in social skills, self-esteem and peer acceptance. However, the authors question the effect sizes of many outcomes, and how meaningful they are in terms of clinical significance. Generally, specialist programmes or targeted interventions are not yet routinely available for chronic victims of bullying in mainstream schools (Nation, 2007). Also, with the exception of the above intervention, few studies have specifically looked at how effective school based interventions are in increasing emotional adjustment in victims (Visconti & Troop-Gordon, 2010).

Do victims of bullying recover?

There are few studies that have investigated what happens to victims of bullying over time in terms of recovery. It is likely that if bullying decreases or stops completely, the victim will experience improvement in psychosocial wellbeing, which may also decrease the risk for future victimisation. However, internalising problems have been found to increase risk for victimisation, and victimisation predicts increases in internalising problems, thus creating a vicious cycle that maintains stability of victimisation (Reijntjes, Kamphuis, Prinzie & Telch, 2010). Vuijk, van Lier, Crijnen & Huizink (2007) conducted a randomised intervention trial aimed at reducing types of bullying behaviour and found that girls demonstrated a greater reduction in levels of depression and anxiety in response to less relational victimisation, whereas boys demonstrated a greater reduction in internalising problems in response to less physical or overt victimisation. Therefore, interventions should aim to address not only overt bullying behaviours, but relational or social bullying as this has also been associated with higher levels of trauma symptoms, and interferes more significantly with fulfilment of belonging needs and social development (Coleman & Byrd, 2003). However, it is likely that relational or social bullying may be largely undetected in schools and is difficult to stop because of its insidious nature, and may not be taken as seriously (Bauman & Del Rio, 2006 & Stassen Berger, 2007).

Research has found that being bullied during adolescence is a risk factor for adult mental health and psychosocial problems, so some victims may carry over the effects of bullying into adulthood, and effectively therefore do *not* recover. Long term problems identified in adults who were bullied, especially during adolescence, include: anxiety disorders, depression, low self-esteem, suicide ideation, emotional loneliness, fearful attachment style and friendship difficulties (Schäfer *et al*, 2004, Hugh-Jones & Smith, 1999, Smokowski & Kopasz, 2005, McCabe, Antony & Summerfeldt, Liss & Swinson, 2003, Roth, Coles & Heimberg, 2002 & Roeger, Allison, Korossy-Horwood, Eckert & Goldney, 2010). Research suggests that adolescent bullying may also be involved in the aetiology of adult psychosis and eating disorders (Lataster and colleagues, 2006, Campbell & Morrison, 2007 & Sweetingham & Walker, 2008) and individuals who are bullied during early adolescence are especially at risk of developing psychiatric problems in later years (Rigby, 1999, Bond *et al*, 2001, Kumpulainen & Räsänen, 2000 & Dempsey & Storch, 2008). Rivers (2004) found symptoms of posttraumatic stress in 17% of adults who had been bullied with regard to their sexual orientation while at school in a retrospective study.

It is likely that important risk factors may not have been fully addressed for some victims, and the psychological and biological pathways discussed previously will be unaltered in some adults who have experienced bullying, and peer rejection during adolescence, and in fact may have become more entrenched over time. For example, negative schemas cause distortions in social information processing which confirm negative beliefs and produce a self-fulfilling prophecy, and some victims may develop a tendency to make internal causal attributions for negative life events, which is an ongoing risk factor for depression (Graham & Juvonen, 1998). The individual could also still be unable to fulfil essential needs, or trying to fulfil needs *destructively* which may cause continued need frustration and emotional distress. A subgroup of former victims are therefore likely to be trapped in vicious cycles that are maintaining and perpetuating their problems in later life, because they have not received adequate support or effective intervention during adolescence.

There has also been a dearth of research looking at the recovery *process.* However*,* Willis & Griffith, (2010) conducted a study which looked at the healing process in male adolescent victims, and found three main themes relating to healing. These themes contained reference to adaptive coping strategies, that included social support seeking and problem focussed coping, effective stress reduction techniques and more positive and 'rational' thinking. This type of qualitative research is very useful as it can help to identify important recovery factors that victims themselves have found beneficial, and that could be incorporated into effective interventions. Further research is needed that can chart the recovery process over time, and gain further understanding with regard to why some victims recover, while others progress into adulthood with an increased risk of mental health problems and psychosocial maladjustment. Another important question is: What is recovery? How is recovery best defined in victims of bullying? Is recovery related to constructive need fulfilment? How do victims of bullying break out of negative cycles?

Red Balloon Learner Centres: a full time recovery programme

Red Balloon Learner Centres (RBLC) (www.redballoonlearner.co.uk) are small independent schools that were set up specifically to recover victims of bullying, and provide a full time education for those who have had to withdraw from mainstream school because of bullying problems. Most RBLC students have been victims of severe and chronic bullying in mainstream school and many have been out of school for long periods prior to attending RBLC. RBLC mainly take adolescents between the ages of 11-16, and do not usually have more than fifteen students at any one time. Before admission to the RBLC, the young person has to agree to three conditions: they want to attend; they want to make academic progress; and they agree to adhere to certain behavioural criteria.

RBLC aim to provide an environment that is different in appearance and atmosphere to a regular mainstream school, and informal relations between students and staff are encouraged. There is less of a divide between staff and students - teachers are therefore more accessible. The Centres are described as therapeutic communities, and the RBLC programme is holistic, in that it includes educational, social and therapeutic content. The RBLC aim specifically to raise self-esteem and self confidence, to re-engage the young person with their education and then return them to mainstream school – this is the working model of recovery used at the Centres. The Centres provide a programme 70% of which is academic and the remaining 30% personal, social and health education (PSHE). PSHE is both formal and informal, in that staff react to the needs of students as they arise i.e. providing anger management when a student becomes angry or helping the young person to manage difficult emotions, for example. Specific skills such as social skills and positive self-thinking are taught by members of staff on occasion, and as part of PSHE. Staff model appropriate behaviour throughout the day and students are encouraged to respect others, demonstrate good manners and to include students who are feeling left out. The Centres aim to provide an environment where all students feel like part of a family.

Students are also encouraged to provide and accept support from their peers, and this can occur within the context of Circle Time or Boys and Girls Group, for example. Circle Time is considered to be a safe place for the young person to express their thoughts and feelings and to build trust in their peers. Students also have access to counselling at each Centre and various forms of therapy. The Centres do not favour any one model of therapy, and students may receive therapy from various practitioners using different theoretical models. Some participants have also received input from CAMHS previously, and may still be receiving CAMHS interventions while at RBLC. The general philosophy at RBLC is a humanistic one, where students are given unconditional positive regard. There is also a parent group in each of the Centres where the parent can receive support and advice on how to cope with the consequences of their child's bullying, and to talk to other parents. Family therapy is also available if required. The Centres aim to form good relationships with parents and to maintain open communication.

The RBLC was initially set up by an educational specialist (now Chief Executive of RBLC) who wanted to provide an alternative education for young people who were bullied so severely that they couldn't attend school, and so consequently had their education disrupted. The RBLC originated in Cambridge and started on a very small scale as part of a family home, with initially very few students. As demand increased, the school took over the entire house and eventually two new RBLC were set up in Norwich and then NW London (*see appendix 1 for further information on the history of RBLC*).

Norwich RBLC started off in a church hall and the Centre has now moved to a former domestic residence in the Centre of Norwich and NW London RBLC is also situated in a family home in Harrow. Currently the co-ordinator of Cambridge is a child psychologist, the co-ordinator of Norwich was a headmistress previously in a mainstream school, and the co-ordinator of NW London is an art teacher. Each Centre has staff from different backgrounds, and with different skills sets and all Centres are involved in a continuous process of developing and refining the RBLC model and meeting the needs of their own student populations. With regard to demographics, at the time of writing, Cambridge and Norwich RBLC had a roughly equal number of female and male students, while NW London had only one female student. Cambridge RBLC had more students from higher SES backgrounds (evidenced from parental occupation), while Norwich RBLC appeared to have more students from lower SES backgrounds. Developmental disorders, such as Asperger Syndrome (AS) and special educational needs (SEN) were distributed fairly evenly across Centres and there were no marked differences in ethnicity or culture of students between Centres (the majority of students were White British).

At the time of writing, NW London was keen to provide more structure with regard to therapeutic intervention, and to be able to monitor student's recovery more effectively. They were in the process of introducing student journals, which provided opportunity for more focussed self-reflection and providing more specific skill building interventions, such teaching students how to handle difficult emotional states, for example. The therapist at NW London was also helping students who had been given a diagnosis (such as Asperger Syndrome, for example) to understand what the diagnosis meant and to address any worries or concerns that the young person had relating to that diagnosis.

Education at RBLC is based on the National Curriculum, but not restricted by it, so there is room for flexibility. The Centres have adopted a 'student-directed' approach to learning, where students have more choice and control over what they learn (although they are encouraged to take GCSEs in core subjects), and are able to negotiate what and how they learn. Teaching takes place in small groups or one-to-one, and students are given own work instead of homework, which is completed during school hours. RBLC aims to empower students to take control of their own learning, by encouraging and supporting their individual interests. However, some staff had identified a downside with regard to the programme of learning in that some students had refused to do National Curriculum or other academic work, and their education had not progressed as well as it could have done. Consequently, it was often challenging for teachers to work within the educational philosophy on a practical level. There was some evidence that the newer Centres were trying to align student's education more with mainstream school, and to encourage achievement in core academic subjects.

Although there may be differences in the daily programme and general running of the Centres, all Centres should adhere to five core principles: the environment is different from that of a mainstream school; students are treated as customers and the RBLC endeavours to fulfil their academic, social, physical and emotional needs; the RBLC treats each student as an individual and accommodates their specific needs; every student is given unconditional positive regard; and learning is more student-directed. There is also a zero tolerance approach to bullying and students are supervised by a member of staff at all times; the key objective being to ensure student safety (*see appendix 2 for the latest OFSTED report for Cambridge RBLC – Norwich and NW London at the time of writing had not had an OFSTED inspection).* One of the greatest challenges currently facing

the RBLC is the ability to expand on a nationwide level, while maintaining the core ethos and principles of RBLC. This involves setting out very clearly the aims and objectives of RBLC, and being willing to evaluate the effectiveness of the programme.

Although some young people come to the RBLC with diagnostic labels, the Centres place little emphasis on formal diagnoses and instead prefer to view the young person independently of any such labels. RBLC was set up for young people without underlying disorders, but they do take students with Autistic Spectrum Disorders (ASD), Attention Deficit Hyperactivity Disorder (ADHD) or those with SEN as a response to pressure from Local Authorities (LA). These young people fit the criteria for entry to RBLC as they have usually experienced bullying in mainstream schools and the LA pays for their education as they have statements. However, care is taken to limit the number of students with underlying disorders, because one of the aims of the programme is for students to be able to support each other and to develop friendships with their peers. Therefore there needs to be a core group of students who have appropriate social skills. Prospective students without statements may be able to obtain funding through their local authority, although some are funded privately.

Hertfordshire Local Authority (LA)

In this study, the RBLC recovery programme will be evaluated against normal mainstream provision, using Hertfordshire local authority (LA) schools. Most schools incorporate Social and Emotional Aspects of Learning (SEAL) into the 'whole school' curriculum which aims to develop social and emotional skills in students, although this is not an intervention targeted specifically for bullying problems. More specialist support for mental health problems or at risk students is also provided by Targeted mental Health in Schools initiative (TaMHS).

What specifically does Hertfordshire LA provide for bullied adolescents? Hertfordshire LA overall adopts a 'whole-school' approach to bullying problems. Peer support systems are also in place in most schools that include befriending, mediation and mentoring services that are felt by Hertfordshire LA to be effective in reducing bullying, increasing self-esteem and building positive peer relationships. Counselling and Art Therapy are also available in certain schools, and more general support is provided through the pastoral system of the school. For example, Student Services in one participating school, provides a 'drop in' facility for students experiencing problems such as bullying, where the young person receives support, and a safe place to stay during break times. Students are also referred on to more specialist services, such as counselling, therapy or Outreach Services from Education Support Centres (ESCs). The young person might meet with an Outreach Worker regularly for support and informal counselling, and work on increasing self-esteem. Some schools run 'bought in' programmes provided by organisations like Connexions. An example of this is an intervention designed to raise self-esteem in girls, which was used in one of the schools participating in the study. With regard to emotion regulation, the only available interventions were for anger management in the schools that participated in this study.

Some of the ESCs run specialist programmes such as Reflect and Re-launch (R&R) which aims to modify behaviour, improve problem solving skills and build self-esteem and emotional resilience. Parents and children are both involved and the aim is to support parents and improve the parent-child relationship. This intervention is designed for adolescents at risk of exclusion from school, but

some victims of bullying are referred to the programme, especially when the young person has developed externalising problems, or the parent-child relationship has been affected.

ESCs might be comparable to the RBLC in that they are a small school environment, but the primary aim of most ESCs is to correct the student's behaviour so that they might return to mainstream school, as most young people who attend ESCs have been excluded. ESCs however, do provide a positive community environment, where respect and trust is encouraged between teachers and students and the level of pastoral care is usually high. Many students report that their self-esteem and confidence increases as a result of attending an ESC (*see appendix 3 for available OFSTED reports for participating ESCs and mainstream schools*). ESCs also provide Outreach Services for those who are struggling in mainstream schools as a consequence of behavioural, emotional or social problems, which might be related to bullying. Students at ESCs spend time in other environments such as college and mainstream school, as it is part of the ethos of most ESCs that students are encouraged to feel that they can 'fit' anywhere and be comfortable in any environment. Young people who are bullied may end up in ESCs if they have retaliated aggressively, or developed externalising problems as a consequence of bullying. Some drop out of mainstream school or have poor attendance, and may attend ESCs as there is no alternative educational provision for them.

Some victims are referred to the Education Support Team for Medical Absence (ESTMA) when they are unable to attend school because of a medical problem related to the bullying, such as an anxiety disorder or clinical depression. They may receive Access to Education in the form of home tuition for five hours per week, or teaching in small groups on school premises.

Table 1 *Comparing RBLC and Hertfordshire LA interventions*

	RBLC	LA - mainstream	LA - ESC
Purpose	The recovery of bullied adolescents who have had to leave mainstream education because of problems related to bullying Recovery programme not aligned to mainstream '*RBLC do not resemble schools*'	Mainstream education	To support adolescents who are either in danger of being permanently excluded, or who have been permanently excluded from mainstream education, usually because of behavioural, social and emotional problems Small school education centre aligned to mainstream

Entry	Students choose to attend the Centre voluntarily	Some choice in what school to attend	Usually students referred by mainstream schools
Model/ethos	A therapeutic community or family *'students and staff not separate'* *'Intensive care unit –* high levels of nurturing' Humanistic in approach *'unconditional positive regard'* Respect for self and others Focus on the individual – non conformity *'child-focussed'* *'students as customers'*	Mainstream education, with 'Whole-School' approach to bullying interventions (although some small group programmes available) student expected to conform Most schools also focus on personal and social aspects of development and wellbeing to some degree	*'Nurture - with clear boundaries'* Authoritative 'parenting' Support, consistency, improvement and clear guidelines for behaviour Taking responsibility for actions Respect for self and others Focus on 'fitting in' and being part of the community – conforming and belonging *'community focussed'* Preparation for surviving in the outside world
Aims	Build self-confidence/self-esteem, get back on academic track and re-enter mainstream school or college/work Aim to restore faith in peers and adults	To educate the young person and prepare them for employment or further education	For the child to have optimum life chances and be able to enter adulthood successfully - specifically address attitudes, confidence, self-esteem, behaviour and attendance. Focus on enjoying learning. Provide a sense of belonging To develop positive peer group influences

Interventions/support	In school counselling/therapy, Personal and Social Education, Circle Time, Girls & Boys group, encourage appropriate social interaction, formal and informal 'skill building' i.e. social skills, trips and outings arranged, high levels of pastoral care, safe environment Models and encourages positive relationships	Peer support, in school counselling/therapy, Outreach Services, Integration Centre (Student Support), Personal, Social and Health Education (PSHE), Social Emotional Aspects of Learning (SEAL), 'bought in' interventions and 'Whole-School' interventions Anger management *Very few interventions specifically aimed at chronic victims of bullying*	In school counselling/therapy, Personal, Social and Health Education (PSHE), Social Emotional Aspects of Learning (SEAL), Circle Time, link worker, encourage appropriate social interaction, 'bought in' interventions i.e. self-esteem programme and 'in house' interventions i.e. R & R programme, trips and outings arranged, high levels of pastoral care Rewards & sanctions Models and encourages positive relationships
Teaching/education	National curriculum followed where appropriate and taught mostly 'one to one' or in small groups – teaching described as '*negotiated learning*' and '*student-directed*' No homework	National curriculum taught in large classes Homework set	National curriculum taught in small groups or occasionally, 'one to one' – teaching described as '*creative and flexible*' Responsive to needs of students Homework set
Bullying policies	Zero tolerance	'Whole-School' anti-bullying policies	Zero tolerance
Bullying population	Mostly 'pure-victims', some 'bully-victims', no bullies - more '*anxious-victims*'	A mixture of 'pure-victims', 'bully-victims', 'pure-bullies' and 'not involved'	A mixture of 'pure-victims', 'bully-victims', 'pure-bullies' and 'not involved' - more '*aggressive-victims*'

Rules	No uniform, staff addressed by first names, informal Different rules for different students, flexible	Uniform, staff addressed formally Universal rules	Uniform, staff addressed formally Universal rules, although some flexibility where appropriate
Length of stay/ **re-integration**	Length of stay often not discussed and less clear pathways/support for re-integration	N/A	Short term provision, strong focus on re-integration

Purpose of the study

The purpose of the study is to conduct an evaluation of the Red Balloon Learner Centre (RBLC) programme to assess the effectiveness of the programme, and to identify how the programme specifically helps bullied adolescents to recover, as there has been no empirical investigation to date. This is the first study to evaluate the effectiveness of a full time personal and educational recovery programme for bullied adolescents. Important questions might be: Does being at the RBLC decrease internalising symptomology? Do students become more engaged with their education? Does the RBLC target important risk and protective factors? Does the RBLC help students to fulfil needs constructively?

Another aim of the study is to provide a working definition of 'recovery' and understanding with regard to the recovery *process*. For example, is fulfilment of important needs part of the recovery process? What needs appear to be most important for recovery? This research will also be investigating the differential effects of gender on outcomes and recovery.

Depression, anxiety, trauma symptoms and global self-esteem were chosen as outcome measures because they are variables that have been found to be affected by bullying in previous research, and are overall a good indication of psychosocial wellbeing. Academic engagement and self-concept were thought to be good indicators of academic functioning, and also predict achievement. Grade point average (GPA), or other outcomes based on grades, or standard measures of achievement, were not felt to be appropriate as an indicator of academic recovery in this research. Many participants were out of school, or had been out of school for a while, and little information relating to previous GPA or other academic outcomes was available, and the Red Balloon programme places less emphasis on formal academic achievement. Also, some participants had SEN that might have affected their academic achievement irrespective of bullying problems.

A comparison group of chronically and severely bullied adolescents was recruited from various Hertfordshire local authority schools, who were receiving support and intervention typical of that provided by most local authorities, which might be termed 'treatment as usual'. The aim was to compare the recovery process between RBLC and LA participants over time: Do students at the RBLC demonstrate greater improvement in outcome variables over time? If so, why might this be?

Main research questions

1. Are there improvements in levels of baseline depression, anxiety and trauma symptomology and self-esteem during the RBLC recovery programme (at six month follow-up) compared to a comparison group of LA participants?
2. Do participants at the RBLC demonstrate improved academic engagement and self-concept during the RBLC recovery programme (at six month follow-up) compared to a comparison group of LA participants?
3. At what time point does the most significant degree of improvement in outcome variables occur for RBLC participants? Outcome measures will be assessed at three monthly time points to gain a greater understanding of recovery over time i.e. has any recovery occurred by three months? Is there a levelling off with regard to recovery by nine or twelve months? Do variables differ in amount of change in different time points?

4. What specific aspects of the RBLC are effective in recovering bullied adolescents both personally and academically?
   3a. what makes these factors effective?

Main research hypotheses

1. RBLC participants will demonstrate improvement over time during their stay at RBLC on measures of depression, anxiety and trauma symptomology and levels of self-esteem. This improvement will be assessed by scores obtained on well validated, standardised instruments. RBLC participants will demonstrate improved academic engagement and self-concept during their stay at RBLC. This improvement will be assessed by scores obtained on a scale devised for the purposes of this study: Academic Engagement and Self-Concept Scale (AESCS).
2. There will be a difference in improvement over time between RBLC participants and LA participants on all outcome variables: It is thought that RBLC participants will demonstrate greater reduction in symptoms of depression, anxiety and trauma symptoms, and demonstrate a greater improvement in self-esteem and academic engagement and self-concept at six month follow-up. Directional hypotheses are warranted as the RBLC programme is tailored specifically for victims of chronic and severe bullying, and as it is holistic in approach, it is therefore more likely to address the psychological, social and educational needs of students which should result in significantly better outcomes with regard to recovery.
3. There will be most significant improvement in outcome variables at six month follow-up for RBLC participants, as the RBLC has reported that by six months most students seem to have demonstrated a significant degree of personal and academic recovery.

Chapter 2: Methodology

Overall design

A Non Equivalent Groups design (NEGD) was used, which is a type of quasi-experimental design commonly used in 'real-world' research where random assignment is not possible. In accordance with a pragmatic approach, the study used a mixed methodology to provide a more complete understanding of the research problem. The mixed methodology utilised was a triangulation design, which places equal weight on both quantitative and qualitative methods and is used when there is a need to expand, validate or explain quantitative results with qualitative data (Cresswell & Plano Clark, 2007). A convergence model was used where both types of data are collected concurrently, and analysed and reported separately in the results section, and then integrated in the discussion.

A comparison group was recruited from Hertfordshire LA schools to compare the recovery process between groups. Effectiveness of the RBLC programme was assessed by taking baseline measures of outcome variables from both RBLC and LA participants, and assessing change over time both within and between groups, therefore addressing the hypothesis: There will be significant positive change in outcome variables over the duration of the RBLC programme and RBLC participants will demonstrate greater overall improvement than the LA comparison group.

Qualitative interviews were conducted with both RBLC and LA participants to understand *how* the intervention worked i.e. the *process* of recovery. 'Recovery' is a multifaceted process and may not be fully expressed by improvement in the outcome variables alone. The qualitative data allowed several important questions to be answered: What effect does chronic and severe bullying have on a young person? What is recovery? How do participants understand and make sense of the recovery process? What specific aspects of the RBLC programme seem to be most helpful for participants? What other interventions might be useful for chronically and severely bullied adolescents? How do these relate to need fulfilment? Are there any important differences in the process of recovery between RBLC and LA groups, or related to gender? A qualitative methodology might also suggest possible moderators and mediators of the recovery process.

Participants

RBLC

Overall, thirty three participants were recruited from Cambridge (n=18), Norwich (n=11) and North West London (n=4) RBLC. Mean age at baseline was 13.90 years (*SD* .984) - range 12-16. No exclusion criteria were applied as it was thought important to include all children who gain admission to the RBLC in the study. However, 9% (n=3) of children approached to participate in the study did not receive consent from their parent or carer; the most common reason being fear of further distressing the child after the traumatic experience of bullying. Some participants started at the RBLC after leaving mainstream school, but others had previously attended Education Support Centres (ESC)/Key Stage (KS) Centres or had been taught at home. The final sample consisted of 54.5% female participants (n=18) and 45.5% male participants (n=15) and most were funded by the LA or awaiting funding. 94% (n=31) were 'pure-victims' and 6% (n=2) were 'bully-victims'. The majority of participants had received assessment/intervention from CAMHS, school

counsellors/therapists and social services, and three participants had previously been admitted as psychiatric in-patients. 53% (n=8) of male participants and 22% (n=4) of female participants had prior diagnosis of, or were awaiting assessment for Attention-Deficit and Disruptive Behaviour Disorders, Learning Disabilities or Autistic Spectrum Disorders (ASD). The sample was predominantly White British 91% (n=30) and 9% (n=3) were Black or of Mixed Race.

The length of stay ranged from six to eighteen months, with an average of 10.34 months, and by the end of the data collection period 40% (n=12) participants had been at RBLC for six months, 23% (n=7) for nine months, 17% (n=5) for twelve months & 20% (n=6) for eighteen months.

Table 2 *Participant characteristics RBLC*

	Victim type	Gender	Age at time 1	Last educational establishment attended	Family status
P1	Victim	M	16	Private school	Single parent
P2	Bully-victim	M	14	Mainstream	Foster care
P3	Victim	F	15	Mainstream	Single parent
P4	Victim	M	13	PRU/home tuition	Single parent
P5	Victim	M	14	PRU/home tuition	Single parent
P6	Victim	M	14	Mainstream	Single parent
P7	Victim	M	13	Mainstream	2 parent
P8	Victim	F	13	Mainstream	Single parent
P9	Victim	M	14	Mainstream	Single parent
P10	Victim	F	15	Mainstream	2 parent
P11	Victim	F	15	Mainstream	2 parent
P12	Victim	F	15	Mainstream	Single parent
P13	Victim	F	15	PRU/home tuition	Single parent
P14	Victim	F	13	PRU	Single parent
P15	Bully-victim	F	13	Mainstream	Single parent
P16	Victim	F	14	Mainstream	2 parent
P17	Victim	M	14	Mainstream	Single parent
P18	Victim	M	12	Mainstream	Single parent
P19	Victim	F	15	Mainstream	Single parent
P20	Victim	F	15	PRU	Single parent
P21	Victim	M	15	Mainstream	2 parent
P22	Victim	F	15	Mainstream	Single parent
P23	Victim	M	12	Mainstream	2 parent
P24	Victim	F	15	Mainstream	2 parent
P25	Victim	M	14	PRU	Single parent
P26	Victim	M	12	Mainstream	Single parent
P27	Victim	F	14	Home tuition	Single parent
P28	Victim	F	14	Mainstream	2 parent
P29	Victim	M	13	Home tuition	Single parent
P30	Victim	F	14	Mainstream	2 parent
P31	Victim	M	12	Mainstream	Living with relative
P32	Victim	F	13	PRU	2 parent
P33	Victim	F	14	Mainstream	Single parent

LA

The final comparison group consisted of twenty participants, and baseline status was as follows: receiving home tuition/part-time schooling (n=2), attending *** ESC (n=6), attending *** ESC (n=3), attending mainstream school (n=8) and receiving no formal education (n=1). The mean age of participants at baseline was 13.5 years (*SD* 1.28) and the sample consisted of 60% female (n=12) and 40% male (n=8) participants; 90% (n=18) were 'pure-victims' and 10% (n=2) were 'bully-victims'. As with the RBLC sample, the majority of participants had received assessment/intervention from CAMHS, school counsellors/therapists or social services. None of the LA sample had experienced in-patient admissions. 63% (n=5) of male participants and 17% (n=2) of female participants had prior diagnosis of, or were awaiting assessment for Attention-Deficit and Disruptive Behaviour Disorders, Learning Disabilities or ASD. The LA sample was also predominantly White British 95% (n=19) and 5% (n=1) were of Mixed Race. Although socioeconomic status was not formally assessed, it was felt that more LA participants came from lower SES backgrounds on the basis of parental occupation.

Table 3 *Participant characteristics LA*

	Victim type	Gender	Age at time 1	Last educational establishment attended	Family background
P1	Victim	F	15	Home tuition	Single parent
P2	Victim	F	16	Home tuition	2 parent
P3	Victim	F	14	ESC	2 parent
P4	Victim	F	15	Mainstream/ESC	2 parent
P5	Victim	F	13	ESC	foster care
P6	Victim	F	14	ESC	Single parent
P7	Bully-victim	M	11	ESC	Single parent
P8	Victim	M	13	ESC	2 parent
P9	Victim	M	12	ESC	Single parent
P10	Victim	M	12	Mainstream/ESC	Single parent
P11	Victim	F	14	Mainstream	Single parent
P12	Victim	M	12	Mainstream	Single parent
P13	Victim	M	15	Mainstream	Single parent
P14	Victim	F	15	ESC	2 parent
P15	Bully-victim	F	13	Mainstream	Single parent
P16	Victim	M	13	Mainstream	foster care
P17	Victim	F	14	ESC	2 parent
P18	Victim	F	14	Mainstream	Single parent
P19	Victim	F	13	Mainstream	Single parent
P20	Victim	M	13	Mainstream	Single parent

Table 4 *Number of follow-ups completed at each time point by group*

	baseline	3m	6m	9m	12m	15m	18m
RBLC	33	32	30	17	7	5	1
LA	20	n/a	20	n/a	n/a	n/a	n/a

Instruments

Validated and reliable instruments were used to assess outcome variables, and a Retrospective Bullying Questionnaire (RBQ) was designed to assess prior bullying experience and severity of bullying. A questionnaire designed to assess academic engagement and self-concept was also piloted.

Beck Depression Inventory for Youth (BDI-Y) and Beck Anxiety Inventory for Youth (BAI-Y) (Beck, Beck, Jolly & Steer 2005) (see appendix 4)

The BDI-Y and BAI-Y are part of the Beck Youth Inventories and were used to assess symptoms of depression and anxiety in participants. The BDI-Y and BAI-Y are 20-item, self-report questionnaires, suitable for use with children and adolescents up to the age of eighteen.

The BDI-Y includes items that reflect the respondent's negative thoughts about themselves, their life and future, feelings of sadness and physiological indicators of depression. Participants rate each of twenty statements on a 4 point scale: *never=0*, *sometimes=1*, *often=2*, and *always=3;* raw scores range from 0-60 with higher scores reflecting greater depressive symptoms. Raw scores are transformed into *T* scores with a mean of 50 and standard deviation of 10 (e.g. a raw score of 29 for a female aged 11-14 would convert to a *T* score of 70 which is extremely elevated). High estimates of internal consistency have been found (.91 to .95) across gender and age groups (11-14 and 15-18 year olds) and test–retest reliabilities of .90 to .92 reported over a seven day period (Beck *et al.*, 2005). The BDI-Y is thought to be unidimensional (Steer, Kumar, Beck, & Beck, 2005). The BDI-Y demonstrates good convergent validity with the Children's Depression Inventory (CDI) (Kovacs, 1985, 1992).

The BAI-Y includes items that measure anxious cognitions and emotions, somatic symptoms, social anxiety symptoms and specific fears and is scored in the same way. Raw scores are transformed into *T* scores with a mean of 50 and standard deviation of 10 (e.g. a raw score of 29 for a female aged 11-14 would convert to a *T* score of 65 which is moderately elevated). High estimates of internal consistency have been found (.89 to .92) across gender and age groups (11-14 and 15-18 year olds) and test–retest reliabilities .84 to .93 reported over a seven day period (Beck *et al.*, 2005). Although the BAI-Y measures a broad range of anxiety symptoms, it is thought to be unidimensional in structure (Steer *et al.*, 2005). The BAI-Y demonstrates good convergent validity with the Revised Children's Manifest Anxiety Scales (RCMAS) (Reynolds & Richmond, 1985).

The Rosenberg Self-Esteem Scale (SES) (Rosenberg, 1965, 1989) (see appendix 4)

The SES was used to assess levels of global self-esteem in participants. The SES is a self-report scale consisting of 10 items scored on a 4 point Likert scale '"4 = *strongly agree*" to "1 = *strongly disagree*". The scale includes 5 positively keyed items i.e. '*I feel that I have a number of good qualities'* and 5 negatively keyed items i.e. *'I feel I do not have much to be proud of'.* Reverse scoring is used on the negatively keyed items. Scoring ranges from 10 to 40, with higher scores indicating higher levels of self-esteem. Cronbach's alphas for British adolescent samples have been found to range 0.81 to 0.88 (Bagley & Mallick, 2001) and test-retest correlations are typically in the range of 0.82 to 0.88. Studies with adolescents support a unidimensional structure (O'Brien, 1985) and the scale has good

convergent validity (Fleming & Courtney, 1984). Questionnaire norms for UK adolescents have been found to be 30.67 for males and 28.19 for females (Bagley & Mallick, 2001).

The Children's Revised Impact of Event Scale (CRIES-13) (Smith, Perrin, Dyregrov & Yule, 2003) (see appendix 4)

The CRIES-13 was used to assess trauma symptomology. The CRIES-13 is a self-report instrument, designed to screen adolescents at risk of PTSD. The scale consists of 13 items and has a two-dimensional structure: intrusion+arousal and avoidance. The scale includes four intrusion items i.e. '*Did you think about it even when you didn't want to?',* four avoidance items i.e. '*Did you try not to talk about it?',* and five arousal items i.e. '*Did you have sleep problems?'.* Individual items are rated according to the frequency of their occurrence over the last week and scored: none=0, rarely=1, sometimes=3 and often=5, thus scores range from 0 to 65. Using a clinical sample, a cut-off score of 30 has been found to predict DSM-IV diagnosis of PTSD with sensitivity (.94), specificity (.65), positive predictive value (.84) and overall efficiency (.83) (Perrin, Meiser-Stedman and Smith, 2005). The scale has excellent internal consistency and evidence of construct validity has been found using the Children's PTSD-Reaction Index (CPTS-RI) (Pynoos *et al*, 1987).

The Retrospective Bullying Questionnaire (RBQ) (Hugh-Jones & Smith, 1999, Schäfer, Korn, Smith, Hunter, Mora-Merchán, Singer & van der Meulen, 2004) (see appendix 4)

The RBQ was adapted for the purposes of this study to assess prior bullying experiences. Retrospective assessment has been found to be an acceptable method of obtaining information about bullying, with individuals demonstrating stability of recall (Rivers, 2001). The questionnaire provides information on duration and frequency of bullying and frequency of specific bullying acts, and participants are asked to rate how upset they were by specific bullying acts (Gatehouse Bullying Scale, Bond, Carlin, Thomas, Rubin & Patton, 2001). A 'severity of bullying' score is calculated based on the duration, frequency, frequency of specific bullying acts and level of upset reported. Duration of bullying ranges from 0 – 5+ years, with possible scores of 0 – 7; frequency of bullying ranges from 'once per term' to 'everyday', with possible scores of 0 – 5; frequency of bullying acts (e.g. name calling) range from 'usually' to 'never', with possible scores of 0 - 4 for each bullying act, and overall score of 0 - 44; level of upset for each reported bullying act included 'a lot', 'a little' or 'not at all', with possible scores of 0 – 2 for each bullying act, and overall score of 0 – 22. Total scores therefore range from 0 to 78 with a higher score indicating greater severity of bullying. The questionnaire also provides qualitative data as six open ended questions are included that allow participants to expand further on their personal experiences of being bullied.

Academic Engagement & Self-Concept Scale (AESCS) (see appendix 4)

An Academic Engagement and Self-Concept Scale was designed for the purpose of the study and piloted. It was important to be able to measure baseline levels of both academic engagement and academic self-concept, and assess changes over time. However, there did not appear to be any existing questionnaires designed to measure both. Engagement items were adapted from the Quantifying School Engagement: Research Report (Finlay, 2006) and included emotional, cognitive and behavioural engagement items i.e. '*I am happy to be at my school'*, '*I learn a lot from my classes*' and '*I try to stay home from school*'. General academic self-concept items were adapted from

learning self-concept scales developed by Burnett (1994, 1999) which contain both descriptive and evaluative statements i.e. '*I am good at my schoolwork*' and '*I enjoy learning'* and approaches to learning that correlate highly with academic self-concept (i.e. Biggs, 1987a, 1987b) '*I only do enough schoolwork to learn the basics'.*

The initial questionnaire therefore contained 20 items relating to academic self-concept and emotional, cognitive and behavioural engagement; 10 items were positively keyed i.e. '*I am able to learn new things quickly'*, and 10 negatively keyed i.e. '*I find my school work boring'.* Items were scored on a 5 point scale: 0= none of the time, 1= a little of the time, 2= some of the time, 3= most of the time and 4= all of the time. Negative items were reverse scored and total score ranged from 0 to 80. A higher score indicated a higher level of academic engagement/self-concept and a cut-off point of 45 or above was set to indicate a satisfactory level of academic engagement/self-concept. This cut-off point was set by the author as it reflected an average response to positive and negative statements i.e. most young people might think that they are good at their school work 'some of the time' or lack motivation to study 'some of the time'.

The scale was piloted on the first twelve RBLC participants, who were asked how useful they found the items for describing their school experiences. All participants understood the items, but did question why some were phrased in the positive and some in the negative. Once this was explained, the scale was filled in with little difficulty. All 20 items were retained, and the scale structure was explored by Principal Component Analysis (PCA). At baseline, the 10 academic self-concept and 10 academic engagement items each formed one main component with Cronbach's alphas of .87/.88 and .80/.82 respectively. At six month follow-up, the items still retained a single component structure with Cronbach's alphas of .88 and .90. A final scale of five self-concept and five engagement items suggested a unidimensional structure, with Cronbach's alpha of .93 indicating excellent internal reliability. Test-retest reliability for all 20 items was high at .81. It was felt that the items had good face and content validity as they had been adapted from scales designed to measure the same constructs. Scale properties do however need to be validated in future research with larger sample sizes.

Recovery checklist

A Recovery Checklist was devised for the purposes of this study to capture important indices of recovery including confidence, sociability, behaviour and re-integration. At six month follow-up, participants were asked to rate their current levels of confidence i.e. '*I am more confident since being at the RBLC'* and sociability i.e. *'I enjoy socialising more since being at the RBLC'* and indicate any changes in behaviour i.e. *'my behaviour has improved since being at the RBLC'* using a 4 point Likert scale; *'strongly agree'; 'agree*'; *'disagree*'; *'strongly disagree'.* Educational status was also recorded i.e. still at RBLC, out of education or returned to mainstream school/college and participants were asked about their level of attendance. Participants were asked if they were still being bullied, and if so, how serious the bullying was. Final follow-up scores on outcome variables were also used to assess level of recovery. It was thought more appropriate to assess recovery in terms of *degree* rather than absolute, because it was unlikely that the majority of participants would report significant improvement on all outcome variables and other indices of recovery. A composite 'recovery score' was therefore produced that also provided a way of exploring individual trajectories of improvement, and identifying those participants who benefited most from the RBLC programme.

The final score comprised: increase in confidence, sociability and behaviour; 'strongly agree' = 2, 'agree' = 1, 'disagree' = -1, 'strongly disagree' = -2, 'not applicable' = 0; reintegration into mainstream school/college (+2), satisfactory continuation/attendance at RBLC (+1); decrease from one clinical category of depression/anxiety to another; decrease of three clinical categories (+3), decrease of two clinical categories (+2), decrease of one clinical category (+1); decrease in trauma score below clinical cut-off point (+2), decrease in trauma score (minimum 9 points) but still above cut-off point (+1); increase in self-esteem to UK average (+2); increase in self-esteem (minimum 3 points) but still below UK average (+1); increase above the cut-off point for academic engagement/self-concept (+2) or increase in academic engagement/self-concept score (minimum 10 points) but still below cut-off point (+1).

The same criteria applied to LA participants, although length of stay at any educational establishment was not recorded as LA children were likely to be moving between mainstream school, ESCs, Key Stage (KS) Centres, home tuition, college, vocational courses and receiving interventions such as the R&R programme. LA participants scored +1 for satisfactory continuation/attendance at ESC or KSC and +2 for reintegration into mainstream school/college.

If any participant reported a *decrease* in confidence, sociability or behaviour, then -1 or -2 was subtracted from the recovery score in line with the above scoring. The same applied for other variables i.e. reverse scoring for *decrease* in self-esteem or academic engagement/self-concept and *increase* in depression, anxiety and trauma symptoms.

Quantitative procedure

Ethical approval for the study was granted by the University of Hertfordshire Ethical Committee. Permission to conduct the study was obtained from co-ordinators of the RBLC and from head teachers or assistant head teachers in ESC and mainstream school. Enhanced Criminal Records Bureau (CRB) clearance was obtained, and an induction period was spent volunteering at the RBLC to gain familiarity with general RBLC procedures and policies, and to build trust. Meetings were also arranged with various Hertfordshire LA education departments, such as Education Support Team for Medical Absence (ESTMA) and ESCs to gain permission to recruit a comparison sample.

RBLC

Recruitment of RBLC participants was an ongoing process which commenced in April 2008 (after obtaining ethical approval) and stopped in October 2009. Potential participants were approached as soon as possible by the researcher after starting at the RBLC and had an opportunity to discuss the research. As all participants were under eighteen years of age, consent was also obtained from parents or those in 'loco parentis' before approaching their child. Relevant background information was also requested that would enable the researcher to work with the participants in the most appropriate manner i.e. if the young person was highly traumatised, or had a SEN or ASD for example. The researcher talked through the aims and procedure of the study with the young person before obtaining either written or verbal consent. As many of the young people had SEN or ASD, extra care was taken when obtaining informed consent and making sure that they fully understood what being in the study entailed. Participants were advised of their right to withdraw from the study at any time prior to final write up, and issues of confidentiality and anonymity were discussed. It was also explained to participants that if they were found to be scoring in the clinical range for outcome

variables, or demonstrated suicide ideation or intent, then their parent or carer would need to be informed. Consent Forms and Information Sheets were distributed to both parents and their child and these included researcher contact details, and other useful contacts such as organisations providing further advice and information about bullying. Most participants were already receiving intervention from CAMHS, so information regarding mental health was provided as appropriate, and within the realm of the researcher's expertise.

If the young person consented to participate in the study (and received parental consent) a baseline assessment was conducted involving questionnaire completion. The baseline assessment captured severity of bullying, current levels of depression, anxiety and trauma symptomology, level of self-esteem and academic engagement and self-concept. The participant was asked to fill in the AESCS from the perspective of the last educational establishment attended, which may have been mainstream school or an ESC, for example. This process was repeated every three months until the participant either left the RBLC, or data collection had ceased (April 2010). Participants had a minimum of two follow-ups at three and six months, and the maximum follow-up period was twenty four months as length of stay varied. Consent was obtained at each follow-up assessment. At follow-ups, the participant did not fill in the RBQ, but was asked about current bullying status i.e. was the young person still being bullied, and if so, had the bullying increased, decreased, or remained the same. At final follow-up (either before the participant left the RBLC or at the end of the data collection period) the participant was also asked to complete the Recovery Checklist.

Before filling in the questionnaires, the researcher discussed the study fully with the young person, and addressed any questions or concerns that they may have had. The researcher then carefully explained to the young person how to fill in each questionnaire; participants could choose to complete the questionnaires by themselves (with the researcher present in case they had a query) or request that the researcher read out the questions. Special care was taken when assessing participant with SEN or ASD to make sure that they fully understood what was required. It was made clear to participants that they could refuse to answer any question and terminate the assessment at any time. All assessments were conducted in a sensitive, respectful and supportive manner. If a participant became distressed during any part of the assessment, then the assessment was immediately either terminated or the participant could request a break, and appropriate support provided by the researcher. If necessary, the young person's parent was informed and co-ordinators and teachers were made aware of the situation. Participants were able to contact the researcher at any time if they had further questions or concerns about the study.

The researcher maintained a neutral position throughout the study i.e. did not express any strong opinions with regard to the RBLC or any other intervention, although demonstrated empathy and compassion with regard to bullying experiences and related problems. Care was also taken not to 'lead' participants to answer the questionnaires in a certain way and it was emphasised that there were no right or wrong answers, and that responses would be confidential. After completing the questionnaires, the participant was able to ask any further questions. All assessments were conducted on RBLC premises in a quiet and private space.

No formal debriefing was given after assessments as participants were fully aware of the aims and purpose of the research. Instead, the researcher responded to the individual needs of participants and discussed any worries or concerns, and answered any questions about the research or related

issues. A Debrief Sheet was however given to participants and their parents after the final assessment. Good communication with both participants and their parents was maintained during the course of the study and no deception was involved.

LA

Recruitment of LA participants began in April 2008, after the researcher had volunteered at the RBLC for a few months, and was therefore clearer with regard to the type of participants that needed to be recruited for the comparison group. The comparison group was recruited from Hertfordshire LA and the aim was to match participants as closely as possible in terms of age, gender, victim status, number with ASD/SEN, ethnicity and general background. For example, many RBLC participants had attended mainstream school before coming to RBLC, but some had been taught at home or in PRUs, for example. Therefore the decision was taken to recruit a comparison group from mainstream schools and PRUs/ESCs, and also to recruit some participants who had been taught at home. A study day was arranged at the University of Hertfordshire to introduce the research and build contacts for referral. Staff were invited from various teams and departments that included: ESCs, mainstream schools, Behaviour Support Teams, Integration Teams, Health and Wellbeing, Education Support Team for Medical Absence (ESTMA), Educational Psychology and CAMHS. Due to time restraints and some initial difficulty in recruiting from the LA, a decision was made to aim for a total of twenty participants in the comparison group. Two participants were referred from the ESTMA team, as they had been out of school and receiving home tuition and the remaining participants were referred by ESC staff that had involvement with bullying cases in mainstream schools. Overall, participants were recruited from two ESCs and six mainstream schools in the Hertfordshire area. This compared well with the intervention group, as RBLC students had attended a variety of mainstream schools and PRUs and had received home tuition before arriving at the RBLC.

Although academic ability was not measured formally, it appeared that there was a wide variation in academic ability within the RBLC group. Parents and teachers were asked to comment on participant's academic ability, and participants themselves were asked about their perceived level of academic ability. Some participants had been at private or mainstream schools with emphasis on high academic achievement (and one student was on the gifted and talented register) while some participants had always struggled academically at school, usually because of a SEN. Therefore, care was taken to recruit a comparison group that contained similar variation in academic ability. Those LA participants who were attending ESCs generally had lower ability (and more SEN) and those in mainstream schools or receiving home tuition had higher ability (although some academically gifted students had ended up in ESCs because of behavioural problems or having been victimised). One LA participant at mainstream school was also on the gifted and talented register.

Inclusion criteria stated that the bullying experience must have been severe and long lasting (minimum six months duration) in order to compare to the severity of bullying experienced by RBLC participants. This was verified when first meeting the young person and filling in the RBQ, which assessed severity of bullying i.e. duration and frequency of bullying and effects on personal and academic functioning. Some participants referred were found not to be suitable for the study, usually because they had not experienced severe bullying (overall, fifty potential participants were screened before selecting the final twenty). Also, the bullying experience must have been recent or was ongoing; most participants were in fact referred when they were at a 'crisis' point and beginning

a new intervention such as home tuition, attending an ESC or commencing therapy. This compared well with RBLC participants who had also often reached some kind of crisis point before being referred to RBLC.

LA participants and their parents were also informed fully about the purpose and aims of the study, and therefore received basic information about the RBLC. There was however, no communication between RBLC and LA participants, and as far as the researcher was aware, none of the LA sample expressed a wish to attend the RBLC programme. After obtaining consent from the parent and their child, a baseline assessment was conducted as above, and took place either on school premises or in the young person's home. However, due to time restraints only one follow-up was conducted at six months, where the participant was asked to complete all questionnaires (with the exception of the RBQ).

Main analysis plan

Cleaning/screening

PASW Statistics 18 was used for all statistical analysis. Univariate outliers were detected by inspection of Stem and Leaf Plots and Boxplots, and winsorized to reduce the impact. Winsorization involves replacing a fixed number of extreme scores with the score that is closest to them in the tail of the distribution in which they occur. Existence of multivariate outliers was assessed using Mahalanobis Distance (MD). The MD is the distance of a case from the centroid of the remaining cases and is tested using an X^2 distribution with a conservative value of alpha. MD is assessed in SPSS using regression and saving the MD values. A dummy DV is used i.e. participant number and all outcome variables entered as IVs. The MD values are then evaluated against X^2 distribution with df equal to number of variables. Normality of variables was assessed graphically by inspecting Normal Probability Plots (Q-Q Plots in SPSS) and Histograms with normal curve overlaid. Skewness and Kurtosis values were assessed graphically and statistically, but as marked departure from normality was not apparent, no transformations were performed.

Preliminary analysis: scale properties of the AESCS

An exploratory principal component analysis (PCA) was conducted to investigate preliminary scale properties. Factor analytic techniques can be used to detect structure in the relationship between variables, and it was expected that the scale would be unidimensional as engagement and self-concept items are likely to be highly correlated, and there is overlap between concepts. However, there was insufficient sample size to be able to include all twenty items in one analysis (a minimum of five observations per item required i.e. Hatcher, 1994).The first PCA was therefore conducted on the ten academic self-concept items and ten academic engagement items using baseline scores from fifty three RBLC and LA participants which met the minimum sample size for analysis.

Step one involved deciding how many meaningful components to retain for each set of ten items. This was achieved by inspection of a Scree plot and assessment of variance accounted for by each component. It was decided that components with eigenvalues less than 1.5 and those that accounted for less than 15% of the variance should be disregarded, unless a clear and meaningful second factor was identified by conducting a Varimax rotation. Due to the small number of items to be analysed, and given the likely correlations between them, it was not expected that there would

be more than one meaningful component per set of ten items. Item loadings at or above .40 were considered significant. Step two involved repeating the PCA for item scores from six month follow-up to check the stability of the scale structure, as baseline scores were more likely to contain extreme responses. Fifty participant scores were used for this analysis. Step three involved taking the five items with the highest loadings from each subset of academic self-concept and engagement items to form a final 10 item scale. A final PCA was conducted to decide if the scale as a whole was unidimensional in structure and internal reliability between scale subsets was assessed. Cronbach's alphas were calculated for each item subset and for the final 10 item scale. Test-retest reliability was calculated for the original 20 item scale using twenty RBLC participant scores from baseline and approximately one week later.

Baseline analysis

Independent *t* tests were used to assess possible gender differences for RBLC participants at baseline. Although this was not part of the main research question, it was thought useful to investigate as there are well established research findings of gender differences in internalising problems. Parametric assumptions of *t* tests include: normal distribution of variables under investigation, homogeneity of variances between groups and independence of sampling. If the sample sizes are roughly equal, *t* tests are however robust to inequalities in variances. Logistic regression was also conducted to assess the likelihood of female participants being more likely to belong to a particular category than male participants. Logistic regression is a statistical technique that fits a regression surface to data in which the dependent variable is dichotomous, and predicts the likelihood or probability of belonging to a particular category i.e. above or below a clinical cut-off point. Multinomial Logistic Regression was used in SPSS. Baseline differences between groups were also assessed. If groups differ significantly in outcome variables at baseline in a non equivalent groups design (pre-test non equivalence) this may incur a bias and result in elevated type 1 errors.

Do the RBLC and LA groups differ at 6 month follow-up? (between subject)

It was predicted that there would be a difference in amount of improvement between groups by six month follow-up. Repeated measures ANOVA with between subject factors (group) was used to address this question, as an alternative to ANCOVA, which can be problematic with non randomised designs (Jamieson, 1999, 2004). There was felt to be insufficient participant numbers to use multivariate techniques. The groups were unequal, but SPSS makes an adjustment for unequal sample sizes using the 'unweighted means' solution. It is however important that the assumption of homogeneity of variances is not severely violated when working with unequal sample sizes. Results were then verified by comparing difference (change) scores for outcome variables between groups using an independent *t* test. Difference scores are unaffected by the presence of non randomised differences between groups, and can provide unbiased estimates of change as long as marked skewness is not present (Collins, 1996). As it was predicted that RBLC participants would improve more on all outcome variables, conducting *t* tests also enabled testing of directional hypotheses.

Change over time for RBLC and LA groups (within subject)

It was predicted that there would be improvement over time for RBLC participants on outcome variables, and this improvement would be most significant at six month follow-up. Moderate effect sizes were expected based on those found in previous research. To address this prediction, one way

repeated measures ANOVA was conducted to look at change in outcome variables between baseline, three month and six month follow-up time points using the repeated measures General Linear Model (GLM) in SPSS. This procedure however, increases the likelihood of inflated type 1 error rate which was corrected by specifying a more stringent alpha level. With repeated measures procedures it is also important that the assumption of sphericity is not violated. Estimates of epsilon were inspected in addition to Mauchley's test (which can be unreliable) to assess sphericity. Corrections can then be made to the degrees of freedom as appropriate to produce a valid F-ratio. The Greenhouse-Geisser and Huynh and Feld corrections are both available in SPSS and some statisticians suggest using the average of the two corrections (Stevens, 1992). Pairwise comparisons were also conducted to assess the significance of change between time points for each variable using a Bonferroni correction for multiple comparisons.

Related *t* tests were then conducted on variables to assess the directional a priori hypothesis that there would be significant positive change at six month follow-up. The paired samples *t* test compares the means of two related variables. It computes the difference between the two variables for each case, and tests to see if the average difference is significantly different from zero. Effect sizes were calculated applying correction for dependence among means.

A final repeated measures ANOVA was conducted to see if any further improvement took place in outcome variables between six month and nine month follow-up for the remaining sub group of seventeen participants.

Related *t* tests were used to assess change from baseline to six month follow-up for LA participants on outcome variables. Effect sizes were also calculated as above.

Qualitative procedure

Interpretative Phenomenological Analysis

It was felt that Interpretative Phenomenological Analysis (IPA) (Smith, 1996) would be the most suitable qualitative approach. It is deemed appropriate for 'real world' research and has proved successful as a form of inquiry in applied social and clinical psychology. IPA is also able to reveal novel insights as it is largely inductive in approach.

IPA is process orientated, and concerned with the detailed examination of human lived experience within a particular context, especially that which is of special significance for an individual i.e. what is it like to be severely bullied? What is the process of recovery like at the RBLC? IPA researchers are also interested in the meanings that individuals ascribe to those experiences and how they make sense of them. It was developed specifically for psychological investigation and can encompass embodied, cognitive, affective and existential domains of psychology, thus providing a holistic account and understanding of the experience (Osborn & Smith, 1998). For example, when a young person is bullied they may present with psychosomatic illness, engage in negative thought processes, feel depressed and fearful, contemplate suicide and reflect on the meaning of life.

IPA has links to cognitive psychology in terms of the emphasis on thought processes, and sense and meaning making. To address the research questions, it was thought that IPA would uncover the social cognitive processes that participants engage in about their bullying experiences, as these may

mediate or moderate the relationship between bullying and internalising symptoms, and thus be involved in the recovery process.

As IPA has been used successfully in research exploring identity change in relation to life transitions, it was felt that this approach could also provide valuable insight into the effects that bullying might have on the emerging identity and self-concept of a young person, and how it may change during the RBLC recovery programme or other intervention.

As well as providing common themes across the sample with regard to the experience of bullying and recovery, it was thought that the ideographic nature of IPA with emphasis on the individual would enable understanding of why some students do not do as well at RBLC. Lastly, it was felt that IPA would fit well with the holistic, humanistic and individualised approach of the RBLC.

Quality in IPA research

In this study, quality was addressed by adhering to the four main principles of assessing validity in qualitative research (Yardley, 2000) that include: sensitivity to context, commitment and rigour, transparency and coherence, and impact and importance. These principles are demonstrated in terms of quality of the sample, quality of data, quality of analysis and quality of presentation and discussion. Firstly, although the RBLC sample was not entirely homogenous, participants had all experienced severe bullying and the majority were 'pure' victims. Some participants contributed more to the qualitative data than others, and this was due to the fact that some had greater capacity for self reflection, and were more willing to talk in depth about their experiences. Participants who contributed most, were a representative group of typical RBLC students i.e. some had ASD or SEN, some had psychiatric disorders and some were relatively normal adolescents. Great care was taken when recruiting the comparison group to include participants who were as similar in profile to the RBLC sample as possible (*a table of RBLC & LA participants who contributed to the qualitative interviews is included in the results section*).

In terms of data quality, the interview process was conducted with interpersonal skill, ethical awareness and commitment. Many of the participants had lost their trust in people, and were depressed, anxious and traumatised. The researcher has been employed in mental health settings for over ten years and has worked with young people in clinical environments, so has a good understanding of clinical presentation in young people, and how best to work with individuals with psychological problems or psychiatric disorders. Considerable time and effort was also invested in getting to know participants and gaining their trust before attempting to obtain good quality data. This was achieved by volunteering at the Centres, and taking part in social activities with the students. The researcher was able to develop good working relationships with both participants and staff, while maintaining appropriate professional boundaries and retaining an 'outsider' perspective.

The interviewing process itself required a great deal of patience, persistence, flexibility and creativity. If the participant did not wish to discuss any of the questions on the schedule, for example, the researcher asked instead about a subject of interest to the participant which often engaged their interest, established rapport and got them talking. The researcher was then able to interject relevant questions as the interview progressed. At other times, when the researcher was talking to participants in a social context, the young person would sometimes start to talk about a subject relevant to the research, so an impromptu interview was conducted with permission. At

subsequent follow-ups, and as participants became more familiar with the researcher, they were increasingly willing to talk on a deeper level. When conducting interviews, the researcher demonstrated very high levels of interpersonal sensitivity, warmth and empathy and was able to put participants at ease.

It was also considered important that participants understood that the researcher had no 'agenda' i.e. was not paid by the RBLC or government. The researcher talked to participants as equals or 'experts' on bullying, and asked them to comment on emerging themes or aspects of psychological theory, for example. A collaborative approach was adopted where participants were 'given a voice' and made to feel that they were working together with the researcher to find solutions to an important problem. It was made clear to participants that their contributions were not only valued and appreciated, but could influence future policy with regard to interventions for bullied adolescents. It was felt that this approach, as well as maintaining high ethical standards, was also likely to produce honest and considered responses from participants.

Time was also invested in getting to know LA participants, and this was achieved by informal conversations at school or at young person's home. On a first visit, the researcher asked the participant general questions about themselves to establish rapport, and initiated a general discussion about bullying before beginning the formal interviews. LA participants were visited on more than one occasion to obtain the qualitative data, and this increased familiarity and trust.

In terms of the quality of analysis and interpretation, care was taken to balance description with interpretation, thus providing deeper psychological insight and understanding with regard to the recovery process. The researcher adhered closely to the principles of IPA, despite having a relatively large sample size. The aim was to identify a final set of master themes that most effectively encompassed the thoughts and feelings of the majority of participants, while remaining faithful to the ideographic nature of IPA by discussing negative cases. As mentioned above, themes were also checked with participants to make sure they were an accurate reflection of what the participant meant, and it was informative to discuss themes with those who disagreed with the researcher.

The researcher also took the opportunity to regularly discuss her ideas and interpretations with parents, teachers and therapists as a form of triangulation, and to obtain useful background information about participants and the general ethos and model of RBLC Centres and LA schools.

Resulting themes have been carefully explained and supported by verbatim extracts from transcriptions, and appraised in relation to relevant psychological theory and previous research findings. In terms of importance and contribution to knowledge, there have been few qualitative studies to date that have explored the multiple effects that bullying has on a young person and none that have attempted to understand the process of recovery in relation to need fulfilment.

IPA procedure

Firstly, a semi-structured interview schedule was carefully constructed to obtain data that would address the research questions for both RBLC & LA participants (*see appendix 5*). At baseline, the researcher was keen to find out more about the experience of bullying, the effects that bullying had had on the participant, any prior help/support/intervention they had received before starting at the RBLC and how useful it had been, and what they were hoping to achieve from being at the RBLC. At

subsequent follow-ups, the participant was asked to talk about their experience of being at the RBLC i.e. what was helping them the most/least and any changes they may have noticed in themselves on a personal and academic level. For LA participants, the schedule was adjusted to reflect their current circumstances i.e. if they were attending an ESC, mainstream school, or being taught at home. The researcher was especially interested in what interventions or support the participant had received since being bullied, and how helpful they had been. No questions were asked that related directly to need fulfilment as any impact on needs would be inferred from the data obtained.

Baseline and follow-up schedules contained ten open-ended questions, and care was taken not to lead the participant in any way. The interview schedule was used primarily as a starting point, and participants were able to talk openly and freely about their experiences, thus allowing the researcher to remain responsive to interesting developments in the interview. The researcher also gently probed participants when talking about especially relevant areas to obtain further understanding i.e. if a participant said that they were more confident since starting at RBLC, they were asked to identify specific examples of this, and to reflect on how they thought the RBLC had helped to increase their confidence. RBLC interviews were conducted on RBLC premises in a quiet and private area such as the therapy room and were usually between thirty and forty five minutes duration. LA interviews either took place on school premises in a quiet and private room, or in the participant's home. Audio recording of interviews took place for transcription purposes and in the minority of cases, where the participant was uncomfortable with being recorded, the researcher wrote a longhand transcription of the interview.

Participants were asked to consent to having their interview recorded and were advised that extracts from their interviews may appear in future publications, but these extracts would contain no identifiable information. Participants were advised that their questionnaires and interview tapes would be stored securely and in line with data protection legislation, and that only the researcher would have access to them.

Parents of both RBLC and LA participants were also interviewed once at baseline and again at six month follow-up (if in agreement) and questioned about their child's experiences of bullying, what help they had received and how useful their child had found it. Interviews were conducted to obtain background information on participants and for purposes of triangulation. Parent interviews followed a similar procedure and format to child interviews, and were conducted in the parent's home or on school premises in a quiet and private area. Teachers and therapists from both RBLC and LA educational establishments were interviewed to gain relevant background information on RBLC, ESC and mainstream school ethos, policies and provision for bullied adolescents. Teachers and therapists were questioned about recovery in general, and not recovery with regard to specific participants. Interviews took place on school premises and teachers and therapists were interviewed on one occasion only.

IPA analysis

Recorded interviews were transcribed verbatim in accordance with IPA principles i.e. all the words spoken during the interview. In keeping with the ideographic nature of IPA, analysis of each transcript was rigorous and systematic, and performed case by case before a final set of themes was established.

The initial stage of analysis involved reading and re-reading the first transcript and recording any strong feelings or interesting observations in a notebook. The next stage involved a free textual analysis where a detailed set of notes and comments were produced, which included both descriptive comments, and notes reflecting the meaning of experiences for the participant. More interpretative or conceptual ideas were also developed. IPA is an iterative process which involves movement between the part i.e. a piece of text and the whole i.e. the whole interview, and between description and abstraction /interpretation by active engagement with scripts.

In the next stage of analysis, emergent themes were identified from the initial notes and comments which reflected both the participant's account and the researcher's interpretation. The emergent themes were then formed into clusters and relabelled i.e. grouped together under a super-ordinate theme. This process was repeated for each subsequent case. Data was then integrated across cases by identifying recurring themes, and a final set of master and constituent themes was produced. In this study, as a relatively large sample was used, it was thought appropriate to include master themes that appeared in over half of the sample.

'Atypical' cases i.e. those participants who did not share many common themes have also been presented and will provide a more complete understanding of the recovery process.

Chapter 3: Quantitative results

Cleaning & screening

At baseline there was no missing data in either RBLC or LA datasets. The data was entered into Predictive Analytic Software Statistics 18 and double checked for accuracy; any unusually high or low scores were checked against the original questionnaires. Male participants were coded as '1' and female coded as '2'. RBLC baseline data contained one simple outlier in the depression scores and as this was thought to be part of the target population, the score was retained but winsorized. No multivariate outliers were detected. All variables were judged to be within acceptable limits for normality. Trauma was negatively skewed, but as the Shapiro-Wilk statistic was only approaching significance, no transformation was performed and the mean trauma score and median trauma score were very close in value. There was no missing data in any of the follow-up datasets. The three month follow-up data contained one univariate outlier in the anxiety scores which was retained and winsorized and no multivariate outliers were identified. Variables were within acceptable limits for normality. The six and nine month follow-up dataset contained no univariate or multivariate outliers and there was no marked departure from normality. Variables were within acceptable limits for normality, although the distribution of AESCS scores was negatively skewed with more scores falling in the higher range.

LA baseline data contained one univariate outlier in the depression scores and as this score was felt to be part of the target population, it was retained and winsorized. No multivariate outliers were detected. All variables were judged to be within acceptable limits for normality. Depression scores were negatively skewed, but means were very similar to median values. The six month LA follow-up dataset contained no missing data, but two univariate outliers were detected in each tail of the depression scores. As these were considered legitimate scores, they were retained and winsorized. No multivariate outliers were detected. Variables were within acceptable limits for normality, with the exception of the AESCS score distribution which was negatively skewed with more scores falling in the higher range. Skewness in variables was similar between groups which is less problematic.

Preliminary analysis – AESCS properties

Self-concept items

Baseline

There was no missing data in any of the response sets and the self-concept variable was within acceptable limits for normality, with no marked skewness or kurtosis. (*for descriptive statistics see appendix 6*). No outliers were detected. Exploring the correlation matrix suggested that the items were suitable for analysis. Bartlett's test was significant ($p = 0.000$) and KMO value 0.82 therefore meeting minimum criteria for analysis. Eignevalues greater than one were selected to assess the most appropriate number of retained components. The Scree plot (fig.1) suggested a one component structure which accounted for 48.97% of the variance and had an eigenvalue of 4.50. The second component had an eigenvalue less than 1.5 and only accounted for an additional 12.16% of the variance. No meaningful second component was identified after rotation. A one component solution was therefore accepted and it was felt that the ten items were best described as a general

factor reflecting 'academic self-concept', with the exception of item 17 (see table 5) which loaded below .40. Cronbach's alpha for the ten items was .87 (and .88 when item 17 was omitted) indicating good internal reliability. Item 17 was retained for future analysis as it was expected that item loadings might change at six month follow-up.
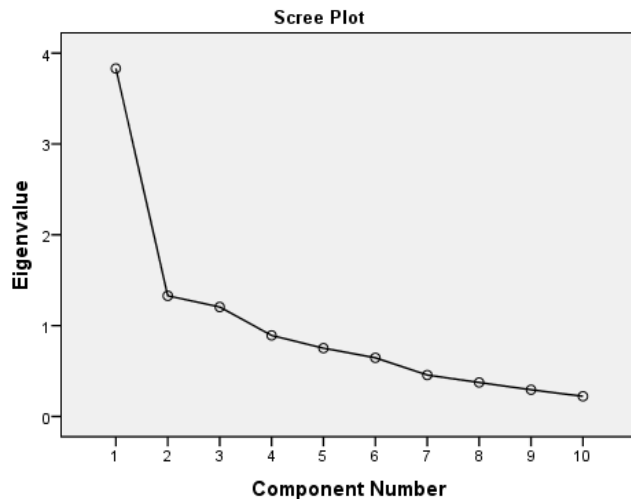

Fig. 1 *Scree plot showing the amount of variance accounted for by each component*

Table 5 *Loadings for component one*

Item		Loading
19.	I am able to learn new things quickly	.89
10.	If I don't understand my school work, I will persevere with it until I do	.82
14.	If I try, I am able to work out difficult questions in class	.80
6.	I get satisfaction from doing my school work well	.79
18.	I think that I am good at my school work	.79
5.	I find my school work boring	.64
16.	I can't see myself ever going to college	.60
20.	I'm not that bothered about doing well at school	.59
15.	I make sure that I learn something only if I am going to be tested on it	.58
17.	I worry about making a fool of myself in class	.32

Six month follow-up

A second PCA was conducted using fifty scores from six month follow-up to check the stability of the item structure (*for descriptive statistics see appendix 6*). Bartlett's test was significant (p=.000) and KMO value .850. The Scree plot (Fig. 2) suggested that the ten items still formed one main component which accounted for 50.14% of the variance and had an eigenvalue of 5.02, while the second component only explained an additional 11.83% of variance and had an eigenvalue less than 1.5, so was disregarded. All ten items now loaded onto component one with values above .40. Cronbach's alpha for the ten items was .88 indicating good internal reliability. At six month follow-up, the same five items loaded most highly onto the component, but the item reflecting perceived ability with schoolwork now had the overall highest loading. The item that had the largest increase in loading overall, related to fear of negative evaluation in class.
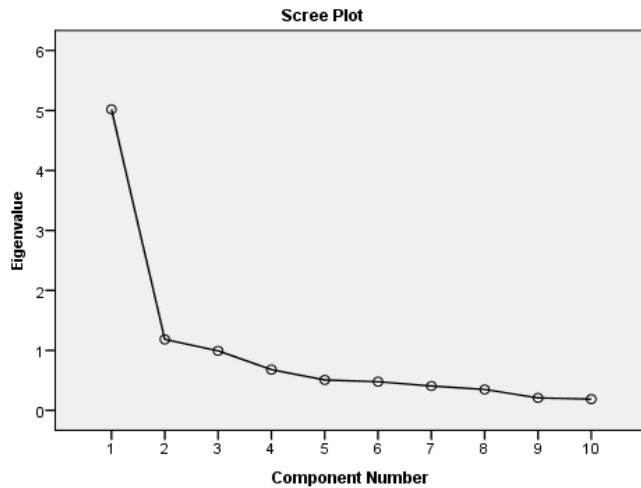
Fig. 2 *Scree plot showing the amount of variance accounted for by each component*

Table 6 *Item loadings for component one*

Item		Loadings
18.	I think that I am good at my school work	.83
10.	If I don't understand my school work, I will persevere with it until I do	.83
19.	I am able to learn new things quickly	.82
14.	If I try, I am able to work out difficult questions in class	.82
6.	I get satisfaction from doing my school work well	.73
5.	I find my school work boring	.71
17.	I worry about making a fool of myself in class	.64
20.	I'm not that bothered about doing well at school	.57
16.	I can't see myself ever going to college	.53
15.	I make sure that I learn something only if I am going to be tested on it	.51

Engagement items

Baseline

Exploring the correlation matrix suggested that the items were suitable for analysis (*for descriptive statistics see appendix 6*). Bartlett's test was significant ($p = 0.000$) and KMO value 0.733 therefore meeting minimum criteria for analysis. Eignevalues greater than one were selected to determine the number of retained components. The Scree plot (fig. 3) suggested a one component structure which accounted for 38.31% of the variance and had an eigenvalue of 3.83. The second and third components had eigenvalues less than 1.5 and accounted for only 13.28% and 12.05% of the variance respectively. No meaningful second component was identified after rotation, therefore a one component solution was accepted and it was felt that the ten items were best described as a general factor reflecting 'academic engagement', with the exception of item 8 (see table 7) which loaded below .40. Cronbach's alpha for the ten items was .80 (and .82 when item 8 was omitted) indicating good internal reliability. Item 8 was retained for future analysis as it was expected that item loadings might change at follow-up.
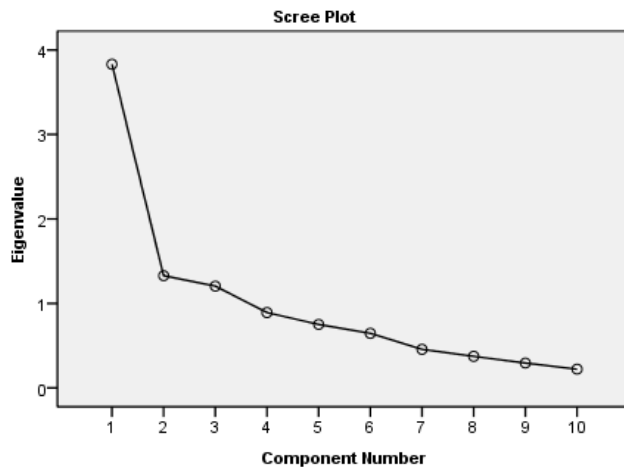
50

Fig. 3 *Scree plot showing the amount of variance accounted for by each component*

Table 7 *Loadings for component one*

Item		Loading
1.	I feel that I belong in my school	.79
11.	I feel that I am learning a lot being at my school	.79
2.	I get on with the other kids in my school	.71
12.	I find it difficult to concentrate when I am in class	.65
7.	I feel confident joining in class discussions and activities	.64
4.	I feel that my teachers don't understand me	.59
3.	The teachers at my school are willing to help me	.57
13.	I try to miss classes if I can	.57
9.	I don't enjoy being at school	.47
8.	I can't be bothered to study	.21

Six month follow-up

A second PCA was conducted using fifty scores from six month follow-up to check the stability of the item structure (*for descriptive statistics see appendix 6*). Bartlett's test was significant (p=.000) and the KMO value was .85. The Scree plot (Fig. 4) suggested that the ten items still formed one main factor which accounted for 53.86% of the variance and had an eigenvalue of 5.39, while the second factor only explained an additional 14% of variance and had an eigenvalue less than 1.5, so was disregarded. All ten items now loaded onto component one with values above .40 (see table 8). Cronbach's alpha for the ten items was .90 indicating good internal reliability. At six month follow-up, the same two items loaded most highly onto the component which related to feelings of belonging and learning a lot in school. However, items relating to feeling understood and supported by teachers, enjoying being at school, motivation to do schoolwork, ability to concentrate in class and join in class discussions had increased their loading, while items relating to getting on with peers and missing classes had decreased their loading. The item with the greatest increase in loading at six month follow-up related to motivation to do schoolwork.
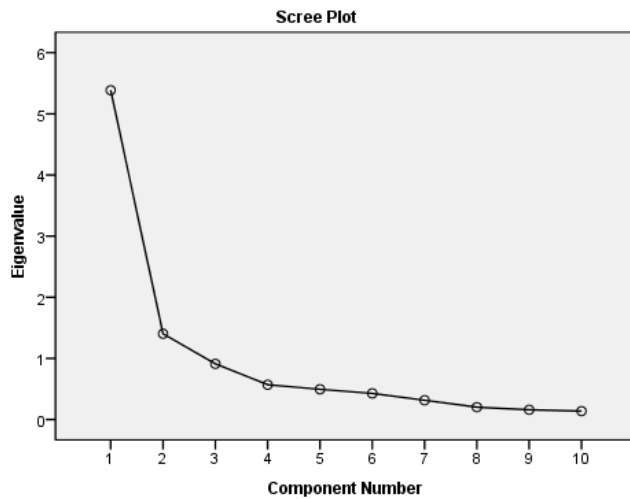
51

Fig. 4 *Scree plot showing the amount of variance accounted for by each component*

Table 8 *Item loadings for component one*

Item		Loading
1.	I feel that I belong in my school	.88
11.	I feel that I am learning a lot being at my school	.87
4.	I feel that my teachers don't understand me	.81
9.	I don't enjoy being at school	.77
12.	I find it difficult to concentrate when I am in class	.76
3.	The teachers at my school are willing to help me	.75
7.	I feel confident joining in class discussions and activities	.72
8.	I can't be bothered to study	.62
2.	I get on with the other kids in my school	.58
13.	I try to miss classes if I can	.49

The final scale

A third PCA was conducted using the five self-concept and five engagement items that loaded most highly onto the general factor from both subsets (all above .70) from follow-up scores. Bartlett's test was significant (p=.000) and the KMO value was .89. The Scree plot (Fig. 5) suggested that the ten self-concept and engagement items formed one main factor. In fact only one factor was identified with an eigenvalue above 1 and this accounted for 62.89% of the variance and had an eigenvalue of 6.29. All ten items loaded onto the final general factor with values above .68 (table 9) thus it could be argued that the questionnaire is unidimensional in structure, and might best be used in future research as a 10 item scale, disregarding items with the lowest loadings from each subset. These results would however need to be verified using larger sample sizes and with a more normative population. Cronbach's alpha for the final ten items was .93 indicating excellent internal reliability.

52

Fig. 5 *Scree plot showing the amount of variance accounted for by each component*

Table 9 *Item loadings for the final ten item scale*

Item		Loading
11.	I feel that I am learning a lot being at my school E	.89
18.	I think that I am good at my school work SC	.88
1.	I feel that I belong in my school E	.88
14.	If I try, I am able to work out difficult questions in class SC	.81
4.	I feel that my teachers don't understand me E	.80
19.	I am able to learn new things quickly SC	.80
10.	If I don't understand my school work, I will persevere with it until I do SC	.73
6.	I get satisfaction from doing my school work well SC	.72
12.	I find it difficult to concentrate when I am in class E	.71
9.	I don't enjoy being at school E	.68

Key:
Self-concept SC
Engagement E

Test-retest reliability
Test-retest scores were highly and significantly associated with a correlation of .81 for the total 20 item questionnaire (n=20, p=.000).

For the following analyses, the full 20 item questionnaire has been used as at six month follow-up, all items loaded above .40.

Retrospective bullying experiences for RBLC & LA participants

Participants frequently reported a long duration of bullying experiences, some of which had begun at Primary school. For RBLC participants the median duration of bullying was between three to four years and for LA participants between two to three years. However there was no statistically significant difference between groups for overall duration of bullying $t(53) =.63$, ns taking an average duration from each category. Duration of bullying was also collapsed down into 'higher' and 'lower' categories (4-5 years to 5+ years and 6 months to 3-4 years respectively) and no significant differences were found between groups X^2 (1, 53) = .03, ns. The frequency with which the bullying behaviour occurred was also high for both groups; RBLC and LA participant median frequency was daily.
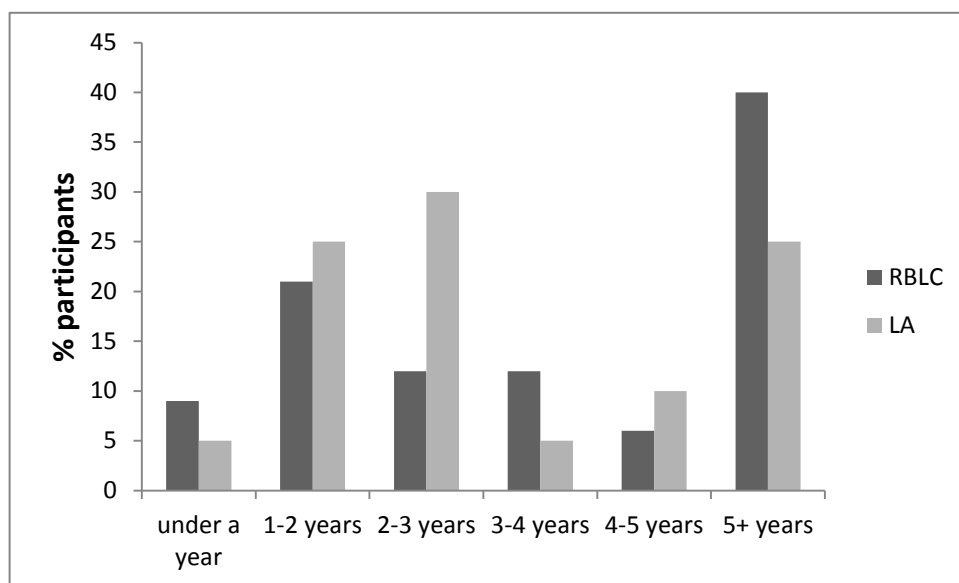

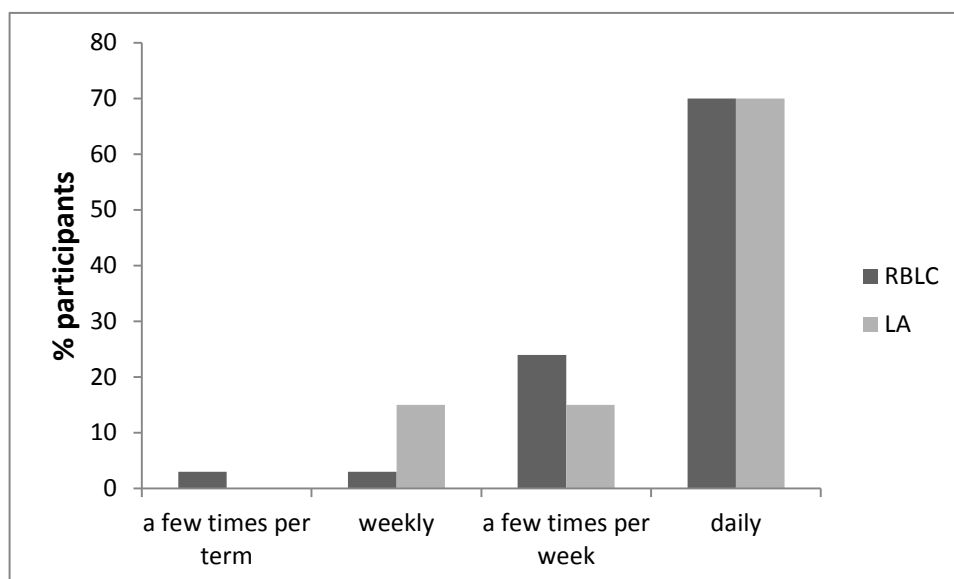**Fig. 6** *Bar chart displaying duration of bullying for all participants*

Fig. 7 *Bar chart displaying frequency of bullying for all participants*

RBLC and LA participants reported a wide range of bullying behaviours. For both groups the most frequently experienced types of bullying were verbal bullying and social bullying: name calling; nasty rumours; being left out of things/excluded; and having people turned against them. Overall, 21% (n=11) of participants had experienced 'sexual' bullying which ranged from actual sexual assault to homophobic abuse. Bullying frequencies were collapsed down to 'frequent' (usually/often) to 'infrequent' (sometimes/occasionally/never).The percentage of participants reporting theft frequently (RBLC 39% v LA 10%) v infrequently (RBLC 61% v LA 90%) differed significantly by group χ^2 (1, N = 53) = 5.30, p = .02; cyber bullying 'frequently' (RBLC 42% v LA 10%) v 'infrequently' (RBLC 58% v LA 90%) differed significantly by group χ^2 (1, N = 53) = 6.21, p = .01. No other category of bullying differed significantly by group (name calling χ^2 (1, N = 53) = .412, ns; threats χ^2 (1, N = 53) = .001, ns; nasty rumours χ^2 (1, N = 53) = .926, ns; physical χ^2 (1, N = 53) = .561, ns; racism χ^2 (1, N = 53) = .026, ns; exclusion χ^2 (1, N = 53) = .314, ns; people turned against you χ^2 (1, N = 53) = .926, ns; bullied by a teacher χ^2 (1, N = 53) = .410, ns; sexual bullying χ^2 (1, N = 53) = .650, ns.

Table 10 *Frequency of bullying acts experienced for both groups*

Act	Usually % (N)		Often % (N)		Sometimes/occasionally % (N)	
	RBLC	LA	RBLC	LA	RBLC	LA
Name calling	61 (20)	60 (12)	21 (7)	30 (6)	18 (6)	10(2)
Threats	39 (13)	35 (7)	15 (5)	20 (4)	27 (9)	35 (7)
Nasty rumours	45 (15)	45 (9)	27 (9)	15 (3)	21 (7)	25 (5)
Physical	30 (10)	30 (6)	15 (5)	10 (2)	30 (10)	50 (10)
Theft	RBLC* 15 (5)	LA 5 (1)	RBLC * 24 (8)	LA 5 (1)	27 (9)	30 (6)
Racism	3 (1)	5 (1)	3 (1)	N/A	24 (8)	15 (3)
Exclusion	55 (18)	40 (8)	24 (8)	45 (9)	18 (6)	15 (3)
People turned against you	55 (18)	45 (9)	21 (7)	35 (7)	6 (2)	15 (3)
Cyber bullying	RBLC** 21 (7)	LA 10 (2)	RBLC** 21 (7)	LA N/A	6 (2)	35 (7)
Bullied by a teacher	12 (4)	20 (4)	21 (7)	5 (1)	24 (8)	25 (5)

Sexual bullying	RBLC	LA	RBLC	LA	RBLC	LA
	15 (5)	(0)	3 (1)	10 (2)	6 (2)	5 (1)

* sig .05

** sig .01

Table 11 presents those types of bullying that participants found most distressing. The most distressing types of bullying for RBLC participants were: sexual bullying, being bullied by a teacher and social bullying (having people turned against them and being left out of things/excluded). For LA participants the most distressing types of bullying were: sexual bullying, social bullying (having people turned against them), verbal bullying (being threatened) and physical bullying. A higher percentage of RBLC participants reported being 'upset a lot' (RBLC 89% v LA 30%) v being 'upset a little or not at all' (RBLC 11% v LA 70%) in relation to being bullied by a teacher χ^2 (1, N = 29) = 10.83, p = .001 and being 'upset a lot' (RBLC 81% v LA 44%) v 'upset a little or not at all' (RBLC 19% v LA 56%) in relation to cyber bullying χ^2 (1, N = 25) = 3.57, p = .058 (approaching significance). There was no difference between groups in level of distress experienced for name calling χ^2 (1, N = 53) = .519, n/s; threats χ^2 (1, N = 45) = .025, n/s; nasty rumours χ^2 (1, N = 48) = .893, n/s; physical bullying χ^2 (1, N = 43) = .268, n/s; theft χ^2 (1, N = 30) = 2.30, n/s; racism χ^2 (1, N = 14) = 1.26, n/s; exclusion χ^2 (1, N = 52) = 1.34, n/s; people being turned against you χ^2 (1, N = 46) = .004, n/s; sexual bullying.

Table 11 *Level of distress for bullying acts experienced by both groups*

Act	Upset a lot % (N)		Upset a little/not upset % (N)	
Name calling	RBLC	LA	RBLC	LA
	79 (26)	70 (14)	21 (7)	30 (6)
Threats	RBLC	LA	RBLC	LA
	81 (22)	83 (15)	19 (5)	17 (3)
Nasty rumours	RBLC	LA	RBLC	LA
	87 (27)	76 (13)	13 (4)	24 (4)
Physical bullying	RBLC	LA	RBLC	LA
	84 (21)	78 (14)	16 (4)	22 (4)
Theft	RBLC	LA	RBLC	LA
	68 (15)	38 (3)	32 (7)	62 (5)
Racism	RBLC	LA	RBLC	LA
	20 (2)	50 (2)	80 (8)	50 (2)
Excluded	RBLC	LA	RBLC	LA
	88 (28)	75 (15)	12 (4)	25 (5)

People turned against you	RBLC LA	RBLC LA
	89 (24) 89 (17)	11 (3) 11 (2)
Cyber bullying	RBLC LA	RBLC LA
	81 (13) 44 (4)	19 (3) 56 (5)
Bullied by a teacher	RBLC** LA	RBLC LA
	89 (17) 30 (3)	11 (2) 70 (7)
Sexual bullying	RBLC LA	RBLC LA
	100 (7) 100 (4)	N/A N/A

*** sig .001*

Bullies more powerful?

RBLC

88% (N=29) of all participants perceived the bullies to be more powerful than them, or found it difficult to defend themselves. Reasons given were: bullies were in gangs 83% (N=24); bullied by older children 24% (N=7); bully described as manipulative/psychopathic 14% (N=4); victim physically vulnerable due to illness 7% (N=2); and victim lacked social power i.e. was unpopular with other students/disliked by teachers 38% (N=11).

LA

85% (N=17) of all participants perceived the bullies to be more powerful than them, or found it difficult to defend themselves. Reasons given were: bullies were in gangs 76% (N=13), victim lacked social power i.e. was unpopular with other students/disliked by teachers 24% (N=4) or victim felt vulnerable due to being in care of social services 6% (N=1).

Effects on schoolwork

The majority of participants reported frequent effects on schoolwork: RBLC 18% (N=6) reported some effects and 70% (N=23) reported frequent effects; LA 20% (N=4) reported some effects and 50% (N=10) reported frequent effects. There was no statistically significant difference between groups in those reporting frequent effects on schoolwork v some or no effects (χ^2 (1, *N* = 53) = 2.06, n/s). The most common direct and indirect reasons for disruption to schoolwork are given in table 12. For RBLC participants, the most common reason was reduced concentration and for LA participants, being bullied in class. A significantly higher proportion of RBLC participants skipped classes or stopped attending school χ^2 (1, *N* = 43) = 4.29, p = .04. There were no statistically significant differences between groups in the frequency of those reporting poor concentration χ^2 (1, *N* = 43) = 2.09, n/s; emotional problems χ^2 (1, *N* = 43) = .581, n/s; being bullied in class χ^2 (1, *N* = 43) = .127, n/s; losing motivation χ^2 (1, *N* = 43) = .581, n/s; conflict with teachers χ^2 (1, *N* = 43) = .297, n/s; isolated from class χ^2 (1, *N* = 43) = .027, n/s; anxiety/panic in class χ^2 (1, *N* = 43) = 1.99, n/s; sleeping/eating problems χ^2 (1, *N* = 43) = 1.80, n/s as a reason for disruption to schoolwork.

Table 12 *How bullying affected schoolwork for RBLC and LA participants*

Categories	RBLC frequency	LA frequency
Couldn't concentrate	72% (N=21)	50% (N=7)
Stopped attending/skipped classes	69% (N=20) *	43% (N=6)
Depressed/suicidal – emotional	69% (N=20)	57% (N=8)
Bullied in class/lessons disrupted by bullies	59% (N=17)	64% (N=9)
Couldn't be bothered/lost interest in school	31% (N=9)	43% (N=6)
Anger/conflict with teachers	48% (N=14)	57% (N=8)
Isolated from class/alternative provision	31% (N=9)	29% (N=4)
Anxiety/panic attacks in class	34% (N=10)	57% (N=8)
Not sleeping or eating properly	14% (N=4)	35% (N=5)

sig .05

Table 13 present the effects of bullying for RBLC and LA participants which have been collapsed down to include both short and longer term effects. The majority of participants in both groups reported anger, depression, suicide ideation and engaging in acts of self-harm as the most common effects of bullying: 45% (n=15) of RBLC participants and 45% (n=9) of LA participants admitted to actual suicide attempts, or had seriously contemplated taking their own life. The majority of participants had received, or were currently receiving, some form of psychiatric intervention (through CAMHS) or therapy/counselling offered through mainstream school/ESC/RBLC. For RBLC participants, the next most reported effect was anxiety and school avoidance, with some participants being diagnosed with anxiety or panic disorders. For LA participants, the next most reported effect was reduced confidence/self-esteem and retaliation or school exclusion which might explain why some LA participants had been sent to ESC; the effects of bullying manifesting as behavioural problems. Some participants reported carrying weapons either in school, or when out in public.

A significantly higher proportion of RBLC participants reported avoiding school or running away from home χ^2 (1, N = 53) = 14.84, p = .000; while the proportion of LA participants who reported carrying a weapon or being excluded from school was significantly higher χ^2 (1, N = 53) = 3.51, p = .06 (approaching significance). There were no significant differences between groups in frequency of reporting anger χ^2 (1, N = 53) = 1.26, n/s; depression/suicide ideation/self-harm χ^2 (1, N = 53) = .299, n/s; anxiety/panic/fear χ^2 (1, N = 53) = .352, n/s; reduced confidence/self-esteem χ^2 (1, N = 53) = 2.26, n/s; social problems χ^2 (1, N = 53) = .522, n/s; psychiatric diagnosis/intervention χ^2 (1, N = 53) = 3.27, n/s; concerns about appearance χ^2 (1, N = 53) = .818, n/s; paranoia χ^2 (1, N = 53) = .478, n/s; sleep disturbance χ^2 (1, N = 53) = .478, n/s; personality changes χ^2 (1, N = 53) = .161, n/s; loss of trust χ^2 (1, N = 53) = .410, n/s; loss of independence χ^2 (1, N = 53) = 1.58, n/s; eating/weight problems χ^2 (1, N = 53) = .356, n/s; psychosomatic symptoms χ^2 (1, N = 53) = .710, n/s; drug/alcohol use χ^2 (1, N = 53) = .789, n/s.

Table 13 *Short & long term effects of bullying for RBLC and LA participants*

Categories	RBLC frequency	LA frequency
Anger	94% (N=31)	100% (N=20)
Depression/suicide ideation/self harm	90% (N=30)	95% (N=19)
Anxiety/panic/fear	82% (N=27)	75% (N=15)
School avoidance/ran away from home	79% (N=26) **	25% (N=5)
Reduced confidence/self-esteem/worthlessness	73% (N=24)	90% (N=18)
Social withdrawal/social anxiety/loneliness	70% (N=23)	60% (N=12)
Psychiatric diagnosis/intervention	61% (N=20)	35% (N=7)
Concerns about appearance	58% (N=19)	70% (N=14)
Paranoia	40% (N=13)	30% (N=6)
Sleep disturbance e.g. nightmares	39% (N=13)	35% (N=7)
Weapon carrying/retaliation/exclusion from school	39% (N=13)	80% (N=16)
Personality changes	39% (N=13)	45% (N = 9)
Loss of trust	33% (N=11)	25% (N=5)
Loss of independence	30% (N=10)	15% (N=3)
Eating problems/weight concerns	27% (N=9)	20% (N=4)
Psychosomatic symptoms e.g. stomach pain/headaches	24% (N=8)	35% (N=7)
Use of drugs/alcohol	15% (N=5)	10% (N=2)

*** sig .000.*

Table 14 present effects of bullying on family and personal relationships. For both groups, the most common effect was on the family who were reported to be stressed and worried by the bullying of their child; participants often described their parents as being at 'breaking point'. This was often exacerbated by disruptive behaviour at home and many participants reported taking out their anger on parents and siblings. No significant differences were found between groups in reported effects of bullying relating to stress in the family χ^2 (1, *N* = 53) = .710, n/s; problematic behaviour at home χ^2 (1, *N* = 53) = .710, n/s; withdrawal from friends χ^2 (1, *N* = 53) = .356, n/s; lost friends χ^2 (1, *N* = 53) = .102, n/s; bullies targeting family χ^2 (1, *N* = 53) = .000, n/s; police involvement χ^2 (1, *N* = 53) = .789, n/s.

Table 14 *Effects of bullying on personal relationships/family for RBLC and LA participants*

Categories	RBLC frequency	LA frequency
Family stressed and worried	76% (N=25)	65% (N=13)
Difficult behaviour or arguments at home	70% (N=23)	65% (N=13)
Withdrawal from friends	27% (N=9)	20% (N=4)
Friends started to get bullied/lost friends	21% (N=7)	25% (N=5)
Bullies targeting family members	15% (N=5)	15% (N=3)
Child or family member in trouble with police	15% (N=5)	25% (N=5)

Baseline findings

Variable scores for RBLC overall and by gender

Table 15 displays the means and standard deviations for RBLC participants at baseline. The mean overall depression score was in the extreme category; the mean overall anxiety score was in the moderate category; and the mean overall trauma score was above the cut-off point for clinical significance. The overall mean for self-esteem was below the UK average and the overall AESCS mean score was below the cut-off point for satisfactory academic engagement/self-concept (as set by the author – see page 37). An independent sample *t* test was conducted to see if there were any significant differences according to gender. There was equality of variances across all variables. There was no significant difference in bullying scores for male and female participants. However, baseline self-esteem and depression were significantly different: depression *t*(31) =-2.95, *p*=.006 and self-esteem *t*(31) =2.58, *p*=.02; female participants had significantly higher levels of depression and significantly lower levels of self-esteem. Trauma was approaching significance *t*(31) =-1.80, *p*=.08 (female participants scoring higher) and anxiety *t*(31) =-1.07, *p* =.293 and academic engagement/self-concept *t*(31) =1.31, *p=*.200 were not significantly different.

Table 15 *Means and Standard Deviations for baseline variables overall and by gender for RBLC participants*

	RBLC (N=33) Mean (SD)	Male (N=15) Mean (SD)	Female (N=18) Mean (SD)
Bullying severity	46.85 (14.74)	48.80 (14.74)	45.22 (14.96)
BDI-Y (*T* scores) - depression	71.09 (13.50)	64.27 (10.90)	76.78 (13.05)**
BAI-Y (*T* scores) - anxiety	68.73 (12.74)	65.87 (11.96)	71.11 (13.21)
Trauma	39.55 (17.15)	33.87 (17.14)	44.28 (16.09)
Self-esteem	22.09 (5.83)	24.73 (6.32)	19.89 (4.46)*
Academic-engagement/self-concept	32.61 (12.67)	35.73 (12.91)	30.00 (12.21)

*Sig .05
** Sig .01

Table 16 demonstrates breakdown of participants scoring in clinically significant categories and below the cut-off point for satisfactory academic engagement/self-concept. Cut-off scores of 30 and above demonstrated clinically significant levels of trauma; scores below 30 for male participants and scores below 28 for female participants indicated levels of self-esteem below the UK norm; a cut-off point of below 45 was set to indicate unsatisfactory levels of academic engagement/self-concept.

More female participants were scoring in the extreme range for depression and all were scoring below the UK norm for self-esteem. A logistic regression was conducted to determine the statistical likelihood that female participants would be more represented in the extreme category for depression using sex as a dichotomous predictor variable. The model was significant: X^2 (33) = 7.05, *df* 1, p=.01; Wald 6.26 (Exp) *B* 7.15; demonstrating that being female increased the odds of scoring in

the extreme category for depression by 7.15. A logistic regression was not performed for self-esteem, as only three participants were scoring above the cut-off point at baseline.

Table 16 *RBLC participants scoring at levels of clinical significance, below the UK norm for self-esteem and below AESCS cut-off point overall and by gender*

	RBLC (N=33) % (n)	Male (N=15) % (n)	Female (N=18) % (n)
BDI-Y in clinical range	85 (28)	73 (11)	94 (17)
Average	15 (5)	27 (4)	6 (1)
Mild	3 (1)	6 (1)	(0)
Moderate	30 (10)	40 (6)	22 (4)
Extreme	52 (17)	27 (4)	72 (13) **
BAI-Y in clinical range	90 (30)	86.5 (13)	94 (17)
Average	9 (3)	13.5 (2)	6 (1)
Mild	9 (3)	13.5 (2)	6 (1)
Moderate	36 (12)	33 (5)	38 (7)
Extreme	45 (15)	40 (6)	50 (9)
Trauma - above clinical cut-off	73 (24)	67 (10)	78 (14)
SES - below UK norm	90 (30)	80 (12)	100 (18)
AESCS – below cut-off point	88 (29)	87 (13)	89 (16)

** Sig at .01

Table 17 displays bivariate correlations between variables for RBLC participants. Significant positive correlations were observed between depression, anxiety and trauma. Self-esteem was significantly negatively associated with depression, anxiety and trauma i.e. lower self-esteem scores were associated with higher depression, anxiety and trauma scores. Academic engagement/self-concept was only associated with self-esteem. Higher self-esteem scores were significantly positively associated with higher academic engagement/self-concept scores. More severe bullying was associated with higher depression, anxiety and trauma; the most significant association was with anxiety.

Table 17 *Bivariate correlations between variables for RBLC participants at baseline*

	1	2	3	4	5	6
BDI-Y-depression	1					
BAI-Y-anxiety	.761**	1				
Trauma	.742**	.730**	1			
Self-esteem	-.597**	-.487**	-606**	1		
Academic-engagement /self-concept	-.183	-.189	-.281	.445**	1	
Bullying severity	.471**	.725**	.484**	-.296	-.283	1

** Sig 0.01 (2-tailed)
* Sig 0.05 (2-tailed)

<u>Variable scores for LA overall and by gender</u>

Table 18 displays the means and standard deviations for LA participants at baseline. The mean overall depression score was just below the extreme category; the overall mean anxiety score was in the moderate category and the overall mean trauma score was above the cut-off point for clinical significance. The overall mean self-esteem score was below the UK average and the overall mean AESCS score was below the cut-off point for satisfactory academic engagement/self-concept. The LA sample size was smaller and there was a relatively larger inequality in the number of male and female participants, therefore male:female comparisons were made with caution. However, an independent samples t test was conducted and no significant difference between variables for male and female participants was apparent at baseline: depression $t(18) =.875$, $p = .374$; anxiety $t(18) =.500$, $p = .623$; trauma $t(18) =.858$, $p = .403$; self-esteem $t(18) =-.067$, $p = .951$; academic engagement/self-concept $t(18) =-1.33$, $p =.202$ and bullying severity $t(18) =.383$, $p =.707$. These results were verified by a Mann-Whitney U Test.

Table 18 *Means and Standard Deviations for baseline variables overall and by gender for LA participants*

	LA (N=20) Mean SD	Male (N=8) Mean SD	Female (N=12) Mean SD
Bullying severity	41.55 (10.03)	42.63 (7.41)	40.83 (11.72)
BDI-Y (*T* scores) - depression	69.55 (7.24)	69.88 (6.15)	69.33 (8.14)
BAI-Y (*T* scores) - anxiety	67.25 (10.74)	68.75 (6.69)	66.25 (12.96)
Trauma	38.00 (15.96)	41.38 (10.20)	35.75 (18.97)
Self-esteem	20.80 (2.67)	20.75 (3.24)	20.83 (2.37)
Academic-Engagement & Self-concept	28.45 (11.45)	24.38 (10.72)	31.17 (11.54)

Table 19 demonstrates breakdown of participants scoring in clinical categories and below the cut-off point for satisfactory academic engagement/self-concept. Cut-off scores were as above. The sample size was insufficient to determine the statistical likelihood that more male participants were scoring above the cut-off point for trauma. All participants were scoring below the UK norm for self-esteem.

Table 19 *LA participants scoring at clinical levels for variables and below AESCS cut-off point overall and by gender*

	LA (N=20) % (N)	Male (N=8) % (N)	Female (N=12) % (N)
BDI-Y in clinical range	100 (20)	100 (8)	100 (12)
Average	(0)	(0)	(0)
Mild	5 (1)	(0)	8 (1)
Moderate	55 (11)	62.5 (5)	50 (6)
Extreme	40 (8)	37.5 (3)	42 (5)
BAI-Y in clinical range	90 (18)	100 (8)	83 (10)
Average	10 (2)	(0)	17 (2)
Mild	10 (2)	(0)	17 (2)
Moderate	45 (9)	62.5 (5)	33 (4)
Extreme	35 (7)	37.5 (3)	33 (4)
Trauma - above clinical cut off	65 (13)	87.5 (7)	50 (6)
SES - below UK average	100 (20)	100 (8)	100 (12)
AESCS - below cut-off point	90 (18)	100 (8)	83 (10)

Table 20 displays bivariate correlations between variables for LA participants. Significant positive correlations were observed between depression anxiety and trauma. Self-esteem was significantly negatively associated with depression and anxiety, but not trauma i.e. lower self-esteem scores were associated with higher depression and anxiety scores, but not trauma scores. Academic engagement and self-concept was not significantly associated with any other variable. More severe bullying was associated with higher depression, anxiety and trauma.

Table 20 *Bivariate correlations between variables for LA participants at baseline*

	1	2	3	4	5	6
BDI-Y-depression	1					
BAI-Y-anxiety	.815**	1				
Trauma	.637**	.661**	1			
Self-esteem	-.654**	-.514*	-.023	1		
Academic-engagement /self-concept	-.397	-.189	-.401	.310	1	
Bullying severity	.563**	.588**	.592**	-.371	-.408	1

** Sig 0.01 (2-tailed)
* Sig 0.05 (2-tailed)

Main findings

Table 21 includes number of participants at each time point. Three female participants had left the RBLC prematurely by six month follow-up. Two participants left voluntarily: one to be educated at home and another moved away from the area. The third female was asked to leave due to lack of engagement with the programme. A follow-up assessment was obtained for all LA participants at six months. By nine month follow-up, only seventeen RBLC participants had follow-ups, as they may have joined the study at a later date or left the RBLC.

Table 21 *Number of participants at each follow-up*

	baseline	3m	6m	9m	12m	15m	18m
RBLC	33	32	30	17	7	5	1
LA	20	n/a	20	n/a	n/a	n/a	n/a

Stability of bivariate correlations at six months

At six month follow-up the pattern of relationships between variables was identical for RBLC participants with the exception of academic engagement/self-concept, which was now significantly negatively related to depression, anxiety and trauma (table 22). At baseline, academic engagement/self-concept was related to self-esteem only. For LA participants, academic engagement/self-concept was significantly negatively related to depression and anxiety, and significantly positively related to self-esteem (table 23), whereas at baseline there were no significant relationships between academic engagement/self-concept and any other variable. At six month follow-up, trauma was no longer significantly positively associated with depression.

Table 22 *Bivariate correlations between variables for RBLC participants at six month follow-up*

	1	2	3	4	5
BDI-Y-depression	1				
BAI-Y-anxiety	.854**	1			
Trauma	.754**	.737**	1		
Self-esteem	-.764**	-.635**	-544**	1	
Academic-engagement /self-concept	-.696**	-.546**	-.535**	.683**	1

Table 23 *Bivariate correlations between variables for LA participants at six month follow-up*

	1	2	3	4	5
BDI-Y-depression	1				
BAI-Y-anxiety	.883**	1			
Trauma	.305	.561*	1		
Self-esteem	-.787**	-.726**	-.244	1	
Academic-engagement /self-concept	-.654**	-.587**	-.208	.771**	1

Differences in correlations between groups

At baseline, a similar set of correlations were observed for each group. Bullying severity was significantly positively related to depression, anxiety and trauma symptoms, but not to self-esteem or academic engagement and self-concept. In both groups, depression, anxiety and trauma symptoms had been significantly positively associated, reflecting a general negative psychological profile. In both groups, self-esteem had been significantly negatively associated with depression and anxiety. However, for the RBLC group, self-esteem had also been significantly negatively associated with trauma, but for the LA group, this relationship had not been significant. Academic engagement and self-concept had not been significantly associated with any other variable, with the exception of self-esteem in the RBLC group which was positively associated with academic engagement and self-concept.

At six month follow-up, academic engagement and self-concept demonstrated the most change for both groups. For the RBLC group, academic engagement and self-concept was now significantly negatively associated with depression, anxiety and trauma symptoms and still significantly positively associated with self-esteem. For the LA group, academic engagement and self-concept was now significantly negatively related to depression and anxiety and now significantly positively related to self-esteem, while being unrelated to trauma symptoms. In the LA group, at six month follow-up, trauma was no longer positively associated with depression, although it was still positively associated with anxiety.
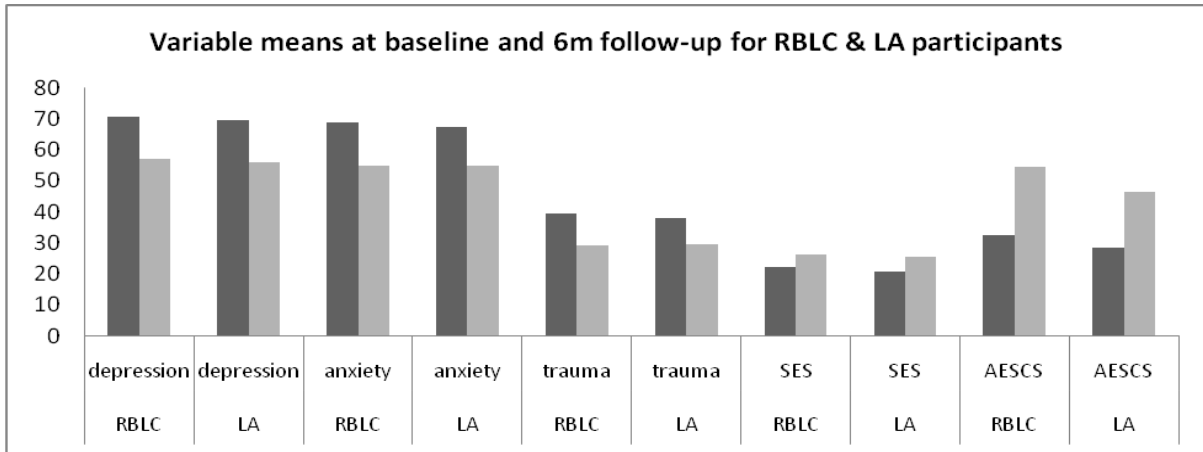
Were there any significant differences between RBLC and LA groups at six month follow-up?

A post hoc power analysis was calculated to check the adequacy of the sample size to detect a medium effect size between groups. A sample size of fifty participants overall would detect an effect size of $d = 0.41$ (two tailed) and $d = 0.54$ (one tailed).

Independent t tests were performed on RBLC and LA baseline scores to investigate possible group differences at baseline. The groups were unequal in size and there was mild inequality of variances in depression and self-esteem distributions, but as the larger group (RBLC) contained the larger variances, this was considered less problematic. Other parametric assumptions were met in that the outcome variables were within acceptable limits for normality and the groups independent of one another. No significant differences were found: depression $t(48) = 0.348$, $p=.73$; anxiety $t(48) = .341$, $p=.74$; trauma $t(48) = .317$, $p=.75$; self-esteem $t(48) = 1.34$, $p=.19$; AESCS $t(48) = .926$, $p=.36$; RBQ $t(48) = 1.47$, $p=.15$.

Figure 8 displays means for all outcome variables at baseline and six month follow-up between RBLC and LA participants. It was expected that there would be a significant difference in the amount of improvement between groups at six month follow-up, and this hypothesis was directional in that it was predicted that RBLC participants would demonstrate significantly greater improvement in all outcome variables compared to LA participants. A two-way repeated measures ANOVA was conducted to see if groups differed on amount of improvement at six month follow-up. Baseline and six month follow-up scores (pre and post intervention) were the within subjects repeated measure and the between-subjects factor was the group (RBLC specific intervention v mainstream provision). Any significant difference between groups is indicated by an interaction effect between group and change over time. Parametric assumptions were met in that univariate normality was within acceptable limits and observations were independent of one another. Depression and self-esteem demonstrated significant departure from homogeneity of variances (assessed by Levene's Test). However, ANOVA is robust to violations of the assumption of homogeneity of variances provided the ratio of the largest group variance does not exceed three times the ratio of the smallest group variance. Table 26 displays estimated marginal means and standard errors for variables between groups at baseline and six month follow-up.

Although there was a significant within subject time effect for all variables which indicated that overall significant change occurred between baseline and six month follow-up (significant *improvement* is apparent when comparing baseline and six month follow-up means for both groups), there was no significant interaction between amount of improvement in outcome variables at six months (change over time) and group; there was no differential effect of intervention. Figures 9-13 show plots of estimated marginal means for both groups at baseline and six month follow-up. Plots of change in means by time points are approximately parallel for both groups and no interactions are apparent.

Key:

Baseline ▮

Follow-up ▯

Fig. 8 *Means at baseline and six month follow-up for all outcome variables for RBLC & LA participants*

Table 24 *Main effect of time for all variables*

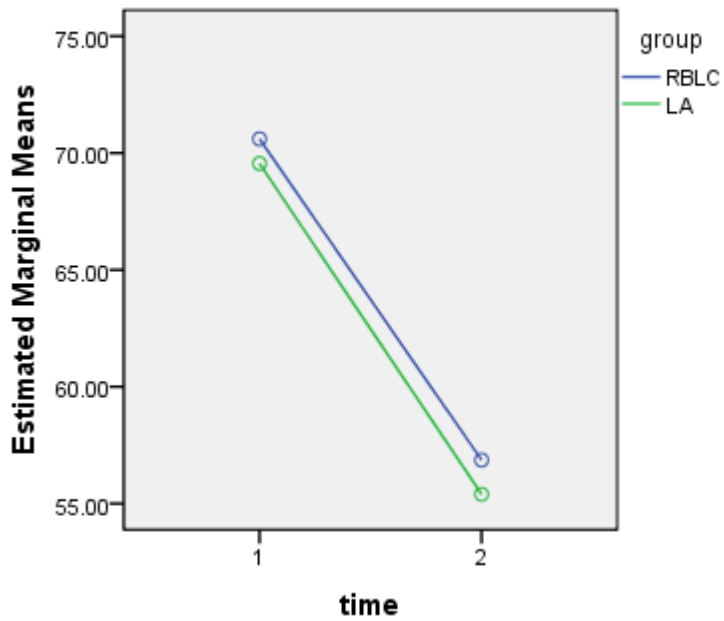| Depression	Anxiety	Trauma	Self-esteem	Academic engagement/self-concept
$F(1, 48) = 67.71$, $p = .000$	$F(1,48) = 61.34$, $p = .000$	$F(1,48) = 31.75$, $p = .000$	$F(1,48) = 40.74$, $p = .000$	$F(1,48) = 117.09$, $p = .000$.

Table 25 *Interactions between change over time and group for all variables*

Depression	Anxiety	Trauma	Self-esteem	Academic engagement/self-concept
$F(1,48) = .191$, ns	$F(1,48) = .121$, ns	$F(1,48) = .014$, ns	$F(1,48) = .701$, ns	$F(1,48) = 2.04$, ns

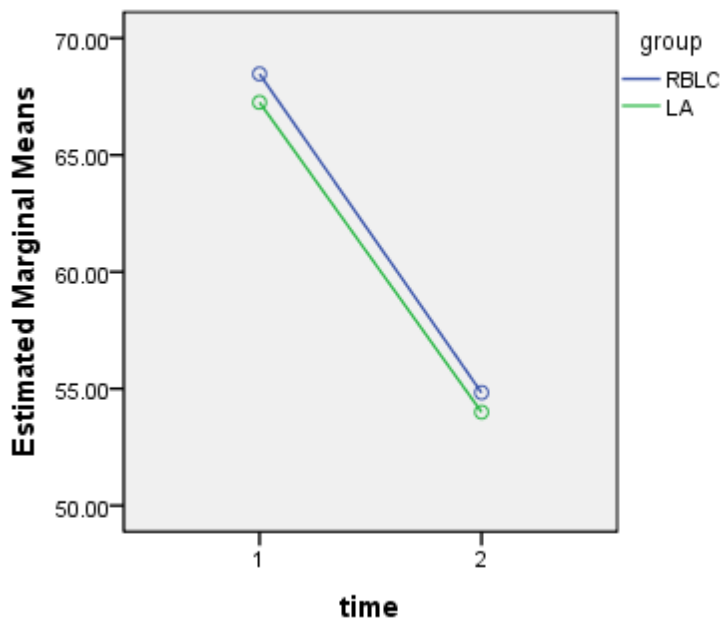**Table 26** *Estimated marginal means and standard error by group and time points*

	RBLC (N=30) Baseline Mean SE 95% CI	LA (N=20) Baseline Mean SE 95% CI	RBLC (N=30) Six month f/u Mean SE 95% CI	LA (N=20) Six month f/u Mean SE 95% CI
BDI-Y (*T* scores) depression	70.60 (2.14) 66.29-74.91	69.55 (2.63) 64.27-74.83	56.87 (2.08) 52.73-61.00	55.40 (2.60) 50.27-60.53
BAI-Y (*T* scores) anxiety	68.47 (2.26) 63.93-73.01	67.25 (2.76) 61.69-72.81	54.83 (2.05) 50.72-58.95	54.00 (2.51) 48.96-59.04
Trauma	39.57 (3.12) 33.29-45.85	38.00 (3.83) 30.31-45.69	29.23 (3.12) 22.96-35.51	29.70 (3.82) 22.02-37.39
Self-esteem	22.40 (.86) 20.68-24.12	20.80 (1.05) 18.69-22.91	26.27 (1.11) 24.04-28.49	25.50 (1.35) 22.78-28.22
Academic-engagement/self-concept	31.73 (2.24) 27.22-36.24	28.45 (2.75) 22.93-33.98	54.37 (2.98) 48.37-60.37	47.05 (3.66) 39.70-54.40

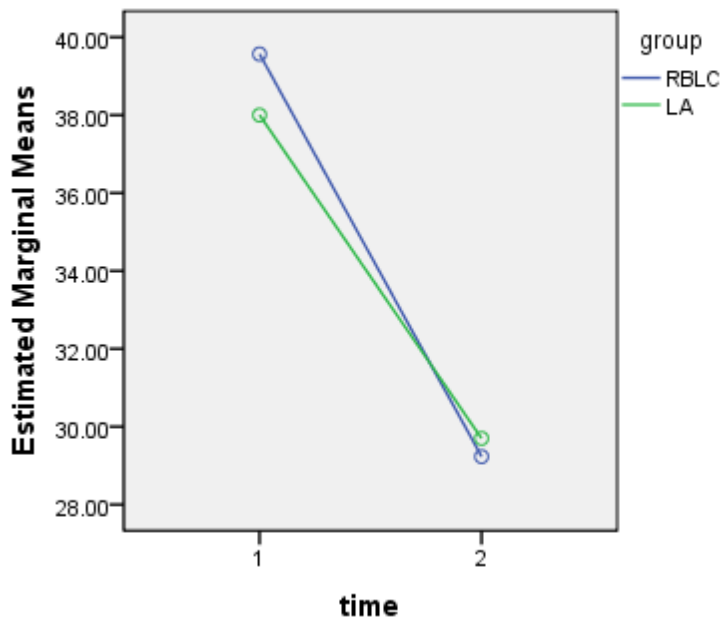**Change in means over time by group: depression**

Key: time 1 = baseline/time 2 = 6 month follow-up

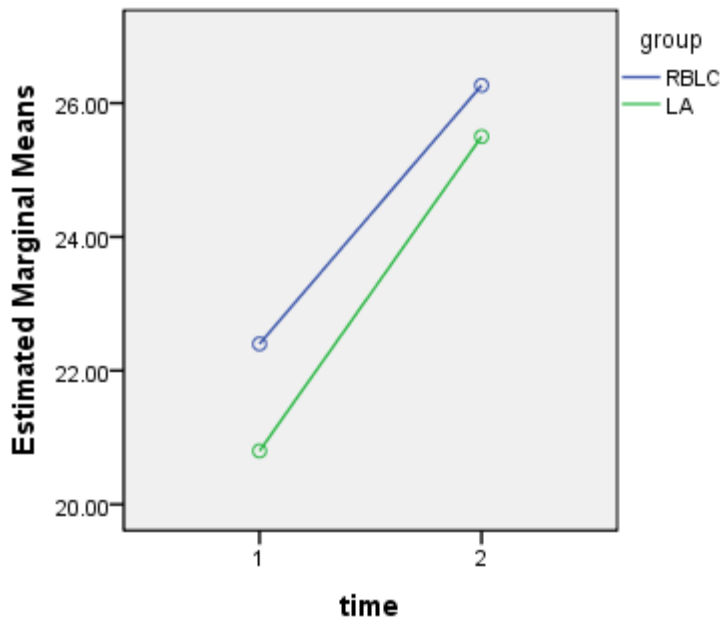**Change in means over time by group: anxiety**

Key: time 1 = baseline/time 2 = 6 month follow-up

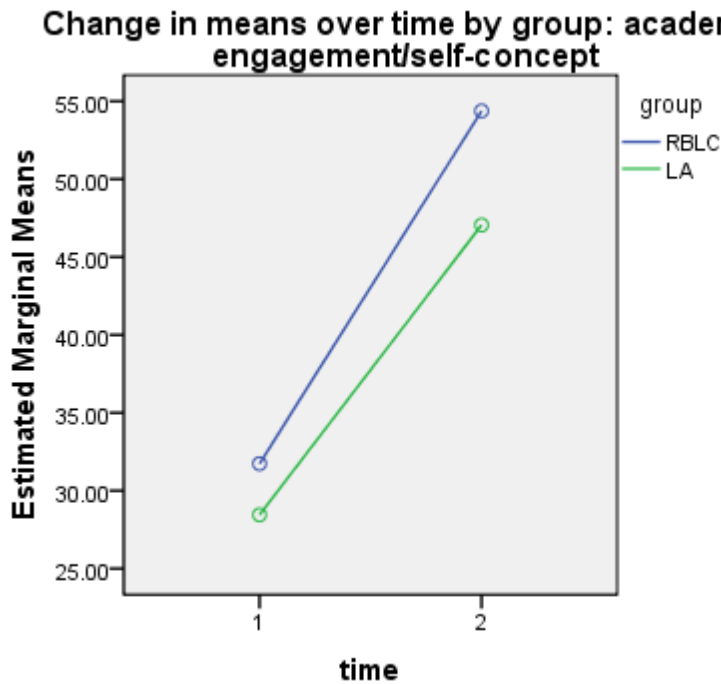## Change in means over time by group: trauma

Key: time 1 = baseline/time 2 = 6 month follow-up

Change in means over time by group: self-esteem

Key: time 1 = baseline/time 2 = 6 month follow-up

Change in means over time by group: academic engagement/self-concept

Key: time 1 = baseline/time 2 = 6 month follow-up

Fig. 9-13 *Profile plots for all variables by group and change over time from baseline to 6 month follow-up*

These results were verified by conducting independent samples *t* tests on difference scores (table 27) and were confirmed. There was no between group difference in improvement for any outcome variable at six month follow-up: depression $t(48) = .123$, $p = .90$; anxiety $t(48) = -.112$, $p = .91$; trauma $t(48) = -.615$, $p = .54$; self-esteem $t(48) = -.621$, $p = .54$ and academic engagement/self-concept $t(48) = 1.06$, $p = .23$.

Table 27 *Means and SD for difference (change) scores for RBLC and LA participants at six month follow-up*

	RBLC (N=30) Baseline to six month follow-up mean difference score Mean (SD)	LA (N=20) Baseline to six month follow-up mean difference score Mean (SD)
BDI-Y (*T* scores) depression	-13.73 (12.60)	-14.15 (10.29)
BAI-Y (*T* scores) anxiety	-13.63 (10.51)	-13.25 (13.74)
Trauma	-10.33 (12.34)	-8.30 (9.95)
Self-esteem	3.87 (4.52)	4.70 (4.85)
Academic-engagement/self-concept	22.63 (12.73)	18.60 (13.88)

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Within group changes over time

At baseline, there were no significant differences between RBLC and LA groups for any outcome variable. By six month follow-up, both groups demonstrated overall improvement for all outcome variables. It was predicted that the RBLC group would demonstrate significantly greater improvement for all outcome variables. This hypothesis was not supported as there was no differential effect of group.

1. Change in outcome variables at follow-up time points for RBLC participants

It was predicted that there would be significant improvement over time for RBLC participants on all outcome variables, and this improvement would be most significant at six month follow-up. A one way repeated measures ANOVA was conducted on baseline, three and six month follow-ups on the thirty participants who remained in the study at six month follow-up, to see if there were significant differences between means for outcome variables over time. Although it was expected that most significant change would occur at six months, it was important to see if any significant change occurred early on in the programme, and if so, did it level off over time? Also to find the optimal recovery period is important for determining the recommended length of stay and therefore amount of funding for students who attend the RBLC. Variables were within acceptable limits for normality. A more stringent alpha level was specified (.01) to correct for inflated type 1 error rate and sphericity was assessed using Mauchley's test and epsilon. No serious violations of sphericity were identified and p values were identical for corrected and uncorrected tests, therefore corrections were not applied.

The analysis indicated that there had been significant change over time for all outcome variables: depression $F_{(2, 58)} = 25.18$, p = .000; anxiety $F_{(2, 58)} = 34.67$, p = .000; trauma $F_{(2, 58)} = 14.97$, P = .000; self-esteem $F_{(2, 58)} = 15.42$, P = .000; academic engagement/self-concept $F_{(2, 58)} = 63.76$, P = .000.

Pairwise comparisons were also conducted post hoc between baseline and three and six month time points for each variable using a Bonferroni correction for multiple comparisons (see table 28). There was some significant change for all variables at each time point, with the exception of academic engagement/self-concept where no significant change occurred between three and six months. Depression, anxiety and academic engagement/self-concept appeared to demonstrate the greatest amount of change between baseline and three month follow-up, while trauma and self-esteem appeared to demonstrate a similar rate of change between baseline and three months and three to six months (see fig. 14-18).
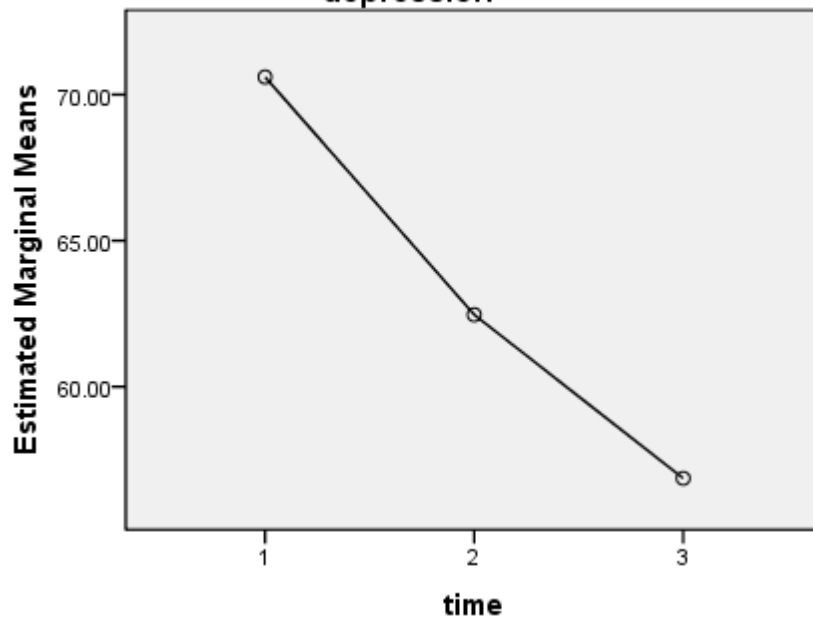
Table 28 *Table displaying mean differences at each time point*

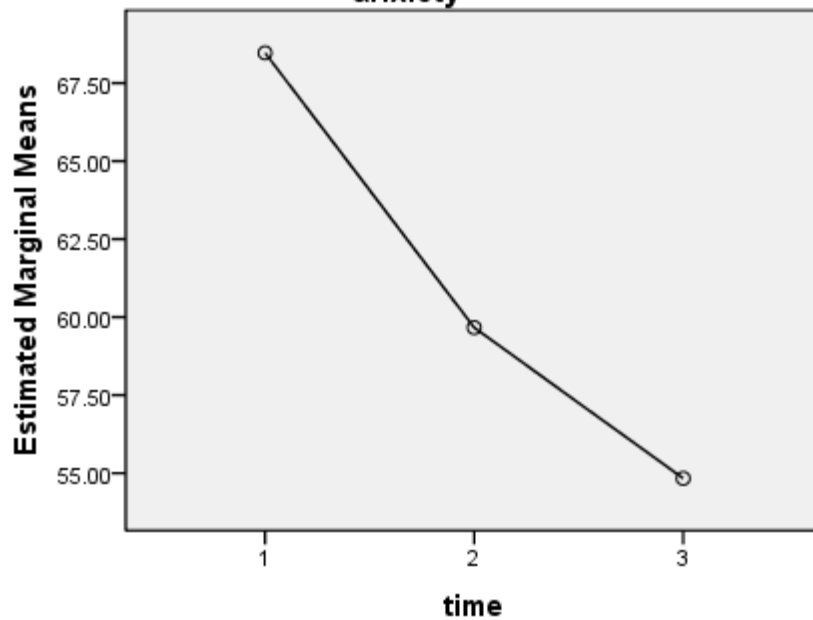|	Depression	Anxiety	Trauma	Self-esteem	Academic engagement/self concept
Baseline to 3 month	-8.13 **	-8.8**	-5.2*	1.97*	19.8**
Baseline to 6 month	-13.73**	-13.63**	-10.33**	3.87**	22.63**
3 month to 6 month	-5.6**	-4.83**	-5.13**	1.90*	2.8 n/s

** Sig 0.01
* Sig 0.05

Change in means at 3 and 6 month time points: depression

Key: 1 = baseline/2 = three month follow-up/3 = six month follow up

Change in means at 3 and 6 month time points: anxiety

Key: 1 = baseline/2 = three month follow-up/3 = six month follow up

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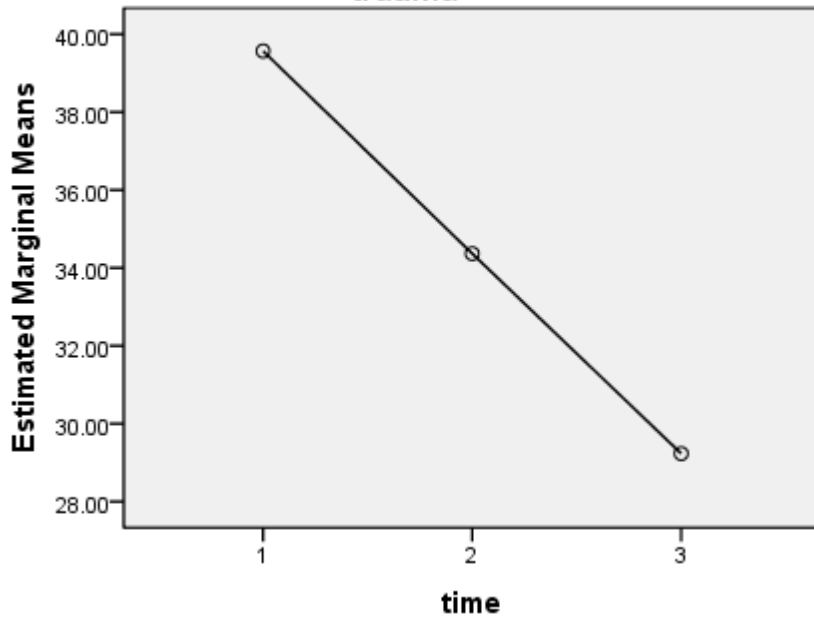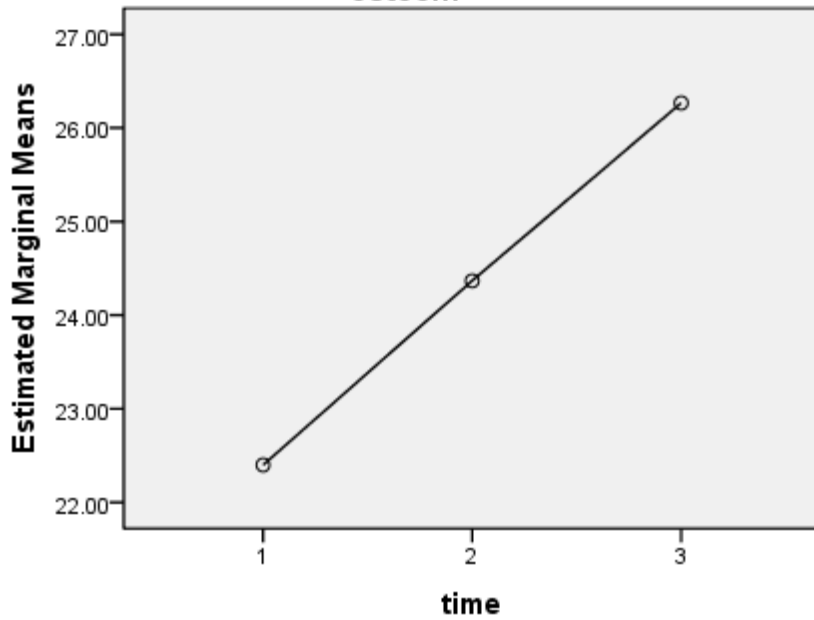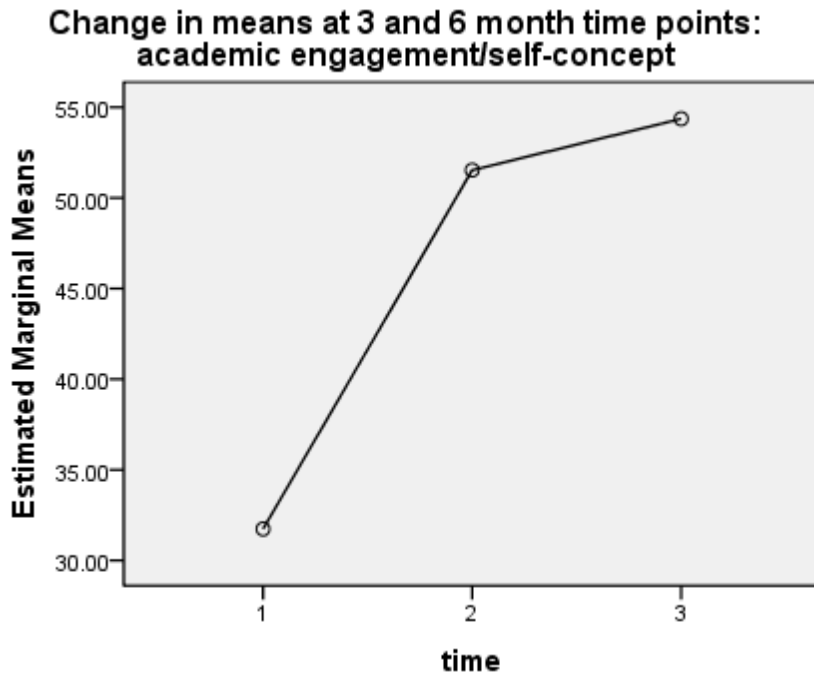## Change in means at 3 and six month time points: trauma

Key: 1 = baseline/2 = three month follow-up/3 = six month follow up

Change in means at 3 and 6 month time points: self-esteem

Key: 1 = baseline/2 = three month follow-up/3 = six month follow up

Change in means at 3 and 6 month time points: academic engagement/self-concept

Key: 1 = baseline/2 = three month follow-up/3 = six month follow up

Fig. 14-18 *Profile plots demonstrating change in means over time from baseline to 3 and 6 month follow-ups*

Table 29 displays means and standard deviations at each time point. It is apparent that all variables changed significantly over time, and appeared to change in the expected direction. It was predicted a priori that there would be significant *reductions* in depression, anxiety and trauma and significant *increase* in self-esteem and academic-engagement/self-concept by six month follow-up, as the RBLC programme is a specific and tailored intervention for bullying. Related *t* tests were conducted on baseline and six month follow-up data to confirm directional hypotheses which were supported: depression $t(29)$ = 5.97, *p* =.000; anxiety $t(29)$ = 7.11, *p* =.000; trauma $t(29)$ = 4.59, *p=.*000; self-esteem $t(29)$ = -4.69, *p*=.000 and academic engagement/self-concept $t(29)$ = -9.74, *p*=.000. Effect sizes as assessed by Cohen's *d* were all large; while depression, anxiety and academic engagement/self-concept were the most significant (see table 29).

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Table 29 *Means and Standard Deviations for variables at follow-up time points and effect size for change at six month follow-up for RBLC participants*

	Baseline (n=30) Mean (SD)	3 month f/u (n=30) Mean (SD)	6 month f/u (n=30) Mean (SD)	Effect size for change at 6 month f/u 95% CI ES (*d*)
BDI-Y (*T* scores) - depression	70.60 (13.50)	62.47 (15.19)	56.87 (13.38)	9.03-18.44 1.09
BAI-Y (*T* scores) - anxiety	68.73 (12.74)	59.67 (12.68)	54.83 (11.88)	9.71-17.56 1.08
Trauma	39.55 (17.15)	34.37 (17.55)	29.23 (18.55)	5.72-14.94 0.84
Self-esteem	22.09 (5.83)	24.37 (6.36)	26.27 (6.94)	-5.55 - -2.18 0.89
Academic-engagement/self-concept	32.61 (12.67)	51.53 (15.02)	54.37 (15.38)	-27.39 - -17.88 1.8

<u>% change for each variable category at six month follow-up compared to baseline</u>

Table 30 demonstrates breakdown of participants scoring in clinical categories for depression and anxiety; those scoring in the clinically significant range for trauma; those scoring below the UK norm for self-esteem; and below the cut-off point for satisfactory academic engagement/self-concept at six month follow-up. Compared to baseline, improvement in all outcome variables is apparent: there was an overall 30% (n=9) reduction of participants scoring in the clinical range for depression and an overall 33% (n=10) reduction of participants scoring in the clinical range for anxiety; an overall 27% (n=8) reduction of participants scoring above the cut-off point for trauma; an overall 30% (n=9) increase in participants scoring at or above the UK norm for self-esteem and an overall 63% (n=19) increase in participants scoring above the cut-off point for satisfactory academic engagement/self-concept.

Table 30 *RBLC participants scoring at clinical levels for variables and below AESCS cut-off point overall and by gender at six month follow-up*

	baseline (N-33) % (n)	follow-up (N=30) % (n)	baseline male (N=15) % (n)	follow-up male (N=15) % (n)	baseline female (N=18) % (n)	follow-up female (N=15) % (n)
BDI-Y in clinical range	85 (28)	53 (16)	73 (11)	47 (7)	94 (17)	60 (9)
Average	15 (5)	47 (14)	27 (4)	53 (8)	6 (1)	40 (6)
Mild	3 (1)	13 (4)	6 (1)	20 (3)	(0)	7 (1)
Moderate	30 (10)	23 (7)	40 (6)	27 (4)	22 (4)	20 (3)
Extreme	52 (17)	17 (5)	27 (4)	(0)	72 (13)	33 (5)
BAI-Y in clinical range	90 (30)	57 (17)	86.5 (13)	53 (8)	94 (17)	60 (9)
Average	9 (3)	43 (13)	13.5 (2)	47 (7)	6 (1)	40 (6)
Mild	9 (3)	30 (9)	13.5 (2)	40 (6)	6 (1)	20 (3)
Moderate	36 (12)	13.5 (4)	33 (5)	6.5 (1)	38 (7)	20 (3)
Extreme	45 (15)	13.5 (4)	40 (6)	6.5 (1)	50 (9)	20 (3)
CRIES - above clinical cut-off	73 (24)	43 (13)	67 (10)	33 (5)	78 (14)	53 (8)
SES - below UK norm	90 (30)	60 (18)	80 (12)	40 (6)	100 (18)	80 (12)*
AESCS – below cut-off point	88 (29)	23 (7)	87 (13)	20 (3)	89 (16)	27 (4)

*Sig .05

Table 31 displays means and standard deviations for all variables at six month follow-up by gender. At baseline, more female participants were scoring below the UK average for self-esteem and in the extreme clinical category for depression. Was this still apparent at six month follow-up?

It was predicted that female participants would still be more likely to be scoring below the UK norm for self-esteem at six month follow-up. A logistic regression was conducted to evaluate this prediction. The model was significant: X^2 (30) = 5.18 df 1, p=.03; Wald = 4.62, (Exp) B 6; female participants were 6 times more likely to be scoring below the UK average for self-esteem. As only five participants at six month follow-up were scoring in the extreme range for depression, a logistic regression was not performed.

Independent sample t tests were also conducted to assess gender differences across variables at six month follow-up. Self-esteem was significantly different: the mean score was lower for female participants $t(28)$ = 3.12, p = .004; depression scores were also significantly different: the mean score was higher for female participants $t(28)$ = -2.17, p = .04; academic engagement/self-concept was approaching significance with females scoring lower $t(28)$ = 1.98, p = .06. Anxiety and trauma were not significantly different at six month follow-up: anxiety $t(28)$ = -.935, p = .358; trauma $t(28)$ = -1.76, p = .09.

Table 31 *Gender differences for RBLC participants at six month follow-up*

	Male (N=15) Mean (SD)	Female (N=15) Mean (SD)
BDI-Y (*T* scores) - depression	51.87 (10.45)	61.87 (14.43)*
BAI-Y (*T* scores) - anxiety	52.80 (9.29)	56.87 (14.05)
Trauma	23.47 (15.27)	35.00 (20.20)
Self-esteem	29.73 (6.60)	22.80 (5.52)**
Academic-engagement/self-concept	59.67 (16.88)	49.07 (12.02)

**Sig .01
* Sig .05

<u>Was there any further significant improvement between six and nine month follow-up for the remaining sub group of RBLC participants?</u>

One of the aims of the study was to find the optimum recovery time period for the majority of children, as some tend to remain at the RBLC indefinitely. There was overall significant improvement for all outcome variables by six month follow-up, but was there any additional benefit for the seventeen participants who stayed on after this period? A further one way repeated measures ANOVA was conducted to assess change between six month and nine month follow-up in this subgroup of RBLC participants.

Overall significant change occurred over time: depression $F_{(3, 48)}$ = 13.93, p = .000; anxiety $F_{(3, 48)}$ = 19.13, p = .000; trauma $F_{(3, 48)}$ = 6.30, p = .001; self-esteem $F_{(3, 48)}$ = 11.48, p = .000; academic engagement/self concept $F_{(3, 48)}$ = 20.70, p = .000. However, table 32 demonstrates significant change between points for all variables for this sub group of participants. It is apparent that for depression, greatest change occurred in the first three months, with no further significant change between three and six months and six and nine months. For anxiety, greatest change also occurred during the first three months, although further significant change also occurred between three and six months, but no further change occurred between six and nine months. For trauma, overall significant change did not occur until nine months, but no significant change occurred between six and nine months. For self-esteem, there was a similar significant amount of change between baseline and three months and three and six months, but no further significant change occurred between six and nine months, in fact there is evidence that self-esteem scores had started to *decrease* after six months. For academic engagement and self-concept, greatest change occurred between baseline and three months, with no further significant change occurring between three and six months and six and nine months – in fact there is again some evidence that academic engagement and self-concept scores are also starting to *decrease* between six and nine months.
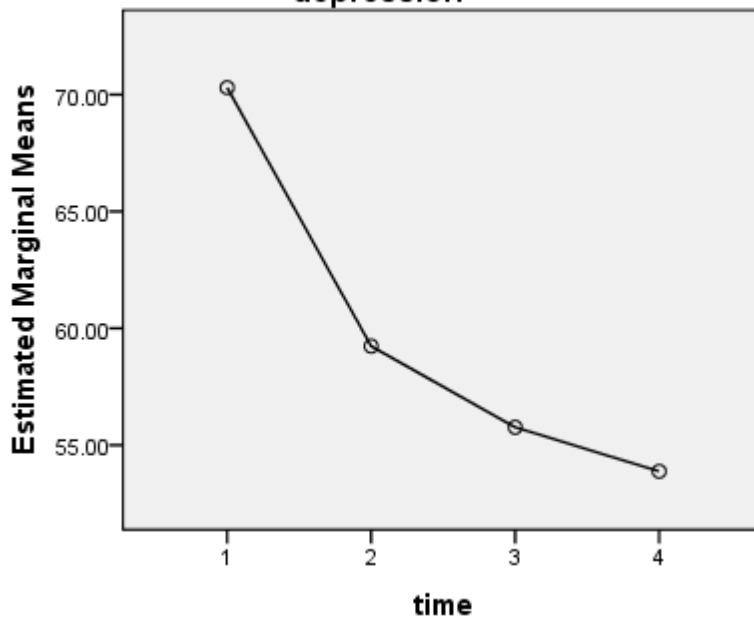
Table 32 *Table displaying mean differences at each time point*

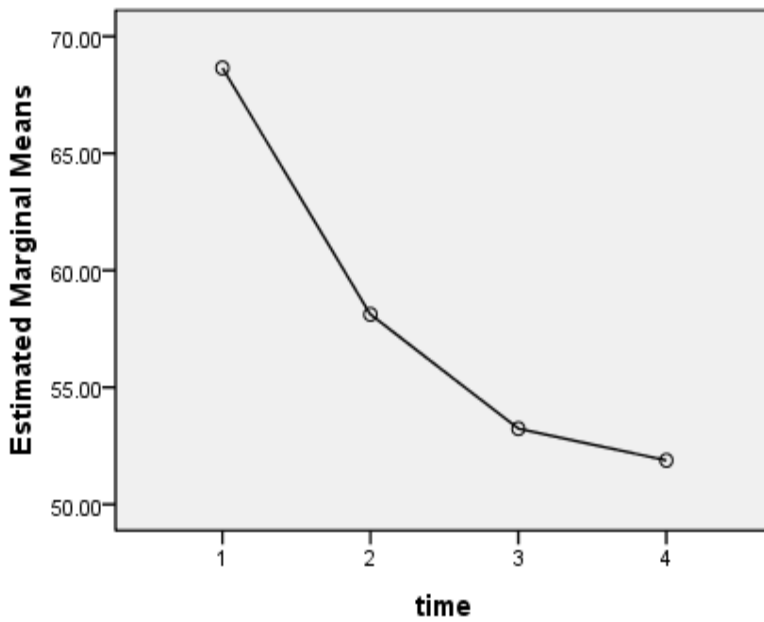|	Depression	Anxiety	Trauma	Self-esteem	Academic engagement/self concept
Baseline to 3 month	-11.06*	-10.52*	-6.56 n/s	2.18*	17.35*
Baseline to 6 month	-14.53*	-15.41*	-10.24 n/s	4.47*	18.94*
Baseline to 9 month	-16.41*	-16.77*	-11.12*	4.06*	18.53*
3 month to 6 month	-3.47 n/s	-4.88*	-3.65 n/s	2.30*	1.6 n/s
3 month to 9 month	-5.35 n/s	-6.24*	-4.53 n/s	1.88 n/s	1.12 n/s
6 month to 9 month	-1.88 n/s	-1.35 n/s	-0.88 n/s	- 0.412 n/s	-0.412 n/s

** Sig 0.01
* Sig 0.05

Change in mean at 3, 6 & 9 month time points: depression

Key: 1 = baseline/2 = three month follow-up/3 = six month follow up/4 = nine month follow-up

Change in mean at 3, 6 & 9 month time points: anxiety

Key: 1 = baseline/2 = three month follow-up/3 = six month follow up/4 = nine month follow-up

Change in mean at 3, 6 & 9 month time points: trauma

Key: 1 = baseline/2 = three month follow-up/3 = six month follow up/4 = nine month follow-up

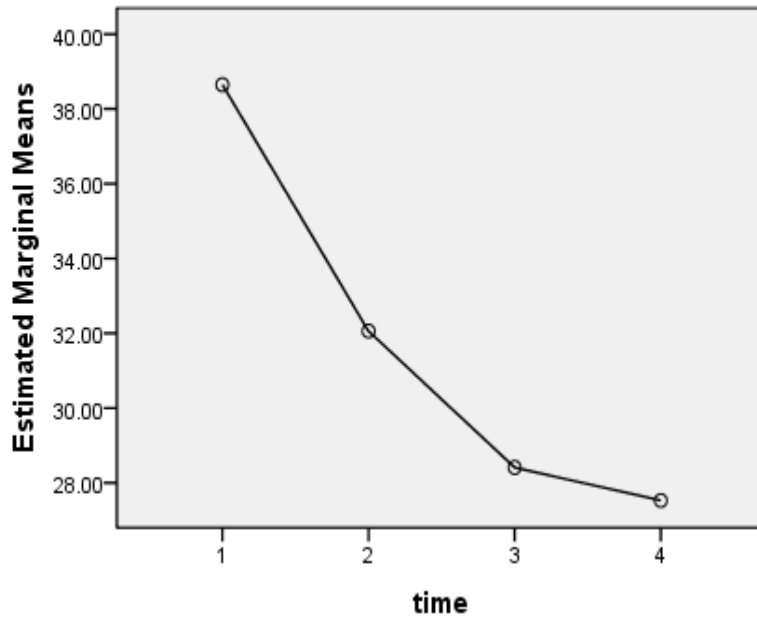## Change in means at 3, 6 & 9 month time points: self-esteem

Key: 1 = baseline/2 = three month follow-up/3 = six month follow up/4 = nine month follow-up

Change in mean at 3, 6 & 9 month time points: academic engagement/self-concept
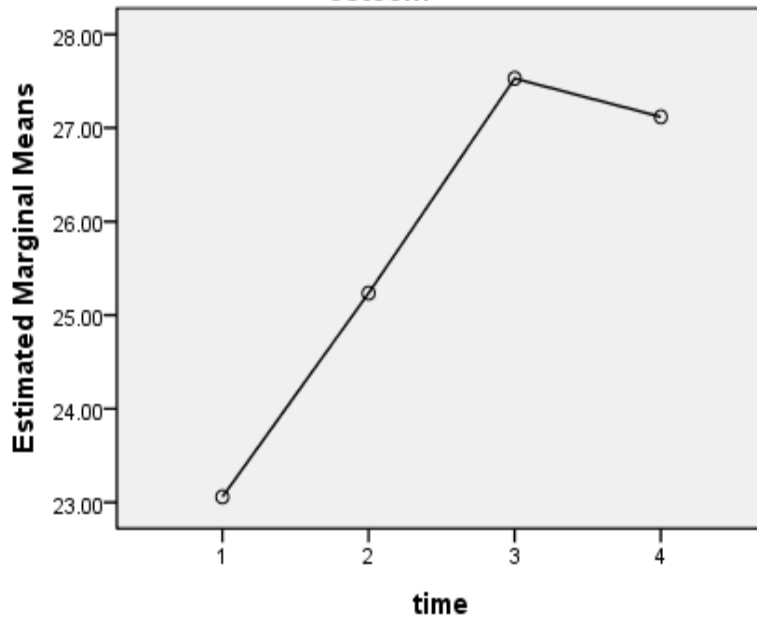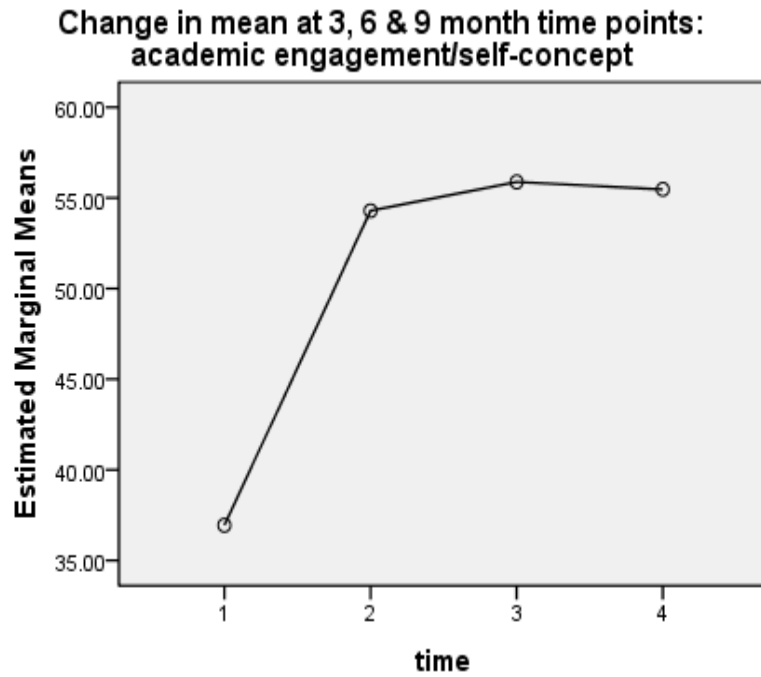
Key: 1 = baseline/2 = three month follow-up/3 = six month follow up/4 = nine month follow-up

Fig. 19-23 *Profile plots demonstrating change in variables at 3, 6 and 9 month time points*

Recovery trajectories for the final seven participants

A remaining subgroup of seven participants had follow-up assessments after nine months as presented in table 33. Each of the remaining seven participants will be discussed in relation to further change from nine months onwards. Tables 34-40 display change in outcome variables for each participant up to the last time follow-up time point.

Table 33 *Number of follow-ups completed at each time point by group*

	baseline	3m	6m	9m	12m	15m	18m
RBLC	33	32	30	17	7	5	1
LA	20	n/a	20	n/a	n/a	n/a	n/a

Participant 1 (last follow-up = 18m) (recovery score at 6m follow-up = 13)

Table 34 *Change in variables up to 18m follow-up*

	9m	12m	15m	18m
Depression	59 (mild)	53 (non clinical)	53 (non clinical)	60 (moderate)
Anxiety	57 (mild)	59 (mild)	58 (mild)	59 (mild)
Trauma	27 (non clinical)	25 (non clinical)	23 (non clinical)	27 (non clinical)
Self-esteem	17 (below UK average)	21 (below UK average)	20 (below UK average)	17 (below UK average)
AESCS	24 (below cut-off)	27 (below cut-off)	27 (below cut-off)	19 (below cut-off)

Participant one was a male bully-victim who had been living in foster care. The RBLC had provided a form of stable family life and sense of belonging for him, as he had moved around from one foster carer to another, and had a difficult relationship with his biological mother. P1 said that he suffered from dyslexia and had always struggled with learning in mainstream school and felt that teachers disliked him and viewed him as 'thick'. At RBLC he found the one to one teaching more suitable for him and had gained confidence in his schoolwork, although he was still very behind in relation to his age group. P1 was openly gay and felt that he had been bullied because of his sexuality in mainstream school, however, he felt accepted for who he was at RBLC. P1 said that he had been badly behaved when he first started at RBLC, because he was very unhappy and felt that he was always under attack from others, but since being at RBLC, he reported feeling calmer and happier, and his behaviour had improved. P1 depression, anxiety and trauma scores had also improved during his time at RBLC. P1 said that he was also more confident in himself and reported more harmonious relationships with his peers. However, P1 had never felt that he would be able to return to a mainstream school. Towards the end of his stay at RBLC, P1 behaviour had begun to deteriorate and he was involved in altercations with other students. He had also begun to have frequent arguments with teachers and had on occasion damaged RBLC property. By 18m follow-up, P1 depression score was in the moderate range and from 12m to 18m follow-up, his academic engagement and self-concept and self-esteem score was decreasing. Consequently, it was decided by RBLC that P1 had gained all he could from being at RBLC and needed to move on - he was sent to a vocational college to further his education.

Participant 2 (last follow-up = 15m) (recovery score at 6m follow-up = 11)

Table 35 *Change in variables up to 15m follow-up*

	9m	12m	15m
Depression	59 (mild)	56 (mild)	55 (mild)
Anxiety	59 (mild)	52 (non clinical)	57 (mild)
Trauma	33 (clinical)	27 (non clinical)	23 (non clinical)
Self-esteem	23 (below UK average)	25 (below UK average)	25 (below UK average)
AESCS	69 (above cut-off)	67 (above cut-off)	73 (above cut-off)

Participant two was a male victim, who lived in a single parent family and reported little support from home. He lived with his father, as his mother was deceased. P2 had been diagnosed with an Autistic Spectrum Disorder (ASD) although he was a highly functioning individual, and had suffered very badly in mainstream school. He had been bullied both in and outside of school and found it difficult to cope in a large, noisy environment. P2 benefitted very well from his stay at RBLC, as he enjoyed the one to one teaching and found it easier to cope in a smaller environment. He was learning how to trust people and form friendships with his peers, and reported that he had found the RBLC to be like a surrogate family. P2 had also benefitted from therapy at RBLC, and had received support to understand and cope with his anger. Before coming to RBLC, P2 had felt himself to be 'worthless' and was scoring in the extreme category for depression and in the moderate category for anxiety, and had thoughts of suicide. His trauma score was also in the clinical category. During his time at RBLC, P2 self-esteem had increased because he had been accepted by his peers, and teachers had consistently highlighted his good points and his depression, anxiety and trauma scores had also decreased. By 9m follow-up, P2 had improved on all outcome variables. However, his scores did not demonstrate much further change from then on, although his trauma score had been steadily decreasing. By 15m, P2 was looking forward to attending a residential college and planning for the future.

Participant 3 (last follow-up = 15m) (recovery score at 6m follow-up = 6)

Table 36 *Change in variables up to 15m follow-up*

	9m	12m	15m
Depression	35 (non clinical)	36 (non clinical)	34 (non clinical)
Anxiety	34 (non clinical)	35 (non clinical)	36 (non clinical)
Trauma	0	0	0
Self-esteem	38 (above UK average)	36 (above UK average)	38 (above UK average)
AESCS	67 (above cut-off)	72 (above cut-off)	69 (above cut-off)

Participant three was a male victim from a supportive two parent family. P3 had been diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) and had a history of problems in mainstream school. He had been bullied by older boys and had violently retaliated, and had also not got on with teachers as he refused to do as he was told. He was subsequently excluded and had attended a PRU before being referred to RBLC. P3 preferred the smaller, more flexible environment at RBLC, and also felt more confident with his schoolwork, as he did not have to compare himself to his peers. P3 reported, for example, that his reading had improved. P3 behaviour had also improved, and his attendance was much better than it had been at mainstream school. P3 reported higher academic engagement/self-concept during his stay at RBLC, and his confidence had improved. However, unlike most participants, he was not scoring in the clinical range for anxiety, depression and trauma on entry to RBLC and maintained that his self-esteem was high (although his mother indicated that he did in fact have low self-esteem). His scores did not change from baseline to 15m follow-up, with the exception of academic engagement/self-concept. It was evident that P3 would not return to mainstream school, and his parents wanted him to stay at RBLC because they could not secure funding for him to attend a special school.

Participant four (last follow-up = 15m) (recovery score at 6m follow-up = 17)

Table 37 *Change in variables up to 15m follow-up*

	9m	12m	15m
Depression	51 (non clinical)	58 (mild)	66 (moderate)
Anxiety	48 (non clinical)	51 (non clinical)	60 (moderate)
Trauma	38 (clinical)	40 (clinical)	42 (clinical)
Self-esteem	23 (below UK average)	23 (below UK average)	20 (below UK average)
AESCS	68 (above cut-off)	54 (above cut-off)	51 (above cut-off)

Participant four was a female victim who lived in a single parent family. P4 had been bullied severely in school and had also experienced a serious sexual assault. Prior to attending RBLC, P4 had been out of school for eighteen months and had been receiving intervention from CAMHS as she had clinical depression and anxiety and had attempted to take her own life. At baseline, P4 had scored in the extreme range for depression and anxiety and was in the clinical range for trauma. Her self-esteem was also below average and she had engaged in acts of self-harm. During her time at RBLC, her scores did improve on all outcome variables overall, but between 9m follow-up to 15m there was some deterioration in scores. P4 had experienced further bullying when she started a college course, and had been cyber bullied; her self-esteem decreased and depression and anxiety increased back to the moderate clinical category. P4 had also become less engaged with school and had lost some confidence in her abilities. By 15m follow-up, she was back at RBLC fulltime, but said that she felt 'paranoid' and found it difficult to trust people. Although P4 said that she had benefitted from being at RBLC, she was struggling to cope with life outside, and described her recovery as 'up and down'. However, P4 said that she had gained in confidence during her stay at the RBLC and was taking some GCSEs.

Participant five (last follow-up = 15m) (recovery score at 6m follow-up = 7)

Table 38 *Change in variables up to 15m follow-up*

	9m	12m	15m
Depression	52 (non clinical)	57 (mild)	55 (mild)
Anxiety	58 (mild)	55 (mild)	53 (non clinical)
Trauma	24 (non clinical)	17 (non clinical)	18 (non clinical)
Self-esteem	21 (below UK average)	23 (below UK average)	26 (below average)
AESCS	42 (below cut-off)	45 (above cut-off)	55 (above cut-off)

Participant five was a female victim from a single parent family. She had a long history of being bullied at school and had been out of school for two years prior to attending RBLC. At baseline, P5 had scored moderately for depression and anxiety and was in the clinical range for trauma. P5 also had low self-esteem, as she had been bullied about her weight and looks. P5 was disengaged from school and had poor attendance when she first started at RBLC. However, during her stay at RBLC, her academic engagement and self-concept score increased gradually and her attendance improved. P5 also reported increased self-confidence and self-esteem, although said that she still felt something of an 'outsider' and did not feel that she had many close friends at RBLC. P5 depression, anxiety and trauma scores had decreased by 9m follow-up, but did not demonstrate much further change from then on. However, P5 self-esteem did increase between 9m and 15m follow-up, as she was beginning to recognise her talents and abilities and to accept herself for who she was. By 15m follow-up, P5 was planning to apply for a fashion or music course, and was more optimistic about the future.

Participant six (last follow-up = 12m) (recovery score at 6m follow-up = 7)

Table 39 *Change in variables up to 12m follow-up*

	9m	12m
Depression	67 (moderate)	71 (extreme)
Anxiety	60 (moderate)	72 (extreme)
Trauma	33 (clinical)	37 (clinical)
Self-esteem	19 (below UK average)	17 (below UK average)
AESCS	47 (above cut-off)	42 (below cut-off)

Participant six was a male victim, who lived in a single parent family. P6 had always struggled in mainstream school because he did not find classroom learning easy and was bullied and rejected by most of his peers. P6 had always found it very difficult to talk about the bullying that he had experienced and his mother had said that he was in denial about it, even though he had been severely physically assaulted by peers. P6 had been diagnosed as falling on the autistic scale for social interaction and with Attention Deficit Disorder (ADD). He also was found to have severe

difficulties with executive functioning. P6 had low self-esteem and thought of himself as 'stupid'. He also engaged in acts of self-harm, such as banging his head repeatedly against a wall. Prior to attending RBLC, P6 had attended a PRU and had also been taught at home, but the RBLC was providing a full time education for him. At baseline, P7 had a very poor view of his academic ability, and although he reported that he felt more confident with his schoolwork and in himself, he recognised that he did not have the academic ability to realistically achieve the career that he wanted and still felt himself to be 'stupid'. P6 had been largely unsettled at RBLC, and repeatedly expressed the desire to attend a mainstream school again. He felt that there were not enough other children to make friends with at RBLC and said that the RBLC was 'too small'. He had however formed a very strong friendship with one female student, but when she left he became increasingly depressed. P6 had reported depression and anxiety scores in the extreme range at baseline, and had clinically significant trauma symptoms. He also had below average self-esteem. Throughout his time at RBLC, P7 suffered bouts of depression and suicide ideation, although at times he reported significant improvement. However, by twelve month follow-up, P6 scores on depression and anxiety had increased to the extreme range and he was actively suicidal. He was subsequently admitted to a psychiatric unit as an inpatient.

Participant seven (last follow-up = 12m) (recovery score at 6m follow-up = 19)

Table 40 *Change in variables up to 12m follow-up*

	9m	12m
Depression	38 (non clinical)	43 (non clinical)
Anxiety	36 (non clinical)	37 (non clinical)
Trauma	40 (clinical)	29 (non clinical)
Self-esteem	35 (above UK average)	35 (above UK average)
AESCS	65 (above cut-off)	65 (above cut-off)

Participant seven was a female victim from a supportive two parent family. Prior to attending RBLC, she had experienced escalating bullying at mainstream school and had not attended for two months. At baseline, P7 scores for depression, anxiety and trauma were in the clinical range and below average for self-esteem, although she was still keen to learn and resume her schooling. During the course of the programme, P7 scores improved on all variables and she reported feeling more confident and said that her behaviour had improved at school. No further change occurred between nine and twelve months on outcome variables, with the exception of trauma, which decreased to the non clinical category. By 12m follow-up, P7 was taking GCSEs and planning to attend college.

2. Change in outcome variables at 6m follow-up for LA participants

To assess change over time for LA participants, paired sample *t* tests were conducted. Variables were within acceptable limits for normality. At six month follow-up, depression, anxiety and trauma scores were significantly lower and self-esteem and academic engagement/self-concept scores were significantly higher (see table 41). Large effect sizes were found for all outcome variables as indicated by Cohen's *d*. Depression $t(19) = 6.15$, $p = .000$; anxiety $t(19) = 4.31$, $p = .000$; trauma $t(19) = 3.73$, $p = .001$; self-esteem $t(19) = -4.34$, $p = .000$; academic engagement/self-concept $t(19) = -5.99$, $p = .000$. The largest effect sizes were for depression and academic engagement/self-concept.

Table 41 *Variable m*eans/standard deviations and effect size for change from baseline to six month follow-up for LA participants

	LA (N=20) baseline Mean (SD)	LA (N=20) Six month f/u Mean (SD)	Effect size 95% CI ES (*d*)
BDI-Y (*T* scores) - depression	69.55 (7.24)	55.40 (7.43)	9.33-18.97 1.37
BAI-Y (*T* scores) - anxiety	67.25 (10.74)	54.00 (10.07)	6.82-19.68 .97
Trauma	38.00 (15.96)	29.70 (14.60)	3.64-12.96 .84
Self-esteem	20.80 (2.67)	25.50 (4.38)	-6.97 - -2.43 .1.00
Academic-engagement/self-concept	28.45 (11.45)	47.05 (17.72)	-25.10 - -12.10 1.28

Independent sample *t* tests were also conducted to assess gender differences across variables at six month follow-up. No significant differences were found: depression $t(18) = -.192$, $p = .79$; anxiety $t(18) = .855$, $p = .50$; trauma $t(18) = 1.29$, $p = .07$; self-esteem $t(18) = -.407$, $p = .43$; academic engagement/self-concept; $t(18) = -.286$, $p = .57$.

Table 42 demonstrates breakdown of participants scoring in clinical categories for depression and anxiety; those scoring in the clinically significant range for trauma; those scoring below the UK norm for self-esteem; and below the cut-off point for satisfactory academic engagement/self-concept at six month follow-up.

Compared to baseline, improvement in all outcome variables is apparent: there was an overall 50% (n=10) reduction of participants scoring in the clinical range for depression and anxiety; a 15% (n=3) reduction of participants scoring above the cut-off point for trauma; a 25% (n=5) increase in participants scoring at or above the UK norm for self-esteem and a 55% (n=11) increase in participants scoring above the cut-off point for satisfactory academic engagement/self-concept.

Table 42 *LA participants scoring at clinical levels for variables and below AESCS cut-off point overall and by gender at six month follow-up*

	baseline (N=20) % (N)	follow-up (N=20) % (N)	baseline male (N=8) % (N)	follow-up male (N=8) % (N)	baseline female (N=12) % (N)	follow-up female (N=12) % (N)
BDI-Y in clinical range	100 (20)	50 (10)	100 (8)	50 (4)	100 (12)	50 (6)
Average	(0)	50 (10)	(0)	50 (4)	(0)	50 (6)
Mild	5 (1)	20 (4)	(0)	25 (2)	8 (1)	17 (2)
Moderate	55 (11)	30 (6)	62.5 (5)	25 (2)	50 (6)	33 (4)
Extreme	40 (8)	(0)	37.5 (3)	(0)	42 (5)	(0)
BAI-Y in clinical range	90 (18)	45 (9)	100 (8)	62.5 (5)	83 (10)	33 (4)
Average	10 (2)	55 (11)	(0)	37.5 (3)	17 (2)	67 (8)
Mild	10 (2)	15 (3)	(0)	25 (2)	17 (2)	8 (1)
Moderate	45 (9)	20 (4)	62.5 (5)	37.5 (3)	33 (4)	8 (1)
Extreme	35 (7)	10 (2)	37.5 (3)	(0)	33 (4)	17 (2)
CRIES - above clinical cut-off	65 (13)	50 (10)	87.5 (7)	75 (6)	50 (6)	33 (4)
SES - below UK norm	100 (20)	75 (15)	100 (8)	87.5 (7)	100 (12)	67 (8)
AESCS – below cut-off point	90 (18)	35 (7)	100 (8)	37.5 (3)	83 (10)	33 (4)

Recovery checklist data

Twenty nine of the thirty RBLC participants who remained in the study at six months filled in the Recovery Checklist. One female participant declined to fill it in as she was unwell. All twenty of the LA participants filled in the recovery checklist.

Overall degree of recovery

The overall recovery score range for RBLC participants was 1 – 19 (*M* 9.41 *SD* 4.87) and for LA participants the range was -4 – 17 (*M* 9.00 *SD* 6.16); there was no statistically significant difference between groups; $t(47) = .251$, $p = .79$ n/s. Participants scoring in the lowest and highest quartiles were examined from each group to see if there were any factors common to those who had reported greater recovery, and these factors will be addressed in the discussion.

Table 43*Table showing mean scores and SD for composites of recovery for both groups*

	Confidence	Sociability	Behaviour	Reintegration	Decrease depression, anxiety, trauma	Increase self-esteem	Increase Academic engagement /self-concept	Overall Recovery Score
R B L C	1.23 (0.92)	1.03 (0.94)	0.48 (0.91)	0.93 (0.53)	3.2 (2.55)	0.93 (0.79)	1.55 (0.74)	9.41 (4.87)
L A	0.95 (1.09)	0.65 (1.04)	0.65 (0.98)	1.45 (0.75)	3.15 (2.13)	0.90 (0.78)	1.25 (0.91)	9.00 (6.16)

Current bullying status

By six month follow-up, 10% (n=3) of RBLC participants (all female) said that they were still being bullied/victimised quite severely out of school, while a further 10% (n=3) of participants (two male/one female) said that they had experienced occasional bullying out of school. By six month follow-up, 15% (n=3) of LA participants said that they were still being bullied quite severely (two male/one female) and another 15% (n=3) said that still experienced bullying, but it was less severe (two male/one female). There were no statistically significant differences between groups in current bullying status $\chi^2 (1, N = 49) = .555$, ns.

Self-reported Improvements in confidence, sociability and behaviour

Both groups of participants were asked to rate their level of improvement in confidence, sociability and behaviour at six month follow-up and both groups reported greatest improvement in self-confidence, followed by sociability and then behaviour. There were no statistically significant differences for any variable mean score between groups: confidence (RBLC *M* 1.23 *SD* 0.92; LA *M* 0.95 *SD* 1.09) $t(47) = 1.12$, $p = .27$ n/s; sociability (RBLC *M* 1.03 *SD* 0.94; LA *M* 0.65 *SD* 1.04) $t(47) = 1.34$, $p = .19$; behaviour (RBLC *M* 0.48 *SD* 0.91; LA *M* 0.65 *SD* 0.98) $t(47) = -.60$, $p = .54$.
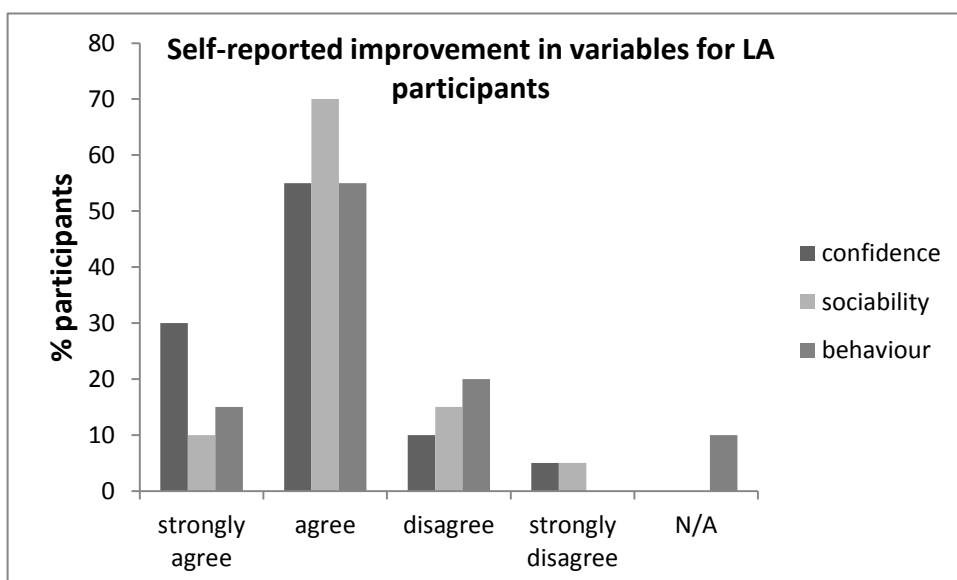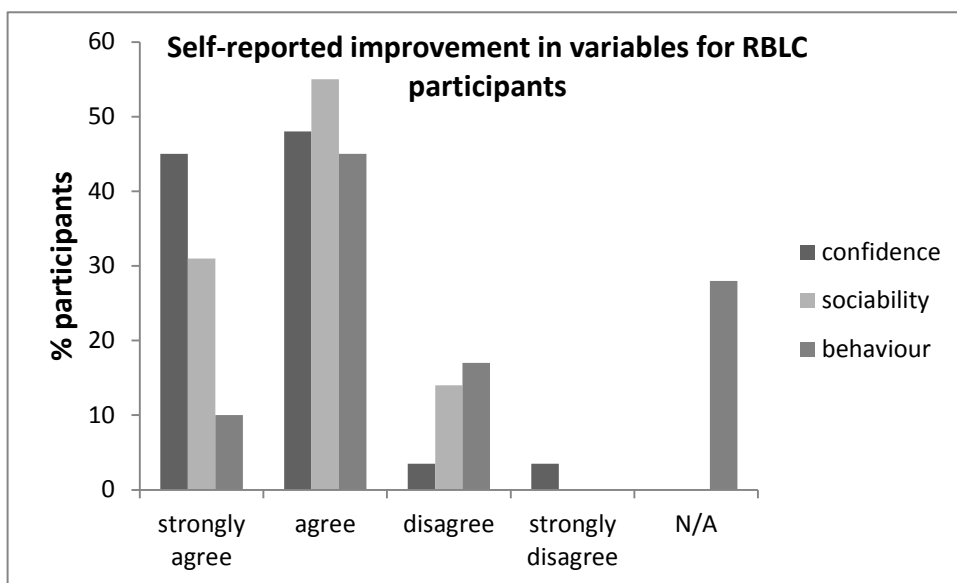
Fig 24-25 *Bar charts demonstrating improvement in confidence, sociability and behaviour for RBLC and LA groups*

Reintegration

By six month follow-up RBLC participant re-integration status was as follows: 97% (n=28) still attending a RBLC & 3% (n=1) school for special educational needs. By six month follow-up LA participant status was as follows: 55% (n=11) mainstream school, 5% (n=1) college/vocational course, 5% (n=1) Grammar school, 30% (n=6) ESC/Key Stage Centre & 5% (n=1) currently out of education. At six month follow-up, LA participants were more likely to have reintegrated back into mainstream school or college or to have satisfactory attendance at an educational establishment χ^2 (1, *N* = 49) = 13.74, *p* = 0.000.

By the end of the study however, RBLC participant re-integration status was as follows: 10% (n=3) mainstream school, 6.5% (n=2) college/vocational course, 6.5% (n=2) special school, 3% (n=1) out of

school, 3% (n=1) taught at home and 71% (n=22) still attending a RBLC. One participant had been asked to leave RBLC, and dropped out of the study and one participant moved away for a new start.

Qualitative results – RBLC

Twenty seven participants were interviewed at baseline and at follow-ups approximately three, six and nine months later (depending on how long the participant remained at RBLC). Participant details are displayed in table 44 (please see Chapter 2, page 43-47 for details of the qualitative procedure).

The themes have been arranged in two separate sections: baseline and follow-up. The baseline themes (table 45) provide further insight into the bullying experience, the psychological, social and academic effects of the bullying, what important needs were affected and the support that participants experienced before they attended Red Balloon. The follow-up themes (see table 46) provide understanding of the recovery process: What interventions or specific aspects of the RBLC did participants feel had benefitted them most? Why did some participants improve on outcome variables and others did not? What risk and protective factors were identified? Had participants been able to fulfil important needs?

Table 44 *Participants details*

	Victim type	Gender	Family type	Final status	Recovery score
P1	bully-victim	male	foster care	Vocational college	13
P2	pure	male	single	Out of education	4
P3	pure	female	single	Red Balloon	3
P4	pure	female	two parent	Red Balloon	19
P5	pure	male	single	Special school	11
P6	pure	male	single	Red Balloon	9
P7	pure	female	single	Moved away	Not obtained
P8	pure	female	two parent	College	7
P9	pure	female	single	Mainstream	13
P10	pure	female	single	Mainstream	11
P11	pure	female	single	Red Balloon	7
P12	pure	male	single	Special school	14
P13	pure	male	single	Red Balloon	7
P14	pure	male	single	Red Balloon	11
P15	pure	male	single	Mainstream	15
P16	pure	male	living with relative	Red Balloon	16
P17	pure	female	single	Red Balloon	11
P18	pure	female	two parent	Red Balloon	8
P19	pure	female	single	Red Balloon	17
P20	pure	male	two parent	Red Balloon	1
P21	pure	male	single	Red Balloon	13
P22	pure	female	single	Red Balloon	5
P23	pure	female	single	Out of education	Not obtained
P24	pure	male	two parent	Red Balloon	7
P25	pure	female	two parent	Red Balloon	11
P26	bully-victim	female	two parent	Red Balloon	5
P27	pure	female	single	Red Balloon	5
Totals	2 bully victims 25 victims	12 male 15 female	1 foster care 1 relative 7 two parent 18 single	1 moved away 2 out of education 2 college 2 special school 3 mainstream 17 Red Balloon	

Baseline themes

Table 45 *Baseline themes*

Master theme 1: I can't cope with my emotions	Master theme 2: Losing status, losing friends, losing trust	Master theme 3: What's wrong with me?	Master theme 4: How can I learn under these conditions?	Master theme 5: Nothing makes sense anymore	Master theme 6: Things are out of control
Subtheme: 1 *'I can't control my emotions'*	Subtheme: 1 *'I don't feel welcome - being pushed out'*	Subtheme: 1 *'Is it my fault? – weighing up the evidence'*	Subtheme: 1 *'I don't get on with my teachers'*	Subtheme: 1 *'It's not just 'children being children' – this is serious'*	Subtheme: 1 *'The bullying is out of control – it's never going to end'*
Subtheme: 2 *'Is anywhere safe?'*	Subtheme: 2 *'Losing friends'*	Subtheme: 2 *'What's different about me?'*	Subtheme: 2 *'I'm trying to learn, but everything's against me'*	Subtheme: 2 *'The bad guys win – it's the victims who are punished'*	Subtheme: 2 *'My life is out of control - I need to escape'*
	Subtheme: 3 *'Who can I trust? – People aren't what they seem'*	Subtheme: 3 *'Injuries to the self – humiliated, crushed and labelled'*	Subtheme: 3 *'Dropping out, being forgotten'*	Subtheme: 3 *'Why doesn't anyone care?'*	

Master theme 1: I can't cope with my emotions

Subtheme 1: *I can't control my emotions*

All participants talked about the psychological pain that the bullying had caused. Some participants may not have experienced such intense emotions previously and most were overwhelmed and shocked by the strength of their emotions. It was evident that depression was the most common experience for all participants. Participants tried to convey the strength of their emotional pain P20 *'the feeling inside is just completely terrible...I never thought that it would feel this bad...being bullied for five years made me feel quite depressed';* P25 *'I definitely suffer from depression quite a lot...really, really, really down and depressed...I don't like being depressed';* P3 *'some days I suddenly realise that I feel utterly, utterly miserable...and then just start crying and crying and crying'.*

Participants had difficulty managing these strong feelings, and described emotions as being 'out of control' and volatile P26 *'everyone just used to bully me, that's when my depression started...I went on antidepressants, but they gave me big mood swings';* P19 *'a lot of ups and downs...I am like a roller coaster all the time'.* Some participants also talked about experiencing 'all or nothing' emotional states i.e. very strong emotions or emotional 'flatness'. P2 said that he gone from extreme emotional states to feeling very little – a case of being emotionally 'burnt out' *'Most of the time, my emotions are completely damped down...everything's damped down, now I just feel empty'.*

In an attempt to manage emotions, some participants reported 'shutting down' or 'putting on an act'. P1 *'I went through a phase where I just shut down'.* It was evident that often participants did not feel able to express their true emotions for fear of ridicule and negative evaluation P3 *'because I don't like being on my own, I started to pretend to be cheerful and happy, I've done it to such an extent that I partly believe it, I honestly don't know what I feel anymore...I feel numb a lot of the time, I don't really feel anything'.* Emotional numbness was reported by many participants who had experienced long standing and severe bullying, and is a common reaction to psychological trauma.

Young adolescents may find it difficult to cope with strong and painful emotions or feeling 'flat' and self-harm was used to 'manage' emotional states by the majority of participants. Most participants had also considered or attempted suicide as a way of escaping emotional pain P18 *'I also used to self-harm, cut my arms and stuff...release my stress';* P4 *'when the gang were after me, I got really upset...I used to self-harm';* P2 *'I was admitted to hospital with a Fluoxetine overdose because I was feeling so dreadful, awful...I saw a psychiatrist, but things were getting progressively worse and then I started self-harming quite severely'.*

Most participants also talked about being 'on a short fuse' and described anger that had built up over time and eventually reaching the point where they felt like 'exploding', as it had not been dealt with or released. Some participants were afraid of the strength of their anger and feared losing control at some point. P26 *'I'm so scared that something is going to happen...I'm so scared that I'm going to end up punching someone;* P25 *'I'm normally a very, very angry person...it kind of controls me, it's something that I can't help...when I am at home, I will strike out and really hurt people'.* P14 described what happened one day when someone pushed him too far *'I've got all this anger inside, and I haven't been allowed to let it out really, it just bottles up... someone was poking me in the back on the bus, so I turned round and punched him in the face... I also nearly fractured someone's neck; I grabbed his head and smashed it against the bus'.*

Some participants had tried to release their anger in what they felt was a safe environment, such as the home, and reported verbal and physical abuse against family members. P21 parent '*he'd come home and start smashing the house up... he'd be quite violent to me and his brothers and sisters*'. P2 described releasing his anger both externally and against himself '*I have felt a lot of anger, but it's been expressed in different ways...I smashed up the kitchen and self-harmed*'.

Instead of releasing anger through physical means, some participants talked about having violent revenge fantasies which may be acting as a form of catharsis. P3 '*I have dreams about hurting people...I'm sort of worried that I might do something bad in the end...last time I was there, at my old school, I just thought about going in and killing everyone...completely and utterly destroying everything...I was getting increasingly angry, I get so angry that I can't really control myself*'. Victims of chronic bullying may perceive that 'the whole school' (or society in general) is against them and do not differentiate between individuals, thus direct their anger and aggression at a group level (a case of entitativity).

P20 was the only participant who did not report getting angry. However, it would appear that it wasn't so much that he didn't *feel* anger, but did not know how to express it, and also may have questioned whether anger was in fact even *justified* i.e. 'do I deserve this?' '*I never really got angry...I wasn't even confident enough to get angry...I just had to keep it all in, I couldn't let any of it out*'.

Subtheme 2: *Is anywhere safe?*

Most participants perceived the world to be a more unfriendly and threatening place and some had retreated from it altogether. Most participants did not feel safe in mainstream school, and often reported being too frightened to venture out into the neighbourhood because of fear of encountering the bullies P3 '*I felt very, very threatened*'. Many participants made threat appraisals for future bullying acts that resulted in severe and often disabling anxiety, as participants felt vulnerable to physical harm and social humiliation, yet perceived that they lacked the resources to defend themselves. Many participants had also become fear conditioned to school. P18 experienced regular acute anxiety attacks which eventually made it impossible for her to participate in lessons '*when I was in secondary school, they tried to get me in class one day and I just felt like I couldn't breathe, and my chest just got really tight...I'd had a panic attack, this happened like two or three times a day*'. P6 stopped attending school as he became physically unable to enter the premises and tried to maintain his safety by avoiding the outside world, thus eventually becoming 'imprisoned' by fear '*something is going to happen today, you know one hundred percent, that something is going to happen...and that just became too much... I associate mainstream school with everything bad that has happened ...I wouldn't go outside the house, I just refused to - home has been like my safe haven*'. Other participants had become highly distressed when they were in the vicinity of their school P5 parent '*he used to get really agitated when I drove past the school, and try to get down in his seat...he used to plead with me not to take him in*'.

Some participants had ended up living in a siege like state at home, but still felt under threat from the bullies. Participants felt that the bullies were 'invading' and gaining control of their territory, and some had eventually barricaded themselves in their bedrooms for protection. Many had 'retreated' or 'given up' defending themselves as more and more peers had ganged up on them, and they had lost support from friends at school. For some, the feeling of being unsafe was spreading into every

area of their environment, and many chronic victims may eventually perceive the whole world to be unsafe P4 *'somebody came to the house and threatened my sister to get to me… I used to stay in my bedroom and wouldn't come out, my dad had to break down the door'*; P2 *'I guess I feel unsafe all of the time, even when I don't need to feel unsafe...I feel unsafe just sitting in the living room in the middle of the day...it felt as though I didn't have a safe place to turn to, especially at home, because it was internet bullying... I was getting indecent phone calls on my mobile'*; P16 *'I lived close to the school, and lots of people were walking past, so I couldn't have any peace from the bullies...it was really frightening'*.

P14 and P21 felt unsafe in their communities and P14 inhabited a 'twilight' world, where he lived in the shadows *'the sort of people I know, like to keep themselves well hidden like me...nobody knows who I am, because I don't show myself unless I have to...I still worry about getting attacked - you don't know who, you don't know where... I still get death threats...someone threatened to cut me up a few weeks ago'*; P21 *'I wouldn't even look out of the window it was getting so bad...I lived in a flat and it had a small park, I thought that maybe there was someone in the park who wanted to stab me'.* Many participants were living therefore on the 'periphery' of life because of the fear of being attacked, and feeling that they could not access certain areas, both in school and in the communities where they lived. P16 *'I was skipping meals at lunchtime because I felt unsafe in the canteen...I would just run in and maybe grab an apple or something'.* P18 felt unsafe in the village where she lived *'I couldn't go outside...there was no escape from it'*.

Master theme 2: Losing status, losing friends, losing trust

Subtheme 1: *I don't feel welcome, being pushed out*

Most participants felt that they had not 'fitted in' to their school, and some believed that the 'whole school had turned against them' as they had developed social reputations which had prejudiced peers against them. Participants often felt that their isolation was increasing as their reputations spread throughout the school, and often out into the community; a kind of 'rippling out' effect P13 *'at a big school, the bullies tell their friends to hate you, then they tell their friends, and they tell their friends…everybody hates you'.* Developing victim reputations could be very overwhelming for participants and they felt exposed and frightened. Victim reputations had induced feelings of paranoia in some participants, as they felt that they were generally disliked and people wanted to harm them. P16 *'the frightening thing about my old school...lots of people know you, people talk about you... basically the whole school knew about me...people shouted abuse at me, I felt that everyone was against me'.* P26 presents a rather extreme example of a social reputation *'I have a reputation...I can't go anywhere, everybody knows who I am, everyone just hates you...it just goes on and on and on, and I can't get away from it...I can't even walk the streets of ****, I don't think it's my paranoia in this case, I could name about eight hundred people who actually know me, and hate me'.*

In fact, in severe cases of bullying where the victim has been 'ganged up on' by many of their peers, and is receiving anonymous cyber abuse, for example, feelings of paranoia may be a common and understandable reaction, especially if the individual is also losing friends and becoming increasingly isolated. Social cognitive biases may develop where victims then expect and seek out 'evidence' that confirms their belief that people are against them, and want to harm them. These cognitive biases

also interfere with social interaction and a vicious cycle can be established where the victim's behaviour causes more negative reaction from people and further strengthens paranoid beliefs.

Participants commonly reported being excluded by peers and feeling like 'outsiders' in school P1 '*a lot of exclusion...the group just didn't want to know me at all*'; P11 '*I was such an outsider, I didn't fit in...You feel like an outcast or a misfit or something*'. P14 found it difficult to participate in group work in class as he was frequently excluded by peers '*I've been bullied since I was ten, I was always the odd one out...there would be times when I would be cast away from them, the group...just sit in a corner*'.

Most participants not only felt that they were generally disliked by peers, but perceived that they were disliked and misunderstood by teachers. This resulted in participants feeling uncomfortable and unsettled at school and becoming progressively marginalised P20 '*when you're in mainstream school, you feel like no one wants you there*'. This was especially true for participants with conditions such as Attention Deficit Hyperactivity Disorder (ADHD) or ASD. P25 felt bullied by peers and teachers '*My form tutor had to fill in this questionnaire, I think it was about my ADHD...it was like 'do you think she's quite liked in school? No, not really'... I don't think the teachers liked me much...when I said I was leaving, it was like 'Yes! **** leaving! It's like the teachers are bullying you*'.

Some participants described being removed from the class altogether and shut in rooms in isolation, supposedly 'for their own safety' which made them feel even more marginalised. P5 had an ASD and described being locked away like a caged animal '*the teachers in my old school shouted at me a lot, they didn't understand that I had autism...they didn't understand me...I was locked in someone's office all day, I don't like being locked away... I was bullied by the teachers and everything*'. P5 went on to say that being locked away had made him so distressed that his behaviour had deteriorated and he was subsequently excluded '*they used to say 'what do you want us to do with him, other than lock him in the room all day?' ...I got excluded because of the behaviour*'. In fact, many participants had reported being excluded from school and understood this as a way of being 'got rid of'. A vicious cycle may develop where the individual perceives that they are unwanted in school, which causes emotional distress and deterioration in behaviour, which results in the young person becoming more marginalised and misunderstood by teachers and peers, which causes more emotional distress and behaviour problems. The net result is that the individual moves further out on to the periphery of school life and eventually becomes disengaged from school. If young people perceive that teachers dislike them it can 'bring out the worst in them' and teacher's negative expectations may become a self-fulfilling prophecy.

Participants also felt that peers and teachers did not respect them, and that they had been relegated to a lower social status within the school environment; that they were somehow 'less important' than other people. P16 talks about being put into a lower status group and recognises that there are certain social 'rules' that have to be followed '*you're automatically put into a group, into a status...you can't talk to or play with people higher than you...I was one of the background people*'. P17 felt that she lacked the desired attributes to be a student who 'mattered' '*I think because I'm from ****, and my family aren't very much...I'm not that clever...it's like 'Oh, she's a person that doesn't really matter, kind of just leave her in the corner*'.

Subtheme 2: *Losing friends*

As participants became chronic victims, often friendships and social support declined which is in accordance with the support deterioration model. Some developed victim reputations which made it difficult for them to make or keep friends, as peers had a negative view of them, or were too afraid to associate with them for fear of being targeted by the bullies P10 *'I didn't have anybody...any friends'.* P15 *'I didn't have many friends... I had a few friends, but if I got bullied, they'd just go and hide...I don't blame them really'.* Many participants talked about losing friends as people were 'turned against them', and in some cases, friends had joined in the bullying. Some participants in fact, did not have much faith in the quality of their existing friendships, and did not feel that they could rely on their friends for support and protection. This situation is a common paradox for victims of bullying, who often lose support just when they need it most P7 *'On a Saturday, the gang I used to hang around with near my house, they don't want to hang around with me anymore because I am out of place...or I've done something wrong'.* She went on to say that 'fake' friends had started spreading rumours about her, which was further tarnishing her reputation *'I had bullying from my friends as well, spreading rumours about me...your fake friends spread fake rumours about you... there was a rumour spread around that I was a lesbian'.* P26 found out that she was being cyberbullied by people that she thought were friends *'Even my friends hated me...I found out that they had an 'I hate ****' group on Facebook and they were talking about me...the person who started it was my best friend for ten years'.*

P3 had experienced bullying from a girl who she thought was a friend, and was therefore confused and bewildered about the situation. P3 *'I actually thought I was her friend, we did act like we were best friends all the time...I wasn't really sure at the time if it was real, it was very confusing...then she started trying to steal my friends and she succeeded in that...she started telling people that I'd said things about them, which I hadn't done, so they didn't want to talk to me'.*

Some participants said that they did have 'real' friendships, but they often had to conceal these as it was causing problems for the friend. P25 *'I did have one friend, but her friends didn't like me...she wouldn't admit she was one of my best friends in case her friends wouldn't like her'.*

Subtheme 3: *Who can I trust? – People aren't what they seem*

Most participants talked about how the bullying had made them wary and distrustful of people their own age, and many participants had felt 'betrayed' by friends who may have turned against them, or deserted them. P6 *'another scar that it's given me is, is that I feel a lot more comfortable talking to adults than I do children and teenagers...I just find it so difficult to talk to people my own age';* P16 *'I had a fear of being around people my age'.*

Most participants were also more cynical about people in general - many had lost trust in teachers, peers and family P7 *'I became insecure...I didn't even trust my friends or my family anymore'.* How schools and other professionals managed and reacted to the bullying also influenced participant's beliefs. P16 had lost trust in teachers because he was shocked and hurt that they weren't 'punishing' the bullies. This mistrust had spread to other adults who worked with children *'I didn't trust teachers at all sometimes because they liked these monsters, they were supporting these horrible teenagers...I was like 'how could they?'...so I couldn't really trust people who were involved with other children'.*

Participants who had experienced multiple victimisation reported greater loss of trust. There was a sense that people were 'not what they seem' and could not be taken at 'face value'. Some participants had not only been bullied by peers, but had also been badly let down by teachers, professionals and family members. P2 and P8 had been re-victimised continuously which had shattered their trust in people. P2 '*I was sexually assaulted by my music teacher...then after that, bullying from year eight...I was also bullied when I was a psychiatric inpatient, it was pretty much everyone, I don't trust nurses...I was so traumatised and unwilling to trust people*'. P8 '*I was bullied sexually...my teacher also touched me up*'; P8 parent '*when it all eventually came out, she'd been gang raped in the school woods by five boys...it came to light after she'd been sexually assaulted by her cousin's ex*'.

P3 thought that people presented a socially acceptable 'facade' that they hid behind, but beneath the surface, the 'real' person existed, who was untrustworthy and abusive. Her belief in the essential goodness of people had been destroyed '*I used to think that everyone was nice deep down, now I think everyone is a complete twat deep down...in my personal opinion, everyone deep down is very, very bad...they will do terrible things just because they can*'. P26 had also developed negative beliefs about others '*people hate just for the sake of it...it's just people, they can't help it, it's just the way they are*'.

Participants reported effects on relationships and friendships resulting from loss of trust in people. It is likely that that chronic peer rejection and bullying experiences had resulted in detrimental effects on the internal working model of self and others, especially if the individual already had experienced difficult family relationships. The young person may develop an 'insecure' attachment style and become hypersensitive to rejection, which can result in expectations and behaviours that are likely to exacerbate interpersonal problems and provide further 'evidence' that people are untrustworthy and abusive. P18 said that she had become 'defensive' and often misinterpreted interpersonal situations '*the bullying has like had an effect when I've been in relationships...if we have little arguments it feels like that again...and I'm like 'why are you picking on me?'...it's like a flashback to before...I thought the littlest sort of comments were like bullying, they were saying something nasty*'. P3 described having 'issues with boundaries' which could indicate more serious attachment difficulties and possible personality pathology '*I'm not very good at sorting my relationships out...I keep making very, very, very bad friendships or romantic relationships - my relationships with people have been damaged quite a lot...I have issues with boundaries and saying what's OK and what's not*'.

Interestingly, some participants were sceptical about peer support interventions, and were afraid to trust or confide in peer mentors in case they laughed at them P15 '*peer mentoring schemes don't work...when they get outside the classroom, they just take the piss out of you*'.

Master theme 3: What's wrong with me?

Subtheme 1: *Is it my fault? – weighing up the evidence*

All participants tried to make sense of the whole bullying experience and looked for reasons as to why they had been bullied or rejected. P14 '*I thought to myself... one word... 'Why?'*

It was evident that female participants were more likely to feel that they were at fault in some way, and that they were to blame for being bullied. Many reported effects on self-esteem as a result. P18

had a reputation both at school and in the village where she lived, and concluded that she must be at fault because of the number of people who disliked her, which suggests that victim reputations can be damaging in terms of developing self-blaming attributions '*I felt that it must be my fault, that there must be something wrong with me...I'm the one that's doing something wrong to have so many people dislike me for no reason... my self-esteem just hit rock bottom'.* P26 felt that she must be to blame because of the length of time that she had been bullied '*I've been bullied all my life...I thought it was me that was the problem'.* The way schools managed and reacted to the bullying problems provided further 'evidence' for participants that they were felt to be responsible for the bullying. P11 '*the headmaster, he had a go at me...like it was my fault that I was being bullied because of the weight I am...that was like crushing'.* P18 '*they sent me home sometimes, but they wouldn't send the pupil who was doing it home, so it felt like it was my fault...I just felt like I was the one that was doing something wrong'.*

Many participants in fact felt that teachers had viewed them as a 'problem child' or suggested that it was some kind of psychological disturbance or disorder within them that was causing the problems at school P1 talked about his sexuality as a reason for being bullied and thought that because he hadn't concealed it at mainstream school, teachers felt that he had 'asked for it' '*they didn't think there was a school for me to go to because of my sexuality...because I was always out there with it'.* P15 said that eventually he had retaliated when the bullying became too much, but this resulted in him becoming labelled as a 'trouble maker' and being diagnosed with various 'disorders' '*I used to get punched in the face, that kind of thing...they start throwing bigger insults which makes us defensive, then we throw a punch or something, and it's all over';* P15 parent '**** *was labelled very quickly as a difficult, disruptive child who came from a broken home... I've also been told by various teaching staff that **** has ADHD, that **** has Aspergers...none of these people were medically qualified'.*

P3 became very withdrawn and socially anxious as a consequence of being bullied, but felt that teachers did not connect this to the bullying '*my teacher had started to try to tell me that I had things that I didn't have...they tried to tell me that I was autistic because I wouldn't make eye contact at all, at the time...I started to get terrified of being around people and my teacher said it was a mental illness'.* P2 described how the whole bullying experience was denied by his school counsellor and psychiatrist, who thought it was a consequence of him being mentally ill. P2 '*I went to the school counsellor about it, but he tried to put the blame on me... he didn't believe me...the psychiatrist I had after him said that she thought it was a psychosis and that I imagined everything that happened...after she made that statement, the police and Social Services confirmed the bullying was true'.*

P22 had felt emotionally blackmailed by staff at her school which had caused her a great deal of distress '*your mum will go to prison, do you really want that for your mum?...do you want to go to school, or let your mum go to prison?'...they said that Social Services would take me away from mum...I hate, hate, hate, them, I want to kill them'.*

Therefore, the additional psychological burden of being made to feel at fault and being misunderstood resulted in more emotional distress and behavioural problems for participants.

Subtheme 2*: What's different about me?*

Being bullied and rejected had caused participants to compare themselves to their peers and evaluate themselves accordingly, as they sought to make sense of the situation. These social comparisons conformed to traditional gender stereotypes: for girls, comparisons were more appearance related and for boys, comparisons were more character related. Girls tended to internalise insults and compare themselves *unfavourably* with peers, concluding that they were not as good as other people. P11 '*I thought I wasn't a good enough person...when you have been bullied, and people say that you are fat and ugly, you believe the bullies because you've heard it so many times...you think, 'yeah, I do look ugly'...it's like you don't fit the mould, everything is different with you...everyone at **** had ponytails and loads of make-up on...it's like size zero is the fashion, the right size to be'.* Girls generally expressed perceived inadequacies with regard to appearance and weight and four female participants had developed eating disorders. P18 felt that compared to her peers, she was 'too advanced' for her age and consequently viewed herself as 'abnormal' '*I got put down quite badly at school, because I was quite advanced, quite developed... I wouldn't like show my body, I didn't look normal...I still suffer from an eating disorder, my bulimia is still there'.* P8 had been bullied about her weight and consequently began a 'punishing' assault on her body '*for three months I just stopped eating, I wouldn't drink nothing…I went down from a size sixteen to a size six in three months, just by not eating, I was throwing up after meals...I just couldn't physically do anything, I couldn't even get out of bed'.*

Many participants felt confused as they tried to make sense of what was normal and the 'right' way to be - a case of you can't please all of the people, all of the time. P10 '*you can get bullied for being too skinny or too big;* P11 '*it's like you get judged on everything...like you're too skinny, or people say that you're too fat...or ugly...you even get bullied because you're pretty'.*

Most participants had eventually concluded that they must be 'different' to their peers in some way. P1 '*when I was in a mainstream school, I mostly got picked on because I am gay and I am different in people's eyes';* P26 '*I am different, I've always been different';* P18 '*it was like 'what's so different about me that made me stick out?'...'.* Both male and female participants experienced inner tension as they felt different to their peers, but girls were more likely to perceive themselves as *lacking* socially desirable attributes, whereas male participants were more likely to conclude that they had desirable attributes, but felt that these attributes were not valued by the peer group P16 '*they thought I would be like them, but their mindset was totally different to mine - I was nice and shy and kind hearted';* P15 '*people bully us because we're different...we're better people, we're kinder, sweeter'.*

Subtheme 3*: Injuries to the self – humiliated, crushed and labelled*

All participants talked about feeling humiliated by the bullying and the majority reported associated problems such as social anxiety and increased self-consciousness. P6 '*school was a lot more publicly humiliating...people used to call me very embarrassing personal names, even in assembly and in the changing rooms';* P26 '*I remember the worst day of my life, when I was walking along the corridor and everyone was just lined up and taking it in turns to push me about and call me names, everyone was just laughing at me...it was horrible...my friends were laughing too'.* Consequently, many were

frightened to walk alone or travel on public transport in case people laughed at them or judged them P21 '*if someone laughs in the street, I think they're laughing at me... I felt like everyone was staring at me, like they thought I was gay and looked different'.* Some participants reported humiliating experiences on public transport, which were highly distressing because they took place in crowded, yet enclosed environments, where there was no immediate escape P21 '*I won't get on a bus unless I'm with someone, if someone calls you names, you have to get to the next stop – it's so embarrassing';* P14 '*I was actually suspected of being a paedophile - people called me that on a public bus'.*

This social humiliation had caused 'injuries' to the sense of self. Some participants were 'crushed' by personal comments and felt small and worthless. It appeared to be that some participants were 'shrinking' as people and taking up less space in the world; they were also becoming marginalised *out* of school, as they felt that the self was unacceptable in public and feared negative appraisal. Female participants were more likely to admit to evaluating *themselves* negatively P11 '*when I was in a shop, someone threw an elastic band in my hair, and everyone in the shop laughed...it's not very nice, it crushes you...I've had like grown men in the street say stuff to me...when you've been called something, it makes you feel so small... it makes you feel 'Oh, there's obviously something wrong with me'...it's horrible...like I would never walk down the street because I thought I wasn't a good enough person'.* P26 '*I don't like myself, it's horrible not liking yourself'.*

P16 recognised that he had some good qualities when comparing himself to his peers, but the bullying had still damaged his sense of self. He sums it up very clearly '*I felt so ashamed of being me'.* This raises an interesting point, in that victims of bullying may recognise that they have good qualities intellectually, but still *feel* bad about themselves because they are not accepted and well regarded by peers.

A common concern for many participants was feeling that they were 'abnormal' and that their thoughts, actions and behaviour were also 'abnormal'. This resulted in heightened self-consciousness and self-awareness. P3 '*I started getting a bit strange because of the bullying...once that happened I realised that I was slightly odd'.* P21 '*I think the neighbours will think I'm mad, getting into a black cab everyday...maybe they think I'm weird... 'look at him, he's mental because he never goes out'... you start to think that everything you do is not normal'.*

Some participants had received a psychiatric diagnosis or been 'labelled' which impacted further on their sense of self and affected the way they viewed themselves. They were confused and bewildered by these diagnoses and had struggled to integrate them with their existing sense of self. P2 felt that his identity had become 'lost' under a barrage of serious psychiatric diagnoses '*I was diagnosed with complex PTSD...I was also told that I had an emerging personality disorder, which shocked me...my psychiatrist told me that I had bipolar disorder, borderline personality disorder and schizoid personality disorder...I was diagnosed with Asperger Syndrome last year...they thought I had schizophrenia because of the hallucinations'.*

Most participants felt to varying degrees that their 'true' self or appearance was unacceptable compared to the norms of the peer group or society in general, and consequently tried to hide or suppress the true self. Participants often 'hid' behind heavy make-up or retreated inwards. P12 '*Usually I'd hide behind a protective shell, you can't see me'.* Girls were more likely to attempt to

change their personality - developing a 'false' self to fit in. P26 had experimented with different identities to try to be accepted, but this strategy had resulted in confusion with regard to the 'true' self '*I tried to change who I was several times to fit in...that's why I like acting so much, I don't have to be myself...I quite like that...I mean, I want to be myself, but I'm not sure who myself is*'.

More severely bullied participants reported more serious identity disturbance and a more *unstable* sense of self. P3 repeatedly changed her identity and personality not to fit in, but to 'escape' from herself '*I have a huge, huge issue with myself, so I tend to wear really, really extravagant make-up and try and change the way I look entirely...because I don't like to recognise my old self...I keep on trying to become a new person...I tend to change the way I feel towards things and my views on things a lot, so I don't have to be the same person*'.

In some cases, maybe as a reaction to being made to feel that they were not 'normal', participants embraced an 'alternative' identity and rebelled against the 'norm'. P26 had given up trying to fit in and appeared to embrace being 'different', but recognised that this was further alienating her from the peer group '*I quite like being different, I don't want to be normal, which kind of makes it worse for me...people don't like people who don't want to be normal*'. P15 and P25 felt that being 'different' was a *good* thing and could have been a way of 'reframing' a previous negative identity '*I can be who I am, mental, psycho*'; '*now I'm a lot more mad*'. P11 had made friends with other 'different' people, therefore creating an alternative 'counter culture' where difference was celebrated '*I like unique people...my friends like me because I'm mad, crazy and funny... I'm sort of like a crazy person...if my friends were the sort of people who didn't like weirdness, they wouldn't be my friends*'.

Master theme 4: How can I learn under these conditions?

Subtheme 1: *I don't get on with my teachers*

As the bullying progressed, most participants had become increasingly marginalised at school, and felt unwanted by both peers and teachers. Some had been isolated from classes, or excluded by peers in class, and reported deteriorating relationships with teachers. There was a sense of participants feeling 'let down' by teachers because they weren't supported or understood and participants felt that teachers had done little to stop the bullying. It was very much a case of 'if they can't be bothered, I can't be bothered'. For some participants, the classroom was a place of further humiliation as teachers (and other students) made them feel stupid and incompetent.

P1 struggled in class as he had dyslexia and felt that teachers didn't think he was 'worth' teaching '*when I was bullied, it mostly started off with teachers... like when I'd go to lessons, they'd like ...they wouldn't give me work to do, they'd go to other teachers and say that I wasn't worth teaching...in my old school, I would do work and teachers couldn't give a shit about it... I'd get into real bad arguments with teachers*'.

P27 perceived that teachers were not prepared to put in any effort to support her, either with the bullying or with her educational needs, so said that she 'couldn't be bothered' with schoolwork '*I didn't used to get on with my teachers - they couldn't be bothered, so I couldn't be bothered sort of thing...teachers didn't care, didn't want to be there, you can tell by their facial expressions that they really can't be bothered*'.

P15 was an academically able student, but suffered from a written communication disorder, and did not get on with peers or teachers in the classroom *'in mainstream I've got stupid teaching assistants around me all the time... 'you've spelt this wrong'...I hate bloody stupid, pompous, teaching assistants...never get out of your face, never leave you alone...they just sort of sit there...in a field full of cows, it's like being a dinosaur among them, being quite obviously seen by everyone'.*

P5 had an ASD, and had struggled in classes. Teachers did not support him, and he felt alienated and unwanted in school. He had begun to believe that he was 'stupid' P5 parent *'he still says 'I'm not good at writing, I can't do maths...I'm stupid'...because the teachers had put him down, he was totally unsupported'.*

Subtheme 2: *I'm trying to learn, but everything's against me*

As well as being excluded in class, many participants were being bullied or distracted by other students. Most participants were also experiencing psychological problems such as anxiety and depression which were interfering with learning. There was very much a sense of participants 'trying to survive' which was using up mental and physical resources, leaving little energy or motivation for learning. Basic safety and security needs were not being met, and consequently, schoolwork had become much less of a priority. Initially participants had made a valiant effort to keep up with schoolwork, but as the bullying got worse, grades slipped and some participants reduced their timetables, until eventually they gave up altogether.

P4 and P15 had been constantly bullied in class which made it impossible for them to learn *'in lessons they'd throw like paper at me and call me names...and one time they tried like putting glue in my hair and I got really upset and just walked out of the lesson...my grades went down';* P15 *'basically people swear at you and all of that kind of stuff...it's just not very nice...you sit there, and they'll throw stuff at the back of your head...I kept up with my schoolwork until about two months before I left, then I just didn't work'.*

P2 and P6 were both gifted academically, but had developed serious psychological problems because of the bullying. They became less and less able to cope with schoolwork and eventually ended up unable to attend school P2 *'things had been bad initially after my psychiatric problems and they offered me a severely reduced programme of just English and Russian';* P6 *'I didn't sleep...or do much at school really... I had four cards to get out of lessons, that didn't really work, so they adjusted my timetable... I ended up doing three hours of school in a week then I gradually went on to a part time timetable, but it didn't change anything...I missed so much education;* P24 suffered from anxiety problems which meant that he was unable to concentrate *'I used to have trouble taking things in at school'.*

P16 and P3 both talked about 'giving up' as schoolwork became less and less of a priority P16 *'work didn't really become a priority, it was just surviving';* P3 *'I went down sets ...I was in all the lower sets because I'd completely given up by then'.*

Subtheme 3: *Dropping out – being forgotten*

As the bullying and associated problems worsened, most participants had 'given up' on their education and had started to skip classes. In some cases, teachers had told participants to stay off school as the bullying situation had got out of control, and there was no immediate solution.

Eventually most participants dropped out of school altogether as they couldn't cope with the bullying any longer. Some were put in Pupil Referral Units (PRU) which also had a detrimental effect on schoolwork. Therefore participants were losing access to education, and many had not attended school for months or even years. There was a strong sense of feeling 'forgotten' and not being 'part of anything' anymore. Some participants reported further decreases in psychological wellbeing when they left school, as they had nothing to occupy their time and were socially isolated.

P4 *'the school told me to stay off school for a week so I lost out on my education…then I got scared to go out of my house, I didn't want to go to school'.*

P21 *'at the Pupil Referral Unit, the schoolwork was like for primary school kids and so easy, I knew I could do better than that'.*

P8 and P21 felt 'let down' by their schools as they had been left with no alternative educational provision P8 *'I was out of school for eighteen months the education department just wouldn't be bothered to find me a place';* P11 *'I was at home for two years…they said they were gonna send me work, they never did…they gave me e-learning on the computer, but I couldn't use it because of my eyes'.* P11 went on to say that being at home alone with nothing to do, had affected her psychological wellbeing *'when I didn't come to school, I was just so bored out of my head, I sat there just doing nothing...you go sort of crazy'.*

P20 had been given home tutoring, but lacked the motivation to learn as he was socially isolated *'I missed nearly a whole school year... I did get a bit of home tutoring for a while, but that didn't really work out...I felt a bit shut away from everyone, I just didn't feel that I was part of anything'.*

Master theme 5: Nothing makes sense anymore

Subtheme 1: *It's not just 'children being children' – this is serious*

Most participants identified a fundamental problem of bullying not being recognised or taken seriously enough, and were keen to challenge the beliefs that teachers held about bullying. They felt that teachers did not always understand what bullying was; often minimised the problem i.e. 'children being children'; and were unaware of, or unconcerned with regard to the damage that it could inflict. Most participants could not understand why teachers did not take the problem more seriously, and felt that many schools viewed bullying as a normal part of growing up. There was a need to have their experience validated as something serious and emotionally painful. P6 '*I think a lot of mainstream schools view bullying as a minor problem...something that just happens, and doesn't require a lot of attention...that really is wrong...it's not a minor problem, it's a major one'.* Participants thought that many teachers only regarded physical bullying as 'real' bullying. P20 '*I don't think they classed it as bullying...I don't know particularly what teachers see bullying as...some people say like getting beaten up is being bullied, but that's the least likely thing to happen'.* P11 said that her school had not taken the bullying seriously because she had '*just been called names'* although this had been very distressing '*my headmaster was like horrible, he said 'so what if they call you fat'...and I was like crying and he was like making out that I was overreacting'.* In fact most participants said that they found psychological or social bullying to be more damaging than physical bullying, and made a distinction between emotional and physical pain. P11 makes the point clearly when talking about the psychological pain she experienced when constantly being called fat and ugly

'words are like a slap in the face...I would rather have got beaten up sort of thing ...yeah you get pain, but it just dies away...but when it's like psychologically or mentally...the pain just goes on and on and on...even when they don't do it anymore, you've still got pain inside of you'.

Subtheme 2: *The bad guys win – it's the victims who are punished*

Most participants felt that bullies were not receiving any kind of punishment; rather it was the victim who was being punished. For many participants, admitting to being bullied did not resolve their problems, but appeared to increase them, as measures intended to manage or resolve bullying problems, often appeared to be punitive. This situation was further adding to the feeling of self-blame and confusion experienced by participants, because surely if they were not to blame, the bullying would be dealt with and the bullies punished – justice would prevail? Being a victim of bullying was also causing participants to feel discriminated against as access to educational opportunities was affected.

P11 and P21 described being sent to a PRU where they were told that they would be safe, but felt betrayed and let down when they encountered yet more bullies '*I went to a Pupil Referral Unit and had to sit in a room with a load of bullies...I got laughed at...I thought I was going to be safe, but I wasn't...I was told that the people there would be like me, but they just laughed at me'*; P21 '*the Pupil Referral Unit was just kind of full of low life and scumbags, it was a hell hole...it was even worse than at school'.*

Participants perceived the lack of consequences for bullies as a double betrayal, and some believed that ironically, bullies were more 'popular' with teachers. P16 '*from what I've seen, teachers seem to sort of compliment the bad guys';* P15 '*at mainstream, it's like the students they like the most, are always the bullies...the teacher's pet...they listen to one side of the story'.* It was felt by most participants that teachers were in fact colluding with the bullies by 'letting it happen*'.* P25 and P11 were surprised and hurt when teachers did nothing to intervene, even when they witnessed the bullying '*don't just stand there and watch people being really hurt...I wasn't just being called names, I was being physically bullied...hit, stuff like that...one day someone pushed me and I hit my head on the path and got a black eye...all the children were laughing at me, and people were saying 'good one' to the bullies...a teacher saw it and didn't do anything';* P11 '*the teachers could see I was being bullied, because I was sitting in the classroom...everyone was laughing at me...the teacher didn't say anything, didn't stop it or anything'.*

Participants were angry that the bullies were still receiving education as normal, while their education had been disrupted, and considered this to be an injustice. P4 '*I think the bullies should be sent out, because it's not really fair on the kids who are being bullied...they are the ones missing out on their education';* P18 '*the teachers thought it was best if they put me away from the class, and stick me with like people who were not so good at English and Maths...it felt like I was being discriminated against'.*

Subtheme 3*: Why doesn't anyone care?*

It was evident that most participants felt very let down by their schools. The bullying hadn't been resolved and participants felt unsupported and uncared for. In many cases, it was a shock to participants that help was not forthcoming because most young people believe that adults are there

to protect them. The perception that there was no one to help them, and no one to protect them, was extremely distressing for participants. P14 summed up the experience of most participants *'teachers don't do anything...all they do is teach, that's it...they don't help, they don't protect'*.

The very act of asking for help was often the culmination of a process of weighing up the need for help, against the possible negative outcomes of admitting to being bullied. Firstly, it was apparent that participants often found it difficult to take the first step and actually admit to being bullied, because they felt a great deal of shame and embarrassment about being 'a victim', and consequently had to 'build up to' asking for help. Also, because many participants had felt marginalised in school, it was even more difficult to ask for help. In fact after summoning up the courage to ask for help, participants often felt 'knocked back' by teachers who did not respond with sympathy. P25 *'in mainstream school, it takes quite a lot of courage to go up to a teacher and say 'I'm being bullied' ...and you get there and it's a waste of time...I was tempted once to go up to the head teacher, but I was too scared to even talk to the teachers, it's like talking to a brick wall'*.

Often participants felt that if they asked for help, they would be viewed as a 'grass' and the bullying would get worse P14 *'I never told the teachers, nobody likes a snitch';* P27 *'I didn't want to tell my mum, because sometimes it can make things worse...like if she went to the school, it would be like 'you grassed us up'...'*.

Therefore it could sometimes take many months before participants were able to ask for help, and often the participant was feeling quite desperate by this point. P2 parent describes how her son kept the sexual abuse he was enduring secret for many months, until he reached a point where he couldn't cope with the situation any longer *'**** didn't really say anything about it, as it was happening...it was only when things became completely untenable ...and I think he was feeling absolutely desperate...he'd been hinting for several weeks, at the beginning of his second year at senior school, that something was terribly wrong...but wouldn't really say what it was'.* When he did eventually ask for help, he did not receive it *'I went to my house master who was completely useless, he just couldn't offer me support at all - said there really wasn't much he could do'.*

If an individual is suffering from depression, which is quite likely after many months of being bullied, it may lead to a sense of hopelessness, and the belief that it is not worth asking for help as nothing will be done, or that things will only get worse. Also, depressed victims could feel undeserving of help. P9 also describes having to 'build up to' asking for help when feeling low in herself *'sometimes the help's not always there for you...and when you don't have much confidence, or feel sad, you can't find that help....in mainstream school, you've got to build yourself up to see one of the teachers'.*

In fact, most participants reported a lack of understanding and sympathy with regard to their psychological problems, which they also found surprising. P15 *'to help kids, they should actually give a damn for starters...you go up to a teacher and say 'I'm depressed' and they'll go 'huh, aren't we all?'...I was very depressed, and nobody actually cared'.* P18 had been bullied for a long time, and had not received the help she needed. She was self-harming to cope with the stress and had also attempted suicide, however, instead of receiving support and sympathy from teachers, she received disparaging remarks *'I tried to commit suicide quite a few times...they just put it down to attention seeking...I also used to self harm, no one ever knew apart from my mum who caught me out one day...but they said it was attention seeking...but it was just for me...they're not just dealing with the education, they're dealing with the kid's feelings'.*

Most participants were in fact keen to stress that if they had received help sooner, the effects of the bullying would not have been so bad. P11 '*If they had found me some help earlier...things would have gone a lot better';* P2 '*my psychiatrist told me that I had bipolar disorder, borderline personality disorder and schizoid personality disorder...if I hadn't been bullied, I wouldn't have had these problems...I think if I had received more support at the time, things would not have turned out like this'.*

Participants said that what they needed most was to be listened to and given emotional support, but for some participants, emotional support was not only lacking at school, but also within the family environment. P1 was in foster care at the time of the bullying and did not receive the emotional support that he needed '*the teachers didn't care about me really...my other social workers didn't really care...I've been in that situation, I've just been left by myself...I've had no one to really listen...I don't actually have a family at the moment, because I'm fostered';* P3 '*I did not get much emotional support from my mum, she's not a very emotional person...she tries to distance herself as much as possible from me'.*

Those participants who were receiving psychiatric intervention often reported a perceived lack of empathy and emotional support P2 said that when he was admitted into a psychiatric unit with severe depression, he expected to receive some kind of emotional support as well as medical intervention '*I needed sympathy...but the nurses aren't allowed to show any emotions'.*

P11 makes the point that lack of help and support could lead to victims becoming desperate and taking their own lives '*if no one helps them, there could be more children killing themselves...they need help, they need someone to talk to...schools don't really care...I feel very sorry for the kids who suffer, because they like just ignore it...it doesn't matter if another person dies, you know'.*

A few participants said that they *had* received some support from mainstream schools, but the level of support had been inadequate - or a case of too little, too late. P6 '*the first high school, **** high school... didn't do much...**** high school tried to help me... it was a good school...it's just that sometimes, it's just not enough'.*

Master theme 6: Things are out of control

Subtheme 1*: The bullying is out of control – it's never going to end*

For all participants, the bullying had got worse over time. What may have started off as mild teasing or 'just a joke' had gradually spiralled out of control. The severity of the bullying increased and more and more of their peers had joined in - sometimes participants had been 'ganged up on' by large numbers of peers which they found very frightening. Often the victim had developed a 'reputation' as described above, which decreased available support and increased isolation, and further added to the feeling that things were 'out of control'. Some participants talked about experiences that had moved beyond 'normal' bullying behaviours into sexual assaults. These experiences were highly traumatic and resulted in serious psychological disturbance. Participants felt powerless to stop the bullying and did not feel that teachers were willing or able to help; therefore many believed that it would carry on indefinitely. Some participants had tried to retaliate, but felt that their efforts were ineffective, especially as most were being bullied by large groups of peers. Many eventually 'gave up'

trying to resolve the bullying, and withdrew from the situation instead. Some participants had withdrawn from life completely.

P18 said that name calling had progressed to aggressive physical assaults over time '*when I was in primary school, it was just like name calling to begin with...then in year five and six, I had stones thrown at me, I was like beaten up sometimes...it was proper aggressive...I suffered from posttraumatic stress disorder'.* P2 described cyberbullying that had started off as a 'joke', but eventually spiralled into something far more serious '*The cyber abuse stretched on for fifteen months...it started off quite mild, it all seemed like a joke to begin with...it developed slowly, it got worse... it got more out of control, it got worse and worse and worse...then it developed into child pornography, I was forced to watch child pornography'.* He also experienced sexual assaults which made him feel that he was losing control of his mind '*there was the full on assault from the teacher, which made me quite scared...this boy from another house came in and did really awful things, sexual things...I started to think that I was turning mad, especially when I started to experience hallucinations - seeing the boys who bullied me and hearing voices'.*

P3 felt that she was losing control of the situation as the bullying became increasingly sexual, and was further disempowered by teachers '*it started getting more and more and more and it got too much for me to handle, she made me watch a few rape videos...and like women having sex with their children...and she also touched me...the things she did to me were quite sexual and they made me feel very, very ill...they damaged me a lot...then my teacher started trying to tell me I had things that I didn't have and tried to take control of my life'.*

P8 experienced a continuous barrage of assaults every day at school, including a serious sexual assault, and felt that nobody could stop it. She eventually mentally and physically collapsed, and was at home for a long period of time with serious clinical depression. '*I had physical, name calling, I was bullied sexually...it was just continual...I was beaten up or teased everyday...it got so bad, I couldn't deal with it anymore...it felt like everyone was just standing there watching people do stuff to me, no one was helping'.*

P4 had been highly distressed when she had been 'ganged up on' by a large crowd, especially when teachers seemed to have lost control of the situation '*I was bullied for quite a while...at school I got ganged up on by thirty odd people, they kept following me around the school, wouldn't leave me alone...it took four teachers to disperse the crowd'.*

P16 summed up the feelings of most participants very clearly '*you can't stop it, it's you against this giant big force...you don't think it's ever going to stop'.*

Subtheme 2*: My life is out of control - I need to escape*

In addition to being bullied, most participants reported a myriad of problems *associated* with the bullying, which is apparent when looking at the preceding themes. Bullying appeared to have a domino effect with each problem related to the bullying causing yet another problem. The bullying situation had spiralled out of control and was now affecting all areas of the participant's life. P2 '*I left mainstream school because I was in a downward spiral...it unravelled from there';* P19 '*it was terrible...it completely turned my life upside down'.*

Participants were feeling under pressure and trapped in a situation that appeared to have no solution. Many had eventually experienced some kind of emotional breakdown or reached a 'crisis point' and run away from home or attempted suicide as a means of escaping a situation that they thought would not be resolved. Young adolescents are less 'future orientated' meaning that they may be unable to see beyond the problems of the present, and also may be more likely to act on impulse. P19 '*I took an overdose...I know that if I do it again, I will die for sure'*; P7 '*bullying can make you do silly things like running away from home, like I've done twice...you can get yourself hurt or even murdered'.* P4 and P22 parents described their children in a state of extreme emotional distress '*just before Christmas she got herself into such a state that my husband had to physically restrain her, she was going to run off...she said 'I'm going to run away, I'm going to do this, I'm going to do that'...she was screaming, yelling, he had to physically pick her up'; 'she just flipped...she was punching herself, pulling her hair, screaming 'sorry I'm alive, maybe I should run away'...a full blown breakdown...I took her to A&E'.*

Feeling uncared for and lacking support was a risk factor for suicide, and those participants who lacked support at home and school were especially at risk. Ironically, victims of bullying may find themselves increasingly socially isolated with *decreasing* levels of support available, yet experience *increasing* problems. A suicide attempt could literally be a cry for help. P1 '*I once decided to commit suicide, because it was just getting out of hand...the teachers didn't do anything to help...when I was going through a hard time, I felt that I had nobody, I've just been left by myself, I've had nobody'.* P14 lacked support in all areas of his life and was also struggling to understand and make sense of his experiences '*I didn't get much support from home or school...I felt like no one really cared about me, because I wasn't good enough...sometimes I actually felt like suicidal, I was going to hang myself with a tie... I thought 'is life really for me?' Because if it was, all that wouldn't have happened, I mean, is it a test, or is it a game? Is someone playing me up there?'*

Follow-up recovery themes

Table 46 *Recovery themes*

Master theme 1: **The Red Balloon experience: personal and academic recovery**	Master theme 2: **Life after bullying?**
Subtheme 1: *'I feel safer and more secure'*	Subtheme 1: *'I'm feeling more confident in myself – I'm not perfect, but who is?'*
Subtheme 2: *'I feel part of a family – teachers who don't just teach'*	Subtheme 2: *'Moving on v stagnating'*
Subtheme 3: *'They understand me and can help with my emotions'*	Subtheme 3: *'Coping in the 'real' world – building up my strength'*
Subtheme 4: *'I can be myself and be accepted'*	
Subtheme 5: *'This is a safe place to make friends – learning to trust'*	
Subtheme 6: *'Teachers bringing out the best in me'*	
Subtheme 7: *'Feeling part of the class'*	

How did themes differ at follow-up?

Recovery themes were split into the experience of personal and academic recovery and life after bullying. At baseline, participants had talked about emotions being out of control, but at follow-up, emotions participants had received greater support, understanding and validation with regard to their emotional distress, which had helped them to feel more in control of their emotions. Many were also using more adaptive coping strategies. However, some participants still reported mood swings, and said that certain situations could easily trigger an emotional outburst or change of mood. Changes in circumstance, such as not being bullied and feeling safer had also contributed to reduced emotional distress for most participants.

At baseline, another strong theme was about losing social status, losing friends and losing trust in people. At follow-up, participants were becoming more willing to trust, although some still reported damage to interpersonal relationships and had negative expectations of others. Many participants felt that that it was less likely that they would experience rejection at RBLC, so they were more likely to risk talking to others and attempting to make friends. The RBLC was also perceived as having less 'rigid' and complex social rules than mainstream school. Many were also regaining a sense of belonging at RBLC and starting to feel part of the world again, although some still felt like 'outsiders'.

At baseline, most participants had felt that there must be something wrong with them, and at fault in some way. By follow-up, many participants talked about feeling more accepted for who they were at RBLC; there was a strong theme around having individual strengths and talents recognised, and feeling that you could be yourself and still be accepted. Many participants had also gained a more realistic perception of themselves and others, and were growing as people. Participants also talked about gaining the confidence to reveal themselves in the outside world. Some participants however, were still struggling with a damaged sense of self and low self-esteem.

A strong theme to emerge with regard to academic recovery was building better relationships with teachers and feeling part of the class – at baseline many participants had talked about feeling that they were not welcome in class and that teachers disliked them. Participants talked about the one to one teaching and flexibility of learning at RBLC, which especially suited those participants with learning difficulties, or social anxiety. Many also felt that teachers at RBLC took the time to recognise their strengths and weaknesses, and were willing to 'bring out the best' in them. Some participants however, did struggle with one to one learning and missed being part of a mainstream school.

At baseline, there had been a strong sense of confusion and bewilderment, and the feeling that life did not make sense. At follow-up, however, most participants had 'worked through' their experiences to varying degrees, either by talking to teachers or peers at the RBLC, or through counselling or therapy, and had been able to 'make sense' of it all. Therefore some participants had been able to 'move on' from their experience. Some participants had also been able to re-engage with the world, because it was felt to be a less hostile and unpredictable place. However, some participants were still in a state of confusion and 'stuck' – feeling that life would never change, and was 'meaningless'.

Finally, by follow-up, most participants felt that their life had become more settled and things had 'calmed down'. For those who had been out of school for months or years, the RBLC was providing stability in their lives. At baseline, participants talked about their lives having 'fallen apart', but by follow-up, many felt that their lives were 'coming back together' or being 'rebuilt' to varying degrees. Some participants were also learning to 'take back control' of their lives.

Master theme: *The Red Balloon experience - personal and academic recovery*

Subtheme 1: *I feel safer and more secure*

The Red Balloon was viewed by most participants as a safe haven; a place where they could resume their education free from the worry of being bullied. There was very much a feeling of 'calm after the storm'. Some participants had developed very negative associations with mainstream schools, which made it difficult for them to even consider returning to one, and thus felt far more comfortable in a small and homely environment, that was completely different in appearance and atmosphere to a large school. P6 *'it's just the idea of a mainstream school scares some people like myself...and I don't think it would be a possibility of me going back to mainstream school...it's quite an intimidating, difficult place for me...I'm feeling a lot safer here definitely, I feel so safe in fact, that usually when it's home time I just don't want to go';* P9 *'I've had a good time at the Red Balloon...it's not like a school, it's like a house';* P5 *'Since being at Red Balloon, I feel calm, I feel safe...I actually feel like I'm at home'.*

Being in a small and safe environment like the Red Balloon could be an important first step to overcoming avoidance, thus providing a bridge back to mainstream school. Attending Red Balloon, had also helped participants to get back into a school routine, and was providing some kind of structure to their lives. P20 had been out of school for a while and felt that the first step to recovery was just being able to leave the house and go somewhere where you felt safe *'the best thing about Red Balloon is just being able to be somewhere...first, it should just be to be somewhere...there's no bullies here, that makes everything better'.*

Many participants had developed a fear of being in large crowds, and preferred to be in a school with very few other students, where they also felt it would be easier for teachers to stop bullying occurring P21 *'I like the Red Balloon because it's a small setting - it's not like a big school';* P6 *'a lot of people like myself, don't like to be around large crowds of people – it's a personal scar from the bullying...because there's much less people, they can be more easily controlled'.* Most participants said that they could 'relax' at the Red Balloon because they did not have the constant fear of being bullied, and if problems did occur, they were dealt with promptly which added to the feeling of safety and security. Participants also felt that there were clear rules and guidelines pertaining to behaviour P21 *'because everyone's nice here it helps you feel more relaxed';* P3 *'Red Balloon makes you more relaxed...you're not really really stressed out about how people are going to behave and stuff';* P1 *'I know here, that if I have an argument with somebody, it gets sorted out straight away...it gets sorted on that day';* P16 *'at Red Balloon, they don't say 'this is wrong', 'that's right' – they tell you in a way that you understand it, they explain it more'.*

P1 not only felt at home at Red Balloon, but reported that his family life had also become more settled and secure *'coming here is just calm and relaxing, it's a really homely feeling...everything's calmed down... I've got into a place where I know that I'm safe... my new foster carers, they'll never be my proper parents, in my eyes, but they're there, and I feel safe'.*

Feeling safe was also helping participants to re-engage with learning. Many found the small group or one to one teaching at Red Balloon beneficial as the classroom environment was safe and calm. Being in a small classroom was reassuring for socially anxious participants who found it difficult to interact with peers. Teachers were felt to be more accommodating and understanding with regard

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to emotional problems in the classroom, which would give the participant a sense of security and release mental resources for learning.

P24 *'I'm not worried about anything these days, I'm calmer now I think, a little bit... been able to work better'.*

P6 *'in a mainstream school the teacher can't even keep the kids under control...you just don't learn anything... I'm in an environment now where I can just work without any distraction...the teaching is one to one or a small group of people, that also helps, it kind of removes the anxiety of having to interact with other students'.*

P2 *'they knew I didn't like groups, so most of my lessons were one to one'.*

P13 *'it's quieter in lessons...less interruptions...you can concentrate more'.*

Some participants however, did miss being at mainstream school; they felt that the Red Balloon was too small and didn't like the 'stigma' of having to attend a 'special' school. P13 had not wanted to attend Red Balloon in the first place, and had only become a student because his mother had feared for his safety in mainstream school *'I'd rather be in a big school...there's not enough kids here, it's too small, this is not a proper school, I want to be in a proper school...I'd rather be at mainstream...my mum wants me to be here'.*

P20 and P2 would both have preferred to be in mainstream school, but recognised that they wouldn't have been able to cope. P20 didn't feel 'part of anything' at Red Balloon *'I'd probably prefer to be in a mainstream school, but it's just that I'm not confident enough...there's only like sixteen students, so I was hardly going to be part of anything';* P2 was worried that being at Red Balloon would prejudice mainstream schools against him *'I would say that it's best to get into a mainstream school ASAP if you can cope...I couldn't cope at my mainstream school and had to leave...but unfortunately when I was ready to go back, they wouldn't let me back'.*

Subtheme 2: *I feel part of a family – teachers who don't 'just teach'*

Most participants described the Red Balloon as being like a family - a 'good' family - which implies warmth, closeness and nurturing. Some participants had lacked emotional warmth at home, or were in foster care, so the Red Balloon was viewed as a surrogate family and providing a sense of belonging and security. The positive and nurturing relationships that participants developed with teachers were for some, providing a model of secure attachment and a 'safe base' from which to re-enter the world. P1 *'When you have a school like this, it's exactly like having a family, but a nice one that you know that you can bounce back off if you have a problem';* P16 *'you're close, you become a family';* P5 *'I do feel like I belong here'.*

Most participants said that they experienced closer and more equal relationship with teachers, and talked about teachers as being 'more human'. In fact teachers at the Red Balloon were seen to possess more altruistic motives for being teachers. If young people view teacher's motives as more altruistic, this may result in greater willingness to trust. Participants also perceived that support was more readily accessible. They could talk to teachers more easily if they had problems, and were confident that they would be listened to, and given sympathy and understanding. P1 *'my relationship with the teachers here is amazing... I have **** number, a teacher to ring if I have a*

problem and she'd be there like a shot if I had any problems'; P16 *'they're trained to listen to you, and talk, and be human...they're real people...here there's people who volunteer and there's people who want to be in the Red Balloon, loving helping bullied children';* P6 *'you call the teachers by their first names, so you don't feel a sense of ranking, you don't feel undermined... everyone is someone you can talk to, I can really open up, and that helps';* P12 *'in my old school, we had to call teachers 'Sir' and 'Miss'...you feel you can actually know the teachers here, not just as teachers, but as a person...and you can talk to them quite easily'.*

However, not all participants found the family type environment beneficial or felt a sense of belonging. P2 thought that although the Red Balloon was like a family, it could be vulnerable to some of the dark side of family life such as favouritism. '*I had a huge argument with **** on my last day... we're hoping to get an apology from her - I was so angry with **** when I left...that overshadowed everything, I felt they scapegoated everything onto me';* P2 parent *'I think some children are given special treatment at Red Balloon - over attachment to certain people'.* P3 felt that the support and understanding came mainly through *peers 'the teachers don't actually do that much, it's more what kids do for each other, I don't really connect with the teachers to be honest'.*

Subtheme 3: *They understand and can cope with my emotions*

Participants had been struggling to cope with emotional distress that they had been unable to control. At Red Balloon most participants felt safe in the knowledge that they would receive support and understanding with regard to psychological problems and difficult emotional states; emotions could be 'accommodated' and there was space to 'calm down' or 'chill out'. Many had felt that mainstream schools were unable or unwilling to deal with emotional issues.

Participants also felt that teachers 'understood how they felt' which 'validated' their feelings. This was important as many had felt that teachers at mainstream schools could be dismissive of, or minimise, their emotional distress. P5 *'The teachers here understand me much better';* P6 *'the teachers understand that sometimes you might get the odd memory back, and that can be hard...or if something happens outside the Red Balloon...just having an off day...they actually understand how you feel';* P12 '*if you get a bit wound up, they know how to calm you down, send you to the quiet room so you can just calm down*'; P18 '*if I started having panic attacks, one of the teachers would come and sit down with me for a while';* P4 '*if you're really stressed, you can come up here (the attic)...calm yourself down'.*

Some participants were learning strategies to regulate and gain control over their emotions, or were being allowed to 'release' negative emotions in a safe environment. P1 '*I can go into a room with a teacher, and like, be horrible...swear, be nasty';* P18 '*instead of cutting my arms now if I have a problem, like now I sit down and write things out...or read a book, or have a bath or something';* P14 *'I've learnt to control myself, self-control, that's a big thing...I've learnt how to control my anger, talk to people when things go wrong...I try and deal with my anger now, I try and think about positive things'.*

Teachers were able to provide reassurance that often helped to 'deescalate' negative thoughts or styles of thinking, thus reducing anxious and depressive emotional states. P20 '*people here tell you that things really aren't as bad as you think...and when you think about it, they really aren't as bad as you think'.*

Some participants however, were still struggling to control their emotions. P13 had very deep rooted emotional problems and any small 'set back' or perceived rejection, quickly lowered his mood. P13 parent '*there's been a lot of ups and downs for ****, I think they relate to things that have happened with the other students…he still gets very depressed…he's been in a suicidal mood*'.

Subtheme 4: *I can be myself and be accepted*

Red Balloon was seen as a place where there was equal social status and where you were respected by both teachers and peers. Participants said that they felt less pressure from peers to be something they weren't or to be placed in a social category. Most participants felt that they could be themselves - their 'true' selves - and still be accepted, which was of enormous importance for recovery. For some participants there was a sense that they were being given 'permission' to be themselves, which was allowing the 'true' self to re-emerge. Many participants had struggled with feeling unaccepted and marginalised in mainstream school, so to be accepted by peers and teachers, had a significant impact on their self-concept. When you feel accepted, you can reveal who you are as a person because it is safe to do so. Participants felt that it was more acceptable to be 'different' at the Red Balloon, and you did not have to compare yourself unfavourably with peers. There was less confusion and concern about what was 'normal' as normality was not so narrowly defined, and participants were relieved not to be judged on appearance. Also, because other people accepted them, they were more able to accept *themselves*.

P15 illustrates the point succinctly '*a square peg in a square hole at Red Balloon…I was a square peg in a round hole everywhere else*'.

P4 '*I can be myself more here...in mainstream school, you have to fit into a category - the populars, the geeks...here it's like a mix of people*'.

P16 '*I've got a chance to mature and grow without being tormented or teased... you don't have to be an outsider or someone in the middle, you don't have to look a certain way...you can be yourself...this is like a sanctuary in the 'world world', you have to be like this, you have to be like that - you can be nice, you don't have to put on this hard act*'.

P1 '*you can be yourself here, they don't force you to be somebody else...in myself, I'm more comfortable with who I am...I'm allowed to wear make-up, you can wear high heeled shoes here...I'm allowed to dress up, I'm allowed to be myself*'.

P15 '*everyone's different here...you can't take the micky out of someone for being different, if you're different yourself...you've got glasses, so have you – why bother?*'.

P11 '*here, like no one judges you on the way you look...they take you for who you are, and not what you look like*'.

P9 '*I just feel more at ease with myself now...because I think people accept me here*'.

Some participants still struggled with feeling accepted however, and these were more likely report long standing bullying histories and more serious damage to their view of self and others. P26 was highly sensitive to perceived social rejection cues did not feel fully accepted by peers or teachers '*I feel that certain people here aren't accepting of me...and there's certain teachers that don't accept*

me either, it doesn't make me feel good about myself...I'm not friends with the girls, I'm being bullied by them'.

Subtheme 5: *This is a safe place to make friends – learning to trust*

Most participants talked about how they found it reassuring to be mixing with peers who had been through similar experiences, and who had similar problems. Many victims of bullying believe that they are 'the only one' and consequently feel isolated. Because everyone at the Red Balloon has experienced bullying, this made it easier for participants to talk to other students, as they felt that they would 'understand'. P20 '*when you're here, you're really not the only one... there's so many other people with the same problem, so you feel like you're similar to a lot of other people...sometimes you might feel like you're the only one who's being bullied, but it's not true...people will understand, so it's easier to talk to them here'; P16 'you can talk to them easier because you have something in common'.*

Participants felt able to talk to and attempt to form friendships with other students, because they were not expecting to be judged or laughed at, as everyone 'knew how it felt'. Participants had weighed up the 'costs and benefits' of not trusting people and many had decided to risk experiencing possible rejection in order to open themselves up to friendship. Many had been wary of people their own age, and had developed negative expectations of how people their own age would react to them. Having positive experiences within the peer group was challenging these negative beliefs and expectations and some participants were learning to trust others. Peers were also providing valuable emotional support P6 '*how friendly and helpful the students are here...in all of my experiences, it was people my own age who were nasty and horrible to me, and as a result of that, I probably developed quite an anxiety in that area...and then to come to Red Balloon and have the complete opposite...where people my own age are really kind and willing to help me out...it really is a huge, huge help'; P11 'I think the other kids help at Red Balloon, because they're kind and not trouble makers'.*

P14 was caught in a dilemma because he recognised that he had to trust people otherwise he would not be able to form good relationships. He felt that there was less chance of having his trust 'betrayed' by teachers or peers at Red Balloon, and was thus more willing to 'risk' trusting others. '*I am less cynical, but they have to earn trust... I trust almost everyone here...I try and trust people, because I want to get on with people and if I don't trust them, I'm not going to get on with them...for a stable, nice relationship with someone, you need to trust...you're not going to talk to someone who you think is just going to turn on you...I think the Red Balloon has helped me with that'.*

Participants also did not have to navigate complex social rules when communicating with other students at the Red Balloon and had less fear of saying or doing the 'wrong thing', which might result in rejection or humiliation. It was felt by participants that if any kind of social 'faux pas' did occur, it would be viewed more kindly by other students. This may have been especially important for participants with ASD or social skill deficits who had struggled with social interaction in mainstream school. P17 said that she had found it difficult to talk to people in her old school, and had to 'monitor' what she said to make sure that it was the 'right' thing to say. She also said that she wouldn't have spoken out for fear of negative evaluation '*If you say something wrong in school, people don't like you...here it's like everyone's friendly, no one's gonna bad mouth you'.*

Some participants talked about forming 'real' friendships at Red Balloon, which meant that the friendship was reciprocal and based on mutual trust, respect and liking. P2 had lost trust in people and had difficulty forming friendships, but had found a kindred spirit at Red Balloon '*I guess I don't trust people easily now, I have in the past, but it hasn't worked out very well...with **** we trusted each other...and we both had issues trusting people...but for some reason we managed to hit it off, had a relationship, a very strong friendship'.* P5 had felt disliked and unaccepted at mainstream school, but managed to make his first 'real' friend at Red Balloon. P5 parent '*he made a friend there, he's never really had a friend before...this is his first genuine, equal friendship';* P5 '*I'm good friends with ****, we have trips out together'.* P19 was able to 'test' the quality of the friendships that she had made at Red Balloon '*I wrote on my Facebook page 'whoever you are, true friends, I need you right now'...and everyone from Red Balloon pops up on MSN saying 'we're here for you'...I was so happy I cried'.*

P16 said that he had more success making friends at Red Balloon because peers at the Red Balloon were more receptive to his friendship making strategy '*I go for people who are lonely, I'm more focussed on helping other people who find it hard...you can just help them feel lifted up and then they will respect you, and like you and be friends with you'.*

Many participants enjoyed having a social life again, after long periods of being isolated. 'P17 *'it's a cross between school and a youth club';* P12 '*I'm actually enjoying school, it's kind of like school and a social thing - you can actually talk to people as well, you're not only here for work, it's a laugh…hobbies and stuff, they try and sort stuff out for you…my life was so dull before I came here';* P16 '*I feel like I've got two lives now, which is good...an after school life and a school life...and I really love the school life'.*

P3 however, held very negative views of people and was still cynical about her peer group '*the Red Balloon isn't helping me with the social side, there are a lot of people here that I don't like very much...a lot of people are very, very manipulative here'.* However, she thought that the most effective thing about the Red Balloon for most students, was receiving support from peers, and felt that she had been able to help one of the students herself '*I think the friendships you build, for example, me and ****...in my opinion, I think that I may have helped him a lot because he was extremely upset about a lot of things...I did talk to him an awful lot...I think he felt a lot better about things'.*

A few participants wanted to be in mainstream school where there would be a larger group of peers to make friends with, and a few participants did not like mixing with other victims. Despite making one good friendship, P2 said that overall he had not found it helpful mixing with an 'abnormal' peer group '*I didn't find mixing with other kids who had similar problems very helpful...I found it very unhelpful...like psychiatric units, they're not for people who are healthy...and it's not a good peer group'.* P13 '*I don't have any friends here, some of the other kids are annoying'.*

Subtheme 6: *Teachers bringing out the best in me*

Most participants felt that teachers were working *with* them and bringing out the best in them. Participants felt that teachers wanted them to do well and were actively helping them to discover their unique talents and abilities and providing recognition of these, which would help to develop stable self-esteem. Participants also welcomed the opportunity to develop new skills which

increased their confidence and self-esteem. P16 '*none of the teachers in my old school told me how good I was, or how I could develop my skills...or write a play...I can play on the piano and learn new skills...the teachers want you to do good, and I'm just doing so well*'; P18 '*they gave me Japanese lessons here, because I've been interested in Japanese for a while, that sent my confidence up so much, knowing I could do something that I knew a lot of people couldn't do*'; P11 '*when I came here, I've been working on my poetry...**** said that my poetry is better than ones that you have to study for English Literature*'. P14 '*they help you to see the good in yourself, like good parenting*'.

Teachers were also helping participants to raise their expectations of what they were capable of and could achieve, which was important as some had felt like 'failures' in mainstream school. P18 '*sat me down one day and said 'you're good at English, you're good at maths, you're good at debating...you could be a lawyer...it's given me that confidence to feel that I'm able to do that*'.

In the small group or one to one classes at Red Balloon, participants did not have to compare themselves with their classmates, and teachers were able to provide support for individual learning needs. This resulted in participants becoming more engaged with their work and gaining confidence in their abilities. P17 '*my schoolwork is going well, yesterday I did my oral GCSE...it's better here, the teaching is based around you, not the whole class...I'm more confident with work since I've been here, they focus on what you need, not what the whole class needs*'; P1 '*teachers think that I'm actually worth teaching... last year when I was here, I wouldn't even think about me doing an exam...not at all...but this year I've started doing English GCSE and I'm doing maths, science and music*'.

Subtheme 7: *Feeling part of the class*

Participants had reported feeling marginalised and excluded in mainstream classes, which had affected their schoolwork considerably. Participants said that they felt more included in classes at the Red Balloon and that lessons were more interactive; instead of being taught *at,* participants felt that learning was a collaborative process. Participants also felt that teachers 'wanted to be there' in lessons and enjoyed teaching, which in turn made participants want to engage with the lesson. Teachers were perceived as being more accessible in the classroom and participants said that they felt confident enough to ask for help. There was a sense of participants having been 'lost' in large mainstream classes and consequently becoming disengaged with education. Being in small classes and being able to focus on subjects that they found enjoyable and interesting was helping participants 'rediscover' education.

P8 '*I find the small groups a lot better, at mainstream school I just used to sit in the corner by myself*'.

P12 '*it's more interesting and a lot more fun than mainstream…you don't have to do work from a textbook - the teacher sits there with a book, and that's your lesson, you can actually do something that you enjoy…in maths, you can do something maths like, but to do with something you enjoy*'.

P27 '*you can have your own sort of opinions, sort of thing, **** really makes you feel part of the lesson, you have little debates, stuff like that...I never used to put my hand up and ask for help, but I do a lot more now because I feel like I can and I feel like the teacher actually wants you to*'.

'*You don't feel like pushed out here because you don't know the same as everybody else*'.

P15 *'I enjoy my schoolwork now, instead of just hating it...I think the teachers here actually enjoy the lessons, instead of just follow the curriculum and go home'.*

P2 had been grateful for the opportunity to regain his education in a safe environment, and had found the flexibility of the teachers helpful. However, he wished that he had been able to return to his previous school which was more 'academic' and he would have preferred a 'traditional' style of learning with more emphasis on core subjects *'I didn't find the Red Balloon academic programme useful...I would have done a hell of a lot better in mainstream school, I would have got a much better set of grades'.* P20 did not find the one to one teaching beneficial: he felt too 'exposed' in the classroom and recognised that he was not 'part' of mainstream education *'my education has probably gone a little bit down since I've been here, it's harder being one to one in lessons because it's just more intense, you're not doing what everyone else is doing, so it's more like difficult...when you're at mainstream school, you're doing what everyone else is doing'.*

Master theme: Life after bullying?

Subtheme 1: *I'm feeling more confident in myself – I'm not perfect, but who is?*

Most participants reported increased confidence and felt better about themselves. There was a sense of participants growing and expanding as people, and developing a stronger sense of self. They were also more willing to reveal who they were both inside and out, and many were more able to share their opinions and thoughts. Some participants were venturing out into the world; showing themselves in public and feeling more comfortable in social situations. Some had developed inner strength because they had been in a more accepting environment, and were able to make more positive self-evaluations. They were able to evaluate themselves *and* others more realistically, and to make more 'rational' social comparisons. There was a feeling that some participants were beginning to recognise and appreciate their own unique qualities, rather than berate themselves for not 'measuring up' to their peers. Participants were more able to question the validity of other people's opinions, and to feel confident enough to reject abusive comments, rather than to internalise them, and accept them as 'truth'.

P16 *'Since I've been here, I'm growing...I'm not complete yet, but I'm getting close...I'm so impressed with myself';* P12 *'I feel a lot more alive now, I'm a bit more myself instead of just someone who sits in a corner…it's brought me out of myself'.*

P20 and P9 had been able to express their opinions with more confidence P20 *'I've changed quite a lot since coming here, at my old school, I was a shy little kid...I'm not shy at all now, really much more confident...I'm more comfortable talking, more comfortable saying what I think';* P9 *'now I can like reveal my opinions because I feel that my opinion is worth hearing'.*

P4 had gained confidence in her appearance because she received compliments and did not feel the need to 'hide' behind make-up *'my confidence has got better, before I was self-conscious and all that stuff...when you walk in here, people might say 'Oh, you dress really nicely', 'you look really pretty' - stuff like that, which boosts your confidence'.*

P1 had become more accepting of himself and consequently was not so concerned about being accepted by others. He also appeared to have become less hypervigilent for social threat *'you wouldn't call me an average teenager, because I'm not, nobody is normal, you are all different... I*

definitely think that I have confidence in myself now since being here, I don't feel that people are looking at me all the time, making rude remarks about me and all that...yeah, like some people will probably like turn around and go 'yeah, he's a bit weird' ...but that's people who are horrible...but now I don't feel that everybody is speaking about me - if people can't accept you for who you are, they need to get over themselves'.

P11 had felt crushed and humiliated when people had abused her in public, and had been too self-conscious to walk down the street. Since being at the Red Balloon, she had gained inner strength and was now more resilient. She recognised that the bullies were 'nothing special' so had no 'right' to pass judgement on her *'if anyone says anything to me now, yes, it hurts obviously...it's not very nice...but it just goes over my head, so it doesn't affect me...but if someone said that and I'd never been here, I would just go home and cry, I'd dwell on it...now I see that people who do that are just pathetic - the funny thing is, he wasn't anything special either...I'm more confident since being at Red Balloon, I never used to walk anywhere on my own, even though I don't really like it, and am unsure about it, I have the courage to do it'.* She was also more accepting of herself and therefore less influenced by other people's criticisms *'I would like to lose a bit of weight, but that's my choice if I want to lose it - I'm not doing it because people hate me, I'm doing it because I want to'.* P21 had also become more resilient *'It's so weird, because if they called me a name now, I wouldn't care...that was then, now everything has changed'.*

One participant had developed an 'alter ego' who had all the qualities that he wanted to possess and which had increased his confidence when out in public P16 *'you should have an alter ego that you can count on, like who's confident, who's charming, who's stronger, who's not worried, who's not anxious'.*

Some participants however, still lacked confidence and professed to dislike themselves. Female participants generally found it more difficult to see the good in themselves, but some had begun to realise that they had at least some good qualities. P9 *'I feel better about myself as a person...I mean I don't like myself really, but I just think that I do have a good heart and I didn't really recognise that in myself before';* P26 *'I feel a little bit better about myself'.* One female participant had become more confident in her academic abilities, but admitted that she was not confident in *herself,* and in her interactions with other people*.* It may be the case that it is easier to rebuild academic confidence than confidence in who you are as a person, because personal confidence is more affected by bullying.

Although P13 had gained in confidence, he still had low self-esteem and was frustrated by his learning difficulties. He described himself as 'stupid' and was still self-harming, often repeatedly banging his head against a wall. There was a large discrepancy between his 'ideal' self and his 'real' self that he had not been able to reconcile; in other words, he had not been able to accept himself for who he was.

Subtheme 2: *Moving on v stagnating*

Most participants were glad to have got their education 'back on track' and to have structure and routine back in their lives; a sense of 'getting back to normal'. Many now recognised that it was time to move on from the bullying and catch up with things that they had missed out on, such as having fun and doing what 'normal' teenagers do, and starting to 'live', rather than just surviving. This was

now possible because the young person was no longer as preoccupied with fulfilling basic safety and security needs, and was thus able to attend to higher needs. There was a realisation that goals that had seemed unattainable or unrealistic previously, were possible, and there was a feeling of horizons expanding. Some participants were preparing to taking their place in the world; recognising talents and abilities in themselves and exploring future possibilities. The future was viewed with more optimism and participants wanted to achieve academically and personally. Some participants were actively working towards their own recovery and prepared to face challenges. They were trying to overcome previous difficulties and taking skills they had learned at the Red Balloon out into the world, thus developing a sense of mastery. Some participants were increasingly able to get needs met outside of Red Balloon, such as developing friendships and feeling part of a group, for example.

P6 '*I am definitely making progress, I have just started my GCSE year... I do really feel as though I am getting somewhere now, I got my education back on track...it was such a good thing to happen'.*

P14 and P16 felt that most of their teenage years had just been about 'surviving', and now wanted to make up for the 'lost years' '*I'm getting on with my life, it's been too long, it's been far too long...if I spend any longer, I'm just going to drown myself in misery...I just want to go to college, enjoy one year of it...get laid...I want to enjoy being a young adult, go out clubbing, have fun';* P16 '*there's more to life than just surviving'.*

P16 and P6 had been very active participants in their own recovery and were willing to challenge themselves to make progress. P6 '*Recently, I have been working on practising walking down to the city myself, using things like public transport... I don't have as many anxieties at all about going outside, I can do things that most people would consider normal, like starting up a conversation...my progression and recovery is overlapping outside of Red Balloon as well... bullying is a really hard thing to overcome, but it definitely is possible to overcome';* P16 '*I want to face challenges...I persevere with things and I don't give up, I am a very determined person'.*

P4 and P12 had been able to talk to people and make friends outside of Red Balloon '*now I hang out with my cousin who knows people, he's got friends who are like teenagers, and I can make new friends like quite easily...I hang out with him all the time now, it's given me the confidence to make new friends'.* P12 '*I went to like a gig at the UEA and me and a mate were there and he started talking to somebody, I just joined in the conversation fine...I feel more comfortable talking to people'.*

Some participants were breaking out of negative cycles by thinking more 'positively', as they had previously been 'trapped' by their own negative thoughts. P21 '*Once I thought that I was never going to recover...then I started thinking positively'.* Interestingly, some participants were exploring different value systems and had recognised that there were 'alternative' rules to live by. This could be part of the recovery process, where new and more positive schemas are created. P16 had been thinking about the meaning of life and what was important to him '*As you grow up, it's not all about paying taxes, well it is, but that's not the most important thing...it's about friendship...the news tells you something really grim...but there's also a world where you can be free, you can be friendly, you can be happy'.*

Many participants were keen to develop a positive identity; they wanted to 'achieve something' and 'be someone', which could be a reaction to having felt small and insignificant when they were bullied. Some had recognised that it was possible to develop a positive identity, even if you were not

academically gifted. P11 '*I want to get into college and I want to get a good job, I want to achieve something*'; P16 '*I want to grow as a person*'; P1 '*you might not be the brightest kid in the world, but there's something out there that you will be able to do...maybe hairdressing...maybe dance...whatever you're in to, at the end of the day, if you push yourself hard enough, you'll be able to do it*'.

A few participants however had not moved on from getting basic safety and security needs met. They were not prepared to move on from the RBLC because that is where they felt safe, and were not prepared to challenge themselves. Also, a few participants were still 'trapped' in negative cycles of thinking and reacting. Participants who were more severely bullied, or who had experienced multiple victimisation, were more likely to perceive life as 'meaningless' and not see a future. Some victims may require more in-depth psychological therapy to make sense of their experiences before they are able to 'move on' P3 '*I personally don't believe that anything has any reason to it...I don't think life matters, I don't think that my life matters...I have no reason to feel anything real towards anything...I try to rationalise my feelings, but most of my feelings I consider reasonless, so they don't really exist...she seems to be moving on and I can't move on from it*'. P26 found it impossible to believe that she would ever 'escape' from her victim reputation, and in some ways, it could have appeared to her to be easier (and safer) to 'stay in the shadows' than risk opening herself up to the possibility of a better life '*I hate thinking about the future, I don't think I have one, you can't ever get over your reputation*'.

Subtheme 3: *Coping in the 'real' world – building up my strength*

Although most participants were more confident since being at Red Balloon, and more optimistic about the future, they were cognizant of the fact that one day they would have to re-enter mainstream school or function in the 'real' world 'full time'. This produced anxiety as some participants had described the Red Balloon as a '*sanctuary*'. Participants appraised their ability to cope when leaving the Red Balloon and wondered whether recovery would be sustained. Some did not feel ready to leave the Red Balloon and had negative expectations of the 'outside world'. In some cases, these negative expectations had become a reality, which further confirmed beliefs that the world is unsafe and victimisation would continue. Participants who had been re-victimised were 'knocked back' and felt that their world had come 'crashing down' around them again. When participants had encountered other interpersonal problems such as relationship breakups, this had also 'tested' their recovery and many had reverted back to using old coping strategies such as self-harm and avoidance. Participants did not experience recovery as a linear process, but in terms of 'ups and downs': periods of being 'knocked down' and then rebuilding themselves, until they were strong enough to withstand life outside. Some participants were aware of the limitations of their recovery and were thinking of strategies to overcome these. It was highlighted by some participants that learning 'life skills' was important for sustaining recovery outside Red Balloon.

Some participants had expressed fear about how they would cope when returning to mainstream school, and were concerned about making friends P1 '*if I went back to a mainstream school, I don't think I'd be able to cope...it's too big...and because I've already been in mainstream schools where I've been bullied before, it's much harder for me to be able to go into a mainstream school*'; P25 '*I still think that I would be very nervous making friends in a mainstream school*'; P15 '*my biggest fear is that I won't have lots of friends when I go back to mainstream*'. P20 had negative expectations

about his return to mainstream school which became a self-fulfilling prophecy '*when you go back to mainstream school, you think the same thing is going to happen and that's why you're not confident...going back to mainstream school unsuccessfully knocked my confidence and brought me down - it completely kind of hit me, in a big kind of shock way...it completely knocked me back*'.

P19 still felt wary about life 'outside' and had quickly retreated back to Red Balloon when things became tough '*when I'm here, I'm like totally safe, but when I go outside of school, it's like 'Oh!'...I'm still nervous out of school...I did find it hard to go to college, and I got bullied again, so I had to give up my course*'. She also experienced cyberbullying and a relationship break up which had opened up old wounds '*I lost my boyfriend, he cheated on me...last weekend when I was bullied, it totally shook me up - I wouldn't talk to anyone for ages...my whole world's fallen apart right now...when I was cyberbullied again I had suicidal thoughts, just knocked me to the floor...I'm like a brick wall, if anyone says anything nasty to me, I just knock myself back down again...a couple of weeks ago I was up here, now I'm down here, I need to build myself up again*'. It is likely that for most participants, recovery would be an ongoing process when they left the Red Balloon. P18 said that when she had tried to function outside of Red Balloon, the shock of being in the 'real' world had resulted in her recovery quickly collapsing P18 '*when I came out of here, I started drinking...went a bit mad...I didn't know how to cope with things, I think I felt a bit too cushioned at Red Balloon, like it wasn't the real world...I had to sort myself out*'.

Some participants however, were making steady progress with coping outside Red Balloon and achieving small steps on the road to recovery, but recognising that they still had further progress to make. P21 had been able to leave the house with other people since starting at Red Balloon, but was aware that if he wanted to attend college, he had further progress to make '*if I don't start going out of the house on my own, I won't be able to go to college...so I might do an online course*'.

Some participants felt that they had realistic expectations of the kinds of problems that they were likely to encounter in life, and recognised that mainstream school is a reflection of wider society. P1 and P20 therefore both thought that they should be taught more 'life skills' and practical strategies that would give them the confidence to deal with potential problems on leaving Red Balloon P1 '*teaching is like showing them the big, wide world...there's people out there who are going to be really, really, horrible, teachers need to teach children when they go out into the big, wide world, and they're on their own, how to live, how to get through*'; P20 '*it just never feels like you're getting told like this is what you should do in a situation, because if you're being bullied, what do you do? You want to know what to do in a situation*'.

P3 was not optimistic that 'recovery' was something that would continue for most participants when leaving the Red Balloon '*I don't think the happiness remains, I think it really hits you when you leave*'. P2 felt that he did not leave equipped to face the outside world '*I think my ending was handled very poorly, it was the worst part of my time at Red Balloon...Red Balloon didn't teach me any coping skills*'; P2 parent '*the Red Balloon is very cocoon like and womb like and regressive, it's like being in a warm bath and being ejected into a cold shower...someone needs to provide help specifically with helping these kids handle that transition*'.

Qualitative results – LA

Fifteen participants were interviewed at baseline and at follow-up approximately six months later. Participant details are displayed in table 47 (please see Chapter 2, page 43-47 for details of the qualitative procedure).

The themes have been arranged in two separate sections: baseline and follow-up. The baseline themes (table 48) provide further insight into the psychological, social and academic effects of bullying, what important needs were affected, coping strategies used by participants and the type of support and intervention that was available. The follow-up themes (table 49) provide understanding of the recovery process: What interventions or experiences did participants feel had benefitted them most? Why did some participants improve on outcome variables and others did not? What risk and protective factors were identified? Had participants been able to fulfil important needs?

Table 47 *Participant details*

	Victim type	Gender	Family type	Final status	Recovery score
P1	pure	female	single	ESC/mainstream	14
P2	bully-victim	male	single	Mainstream	14
P3	pure	female	two parent	College	7
P4	pure	male	two parent	Mainstream	0
P5	pure	female	single	Mainstream	12
P6	pure	female	single	Grammar school	18
P7	pure	male	single	Key Stage Centre/college	13
P8	pure	female	two parent	Mainstream	3
P9	pure	female	two parent	ESC	12
P10	pure	female	two parent	Out of education	-4
P11	pure	male	single	Mainstream	13
P12	pure	male	single	Mainstream	11
P13	pure	female	single	Mainstream	17
P14	pure	male	foster	Mainstream	13
P15	bully-victim	male	single	ESC	-1
Total	2 bully victims 13 pure victims	7 male 8 female	1 foster 5 two parent 9 single	1 college 1 Key Stage Centre/college 1 ESC/mainstream 1 out of education 2 ESC 9 mainstream	

Baseline themes

Table 48 *Baseline themes*

Master theme 1: I can't cope with my emotions	Master theme 2: Losing status, losing friends, losing trust	Master theme 3: What's wrong with me?	Master theme 4: How can I learn under these conditions?	Master theme 5: Nothing makes sense anymore	Master theme 6: Things are out of control
Subtheme: 1 *'Living in darkness'*	Subtheme: 1 *'Feeling alone and 'unpopular'*	Subtheme: 1 *'Bullied because I am different – why can't difference be a good thing?'*	Subtheme: 1 *'My mind is elsewhere'*	Subtheme: 1 *'Where is the justice?'*	Subtheme: 1 *'Bullying that's gone too far - 'Damaging me, damaging my reputation'* *,*
Subtheme: 2 *'Managing' my anger'*	Subtheme: 2 *'It's difficult to make 'real' friends'*	Subtheme: 2 *'Feeling 'under' everyone – are other people better than me?'*	Subtheme: 2 *'I love learning, but hate school'*	Subtheme: 2 *'Why don't they understand me? Why don't they care about me?'*	Subtheme: 2 *'How do I stop them? Stand up for yourself or be a victim'*
Subtheme: 3 *'They're out to get me – who will protect me?'*					

Master theme 1: *I can't cope with my emotions*

Subtheme 1: *Living in darkness*

Many participants reported difficult family situations, which had exposed them to the dark side of life and for some, had resulted in need obstruction from an early age. Five participants interviewed reported involvement with Social Services. Three participants appeared to have missed out considerably with regard to consistent parenting, either because they had been neglected by their biological parents or put into foster care. For many participants, there was a sense that life was lacking a stable structure or 'secure base' and there was a feeling that things could come crashing down around them at any minute.

P14 reported a very insecure and difficult childhood, fraught with uncertainty and loneliness. When he had to leave the family home and was split up from his sister, he felt that the 'bottom had fallen out of his world'. This experience had interfered with the fulfilment of all essential needs, and the shock had been so great that it had shattered his existing beliefs about the world, leaving his mind 'blank' '*my childhood was pretty bad when I was young...when I was born, my dad said 'I don't want another child'... as soon as we got chucked out of my mum's and dad's, and been split up...it feels like I've just been chucked out of this world completely...felt like there was no world in my brain at all, it was just all blank'.*

P1 had witnessed domestic violence and spent time in care; she therefore had no 'secure base'. Every area of her life appeared to be fraught with conflict and instability '*I also used to see violence with my mum...I've still got to witness it, the violence because my sister sees her dad...that makes me angry and frustrated and I still go to school and get started on ... the school reported me to Social Services...they wanted to put me in homes and shit, they wanted to put me in them most of the time because of my self-harm and shit like that...I just wanted to run away and never come back'.*

P7 was a deeply troubled and distressed young man, who described a very problematic family background where he also witnessed domestic violence and felt that family members had gradually deserted him. This situation had impacted on fulfilment of essential needs and he was now worried that he would lose the only 'stable' figure in his life '*my dad used to knock my mum about and she used to do drugs and was an alcoholic...there's stuff going on at home now...my mum's had a heart attack and can't cook properly...my brother is in prison, he's got ADHD and anger problems'.*

P8 had experienced numerous bereavements within the family which had affected her resilience '*in year seven, my granddad died...that didn't help me either because I got quite depressed about that...and then the bullying came back that year...then my auntie died...and it seemed to me that when people close to me were dying, that's when it would start up again...as if it was a game, because they knew how depressed I was and they knew it would just bring me down even more'.*

All participants talked about feeling depressed and most were experiencing emotional pain which they had difficulty managing. Often participants were deeply unhappy because of their difficult home *and* school lives. Adolescents who report unsupportive or difficult relationships with parents are also more likely to use ineffective coping strategies, and many participants were using coping strategies which appeared to be exacerbating instead of reducing the pain, such as self-harm P1

'Since I was nine I used to do self-harm, I used to get like crazy, really depressed with myself, I was punching the walls…I basically didn't know what to do with myself…I feel pain, I always feel pain'.

There was a sense of embodiment of emotions, with participants describing themselves as 'darker' people P11 *'it has changed me by making me a darker person';* P1 had strongly identified with dark youth culture where being depressed and feeling like an 'outsider' are common experiences. P1 had effectively submerged herself in darkness *'Do all Emos cut themselves? Do we all want to die? Sometimes death is the best thing that can happen... I used to wear all black, I used to wear gloves that covered up the cuts and stuff…I just used to wear all black…I used to listen to hard core music, made me feel more depressed in myself, really suicidal, stuff like that...darkness around me'.* Some participants were effectively 'dying' inside or being 'consumed' with misery as they had 'held it all in' for a long period of time. Often they had not disclosed the bullying to anyone, and talked about their problems, or felt that there was no one who *would* listen to them. Instead they described spending long periods alone 'dwelling on things'. P6 *'I got very depressed and cried a lot, I wanted to be by myself...didn't talk to anyone';* P6 parent *'she was very down, very quiet...she's always been a quiet child ever since she was little, but this was ...this was something else...a bit dark'.*

Most participants admitted that they had considered suicide and some had made actual suicide attempts, and it was thought likely that suicide ideation was related to psychological pain or 'psychache' and hopelessness P2 *'I'm not the boy I used to be...I feel...will this ever end? Will I get beaten up and bullied wherever I go? - I told my mum that I wanted to go to heaven'.* Participants with more problematic family backgrounds and less perceived support were more likely to consider suicide. P13 *'I didn't want to live, I tried to slit my wrists...I also used to self-harm... I only had one friend in **** and he used to get bullied - he tried to strangle himself with a tie'.* Some participants talked about 'not being able to see a future' P10 *'I'm going to die early, I know I am'.* P12 said that he had contemplated suicide, but his religious beliefs had discouraged him *'I get depressed a lot...I've had thoughts about suicide, but I wouldn't do it, it's against my religion'.*

Two female participants however, coped with their depression and stress by using strategies that *reduced* their distress. P5 enjoyed activities out of the school environment which helped to add some 'light' to her life *'Me and my mum go on trips out, like the Science Museum, or swimming'.* P9 said that being creative helped her to cope '*I do like have a lot of stresses at home...what's helped, I've written two more raps, and these are brilliant'.*

Subtheme 2: '*Managing*' *my anger*

All participants reported experiencing anger and most had tried to 'release' their anger externally. Many were releasing anger at home by 'trashing' their room when they could not contain their anger. Some participants had appeared to 'regress' in their behaviour, and described angry outbursts if things didn't go their way, for example. P2 had started urinating over his possessions '*I got angry, I completely destroyed my bedroom';* P2 parent '*he started weeing in his bedroom…all over his things, all under his bed…he wrecked his bedroom'.*

Some participants also reported releasing anger at school – a case of 'if they won't help me, I am not going to play by the rules anymore'. P6 had previously been well behaved at school, but decided that she was going to make things difficult for teachers because she resented their lack of support,

especially after having always been a 'model' student '*I was angry, my behaviour deteriorated, I rebelled, played up in class...if they don't want to help me, I won't help them'*.

P1 and P9 had released their anger externally by being both physically and verbally aggressive. P1 '*I used to find ways of releasing anger, used to try and beat people up...I always had arguments';* P9 '*I don't let my anger out by self-harming, I just run riot...I thought 'bollocks' sort of thing you know, I was rude, I was disrespectful, disruptive, I was loud mouthed, I'd be very argumentative...but you could either look at that and say that's just me being a bitch...or you could look at it and say it was me letting out bits of anger... maybe about the bullying'*.

P12 had been brought up in a religious family, therefore had been reluctant to release his anger physically. However, one day his anger had got out of control and he had found a cathartic release '*I had been writing stories and poems about the bullying...the anger got to a point last year where I actually got a knife out of the kitchen and stabbed through the story I had written...I got really, really angry...it was like a last resort really'*.

Many participants reported being 'provoked' by their peers, by having their family insulted, for example. It was apparent that peers were very aware of how easy it was to 'ignite' participant's anger, as they were already on a 'short fuse'. P7 had started to avoid school because he knew that his anger was getting out of control '*I bunked off school because I didn't want to get into fights...if someone started saying something about my mum...I kicked this kid in the head, I nearly killed him, he went to hospital'*. P2 had a long history of peer victimisation and rejection and had become increasingly angry. He said that some of his peers had been 'goading' him, so he had threatened to kill them '*I ended up being expelled from my old school... I got angry so I started to hit girls, I threatened to kill some girls, I told them that I was going to kill them...next day I brought a knife in...I wouldn't have killed them, but this kid said that he'd give me like two hundred pounds if I did it'*.

An interesting finding was the number of participants who said that they had been referred for anger management interventions at school or through CAMHS, which were often not effective. Many felt that this was an inappropriate intervention as the anger was 'justified' and 'normal' P4 '*they said that they were going to give me anger management...they think I'm crazy because I get angry';* P2 '*I see CAMHS in ****, they tell me ways to calm down my anger... they don't really help as much as I thought'*.

Three participants however, felt that they *did* have anger management problems. P8 had a long history of peer rejection problems and quickly became distressed and angry after 'falling out' with friends. However, she did not appear to connect this with her behaviour afterwards. Aggression is a common reaction to perceived rejection, especially those high in rejection sensitivity. P8 '*I got kicked out of my first school for vandalising the head teacher's car...that was because I was angry...I think I have quite bad anger management, because I get angry at everything';* P8 parent '*on two occasions she vandalised teacher's cars...and on both those occasions prior to that, something had happened within her friendship group that she's felt unable to cope with, and the release has been to go and do something to these cars'*.

It was also felt that for boys especially, expressing bullying-related distress in terms of 'anger' could be far more socially acceptable i.e. 'masculine' than admitting to feeling frightened and depressed. P7 had found it very difficult to talk about how the bullying had affected him (even though he had

been crying on occasion) and instead focussed extensively on his 'anger problems' which he placed within the context of an inherited family 'trait'. P7 *'I've got a bit of an anger problem, my brother's got an anger problem too...I'm seeing a woman called ****, she helps me to like calm down with my anger, teach me like how to be good in lessons, stuff like that'.*

P2 said that he had become a bully himself *'I started to hit girls in the old school... or call them abusive names...I bullied them because like I got bullied...I became a bully because I felt lonely and angry'.*

Subtheme 3: They're out to get me – who will protect me?

Most participants talked about feeling unsafe at school and in the wider community. Victims of bullying may become increasingly isolated so there is less 'protection' available. The victim is in effect fighting a losing battle: the bullies become stronger as they 'wear down' the victim and gain reinforcements in terms of peers who turn on the victim; the victim becomes weaker as they lose support and become increasingly unable to defend themselves or cope with the bullying. At school, most participants said that teachers were largely ineffective against bullies, and there was a lack of strong authority figures that would 'sort out' the bullying. For young people to feel safe and secure at school, they need to feel that someone is 'in charge' and able to set boundaries for behaviour. Some participants felt that teachers were 'scared' of the bullies and perceived schools to be 'lawless' places, where teachers had 'lost control'. A few participants said that they had encountered peers who carried weapons, such as knives. Constant fear and expectation of harm had made some participants feel that they were becoming 'paranoid'.

P11 *'**** is like a madhouse...the year nines actually bully the head teacher, there's no law and order there...they're getting more and more scared';* P1 *'Most of the time I don't feel safe at school, **** is a really big school, and the teachers can't always be around watching what's going on...you get loads of people around you, you feel like really paranoid, I get paranoid easily';* P13 *'**** had the highest amount of bullying, the highest amount of people with knives taken away from them...my friend ****, some bloke put a knife to him in ****'.*

Most participants were therefore apprehensive and fearful about going to school and many were experiencing symptoms of hyperarousal, and demonstrating social cognitive biases. P12 admitted that he 'expected' to be abused and often 'misinterpreted' situations or things that people said *'if I so much as hear one of the bully's voices I panic, if there's like a rumour going around that they're going to get me, I panic... I also get really irritable, and get angry easily...I walk around the school generally looking behind me, looking everywhere really, just really kind of paranoid...I think I interpret things badly, like sometimes I think things are going to happen and they don't';* P12 parent *'it's difficult to get him up and out of bed – bed's safe, but going out isn't';* P14 *'I feel...not able to sleep basically, one Sunday I was up till three o'clock with a bad headache and stomach ache... it's like the first day of the week, the next day...I was really stressed out till three o'clock in the morning';* P14 parent *'he's on a high alert state all the time'.*

Two female participants had become so anxious that they had eventually been physically unable to attend school, and had sought protection and refuge with their families. One participant had resorted to sleeping in the same bed as her mother, as it was the 'only place' she felt safe. P13 *'I just*

wanted to be with my mum because I felt safe and I knew no one could hurt me...I wouldn't leave the house except with my mum or my sister'.

Most participants said that they had changed their routines or avoided certain areas to maintain their safety. Consequently, participant's worlds were shrinking as a reaction to managing threat. This resulted in reduced access to resources in school, such as use of the canteen or toilet facilities and opportunities outside of school. Some participants felt they had lost independence as they could not use public transport, for example. P5 said that there were 'no go' areas for her at school '*I won't go in the canteen to get anything to eat, I often won't eat all day at school and I try not to go to the toilet... I really don't want to go in, I get in a state';* P3 '*I was frightened to go into town in case I saw the bullies, so I couldn't get a part time job...I also couldn't catch a bus on my own...I was too frightened to get on the school bus, because things used to happen on there as well';* P1 '*I try and avoid going out, I don't wanna go to town by myself'.*

P15 did not even feel safe at home as the bullies had begun to target the family, and they had consequently tried to 'defend' the home '*Some older boys on the estate have been taking my money and threatening me ...I've got knives hidden all around the house in case they break in and attack me when I'm in bed;* P15 parent '*I've had kids kick my front door in... I've got spikes on the back of my fence'.*

Master theme 2: *Losing status, losing friends, losing trust*

Subtheme 1*: Feeling alone and 'unpopular'*

Most participants reported feeling isolated and lonely in school, often because peers had 'turned against them' or friends had deserted them. P5 '*I feel isolated in school...I sit in the library alone at lunchtime';* P11 '*I don't really have any friends at school...my mates feel too scared to help me, because they feel they're going to get it';* P10 '*I've lost most of my friends'.* Many also felt that they did not 'belong' in their school and perceived themselves to be 'unpopular' with the majority of their peers. Some participants had internalised the insults they had received from the bullies, or viewed their victim reputation as 'proof' that they were generally disliked or didn't belong. Chronically bullied and rejected participants were more likely to feel that they didn't belong anywhere P1 '*I don't belong, I never belong...my family hate me, everyone just hates me';* P10 '*everyone hates me, everyone's horrible to me'.*

Participants recognised that the 'popular' kids had more social power and status, and were consequently able to turn peers against them. P9 '*the populars, they went in big school, fitted in perfect...and then they sort of pushed me out from there';* P4 '*the popular kids are the bullies'.* P8 had been rejected by most of her peers and had a long standing victim reputation. She said that the 'popular' group had started to bully her, and as other peers joined in, she became more and more isolated '*there's a load of groups...there's an 'in' group, and a group that wasn't...the 'in' group were the ones who were starting it and other people just joined in, just so they could become that group'.*

For participants with long standing victim reputations, there was very much a sense of feeling entrapped by it – how can you change your reputation when large groups of peers already have a negative opinion of you? The reputation could also become a self-fulfilling prophecy, because if individuals get treated as some kind of 'pariah' for example, they may further withdraw or become

more aggressive or emotional, which decreases their popularity further and provides further 'evidence' for peers that they deserve their reputation. P2 had a long standing and widespread victim reputation that had spread out into the local community. He was extremely lonely and desperate to try to 'repair' his reputation in order that he might be able to make friends *'all my friends have run away from me, because all the mums and dads think that I'll harm their child...but I won't... t just like got to a point where no one liked me...one of the bullies said 'hands up everyone that don't like ****, put your hands up everyone that don't want him in this school'...they all put their hands up... I did make a fresh start at another school, but the other kids there found out what I'd done...I asked my mum if like maybe she could go and speak to some of the mums and try and convince them that I'm not a bad person, but she won't do it'.*

Subtheme 2: *It's difficult to make 'real' friends*

Following on from the preceding theme, most participants reported friendship difficulties. Often the participant had difficulty *making* friends because of their reputation or low popularity in school, or poor social skills, and consequently had to 'settle' for friendships that were of poor *quality.* It is likely that some participants were high in rejection sensitivity which made it more difficult for them to make and keep reciprocal friendships. Some participants became angry and distressed when encountering minor friendship difficulties, which further escalated the situation. Others had become so desperate for friends that they 'compromised' themselves in some way, and victimised and rejected individuals may enter into conditional friendships. It is likely that peers can sense if other children are desperate for friendship and will exploit this. Also, if individuals have low self-esteem, they may feel that they have little in the way of personal qualities to attract potential friends and so will therefore attempt to 'buy' friendship – a case of friends at any cost?

With P1 it seemed to be a case of 'I've got friends, but...' P1 *'I've got a few friends in school, but they don't hang with me… I've got friends, but I can't count on them, one day they're my friend, the next day they're not…I can't hang with them'.* P2 had been desperate for friends for a long time and eventually decided that any company was better than none, as his 'friendships' were not reciprocal *'I've got a few friends now, but not all of them particularly like me...the boys at the park say 'go home, nobody likes you'.*

P7 had been trying to gain acceptance with a group of peers who were using him as a 'fall guy' *'you don't grass on anyone...to get friends you should try to be nice and not like grass all the time'.* His mother described him as being 'easily influenced' by peers and willing to compromise himself to gain acceptance P7 parent '**** *is a follower, if you know what I mean, he will follow people ...he used to say 'they will like me if I do that'...they always used to blame him for everything – that's how the police know him'.*

P8 also admitted to mixing with the 'wrong crowd' because she had been rejected by most of her peer group. She started behaving badly to 'fit in' *'most of year six, I didn't have any friends, suddenly they all just ganged up on me...I hang around with the wrong people now, because I just wanna have friends';* P8 parent '**** *wanted to fit in, she's very, very influenced by her peer group...she was smoking, her behaviour went downhill big time, then they asked her to leave ...she wasn't badly behaved before the bullying'.*

P2 had tried to gain acceptance by 'acting the fool', but this strategy backfired as peers ridiculed him further and laughed *at* him. He had received social skills training from CAMHS, but it had not helped him to make friends '*I act like silly at school a lot so people will like me...they tell me ways like, of making friends, but it doesn't really help'.* P10 had a long history of peer rejection. Her mother said that she had 'lost out' on friendship making skills because she had missed significant periods of schooling and had resorted to ineffective strategies to make friends. P10 parent '*she was ill over a long time so she lost out on socialising, I thought at Secondary School that she would make new friends, but she's found it really, really, hard to adapt... sometimes she'll hit them to get attention, for them to speak to her'.* P14 had also never 'learned' how to make friends '*I think that's what started it off, because I had no friends when I was young and I was like stuck in the flat the whole time...I didn't have like any friends across the road to play with...so I think that's what started the whole thing off, really...my childhood'.*

Some participants had 'low status' friends, such as other victims or unpopular peers. P13 said that the only people who would be friends with her were other victims '*I only had one friend in **** and his name was ****...and he used to get bullied, he got bullied really badly'.*

Being labelled or categorised as belonging to a particular social group was making it difficult for some participants to make friends as they had to follow certain social 'codes of conduct' P1 '*If you're a Wigga, you've got to wear this; you've got to wear that...most of the time it's like, what? ...you get the labels now - the Wiggas, the Emos, the Goths, the Chavs...it's confusing...you've got another one, townie...Emos can't be friends with Chavs...Emos and Goths are the same apparently... 'Oh, she's a Goth; you can't go near her'...it's like, what?'*

What was also interfering with participant's ability to make friends was that many had lost trust in others and admitted to general negative evaluations and expectations of other people. Some did not trust their peer group; others had lost trust in teachers as they had felt 'let down' by them. Participants who had reported a long history of victimisation and family problems reported more negative expectations of people generally. P3 '*The worst effect of bullying was not being able to trust people* '; P2 '*I try to trust people, but they always end up doing something'.* P14 had been rejected by his biological mother and father and had spent long periods in foster care. He held very deep resentment towards his mother and had grown up with low expectations of people '*before I came here, I didn't have a family that I could trust... I will never forgive my mum for what she did...I would like to go on the BBC news and tell every foster kid - do not ever forgive your mum'.*

P9 had lost trust in teachers. She did not view them as 'real' people and felt there were barriers between teachers and students that hindered communication '*to genuinely know that you can trust someone...teachers should be more expressive on their personal views and their personal lives...just be open and honest...you just feel that you can't trust them because they're not understanding...if they talked to you about their personal views and personal lives ...just be a little bit more open and honest'.*

Interestingly, some participants talked about trusting animals more than people, and enjoyed having animals as 'friends' - presumably because animals do not have the same ability to deceive or manipulate and there are no complex social rules to navigate. It is also less likely that animals will 'turn' on you. P1 '*very wary of people my age, I've got mates, but I ain't got a best mate...my best mates are my animals, they can't put a mask on'.*

Some participants did have normal social skills and friendships outside of school, but knew that they would not be able to make friends in school because of their low popularity or reputations.

Master theme 3: *What's wrong with me?*

Subtheme 1: *Bullied because I am different – why can't difference be a good thing?*

Participants were looking for reasons as to why they were being bullied – trying to understand 'why me?' It was apparent that both male and female participants felt that they were bullied for not conforming to desirable criteria for male and female appearance, and also for having personality characteristics or values that went against the dominant 'norm' for a particular school. Participants felt they were being 'punished' in some way for being different. For girls, there was overt pressure to conform to socially desirable norms for appearance and feminine personality characteristics, and becoming a woman was felt to be a difficult process to. Many female participants reported insults to their femininity from both boys and girls and were often called 'lesbian', 'dyke' or 'man', especially if they demonstrated behaviour or attitudes that were considered 'unfeminine'. P8 *'they wouldn't let me join in what they were doing... people were calling me anorexic, saying I looked like a man because I had a six pack, I used to do gymnastics...that kind of hurt my feelings'.*

P9 felt that she was different from the other girls in both looks and personality; everything was 'wrong' about her *'I was bullied mostly about me being fat...first it was me having curly hair, then it was me having thick, curly hair...then it was being fat... everyone would just try to make me feel bad about myself... have you heard the way some boys talk to girls if they don't agree? They'll start calling them 'fat' if they disagree or 'lesbian'...'*

Interestingly, male participants also reported being bullied about weight and appearance, which could be a reflection of the increasing importance of a desirable *male* physique as portrayed in the media P14 *'one time when I was in the dining room, when **** saw me eating one biscuit...or whatever I had in my lunch...he said 'Oi, you need to start eating healthy', then he stuffed an orange in my mouth, and I was like hurt about that'.* In fact, being verbally abused about their weight had affected the eating behaviour of half the male participants. P7 *'they all tell me at school that I'm fat, I'm podgy, I shouldn't be eating...so I stopped eating at school'*; P7 parent *'the kids used to keep telling him he was fat, and then the teachers found him with his fingers down his throat...that was in ****...they rang and told me, and I was just shocked'*; P2 *'I think that I'm fat and ugly, people call me 'fat' at ****...I feel too embarrassed to eat at school now'*; P2 parent *'he's stopped eating properly, and **** loves his food'.* P12 was also abused about his weight, but instead of restricting his food, he admitted to *'comfort eating'* which was making the problem worse.

Participants also reported being bullied as a result of other perceived 'differences' and felt that people were very quick to judge them negatively as a result of these differences. P4 *'I get bullied because I've got ginger hair, they're prejudiced...I'm different'*; P7 *'I had speech problems...people used to call me thick, they took the mickey out of me because I couldn't speak properly'.*

P5 had been bullied and excluded because she held values that went against the norm for the majority of the peer group at school, and had also been physically abused for having the 'wrong' accessories – a case of conform, or pay the price *'I've got different views from everyone else, I'm just*

different from everyone else, really...I had a rucksack instead of a Jane Norman bag and so I got kicked...I had the wrong bag'.

Most participants were angry that they had been made to feel different and felt that people should be taught to accept difference, rather than fear or reject it. Many participants recognised that bullying was a reflection of deeper held attitudes in society around 'difference' that needed to be addressed. Some participants viewed difference as a positive thing i.e. as being 'special' or 'individual', although they were more likely to hold this view for others than themselves. P1 *'you can't just stop bullying, just like that...bullying can happen if they're from a different place, or if they're not as smart as others, or too smart...different or odd...I think from a young age children should learn that difference is good...I've always been different...I believe that everyone's special in a way, and they should find their specialties, or help them in any way they want help, and don't start judging them...understand that everyone's different.'*

P9 felt very strongly that people were judged on what was on the 'outside' and that 'difference' therefore was superficial - it was the person 'underneath' that was important *'the thing is, looks ain't everything...what's wrong with being chubby, what's wrong with being ginger, what's wrong with being a lesbian? What's so good about skinny? ...they should teach people to be more individual, to accept themselves and others...and if you've got pink hair, what's the problem? Just accept it, they're people you know, just like me and you...don't judge on looks'.*

Subtheme 2: *Feeling 'under' everyone – are other people better than me?*

Most participants reported feeling inferior to their peers. Some felt inferior because of perceived differences even though they viewed difference as a good thing – at least in theory. It was felt that difference in *others* was easier for participants to accept. It is very difficult to have the strength of character in early adolescence to be able to carry off being 'different' yourself, or to have the confidence to stand out in a crowd. The reality is, that most participants had wanted to 'fit in' and be accepted by their peers. Being bullied and rejected had also resulted in participants comparing themselves often unfavourably to their peers, and also to desirable images presented in the media.

In terms of the social structure of their schools and of society in general, most participants perceived themselves as being 'looked down on' as opposed to being 'looked up to' as they felt they lacked the appropriate qualities and attributes for social success. P11 '*I felt under everyone else';* P1 '*I felt on a different level to everyone else...I'm the ugly pig around here...why am I just so God damn fucking ugly?'*

P9 had questioned *why* certain sections of society were 'looked up to' or certain attributes valued and admired over others. She felt that celebrities were the new 'gods', but did not view them as good role models and felt that people should not be influenced by them. She makes the point that girls are being 'brainwashed' by constant bombardment of thin and glamorous images which are now a 'yard stick' of a person's value *'I was thinking last night, why do people have to look up at celebrities? What's so good about them? People basically worship them... You're sort of brain washed subliminally ...what makes skinny so beautiful? People shouldn't look up to glamour models, thinner people...it does make girls like really self-conscious about themselves and that's a bad thing ...a girl shouldn't have to feel that way about herself, it makes them not have self respect so that it affects their lives, makes them grow up thinking 'Oh...I'm not worth anything'...stuff like that'.*

Because of the personal nature of the insults, most participants had felt that they were to blame for the bullying because of being 'different' or perceived defects in appearance. Most participants had in fact, become highly self-conscious and had resorted to 'hiding' under heavy make-up, long hair or baggy clothes as they felt that they were 'not as good' as other people. It was felt that participants wanted to become 'invisible' to critical eyes - literally not wanting to face the world. This was equally true for both male and female participants. P8 '*I felt there was something wrong with me all the time...the bullying was based on me really, like how I looked...in some ways, I felt that it was my fault, sometimes I feel like 'am I normal?' because people were saying that I wasn't, and I didn't know if I should believe them or not...I used to get like really upset, even now I think like 'am I actually normal?'...I guess not really*'.

P1 had been 'hiding' behind a gothic identity, and became distressed when teachers had told her to take off her heavy make-up, as she felt exposed and vulnerable. P1 '**** *sort your make up out, why are you doing it like that? Why have you got so much foundation on? Take it off'...making me take all my make up off when I didn't want to, when I tried to hide my face behind it...I didn't think of that at the time, I thought I looked really cool with it... I used to wear really dark make up, I used to wear really dark clothes...the first morning I cried*'.

Master theme 4: *How can I learn under these conditions?*

Subtheme 1: *My mind is elsewhere*

Most participants said that the bullying had disrupted their education to some degree, and there was a sense that 'things were getting in the way' of learning. The participant's mind was occupied with other more important considerations such as keeping safe or managing difficult emotions, and consequently there were fewer mental resources available for learning. Many were in a state of perpetual anxiety in school, as they were 'expecting' to be attacked and apprehensive about what the day might bring. There was very much a sense of 'education is the least of my worries'. Participants played out possible future victimisation scenarios, and how they would cope with them, which used up mental resources. Most participants did not feel relaxed and comfortable in classes as they were frequently bullied and lessons were disrupted by bullies. Participants felt it was unfair that the bullies who 'did not want to learn' were disrupting their education and said that teachers often had little control over classes P1 '*Some of the kids are over ruling the teachers...because there's no like rule there, because there's no structure...most of the time in big classes, the pupils are bored, and then they like take it out on other people*'; P4 '*I enjoy my schoolwork, but the bullies disrupt the lessons, these idiots don't want to learn...they throw elastic bands about and shout a lot...I do want to learn, but I can't concentrate properly in class because I get bullied, I get hit on the head with a ruler*'.

P12 said that his 'social being' was in a state of turbulence, which had affected his psychological functioning '*the bullying really affected my schoolwork... the state that my social being is...when the rumour was going around I didn't do any work in class, I would just sit there because I was worried, I couldn't do anything in that situation, I would just sit down in class and stare blankly, I didn't want to do anything, I didn't want to do my work, I just wanted to stop the rumour*'. P12 was also bullied in class which affected his concentration '*when I've got a bully who's ...particularly been bullying me that day, I can't really concentrate on my work...basically mental abuse, taunting me all through the*

class ...I used to learn loads, but it's just kind of been less and less, every time I get picked on, every time I get bullied'.

Many participants were experiencing strong emotional states which had impacted on their ability and motivation to learn. P1 recognised that to be able to learn effectively, you needed to be in the 'right frame of mind'. She felt that her depression had 'sapped' all her motivation and enthusiasm for learning '*In order to succeed you need to be in the right mood…if you're in a really depressed mood, you can't be bothered to do anything, but they try and force you'.*

Subtheme 2: *I love learning, but hate school*

Following on from the preceding theme, most participants felt frustration at not being able to achieve what they were capable of. There was very much a feeling of 'love learning but hate school' - participants were angry and disillusioned with what was going on in their school and classrooms and were consequently disengaging from education. The main point of this theme could be summed up as 'difficult peer and teacher relationships'. Many participants reported conflict with teachers and were resentful at the perceived lack of support and understanding with regard to the bullying. Some felt marginalised in classes, and perceived that they were unwanted by both peers and teachers, which resulted in participants 'hating' school. Many were too frightened to attend certain classes, and sometimes 'bunked off' school altogether. It was apparent that many participants wanted to be in another educational establishment, such as a college, where they felt that students wanted to learn and where they would be more welcome.

P12 '*I do enjoy learning, but...actually at the moment, I'm not enjoying being at school...but if there was no bullies...or if I was at a private school...the actual learning I enjoy, but actually going to school, and going through what I go through each day...'*

P1 '*like I wanted to take drama, but I couldn't…like the whole lesson was my worst enemy…I had like absolutely no friends in that lesson, so I used to bunk that lesson'.* P1 also felt that some teachers didn't understand or like her, which affected her motivation to work '*I couldn't be bothered with coursework, I seriously couldn't...I was getting 'F's...the English teacher I had was absolutely horrible, I hated her so much...I was like 'I don't care about English'.* P10 '*I can't be bothered with my schoolwork now, I hate school...I don't feel like I belong here, I don't want to go to school'.*

P8 had previously enjoyed school, but had completely disengaged from education because of poor relationships with teachers and peers '*I was like, 'I don't want to do this lesson', she was like 'I don't care, you're doing it'...there was a time there when I was so scared to go into my lessons...I actually used to like school, but in year six when all the bullying started...and since then, I don't like school...I've been out of school about a year and they haven't given me anything to do at all'.*

P5 perceived that she was 'unwanted' by both peers and teachers in class '*they just don't want me to be there in class, I just sort of sit on my own...teachers just ignore me'.* She was caught in a dilemma as she was very keen to learn, but often could not motivate herself to attend school '*I don't like coming in, I'm missing a lot of school and my grades are dropping...I just want to get on with my work, I just want to go to a school where people learn, I'm just worried about getting really good GCSE grades and really good A levels'.* P7 felt that teachers viewed him as a 'nuisance' because he needed support in the classroom and said that his peers 'ridiculed' him '*they didn't like me, I had*

speech problems...they say I'm thick and can't read...I just used to sit at the back of the class, I didn't put my hand up to ask for help in case they all laughed at me'.

Master theme 5: *Nothing makes sense anymore*

Subtheme 1: *Where is the justice?*

All participants felt that schools were not adequately addressing the bullying. There was very much a sense of 'injustice' as it was felt that the bullies were 'getting away with it', while the victim was being 'punished' i.e. missing out on education or being 'blamed'. Participants wanted to see firm action being taken against the bullies and to receive 'justice', but most felt that schools were finding excuses not to take action, such as having insufficient evidence. It was apparent that participants viewed the problem of bullying in mostly 'black and white' terms i.e. the bullies are bad, so should be punished and therefore could not understand why bullying problems were so difficult to resolve. It was felt that schools were also 'playing down' the harm that bullying caused and not taking certain types of bullying seriously, although participants were placing certain bullying acts within the context of criminal offences. Some participants felt that the bullies knew their 'rights' and consequently could 'play the system' and get away with it. Interestingly, restorative justice was viewed as 'soft justice' for many.

P4 *'they don't take verbal bullying seriously... the bullies are getting away with it, stupid inbreds...there's no justice...they're excluding me because I get angry, but they're not excluding these kids'.*

P5 *'my dad said if someone hit you in the street, they'd get arrested for assault...it's illegal...so why should you be hit here if it's against the law outside?...I don't understand why they just don't get rid of them, I don't understand why they can't just be kicked out of school...they say that they can't 'prove' anything'.*

P8 made an interesting point with regard to the problems individuals face when being relationally bullied by large groups of peers *'as far as I was concerned, the school did nothing, because the bullying wasn't stopped...my mum called in, and I don't think they did anything then...I told my teacher and she told me to stop being a grass, basically...she thought I was telling tales...basically when you're being bullied by most of the year, you don't tell anyone...if you're being bullied by one person, then you tell someone, because most of the people around you aren't joining in, but when it's most of your year against just you...really, you've got no evidence'.*

P13 *'the bullies are still at the school, the headmaster didn't want to know, he kept avoiding all our calls... I would have liked to have gone back to school, and not had the bullies there...as soon as something happens, like a punch in the face, or a rumour, the bullies should be excluded...anti-bullying policies in schools don't really do much'*

P12 *'you need more places for people who are being bullied to turn to… someone who can actually do something, someone who can take action, maybe just stop them…stop the bullies'*

'As a generation, we know too much…we know our rights…we know what we can do to teachers, even our own parents'

It could be that for many victims, obtaining 'justice' could be an important factor in recovery. P3 parent *'I think those that have been bullied, need to see their tormentor punished...justice'*

Subtheme 2: *Why don't they understand me? Why don't they care about me?*

Most participants felt that teachers did not understand them and were misinterpreting their emotions and related behaviour, and also felt that teachers thought there was 'something wrong with them' or that they had 'problems'. P12 *'they make me feel like a 'problem' child'.* Participants felt that it was 'normal' to feel distressed and angry when they were bullied as they were 'only human', but it appeared to them that teachers were turning this emotional distress into a disorder.

Although some participants said that they had benefitted from counselling, others did not find it helpful. Those who did not find it helpful perceived it to be an indication that teachers thought they were to blame in some way for their problems i.e. the problem was *within* the participant; others had been very offended when they felt that the counsellor was inferring that their *family* were to blame in some way. Some participants who were referred for anger management did not feel that this was a suitable intervention as they felt that their anger was 'justified'. It was therefore very important *how* the intervention was presented i.e. to support the victim. Clearly some participants had interpreted referral to interventions as an indication that they were felt to be at fault, or to blame. Some participants also reported feeling disliked by teachers and felt that they were waiting for an excuse to 'get rid of them'. For these participants there was very much a sense of teachers 'bringing out the worst in them' by holding negative views and expectations which become a self-fulfilling prophecy.

P1 said that most teachers did not understand or acknowledge her emotions, which she found very frustrating. She felt that if teachers could make an effort to understand their students, they would find 'clues' that would indicate the state of their emotions *'most of the teachers can't sense how I'm feeling…they keep interrogating me and if I'm in a mood I'll just say 'fuck off' to them and walk out...they kept wondering why I wasn't going to school, why I was going in late…why I was going ape...feelings in pupils... teachers should understand emotions, how they show their emotions in their makeup and what they wear …how they act and stuff…they are human, they have feelings and stuff'.*

P4 was insulted that teachers thought he had a 'mental problem' and was frustrated that they did not connect his anger to the bullying *'they said I was crazy because I got angry and picked up this chair, and the teachers wanted me to go and see a doctor...the teachers said that I had paranoia, they were making out like I had paranoia, like I've got some kind of warped disorder...like I'm crazy'.*

P13 did not find anger management helpful. She was shocked that she was referred to anger management, as her behaviour at school was good. She was also angry that teachers did not understand how depressed and desperate she felt *'in **** I had three counsellors...three because **** said I needed counselling, I saw three counsellors every week...they said it was me... have I got a big sign on my head saying 'bully me'?'... I got put in counselling and anger management because they thought there was something wrong with me...counselling didn't help, because my counsellor was weird, she kept changing the subject to my family or something... they were blaming it on me...when I said that I wanted to die, the teacher said 'I think it's all talk with ****, I don't think **** would commit suicide'... they had the cheek to say 'it's just talk from her'.*

Some participants had been labelled as 'naughty' or 'disruptive' and felt that teachers were prejudiced against them, as they were not prepared to give them a 'fair chance'. P8, P7 and P9 had the perception that teachers did not want them in their school; they felt misunderstood, unsupported and disliked. P8 '*me and this girl had a fight, so I got kicked out... the head teacher said 'this is the final straw, we've been waiting and waiting and waiting for you to be kicked out of this school'...like he was happy about it'*; P8 parent '*because **** is not academically gifted, I think it was quite easy for them to get rid of her...they didn't offer her the support that she needed, they didn't try with her'.* P7 felt that teachers had labelled him as a 'naughty boy', and was frustrated and angry that he couldn't get teachers understand why his behaviour at school had deteriorated '*the teachers weren't bothered I got expelled, he just tried to get rid of me that teacher...they did stuff to me first, but when I've done stuff back, I've got into trouble...they've just got it in for me, it's always my fault...they don't see what they've done to me in the first place'.* P9 also felt that her teacher was not prepared to 'look beneath the surface' and see the good in her '*I think it was something personal because Mr **** never had anything good to say about me, he always picked on the bad...that made me feel, well, 'fuck you', you know'.*

Many participants felt that 'no one cared' and did not understand why they were not getting the support and sympathy from teachers that they felt should be given to them. They were also confused about who could help them with their bullying problems and where to go to get the help. Some participants clearly required more support from school, or from other sources, because they were not getting it at home, or from the peer group, and had felt 'let down' by teachers. P2 '*teachers didn't care sometimes, only one did...I got no help from anyone when I was being bullied';* P14 '*I feel that nobody cares about me at school, I don't get the attention that I need'.*

P1 was confused about who was 'out there' to help her. She was also apprehensive about approaching potential sources of help which may be a common problem for victims. Victims who have been 'knocked down' may find it difficult to ask for help, especially if they have lost trust in teachers. It is likely therefore that chronically bullied victims would benefit from help and support that is easily accessible and consistent. P1 '*there are big waiting lists for counsellors…there is Connexions to see what you want to do in the future, but if you've got kids who are really suicidal, they don't see themselves in the future, they see themselves dead…doctors just give you medication, and put you on a waiting list... is there anyone there to help me?…anyone to talk to?…who is out there?...sometimes you get a list of numbers to call at school to get help, but it can be different people you talk to each time, and you're too scared to call them'.*

Master theme 6: *Things are out of control*

Subtheme 1: *Bullying that's gone too far – damaging me, damaging my reputation*

Participants said that the bullying had often not been taken seriously in the beginning and consequently had got worse over time. It had often begun with relatively minor instances of name calling which had escalated into sustained and high level mental abuse and physical assaults, which in some cases, had resulted in broken bones and other serious injuries. P12 '*It's been going on three years now ...it started as verbal and mental, then it kind of like turned into sometimes physical, physical threats';* P4 '*they kept pushing me over and I hit my head...I had concussion twice, my mum is a nurse so she knew what it was';* P2 '*I was kicked from head to toe...I was held up by the throat and this other kid punched me in the face...when I was in the park, they also pushed me too high on*

the swing and I fell off and broke my leg'; P1 '*I used to get beaten up, I had my hair singed, I got hit by a baseball bat...glue in my face and stuff...I had bullying in school and I used to get beaten up by kids outside'.*

Most participants also reported being 'injured' by social or psychological bullying, and finding these types of bullying most distressing P11 '*mental bullying upset me most'.* Often, the victim develops a 'reputation' which may become entrenched and therefore difficult to shake off. As the reputation becomes more widespread over time, it prejudices peers against the victim. One especially damaging type of social bullying reported by participants was rumour spreading which was not only humiliating, but had a detrimental impact on the participant's identity and social standing. Participants did not feel that these 'injuries' were neither acknowledged nor addressed.

P12 was falsely accused of sexually assaulting a fellow student which had added to the strain he was already under with his parents divorcing. He experienced shame and outrage as he developed a reputation as a 'sex offender' and felt that his life was spinning out of control – '*it was like all hell had broken lose'.* There was a strong sense of powerlessness as he was 'left dangling' while waiting for the outcome of this accusation, and perceived that he could do little to influence the situation. However, he felt that nobody had recognised the damage that it had inflicted '*it wrecked my life',* and was angry that no attempt had been made to try to 'repair' the damage to his reputation after he was acquitted.

P12 '*one really, really bad rumour... a girl had accused me of touching her up and it got to Social Services...then they wrote a letter to my mum saying the case had been dropped because the girl admitted that she'd been lying, but there's been no actions to kind of stop people from mentioning it because it wasn't true...there's no effort to stop any kind of ...recurring ...I was worried I could lose my relationship with my mum, and since my mum and dad were divorcing at that time, I could lose two in one year, sort of thing - 'Oh God, what's happening?'...it was like everything was just hanging in the balance of this one decision, of this one rumour... the punishment I would be facing if that had gone through...'.*

P13 said that a rumour had circulated saying that she was pregnant, which had damaged her reputation as other students now viewed her as a 'slag'. Things appeared to be getting out of control when teachers had also started to believe it, and she was accused of starting the rumour herself. Eventually her mother had to explain to the school that she had not even started menstruating and was in fact, a virgin, in order to try to 'restore' her reputation.

P13 '*they were calling me names like 'slag', they were saying I was pregnant...they spread rumours around that I was pregnant...the bullying was so bad, even the teachers were coming up to me and asking me if it was true that I was pregnant...I said 'no, it's just rumours'... every day I would walk into school and they would say 'alright pregnant – when's the baby due, what is it?'... They were blaming it on me, they said 'we don't think people would just spread this for no reason, you must have said something'.*

Also, as more and more of their peers 'turned' on them, participants were often 'ganged up on' and must have felt that they were facing an insurmountable wall of hostility and aggression P8 '*it was the whole of my year against just me'.* P13 said that she was once abused and taunted by a large

group of peers '*once there were about twenty kids following me, the teacher had to lock the door to stop them...they were calling me names like 'slag'...'.*

Interestingly, cyberbullying is able to cause bullying problems to get out of control very quickly, as cyber abuse can reach large audiences in a short space of time, and can remain in cyberspace. Peers used the internet to spread rumours about participants, and to turn peers against them. P3 '*some of the people who I called my friends, got hold of my password and started sending messages posing as me...that turned people against me'.* The level of abuse can also spiral when a victim is abused via the Internet, as perpetrators can remain anonymous if they wish, so may find it easier to go a step further P6 '*I got an email saying they hoped that I'd get raped by someone'.*

Subtheme 2: *How do I stop them? Stand up for yourself or be a victim*

All participants expressed confusion and anxiety about how to deal with the bullying and what strategies to use: 'what works' to stop the bullying? Participants wanted to regain control over a situation that was quite clearly 'out of control'. However, participants felt there was no clear leadership in schools and no one could give them any 'black and white' solutions. Sometimes participants received conflicting advice such as 'fight back' or 'walk away'. Participants were therefore facing a dilemma with regard to what strategies to use and often received advice that conflicted with their own moral or behavioural code. Some did not want to fight back because of religious beliefs, whereas some participants reported being in schools or communities where it was the 'norm' and socially desirable to fight back and 'stand up for yourself'. Participants were actively 'weighing up' options and assessing the costs and benefits of each strategy. All male participants but one lived in a household where their biological father was absent, and consequently, had had to be the 'man of the house' at a young age, with no male 'protection'. P3 had not seen his father for many years, but wished that could protect him P3 '*I want my dad to come back, he could like stick up for me*'; P3 parent '**** *wanted to start seeing his dad, he wanted his dad…especially when he started at secondary school…he just wanted somebody in his life who he thought could protect him'.*

It is likely that many boys may feel 'emasculated' by being bullied and therefore attempt to 'regain' a masculine identity by fighting back. There was a sense that many participants, both male and female, felt that it was important to 'defend your honour' at any cost and not 'lose face', which could be an important identity need. P7 felt that it was important to stand up for yourself even if there was a large group of bullies P7 '*you've got to stand up for yourself... I used to go to the teachers a lot, and I used to get bullied more... some people like say if you're being bullied you're not allowed to fight, but sometimes you might have to give them a punch to warn them to get off...you might get into trouble, but would you rather get bullied or get sent home? If you get into a fight, like you punch someone, and they fall to the floor, they will walk away...about ten came towards me, and they were all kicking and punching me...and I turned round and smacked one of them, then smacked another...and because I took down two of their like hardest people, they all ran away... the bullying made me more violent, I am a more violent person'.*

P9 said that her family had taught her to fight back 'whatever the cost' and not 'lose respect' '*my dad he used to be bullied, and he's told me stories about how he stood up to them, no matter how big they were...he would never back down...never be pushed about, you know, because that's how you lose respect from people'.*

P12 had one day lost his temper and attacked one of the bullies, which had acted as a 'catalyst' for getting the bully expelled. Even though victims are often told not to fight back, some may eventually retaliate as a way of regaining control over the situation P12 '*it's only recently that one of the bullies has been expelled and put into ****ESC...but if I hadn't retaliated, nothing would have been done... after the class, I grabbed him, dragged him to the floor...I just floored him...then they expelled him for threatening me'*.

A problem that many participants reported was the fact that as they were being bullied by so many peers, it seemed to be an impossible task to 'stand up to' them all P5 '*I want to stand up for myself, it's just the fact that it's a lot of them'*.

Some participants however, had decided against 'fighting back' as the felt that it would only inflame the situation P14 '*I haven't really tried anything back, cos like even if I tried something back, he'll just do like something even worse, and I'll basically be the one getting blamed'*.

Recovery themes

Table 49 *Recovery process themes*

| Theme 1: *Getting the support that I need* |
| Theme 2: *I belong in this school, I feel safe and welcome* |
| Theme 3: *They're bringing out the best in me – feeling proud of who I am* |
| Theme 4: *My home life is more settled and I've got parents who support me* |
| Theme 5: *Making 'real' friends* |
| Theme 6: *Victim or survivor?* |
| Theme 7: *My learning needs are being met* |

How did themes differ at follow-up?

At baseline, LA participants talked about difficulty managing emotions, such as depression, anger and fear. However, by follow-up, many participants had received support and understanding from teachers in ESCs, or therapists which validated their feelings, and helped to reduce emotional distress. Many participants had felt that teachers did not understand their emotions at baseline, which had exacerbated emotional distress. Also many participants were feeling safer at new schools, which had reduced fear and anxiety. An important recovery theme for many participants was having their anger understood and validated, although some participants still had difficulty managing their anger.

At baseline LA participants had felt socially marginalised and on a lower level than other people. Many had also lost trust in others and had become sensitive to rejection, which had compounded their problems. By follow-up, many had regained a sense of belonging, because they had moved to a more welcoming school or were mixing with more a more similar peer group. Many also talked about escaping from a victim reputation which had prevented them from making friends or gaining acceptance, and being in schools with less rigid social groups. Some participants had also recognised the importance of making 'real' friends i.e. those that are based on mutual liking and respect, and not 'bought', although some were still using maladaptive strategies to make friends and finding it difficult to escape from a reputation.

A strong theme at baseline for LA participants was feeling different from others, or that they were 'not as good' as others. At follow-up, themes emerged relating to changes in self perception and identity i.e. from 'victim' to 'survivor' and some had made positive changes to themselves with support from others. Many had been able to 'shake off' an old negative identity and 'reinvent' themselves. Teachers were also helping participant to recognise their unique qualities and abilities, and to begin to evaluate themselves more realistically. Those who had changed schools were often able to make a new start, away from the shadow of a long established reputation. Some participants however, had not escaped their reputations and viewed themselves as chronic victims.

At baseline, participants had talked about the effects of emotional distress and poor relationships with teachers and peers on academic functioning. At follow-up, some participants had changed schools or were attending ESCs, and found their new schools to be more welcoming and supportive, which had improved their academic functioning, as they got on better with both peers and teachers.

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Support and encouragement with learning, were rated very highly, and many felt that their academic needs were being met. Participants were also more able to concentrate and apply themselves to learning as their emotional state had improved. A minority of participants were still being bullied and consequently still disengaged from school.

At baseline, many participants had felt that 'nothing made sense anymore', but by follow-up, many participants had experienced a 'shift' in thinking and were able to think more rationally about themselves and others. Some were also taking a philosophical approach to understanding their experiences and trying to learn from them, or take something positive from it. Participants who were still being bullied or who lived in a difficult family situation were still in a state of confusion and turmoil.

At baseline, most participants reported that their lives were 'out of control'. By follow-up, however, many were feeling more settled and secure because their home lives had improved and teachers were providing more support and a sense of security; in fact some participants had described ESCs as being like a 'family'. Some participants reported that new mainstream schools or ESCs had clearer boundaries and more structure and discipline, which made them feel more secure. Some participants had also learnt 'life skills' which had given them the tools to exert a greater influence over their lives, and therefore a greater sense of control. Some participants had also begun to 'take back power' from the bullies and had developed psychological strength. A minority still retained a sense of powerlessness, usually because they were still being bullied and felt that they were 'destined' to be victims for the rest of their lives.

Getting the support that I need

A major recovery theme, especially for participants with difficult family situations, was receiving high levels of emotional support from, and building good relationships with teachers, which had increased psychological wellbeing. Participants said that they needed to be listened to, understood and given help to cope with emotions. The ESCs who took part in this study described themselves as adhering to a predominantly 'nurturing' ethos which most participants found beneficial, and some talked about feeling like they were part of a 'family'. ESCs were offering authoritative 'parenting' to many of their students, with clear rules and guidelines for behaviour in addition to nurturing, which would also provide a sense of stability and security. It is likely that receiving more support had increased participant's self-esteem as they felt that somebody thought they were 'worth' supporting. Participants said that teachers in the ESCs and KS Centres were more understanding with regard to emotional difficulties, and able to help them to cope with their emotions. Even small things, like teachers making a cup of tea for the participant, appeared to have a large effect on emotional wellbeing - a cup of tea has associations with soothing emotions. These small privileges were also helping to build trust. Also, if an individual perceives that they have more easily accessible and high quality support around them, this is an important coping resource, which may reduce appraisals of threat and subsequent anxiety.

Many participants said that they had better quality relationships with teachers in ESCs, KS Centres or new mainstream schools, and for some, the positive relationships that they were building with school staff were providing a model of secure attachment. P1 had experienced a very difficult and unsupportive home environment, and the ESC was acting as a 'secure base'. She had formed positive relationships with staff, and felt that teachers were willing to 'invest' in her and 'bring her up' as opposed to 'knocking her down' P1 '*I started talking about it, the school eventually gave me someone to talk to...I saw a counsellor, she's helped a lot, If you're having a bad day here, there's always a counsellor to see you…I've always got a teacher that I can talk to, you've got teachers here that support you, and listen to you…they've always got a smile on their face, so it's bringing you up… I'm not doing the self-harm anymore, I'm not depressed, I'm not listening to all the heavy music much…you need someone who's got the time and patience for you...I've had a lot more support and encouragement...at **** you can get a cup of tea in your lesson, it just helps you to relax more, and there's trust there'*.

P9 described the head teacher of the ESC as being like a 'mum' and felt like part of a 'family'. The emotional support and understanding that she received had increased her psychological wellbeing and behaviour '*they do give you support here, they don't tell you off and scream at you, it has helped me a lot being here - it's like a big family at **** ...like, looking at Mrs ****, she's so nice, she's like another mum...when she's not here, it's like something is missing, the mum is gone, I love that lady, she's so cool, she never tells you off, never makes you feel bad, she's also very like...patient... when you're feeling down, they help you here so much, Mrs **** done me a cup of tea and I was sitting in here and reading, by the end of the day I was beaming'*.

P2 had not felt supported by his mainstream school, but perceived the teachers at **** ESC to be more understanding and willing to help him, which had increased his psychological wellbeing '*being at **** has helped me with confidence, being here has helped me get over my fears... they're helping, the teachers are nicer...I would like to stay at **** forever';* P2 parent '*it's like leaving an*

extended family leaving ****, that's how **** felt, it must have felt like a little family to him...**** helped his self-esteem, definitely'.

Some participants who had changed to another mainstream school, found their new school to be more supportive which had been an important factor in their recovery. Participant and their parents perceived that teachers were genuinely concerned about them, and cared about them P5 *'my new school is very supportive...I'm not that affected by the bullying now'*; P13 *'the teachers come up to you and say 'How are you? Are you alright today? How is your mum?'*; P13 parent *'when my daughter started, Mr **** rang me at nine o'clock at night, to ask how she got on on her first day...he said 'I'm so sorry about not getting back to you, so sorry for ringing up at this time, but I need to know how **** got on today'...I said 'absolutely fine'...this new school has been absolutely fantastic, bent over backwards, it has helped her, really has helped her'.*

I belong in this school – I feel safe and welcome

Another important recovery theme was the participant finding a place where they felt they 'belonged' or 'fitted in'. Participants who had changed to schools where they fitted in reported very significant increases in psychological wellbeing, as the need to belong had been fulfilled and they were regarded more favourably by peers. They were also comparing and evaluating themselves within the context of a more similar peer group in terms of desirable personality characteristics, appearance and aspirations. This could therefore be an important factor in raising self-esteem, as characteristics that were seen as undesirable or 'uncool' previously, were now viewed positively. These participants also perceived their new schools to be more friendly, welcoming and safe.

Some participants also felt a sense of belonging in ESCs that they had not experienced in mainstream schools (some participants also described ESCs as being like a 'family' as described previously). Also, participants who had changed schools and those who attended ESCs pointed out that there were less rigidly defined social groups, which was related to the school culture or size of the school. Participants therefore felt that it was easier to 'be yourself' and 'fit in' and there was less intergroup conflict. Overall, there was very much a sense of things 'falling into place' for those who had found an environment where they felt a sense of belonging.

Bullying still occurred in ESCs, but generally participants felt that it was dealt with, and teachers had more control over classes and there were more sanctions for bad behaviour. P1 had settled in well at **** ESC, although still attended mainstream school. She felt safer at **** and found it to be a more 'welcoming' environment *'at **** you feel safe and more secure because it's a small school and you've got less pupils in it and you know what's going on...small classroom sizes, friendly welcome – 'hello, how are you?'...friendly and sociable...here you don't get the big gangs, you're all put together, its better socialisation...here you're with friends all the time, they'll talk to you, you feel safe'.* P9 had initially not wanted to go to an ESC, but felt very 'at home' at **** *'when they first told me I was coming to this unit, people told me it was shit...and it was this and that...made it sound like a bad thing, where little wrong 'uns go to... I didn't imagine it to be this good and now I don't want to go...its brilliant here, I feel comfortable here'.*

P6 and P13 had changed schools and now felt that they 'fitted in' mainly because they were in an environment that endorsed more similar values to their own, and where the standard of academic ability was a closer match to their own. Participants were relieved that there were less social

'groups', and therefore felt that it was easier to make friends P6 *'I didn't like my old school, but I am happy in the new one ...there's no groups, people are just there to study and everyone gets on with everyone else'*; P13 *'I've got friends in year seven, year eight, sixth form...none of them are being bullied, it gets sorted out straight away'.*

They're bringing out the best in me – feeling proud of who I am

Another important theme common to more recovered participants was being in an environment where people would 'bring out the best' in them; recognising and helping to develop their innate qualities and abilities, and raising their expectations. For participants who had felt inferior to peers, having their unique qualities and abilities recognised and acknowledged was helping participants to accept and like themselves. This was especially important for those who had not excelled academically, and who may not have been praised for more personal or vocational talents previously. Also, as ESCs are about helping the young person to fit into society, students are given the encouragement and support required to make changes that may be contributing to their problems, or holding them back. Teachers and therapists had encouraged participants to break out of destructive habits such as 'living up to' a bad reputation or hiding their appearance behind 'over the top' make-up or clothes, for example, but doing so with support and sensitivity. Individuals are unlikely to break such habits unless they feel safe in doing so. Victims of bullying may also require help to 'shake off' a label or reputation that is suppressing their ability to grow and develop as a person, and help to explore and reveal other aspects of themselves.

P9 had had 'her eyes opened' to her good qualities, which she had found highly beneficial as she felt teachers at mainstream school had only pointed out her faults, and she had been labelled as a 'trouble maker'. She was glad that teachers had been able to see beneath her protective exterior to her 'true' self underneath, and felt that she had come to a 'turning point' where she could now be happy with who she was, and let people see the 'real' her *'they look at the good things about you...It's opened my eyes to what I'm good at here...it's been a turning point for me...**** has helped me to accept myself for who I am... I've got this poster...it says that I'm helpful, resilient, appreciative, an individual, good company, mature, enthusiastic, loyal, helpful, caring, good at cooking, expressive, a lovely smile, sensitive, good listener, warm, funny, family orientated, artistic, leader, great hair, talkative, good negotiator...a lot of that is true...I'm so proud of that'.*

P7 wanted to be a chef, and his mother said that his interest in and talent for cookery had been recognised and encouraged, and he was proud of his achievements. Whereas in mainstream school, he had also been labelled as a 'trouble maker' and had felt embarrassed by his speech problems and viewed himself as 'thick'. *'I want to be a chef and have my own restaurant...I cook the bacon and sausages at the breakfast club, I do a lot of cooking here'*; P7 parent *'he made a cake and took it in...I got a phone call from **** 'Oh, **** brought this cake in, it was beautiful'...they sent a card saying how beautiful **** cake was 'thank you for letting him fetch it in'...that was well cool, it's giving him the praise...he's doing cooking in school, he loves it'.*

P1 said that staff at **** had encouraged her to adopt a more 'conventional' image as they felt it would help her to be accepted in wider society. However, she did not perceive this as a criticism as teachers handled the situation sensitively P1 *'when you get classed as Emo, you're not totally accepted, but teachers help you to break out of that stage before it's too late...before I didn't have that, I got too deep into the stage, I was down the Emo route...but with the support and*

encouragement of the teachers saying 'Oh, your hair looks nice'...I was used to wearing dark make-up, but I got less and less...they told me to take my make-up off a bit at a time...now I just wear mascara'.

Participants who changed to a more suitable mainstream school also felt that they were given the encouragement and practical support to realise and fulfil their potential, and P6 had been gently encouraged to stop 'hiding' behind her hair *'The headmistress at **** told me that I could be one of their top A level students...they said that they definitely wanted me at their school, that really boosted my confidence...but the headmistress told me to wear my hair up, she said I had a really pretty face'.*

Some ESCs ran courses that helped students to identify their ambitions and hopes for the future and to plan how to achieve them. P1 had attended two courses that she was referred to from ****. She had not believed previously that she had the ability to become a teacher, but this now seemed possible. P1 was taking positive action and believing that she could influence her future *'the R&R it helps you see more future, it helped me see a better future for myself… the R&R made me realise what I wanted in life instead of looking at all the shit it's given me...the 'Go Get It' gave me the skills and the qualities I need to reach out there'.*

'Best thing about the R&R…when we had to look into our future and see what we wanted in our future'.

'Best thing about 'Go Get It' …helping you to find a way to get there…before it was just all a blur'.

'I am going to get my GCSEs, maybe I'll need to re-take some of them...then I'll do an access course or maybe do my A Levels, then I'll go to University eventually...I want to be a teacher now'.

My home life is more settled and I've got parents who support me

Some participants who recovered reported more support and fewer problems within the family, which had a large impact on those who had previously lacked support within their home environment. There was a sense of having a more stable and secure family base. Three of the male participants talked about 'father figures' who had entered their lives which had proved to be very beneficial. Supportive 'parent figures' were providing both emotional and more instrumental support, such as helping participants to make positive changes or master new skills, which had increased self-esteem. It may be especially important for male victims from single parent households to spend time with older male 'role models', as they are perhaps less inclined to seek support from friends or peers.

P1 had attended a programme with her mother run by **** ESC which had helped to 're-build' their relationship. *'Go Get It' helped, they counselled us two, me and my mum, 'Go Get It' was for children and parents…because if the parents are going wrong...my mum, she's never had to apologise so much in her life, she's had to realise when she's in the wrong, instead of thinking it's all my fault...things are a lot calmer at home'.*

P14 had spent long periods of his life in foster care, and felt that there were lots of 'gaps' in his memory. His mind had been in a state of turmoil, but he had kept his problems to himself, as he did not have anyone he could trust. However, he had recently settled with a foster family who were

planning on adopting both him and his sister. He said that he had been talking about the bullying and other childhood difficulties with his new family, which was helping him to understand both himself and his life, and to integrate his experiences into a coherent story. P14 *'I had three foster carers before I came here...then **** told us that we would be living here forever...I am settled here now, I've got a family that I can trust, I can actually trust this family, I feel better because **** and **** have helped me a lot, when people bully me in school, I just come home and tell **** and **** about it... I can talk to them, and they will sort the problem out ...I've been talking about things with **** and ****, I talk about things more now ...I was really confused about my childhood';* P14 parent *'it all seems to be fitting into place now, he's much more settled in himself, before his head was everywhere...he talks about things more, which I think helps him to understand things'.*

P7 had been in a single parent household since his father had left the family home, and he had previously reported a very poor relationship with his brother. However, at follow-up, his mother had a new partner who had been acting as a supportive 'father figure', and he was now rebuilding his relationship with his brother. P7 *'**** been more of a dad to me than my own dad has';* P7 parent *'he spends most of his time with his brother now which is a good thing considering they used to hate each other...but since he's moved out they get on really well, they've got a bond back now...his home life is more stable now'.*

P12 had been living in a single parent household since his parents divorced. His mother had engaged the services of a personal trainer to help to increase his confidence and self-esteem. Having an older male to 'banter' with was helping P12 to 'come out of himself', as well as improving his fitness *'my personal trainer likes to tease me a bit, I did find it kind of difficult at first...he likes to joke around, he's told me some good retorts actually... I feel less depressed, definitely...I still feel bad about myself a bit now, but not as much, I don't feel it as often as I used to.'* P12 parent *'I got him a personal trainer...he must have shifted just under a stone, and his level of fitness is much improved...see, I think that helps with self-esteem as well, instead of people at school being able to call him 'fatty', soon they're not going to be able to'.*

By follow-up, P2 was still struggling to fulfil most needs. Interestingly, he had no male role model in his life. He had not had any contact with his father for many years, and the only person he had for support and companionship was his mother, who was too ill to take part in activities with him. He also had no reciprocal male friendships.

Making 'real' friends

Most participants who reported improvements in psychological wellbeing, said that they had made new friends – but importantly, these new friendships were more likely to be reciprocal and to have a positive influence. Some participants who had changed schools felt that they were now mixing with more similar peers, and participants who had gone to college, or started vocational courses, often described their fellow students as being more 'mature', and felt that they had more in common with them. In both cases therefore, participants had access to a pool of potential 'suitable' friends. What had impeded the development of positive friendships was not being able to escape a reputation, the participant still being in a school where they did not 'fit' and using maladaptive strategies to make friends.

P1 said that she was still wary of people her own age, but had recognised that she had some 'true' friends; she felt that it was *quality* of friendships as opposed to number that was important. She was also in a 'healthy' relationship built on mutual support and unconditional acceptance *'I've found out who my true friends are now, I haven't got like many really good friends, but the good friends I've got, I want to keep...I've got a good boyfriend, we share each other's problems...my boyfriend likes me the way I am, every time he sees me he says I look beautiful'*.

P14 said that he had made a new 'best' friend, as well as having more 'mates' at school and felt that he had solved the mystery of how to make friends. He described his new friend as being a positive influence *'I've got a new friend now...****...basically he has never been over to anyone else's house, and I've never been over to anyone else's house...so he came over to mine on the bus probably two or three weeks after I went to his house, and we had a good time...we had a lot of fun...and he's also a person who's good at school, and a person who's good with other families...I've been trying to work out how to get friends since year seven, and in year nine I've got loads of friends...to get friends, you work with them, and hang out in school'*.

P3 was still very socially anxious, but had managed to make some friends at college, who she said were supportive and understanding of her problems *'I've got quite a good group of friends now, being at college has helped...they're all older than me, so they're more mature...they invite me to parties and stuff, but... understand if I find it difficult to socialise with people I don't know'*.

P6 had moved to a new school where she felt that she 'belonged', and had been able to make friends with more similar peers and socialise normally *'I've made some good friends at **** Grammar, we travel home together on the train now, and sometimes go into town'*.

Victim or survivor?

Some participants reported feeling stronger and more confident, and had a more stable sense of self. These changes were thought to result from increased support and encouragement, and having found a place where they 'fitted in' or experienced some level of acceptance, which was also helping participants to develop resilience. This resilience in turn was helping participants to be able to cope more successfully with bullying and other life problems. Those who improved most were also more likely to *accept* help and support and to *utilise* it, and be willing to actively work towards their own recovery. There was a sense of participants taking power back; more 'recovered' participants were less likely to still view themselves as a 'victim' and experienced a shift in thinking where the bullies were losing power. They were able to think more 'rationally' about themselves and to be more accepting of themselves, and were thus not so influenced by their peers. Some participants were, for example, recognising that their personal qualities and appearance characteristics were just as 'valid' as those endorsed by peers or wider society.

Some participants were 'moving on' psychologically, actively dissociating themselves from their victim past and 're-inventing' themselves as new people. Other participants had integrated their experiences into a 'survival story'. Some had managed to 'take something positive from it' – in other words, to give the bullying experience meaning - and experienced some kind of post traumatic growth.

P9 was no longer as concerned about 'fitting in' and gaining approval from peers, and felt more able to cope when people made personal remarks or judged her appearance, as she had been able to accept herself. The bullies were thus losing power *'it used to be a big thing for me, fitting in, but now I've just realised - I'm me - why should I have to fit in? Why can't people fit in with me, instead of me having to fit in with them?...I try to see the good in me, I've got beautiful eyes, I like my hair - don't care if boys think it's bushy - that's what makes me me, if I had straight hair, it wouldn't make me me, would it? I'm a strong type of person...I've learnt to deal with stuff like that'.*

P9 was also keen to move forwards and not view herself as a 'victim'. She gave meaning to the bullying experience by viewing it as a journey of self discovery and a learning experience *'I know what it feels like to be the left one out, the one that no one wanted to work with...but I don't look at it like I'm a victim, I look at it like 'shit happens'...that's life sort of thing...it has helped me in a way because it's made me who I am today, sort of thing...I had to go through a lot of bad stuff like, sort of thing, to get to who I am today...it's made me see things from a different point of view and everything, so that way it's helped me'.*

P1 had endured many years of bullying and family problems, but had been able to take a step back and 'take stock' of her life. '*I've self harmed, I've suffered with depression...but I've got my sister, I've got my animals, I've got a job, I get paid thirty quid per weekend as a stable girl...I've got over hating my dad...but everyone's had a horrible past life, or they've had a good past life and a horrible future...I've been peer supporting other people'.* P1 had been willing to engage with interventions that she was offered, and to try out new strategies that she had been taught – adopting a 'problem solving' approach. These strategies had reduced the power that the bullies had over her, as she was 'not as affected' by it. P1 viewed herself as a 'survivor' and this new identity gave her the strength to keep working to overcome her problems *'if you are bullied, you need to find new ways of coping with it...I don't get as affected by the bullying now, I don't react to it, keep calm...the 'Go Get It' helped me with the bullying, it's helped me see another side of it...you can talk about it, and they give you ideas...if I say something's not working, I can talk to **** and she'll call me back and find different ways of doing it...it gives you like different views on the world ...you need to admit that you need help and take it - turn your life around'.*

P12 admitted that he had experienced a 'shift in thinking' '*I've had a different state of mind - no, I'm not like that, I'm not like this...why should I suffer this?...I feel more secure in who I am ...I've been standing up for myself a bit more'.* P13 had also become stronger in herself and more assertive '*now I stand up for myself, because I've had enough of it now...I'm still like the same old me, but if anyone starts on me, I stand up for myself'.* P5 realised that the bullies were not as powerful as she had thought as she gained strength in herself, and was thinking more 'rationally' '*I realised that the bullies were the weak ones, not me, I should have stood up to them'.*

P6 had taken the opportunity to 're-invent' herself when she changed schools '*I don't need the counselling anymore...I am happy to be a new person';* P6 parent *'since being at **** Grammar, she is a different girl…much more confident now'.*

P7 parent said that her son had begun to help *himself 'He does weights every morning now, exercising on the weekends...it's doing him good...he also seems a bit more confident now and hasn't mentioned the 'fat' thing for ages... he feels better about the way he looks'.*

A few participants were being bullied just as severely, and their situation had remained largely unchanged, so recovery had not occurred. Interestingly, however, even though some participants had improved significantly on outcome variables, 'recovery' was far from complete. Some participants were for example, still struggling to be accepted by peers and to make reciprocal friendships. Some were still using maladaptive strategies to get needs met and stuck in negative cycles of thinking and reacting. Less recovered participants were also less likely to have accepted help or to have engaged with any intervention.

P2 had not been able to 'escape' his victim reputation even though he had spent time in an ESC and changed schools. His mother felt that the way he conducted himself socially, gave the message to others that he was a 'victim'. Although he had improved on all outcome measures, P2 said that the bullying had started up again in his new school, and he was still largely rejected by peers. He was very lonely, but still using inappropriate strategies to make friends and 'fit in' which was maintaining his rejected status. He was also having difficulty managing his anger and had been referred to Child Protection. P2 *'I'm at mainstream now, I'm still getting bullied a little bit...I don't have any real friends, I need someone to play with – I keep asking mum whether she could adopt like a twelve year old, so I could have a little brother or something...they've been saying stuff about my mum, so I've been punching them...I've been excluded three times...I'm still affected by the bullying sometimes';* P2 parent *'It's starting up again, unfortunately for ****, he seems to stand out as a victim, he's a target for them - once you've been a victim of bullying, you somehow give... you've got this aura about you and it draws them all to you again, and **** has got that about him...he still gets left out at school, but he tries too hard to fit in because he's so desperate to be liked... he just doesn't realise that he's putting himself up for more ridicule, really'.*

P8 had also improved on outcome variables, but was still struggling to make friends and be accepted by her peer group. She had tried to attend mainstream school again, but like P2, her reputation had followed her. She believed that if she behaved badly, peers would like and accept her, but this strategy had not worked. P8 parent *'she's in another school now, but she came home last week and said some girl had beaten her up...this girl took a dislike to her...the first week she was there, she had two girls push and shove her about, the problem is now she's got a reputation...she just wants to fit in, but she seems to think the only way to fit in, is to be infamous... if she gets into a lot of trouble, people will somehow look up to her'.*

P10 had not improved on any outcome variable. She was currently out of school, and did not appear willing to engage with any of the interventions or sources of support that had been offered. She had effectively 'given up'. P10 like other rejected participants, had resorted to mixing with peers who were a 'bad influence' P10 parent *'she won't sit and talk about it, I can't help her...she don't really speak to me...I think there's a lot of stuff that's been done for her, but she's not followed through - I know a counsellor has been set up for her, but **** won't attend them, or she'll just sit there in silence...she hangs around with two particular girls which ain't a brilliant influence on her'.*

My learning needs are being met

As mentioned above, it was important for personal recovery that there was a good child:school fit i.e. the young person is in an environment where they feel they belong, and are able to develop good relationships with teachers and peers. This was also true for academic recovery, as participants

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progressed academically when they were in a school and classroom where they felt a sense of belonging or connection to school. P14 said that the standard of his academic work and enthusiasm for learning had greatly increased since he had the support of his new friend, and had more 'mates' in school. *'I've been getting good grades...me and **** have been working a lot together, and like in nearly all our work we've been getting level five or six, we get the same good grades in every lesson...I help him out with spelling and that, because he's dyslexic'.*

Some recovered participants had moved to a school that more adequately matched their level of academic ability and aspiration i.e. a more academic school, or a smaller school such as an ESC or KS Centre where there was a greater level of support available. Being bullied had lowered some participant's confidence to the point where they didn't think that they were capable of achieving academically or pursuing a career, so support and encouragement from teachers was another important need. P6 had moved to a Grammar school and had regained her enthusiasm for learning *'...**** Grammar for girls...people are there to study, it's a more academic school, I enjoy learning now and I'm definitely staying on at sixth form'.* P7 had gone on to a Key Stage Centre where he received extra help with his reading and also attended a vocational course at college which had been very successful. He had found something that he was good at, and therefore engaged well with the course as his effort was rewarded *'It's alright here, it's got a few people in it...you learn more, because there's smaller classes, they have like three people in a classroom, with three teachers in it, so you get a lot of one to one';* P7 parent *'he usually goes to college on a Monday...they say he's a class A student in college, they're really proud of all his work...he loves his college work'.* P13 had started at a new school where she said the teachers had encouraged her to believe that she could achieve *'my teacher went like off and got me a lunch tutor so I could catch up with my maths...I want to be a teacher now, they kept telling me that I could get the grades and I want to stay on to do A levels'.*

P11 had specific 'skill based' learning needs which had been provided in addition to his usual classes P11 parent *'he's also on the Special Educational Need register...School Action Plan Plus... what they've done now is, he goes up to the learning support department, which helps him a hell of a lot...he does his skills lessons twice a week, which is because of his learning difficulty with English'.*

Participants were also more likely to succeed academically, where they felt that teachers understood the impact of emotional problems and 'background factors' on their schoolwork. P1 had greatly improved academically since having intervention from **** ESC and felt that she was getting what she needed in order to learn, which was support and understanding from teachers. Support and understanding had also helped to fulfil safety and security needs, which facilitated learning P1 *'here you get more support because it's smaller...My History teacher, she supported me and I got up to a C...and I'm aiming for a double C now...if we had all teachers like that, we'd be getting A stars...I'm getting Bs, I was predicted Es last year at ****'.*

'They understand my needs now, everyone has their own needs, certain ways of learning...to be a good teacher you need to understand your students, understand their needs, what their past life was like, how their life is like...what they want to help them feel settled and safe and secure'.

Chapter 4c

How did themes differ between groups?

Very similar baseline themes were identified between groups. Both talked about experiencing emotional distress, and had difficulties managing these emotions. RBLC participants talked more about avoidance in relation to fear and anxiety around safety and LA participants talked more about anger management problems, possibly a result of anger management courses being offered to victims of bullying in Hertfordshire schools. LA participants also talked more about traumatic family backgrounds, which had compounded their emotional distress. With regard to the social effects of bullying, both groups talked about feeling isolated and unwelcome in school, and lacking friendships. However, the LA group were more likely to talk about using maladaptive friendship making strategies. With regard to effects on identity and self-concept, both groups reported loss of confidence and self-esteem, and talked about being 'different' and feeling at fault. However, RBLC participants were more likely to report further assaults on their identity in terms of psychiatric labels or diagnoses, and the LA group reported further assaults in terms of being labeled with an 'anger' problem. Some RBLC participants reported more serious damage to the sense of self in terms of personality pathology and overall, were more likely to view themselves as 'mad' or 'crazy' as a way of reframing a negative identity, and to reject normality. LA participants talked more about 'standing up for themselves' as a way of retaining an acceptable social self that may relate to social norms. Both groups reported considerable disruption to schoolwork, but RBLC participants were more likely to talk about dropping out of school altogether and spending long periods out of education. Although both groups were confused and bewildered by their experiences, RBLC participants talked more about the multitude of problems they had had within the educational system. Some RBLC participants for example, had been put in a PRU as a response to the bullying, where they had experienced further abuse, and perceived this as a punishment and felt betrayed by teachers. RBLC participants had also been more likely to report feeling bullied by teachers. Both groups talked about feeling that they were losing control of the bullying as it increased in intensity over time. RBLC participants talked more about sexual bullying, while LA participants talked more about social bullying that had destroyed their reputations. LA participants were more likely to believe that 'standing up for yourself' was an effective strategy to regain control of the situation, whereby RBLC participants were more likely to talk about having some kind of emotional breakdown as the bullying increased over time.

At follow-up, both groups talked about feeling safer, but this was generally a stronger theme for RBLC participants, who had reported more avoidant behaviours at baseline. Obtaining support and feeling understood by teachers was a strong theme for both groups, but LA participants were more likely to talk about receiving increased support from the home environment. Both groups talked about being more accepting of themselves and being more aware of their good points. However, a stronger theme for RBLC participants was being accepted for being themselves, while a stronger theme for LA participants, was making positive changes to themselves with support. LA participants who had changed schools and were mixing with more similar peers, found it easier to make friends, while RBLC participants talked about finding it easier to make friends at Red Balloon, as everyone had been bullied, and therefore felt that there was less risk of rejection. Generally at follow-up, more LA participants were still using maladaptive strategies to make friends. RBLC participants were

more likely to talk about their recovery as being 'up and down' and expressed more concerns about being able to cope in the outside world. RBLC participants were also more likely to still view the world as hostile, and to find life 'meaningless'.

Chapter 4d

How did themes relate to needs for both groups?

Baseline themes related to how bullying had obstructed or impacted negatively on essential needs, and highlighted maladaptive need fulfillment strategies that participants had been using. Follow-up themes related to the fulfillment of essential needs, and generally recovery could be defined as the degree to which participants had been able to fulfill essential needs. There was some overlap between themes; for example being accepted for who you are helps to fulfill both identity and social needs.

Baseline

 '*I can't cope with my emotions*'

This theme related to need *obstruction* i.e. severe anxiety is related to obstruction of safety and security needs, for example.

'*Losing status, losing friends, losing trust*'

This theme related to obstruction of social needs in that the bullying had resulted in lower social status and acceptance. Participants had also often lost friends because of the bullying and had their trust in people destroyed. Obstruction of social needs can also impact on the need for a positive identity, as self-esteem can be related to degree of social acceptance.

'*What's wrong with me?*'

This theme related to obstruction of the need for a positive identity and high self-esteem. Being bullied and rejected by peers had provided 'evidence' that they must be at fault in some way and consequently lowered self-esteem and damaged identity.

'*Nothing makes sense anymore*'

This theme related to obstruction of the need for understanding the world i.e. 'belief in a just world', where people get what they deserve. Many participants were confused about the bullying because they did not think that they deserved it, and also felt that the bullies, who deserved to be punished for their actions, were getting away with it. Also, obstruction of social needs can result in feeling that life is meaningless.

'*Things are out of control*'

This theme related to the obstruction of the need for control. Most participants had experienced a diminished sense of control as the bullying escalated over time, and also most participants felt that their whole lives had spiraled out of control as bullying related problems had impacted negatively on many areas of their lives. Participants also felt that the bullying had resulted in instability in their lives as some had dropped out of school altogether, or had to change their daily routines.

'How can I learn under these conditions?'

Because essential needs had been obstructed, most participants were experiencing emotional distress which impacted on their learning. They were also unable to apply themselves, because other more basic needs, such as the need for safety and security, were not being met either inside or outside the classroom.

Follow-up – RBLC

'I feel safer and more secure'

This related to the fulfilment of safety needs i.e. the RBLC was perceived to be a safe and secure environment where there was no bullying.

'I feel part of a family – teachers who don't just teach'

This related to the fulfilment of social needs as participants had regained a sense of belonging at the RBLC. The RBLC was also providing a 'secure base' for some participants, and participants were receiving social support from teachers.

'They understand and can cope with my emotions'

This related to fulfilling the need for security as participants felt that their emotions could be 'accommodated' and were learning how to regulate their emotions more effectively. It also helped to fulfil the need for control as participants felt that their *emotions* were more within their control.

'I can be myself and be accepted'

This related to fulfilling the need for a positive identity and social needs. RBLC has a humanistic ethos, and provide students with unconditional positive regard; therefore, participants felt that they were acceptable as they were. Also, because they were accepted at RBLC, social needs were able to be fulfilled.

'This is a safe place to make friends – learning to trust'

This theme related to the fulfilment of social needs as participants were opening themselves up to friendship and also regaining trust in others, which would also help to fulfil future social needs.

'Teachers bringing out the best in me'

This was related to the fulfilment of the need for a positive identity as it was helping to build stable self-esteem, which would also help to maintain a positive identity in the future.

'I'm feeling more confident in myself – I'm not perfect but who is?'

This theme was related to the fulfilment of the need for a positive identity and self-esteem as participants were gaining confidence in themselves and were able to evaluate themselves and others more realistically, which would help to maintain a positive identity in the future. They were also more willing to challenge the opinions of others, rather than just believing negative things about themselves.

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'Moving on v stagnating'

If participants had fulfilled essential needs to some degree, they were more able to start thinking about the future and fulfilling 'higher' needs i.e. self actualisation. Some participants were for example, planning to undertake further education which would also help to fulfil the need for a positive identity. Some participants were more easily able to fulfil essential needs themselves by using more adaptive strategies.

'Coping in the real world – building up my strength'

This related to the ability to be able to continue to fulfil essential needs outside of RBLC. Some participants still had negative expectations of the outside world, for example, that may continue obstruct the fulfilment of essential needs in the future.

Follow-up - LA

'Getting the support that I need'

This theme related to the fulfilment of social needs - the need for social support and feeling cared for. Participants also received understanding and support to manage emotional distress related to need obstruction. In common with the RBLC group, teachers were providing models of secure attachment for some participants.

'I belong in this school, I feel safe and welcome'

This theme related to fulfilment of social needs – the need for belonging and acceptance. It also related to the fulfilment of safety needs and impacted on the fulfilment of identity needs, because feeling accepted for who you are provides validation for the self and increases self-esteem.

'They're bringing out the best in me – feeling proud of who I am'

This theme was related to the fulfilment of identity needs, as teachers were highlighting individual talents and abilities that may have previously been unrecognised or unacknowledged. Also, participants were supported to change aspects about themselves that may have been contributing to their problems, such as extreme fashion or 'living up to' a bad reputation. This would also impact on the fulfilment of social needs, as it would increase social acceptance.

'My home life is more settled and I've got parents who support me'

This theme related to the fulfilment of social needs, specifically, social support. It also related to the need for stability, as some participants reported more settled home environments.

'Making real friends'

This theme related to the fulfilment of social needs – making reciprocal friendships. Some participants had leant more adaptive friendship making strategies, which would continue to enable fulfilment of social needs in the future.

'Victim or survivor'

This theme related to the fulfilment of identity needs, as some participants reported being more accepting of themselves and had grown in confidence. They had been able to view themselves and others more realistically and had become more resilient, which would help to maintain self-esteem in the future. Some participants had also shed old negative 'victim' identities, or had managed to escape a reputation and reported a stronger sense of self. Participants were also 'making sense' of their experiences by viewing them as a learning experience and opportunity for growth.

'My learning needs are being met'

Because essential needs had been fulfilled to a greater extent for many participants, they had been able to apply themselves to learning and planning for a career which is a higher level need. Also, the emotional distress associated with need obstruction had been reduced for most participants which freed cognitive resources for learning.

Chapter 5a: Discussion

Summary of results

The purpose of the study was to conduct an evaluation of the Red Balloon Learner Centre (RBLC) programme to assess the effectiveness of the programme, and to identify how the programme specifically helped bullied adolescents to recover. Another aim of the study was to provide a working definition of 'recovery' and understanding with regard to the recovery process. The recovery process was compared between RBLC participants and a comparison group of Local Authority (LA) participants.

At baseline, participants from both groups demonstrated significant emotional distress indicated by clinical levels of depression, anxiety and trauma symptoms and below average self-esteem, and decreased academic function, indicated by disengagement from school and poor academic self-concept. At six month follow-up, there had been significant improvement in all outcome variables. Effect sizes were large for all outcome variables; for RBLC participants, the largest effect size was for increase in academic engagement and self-concept, and for LA participants, the largest effect size was for decrease in depression.

Hypothesis one was supported in that RBLC participants overall demonstrated significant *improvement* in all outcome variables over time. However, hypothesis two was not supported in that there were no statistically significant differences between groups on any outcome variable at six month follow-up – the degree of overall improvement by six month follow was very similar for both groups. Hypothesis three was supported in that the most significant improvement in outcome variables occurred by six month follow-up for RBLC participants – there was no further significant change overall from six to nine month follow-up.

It was argued that bullying obstructed the fulfilment of essential psychological needs which resulted in emotional distress and maladaptive need fulfilment strategies and compensatory behaviours. It was also proposed that obstruction of certain needs in adolescence such as social and identity needs may be especially damaging. Firstly, the quantitative results will be discussed in relation to the qualitative themes identified in both groups to provide understanding of the recovery process, and to illustrate how need obstruction and need fulfilment relate to the recovery proves. A proposed definition of recovery will then be presented.

How do the qualitative results provide understanding with regard to the quantitative results for RBLC and LA participants?

Baseline results fell into six main themes for both groups, which were felt to be related to the following important needs: safety and security; stability and control; positive identity; belonging and social needs and achievement. It was felt that being bullied had obstructed the fulfilment of these essential needs and could explain clinical levels of depression, anxiety and trauma symptomology, below average self-esteem, and low academic engagement and self-concept. Thus results will be discussed in relation to each need.

Baseline themes – the effects of bullying

Safety and security

Threats to safety and security needs were felt to provide explanation for clinically significant levels of anxiety and trauma symptoms and depression at baseline. In both groups, it was apparent that bullying had significantly affected fulfilment of basic safety and security needs, and feeling unsafe was a theme reported by the majority of participants in both groups – 82% of RBLC participants and 75% of LA participants reported anxiety, panic and fear. Most participants had endured long histories of bullying (fig. 6), and in many cases the bullying had escalated over time into serious physical assaults and even death threats. A few participants from both groups had experienced sexual assaults, ranging from homophobic abuse to rape. Both groups found sexual assault to be one of the most distressing and traumatic acts (table 8) and it is likely that this most seriously threatens safety and security needs, which is in accordance with previous research (Gruber & Fineran, 2008). Participants from the LA group were also highly distressed by receiving threats (table 8), which affects feelings of safety as there is a constant fear of future harm. Bullying severity was related most strongly to anxiety for RBLC participants (table 14). If safety needs are obstructed for a long period of time, this may well pose a significant risk for the development of anxiety disorders, and more RBLC participants had received a psychiatric diagnosis for an anxiety disorder. Also, more RBLC participants had been using avoidant coping as the bullying continued, which maintains anxiety – 79% reported avoiding school, for example (table 10) and many talked about avoiding certain areas of the community, or being too fearful to leave the home. Long standing and severe bullying had resulted in fear conditioning for some participants with regard to mainstream schools, and this was also a theme more prevalent in the RBLC group. A few participants from Red Balloon had not been able to enter *any* mainstream school for months or years, as their fear had generalised and they did not feel confident that they would be able to return to mainstream school in the future. Many participants from both groups were also likely to have been visibly anxious in school, and this had probably contributed to their continued victimisation (Hodges & Perry, 1999).

Prolonged threats to safety and security had resulted in social cognitive biases that further increased anxiety for some participants. Some appeared to be threat sensitised and experienced symptoms of hyperarousal in response to perceived threatening cues or expectation of attack, which relates to the attentional and interpretational biases identified in previous research (Crick & Dodge, 1994, 1996 & Kochenderfer & Ladd, 2004). Many had made threat appraisals with regard to future bullying acts, which had increased and maintained anxiety. Interestingly, 88% of RBLC participants and 85%

of LA participants had perceived the bullies to be more powerful than them, which had influenced threat appraisals. The most common reasons for perceiving the bullies to be more powerful had been being targeted by large groups of bullies, and perceiving that the bullies had more social power. This is in accordance with Hunter *et al*, (2007) who found that threat appraisals were related to perceived physical power imbalance and group-size power imbalance (for boys) and to perceived popularity and physical power imbalances (for girls). Most participants were targeted by large groups of bullies, and often subjected to serious physical assaults and protracted relational abuse, but did not feel able to defend themselves. They also perceived (often quite rightly) that they had limited support in school from peers, and that teachers couldn't defend them. Most participants felt there were a lack of boundaries and enforceable sanctions in school with regard to behaviour, and did not expect that anti-bullying policies would ensure their safety. Threats to safety and security needs had also resulted in participants from both groups reporting that they felt 'paranoid' (table 10), which was more common in those with more entrenched victim reputations. Victims who are rejected and abused by large groups of peers (which may also occur in the community) are faced with quite convincing evidence for their fears.

For some participants, the home environment did not fulfil basic safety and security needs, and there was a strong sense of lacking a 'secure base' in the world, which when coupled with chronic and severe bullying must have contributed significantly to anxiety and trauma symptoms, and depression. This was a strong theme in the LA group, and it was apparent that family problems had contributed to anxiety and trauma symptoms and depression, and had also placed a great strain on the young person's ability to manage current bullying-related stress. Some participants, for example, had been fostered or had experienced periods in care of the local authority, and did not feel that they had a secure home base, or secure attachments with parental figures. Others reported living in family environments where they had witnessed domestic violence which added to feelings of being unsafe. These participants were often bringing their emotional distress and anxiety into the school environment, which was impacting significantly on psychosocial functioning, and exacerbating bullying problems (Hodges & Perry, 1999). Some participants from both groups were living in single parent households, and consequently lacked a 'father figure'. This appeared to be more damaging for male participants, who often expressed the desire to have their father around for protection. The importance of a father's support for male victims has been highlighted in previous research (Flouri & Buchanan, 2002). Bullying had also appeared to exacerbate existing family difficulties or had affected the participant's relationship with parents and siblings quite significantly (see also table 11). When bullying has gone on for months or years, it is likely that there will be considerable friction and strain within the home environment, which may increase feelings of insecurity and anxiety in the young person, and reduce available and perceived support, which is in accordance with the support deterioration model (Barerra, 1986).

How had participants managed threats to safety and security? It was apparent that safety and security needs had been fulfilled *destructively* in some cases. Many participants from both groups had engaged in 'safety management' behaviours such as avoiding certain areas of school or parts of the community. As mentioned above, more RBLC participants used avoidance coping, many of whom refused to attend school and were too frightened to leave the house. A few participants had admitted to carrying weapons to protect themselves and ensure their safety. Trying to fulfil safety and security needs had been a priority for most participants. This is in agreement with previous

research that has provided some evidence for the prioritisation of safety and security needs when the individual experiences threatening or unpleasant events (Sheldon *et al*, 2001). However, by fulfilling safety and security needs, other needs had been sacrificed.

Safety and security – follow-up

By six month follow-up, there had been significant reductions in anxiety and trauma symptoms and depression for both groups, which might be partly explained by many participants fulfilling basic safety and security needs. Reductions in bullying were most likely to contribute to fulfilling safety and security needs, and 79% of RBLC participants and 70% of LA participants reported a complete cessation of bullying (see recovery checklist data). The most common reason for the cessation of bullying had been moving to a new school. Safety was a particularly strong recovery theme for RBLC participants who reported feeling safe at the Red Balloon, as they felt that other students were less likely to bully them as they had been bullied themselves. However, they felt secure in the knowledge that if bullying problems *did* occur, they would be dealt with promptly, and there were adults around who would protect them. What also added to the feeling of safety and security was that there were clear guidelines around behaviour, and appropriate sanctions taken if necessary.

For RBLC participants who had developed very negative associations with mainstream school, and were fearful of being around large crowds of people, the small and 'homely' environment of the Red Balloon was acting as a manageable 'first step' to overcoming avoidance which would also reduce anxiety symptoms. However, some RBLC participants felt that they would never feel safe again in a mainstream school because the negative associations were too deeply entrenched – in fact, only 10% had been able to return to mainstream school by the end of the study. Some RBLC participants were also being helped to overcome fears in other areas. Basic exposure therapy was helping some participants to overcome fears of travelling on public transport, or mixing with other young people, for example, and having good experiences outside of the Red Balloon, was challenging beliefs that the world is unsafe, or that people want to harm you, and therefore some participants were also feeling safer in the community.

Most LA participants had also been able to fulfil safety needs to a greater extent by six month follow-up. Some had changed to new schools or were attending college, which had enabled them to escape the bullying. Participants who had changed to schools where there were clear and enforceable anti-bullying policies, rated this very highly. There was also more structure, discipline and teacher control in lessons, which was a very important need for most participants, which is in agreement with previous research that has highlighted the importance of safety and security in school (Gregory *et al*, 2010). Education Support Centres (ESC) had stricter rules around behaviour and were more prepared to enforce sanctions pertaining to bad behaviour, and participants said they felt safer and more secure as it was a smaller environment and thus easier for teachers to 'police'. For both groups therefore, feeling safer in school and having teachers around who they felt would protect them, and address any bullying problems, had reduced threat appraisals and subsequent anxiety. Some participants from both groups had started to feel more able to protect *themselves*, as they had gained inner strength and confidence, and felt more able to stand up for themselves – using more assertive methods than aggression. Chronic victimisation is very likely to erode away at an individual's inner resources leaving them unable to defend themselves, so part of

the recovery process is regaining inner strength. Also, the bullies were 'losing power' in that participants were realising that the bullies were just ordinary people as individuals, it was being in a group that gave them power. Developing a more confident demeanour is also a deterrent to future victimisation.

Teachers at the Red Balloon were providing a more secure, supportive environment, which many participants described as being like a 'family' and was rated as highly beneficial by most participants, and was especially important for those who came from difficult or unsupportive family backgrounds. The Red Balloon was viewed by some participants as a 'safe base' or 'safe haven'. One fostered participant had felt that he could rely on teachers to provide a dependable and secure 'safety net' if he was in trouble, which was important to him as he had little consistent support or security in his life. For LA participants who lacked support at home, some schools such as ESCs were also providing a greater sense of security, as they had the resources available to take a more personal interest in students and assumed more of a 'parental' role. Participants from difficult family situations who were attending ESCs, had found the 'parental' involvement of some teachers highly beneficial, and ESCs were also in a position to provide a safe base. Participants from both groups were rebuilding trust in teachers to varying degrees, as a result of perceiving that teachers cared about them and would be more likely to help them if they were bullied. In fact, for some participants, the relationships that they built with teachers could be viewed as a 'therapeutic' relationship, as they were providing a model of secure attachment. Good therapeutic relationships involve warmth, empathy, consistency and unconditional acceptance which are likely to be important considerations for victimised individuals, especially those with more insecure attachments to parents or caregivers. All participants found it beneficial to develop good relationships with teachers, regardless of their family background, and positive, supportive relationships with adults are associated with good outcomes for adolescents and are a strong developmental asset (Masten & Reed, 2002). By follow-up, some participants from both groups had reported more security in the family environment. This was a result of improved parental or sibling relationships or a more settled family situation i.e. the individual finding a permanent foster family. Some LA male participants reported supportive 'father figures' entering their lives, and benefited from the support of an older male.

A very strong theme for many participants from both groups, was that they needed understanding and support to cope with high levels of emotional distress. Most participants had been overwhelmed by the strength of their feelings, and it was very important to them that the adults around them were able to 'cope' with their emotional distress, which would increase feelings of safety and security, and reduce anxiety. An important part of the healing process is being able to express and release difficult emotions within a safe and supportive environment. In mainstream school, many participants had 'bottled up' their emotions, despite needing help, as they had been too afraid to admit to their feelings in case they were accused of 'attention seeking' or people thought they were mentally ill. There is stigma surrounding mental health, and if young people already feel marginalised and rejected, they will find it very difficult to admit to having psychological problems. Male LA participants especially struggled with trusting teachers or adults enough to disclose emotional distress, and some appeared to use aggression to 'cover up' emotional problems, which could relate to gender norms pertaining to emotional expression. Some participants however, were able to express and release emotional distress safely in the home environment if they had supportive parents, while other participants had found a 'safe space' to express and release emotions within the context of a supportive counselling or therapy session. RBLC, ESCs and some

new mainstream schools had also been able to provide the safety and security required for participants to admit to, and 'open up' with regard to their emotional problems. Teachers in RBLC and ESCs also had the capacity to be flexible and accommodate the young person's individual needs which might be emotional, behavioural or related to SEN, for example, which increased feelings of security and safety. This had not always been possible in some mainstream schools.

Another very important and related theme for most participants, was feeling accepted for who they were, which will be discussed more fully with regard to identity. However, feeling accepted for who you are, would also increase feelings of security in school for participants as they would not be concerned about being rejected by teachers or peers. Most participants with ASD had not been accepted for who they were in mainstream school, and faced rejection and hostility that made them feel insecure and anxious, and more RBLC participants had reported higher distress associated with bullying from teachers (table 8). In common with the RBLC, ESCs were more willing and able to accept individuals for who they were, and teachers in ESCs had the time and resources to be able to look at the reasons behind the individual's behaviour, for example, and were able to provide a more secure (boundaried) environment to help the young person to manage their behavioural or emotional problems. Some LA participants had changed to a new mainstream school where they 'fitted in' and were accepted by peers and teachers, which increased their feelings of security.

Most RBLC participants had got safety and security needs met at Red Balloon, and could consequently now concentrate more on higher level needs. However, it is important that individuals are able to get safety and security needs met *outside* of Red Balloon. This was a concern for many participants, who said they felt safe at the Red Balloon, but were worried about being bullied again at mainstream school or college, or felt unsafe in the community. Some participants who had tried to attend mainstream school or college had not coped with the next stage of their recovery very successfully, and their negative expectations had become a self-fulfilling prophecy. Some RBLC participants also admitted that they were too 'cushioned' at Red Balloon. A few LA participants had also not got safety and security needs met. The participant may have remained at the same school, and was therefore still being bullied, or had changed schools, but their victim reputation had followed them and they had been targeted by a new peer group. Others had dropped out of school, and were struggling to attend college or new schools as they were fearful of, and expected further victimisation.

Stability and control

At baseline, most participants overall were scoring in the clinical range for anxiety and trauma symptoms and depression. It was felt that being unable to fulfil the need for stability and control had contributed to these symptoms. How did bullying obstruct the need for stability and control? Most participants from both groups reported that the bullying had got increasingly worse over time. Often it began with relatively minor instances of name calling and progressed to more serious verbal, physical and sexual assaults which participants felt they had less and less control over. In previous research it has been found that as bullying progresses over time, so perceived control is diminished (Hunter & Boyle, 2002, 2004). Victims of bullying are also not always able to predict when the attacks will occur, or what the bullies will do to them, which adds to the sense of diminished control. Many participants, for example, reported receiving threats of future physical attacks from their

tormentors, and were left in a state of nervous expectancy. Social bullying such as rumour spreading, and developing a victim reputation, resulted in more and more peers being turned against participants, and destruction of their social standing, which added to the perception that the situation was out of control. Bullying related problems were impacting on many areas of participant's lives, which also resulted in the perception of life becoming unstable. Some had dropped out of school and had no structure or routine to their day. Others had been excluded, or referred to Pupil Referral Units (PRU), and in a few cases the police and Social Services had become involved. These experiences had often made participants feel increasingly unsettled and anxious, and that the structure of their previous life was falling down around them.

Most participants had felt that they were powerless to stop the bullying, which is likely to have increased anxiety and trauma symptoms (especially as the bullying was chronic and severe). Bullying is especially likely to result in anxiety and trauma symptoms if the victim believes that control lies with powerful others (Mynard *et al*, 2000) i.e. how powerful are the bullies perceived to be? Most participants felt that the bullies were more powerful than them, because they had higher social standing, or 'popularity' both with peers and teachers. Also, the bullying felt to many participants like an insurmountable and uncontrollable problem because of the large numbers of peers involved. This is in accordance with Hunter *et al*, (2007) who found that perceived low control over the bullying was related to more negative outcomes. Many participants believed that there was nothing they could do to influence the situation, and this feeling was increased by the fact that teachers were also felt to have limited control over the bullying. The bullies therefore appeared to be 'all powerful'. Many participants felt increasingly powerless and helpless, as they did not have confidence in their own ability, or the ability of teachers and schools to stop the bullying. Many appeared to have developed a passive response to problems and most had become depressed. Some participants appeared to have 'given up' and did not want to face the outside world, and this was a more common reaction in the Red Balloon group. Victims of chronic and severe bullying (which is a source of chronic uncontrollable stress) may eventually reach the point of exhaustion within the general adaptation syndrome, and require a period of relative inaction (Selye, 1956).

Some participants felt that it would be difficult to stop the bullying because of unchangeable stable factors. Female RBLC participants were especially more likely to perceive that their victimisation was due to relatively fixed personality or appearance related factors. In fact 'being different' was the most common reason that all participants put forward for their victimisation, which implies a fairly stable condition and therefore may have been a contributing factor for depression.

Many participants also talked about emotions that were out of control, and a negative cycle may develop where heightened negative emotion might predict greater threat appraisals, which causes more negative emotion, for example. Participants were experiencing often disabling levels of anxiety and trauma symptoms, anger, depression and suicide ideation. For some participants, it was the first time that they had experienced such painful emotions, thus they may have been ill equipped to be able to manage them, and adolescence is also a time when young people might experience more turbulent emotions. Some participants had experienced problematic family relationships previously, and may not have developed adaptive emotion regulation strategies - self-harm was very common in both groups of participants, and was used to manage difficult emotional states. Many participants had reached a point where they were overloaded with stress and experiencing emotional distress at

a clinical level. Also, many participants felt 'trapped' by their problems, which had resulted in an emotional explosion. In fact some participants eventually reached a crisis point where they had 'lost control' of their emotional state completely. This had been demonstrated by screaming, uncontrollable crying, smashing up furniture, self-harming, threatening suicide (almost half of participants overall had either attempted suicide or reported suicide intent), attacking peers or family members, and in a few cases, experiencing hallucinations or dissociative episodes. These emotional breakdowns had often been the catalyst for the participant to leave school or to be referred for therapy or psychiatric evaluation. Frontal lobe development in young adolescents is also not fully complete, so they are more vulnerable to reactive emotions and may act without thinking. Interestingly, some participants from both groups had felt that psychiatric staff or teachers were taking control of their lives by 'diagnosing' or blaming them. Psychiatric services may appear to be very powerful, especially to a young and troubled adolescent, and interventions only seemed to be beneficial where the participant had formed a good therapeutic, trusting relationship with staff, and did not perceive that staff blamed them or their families for their problems.

How did participants try to fulfil the need for control? Some had tried to stand up for themselves, often using physical aggression to stop the bullying, which was a more common strategy in the LA sample. Retaliation has not been found to be an effective strategy in previous research (Kochenderfer-Ladd, 2004 & Salmivalli *et al*, 1996) and had not appeared to stop the bullying for participants who used this strategy. However, it has been found to reduce feelings of anxiety in chronic victims, and may provide a sense of empowerment (Visconti & Troop-Gordon, 2010). This appeared to be an important factor for many participants, some of whom had eventually aggressively retaliated as a 'last resort' to claim back power and control. Male victims of bullying may also feel 'emasculated' by the bullying and using aggression fulfils the need for control, power and a 'masculine' identity, which is in accordance with Hunter & Boyle (2002) who found some evidence that male victims felt more perceived control (which may have related to gender norms and social desirability). Some talked about wanting to become physically stronger, and most of the male participants from the LA sample had tried boxing or martial arts at some point, which are associated with masculinity and power. In fact 80% of LA participants reported weapon carrying, aggressive retaliation and school exclusion, compared to 39% of RBLC participants (table 10), although there was little difference in amount of anger reported between groups.

Many participants had changed their lifestyle as discussed above. They avoided certain areas to meet safety needs and to control risk, which often resulted in their world 'shrinking'. It could be that a smaller environment is also easier to control – being at home, for example, is relatively predictable, but the outside world can often be unpredictable. A few participants had reported obsessive-compulsive behaviours or more rigid 'safety routines' which may be associated with the need to regain control over a world that is 'out of control' and to reduce anxiety.

Stability and control – follow-up

By six month follow-up, many participants from both groups felt that they had regained some control over their lives and had got back into a more settled routine. These factors are likely to have influenced improvements in anxiety and trauma symptoms, and depression. The most important factor for many participants, especially for those whose schooling had been severely disrupted, was

being able to 'get back on track' with regard to their education. For RBLC participants, attending the Red Balloon was helping them to get back into a school routine and experience a sense of stability, which would reduce both anxiety and trauma symptoms. For some LA participants, attending ESCs, KS Centres, new mainstream schools or colleges had helped them to catch up with and resume their education. ESCs and KS Centres were also able to provide a high level of support and structure that had helped to reduce some of the chaos in participant's lives.

Some participants were also more able to regulate their emotions by follow-up as a result of experiencing less emotional distress, and learning more adaptive emotion regulation strategies that they had been taught by therapists, counsellors or teachers. Many also reported reductions in self-harming behaviour. Others had managed to find therapists, counsellors or sympathetic teachers with whom they had developed good relationships, and were able to talk through their emotions to gain understanding of them. Some participants had been frightened by their emotional symptoms, and consequently, this added to the feeling of emotions being out of control. One participant had found it useful to learn about anxiety, and had been working through exercises from a book on anxiety management recommended by the researcher. Gaining understanding of emotional and physical reactions i.e. symptoms associated with acute anxiety, helped participants to feel more in control of their emotional responses. It may therefore be beneficial for victims of bullying to receive some form of psychoeducation and to have their feelings 'normalised'. Both RBLC and ESCs were able to support students with managing and controlling their emotions, which had not always been possible in mainstream schools. Some participants were receiving anger management in school, or as part of more formal psychiatric intervention or therapy, but not all participants found this beneficial. The most effective support for gaining control over anger was the participant feeling that their anger had been validated as a normal reaction to months or years of abuse from others, and being listened to and taken seriously, because most anger stemmed from feelings of injustice and need obstruction. Participants also found it useful to be able to release anger in a safe and supportive environment, as mentioned above. It was apparent though, that some participants were still struggling to control their anger and recognised that it was going to take a long time to work through and release their feelings. Some participants talked about situations 'triggering' an attack of anger or aggression, such as a perceived unfairness or injustice, or feeling disrespected, and a few still harboured violent thoughts of revenge. In fact *becoming* angry may be part of the recovery process for some victims as they stop feeling to blame and direct their anger outwards to the perpetrator.

Some teachers were also providing what could be described as adaptive inferential feedback (Panzarella *et al*, 2001). For example, when things went wrong, participants frequently had negative thoughts about themselves which resulted in low mood and anxiety. In many cases, teachers were able to provide an alternative explanation (i.e. attributing the cause of the negative event to unstable, specific factors), thus improving psychological wellbeing and de-escalating emotional distress. RBLC participants also felt that the general environment of the Red Balloon was helping them to feel calm and relaxed which reduced symptoms of anxiety and hyperarousal. Some LA participants found ESCs and KS Centres to be calmer than mainstream schools, as there were less students and higher levels of discipline. Other LA participants had found their new mainstream schools to be less chaotic and more orderly, usually because the school catered for more academic students or had stricter rules for behaviour.

Some participants had felt less helpless and therefore less depressed, because they realised that it was possible to exert more control over their environment and for the bullies to be stopped, which related to self-efficacy to enlist support (Esbensen & Carson, 2009). Many participants at follow-up felt more confident that they would be able to obtain support from teachers, and that they would address the problem. At some new mainstream schools, ESCs and at RBLC, if bullying occurred, there was usually immediate action taken and consequences for the perpetrator. Teachers were perceived therefore to be able to take control of bullying problems. Some participants were also beginning to realise that bullying and difficult interpersonal situations are common experiences for many, but is it how you react to it that is important i.e. learning *internal* control. It may not always be possible to control or influence someone else's behaviour, but you can control how you react to it. A good example of this is that some participants were choosing not to listen to or react to abusive comments, or to internalise them. They were beginning to realise that you do not have to be physically strong to gain control, but can utilise mental strength which is related to resilience. If you have mental strength and are resilient, the bullies lose the 'power' to cause psychological pain. Many participants had also been able to gain a more 'realistic' perception of the bullies i.e. they are not 'all powerful' which would help to reduce anxiety and trauma symptoms (Mynard *et al*, 2000). What had prompted these changes in thinking was reduced emotional distress, and therefore more 'rational' thinking, support from adults, and increased confidence and self-esteem.

It did appear that many participants were regaining a sense of control over their lives by taking more positive action. Some were applying for college courses or working towards exams that they needed for a certain career with the support of teachers. **** ESC runs a course that helps students to see what they want in the future, and the steps and actions required to achieve their goals, which is beneficial as they begin to realise that they have the ability to influence their own lives. Some participants were beginning to take control of their own recovery by identifying things that they found difficult, and being willing to challenge themselves to overcome these difficulties. Some participants however, still lacked control over their lives, or *perceived* that they lacked control over their lives because they were still being bullied and continued to use passive coping strategies, such as avoidance.

Positive identity

Bullying and peer rejection had impacted very negatively on identity, and resulted in low global self-esteem for most participants. Threats to a positive identity were also likely to provide some explanation for clinical levels of depression at baseline. Bullying had impacted badly on identity because participants had been rejected by peers and been made to feel that they lacked desirable personality or appearance attributes. Firstly, many participants had been verbally abused about their appearance, with taunts about weight being most common. Participants who had been bullied about their appearance over a long period of time, and by large numbers of peers, had eventually begun to accept these insults as 'fact', deducing from the amount of available 'evidence' that they must be true. Female participants were especially likely to internalise these insults and believe that they were fat and ugly, for example, and to make more appearance related social comparisons. Body dissatisfaction is strongly related to self-esteem and may explain the lower levels of self-esteem and higher levels of depression in RBLC female participants compared to RBLC male participants. Also, four female RBLC participants had been diagnosed with an eating disorder, such as bulimia or

anorexia nervosa, and this may have been a form of self-punishment for not 'living up to' desirable criteria for female appearance. It may also be related to the higher incidence of serious sexual assault in the female RBLC group. Interestingly, male participants in the LA group had more concerns about their weight and appearance than male participants in the RBLC group, and were more likely to report disordered eating behaviour. This may reflect different norms operating in schools or as a result of socioeconomic status. Appearance as a factor determining self-worth may be more salient in lower socioeconomic status groups, and more LA male participants were from lower socioeconomic status backgrounds. Generally, disordered eating in victims of severe and chronic bullying may be a way of compensating for need obstruction i.e. for control or positive identity or as a coping strategy i.e. 'comfort' eating to cope with chronic stress.

Adolescence is already associated with increased self-consciousness, so being insulted and ridiculed with regard to appearance was humiliating and distressing for participants. Many became even more self-conscious and socially anxious, and feared negative appraisal when in public. 58% of RBLC participants and 70% of LA participants had expressed concerns about their appearance (table 10). Early adolescence is also a time when young people place great importance on conforming to the peer group, which facilitates acceptance. Bullying and peer rejection often start because a child is perceived as being 'different'. This may be in relation to appearance, sexuality or personality characteristics that go against the 'norm' in a particular school or community, and was a strong theme in both groups. Perceiving one's self to be different from the peer group can have a detrimental effect on self-esteem and identity. Many participants felt 'different' to their peers, and although they had accepted in principle that being different was not a bad thing, they were more likely to hold this view for others. Most had wanted to feel that they were similar to their peers. Female participants were more likely to have felt that they were different with regard to appearance related attributes. Male participants were more likely to make social comparisons with regard to personality characteristics, and RBLC male participants were more likely to perceive that they had *superior* personality characteristics. However, they often still viewed themselves negatively because to have *others* approve of them was more important, which is in agreement with Harter (1999) who found that peer approval and acceptance have the strongest influence on self-esteem. Some male participants for example, described themselves as being kind and gentle, but recognised that the peer group in their schools valued more 'masculine' characteristics.

Another important identity related need for adolescents is to feel understood as a person. Adolescence can be a time when individuals are more likely to feel 'misunderstood' and this may be more so for victims of bullying, especially in cases where a victim reputation may overshadow the young person's true personality, and their actions and behaviour may be interpreted and evaluated within this context. In fact, many participants had developed victim reputations and been 'known' for certain undesirable personality characteristics that included 'sex offender', 'paedophile' and 'slag'. These labels had affected the way participants viewed themselves as they were highly derogatory (and untrue) and also influenced how peers viewed them i.e. their social identity. Also, bullying related distress expressed as emotional and behavioural problems was often misunderstood by both peers and teachers, and many participants had become labelled. Many participants had effectively therefore become trapped in 'other' constructed identities. There is also stigma associated with psychological or psychiatric problems that would impact negatively on the sense of self. Many participants (especially those with ASD) had felt that they were misunderstood by peers

and teachers and had often been labelled as 'naughty' or 'problem' students. RBLC participants were more likely to have reported a psychiatric diagnoses (61% compared to 35% of LA participants – table 10) which had impacted negatively on the sense of self, and LA participants were more likely to have received labels relating to behaviour or anger problems. For many participants, emotional or behavioural problems had become part of their identity and influenced how others viewed them and related to them, which resulted in self-fulfilling prophecies, where participants behaved in accordance with their label.

Most participants had been rejected by the majority of their peers, or perceived themselves as being unpopular, which also negatively affected self-esteem. Many had felt unwelcome and marginalised in their school, and had often been excluded by peers, which had forced them to conclude that there must be 'something wrong with them'- this was a strong theme in both groups. There was a large weight of both explicit and implicit 'evidence' therefore to indicate to participants that they were at fault. The way teachers and schools managed bullying problems often contained the implicit suggestion that it was the victim who was at fault. Many participants talked about being isolated from the class or put into PRUs, for example, or being referred for anger management. Some participants had also felt that counsellors or other professionals were explicitly blaming them or their families for the bullying. Not surprisingly, given the weight of the above 'evidence' for personal fault, many participants are likely to have developed negative self-schemas (Storch & Ledley, 2005).

Many participants from both groups reported troubled family backgrounds, which could also have impacted on self-esteem, and this was a more common theme in the LA group. Negative peer evaluations could have been 'confirming' the low opinion that many participants had of themselves. Bullying, peer rejection and in some cases, lack of family support and nurturance, had therefore impacted strongly on identity for most participants. Some had developed a distorted sense of self and felt that since being bullied, they had changed or become a 'different person' and mourned the loss of the old self (39% of RBLC participants and 45% of LA participants reported personality changes). They perceived often quite rightly that they were 'looked down on' by others, and consequently felt 'small' and 'insignificant'. Most had lost confidence in themselves – 73% of RBLC participants and 90% of LA participants reported reduced confidence, low self-esteem and worthlessness (table 10). Female RBLC participants reported the most serious effects on their sense of self, and a few had been diagnosed with emerging personality pathology, which may have been a consequence of more serious sexual assault in this group and possibly more time spent out of education and in relative isolation.

How did participants manage these numerous threats to self-esteem and identity? Many had started to avoid social situations to reduce the risk of negative evaluation. Others had tried to 'hide' themselves externally behind heavy make-up, long hair or baggy clothes or to hide themselves internally, by retreating 'into themselves'. Some participants had tried to 'lose' themselves in a stronger group identity by becoming a gothic, for example, where it is more acceptable to be 'different'. Female RBLC participants were more likely to talk about concealing or changing the self on a deeper level. A few participants developed a 'false' self as they felt that the 'real' self was unacceptable. RBLC participants overall, were more likely to have responded to threats to a positive identity by rejecting 'normal' and emphasising their 'difference'; however, this may have been a reaction formation defense and not an accurate reflection of the participant's true desires.

It was apparent that many participants felt ashamed and weak for being a 'victim', and male victims especially are likely to feel 'emasculated' by the bullying as described above. As well as fulfilling the need for control, 'standing up for yourself', especially by using physical aggression, may help to fulfil the need for a positive identity. Interestingly, some participants felt that it was important not to 'lose face' when confronted by the bullies, and being able to defend yourself, would result in greater respect from the peer group, which was important, as many participants felt that they had been disrespected in school. This reaction was most common in the LA group, which again may have been a reflection of the differing social norms.

Positive identity – follow-up

What had increased self-esteem and reduced depression by follow-up? For RBLC participants, the most important factor for developing a positive sense of self was being in an environment where they felt they could be themselves and be accepted i.e. their 'true' self, and acceptance has been found to make unique contributions to self-esteem (Gailliot & Baumeister, 2007). RBLC participants also felt that there was less peer pressure to conform and that it was more acceptable to be 'different'. Most participants felt that 'normality' at Red Balloon was less rigidly defined, and therefore they were able to evaluate themselves within a more realistic and broader framework. What had also helped RBLC participants was being given automatic respect for just being themselves which validated who they were, and is in accordance with a humanistic ethos. Participants felt that they were in an environment where there was more equal social status, and where they did not have to feel that they were 'beneath' everyone else, or less important. RBLC female participants had found it beneficial not to be judged on appearance, and received more compliments or positive comments about their appearance from both peers and teachers, which boosted their self-esteem. Also, at the Red Balloon, participants felt that more 'alternative' qualities were valued i.e. qualities that had not been valued by the peer group in mainstream school. Some participants had felt embarrassed or ashamed for possessing personal qualities that were not highly regarded by their peers, and had either concealed these qualities, or tried to change who they were. Being at the Red Balloon had helped some participants to feel that these qualities were also valid and desirable.

One of the most important things for bullied individuals to understand is that they are not to blame for the bullying, which would reduce symptoms of depression and also raise self-esteem. The process of realising that they weren't to blame had for some been achieved through counselling or therapy, and for others it had been a process of evaluating new 'evidence'. For example, some LA participants had found it very helpful to talk through the experience with an understanding and supportive adult, who could help them to look for alternative reasons for why they had been bullied, rather than just assuming that it must be their fault and they had done something to 'deserve' it. At RBLC participants had found it helpful to mix with other bullied adolescents, which may have reduced feelings of self-blame and 'normalised' the experience as they realised that they weren't the only one, and that bullying can happen to individuals with many different personal qualities and physical attributes. This is in agreement with previous research that has found that if victims of bullying realise that others are being bullied, they tend to ascribe blame more externally (Juvonen *et al*, 2001). It is likely that reductions in self-blame would have contributed to reductions in depression by participants making less internal causal attributions. Some new mainstream schools and ESCs that LA participants had changed to had much stricter and more enforceable anti-bullying policies, and

were much less tolerant of bullying and abusive behaviour in school. This was a clear indication to participants that being victimised is not acceptable, and that fault lies with the bully, not the victim.

LA participants also found it beneficial to be in an environment where they were more accepted for who they were. Most participants who went to ESCs did feel more accepted by teachers, although not always by other students. Changing schools had been a very effective strategy for some participants, especially where the new school was a better 'fit' in terms of academic ability and peer group norms, and participants who changed to more suitable mainstream schools felt more accepted for who they were by teachers and peers. Some new schools endorsed and valued different attributes and qualities, which more closely matched those of participants, and thus helped to increase self-esteem. Having individual talents recognised and nurtured was very important for raising self-esteem in both groups, and teachers at Red Balloon and ESCs were helping to 'bring out the best' in participants. Praising participants for genuine talents, abilities and personality attributes would help to develop high *stable* self-esteem which reflects self-evaluations that are realistic and therefore more resistant to threat (Pyszczynski *et al*, 2003 & Kernis, 2005).

The main difference in ethos at most mainstream schools, and ESCs, compared to that of RBLC, is that it is less acceptable to be too 'different' as the aim is for students to be able to fit into, and function well in society. A few RBLC participants were still rejecting 'normality' and had set themselves apart as being 'different' , however, they needed help to find a balance between being themselves and being able to function in society. Some LA participants made the point that they were encouraged to make positive changes to themselves (if necessary) that would enable them to function well in society. However, this was done in a way that did not imply blame or fault, and made them feel good about themselves, or they were helped to accept themselves for who they were. Some new mainstream schools and ESCs had encouraged participants to stop viewing themselves as 'victims' as some participants had incorporated victimisation experiences into their sense of self i.e. 'I *am* a victim', and it was recognised that a 'victim mentality' could stop students from moving forwards. Some LA participants had also talked about receiving more support at home or from 'parent figures' which had helped them to make positive changes to themselves, such as losing weight and gaining fitness, which increased self-esteem.

In common with the Red Balloon, ESCs placed importance on respect between teachers and students, and within the peer group. It was important for participants to feel respected, especially after months or years of being socially humiliated and *disrespected*. There was less opportunity for dominant social groups to evolve in ESCs because of their size, so generally participants also experienced a more equal social status. LA participants who had changed to more suitable mainstream schools, also experienced more equal social status, which was a reflection of the culture of the school. They also felt more positively evaluated by peers, because as mentioned above, they were now mixing with peers who had similar values and aspirations, and support and acceptance from classmates has a greater influence on self-esteem than that of close friends as mentioned above. Most RBLC participants also felt that they were evaluated more positively at the Red Balloon by other students.

For both groups, being understood by teachers was also very important. Participants did not want to be misjudged because of their emotional distress and resulting behaviour problems, or viewed solely

in terms of a label or psychiatric diagnosis. At RBLC there is very little emphasis placed on labelling and diagnoses, and students are viewed with a 'clean slate'. Also, participants felt that teachers separated emotional problems and behaviour from who they were as a person, which was also the case in ESCs.

Some participants were able to make more rational social comparisons by follow-up, which would help to reduce depression and increase self-esteem. Teachers and therapists were helping participants to see that everyone has different strengths and weaknesses, and no one is perfect. It is important that victims of bullying are encouraged to view themselves and peers more realistically. Female adolescents for example, may view themselves as total failures if they do not live up to the thin 'ideal', so may need help to develop a more 'well-rounded' appraisal of their own identity i.e. one that is not solely based on appearance. Some participants however, had reached a point where they been able to question the validity of the insults that they had received, and did not automatically accept them as 'truth', thus protecting their identity. Many participants had grown in confidence and were more accepting of themselves, which meant that they were more willing to reveal who they were and were less self-conscious. In fact, the majority of participants from both groups reported increases in self-confidence (recovery checklist data). Some participants also described themselves as 'growing' as people and appeared to have a stronger sense of self, and others had 'reframed' their identity; for example some participants viewed themselves as a 'survivor' rather than a 'victim'.

Although there was significant improvement in the self-esteem of both male and female participants from both groups, RBLC female participant self-esteem scores were still significantly lower than RBLC male participant scores at follow-up. Some of this difference could be explained by more appearance related worries and anxieties in RBLC females, which has been linked to both depression and low self-esteem (Harter, 2008). Female RBLC participants also demonstrated more serious identity disturbances, which may have resulted from the higher incidence of sexual assault and multiple victimisation in this group.

Overall, many participants did feel better about themselves and had developed a more positive identity, but it is important that participants are able to maintain a positive identity in the future, and on leaving RBLC. Young people need to learn to be resilient enough not to internalise hurtful comments and incorporate them into their sense of self, and self-esteem should not be contingent on the approval of others, or maintaining a particular weight, for example. Participants needed to have developed the ability to like and value themselves irrespective of the opinions of others – or at least be able to distinguish whose opinions actually *matter*. That is why it is important for adolescents to develop high stable self-esteem, as mentioned above. It is possible to have high self-esteem and feel happy with your own identity, but still be viewed negatively by others. However, in adolescence, developing a positive *social* identity is likely to be very important. Some participants had not been able to escape their victim reputations which certainly influenced how other people viewed them and some were worried that they would forever be 'known' by derogatory labels such as 'slag'. That is why making a new start was a very good strategy for some participants, because otherwise, how could they have changed the way peers viewed them? Some participants who had moved to a new environment also said that they had become 'new people', and had managed to dissociate themselves from their victim identity.

Social needs (belonging)

Bullying had a very significant impact on fulfilment of social needs, which is likely to have contributed significantly to depression, anxiety, trauma symptoms, suicide ideation, anger, and lowered global self-esteem in participants. Participants in fact, reported very painful emotional states in response to bullying and peer rejection, which is a common response to serious interpersonal problems in adolescents (Masten *et al*, 2009 & Sebastian *et al*, 2010) and was a factor influencing suicide ideation. How did bullying interfere with social needs? Most participants perceived themselves as having little social power, and felt that more popular peers had reduced their social standing, which decreased their desirability as potential friends. Relational bullying was rated as highly distressing for both groups of participants (table 10) and many had lost friends, and found it difficult to make new friends as peers were turned against them. Relational bullying is most likely to interfere with the fulfilment of social needs, and chronic victims might end up with a very restricted group of peers with which to make friends, consisting of other bullied or rejected children. Most participants felt themselves to be marginalised and isolated in school, and did not experience a sense of belonging, describing themselves as the 'odd one out' or a 'misfit'. Many had also developed victim reputations which had further decreased their social status i.e. popularity and level of peer acceptance, and were extremely difficult to 'shake off' (Juvonen *et al*, 2011). Worryingly, for some participants, victim reputations had also spread into the local community, restricting social opportunities further.

Most participants had reported feeling disliked and unaccepted by teachers, and relationships with teachers had deteriorated. More RBLC participants reported being distressed by perceived bullying from teachers (table 10) or poor relationships with teachers, which might also have contributed to their decision to leave school. It may be the case that chronic bullying problems become very difficult to resolve, and teachers may themselves feel uncomfortable or annoyed with the victim. There may also be an element of transference and countertransference; victims may engender feelings of incompetence and frustration, for example, in the teacher and teachers may project feelings of rejection, anger and dislike back towards the victim. Following on from this, bullying problems had reduced the actual support available to participants and also resulted in less perceived support (Barrera, 1986). It often took many months before participants had felt able to ask for help, and in many cases, they had felt 'knocked back'. Many had experienced re-victimisation, where they had been blamed for the bullying, or the bullying problem had been minimised. Many participants felt estranged from the peer group at school, and those with victim reputations, or who were rejected by the majority of the peer group, were often correct in assuming that peers would not support or help them. Perhaps not surprisingly, peer support had not worked well for most participants, mainly because participants did not trust peers or needed more in-depth support. Most participants were also highly depressed which makes it more difficult to get social needs met, or to obtain support, because individuals feel disconnected from others or withdraw socially.

Most participants in fact, reported negative beliefs about others and had lost trust in other young people, which was a strong theme for both groups. Many had also had their trust in adults shattered as they couldn't rely on them for support and protection, and some participants had been sexually assaulted or treated badly by teachers or other professionals. Many participants therefore may have experienced 'revisions' to their internal working model of self and others (Schäfer *et al,* 2004) and

had developed negative relational schemas, which were influencing social cognitive processes. For example, many participants had negative expectations of how others would behave towards them that became a self-fulfilling prophecy, and again admitted to 'interpreting things badly' which further interfered with the fulfilment of social needs. Many participants reported very high levels of anger in response to the bullying, which had built up over time, and was also affecting interpersonal functioning which is in accordance with the work of Dodge *et al*, (2003) and Schwartz *et al,* (1997). In some cases, peers were 'goading' participants to make them lose their temper, and a few participants had seriously injured other young people on occasion. One participant had been referred to Child Protection because of his aggressive and inappropriate behaviour towards peers. Researchers have found that peer rejection and exclusion can cause significant impairments in self-regulation (Baumeister & DeWall, 2005), which might be especially salient in adolescence.

There did not appear to be any marked gender differences with regard to the need to belong, as both male and female participants reacted badly to threats to belonging, demonstrated by increased aggression and emotional distress. Some participants may have become rejection sensitive as a result of being bullied and rejected for long periods of time, which was further impairing interpersonal functioning (Downey *et al*, 1997 & Downey & Feldman, 1996). This was indicated by participants 'over reacting' to perceived interpersonal rejection or abuse, by quickly becoming angry or emotionally distressed, and using destructive strategies to prevent rejection. Some participants for example, had compromised themselves in order to gain approval and acceptance, which had resulted in more ridicule and rejection. Some participants had realised that it was unlikely that they would be accepted by the main or normative peer group, so had tried to gain belonging within other marginalised groups, such as with peers who were disengaged from school, or who got into trouble outside of school. These participants changed their behaviour or personality to fit in with the norms of the new peer group, which in some cases, had resulted in exclusions or involvement with the police, but the need to belong had taken priority. Many participants also reported poor quality friendships i.e. they had 'settled' for friendships that were often not reciprocal or supportive, in an attempt to get social and belonging needs met. Others had withdrawn socially; they appeared to have given up trying to belong and were rejecting others before they had a chance to reject them. They may have found it too painful to face more rejection, so social withdrawal had been used as a defence strategy. This strategy may be used as a last resort when repeated attempts to gain belonging have been exhausted. In fact, 70% of RBLC and 60% of LA participants reported social withdrawal, social anxiety and loneliness (table 10).

Social needs (belonging) – follow-up

By follow-up, many participants were fulfilling their social needs to a greater extent, which had probably contributed to improvements in all outcome variables, and the majority of participants from both groups reported increased sociability (recovery checklist data). One of the most important factors for recovery was accessible support from teachers, and finding an environment where the participant felt a sense of belonging and acceptance. Most RBLC participants had felt a greater sense of belonging and more accepted by peers and teachers at Red Balloon. Participants generally had developed good relationships with staff, and felt that they were able to talk to teachers easily and that teachers would listen to them, and provide advice and support. RBLC participants felt that they were on a more 'equal' level with teachers at Red Balloon, and student-teacher relationships were

also more informal, which made it easier for some participants to ask for help and access support. Changing schools had been a very effective strategy for some LA participants who had found their new school (either mainstream or ESC/KS Centre) to be a better 'fit' in terms of academic ability and peer group norms, and reported a greater sense of belonging and acceptance, as mentioned above. Some perceived their schools to be friendlier and felt more welcome there. Most participants in ESCs, KS Centres and new mainstream schools had also formed good relationships with teachers, and in ESCs and KS Centres, teachers were more able to offer a high level of social and emotional support.

The increased availability and accessibility of social and emotional support that some participants received from teachers was both an important coping resource and proof of 'worthiness' in that participants felt that somebody thought they were worth supporting, which would have increased self-esteem, and reduced symptoms of depression. Higher levels of perceived support were likely to have helped to reduce cognitive appraisals of threat, and therefore reducing anxiety, as participants felt that they now had more resources (available support) to cope with future bullying problems. This was especially important where the participant did not have a supportive family background. What participants found especially beneficial in terms of teacher support, was being believed, feeling that teachers cared about them, and being listened to. This is in line with the work of Troop-Gordon & Quenette, (2010) who highlighted the importance of teacher's responses to disclosure of bullying. Some participants also reported improved relationships with family as their problems decreased and their general psychological wellbeing improved, which may have increased actual and perceived support in the home environment. No marked gender differences were observed in the desire and need for social and emotional support, especially from adults such as teachers.

Some RBLC participants were learning how to socialise again, but within the context of a more accepting peer group. Many participants talked about the social side of being at Red Balloon which could have helped to reduce depressive symptoms. It was common for many participants to have been at home alone for long periods of time after leaving mainstream school, and many would not perhaps have had the motivation or confidence to join clubs or groups out of school in order to socialise with peers. RBLC participants also found that peer relationships were providing valuable support, as they were able to empathise and share experiences. It is likely that social anxiety would be reduced for many participants because they perceived other students as being more 'forgiving' and knew that many of their peers had experienced similar problems. The Red Balloon was in fact a safer place to make friends because participants felt that it was less likely that they would be laughed at, or rejected, and so were more willing to take risks. An important factor which had helped RBLC participants to socialise and form good relationships with peers, was being in an environment where there were less rigidly defined social groups, and more equal social status. Also, there were less complex social 'rules', which had made socialising anxiety provoking for many participants, especially those with ASD. Thus many 'barriers' to socialising had been removed.

LA participants who had attended ESCs or KS Centres found there were less social groups because they were in a much smaller environment. Some LA participants who had changed to new mainstream schools, or attended college, found there were less social groups and more equal status among peers, because the culture of the school endorsed and upheld more egalitarian values. LA participants who had changed to a school where they 'fitted' more in terms of peer group norms, or were attending vocational college courses, also had access to a pool of potential friends with whom

they were more likely to have something in common. Another important 'barrier' to making friends for many participants had been having an established victim reputation, and those participants who had managed to 'escape' this reputation were more able to make friends. Some participants had developed more effective friendship making strategies that were likely to attract *reciprocal* friendships. These strategies involved participants being friendly and prosocial, but not using ingratiating behaviour or compromising themselves. Making 'real' friends had helped to reduce depressive symptoms and increase self-esteem, especially for participants who had been socially isolated previously or who had poor quality friendships. Having good experiences within the peer group was also challenging beliefs that other teenagers are rejecting and abusive, and many participants were aware that they had to begin to trust other young people if they wanted to form good friendships. In fact, rebuilding trust is a fundamental part of the recovery process if social (and other needs) are to be met in the future (Staub, 2004).

An important consideration for RBLC participants was being able to get social needs met outside of the Red Balloon. They need to feel that they belong in the world, and be able to form good relationships with peers. Some RBLC participants had been able to form friendships outside of school, but others still had little social interaction within the community. The main barrier to making friends for RBLC participants appeared to be lack of trust and social withdrawal. The main barrier to forming good peer relationships for LA participants was the continued use of maladaptive friendship making strategies. Some participants had never 'learned' how to make friends, because they had missed out on interacting with peers earlier in life as a result of illness or difficult family circumstances. Other impediments to making friends were being in the same environment and still having a victim reputation. A few participants from both groups appeared to be 'trapped' by long established negative schemas relating to self and others that were influencing the relationships that they had with peers, and producing a self-fulfilling prophecy.

Achievement

It was apparent that most participants had had their education disrupted quite significantly by the bullying – 88% of RBLC participants and 70% of LA participants reported some or frequent effects on schoolwork. The most common reason for disruption to schoolwork for RBLC participants was reduced concentration, and for LA participants was being bullied in class. Most participants' academic engagement and self-concept scores were very low at baseline, and there was evidence of behavioural, cognitive and emotional disengagement. For example, participants from both groups reported conflict with teachers, loss of interest in school and missing classes or staying off school (table 9).

Many participants from the LA group admitted to skipping classes on a regular basis and a few had stopped attending. RBLC participants were more likely to have dropped out of school completely prior to attending Red Balloon, and to have been out of school for a longer period of time. Most participants were preoccupied with getting basic safety needs met in school, so were not able to apply themselves fully to learning. Education does not impact on the 'here and now', and participants were just concerned about getting through each day while incurring minimal harm to themselves. Also, most participants were experiencing clinical levels of anxiety, trauma symptoms and depression, which were interfering with both motivation and ability to learn. This is in agreement with previous research, where depression has been proposed to act as a mediator

(Schwartz *et al*, 2005). Anxiety also creates significant blocking of non-threat related information, and many participants couldn't think of anything other than the bullying. Some participants also had frequent suicide ideation, and did not care about their education as they could not see a future and therefore found it to be irrelevant.

Many participants had enjoyed learning, and some had been keen to attend University, but they did not enjoy school. Participants from both groups had become very emotionally disengaged from school, which was mainly felt to be a result of poor relationships with teachers and peers, which has been found in previous research (Konishi *et al*, 2010) and was a strong theme in both groups. Participants often did not trust teachers because they felt that they were not prepared to protect them from the bullies, and did not care about them. Most participants also felt that they did not belong in their schools and many had felt marginalised and excluded in classes, which resulted in them not joining in class activities or interacting with the teacher. Exclusion in the classroom has been found to act as a mediator between peer rejection and engagement (Buhs *et al*, 2006). Some participants felt that they had been made to feel stupid by peers and teachers, which was a common experience for those with SEN. This affected academic self-concept and self-esteem, and level of school engagement and lowered confidence in class. Some participants had become too afraid to ask for help, and had consequently fell further and further behind. Some participant's behaviour in class had also deteriorated as a result of conflict with teachers and peers. Chronic and severe bullying in school had resulted in education becoming associated with negative emotions and expectations, so some participants were unable to see themselves continuing with further education. Other participants however, thought that college or university would be a better environment for them to learn, as they felt that students 'wanted to be there' and would be more mature.

Maybe as a defense strategy, some participants had begun to devalue school and to place less importance on academic achievement, and had taken to mixing with other peers who did not value school, and others had lowered their aspirations and ambitions.

Achievement – follow-up

By six month follow-up, most participants had been more able to achieve in school which was demonstrated by increased academic engagement and self-concept. By six month follow-up, self-esteem and academic engagement and self-concept were significantly positively related for LA participants which might suggest that the two variables influenced each other i.e. improved global self-esteem increased academic engagement and self-concept, and feeling more confident about academic ability and being more engaged with school, increased self-esteem. Alternatively, depression was related most strongly to academic engagement and self-concept and self-esteem at follow-up, so decreases in depression may provide explanation for improvement in self-esteem and academic engagement and self-concept.

Many participants had been able to get their education 'back on track' by follow-up. The most important factor was feeling safe in class and at school, whether the participant was at a Red Balloon or mainstream school establishment. Participants needed to feel safe and secure in class before they were able to engage with their work, as safety is a basic need. Classes where teachers were perceived to be in control, and where there were clear boundaries for acceptable behaviour were most conducive for learning, and some participants had changed to schools where they were no

longer being victimised. Secondly, it was important that participants experienced a sense of belonging in school and were able to develop good relationships with teachers and peers, which has been found to increase emotional engagement and achievement (Konishi *et al*, 2010). In fact, the item pertaining to belonging in school on the AESCS had the second highest loading on the final 10 item scale. Most participants also felt that it was important to be respected and treated fairly by teachers, and another important factor was that participants perceived that teachers cared about their emotional wellbeing and were prepared to offer assistance and support when required which impacts positively on academic achievement (Ma *et al*, 2010).

For some participants, receiving more praise, encouragement and support in the classroom had increased confidence and academic self-concept, especially for those who had felt like failures in school previously. Some participants with SEN had received extra support with specific skills deficits, such as reading and writing skills, which they found beneficial. Having a SEN is not a consequence of bullying, but is a risk factor for being bullied as it can make the individual 'stand out' and also contributes to reduce self-esteem and academic self-concept. It may therefore be important for young people with SEN to be supported and encouraged within a mainstream environment. Some participants who did not have high academic ability were able to get achievement needs met by being supported to develop more vocational abilities, which was possible at the RBLC or ESCs and KS Centres. Also, in smaller schools participants did not have to compare themselves unfavourably with more academic peers, and teachers offered more positive reinforcement in the form of praise for small achievements, which gave participants the confidence and motivation to work towards the next level. Some participants had developed a greater sense of mastery in some areas as they had been able to accomplish things that they thought previously they were unable to do, which had raised academic self-concept. Increases in academic self-concept were demonstrated by some participants feeling more confident that they could achieve good grades, and perceiving themselves to be more competent with specific skills such as reading and writing, for example.

The largest effect size for RBLC participants was for increases in academic engagement and self-concept, and one of the things that many RBLC participants rated most highly was the style of learning. The main difference in learning style at the Red Balloon is that students are offered more choice with regard to the curriculum and content and learning style of classes. There is also less emphasis on core academic subjects (although this has been a topic of debate in some RBLC). As mentioned previously, this is done with the intention of providing students with more control over certain aspects of their lives. However, whether it is beneficial for long term recovery is questionable. Victims of bullying do not necessarily require any specific academic interventions or education that differs significantly from that provided by mainstream schools. What matters most is removing the obstacles to learning. For example, stopping the bullying leads to a decrease in emotional distress and frees the individual's cognitive resources for learning, which improves concentration and motivation.

By follow-up, many participants were in a better position to contemplate higher level needs. Some participants reported greater expectations of what they were capable of because teachers had higher expectations of them, and had given them the encouragement to realise future ambitions and aspirations. What seemed especially helpful, was goal focussed interventions that helped participants to plan each step of how to reach a career or more vocational achievement. Some participants had clear ideas of what they would like to work towards and felt more optimistic and

hopeful about the future, because they could see themselves achieving and were more able to recognise their individual potential. Achievement can also be a way to regain social status and respect which also impacts on identity.

However, some participants were still not engaged with school at follow-up, and did not appear to be achieving in any area of their lives, or to hold any future aspirations. The two LA participants with the lowest levels of academic engagement and self-concept at follow-up were participants with lower academic ability and from lower SES backgrounds, where scholastic achievement may be of less importance and value. It is important that victims of bullying who have lower academic ability are given individual support to identify more vocational talents and aspirations, to help them to believe that there is a purpose to them being at school, and there are things to aspire to in the future. One participant was also still experiencing clinical levels of depression, anxiety and trauma symptoms and still being bullied, so there had been no changes in her circumstances. Participants who were still being victimised and were still experiencing high levels of emotional distress, were unlikely to have reported any improvement in academic engagement and self-concept regardless of academic ability. Interestingly, the lowest scorers in the RBLC group contained some highly academic participants, one of whom had been on the gifted and talented register and none were from lower SES backgrounds. These participants were all still experiencing clinical levels of depression, anxiety and trauma symptoms and had experienced some of the most serious abuse in and out of school. They had not reached a stage of recovery where they were ready to think about academic achievement, and often struggled to attend the Red Balloon. It may be that some victims of bullying achieve later in life, when they have overcome their emotional problems and when they have been able to fulfil more basic needs.

Limitations

Firstly, the biggest limitation was lack of information relating to stability of recovery. What happens, for example, when individuals leave RBLC permanently? A follow-up study would be very useful in evaluating the effectiveness of the RBLC in the longer term, and also to compare stability of recovery between groups.

Another challenging aspect of the study was being able to recruit an appropriate comparison group. While every effort was made to recruit a comparison group with very similar characteristics to the RBLC group, two main problems arose. Firstly, it was likely that more LA participants came from lower SES backgrounds, which was a result of recruiting some participants from ESCs where there is likely to be a lower SES population. Secondly, more RBLC participants had been out of school for longer periods of time, which may have affected the degree of recovery that was possible within the time frame of the study. If a young person is out of school for a long period of time, it is likely to affect psychosocial and academic functioning quite severely, and the recovery period may be longer. Although there were no significant differences in any outcome variable between groups at baseline, there was some evidence that RBLC participants had received more psychiatric intervention and diagnosis. RBLC participants had the additional burden of being able to eventually function successfully in the world outside RBLC, which may have maintained anxiety for some.

RBLC participants were not a homogeneous group i.e. some had SEN and ASD, but as the comparison group contained a similar population of individuals with SEN and ASD this was not felt to be a serious limitation.

LA participants were also receiving interventions, but as the objective was to compare the recovery *process* between groups, this was also not considered to be a serious limitation. It was useful to be able to compare the recovery process in RBLC participants with those receiving what might be termed 'treatment as usual'. Another consideration, was that there could have been 'rival explanations' for improvement in outcome variables in the form of hidden treatments i.e. medication/therapy. However, both groups were receiving interventions outside of school and participants were questioned about how beneficial they had found these in the qualitative interviews. It is likely that chronically and severely bullied will require multi-agency support to address their problems.

Not all of the available RBLC population agreed to take part in the study, which could have incurred a bias. However, the final sample of participants was felt to contain a fairly representative group of 'typical' RBLC students.

The study used self-report only to assess outcome measures, but every effort was made to get to know participants well and to gain their trust, and parents were also interviewed as a form of triangulation. It is likely that there was a high degree of accuracy and honesty from participants when filling in questionnaires and being interviewed. It was unlikely that any participant 'exaggerated' or gave false information about their experiences, as interviews made sense, and were consistent over time. Parent and child interviews were also consistent.

The RBLC is a relatively new organisation that is evolving all the time and there are differences in the day to day running of each centre. However, most participants were able to convey what they had found most beneficial about the RBLC ethos and practice overall.

The quantitative and qualitative components of the research did not appear to impact on the other in a way that might have a confounding effect on the outcome of the study i.e. completing the questionnaires did not 'prime' participants to respond in a certain way during the qualitative interviews, for example.

There also did not appear to be any 'leakage' in that the groups did not know each other or have any contact with each other. Most LA participants and their parents had never heard of the RBLC, and did not express any desire to attend one.

Finally, results from this study could be applied to most adolescent victims of chronic and severe bullying, as a relatively heterogeneous group of participants was used overall, but the recovery process was similar both within and between groups.

The recovery process - what is recovery?

Many participants were 'trapped' in vicious cycles

1. Bullying and peer rejection had in many cases, obstructed fulfillment of important needs
2. Obstruction of needs resulted in psychological distress (depression and suicide ideation, anxiety and trauma symptoms, anger and lowered self-esteem) that further obstructed needs
3. Some participants used maladaptive (destructive) strategies to try to fulfill needs, which often further obstructed need fulfillment
4. Some participants were stuck in maladaptive ways of thinking and reacting and had developed new, or strengthened existing negative schemas which further obstructed fulfillment of needs
5. Participants were also 'trapped' by labels or victim reputations which obstructed needs and resulted in self-fulfilling prophecies

What is recovery?

When the bullying problem had been resolved, some participants demonstrated significant improvement in outcome variables and had been able to fulfil needs constructively, and escape negative cycles. However, symptom reduction did not equal recovery as some participants had demonstrated improvement on outcome variables, but were still not getting social and other needs met and were still trying to fulfil needs destructively. Personal recovery is therefore not just the absence of depression, anxiety and trauma symptoms and increased self-esteem.

1. Recovery is addressing important risk factors i.e. if negative beliefs or faulty social information processing have not been addressed, there is a risk of relapse when experiencing difficult interpersonal situations in the future.

2. Recovery is developing important protective factors i.e. positive relationships with peers and inner strength.

3. Recovery is an ongoing process with periods of progress and periods of relapse as new skills and coping strategies are developed and put into practice.

4. Recovery is developing the ability to be able to get needs met constructively throughout life and to cope with need obstruction adaptively.

Recovery process

These are the recovery factors identified between groups, which were very similar and taken together, provide a comprehensive account of the recovery process. However, not all participants needed to go through each stage, while others did not complete important stages which affected their *degree* of recovery.

Disclosure - talking to someone who understands/takes it seriously

Satisfying safety needs - the bullying problem being addressed

Sense of getting back to normal/life becoming more stable/getting back into a routine

Getting education back on track – catching up with schoolwork/resuming education

Feeling more in control of the bullying situation

Coming to terms with being bullied: externalising blame/having experiences validated

Time of calmness and reflection – making sense of it all

Perception that emotional and social support is available and accessible

Learning to regulate emotions with support and understanding

Regaining a sense of belonging - finding a school or environment where the individual 'fits in'

Reintegration with the peer group/building trust – feeling better about others

Attracting and maintaining reciprocal friendships

Feeling accepted for who you are – feeling better about yourself

Recognising and appreciating personal qualities with support (building stable self-esteem)

Making positive changes to the self if necessary with support/or learning to accept yourself for who you are/more realistic evaluation of self and others

Making a 'fresh start' - shaking off a reputation

Not viewing yourself as a 'victim'

Growing as a person

Taking an active part in your own recovery/facing up to problems/ being more willing to take risks

Engaging with suitable interventions

Being supported to break vicious cycles i.e. negative ways of thinking and reacting that are maintaining or exacerbating problems or acting as risk factors for future problems

Feeling stronger inside - more resilient

Regaining confidence and independence – moving out into the world

Taking something positive from it - growth through adversity?

Looking to the future/planning for the future

Living v surviving

Being able to function well in the world i.e. more adaptive coping strategies/getting needs met constructively

Educational recovery process (overlaps with personal recovery)

Getting back into a school/classroom – overcoming avoidance (behavioural engagement)

Better child:school fit i.e. young person is in an appropriate environment to learn - more academic/more vocational/more similar peer group (emotional and cognitive engagement)

Feeling welcome in school (emotional engagement)

Being in a classroom where there is structure and clear boundaries around behaviour – feeling safe and secure (emotional engagement)

Feeling part of the lesson (emotional engagement)

Building good relationships with teachers and peers (emotional engagement)

Willingness to ask for help/to admit when you need help (cognitive engagement)

Obtaining support for individual learning needs (cognitive engagement)

Teachers providing support for/understanding emotions (emotional engagement)

Increased emotional wellbeing > improved concentration (cognitive engagement)

Realising individual strengths/abilities > gaining confidence (increased academic self-concept)
Increased enthusiasm for learning (cognitive engagement)
Catching up – increasing academic competence (cognitive engagement)
Higher aspirations and expectations - working towards exams/planning a future career (cognitive engagement)

RBLC: is it effective?

This very much depends on what criteria are used to define recovery. The Red Balloon aims to build confidence and self-esteem and return the young person back to mainstream school. Most participants had reported increased confidence and the overall effect size for increase in self-esteem was large. However, the last objective was not achieved by most participants. Out of the remaining group of twenty nine participants, only 10% (n=3) had returned to mainstream school by the end of the study. The majority of participants were still at Red Balloon, and many would be there until the end of their schooling. As mentioned above, some victims of bullying may be unable to return to mainstream school because of high levels of fear conditioning. For some RBLC students, the Red Balloon therefore provides a substitute for school, or alternative educational provision. If re-integration is still considered to be one of the aims of Red Balloon, then there should be more academic and practical support and preparation for returning to mainstream school.

Most participants demonstrated at least some improvement in outcome variables and overall effect sizes were large, so the Red Balloon was effective in reducing internalising symptomology and increasing the young person's academic engagement and self-concept in this group of students. However, does Red Balloon teach the young person to fulfil needs adaptively on leaving? Many participants were automatically getting most essential needs met at Red Balloon i.e. safety/belonging/esteem from others. However, the individual must develop the skills to obtain needs and cope with need obstruction *outside* of Red Balloon. The young person must also be able to move on from just getting safety needs met. Some RBLC participants had settled for fulfilling basic safety and security needs at Red Balloon, and did not strive to try to fulfil other needs. Some RBLC students may therefore require more encouragement and support to move outside their 'comfort zones', because recovery is more than just getting basic safety and security needs met and reduced internalising symptomology. It is very important that students are encouraged to be an active participant in their own recovery with the support of the Red Balloon, and also students must understand that recovery is likely to be an ongoing process, and will continue when they leave and face new challenges.

There appeared to be a 'honeymoon' period at the start for many participants where needs were met very easily and the individual experienced increased psychosocial wellbeing. However, between six and nine month follow-up, there was no further overall significant improvement on any outcome variable. After six months a plateau may be reached for many students who then need to move on and face further challenges to complete their recovery. Alternatively, six months could be viewed as stage one of recovery where the aim is symptom reduction, and stage two of recovery could involve spending more time on increasing adaptive coping skills and learning how to obtain needs constructively outside of Red Balloon. This may involve more organised and structured skill training sessions, and 'in vivo' work. Many participants said that they felt ill equipped to cope with life

outside Red Balloon, and some had encountered difficulties that had threatened their recovery when they had tried to return to mainstream school or attended college, for example. What might be useful is for students to have a recovery 'plan' where areas of concern are identified, recovery goals set, and progress monitored over time.

The Red Balloon has an inherently humanistic ethos where students are accepted for who they are. This is a very beneficial part of the programme, which was highly rated by participants. However, a possible downside to this is that it encouraged some participants to exaggerate their 'differences' which may make it difficult for them to be accepted in wider society. The challenge is to encourage students to accept themselves, and be proud of who they are, while still being able to be accepted by wider society.

LA provision: is it effective?

There were no significant differences in outcome variables or recovery scores between groups, so overall, the LA group of participants had recovered to the same extent. Some mainstream schools and ESCs had been able to help participants to fulfil needs, and in fact the recovery process was very similar for both groups.

However, it cannot be said that ESCs will be beneficial for all victims of bullying as only two were used in this study, and their ethos was highly nurturing, whereas other ESCs may use a different approach. Also, ESCs do carry a stigma and are generally understood to be a place where 'naughty' children are sent, thus some victims of bullying are likely to perceive being sent to an ESC or PRU as a punishment. Because ESCs and PRUs contain more students with behavioural problems, there is more chance of mixing with bullies or getting bullied, and they are therefore unlikely to be beneficial for socially anxious or more timid victims. Overall, participants did not report obtaining much support from the peer group in the ESCs; the support came mostly from teachers. It may be more difficult for victims to make friends at ESCs or PRUs because they are likely to contain a non normative peer group, and a few LA participants had changed their behaviour to 'fit in' when they attended ESCs to obtain belonging needs, which may be detrimental for long term development and need fulfilment. Another important consideration is that the academic standard may be too low for more academically able victims in ESCs or PRUs. However, ESCs were very effective for some participants as they were able to offer more support and nurturing; more stability and structure to participant's lives; and were in some cases, providing parental input that was missing from the home environment. One very important factor had been that the ESCs were able to understand and manage emotional distress and anger, which participants found highly beneficial. If victims feel that their emotions can be safely contained, this will in itself reduce emotional distress and anxiety.

Interestingly, participants from both groups had been offered very limited interventions specifically for victims of bullying, other than counselling or anger management, which had had varying degrees of success. Peer support interventions had not been beneficial for those who had been offered them, which may be due to more severe bullying problems in this group of victims. Two programmes run by **** ESC were however rated highly by those participants who attended them, although they were not specifically targeted for victims of bullying. What these courses did offer, was high levels of support and practical strategies for overcoming problems and achieving goals. This approach may be

beneficial for victims of bullying, as many participants had said that they needed to be taught more effective coping and problem solving or 'life' skills.

Also, the ESCs and mainstream schools that took part in this study maintained the ethos that it is important for the individual to be able to fit into society, so some element of conformity may be required on occasion. There is often a fine balance between being able to fulfil identity needs and social needs, as the victim must be able to develop a positive identity, that is compatible with core self-elements, but still be able to fit into and be accepted by wider society as mentioned above. The ESCs and mainstream schools used in this study had helped some participants to develop a more positive identity, but also one that would not obstruct the need for belonging and might possibly reduce risk of victimisation in the future.

What had helped some participants to recover had been changing to another mainstream school, which had served two useful purposes. Firstly, it had enabled the participant to escape the bullying situation, and to also escape their victim reputation in most cases. Secondly, the new school had often been a better fit in terms of the participant's academic or vocational ability, and as they were also mixing with more similar peers, they did not stand out as being 'different'. The most beneficial aspect of the new school in terms of culture and ethos had been strictly enforced anti-bullying policies, more support and understanding from teachers, and less rigidly defined social groups in the school. These factors had thus helped participants to fulfil most essential needs.

Is there anything unique about the RBLC programme?

Does it fulfil a need that mainstream educational provision cannot? What is unique is that RBLC students are all victims of bullying, thus students feel more comfortable, and perceive the environment to be safer. Safety is prioritised highly at RBLC and may be more easily guaranteed than in a mainstream school or ESC, and as it does not resemble a school it may allow fear conditioned victims to attend, when they are unable to attend a mainstream school because of disabling anxiety. RBLC is also in a position to offer more flexibility to those students who have serious mental health problems. RBLC is able to fulfil other essential needs for most participants, such as belonging and acceptance that mainstream schools or ESCs might not be able to do so easily.

Practical implications/recommendations

Culture/ethos of schools

For recovery to occur and be maintained, the culture of the school is very important (Aronson, 2004) and should enable victims to obtain essential needs and provide important protective factors. Firstly, it is important that schools address bullying before it becomes a chronic problem, because the longer it goes on, the more difficult it is to stop and the more damage incurred by victims. Therefore *effective* and *enforceable* anti-bullying policies should be established in all schools. This may mean making a commitment to long term change and addressing the existing culture of certain schools. Safety in school must be a priority for all students, and it is important that anti-bullying policies are able to address all types of bullying behaviour, that include social and relational bullying. Participants rated schools where there was a high level of support, but also clear boundaries and sanctions for behaviour i.e. an 'authoritative' ethos (Gregory *et al*, 2010). Safety is a basic need, and if it is

unfulfilled, students may not fully engage with their schoolwork. It is also important that victims feel able to ask for help, and teachers should be willing to listen and respond appropriately. All teachers should be trained in bullying prevention and management i.e. learning appropriate responses and strategies to support victims, and must receive leadership and guidance from the head teacher or a designated bullying specialist in school (i.e. Roland, Bru, Midthassel & Vaaland, 2010). Victims of bullying have a need for justice; hence the 'no blame' approach may be inappropriate for severe and chronic bullying problems. Obtaining an acceptable form of justice and acknowledgement of the pain and distress experienced, is likely to be a very important recovery need for most victims of chronic and severe bullying. Also, if bullying problems are handled appropriately and sensitively, victims would be less likely to infer that teachers are blaming *them.*

More teacher training should be provided with regard to mental health and the effects of bullying, as victims need understanding, empathy and support with regard to emotional distress, and participants needed to feel that their emotional distress could be safely contained and accommodated. It is important for teachers to be aware that expressions of anger and aggression in male victims may be a consequence of anxiety, depression and trauma symptoms, as they may feel embarrassed about admitting to feelings of emotional distress.

Teachers need to be aware of the dangers of creating self-fulfilling prophecies by holding negative expectations for certain students, or being too quick to 'label' young people who may differ from the dominant peer group. Also, rumour spreading should be taken more seriously, as this can have a serious impact on a victim's identity and social standing, and young people should be taught to 'challenge' reputations i.e. not to just follow the crowd and reject or abuse another student because they have a reputation, but to form their own conclusions about others.

Participants found it highly beneficial to be accepted for who they were, and therefore more humanistic school-based interventions or 'whole school' approaches might prove useful, especially those that encourage respect for difference, and appreciation for a broader range of personality characteristics, attributes and appearance related factors. Schools should aspire to a culture of respect; respect between teachers and students, and respect within the peer group. Victims should also be encouraged to recognise their own unique qualities and abilities, and to receive genuine praise and regard for these. For example, schools should place more emphasis on non academic talents and abilities, and develop these where appropriate. It is also important that the individual is sensitively supported to address any personal characteristics that may be making it difficult for them to gain acceptance in wider society. Female victims may require more support to develop self-esteem that is not based on appearance, and to be able to evaluate their own appearance more realistically. Therefore school-based interventions that address female adolescent concerns and worries about appearance may be beneficial, and emphasis should be placed on respect for the *self.* Male victims may benefit from more after school sporting or physical fitness activities, especially those that involve support and nurturance from a male teacher or other appropriate male adult. Participation in sports and exercise are important factors in raising self-esteem (McClure *et al*, 2010) and may also help to fulfil social and belong needs, if the individual takes part in team sports or group activities, for example.

It is important to help the individual to form good relationships with, and integrate successfully with their peers to fulfil social and other needs. However, this may not be possible in the victim's

current school because of a victim reputation or ongoing rejection. The victim should therefore be supported to access another appropriate peer group. Joining clubs or groups outside of school relating to the specific interests of the young person, may be beneficial as they will be mixing with more similar peers. In cases of severe and protracted bullying, the victim may need to move to another more appropriate school to escape a victim reputation, and sometimes there has been a poor child:school fit that increases risk for victimisation and rejection. Being in an environment with similar peers may be a more effective strategy for fulfilling social needs in adolescence, than social skills training. Participants did benefit from peer support, but only from other victims, therefore informal 'victim support groups' may be useful. Those that include previous victims who have recovered, and who could empathise and share useful strategies would be most effective, otherwise victims might just engage in co-rumination. Peer counselling interventions are not thought to be suitable for severe and chronic bullying cases. The general culture of the school should discourage the formation of marked social groups or 'cliques', and schools should make an effort to develop a 'group identity' for the whole school; in other words, to build a supportive, friendly, inclusive and welcoming community. Also, teachers should be vigilant for students who are consistently 'left out' in classes, or who appear to be alone at break times. The fulfilment of social needs is arguably the most important for adolescents, and yet may be the most difficult to fulfil, especially if the victim has a history of peer relation difficulties and has developed destructive need fulfilment strategies. Early intervention is therefore warranted.

Building good relationships with teachers, and availability and accessibility of social and emotional support in school is highly beneficial, especially for victims who have difficult or unsupportive family backgrounds. What was especially important for participants was being listened to and feeling that teachers cared about them. It is also very important that victims of bullying are provided with the conditions to re-build trust i.e. teachers should be consistent, understanding and honest, as lack of trust can obstruct the fulfilment of social needs. Male participants did appear to benefit from social support just as much as female participants; although it may appear more socially acceptable if it comes from a male role model ('big brother' or 'father figure') and involves more practical activities such as engaging in sports or taking up a fitness regime, for example.

Therapeutic interventions

Interventions must address both internal and external factors to be successful. It is likely to be beneficial for victims of severe and chronic bullying to discuss and 'work through' their experiences with a trained counsellor or therapist in order to make sense of them, and to be able to assimilate and accommodate negative experiences in a way that does not impact negatively on adjustment. Cognitive-behavioural interventions should be more widely accessible to victims of severe and chronic bullying that address faulty social information processing, and negative schemas relating to self and others that can be long term risk factors for need obstruction and pathology (Rosen *et al*, 2007). Also many victims are likely to be trapped in vicious cycles that require more specialist intervention to remedy i.e. chronically and severely bullied adolescents may have become rejection sensitive, and act in ways that are likely to result in further rejection and need obstruction. The victim should be helped to recognise destructive need fulfilment strategies, and supported to use more constructive strategies.

Counselling and therapy may also be of more benefit when it is conducted in a collaborative manner, and does not make the victim or their family feel at fault (if there is some fault in the victim, this must be addressed sensitively). A collaborative approach may also encourage the young person to take some responsibility for their own recovery.

Skills

Interventions that teach practical problem solving strategies and skills (i.e. more tangible and less abstract) that enable victims to tackle 'real life' problems are likely to be beneficial, and this approach may fit better with an adolescent's level of cognitive development. Also, more 'in vivo' work, where victims can practice and develop their skills in a real world setting would be useful. It is very important that young people who have endured chronic and severe bullying and peer rejection, are able to feel part of the world, and do not become reliant on avoidance as a coping strategy (i.e. not moving on from fulfilling basic safety needs). Graded exposure therapy may be a useful intervention for socially anxious and avoidant victims, especially when undertaken with a trusted and supportive adult, who could encourage the young person to take risks and challenge themselves.

Teaching emotion regulation strategies (especially relating to anxiety and depression) and psychoeducation is very important, and may also help to reduce self-harm. Participants generally did not find formal school-based anger management interventions beneficial as they perceived an implicit suggestion of being at fault i.e. anger being a symptom of individual pathology. In fact the two ESCs used in this study did not provide formal anger management sessions, as it was felt that these were not always effective. Instead, anger and emotion regulation support was provided as and when required, and within the context of specific incidents. Interventions that address anger (and other emotions) within the context of a normal response to bullying may be most beneficial, as these do not imply blame or pathology in the victim, and provide validation for their feelings.

It may be beneficial for victims (especially male victims) to learn assertiveness skills that could reduce the use of aggressive responses to interpersonal conflict and provide a sense of *internal* control. Learning assertiveness skills could also have a positive effect on self-esteem, as many participants had been using aggression as a destructive way to gain respect from peers, and to protect their identity. Finally, some victims may become very socially submissive or compromise themselves to gain acceptance, which results in further rejection or poor quality friendships, so becoming more assertive would help the individual to gain greater respect from peers, and to make more reciprocal friendships.

Conclusions

This study set out to evaluate the effectiveness of a specialist recovery programme for bullied adolescents using a comparison group from Hertfordshire LA schools.

At baseline, it was evident that severe and chronic bullying had resulted in detrimental effects on psychosocial functioning and academic achievement in both groups – and these outcomes were related to need obstruction. It is important that schools and professionals working with bullied adolescents understand how bullying can both directly and indirectly result in need obstruction, and should also be aware that some young people may be more vulnerable to becoming a victim of bullying and to the effects of bullying, because of a history of need obstruction at home. In fact, human needs theory could provide a useful framework for teachers and other professionals to understand the emotions, behaviour and actions of victims and to develop effective interventions.

Ironically, some existing interventions and management strategies for bullying problems are likely to *further* obstruct needs, as they may explicitly or implicitly suggest that the victim is at fault, and to blame. For example, most participants had not found anger management interventions useful, unless they acknowledged that the anger was normal and justified - all participants had felt very strongly that bullying was a serious *in*justice. Therefore, 'no blame' approaches may not always be appropriate when working with chronic victims. Similarly, many participants had felt that their internalising problems had been misunderstood by teachers, yet needed support and understanding to cope with emotional distress. Therefore it is important that teachers and other professionals working with bullied adolescents have more understanding with regard to the effects of bullying, and are careful not to 'label' young people too readily as 'labelling' can further obstruct essential needs.

This study provides evidence that bullying during adolescence is in fact likely to have the most significant impact on fulfilment of identity and social needs, which can have a serious effect on adolescent development, both in the short and long term. Bullying both directly and indirectly obstructs identity and social needs, and adolescents may develop maladaptive need fulfilment strategies or compensatory behaviours, such as ingratiation or rejecting people and withdrawing socially, that may continue to obstruct need fulfilment in the future and is a risk factor for future psychopathology.

Another important finding was that social bullying had affected fulfilment of all essential needs for many participants, but was not always taken seriously by schools. The effects may also be more insidious because social bullying is less visible and therefore more difficult to stop. In fact, schools should tackle bullying problems before they become a chronic problem, because chronic bullying may result in maladaptive need fulfilment strategies or compensatory behaviours as described above, that become more entrenched over time, and difficult to change. In fact, in cases where a bullying case has been severe and ongoing, an effective strategy may be for the victim to make a new start in a more suitable educational establishment.

It was predicted that the RBLC specialist recovery programme would be more effective than interventions offered by the LA as it was in a position to more readily fulfil essential needs, but no

differences were found in improvement between groups at six month follow-up. However, although there were no overall differences in outcome variables at baseline, and the two groups were matched as carefully as possible, the RBLC group overall had spent longer out of school which may have compounded need fulfilment and consequently, this may have impacted on recovery to some degree. The RBLC group had also contained a higher number of participants with psychiatric diagnoses.

Recovery was related to *constructive* need fulfilment for participants in both groups i.e. making 'real' friends. The fact that LA participants had also managed to obtain greater need fulfilment by six month follow-up, highlights that needs can be fulfilled in different ways and in mainstream educational establishments. For example, the RBLC helped to fulfil the need for a positive identity by providing an environment with a predominantly humanistic ethos, where participants received unconditional positive regard and acceptance. However, although LA educational establishments also provided unconditional positive regard to some extent, there was also emphasis on making positive changes to the self with support. Interventions should also be tailored to the individual, as some victims may indeed benefit from making positive changes to themselves, as certain aspects of their personality or behaviour, for example, could be acting as risk factors for being bullied and need obstruction. However, changes should be made within a non judgmental, sensitive and supportive context. One unique aspect of the RBLC was that it was able to fulfil safety needs very effectively.

Gender and cultural contexts should also be considered when designing and providing interventions. For example, 'standing up for yourself' may be an important strategy for fulfilling identity needs in male victims from lower SES backgrounds. In this case, interventions could emphasise assertiveness and non violent responses to bullying that would increase respect for the victim, and challenge school and community wide beliefs that 'standing up for yourself' by violent means is a desirable way to obtain respect and a positive social identity.

With regard to the effectiveness of the RBLC recovery programme, it was found to be effective in that there was significant improvement in outcome variables overall by six month follow-up, although there was no overall further significant improvement in outcome variables after six month follow-up. This might suggest that after an initial 'honeymoon' period at RBLC, recovery needs to be tested and sustained outside the context of RBLC, and greater resilience to the threat of need obstruction developed. An important consideration for the RBLC is to ensure that students receive the support and encouragement required to develop constructive need fulfilment strategies that they are able to use in the outside world, and to challenge avoidant coping responses. In fact, participants from both groups highlighted the importance of developing practical skills and strategies to enable them to function effectively in the 'real world'. Interventions should therefore provide a significant practical or 'applied' content.

Finally, mainstream schools should not only aim to provide interventions to enable constructive need fulfilment for victims of bullying, but should ensure that the general culture of the school enables the fulfilment of essential needs. For example, a school that only values high academic ability makes it difficult for some students to fulfil needs and encourages an individualistic, competitive environment which ultimately becomes a breeding ground for bullying. Schools should aim to provide a safe environment where all students feel a sense of belonging and acceptance and there is respect for difference.

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History - The Beginnings

Red Balloon was conceived as an answer to a problem that came about when Carrie Herbert, an educational consultant became aware that there were children missing education as a result of bullying behaviour. Stories were related to her when she delivered INSET training on Countering Bullying to teachers in the early and mid nineties. At these one day conferences teachers would talk openly about one child here, another child there having dropped out of school because of bullying and that the school had been not only unable to deal with the unwanted behaviour but had been unable or even unwilling to provide the child with an education programme based from home.

Teachers told her that their school was unable to provide any sort of education due to time constraints, the child's refusal to cooperate or the distance the child lived from the school and as a result the child languished at home; not only getting more behind in their studies but also more and more depressed with the fact that not only did they feel bullied, isolated, friendless and humiliated but they now felt abandoned by the state and worthless as a result of no one helping them.

It was during the breaks at these workshops that teachers would describe to Carrie individual cases involving both girls and boys who had been consistently bullied to the point that they had left school. It is without doubt that these teachers were very concerned that there were children out of school because of bullying and there not being a way they could continue to provide an education. But there were also teachers who felt that the children had brought the treatment on themselves, that they were 'too sensitive' or that they had parents who were too protective.

What ever the reason or cause of the bullying the outcome seemed to be the same. Certain children were absent from school because they had been so severely bullied that they were too frightened to attend.

The anti-bullying conferences that Carrie ran were open to teachers from all types of schools private, independent, state and maintained.

These stories planted in Carrie's mind the seeds of injustice and as they grew so she tried to encourage educational institutions to take control of this situation and to provide these children who were out of school with a proper, appropriate and fulltime education. She talked to various people about this predicament and one person in particular, Ruth Loshak, a friend for many years and student colleague. Together they discussed what should be done with these children and the waste of human life if they were allowed to disappear. These had once been perfectly ordinary children who because of red hair, hating football, loving maths homework or being gay had been driven out of school. They were now unable to access an education because of other children's behaviour.

Carrie was aware that for many people the issue was the bullying and to those ends she continued to work in schools countering bullying and providing ideas, strategies, solutions to reduce the incidence, deal with those children who were doing the bullying and to support those who were being bullied.

However, the problem of children, through no fault of their own being too frightened to attend school, in other words 'truants' by necessity, did not go away. Over the next few months Carrie thought about the setting up of a safe place for these children to study and in fact even began house hunting to see if she could afford to buy another property in which to begin this venture.

She considered the options available to children such as these. In fact there were few. For wealthier parents there was the option of private education, where schools tend to be smaller, classes tend to have fewer children and parents have better access to the Head or senior staff. Paying parents are often listened to more and in the case of a complaint of bullying the incident may be dealt with more immediately.

In the case of parents who sent their children to the local state school, and where bullying happened and where it was not resolved, other than changing schools, if that was a possibility was the only viable option. Single parents or parents who could not afford private tutors were provided with a desultory five hours per week of home tuition by the county. In these hours maths, English and science were meant to be taught. In reality the child, desperate for someone to talk to discussed anything other than the learning before them.

It was during this period, 1994, 1995, and 1996 that two children came to Carrie's personal attention. Ironically they were both in the private sector where they were both severely bullied and refused to go.

The first child, *Jane* was a relative of Carrie's. She had been systematically bullied throughout prep school and this had continued through into the large boys' public school (which had just begin to take girls). After various meetings with the Head and Deputy of this school to try to solve the problem it was clear that they did not see it as significant so the parents with Carrie's advice removed Jane and sent her to a much smaller independent school.

However, this second school while being much more suitable could not provide the recovery programme that Jane needed. As is often the case with children who have been severely bullied, they can be so damaged by the experience that they are unable just to change schools and integrate with a new set of children. Their fears, anxieties and experience make them suspect bullying from all quarters. A laugh, a look, a giggle, a whisper, or a comment behind a person's hand leads them to believe that that behaviour is directed, negatively, at them.

One morning the mother of Jane rang in tears to say that Jane was refusing to go to school.

"Shall I drag her?"

"Certainly not", replied Carrie, "put Jane on the phone".

Jane, hesitant, with a little squeaky voice, but with an assertiveness which would have astounded her bullies said, "I'm not going to school. I don't mind what you say. I'm not going".

"That's Ok," replied Carrie. "School is not compulsory, it's just education that is. If you won't go to school, you had better organise it yourself. Can you do that?"

"Yes", said Jane, "what shall I do?"

"Get a desk organised, sharpen your pencils, get your text books in order and get yourself some paper. Then draw yourself up a timetable of what you want to learn about this week".

"OK" said Jane.

Ten minutes later down the fax machine came a highly detailed timetable divided into half hour slots each slot containing a different topic, subject or task. It was incredible. A thirteen year old recreating the learning pattern laid down by an educational system that divides learning up into eight thirty-minute bite sized lumps, and then changes the lesson to something completely different had been internalised so well by my niece.

So Jane's learning got underway. Ruth Loshak, a friend of Carrie's and a teacher offered to help Jane with her Maths, Carrie was prepared to help with English and History. Via telephone, fax, the postal service (it was 1995-6 and emails were in their infancy) and the occasional visit to catch up and provide face-to-face contact Jane was provided with a fulltime education.

Within a few weeks, once the trauma had subsided and the fact that Jane was not returning to school had been accepted by all, Carrie suggested that the fees that had been used could be transferred to buy in private tutors. This was duly arranged and Jane's education continued satisfactorily for over twelve months with tutors coming to Jane's house on a daily basisy.

The second child was Chloe who had been at an independent girls' boarding school. She had been extremely badly bullied and had in desperation taken an overdose. The school after dealing with the immediate emergency asked the parents to take her away.

Chloe's parent's came to hear about Carrie Herbert via the school's Headmistress. Carrie was invited to give a keynote address at a Girls' School Association in November 1996. It was at this conference that Carrie talked about this coterie of severely bullied children, some depressed, some suicidal, all not getting an adequate education. She challenged this group of people to think constructively about what they could do to provide an education for these vulnerable children.

Ironically, instead of help she received a phone call the next day from Chloe's mother who enquired if her daughter could come to the school that Carrie had set up.

"What school?' said Carrie

"The school for bullied children".

"I don't have a school for bullied children – although I am thinking about it", said Carrie

Chloe's Mum explained that her daughter's Head teacher had specifically rung her to tell her of this new school.

Carrie responded to this by suggesting that she and Chloe's Dad and Chloe come to visit her in Cambridge.

Carrie's idea was that with some support, ideas, and leads the family could arrange home tuition for Chloe for a few months to help her recover and then find another school in due course.

However, the parents were adamant that they could not provide an education for their daughter and pleaded with Carrie to help them. After suggesting a variety of solutions Carrie finally said that she would take over Chloe's education and that she could 'begin on Monday'.

On Monday Carrie took Chloe into the sitting room where a desk had been set up. Asking Chloe where she might like to start Chloe responded by saying that she wished to write an essay on a modern theme of parents finding the girlfriend/boyfriend of their son/daughter unacceptable and the issues and problems that this engendered. She would then compare it to Romeo and Juliet.

Carrie was astounded. Despite the terrible ordeal Chloe had been through, like Jane here was another student who had educational motivation, interest and an idea of how she wanted her education to progress.

Chloe's entry into Carrie's house spurred Carrie to think about contacting Cambridgeshire County Council about offering places to other children in a similar situation.

In the following few weeks Carrie and Ruth contacted the Local Education Authority and one of their officers came out to discuss the possibility of sending severely bullied children to a special centre. Dr Sproson looked around Carrie's house and remarked that he would be pleased to send children there. How many might Carrie and Ruth be able to cope with?

During the next few weeks and months Carrie and Ruth accepted more and more children. From starting in November with Chloe, by July 1997 there were ten children arriving daily to begin their recovery programme to rebuild their lives. In the next twelve months it would rise to twelve and ultimately fifteen children per Red Balloon.

Red Balloon Learner Centre

Independent special school light-touch inspection report

DfE registration number	873/6024
Unique Reference Number (URN)	131330
Inspection number	364255
Inspection dates	17 March 2011
Reporting inspector	Judith Charlesworth

Purpose and scope of the inspection

This inspection was carried out by Ofsted under Section 162A of the Education Act 2002, as amended by schedule 8 of the Education Act 2005, the purpose of which is to advise the Secretary of State for Education about the school's suitability for continued registration as an independent school.[1, 2]

This was a light touch inspection which focused principally on the quality of education provided by the school; its provision for the pupils' spiritual, moral, social and cultural development; the arrangements for safeguarding pupils and the improvements the school has made since its last inspection.

Information about the school

The Red Balloon Learner Centre is an independent day special school for pupils who have experienced severe bullying in their previous schools. Some students have additional needs, for example Asperger's syndrome, learning difficulties or post traumatic stress disorder. The education of all students has suffered as a result of their experiences. The Centre is located in Cambridge and opened in 1996 as the first of a growing number of similar centres established nationally by the Red Balloon Group. The Centre is registered to take up to 15 boys and girls aged 10 to 18 years. There are currently 14 on roll, aged 12 to 16 years, of whom six have statements of special educational needs. Students are either funded by their local authorities or privately funded. The Centre's prime objectives are 'to support the recovery of bullied children in order that they can return to mainstream education, further education or employment.' As this often happens quickly, there is a high turn-over of students. The school was last inspected in March 2008.

Evaluation of the school

The Centre provides good quality education. Its procedures to safeguard students' welfare, health and safety, and its safeguarding procedures, are outstanding. Parents and carers are very pleased with the positive effect that the Centre has on their children, for example, one commented: 'Our daughter is now looking forward to the future and is able to concentrate on work for the first time in her life.' The Centre has improved since the previous inspection. It now meets all the regulations for independent schools and has gone some way to implementing the points for improvement indicated. The premises have been developed to include two additional teaching spaces, and the small garden has been landscaped to provide a quiet refuge for students and a venue for social activities such as barbecues.

The quality of the curriculum is good, and the quality of teaching and assessment is good overall. Teaching and assessment for learning during lessons are strengths of

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[1] www.opsi.gov.uk/acts/acts2002/ukpga_20020032_en_14#pt10-ch1-pb4-l1g162
[2] www.opsi.gov.uk/ACTS/acts2005/ukpga_20050018_en_15#sch8

the Centre. Consequently, students make good progress. However, there is still further to go with developing and implementing systems to assess and track students' attainment and progress, and in the use of this information to help students progress further. The students' behaviour, personal development and spiritual, moral, social and cultural development are outstanding. This is due to the Centre's family-like ethos, its emphasis on helping students to recover from their previous unhappy experiences and outstanding support, care and guidance.

Quality of education

The quality of education is good because the curriculum and the quality of teaching and assessment are good. Although formal systems to assess and track students' attainment and progress are insufficiently well established, assessment for learning in lessons is outstanding, and teaching is often outstanding too. Consequently, the students make good academic progress. Those who attend Red Balloon in Year 11 generally achieve a number of good GCSE examination results and go on into employment or further and higher education.

The Centre provides a rich, wide breadth of subjects to interest and motivate students, enabling them to re-engage with school and learning, and make up for lost time. The curriculum is based on mainstream education to help students' smooth return. Each student's curriculum is tailored to meet their individual needs and interests. Staff suggest how much time each student might need to follow particular courses and their personal timetable is constructed accordingly. This allows students who learn at different rates to have their needs very well met. Individual timetables are constructed each term and include some compulsory subjects, such as English, mathematics and science, and some subjects chosen by the student. Students' choices show that they want to be involved in more and more as time goes on. Staff ensure that, over the course of a year, all required subjects and areas of learning are included, although this is not formally noted and tracked. Good attention is paid to the requirements of students' statements of special educational needs. Individual education plans are full, helpful and well written.

Because of the students' particular experiences, the curriculum emphasises personal development. The curriculum provides many opportunities for personal, social, health and citizenship education, supporting activities such as art, drama and music and the discussion of topics such as ethics and being yourself. Some of these take place in boys/girls-only groups, at the students' request. Information and communication technology is used throughout the curriculum to support teaching and learning and, for example, to provide resources for media studies. The curriculum is regularly enriched by visits, such as to the theatre, to Kettle's Yard in Cambridge and to a residential outward bound centre in the Lake District.

Teaching is focused on meeting each student's individual needs. Their abilities vary considerably, from gifted to those with learning difficulties. Teaching is carried out on a one-to-one basis or in very small groups. Time is allocated for students to do their own work in school time, where they learn to work independently. Staff have

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outstanding relationships with the students and a thorough knowledge of each individual's capabilities, difficulties and attainment. This enables them to work intensively with the students and keep a very close eye on their understanding so that they can adjust lessons accordingly. This aspect of teaching is very strong and contributes significantly to students' good progress. Teachers have outstanding subject knowledge which they use to provide interest and challenge. For example, a very high-level discussion on poetry with a Year 9 student was prompted by an arrangement of interesting natural objects. Teachers have high expectations of the students who are more than happy to meet them. Their behaviour is outstanding and they work hard and willingly, often sharing books with the teacher in a highly productive joint approach to teaching and learning. Staff know exactly where students are in their programmes of study and what they need to learn next. However, this is not always documented and written planning is too variable. Assessment of learning is not fully embedded. Class work is marked and adjusted on an ongoing basis, and work in English, mathematics and science is assessed periodically using National Curriculum level descriptors. However, this assessment is not regular enough or moderated, and the information is not always fed back to the students to help them know how to improve their work.

Spiritual, moral, social and cultural development of the pupils

The students' spiritual, moral, social and cultural development is outstanding. It is strongly supported by the Centre's emphasis on helping students to recover from their past experiences and on promoting their personal development. The warm, family-like environment and the outstanding, supportive relationships between staff and students underpin these foci. The Centre is highly inclusive and students are understanding and supportive of one another. Through the curriculum, for instance, the study of topics such as, the Holocaust and discrimination, they learn that they are not alone in having to face adversity. Students become increasingly self-confident as they learn how to be more assertive and overcome the anxieties and depression caused by their previous circumstances. Their self-esteem improves significantly alongside their academic success and personal development. Attendance improves considerably from that at their previous schools as they learn to enjoy school again. Their attitudes to school and work, and their behaviour in all situations, are outstanding. Students are interested, motivated and compliant in formal lessons, open and humorous when giving their views in discussion groups, and friendly and chatty at lunch and break times. Students follow the school community's rules and have a clear understanding of right and wrong. They understand the basic institutions, rules and services of a democratic society, and this is effectively reinforced by the citizenship lessons. Students' cultural development is supported very well through the curriculum and the inclusive ethos. Many opportunities are given for students to learn about other cultures, to experience aspects of other cultures first-hand, and they interact positively with people of differing backgrounds.

Safeguarding pupils' welfare, health and safety

The Centre's procedures to safeguard and promote students' welfare, health and safety, are outstanding and have improved since the previous inspection. All regulations are now met. The Centre has devised an appropriate accessibility plan in line with the Disability Discrimination Act 1995, as amended, and now maintains a suitable admissions register. Careful procedures ensure the safe recruitment of staff. The required checks are made and documented on each person's suitability to work with children and young people. All the required policies, practices and training relating to safeguarding students' welfare, health and safety are in place and fully implemented. These include those for child protection, anti-bullying and fire safety.

The consideration for students' individual needs and emotional well-being is outstanding. The Centre prides itself on its therapeutic environment, that it 'feels like a home' and on its informal approach. All students are given unconditional positive regard. These qualities help students to regain trust, self-esteem and confidence. One student wrote, 'It saved my life, this school.' Another wrote, 'Red Balloon has helped me so much in the short time I have been here.' The overwhelming majority say they feel safe at school which is a complete change from their previous situations. The Centre organiser is a qualified psychologist and is available for support and counselling at all times. Therapy and additional professional support are provided according to students' statements and needs. Staff work closely with parents who are highly supportive of their work. The Centre focuses closely on helping students to stay safe and healthy, with a particular emphasis on supporting and improving their mental health, as many have previously felt or been suicidal at times. Students' physical health is promoted by the curriculum, a healthy diet, and regular sporting and physical activities.

Compliance with regulatory requirements

The proprietor has ensured that the school meets The Education (Independent School Standards) (England) Regulations 2010, schedule 1 ('the Regulations')[3].

What the school could do to improve further

While not required by regulations, the school might wish to consider the following points for development:

- keep a written record of the subjects each student studies over the course of a year to ensure that suitable curricular breadth and balance is maintained

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[3] www.legislation.gov.uk/uksi/2010/1997/contents/made

Independent school light-touch inspection report

- improve the system and practice for assessing students' academic attainment and progress, and for using the information gained to help students understand the next steps they need to take to improve their work

- standardise lesson planning to help managers assure and support the performance of both staff and students.

Inspection judgements

	Outstanding	Good	Satisfactory	Inadequate

The quality of education

	Outstanding	Good	Satisfactory	Inadequate
Overall quality of education		✓		
How well the curriculum and other activities meet the range of needs and interests of pupils		✓		
How effective teaching and assessment are in meeting the full range of pupils' needs		✓		
How well pupils make progress in their learning		✓		

Pupils' spiritual, moral, social and cultural development

	Outstanding	Good	Satisfactory	Inadequate
Quality of provision for pupils' spiritual, moral, social and cultural development	✓			
The behaviour of pupils	✓			

Welfare, health and safety of pupils

	Outstanding	Good	Satisfactory	Inadequate
The overall welfare, health and safety of pupils	✓			

School details

School status	Independent day school
Type of school	Special for children who have been bullied
Date school opened	1996
Age range of pupils	10–16
Gender of pupils	Mixed

Number on roll (full-time pupils)	Boys: 7	Girls: 7	Total: 14
Number of pupils with a statement of special educational needs	Boys: 5	Girls: 1	Total: 6
Number of pupils who are looked after	Boys: 0	Girls: 0	Total: 0

Annual fees (day pupils)	£16,500
Address of school	Herbert House 57 Warkworth Terrace Cambridge CB1 1EE
Telephone number	01223 357714
Email address	Jessica@cambridge.rblc.org.uk
Headteacher	Jessica Lechner
Proprietor	Dr Carrie Herbert

South West Area Pupil Referral Unit

Inspection report

Unique Reference Number	130349
Local Authority	Hertfordshire
Inspection number	360130
Inspection dates	16–17 November 2010
Reporting inspector	Martyn Groucutt

This inspection of the school was carried out under section 5 of the Education Act 2005.

Type of school	Pupil referral unit
School category	Pupil referral unit
Age range of pupils	5–16
Gender of pupils	Mixed
Number of pupils on the school roll	46
Appropriate authority	The governing body
Chair	Josephine Valentine
Headteacher	Susan Howe
Date of previous school inspection	31 January 2008
School address	Chessbrook Education Support Centre
	Watford
	WD18 6LJ
Telephone number	01923 212025
Fax number	01923 225774
Email address	admin@chessbrook.herts.sch.uk

Age group	5–16
Inspection dates	16–17 November 2010
Inspection number	360130

Introduction

This inspection was carried out by one additional inspector. A total of nine lessons taught by nine different teachers were observed. Meetings were held with the headteacher and teachers who hold key responsibilities. Discussions were also held with the chair of the management committee, students and parents. The inspector observed the school's work and looked at arrangements for safeguarding, and at

- o a range of policy and planning documentation. A total of 21 parent's questionnaires were scrutinised, together with 14 from students and 21 from members of staff.

The inspector reviewed many aspects of the school's work and looked in detail at a number of key areas:

- o The effectiveness of individual provision in meeting the needs of students and helping them make academic and social progress.
- o The developments in Key Stage 4 provision since the last inspection and their success in improving provision for students.
- o The effectiveness of leadership and management in managing and coordinating the wider range of provision that is now in place.

Information about the school

More commonly referred to as Chessbrook Education Support Centre, this pupil referral unit provides full time education for a group of students who have been permanently excluded from school or where the school has requested a managed transfer. In addition, it provides a very large programme of outreach for primary and secondary schools in the area. There is an expectation that students who are admitted to the centre during Key Stage 3 will undertake programmes that will lead to their reintegration into mainstream schools as soon as possible. In Key Stage 4 where reintegration is possible it will be supported, but if it considered that the student has a better chance of a successful outcome by remaining at the centre this is the preferred

option. Since the last inspection the centre has expanded its Key Stage 4 provision and it now offers a much wider curriculum and opportunities for external assessment. Some of this provision comes from a range of external providers under the monitoring and supervision of the centre. The centre has the Healthy Schools award.

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Inspection grades: 1 is outstanding, 2 is good, 3 is satisfactory, and 4 is inadequate
Please turn to the glossary for a description of the grades and inspection terms

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Inspection judgements

Overall effectiveness: how good is the school?   1

The school's capacity for sustained improvement   1

Main findings

Chessbrook Education Support Centre is an outstanding centre. Having extended its Key Stage 4 provision it is able to provide personally-tailored courses of study to address the needs of all its students. This enables them to transform their levels of achievement. They arrive at the centre with a history of broken education and sense of frustration because of repeated failure. The central belief among staff at the centre is that their primary role is to re-engage these students with learning and enable them to experience success. A wide ranging curriculum supports different types of external accreditation. The individualised curriculum ensures breadth of coverage, although opportunities to maximise cross-curricular links are not yet fully developed. A very careful induction programme prior to admission helps develop individualised study programmes and, as a result, students make rapid progress culminating in academic success at a variety of levels. While overall attainment is not yet quite at the average, trends over time show improvement and most students gain passes in four GCSE exams, as well as in a range of other exams such as City and Guilds and B.Tec.

Teachers know how well their students are doing because assessment is thorough, although at the moment marking is not always consistent in style and purpose between

departments. Staff training on this issue is already being planned. When students, leave they virtually all remain in education or training, or enter employment. It is remarkable to see students who could not previously remain in mainstream schools working calmly, behaving impeccably and demonstrating care and consideration to other students and staff. One parent wrote 'This school saved my daughter from herself. Since she has been here she has turned herself round 100%'.

In order to achieve such a remarkable transformation in their lives, the centre demonstrates a total commitment to students' success and is constantly looking for ways in which it can improve provision. The headteacher provides visionary and focussed leadership and is well supported by the extremely dedicated and talented team of faculty leaders and subject coordinators. They have moved the centre forward following its last very successful inspection and because of the excellence of professional practice the capacity to continue this process remains outstanding. The fact that they know themselves so well is reflected in their very effective self-evaluation. Leaders and managers all show total commitment to the transformation of the lives of the students with whom they work, as do all staff in the centre. They engage with students at every opportunity and build extremely strong relationships, providing very positive role models. At the heart of everything lies outstanding care, guidance and support for every student. This promotes outstanding personal development and in order to help address underlying issues it is often extended to parents and carers, since teachers maintain regular weekly contact in order to promote the very positive home links. Parents and carers are extremely positive about the centre. However, a few regular absentees among the small group of full time students bring down attendance. For a few, the underlying problems they face make attendance a challenge. However, since the last inspection the centre has worked tirelessly to increase attendance and is able to demonstrate a year on year improvement.

The outreach provided to local primary and secondary schools is also outstanding. Schools are extremely positive about the support they receive and it has supported a big reduction in the number of permanent exclusions. Since the last inspection, the ways in which the success of outreach work and that of external providers of vocational courses is tracked and measured have been greatly improved. Data now provides solid evidence of success whatever the setting.

The centre's Management Committee is very effective. Made up of five local headteachers and three local councillors, they use their expertise to very good effect to ensure that best practice prevails and that the centre remains at the cutting edge of best practice.

What does the school need to do to improve further?

- Implement a consistent marking policy throughout the centre through:

    o involving staff and the Management Committee in developing a centre policy
    o consistently involving students in the evaluation of their own work and that of fellow students
    o undertaking staff training to ensure consistent implementation of exemplary practice.

- Undertake further curriculum mapping to maximise opportunities for cross-curricular studies.

Outcomes for individuals and groups of pupils

1

The wealth of data available for each student shows that they make very good, often outstanding, progress from very low starting points and overall, achievement is good. Students enter the centre with a history of academic failure, but the excellent support they receive enables them to achieve along a variety of academic pathways. This is because individualised learning programmes enable all to succeed. The belief that learning is an entitlement results in students being set challenging targets and, while attainment is a little below average overall, the progress made by individuals is often outstanding. Many enjoy learning for the first time. Progress in literacy and numeracy is good, although extended writing remains a challenge for some. Practical skills shown in subjects such as art and food technology are often very good enabling students to achieve high standards supported by the expertise of staff. Because individual needs are successfully identified, students with special educational needs and/or disabilities are able to progress at the same rate as others. The inclusive nature of the centre promotes success for all, enabling them to acquire knowledge, develop understanding and practice skills in a variety of settings.

Staff show great expertise in managing the potentially volatile nature of students, who quickly come to realise that they can play a positive role in the centre. Behaviour is outstanding and the openness in relationships creates an environment in which anti-social incidents are not tolerated and students feel very safe and able to learn. A range of opportunities to support the centre and the wider community are encouraged and the school council is an effective body in representing student views. Many opportunities exist to promote healthy lifestyles, including communal mealtimes when staff and students mingle in the very pleasant common room. Spiritual, moral, social

and cultural development is outstanding. This enables students to reflect on their own and other people's experiences and to develop a clear set of personal values.

These are the grades for pupils' outcomes

Pupils' achievement and the extent to which they enjoy their learning	**2**
Taking into account:	
Pupils' attainment[1]	3
The quality of pupils' learning and their progress	2
The quality of learning for pupils with special educational needs and/or disabilities and their progress	2
The extent to which pupils feel safe	**1**
Pupils' behaviour	**1**
The extent to which pupils adopt healthy lifestyles	**1**
The extent to which pupils contribute to the school and wider community	**2**
The extent to which pupils develop workplace and other skills that will contribute to their future economic well-being	**2**
Taking into account:	
Pupils' attendance[1]	3
The extent of pupils' spiritual, moral, social and cultural development	**1**

[1] The grades for attainment and attendance are: 1 is high; 2 is above average; 3 is broadly average; and 4 is low

How effective is the provision?

The teaching observed was good and some was outstanding. Teachers display a range of skills that bring learning to life, including the very effective use of technology. They know their students extremely well and identify specific strategies that engage each one. Planning is detailed, so that in lessons there is pace and challenge. Students respond positively and there is an obvious rapport in classrooms which motivates and engages. Learning support assistants and teachers plan together very carefully so adult support for learning is maximised. The quality of externally provided courses, such as music technology, utilise skills, expertise or technology not available within the centre itself to provide exciting learning activities and support a personalised curriculum that is able to engage all students. Partnerships with local colleges and other providers such as

The Prince's Trust are excellent, supporting a wide range of opportunities for students to experience success and gain qualifications.

Student progress is measured carefully through detailed assessment. However, there is not always consistency in marking across subjects. The very best practice sees students involved in assessing their own work and that of others in the group. However, all assessment is used carefully to enable teachers to maximise challenge and students to celebrate progress and achievement. All students are valued and the care, guidance and support they receive is at the heart of their success. The same is true for the extensive outreach work undertaken in local primary and secondary schools. For some mainstream pupils in receipt of support such as 'Reflect and Relaunch' this involves dual placement courses and the involvement of parents in carefully planned sessions of mutual help and support that includes counselling. The centre works extremely closely with a range of external agencies to sustain the learning and well-being of students who face challenging circumstances.

These are the grades for the quality of provision

The quality of teaching	2
Taking into account: The use of assessment to support learning	2
The extent to which the curriculum meets pupils' needs, including, where relevant, through partnerships	1
The effectiveness of care, guidance and support	1

How effective are leadership and management?

The centre's leaders and managers, under the inspirational leadership of the headteacher, are effectively implementing an ambitious vision for the school. Since the last inspection developments in senior leadership introduced through creating highly effective faculty leaders and enhancing department leadership have seen an increased focus on excellence. This has created a team with high morale and ambitious targets for supporting students' success and aspirations. Outstanding senior practitioners model excellent practice to colleagues. A common belief in the success of the centre permeates at every level. This is equally true of the effective and very well qualified Management Committee members, who provide a good level of support and challenge. They fulfil their duties very effectively. Links with parents and carers are very strong and form tutors are in weekly contact with the homes of students to discuss progress.

Parents and carers are closely involved with the planning of student provision wherever they can be engaged. The centre works extremely hard with families to maximise the support they can provide for their children. Wider partnerships are extensive and highly effective in sustaining individual provision, making an excellent contribution to the wide ranging achievements of students.

Safeguarding arrangements are detailed and effective, supporting students who are vulnerable in a variety of ways. All staff are in receipt of appropriate training although not all members of the Management Committee have such a comprehensive understanding. Links with external agencies to support vulnerable students are extremely strong. The intensely inclusive nature of learning in the centre means that the individual student is at the heart of provision, supporting equality of opportunity and facing up to discrimination in whatever form it takes. This is one of the reasons why individuals are empowered to achieve such high levels of success. Planning is underway to implement the community audit, although this has not yet been fully completed. However, the centre also stresses its role within the local community in a variety of ways and engages at different levels. On the one hand it sustains education for vulnerable students throughout the area and provides support and advice to schools, but within its own community it also provides for local pensioners to come into the very well-equipped salon for hair dressing students to do their hair.

The excellence of leadership and management and the extremely positive outcomes for individuals and groups of students means that the centre deploys its resources to obtain outstanding value for money.

These are the grades for leadership and management

The effectiveness of leadership and management in embedding ambition and driving improvement	**1**
Taking into account: The leadership and management of teaching and learning	1
The effectiveness of the governing body in challenging and supporting the school so that weaknesses are tackled decisively and statutory responsibilities met	**2**
The effectiveness of the school's engagement with parents and carers	**1**
The effectiveness of partnerships in promoting learning and well-being	**1**
The effectiveness with which the school promotes equality of opportunity and tackles discrimination	**1**
The effectiveness of safeguarding procedures	**2**
The effectiveness with which the school promotes community cohesion	**2**

Views of parents and carers

A large majority of parents are very supportive of the centre. The inspector looked into issues where some concerns were expressed, but did not find any foundation for them during the inspection. Where parents expressed disagreement, the issues were disparate and did not reflect any consistent issues.

Responses from parents and carers to Ofsted's questionnaire

Ofsted invited all the registered parents and carers of pupils registered at South West Area Pupil Referral Unit to complete a questionnaire about their views of the school.

In the questionnaire, parents and carers were asked to record how strongly they agreed with 13 statements about the school. The inspector received 21 completed questionnaires by the end of the on-site inspection. In total, there are 46 pupils registered at the school.

Statements	Strongly agree		Agree		Disagree		Strongly disagree	
	Total	%	Total	%	Total	%	Total	%
My child enjoys school	5	24	13	62	2	9	1	5
The school keeps my child safe	6	29	15	71	0	0	0	0
My school informs me about my child's progress	12	57	9	43	0	0	0	0
My child is making enough progress at this school	8	38	10	48	3	14	0	0
The teaching is good at this school	13	62	6	29	1	5	0	0
The school helps me to support my child's learning	11	52	7	33	3	14	0	0
The school helps my child to have a healthy lifestyle	7	33	13	62	1	5	0	0
The school makes sure that my child is well prepared for the future (for example changing year group, changing school, and for children who are finishing	8	38	12	57	1	5	0	0

school, entering further or higher education, or entering employment)								
The school meets my child's particular needs	6	29	11	52	4	19	0	0
The school deals effectively with unacceptable behaviour	13	62	6	29	2	9	0	0
The school takes account of my suggestions and concerns	9	43	10	48	2	9	0	0
The school is led and managed effectively	10	48	10	48	1	4	0	0
Overall, I am happy with my child's experience at this school	13	63	6	28	2	9	0	0

The table above summarises the responses that parents and carers made to each statement. The percentages indicate the proportion of parents and carers giving that response out of the total number of completed questionnaires. Where one or more parents and carers chose not to answer a particular question, the percentages will not add up to 100%.

Glossary

What inspection judgements mean

Grade	Judgement	Description
Grade 1	Outstanding	These features are highly effective. An outstanding school provides exceptionally well for all its pupils' needs.
Grade 2	Good	These are very positive features of a school. A school that is good is serving its pupils well.
Grade 3	Satisfactory	These features are of reasonable quality. A satisfactory school is providing adequately for its pupils.
Grade 4	Inadequate	These features are not of an acceptable standard. An inadequate school needs to make significant improvement in order to meet the needs of its pupils. Ofsted inspectors will make further visits until it improves.

Overall effectiveness of schools

Type of school	Overall effectiveness judgement (percentage of schools)			
	Outstanding	Good	Satisfactory	Inadequate
Nursery schools	58	36	4	2
Primary schools	8	43	40	9
Secondary schools	10	35	42	13
Sixth forms	13	39	45	3
Special schools	33	42	20	4
Pupil referral units	18	40	29	12
All schools	11	42	38	9

New school inspection arrangements were introduced on 1 September 2009. This means that inspectors now make some additional judgements that were not made previously.

The data in the table above are for the period 1 September 2009 to 31 March 2010 and are the most recently published data available (see www.ofsted.gov.uk). Please note that the sample of schools inspected during the autumn and spring terms 2009/10 was not representative of all schools nationally, as weaker schools are inspected more frequently than good or outstanding schools.

Percentages are rounded and do not always add exactly to 100. Secondary school figures include those that have sixth forms, and sixth form figures include only the data specifically for sixth form inspection judgements.

Common terminology used by inspectors

Achievement: the progress and success of a pupil in their learning, development or training.

Attainment: the standard of the pupils' work shown by test and examination results and in lessons.

Capacity to improve: the proven ability of the school to continue improving. Inspectors base this judgement on what the school has accomplished so far and on the quality of its systems to maintain improvement.

Leadership and management:	the contribution of all the staff with responsibilities, not just the headteacher, to identifying priorities, directing and motivating staff and running the school.
Learning:	how well pupils acquire knowledge, develop their understanding, learn and practise skills and are developing their competence as learners.
Overall effectiveness:	inspectors form a judgement on a school's overall effectiveness based on the findings from their inspection of the school. The following judgements, in particular, influence what the overall effectiveness judgement will be.

- The school's capacity for sustained improvement.
- Outcomes for individuals and groups of pupils.
- The quality of teaching.
- The extent to which the curriculum meets pupils' needs, including, where relevant, through partnerships.
- The effectiveness of care, guidance and support.

Progress:	the rate at which pupils are learning in lessons and over longer periods of time. It is often measured by comparing the pupils' attainment at the end of a key stage with their attainment when they started.

This letter is provided for the school, parents and carers to share with their children. It describes Ofsted's main findings from the inspection of their school.

Ofsted
raising standards
improving lives

18 November 2010

Dear Students

Inspection of South West Area Pupil Referral Unit (Chessbrook Education Support Centre), Watford, WD18 6LJ

I am writing to say how very much I enjoyed my recent visit. It was a pleasure to meet many of you and hear at first hand how much you value and enjoy the centre. It is an outstanding place that is enabling you to be successful and to learn much better than you were able to in the past. Ms Howe and all the staff work really hard to make the centre so successful. There are many adults who have a very clear vision for helping you to turn your lives around and become successful.

One of the things that really impressed me was your personal attitudes. Behaviour is outstanding and you care for each other, so the centre is a safe place where you can learn effectively. The care and support shown by staff helps you to develop your own programmes of study that meet your individual needs. As a result you are able to show good progress from when you first arrive and achieve good outcomes. It is great to see so mant students going on to college or employment as a result of having done so well. The centre works really hard to help you do courses you enjoy, sometimes getting good help from outside places such as local colleges. I saw some of you working very well at the Sanctuary recording studio and at the local community centre working with The Prince's Trust. These opportunities really help you to develop your skills and get engaged in learning.

I have asked the centre to look at a couple of things that would make it even better. These are to try to ensure that all marking and assessment of your work is done in a similar way, so you can understand how well you have done and how you can improve further. Also,to look at ways in which different areas of learning can be brought together in the individual lessons you do so you can see links between them.

Keep up your positive attitudes and you will continue to do so well in your outstanding education centre.

Yours sincerely

Martyn Groucutt

Lead inspector

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30 September 2010

Mr A Hemmings
The Bushey Academy
London Road
Bushey
WD23 3AA

Dear Mr Hemmings

Academies initiative: monitoring inspection of The Bushey Academy

Introduction

Following my visit to your academy with Mark Phillips HMI on 28 and 29 September 2010, I write on behalf of Her Majesty's Chief Inspector of Education, Children's Services and Skills to confirm the inspection findings.

The inspection was a first monitoring inspection in connection with the academies initiative.

Evidence

Inspectors observed the academy's work, scrutinised documents and met with the principal, senior staff, groups of students and the chair of the governing body.

Context

The Bushey Academy opened in the buildings of the predecessor school, Bushey Hall School, in September 2009. The lead sponsor is Mr David Meller and the Sir John Lawes School was originally a co-sponsor, having worked as a partner with the predecessor school. The Sir John Lawes school has subsequently resigned this role after advice from the Department for Education but continues to work in partnership with the academy. The deputy headteacher of the predecessor school became the principal and almost all staff transferred to the academy. At the end of the first year of the academy, about 20% of these teachers left, including two senior leaders. The academy has successfully recruited replacements, including four teachers in the Teach First scheme. At Easter 2011, the academy will move into temporary accommodation while its new buildings are developed for opening in September 2012. Admissions to Year 7 in the first two years of the academy are higher than in

the predecessor school and the profile of attainment on entry is also rising. The academy is smaller than the average nationally and this is particularly so for the sixth form. The proportion of students known to be eligible for free school meals is above average. The proportion of students with special educational needs and/or disabilities is above average but for those with a statement of special educational needs it is below average. Around a third of students are from minority ethnic groups and an increasing number speak English as an additional language. The number of students joining or leaving the academy during the school year is reducing.

Pupils' achievement and the extent to which they enjoy their learning

Attainment at the end of Key Stage 4 is improving. The provisional results for Year 11 students in 2010 indicate a substantial rise in the proportion achieving at least five GCSE grades A* to C and A* to G. These are now closer to the average nationally. The proportion achieving five higher grades including English and mathematics also increased, although it has not yet reached the National Challenge target of 30%. Results in science improved markedly. Analysis by academy leaders indicates that Year 11 students met some of the challenging targets set for them and made broadly expected progress. Students from minority ethnic groups made at least similar progress to their peers. Those Year 11 students known to be eligible for free school meals made similar progress to the rest of Year 11 when English and mathematics are taken into account. Students with special educational needs and/or disabilities generally made less progress than their peers. There is some indication of underperformance by boys in English and girls in mathematics.

The academy has developed an effective system to collate assessment information regularly and analyse it thoroughly. This indicates that current Year 11 students are on track to surpass the results achieved in 2010. Year 7 students appear to have made good progress in the first year of the academy with Year 8 also making better than expected progress. However, teacher assessments for Year 9 in summer 2010 reveal attainment that is well below that expected nationally, especially in English. The academy's regular monitoring of students' progress provides an efficient basis for reviewing any underperformance, identifying those requiring intervention and shaping the strategies to help students reach their targets. The academy has developed a well organised programme of individual support and small group tuition. Staff set challenging individual and collective targets for students based on matching or exceeding the progress expected of the top 25% of schools. These steps have ensured that the academy is in a position to act promptly to raise achievement.

In the 20 lessons observed during the inspection, students made satisfactory progress. In over a third of the lessons they made good progress. They generally show positive attitudes to learning and settle to work well. They collaborate effectively in pairs and small groups. They also enjoy challenge and the opportunity

to work practically and learn by being active. Most try hard, especially when teachers encourage them to be independent and to develop their ideas and responses.

Other relevant pupil outcomes

The academy's records, inspectors' observations, and the views of staff and students all confirm that behaviour has improved significantly since September 2009. The number of exclusions over the past year was broadly average, markedly lower than in the final year of the predecessor school. Behaviour in lessons and around the school site is generally calm and well-ordered. Students attribute this improvement to the positive ethos promoted by senior leaders, the new vertical tutoring system that encourages older students to act as mentors and role-models, and, not least, the smart new uniform. As one student told inspectors, 'proud to belong' is more than just a motto – I'm genuinely proud to be part of the academy, and that wasn't the case before". However, senior leaders recognise that there is more to do before behaviour consistently and effectively supports learning. There are still lessons where students do not have sufficient opportunities to work independently, without the direct supervision of adults. There is also a small minority of lessons that fail to engage students sufficiently. In these lessons, students' attention drifts and they engage in low-level talking.

Students say that they feel safe in the academy and report that any concerns are dealt with promptly. They also record that the vertical tutor groups have improved relationships between students of different ages and promoted the sense of community in the academy. At the time of the inspection, major procedures for the safeguarding of students were in place, including the careful scrutiny of adults' suitability to work with young people.

Attendance, too, has improved since the academy was opened, though not as rapidly or continuously as behaviour. There are still issues with some persistently absent students despite the best attempts of academy staff to resolve problems, and Year 11, where attendance is lower than for the rest of the academy. However, attendance figures for the current term are in line with national averages.

The effectiveness of provision

The majority of the lessons observed were satisfactory and over a third were judged good or outstanding. The quality of teaching overall is improving because of effective strategies to support and challenge teachers through regular observations and focused training. Although there are some consistent and developing strengths, there are also areas of inconsistency. Most teachers plan thoroughly and set clear objectives for learning. Lessons are structured well. Teachers use interactive white boards effectively to gain students' interest and organise learning. However, although there are examples of effective practice, there is inconsistency in the pace and challenge of lessons, teachers' use of questions to develop students' ideas and

the setting of work to cater precisely for the differing needs of students. Too often all students complete the same work despite differing levels of attainment and understanding. The use of assessment also varies too much in quality, including peer and self assessment with students and the helpfulness of teachers' comments on students' work. The academy has established a rigorous process for observing and evaluating the quality of teaching. This process identifies accurately the areas for further development and this has been followed up by effective training for staff with the assistance of the partner school and the Specialist Schools and Academies Trust.

The academy has worked hard to offer a broad range of courses which meet the needs and interests of students in Key Stages 3 and 4. These include separate pathways that lead to different combinations of subjects, for example triple GCSE or vocational science options, the latter introduced in January 2010. The academy's business and communication specialism has an increasingly central place in the curriculum in both key stages and is providing models of effective teaching, for example in drama and art. There is good curriculum provision for physical education, with all students taking a certificated course in Key Stage 4. In Key Stage 3, there is additional curriculum time for English in Years 7 and 8, a sign of the academy's determination to raise literacy standards. However, there is some way to go before the provision of literacy, numeracy, and information and communication technology (ICT) across the curriculum is sufficiently effective to improve achievement. Similarly, while there is a good range of extra-curricular activities for students to enjoy, senior leaders do not yet have a full understanding of the participation rates and success of different groups in these activities.

The new support system, managed by four heads of house, has played an important role in improving attendance and behaviour. Alongside the academy's system to monitor students' progress, staff have good knowledge about every individual and are well placed to intervene or liaise effectively with parents. The academy has identified the need to revise the structures for supporting students with special educational needs and/or disabilities and has acted promptly. However, these systems are not yet sufficiently well-developed and, in particular, the effectiveness of support for these students in lessons is inconsistent because teachers' planning does not always match work precisely enough to students' capabilities.

Sixth Form

The personal development of students in the small sixth form is good. Their attendance is above average; they show positive attitudes to learning and take a full part in academy life. A particularly successful development is their involvement in the new vertical tutoring system, where they act as effective role models and mentors to younger students. However, the academy's senior leaders recognise that there are serious concerns about the standards achieved by students in their examinations, particularly in last year's AS courses where too many subject areas failed to achieve their predicted results. The academy also recognises that there has

been insufficient monitoring of teaching and learning in sixth form lessons, and that the sixth form curriculum, support, guidance and monitoring systems are not sufficiently effective to ensure that students make good progress and achieve well.

The effectiveness of leaders and managers

The academy is led effectively by the principal and senior staff. They set a clear direction and have successfully established staff and student commitment to the academy. The motto 'proud to belong' is widely accepted by students who talk positively of the greater involvement they have in shaping issues, for example revising the uniform. The academy has devised a clear and relevant action plan which identifies accurately the key areas for development and sets challenging targets for improvement. This clear sense of direction has the support of staff and is central to the significant change in the academy's ethos and climate for learning. The senior leadership team has clear roles and is well-structured. Its expertise has been carefully considered and relevant appointments made, some of which are relatively recent. Senior leadership has been further enhanced by the extension of strategic roles to middle leaders, such as the zone directors who oversee two or more subjects. All leaders are strongly focused on improving achievement and outcomes for students and raising aspirations. The first year of the academy has demonstrated improvements in many of these areas and confirms its capacity to improve further.

Senior staff and the governing body know the developing strengths and weaknesses of the academy. This is strongly supported by the effective cycle of activities to monitor performance and evaluate progress which has been consolidated in its first year. Middle leaders are actively engaged in this process and report to senior leaders on a regular basis, constantly refining areas for action. Middle leaders say that morale is high and they feel a growing sense of contribution to the overall direction of the academy. The development of non-teaching heads of house has improved communication with parents and students and is valued by them, especially in resolving any problems.

The governing body and the Trust Board are precisely constituted and have clear and complementary roles. They benefit from some shared membership. The work of the governing body is well-organised and businesslike. The Chair of the Governing Body has a very clear understanding of the role, and the strengths and areas for development of the academy. The minutes of the governing body demonstrate that there is regular review of data and performance information leading to searching questioning.

External support

The academy receives effective and continuing support from its partner school in relation to refining the quality of teaching and moderating assessments. The

headteacher of the partner school contributes strongly through her role as chair of the governing body and member of the Trust Board. The academy also benefits from partnership with a local school in the provision of sixth form courses and with a local academy in sharing leadership expertise. The Specialist Schools and Academies Trust has provided useful training to middle leaders in evaluating teaching and to teaching assistants on effective support in lessons. The National Challenge Adviser scrutinises the academy's performance closely and challenges the evidence in their self-evaluation, ensuring that the drive to raise standards is maintained.

Main Judgements

The academy has made satisfactory progress towards raising standards.

Priorities for further improvement

- Increase the rates of progress of students in English and mathematics to beyond those expected nationally and ensure that any patterns of underperformance by gender are accurately analysed, acted upon and improved by September 2011.

- Improve the consistency of the quality of teaching, especially in setting pace and challenge in lessons, matching work precisely to students' varying needs and ensuring that all students develop the confidence to work independently.

- Consolidate teachers' use of assessment so that it is uniformly good by improving the precision and range of teachers' questioning, the use of peer and self assessment with students and the quality and helpfulness of marking and comments on students' work.

- Urgently improve attainment and progress in the sixth form by ensuring that the quality of teaching and learning is at least good in all lessons. Improve the guidance provided to students and the matching of their qualifications and interests to relevant courses to support successful completion.

I am copying this letter to the Secretary of State for Education, the Chair of the Governing Body and the Academies Group at the Department for Education. This letter will be posted on the Ofsted website.

Yours sincerely

Martin Cragg
Her Majesty's Inspector

Questionnaire

BAI (Youth Version)

Here is a list of things that happen to people and that people think or feel. Read each sentence carefully and circle the one word (Never, Sometimes, Often or Always) that tells about you best, especially in the last two weeks. THERE ARE NO RIGHT OR WRONG ANSWERS.

I worry someone might hurt me at school	Never	Sometimes	Often	Always
My dreams scare me	Never	Sometimes	Often	Always
I worry when I am at school	Never	Sometimes	Often	Always
I think about scary things	Never	Sometimes	Often	Always
I worry people might tease me	Never	Sometimes	Often	Always
I am afraid that I will make mistakes	Never	Sometimes	Often	Always
I get nervous	Never	Sometimes	Often	Always
I am afraid I might get hurt	Never	Sometimes	Often	Always
I worry I might get bad grades	Never	Sometimes	Often	Always
I worry about the future	Never	Sometimes	Often	Always
My hands shake	Never	Sometimes	Often	Always
I worry I might go crazy	Never	Sometimes	Often	Always
I worry people might get mad at me	Never	Sometimes	Often	Always
I worry I might lose control	Never	Sometimes	Often	Always
I worry	Never	Sometimes	Often	Always
I have problems sleeping	Never	Sometimes	Often	Always
My heart pounds	Never	Sometimes	Often	Always
I get shaky	Never	Sometimes	Often	Always
I am afraid that something bad might happen to me	Never	Sometimes	Often	Always
I am afraid that I might get sick	Never	Sometimes	Often	Always

Thank you for filling out this questionnaire ☺

BDI (Youth Version)

Here is a list of things that happen to people and that people think or feel. Read each sentence carefully and circle the one word (Never, Sometimes, Often or Always) that tells about you best, especially in the last two weeks. THERE ARE NO RIGHT OR WRONG ANSWERS.

I think that my life is bad	Never	Sometimes	Often	Always
I have trouble doing things	Never	Sometimes	Often	Always
I feel that I am a bad person	Never	Sometimes	Often	Always
I wish I was dead	Never	Sometimes	Often	Always
I have trouble sleeping	Never	Sometimes	Often	Always
I feel no one loves me	Never	Sometimes	Often	Always
I think bad things happen because of me	Never	Sometimes	Often	Always
I feel lonely	Never	Sometimes	Often	Always
My stomach hurts	Never	Sometimes	Often	Always
I feel like bad things happen to me	Never	Sometimes	Often	Always
I feel like I am stupid	Never	Sometimes	Often	Always
I feel sorry for myself	Never	Sometimes	Often	Always
I think I do things badly	Never	Sometimes	Often	Always
I feel bad about what I do	Never	Sometimes	Often	Always
I hate myself	Never	Sometimes	Often	Always
I want to be alone	Never	Sometimes	Often	Always
I feel like crying	Never	Sometimes	Often	Always
I feel sad	Never	Sometimes	Often	Always
I feel empty inside	Never	Sometimes	Often	Always
I think my life will be bad	Never	Sometimes	Often	Always

Thank you for filling out this questionnaire ☺

The Rosenberg Self-Esteem Scale

BELOW IS A LIST OF STATEMENTS DEALING WITH YOUR GENERAL FEELINGS ABOUT YOURSELF. IF YOU **STRONGLY AGREE**, CIRCLE **SA**. IF YOU **AGREE** WITH THE STATEMENT, CIRCLE **A**. IF YOU **DISAGREE**, CIRCLE **D**. IF YOU **STRONGLY DISAGREE**, CIRCLE **SD**.

		1. STRONGLY AGREE	2 AGREE	3. DISAGREE	4. STRONGLY DISAGREE
1.	I feel that I'm a person of worth, at least on an equal plane with others.	SA	A	D	SD
2.	I feel that I have a number of good qualities.	SA	A	D	SD
3.	All in all, I am inclined to feel that I am a failure.**	SA	A	D	SD
4.	I am able to do things as well as most other people.	SA	A	D	SD
5.	I feel I do not have much to be proud of.**	SA	A	D	SD
6.	I take a positive attitude toward myself.	SA	A	D	SD
7.	On the whole, I am satisfied with myself.	SA	A	D	SD
8.	I wish I could have more respect for myself.**	SA	A	D	SD
9.	I certainly feel useless at times.**	SA	A	D	SD
10.	At times I think I am no good at all.**	SA	A	D	SD

CRIES-13

These thoughts and feelings are often found in people who have experienced a traumatic event or series of traumatic events, such as being bullied. Think about how much you have experienced these thoughts and feelings over the past 7 days:

1. Did you think about it when you didn't mean to?

not at all   rarely   sometimes   often

2. Did you try to remove it from your memory?

not at all   rarely   sometimes   often

3. Did you have difficulties paying attention or concentrating?

not at all   rarely   sometimes   often

4. Did you have waves of strong feeling about it?

not at all   rarely   sometimes   often

5. Did you startle more easily or feel more nervous than you did before it happened?

not at all   rarely   sometimes   often

6. Did you stay away from reminders of it?

not at all   rarely   sometimes   often

7. Did you try not to talk about it?

not at all   rarely   sometimes   often

8. Did pictures about it pop into your mind?

not at all   rarely   sometimes   often

9. Did other things keep making you think about it?

not at all   rarely   sometimes   often

10. Did you try not to think about it?

not at all   rarely   sometimes   often

11. Did you get easily irritable?

not at all   rarely   sometimes   often

12. Were you more alert and watchful even when there was no obvious need to be?

not at all   rarely   sometimes   often

13. Did you have sleep problems?

not at all   rarely   sometimes   often

Academic Engagement & Self-Concept Scale (*to be adapted for LEA participants*)

Please read the following statements and think about how much they apply to you. Then circle one of the following responses:

None of the time	a little of the time	some of the time	most of the time	all of the time
0	1	2	3	4

1. I feel that I belong in my school

None of the time	a little of the time	some of the time	most of the time	all of the time
0	1	2	3	4

2. I get on with the other kids in my school

None of the time	a little of the time	some of the time	most of the time	all of the time
0	1	2	3	4

3. The teachers at my school are willing to help me

None of the time	a little of the time	some of the time	most of the time	all of the time
0	1	2	3	4

4. I feel that my teachers don't understand me

None of the time	a little of the time	some of the time	most of the time	all of the time
0	1	2	3	4

5. I find my school work boring

None of the time	a little of the time	some of the time	most of the time	all of the time
0	1	2	3	4

6. I get satisfaction from doing my school work well

None of the time	a little of the time	some of the time	most of the time	all of the time
0	1	2	3	4

7. I feel confident joining in class discussions and activities

None of the time	a little of the time	some of the time	most of the time	all of the time
0	1	2	3	4

8. I can't be bothered to study

None of the time	a little of the time	some of the time	most of the time	all of the time
0	1	2	3	4

9. I don't enjoy being at school

None of the time	a little of the time	some of the time	most of the time	all of the time
0	1	2	3	4

10. If I don't understand my school work, I will persevere with it until I do

None of the time	a little of the time	some of the time	most of the time	all of the time
0	1	2	3	4

11. I feel that I am learning a lot being at my school

None of the time	a little of the time	some of the time	most of the time	all of the time
0	1	2	3	4

12. I find it hard to concentrate when I am in class

None of the time	a little of the time	some of the time	most of the time	all of the time
0	1	2	3	4

13. I try to miss classes if I can

None of the time	a little of the time	some of the time	most of the time	all of the time
0	1	2	3	4

14. If I try, I am able to work out difficult questions in class

None of the time	a little of the time	some of the time	most of the time	all of the time
0	1	2	3	4

15. I make sure that I learn something only if I am going to be tested on it

None of the time	a little of the time	some of the time	most of the time	all of the time
0	1	2	3	4

16. I can't see myself ever going to college

None of the time	a little of the time	some of the time	most of the time	all of the time
0	1	2	3	4

17. I worry about making a fool of myself in class

None of the time	a little of the time	some of the time	most of the time	all of the time
0	1	2	3	4

18. I think that I am good at my school work

None of the time	a little of the time	some of the time	most of the time	all of the time
0	1	2	3	4

19. I am able to learn new things quickly

None of the time	a little of the time	some of the time	most of the time	all of the time
0	1	2	3	4

20. I'm not that bothered about doing well at school

None of the time	a little of the time	some of the time	most of the time	all of the time
0	1	2	3	4

Retrospective Bullying Questionnaire

<u>Please tell me the age when you were bullied most:</u>

Age when bullying was most prevalent:

<u>Please tell me how long you were bullied:</u>

Duration of bullying

Less than 6 months

6 months to a year

1 year to 2 years

2 years to 3 years

3 years to 4 years

4 years to 5 years

Over 5 years

<u>Please tell me how often you were bullied:</u>

Frequency of bullying

Bullied once per term

Bullied monthly/ a few times per term

Bullied weekly

Bullied a few times weekly

Bullied everyday

Please tell me how often you experienced certain types of bullying:

Frequency of Bullying Acts

Act	Usually	Often	Sometimes	Occasionally	Never
Name calling					
Threats and nasty tricks					
Nasty rumours					
Physical bullying					
Belongings stolen					
Racist comments					
Being left out of things/ignored					
Having people turned against me					
Cyberbullying i.e. nasty emails, text messages					
Bullied by a teacher					
Sexual bullying					

Please tell me how upset you were by these things:

Act	This upset me a lot	This upset me a little	This did not upset me
Name calling			
Threats			
Nasty rumours			
Physical bullying			
Belongings stolen			
Racist comments			
Being left out of things/ignored			
Having other kids turned against me			
Cyberbullying			
Bullied by a teacher			
Sexual bullying			

Did you feel that the bully/bullies were more powerful than you? Did you find it difficult to defend yourself?

Please tell me about any effects on your schoolwork:

Effects on schoolwork

No effects

Some effects

Frequent effects

In what ways did being bullied affect your school work?

Please feel free to provide further information about your own experiences of being bullied:

How did being bullied affect you at the time? How did it make you feel?

Does the bullying you experienced still affect you? Do you think being bullied changed you?

Did being bullied cause problems with you family and friends?

Anything else that you would like to add?

Recovery checklist

BDI-Y – final score	
BAI-Y – final score	
SES – final score	
CRIES – final score	
AESCS – final score	
Self-confidence	My self-confidence has improved 1 – strongly agree 2 – agree 3 – disagree 4 – strongly disagree
Sociability	I am more sociable 1 – strongly agree 2 – agree 3 – disagree 4 – strongly disagree
Behaviour	My behaviour has improved 1 – strongly agree 2 – agree 3 – disagree 4 – strongly disagree
Re-integration	
Bullying	

Interview schedule: RBLC

Baseline

1. Tell me about what happened when you were bullied?
2. Did the bullying affect you in any way?
3. Is the bullying still affecting you now?
4. Did the bullying affect your schoolwork in any way?
5. Did you tell anyone about the bullying?
6. What help/support did you receive (if any)?
7. What kind of help/support did you find most/least helpful?
8. What brought you to RBLC?
9. What are your initial impressions of the RBLC?
10. What are you hoping to get out of being at the RBLC?

Follow-up

1. How have you found being at the RBLC so far?
2. How does RBLC compare to your old school?
3. What have you enjoyed most/least?
4. How are you getting on with your schoolwork
5. How do you find the style of teaching at RBLC?
6. Do you think that the bullying is still affecting you?
7. Have you changed in any way since starting at RBLC?
8. How have you changed the most?
9. Do you feel you have recovered from the bullying?
10. What do you think has helped you to recover, if anything?

Interview schedule: LA

Baseline

1. Tell me about what happened when you were bullied?
2. Did the bullying affect you in any way?
3. Is the bullying still affecting you now?
4. Did the bullying affect your schoolwork in any way?
5. Did you tell anyone about the bullying?
6. What help/support did you receive (if any)?
7. What kind of help/support did you find most/least helpful?
8. What intervention/s are you receiving now?
9. How are you finding it?
10. What are you hoping to get out of it?

Follow-up

11. How have you found being at ... so far?
12. How does ... compare to your old school?
13. What have you enjoyed most/least?
14. How are you getting on with your schoolwork
15. How do you find the style of teaching at ...?
16. Do you think that the bullying is still affecting you?
17. Have you changed in any way since starting at ...?
18. How have you changed the most?
19. Do you feel you have recovered from the bullying?
20. What do you think has helped you to recover, if anything?

Appendix 6

Table 1 *Descriptive statistics for individual academic self-concept items at baseline for fifty three RBLC & LA participants.*

Item	Mean	SD
5. I find my school work boring -	1.83	.98
6. I get satisfaction from doing my school work well +	1.83	1.14
10. If I don't understand my school work, I will persevere with it until I do +	1.66	1.18
14. If I try, I am able to work out difficult questions in class +	1.81	1.14
15. I make sure that I learn something only if I am going to be tested on it -	1.96	1.11
16. I can't see myself ever going to college -	2.09	1.29
17. I worry about making a fool of myself in class -	1.25	1.16
18. I think that I am good at my school work +	1.72	1.15
19. I am able to learn new things quickly +	1.72	1.18
20. I'm not that bothered about doing well at school -	1.98	1.07

Table 2 *Descriptive statistics for individual academic self-concept items at six month follow-up for fifty RBLC & LA participants.*

Item	Mean	SD
5. I find my school work boring -	2.16	1.02
6. I get satisfaction from doing my school work well +	2.54	1.23
10. If I don't understand my school work, I will persevere with it until I do +	2.36	1.24
14. If I try, I am able to work out difficult questions in class +	2.50	1.15
15. I make sure that I learn something only if I am going to be tested on it -	2.44	1.31
16. I can't see myself ever going to college -	2.62	1.45
17. I worry about making a fool of myself in class -	2.56	1.43
18. I think that I am good at my school work +	2.36	1.21
19. I am able to learn new things quickly +	2.52	1.18
20. I'm not that bothered about doing well at school -	3.06	1.25

Table 3 *Descriptive statistics for individual academic engagement items at baseline for fifty three RBLC & LA participants.*

Item	Mean	SD
1. I feel that I belong in my school +	.75	.92
2. I get on with the other kids in my school +	1.47	.91
3. The teachers at my school are willing to help me +	1.36	1.04
4. I feel that my teachers don't understand me -	1.08	.99
7. I feel confident joining in class discussions and activities +	1.06	1.08
8. I can't be bothered to study -	1.70	1.03
9. I don't enjoy being at school -	.91	.95
11. I feel that I am learning a lot being at my school +	1.42	.99
12. I find it difficult to concentrate when I am in class -	1.21	.93
13. I try to miss classes if I can -	2.25	1.18

Table 4 *Descriptive statistics for individual academic engagement items at six month follow-up for fifty RBLC & LA participants.*

Items	Mean	SD
1. I feel that I belong in my school +	2.68	1.39
2. I get on with the other kids in my school +	2.68	1.02
3. The teachers at my school are willing to help me +	3.22	.93
4. I feel that my teachers don't understand me -	2.42	1.36
7. I feel confident joining in class discussions and activities +	2.52	1.22
8. I can't be bothered to study -	2.08	1.14
9. I don't enjoy being at school -	2.84	1.08
11. I feel that I am learning a lot being at my school +	2.82	1.32
12. I find it difficult to concentrate when I am in class -	1.92	1.23
13. I try to miss classes if I can -	2.96	1.11