

# Experiences of school bullying, psychological well-being and stress in Northern Ireland: Data from the 2004 Young Life and Times Survey\*

Conor McGuckin<sup>1</sup>, Christopher Alan Lewis<sup>2</sup>, & Pauline K. Cummins<sup>2</sup>

<sup>1</sup>*School of Education, Trinity College, University of Dublin, Republic of Ireland*

<sup>2</sup>*Division of Psychology, Institute for Health, Medical Science and Society, Glyndŵr University, Wales*

Little is known about the levels and psychological consequences of bully/victim behaviours in schools in Northern Ireland. The aim of the present study was to examine the prevalence of self-reported experiences of school bullying, and the relationship between such experiences, stress and general psychological health. A random sample of 824 twelve- to seventeen-year-olds living throughout Northern Ireland completed a questionnaire booklet as part of the 2004 “Young Life and Times” survey. Respondents completed a bullying-related question, two stress-related items, and the GHQ-12. The data indicate that bully/victim problems are pervasive in Northern Ireland’s schools, with 13% reporting being bullied “sometimes”, “often”, or “always”. Also, involvement in bully/victim problems was associated with impaired psychological health in terms of increased stress and lower general psychological well-being. These findings are discussed within the context of the wider international literature on bullying.

## Introduction

Although the international literature on the nature, prevalence and correlates of bullying is burgeoning (see Smith et al., 1999 for a review), it is apparent that this work is sporadic in nature on a country or region basis. Typifying such idiosyncratic development is the work in the United Kingdom and the Republic of Ireland. Within England, Scotland and the Republic of Ireland there is much work. However, in contrast little research has focused on either Wales or Northern Ireland.

McGuckin and Lewis (2003) note that whilst Northern Ireland may be geographically “close” to countries with reported national data (e.g. Ireland, England), it is also the case that Northern Ireland is culturally “distant” from these countries. One notable reason is that Northern Ireland has endured the impact of nearly 40 years of violent ethno-political conflict (see Cairns & Darby, 1998). At present only seven published studies have examined the nature, incidence and correlates of bully/victim problems among Northern Ireland school pupils.

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\* The Young Life and Times Survey (YLTS) is carried out annually by ARK, the Northern Ireland Social and Political Archive. ARK is a joint project by the two Northern Ireland universities (University of Ulster and Queen’s University Belfast). YLTS records the attitudes and experiences of 16-year-olds in Northern Ireland. For more information visit: <http://www.ark.ac.uk/ylt>

First, Callaghan and Joseph (1995) employed Neary and Joseph's (1994) Peer Victimization Scale (PVS) and a single item, "Are there any children who are bullied in the classroom?" among 120 ten- to twelve-year-old pupils attending two post-primary schools in Northern Ireland. Seventy pupils (58.33%), including 13 (10.83%) self-identified victims were mentioned by at least one of their peers as someone who was bullied. The mean score of the 70 self- and peer-nominated victims on the PVS (Neary & Joseph, 1994) was significantly higher than the mean score for those pupils not identified as victims. Indeed, the difference found between the mean score of the 13 self-identified victims and the mean score of the 50 pupils not identified as victims was even greater.

Second, Collins and Bell (1996) used Olweus's (1989) Bully/Victim Questionnaire (BVQ) among 118 eight- to ten-year-old pupils from three Belfast primary schools. Twenty-four percent (18% boys, 6% girls) of pupils were identified as bullies. Comparable figures for victims, bully/victims, and bystanders were not reported. They also reported a significant positive relationship between self-reports of bullying on the BVQ and peer-nominations given to bullies regarding aggressive-disruptive behaviour on the Revised Class Play method (a measure of social reputation; Masten, Morison, & Pellegrini, 1985). Bullies also scored higher on all categories of the Self-Perception Profile for Children (SPPC) (Harter, 1985) except for the Behavioural Conduct and Self-Competence sub-scales. Indeed, it was reported that bullies scored lower on the Behavioural Conduct sub-scale than victims and bystanders. Victims were reported to have had low levels of self-esteem on all sub-scales of the SPPC (Harter, 1985).

Third, Taylor (1996) administered the BVQ (Olweus, 1989) among 145 post-primary school pupils looking at the efficacy of anti-bullying policies. Twenty-two percent of the pupils in schools with anti-bullying policies reported being bullied compared with 31% in the control schools with no policy in place. However, chi-square analysis of the data found no statistically significant difference between policy and no-policy schools.

Fourth, Grant (1996), among 150 (82 boys, 68 girls) grade 6 primary school pupils, found that in response to the question, "Have you ever been bullied?", 59.33% ( $n = 89$ ; 68% of boys, 49% of girls) of the pupils responded that they had been bullied.

The findings of Callaghan and Joseph (1995), Collins and Bell (1996), Taylor (1996), and Grant (1996) were limited due to their small sample sizes and unrepresentative nature. The work of Collins, McAleavy, and Adamson (2002, 2004), McGuckin and Lewis (2006) and Livesey et al. (2007) sought to address this problem.

Fifth, Collins et al. (2002, 2004), among a representative sample of 3,000 pupils from 120 schools (60 primary, 60 post-primary), found that 40.1% of primary students and 30.2% of post-primary students claimed to have been bullied during the period of the study (March 2000 - June 2000). Indeed, 5% of the primary pupils and 2% of the post-primary pupils reported that they had suffered bullying for several years. Regarding taking part in bullying others at school, this was reported by approximately a quarter (24.9%) of the primary pupils and 29% of the post-primary pupils. Collins et al. (2002, 2004) also asserted that all of the evidence indicated that bullying was happening even in the best regulated schools, was not age- or gender-specific, and was sometimes underplayed by the schools and teachers.

Sixth, McGuckin and Lewis (2006) among a random sample of 397 twelve- to seventeen-year-olds in Northern Ireland, as questioned by the 1998 Young Life and

Times Survey (YLTS), reported a victimisation rate of 76.8% in response to the question, “Would you say that students at your school get bullied by other students?” In addition, a further five questions were asked in relation to experiences of bullying behaviours and being a victim of these behaviours, school policies, and staff helpfulness in relation to bully/victim problems. Responses to these items indicated that whilst schools were, in general, proactive in the management of bully/victim problems (e.g. had an official policy in place), there was a low rate of help-seeking behaviour among students.

Seventh, in a post-legislative follow-up to the work of Collins et al. (2002, 2004), Livesey et al. (2007) explored changes and trends in incidence rates and experiences of bully/victim problems in the Province’s schools. Utilising a revised version of the Olweus Bully/Victim Questionnaire for Juniors and Seniors (Olweus, 1996), Livesey et al. (2007) sampled 993 Year Six and 1,319 Year Nine pupils. It was found that 16.5% of Year Six and 7.6% of Year Nine pupils reported being bullied “sometimes or more often” and 5% of Year Six and 2.8% of Year Nine pupils reported bullying others “sometimes or more often.” These data are similar to the prevalence rates reported by Collins et al. (2002, 2004) utilising the same methodology.

The aim of the present study was to supplement the research findings previously reported in Northern Ireland (Callaghan & Joseph, 1995; Collins & Bell, 1996; Collins et al., 2002, 2004; Grant, 1996; Livesey et al., 2007; McGuckin & Lewis, 2006; Taylor, 1996) by exploring the experiences of school bullying in Northern Ireland by examining data collected as part of the 2004 iteration of the YLTS. The YLTS is conducted annually by ARK, the Northern Ireland Social and Political Archive (a joint project by the two Northern Ireland universities, University of Ulster and the Queen’s University Belfast, see <http://www.ark.ac.uk/nilt>). YLTS records the attitudes and experiences of 16-year-olds in Northern Ireland. The 2004 survey included a question about bully/victim problems along with measures of psychological well-being and stress. These psychological well-being questions were included in the survey in recognition of the fact that over the period 1983-2001, suicide rates in Northern Ireland have been highest in the 16-24 and 25-34 age groups (McWhirter, 2004). Whilst the focus of this bully/victim question and the health-related questions differs in focus from those used in previous studies, they serve to complement and extend the data already reported in Northern Ireland (Callaghan & Joseph, 1995; Collins & Bell, 1996; Collins et al., 2002, 2004; Grant, 1996; Livesey et al., 2007; McGuckin & Lewis, 2006; Taylor, 1996). Moreover, the present study also serves to supplement the existing limited research on the relationship between victimisation and health-related psychological variables (Collins & Bell, 1996).

## Method

### Respondents

A total possible sample of 1,983 sixteen-year-olds were identified from the Child Benefit Register as eligible participants for the study (Child Benefit is a non-means-tested state benefit that is paid to parents for each of their children). Specifically, eligibility for participation was based on being: (i) born in, and living in, Northern Ireland; (ii) celebrating their 16<sup>th</sup> birthday during February 2004; and (iii) having Child Benefit claimed on their behalf. Of the 1,983 young people invited to participate, 824 (41.6%:  $n = 344$  male, 41.7%;  $n = 475$  female, 57.6%) responded to the survey either by: (i) post ( $n$

= 805, 97.7%), (ii) online ( $n = 18$ , 2.2%), or (iii) by telephone ( $n = 1$ , 0.1%). All respondents who participated were eligible for entry into a prize draw for £500.

### **Measures**

In 2004, the YLTS questionnaire included items in relation to personal experience of bullying behaviour, the GHQ-12 (Goldberg & Williams, 1988), and two stress-related questions.

#### *Victimisation measure*

To examine experience of bullying, respondents were asked to complete one item on bully/victim problems in the Province's schools: "I was bullied at school" (Question 12). Response options were: "always", "often", "Sometimes", "rarely", "never", and "don't know". This item was recoded so that higher scores were indicative of a greater frequency of victimisation (1 = 5, 2 = 4, 3 = 3, 4 = 2, 5 = 1). Furthermore, the response option "don't know" (response option 6) was treated as a missing value in the analysis of this item.

#### *Psychological well-being: The GHQ-12*

To explore psychological well-being, respondents were asked to complete the 12-item version of the General Health Questionnaire (GHQ-12: Goldberg & Williams, 1988) (presented as Question 17 through Question 28 inclusive). The GHQ-12 is a self-administered screening measure for the detection of minor psychiatric disorders (i.e. non-psychotic psychological impairment) in community and non-psychiatric settings. It is sensitive to changes in normal functioning "over the past few weeks" and has the ability to differentiate between "cases" (i.e. the probability that the individual has a minor psychiatric disorder) and "non-cases". The GHQ-12 has been utilised in Northern Ireland-based surveys (see Mullins, Lewis, & McGuckin, 2002). Examples of questions include, "Have you recently been able to concentrate on whatever you are doing?" (Question 17) and "Have you recently felt under constant strain?" (Question 21). Respondents are requested to rate themselves on a four-point severity scale according to how they have experienced each item in the recent past. Whilst the response options for some questions (i.e. Questions 18, 21, 22, 25, 26 and 27) ranged from "not at all", through "no more than usual", "rather more than usual" to "much more than usual", response options for the remaining questions ranged from "better/more so than usual", through "same as usual", "less than usual", to "much less than usual". All items were recoded so that higher scores were indicative of poorer levels of psychological well-being (1 = 0, 2 = 1, 3 = 2, 4 = 3). No items were reverse scored. The GHQ-12 may be scored in a variety of manners (e.g. Likert, continuous, "caseness"). In the current research, analyses were undertaken using both the Likert and "caseness" approaches. In the Likert approach, responses are summed across the scale with higher scores indicative of impaired psychological well-being. In the "caseness" approach (i.e. dichotomous scoring: 0, 0, 1, 1), respondents scoring above a predetermined threshold score (e.g. 4; McWhirter, 2004) are deemed to be exhibiting enough impaired psychological well-being to be considered a "case" (Goldberg & Williams, 1988).

#### *Stress measure*

In relation to personal experience of stress, respondents were presented with two questions: “How often do you get stressed?” (Question 29), assessed across a five-point scale (i.e. “very often”, “often”, “sometimes”, “rarely”, and “never”), and “What makes you stressed?” (Question 30), assessed with an open response.

### **Procedure**

A representative sample of 16-year-olds was obtained from the Child Benefit Register. Letters were posted to their homes in August and September 2004. Enclosed with the letter were the YLTS questionnaire and a letter providing background information concerning the survey. After approximately one week, a reminder postcard was posted to all of the sample who had not responded. Respondents were provided with three ways in which they could complete the questionnaire: (i) by post, (ii) online, or (iii) by telephone.

## **Results**

### **Victimisation**

Firstly, in response to the statement, “I was bullied at school”, of those valid responses, 86.5% ( $n = 689$ ) stated that they were “rarely” (21.6%,  $n = 172$ ) or “never” (64.9%,  $n = 517$ ) bullied, whereas 13.4% ( $n = 107$ ) of respondents reported being bullied “always” (0.9%,  $n = 7$ ), “often” (4.0%,  $n = 32$ ) or “sometimes” (8.5 %,  $n = 68$ ) at school. Two respondents answered “don’t know” and 26 did not answer the question.

### **Psychological well-being: GHQ-12**

Secondly, with regard to psychological well-being, the GHQ-12 achieved a satisfactory level of internal reliability ( $\alpha = 0.86$ ). In relation to the total responding sample ( $n = 791$ ), a mean Likert score of 10.58 ( $SD = 6.01$ ) was calculated, thus indicating a low level of psychological impairment among the respondents. Furthermore, utilising the “caseness” approach to scoring, it was found that almost one-quarter of the responding sample (23.9%,  $n = 189$ ) were scoring high enough on the measure to satisfy the criteria for “caseness” (i.e. above a threshold of four).

### **Stress**

Thirdly, 87% ( $n = 717$ ) of the sample responded to the question, “How often do you get stressed?” Nearly two-thirds of respondents (65.7%,  $n = 541$ ) reported being stressed “sometimes” (36.3%,  $n = 299$ ), “often” (19.4%,  $n = 160$ ), or “very often” (10%,  $n = 82$ ). Just over one-third of respondents (33.9%,  $n = 279$ ) reported that they “never” (5.5%,  $n = 45$ ) or “rarely” (28.4%,  $n = 234$ ) got stressed. Four respondents (0.5%) did not provide a response to this question. A follow up question on “What makes you stressed?” was provided for those respondents that answered this stress question ( $n = 717$ ).

Responses to the question “What makes you stressed?” were categorised post-completion by the administrators of the survey into ten themed groups: “School work/exams” ( $n = 501$ , 69.9%), “Family problems” ( $n = 186$ , 25.9%), “Financial problems/work” ( $n = 186$ , 25.9%), “Problems with friends” ( $n = 97$ , 13.5%), “Being under pressure” ( $n = 88$ , 12.3%), “Relationship problems” ( $n = 59$ , 8.2%), “Life in general/worrying” ( $n = 58$ , 8.1%), “Health problems” ( $n = 22$ , 3.1%), “Other” ( $n = 165$ , 23.0%), and “Nothing/not at all” ( $n = 18$ , 2.5%).

Of the 392 actual responses to this question provided within the YLTS database, only five of these responses specifically made reference to bully/victim problems (the themed category(ies) that these responses related to were not reported by the administrators of the survey). These responses were: “Being bullied, being laughed at” (Respondent 12); “Being bullied at school, socialising” (Respondent 13); “Excessive workload, family problems, occasional bullying” (Respondent 76); “Family problems, bullies, personal problems” (Respondent 83); and “School and my friends (bullying)” (Respondent 248).

### **Victimisation, psychological well-being and stress**

In order to examine the association between the measures of victimisation, psychological well-being and stress, a Pearson correlation coefficient was calculated. These results show that there were significant associations between scores on the victimisation related question and the GHQ-12 (Goldberg & Williams, 1988) ( $r = 0.21, p < 0.01$ , 1-tailed), and between the victimisation-related question and the stress-related question ( $r = -0.21, p < 0.01$ , 1-tailed). There was also a significant association between scores on the GHQ-12 and the stress-related item ( $r = -0.52, p < 0.01$ , 1-tailed).

In relation to the “caseness” approach to scoring the GHQ-12, an independent samples t-test calculated a significant difference between those classified as a “case” and a “non-case” on the stress-related question ( $t(792) = 12.59, p < 0.05$ , 2-tailed). Furthermore, there was a significant difference between these two groups on the bullying-related question ( $t(267.1) = 3.16, p < 0.05$ , 2-tailed).

### **Discussion**

The aim of the present study was to examine the experience of school bullying and health-related indices among a representative sample of adolescents in Northern Ireland by examining data collected as part of the 2004 YLTS dataset. From the present analysis four points are worthy of note.

First, the present data clearly indicate that the incidence of victimisation (13%) within the peer groups of these respondents was quite low, in comparison not only to those previous data from Northern Ireland (Callaghan & Joseph, 1995; Collins & Bell, 1996; Collins et al., 2002, 2004; Grant, 1996; Livesey et al., 2007; McGuckin & Lewis, 2006; Taylor, 1996), but also in relation to data from across the world (Smith et al., 1999). Whilst these previous studies were generally conducted among younger respondents, it is known that experience of victimisation normally reduces with age, as maturity brings with it increased ability to resolve conflict in more peaceful ways. Such a low incidence level in the present study clearly warrants further research to ascertain if these findings are a function of the methodology employed (i.e. the direct question asked) or the sample employed. Future research should strive to employ the current measure of victimisation alongside more established measures of bullying that include items widely used in the literature (e.g. key items from Olweus’s (1989) “gold standard” BVQ or the covert questioning approach adopted by Neary & Joseph’s (1994) Peer Victimization Scale and Austin & Joseph’s (1996) Bullying Behaviour Scale). Only by inclusion of such common instrumentation can results from these representative studies be interpreted and contextualised in relation the wider international literature.

Second, in relation to scores on the measure of psychological well-being, in general there was a low level of psychological impairment among the respondents. However, almost one quarter of the sample (23.9%,  $n = 189$ ) met the criteria for “caseness”. These data support the need for inclusion of psychological well-being questions in the survey. One interpretation of this high level of “caseness” is that the respondents were all 16 years old, an age group that is faced with making major life decisions. Psychological well-being, as assessed here, could be a proxy measure for severe anxiety relating to the storm and stress of turbulent adolescent years (e.g. puberty, relationship worries, career choice). Also, as with any cut-off score, utilising a less stringent cut-off score would have yielded a less worrying level of “caseness”. Whilst future iterations of the survey should maintain these questions regarding psychological well-being, they should also strive to include explorations of other indices of psychological well-being (e.g. happiness). With inclusion of such indices, a more robust picture may be built of the psychological well-being of these adolescents and the relationship between involvement in bully/victim problems and health and well-being.

Third, a distinct parallel was obvious in relation to experience of stress. Whilst almost three-quarters of respondents got stressed “sometimes or more often”, just over one-third of respondents “rarely or never” got stressed. In a reflection of the fact that just 13% of respondents were bullied, of those who did report reasons for being stressed, just five respondents reported bullying-related activity as a source. In tandem with the need for future iterations of the survey to further explore psychological well-being, increased attention to the sources of stress and, in particular, coping mechanisms employed by these adolescents would be beneficial.

Fourth, a significant relationship was found between the between the measures of victimisation, psychological well-being and stress, with victims reporting a poorer level of psychological well-being and greater levels of stress. Thus, involvement in bully/victim problems as a victim is associated with impaired health and well-being. Whilst this has been found in previous studies (e.g. Kumpulainen et al., 1998; Rigby, 1999; Salmon, James, Cassidy, & Javaloyes, 2000; Williams, Chambers, Logan, & Robinson, 1996; Wolke, Woods, Bloomfield, & Karstadt, 2001), it is still unclear as to the direction of the effect. For example, does victimisation result in impaired health and well-being or does impaired health and well-being increase the likelihood of victimisation? In concluding their review of the nature and extent of adolescent parasuicide in one health region of Northern Ireland, Davies and Cunningham (1999) asserted that: “This study suggests that bullying is one of the stressors most strongly associated with suicidal behaviour in adolescents” (p. 11). Considering the link between involvement in bully/victim problems and various indices of health and well-being, future iterations of this representative survey that include further detailed exploration of the relationship between these variables would be welcome.

In summary, the present findings help further clarify the prevalence of school bullying in Northern Ireland, as well as providing data on the negative experience of school bullying on health-related outcomes.

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