

# **A SYSTEMATIC STUDY ON PREVENTATIVE MEASURES FOR YOUNGER PUPILS AT SCHOOL AGAINST HARASSMENT**

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## **ABSTRACT**

In order to perform a systematic evaluation of rigorously studied school-based treatments to reduce bullying. We uncovered 2090 citations and analysed the references of relevant papers in our search. A total of 26 studies were determined to meet the inclusion criteria after a review of 56 papers by two reviewers. Curriculum (10 studies), interdisciplinary or "whole-school" treatments (10 studies), social skills groups (4) and mentorship (1 research) are examples of interventions (1 study). Direct and indirect measures of bullying were analysed in this study (bullying, victimisation, aggressive behaviour, and school responses to violence) (school achievement, perceived school safety, self-esteem, and knowledge or attitudes toward bullying). Fewer bullying incidents were found in just four of the ten curriculum studies, although three of those four also found no improvement in specific demographics. Seven of the ten studies that evaluated the whole-school strategy found that bullying decreased, with younger pupils having less beneficial effects. Three research on social skills training found no reduction in bullying. A decrease in bullying was reported among the youngsters who were mentored in the research. Bullying, truancy, larceny, and drug usage dropped as a result of increasing social workers in schools, according to a research. Many school-based treatments directly reduce bullying, with stronger outcomes for programmes that integrate many disciplines. Bullying is less affected by changes in the curriculum. Bullying-related outcomes have not consistently improved as a result of these efforts.

Keywords: systematic, study, preventative, measures, younger, pupils, school, harassment

## **I. Introduction**

Bullying is a type of aggressiveness in which one or more children frequently and intentionally intimidate, harass, or damage a victim physically or psychologically. Victims of bullying are seen by their peers as being weaker, both physically and psychologically, than the aggressor or aggressors. It is important to remember the fundamental features of bullying: aggressions, repetition, and the environment of a relationship in which there is an imbalance of authority.

Physical, emotional, and social health can all be affected by bullying. When a kid is bullied, he or she is more likely to suffer from sleep difficulties (such as enuresis), abdominal discomfort, migraines, and depression than other children. Depressive symptoms and suicidal thoughts can be exacerbated in bullies and their victims, as well as people who are both bullies and victims themselves. Students who have been victimised are three to four times more likely to suffer from anxiety than those who have not been abused. As adults, those who were bullied often in middle school had poorer self-esteem and more depressive symptoms than those who were not tormented at

all. Social rejection and isolation are more common for those who have been subjected to bullying. These victims also have poorer social standing. There are several ways in which bullying affects a child's school experience. Bullying has a negative impact on a student's ability to do their assignments and their motivation to succeed in school. Throughout a research, 20% of elementary school students reported feeling frightened during the majority of the day. Victimized youngsters are more likely to skip school if they have been bullied, according to a study. In addition, bullying has a negative impact on students' academic achievement, even if research differ on which students are more affected. Bullying occurs most frequently in schools, especially when there is little or no supervision. Schools with more serious bullying issues may have more adults who are more tolerant of bullying.

A rising number of studies study school-based treatments aimed at reducing bullying as the issue of school bullying gains public attention and scientific attention. While some therapies have undergone thorough assessments, the results are variable. For example, the Olweus Bullying Prevention Program, a comprehensive "whole-school" intervention on which many later programmes have been built, has been shown to reduce student reports of being bullied and bullying others by 30 percent to 70 percent. Bullying and victimisation rates among Belgian primary and secondary school children were not significantly different after the implementation of a similar comprehensive preventive programme. To our knowledge, there are no peer-reviewed systematic reviews of anti-bullying programmes that have been published to our knowledge. An important part of this study's purpose was to examine the efficacy of various school-based treatments for combating bullying.

## **II. Methods**

For this study, we searched many databases for relevant articles such as MEDLINE, PsycINFO and EMBASE in addition to the Educational Resources Information Center, the Physical Education Index and Sociology: A SAGE Full-Text Collection. As Medical Subject Headings, or keywords, we searched for the terms bullying and bully. Searches utilising simply Medical Subject Headings were not as comprehensive as keyword searches. Each article was analysed to see whether research explored a school-based intervention to prevent or reduce bullying, and we used the names and bibliographies of those studies to make our final selections. If an article didn't feature an intervention or take place at a school, it was immediately thrown out.

After papers that did not fulfil the criteria for inclusion were eliminated, we each separately assessed the remaining articles while keeping the journal citation and article content (other than the "Methods" section) a secret. A common form with specified eligibility criteria was used by the two reviewers to independently assess whether or not a study should be included. After some debate, a compromise was achieved to resolve the differences of opinion. For inclusion, a research has to describe an experimental intervention with control and intervention groups, as well as a follow-up evaluation with measurable outcomes, in order to be eligible for consideration. A school-based approach was required, as was a focus on bullying reduction and prevention. The research methods, intervention components, outcomes assessed, and results of each publication were examined. There was no evaluation of quality beyond the inclusion criteria for selecting or evaluating research outcomes. We did not remove or discount studies based on baseline similarities across treatment groups, research power, retention rates or programme intensity since these criteria are not related definitely with the degree of treatment effects. Identical outcomes obtained during the same time period on the same population were not included in the analysis.

A wide range of outcomes related to bullying were culled from the publications we reviewed. These included bullying and victimisation rates as well as aggressive conduct and violence in schools, as well as the school's response to the incidents. Students' self-esteem, academic performance, school safety perceptions, and other variables assumed to be unrelated to bullying were also included in the analysis.

### III. Whole-school multidisciplinary interventions

In ten studies, treatments were examined utilising a multidisciplinary whole-school approach, which comprised a combination of school wide regulations and consequences, teacher training, classroom curriculum, conflict resolution training, and individual counselling ten studies it goes into great detail on the many components of these interdisciplinary studies. Up to 42 schools were included in the whole-school research, which covered a wider range of topics than the curricular interventions. Among the research, only two looked at interventions with high school students, while the rest focused on elementary school children. Only two of the whole-school investigations, in contrast to the curriculum studies, included randomization as part of their research design. Time delayed age cohorts were employed in two of the experiments.

The Olweus Bullying Prevention Program was the subject of two separate investigations, both of which had conflicting results. First, the Olweus Bullying Prevention Program designed an intervention programme in Bergen, Norway, that comprised training for school employees and materials to be sent to parents; a recorded classroom curriculum; and evaluation using the Russell, *et al.* 2020-developed bullying questionnaire. The follow-up examination indicated less bullying, decreased victimisation, decreased antisocial conduct, and a better school atmosphere following the intervention, using undefined composite measures. Results from an evaluation of a countrywide programme to stop Meherali, *et al.* 2021 bullying in Rogaland, Norway, were dramatically different. According to student self-reports, Viner, *et al.* 2021 reported a rise in victimisation and social isolation for boys, as well as an increase in bullying for both boys and girls. There was no interaction between the schools in this sample and the researchers, unlike the Kettrey, *et al.* 2019 procedure. School engagement was correlated with favourable results from the anti-bullying programme, particularly for females. Bondestam, *et al.* 2020 claims they "were completely different in terms of planning, data quality, measurement timeframes and communication with the schools, even though they used the same countrywide campaign and assessment techniques."

### IV. Social and behavioural skills group training interventions

Study after study has examined the effectiveness of specialised programmes aimed at improving the social and behavioural abilities of children who have been bullied. Two of these treatments specifically targeted children with high levels of violence, while the other two targeted children who had been the victims of their hostility. One study looked at third-graders, while the other three looked at kids in sixth through eighth grades. The most promising outcomes were achieved by the pupils who were the youngest. In eleven North Carolina public elementary schools, Angelakis, *et al.* 2020 investigated the effectiveness of social skills group training for third-grade kids who had difficulty relating to their peers. Peer reports showed a significant drop in aggressive behaviour (P.001), self-reports showed a significant decrease in bullying (P.05), and self-reports showed a significant decrease in antisocial affiliations (P.05). The only social skills training intervention that had a significant impact on bullying was this one.

No apparent changes occurred in the other social skills group therapies, all of which involved children above age 12. In South Africa, Taquette, and Monteiro, 2019 conducted an evaluation of a behavioural skills modification programme for males designated as bullies. A decrease in bullying behaviours was not statistically significant, either from a peer or self-report perspective. Gartland, *et al.* 2019 looked explored whether aggressive seventh graders may be helped by group training in peer mediation. Although there was a substantial decrease in the problem behaviours of the aggressive students in the intervention group, there were no significant changes in the disciplinary referrals for aggressive conduct or the scores of the kids in the control group. In order to help eighth-grade females with emotional and behavioural issues, Araújo, *et al.* 2021 implemented social skills group training. Data and analysis were not included in the publication, despite the fact that teachers' data revealed statistically significant development in areas such as friendships, conduct, interactions with peers, and teacher concern. There was no analysis of the data collected from the student questionnaires, however 8 students said they had experienced no change in victimisation, while 7 said they had seen an improvement.

## **V. Conclusion**

Many obstacles may still stand in the way of whole-school initiatives being effective, despite the evidence to the contrary. The effects of the intervention might vary greatly depending on how it is implemented. The most notable discrepancy was found between Olweus and Rahman, *et al.* 2020 evaluation of the identical anti-bullying programme in Rogaland, which used the original Bergen anti-bullying approach. School staff participation at the Rogaland schools may be to blame for the stark discrepancy. It also doesn't contain thorough instructions on how to replicate the Olweus curriculum in a different educational environment. This program's inability to be replicated in other places, such as South Carolina, may be a contributing factor in its lack of success. 28 There may be a greater cultural fit for therapies if they are modified for use in diverse locations, but this might also account for some of the variation in outcomes. As a result, it is difficult to accurately replicate a particular intervention if the precise components are not adequately specified. Effectiveness can be significantly affected by the unique educational setting. There may be better outcomes in some contexts because of the small class size, superior teacher training, and longstanding record of social welfare involvement. According to the findings of two research, whole-school interventions may be less effective for younger students. It is possible that this little data supports a notion that asserts that bullying begins in early infancy when children express their own authority and gradually evolves as youngsters utilise less socially repugnant methods of dominating others. 58 Rules and modifications in the general reaction to bullying may not be as effective in the younger population before they follow their normal developmental evolution into social norms.

**VI. References**

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