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BEING DIFFERENT: CORRELATES OF THE EXPERIENCE OF TEASING AND BULLYING AT AGE 11.

ABSTRACT

The public stereotype, largely supported by a rather diverse range of literature, is that bullied children differ from their peers in respect of attributes such as appearance, disability or school performance. In this paper we explore the characteristics of such victims in a way which is both more comprehensive than previous studies and in addition, considers and accounts for possible inter-relationships between variables. Self-report data on teasing and bullying (found to be strongly inter-related) were obtained from a large, school-based sample of 11 year olds, with additional descriptions and ratings of the children from their parents, class teachers and nurses. Experience of teasing/bullying did not differ according to race, physical maturity or height, but was more likely among children who were less physically attractive, overweight, had a disability such as a sight, hearing or speech problem, and performed poorly at school. These factors were not only significant regardless of sex and social class, but also independent and thus additive in their effects. Characteristics of appearance, disability or ability which in themselves may be difficult to deal with also increase the likelihood that a child will experience the additional burden of being bullied.

KEY WORDS

Bullying; teasing; physical attractiveness; overweight; disability; ability.

INTRODUCTION

This paper uses data from a sample of 11 year olds to explore the characteristics of bullied children. The public stereotype is that such victims differ from their peers. This is aggravated by the media, for example: 'Teenager taunted and harassed about her weight dies after overdose of mother's painkillers' (The Guardian, 30.9.97); 'Runaway teenager a victim of bullying – mother's fears for gentle giant' (Scotland on Sunday, 12.9.99). Interviews with teachers suggest most characterise habitual victims as sharing 'a common characteristic of perceived vulnerability lying largely in their deviation from some social norm, whether of appearance, ability or ethnicity' (Siann, Callaghan & Lockhart et al, 1993, p.320). Children also endorse this view; the common theme of primary school children's descriptions of the victims of bullying being 'that [they] were all "different" in some way' (Hantler, 1997).

Further stereotypes exist in respect of the nature of bullying. Although Chesson (1999) suggests that perceptions of bullying have changed over time, there is evidence that unless prompted to do so, a substantial proportion of pupils and teachers continue to think of it in terms of physical assault (Mellor, 1997), and do not regard non-physical acts as bullying (Boulton & Hawker, 1997; Swain, 1998). In contrast, researchers tend to take a broader perspective. Many studies which ask children to report on their own experiences provide a definition, generally based on that of Olweus (e.g. 1990) who describes bullying or victimisation as the repeated exposure over time to negative actions on the part of one or more others, and in addition provides examples. When such an approach is used, name calling and teasing tend to be reported most frequently, followed by hitting or kicking and isolation (O'Moore, Kirkham & Smith, 1997; Smith, 1997; Peterson & Rigby, 1999).

This paper begins by reviewing a broad range of literature concerning the characteristics of bullied children. On the one hand this endorses the stereotype of difference; for example, Tattum describes bullying as focusing on vulnerable children regarded as being different because of factors such as their ethnic origins, physical or mental disabilities (Tattum, 1989), physical characteristics or special educational needs (Tattum, 1997), while Cotterell (1996) highlights the language of rejection ('thick', 'dork', 'mental' etc) used by adolescents to differentiate those who are not 'in'

a group. On the other hand, the literature continues to cite (sometimes in the same paragraph - Stephenson & Smith, 1989; Bernstein & Watson, 1997) a study which suggests that in respect of physical characteristics, bullied children are no different from their peers (Olweus, 1978).

Socio-demographic factors – sex, social class and race

A number of studies suggest that overall, boys and girls are *equally* likely to be bullied, however sex differences do occur in respect of the *form* it takes (Siann, Callaghan & Glissov et al, 1994; O'Moore, Kirkham & Smith, 1997; Crick & Bigbee, 1998; Peterson & Rigby, 1999). For example, Whitney & Smith (1993) found that boys were more likely to be physically hit and threatened, while girls reported more verbal taunts and isolation ('indirect bullying'). Although frequent, such findings are not universal; Boulton & Underwood (1992), for instance, report no significant sex differences in the form of bullying experienced.

Results in respect of class or other measures of socio-economic status are conflicting (Olweus, 1978; Whitney & Smith, 1993; O'Moore, Kirkham & Smith, 1997). An interesting slant (particularly in the context of 'difference') on sociometric status is provided by Lowenstein (1978) who found no significant difference when comparing bullied and non-bullied children in respect of whether they came from 'roughly the same social background as the norms for the school'. In a qualitative study, however, Michell found that 'being poor was a distinct disadvantage in the peer popularity stakes and pupils were very aware of the financial status of their peers' families' (1999, p.41).

Race is often a visually obvious characteristic, and in addition may be linked with cultural differences in beliefs and behaviours. Besag suggests 'those children who perhaps receive most labelling in society are those who are identified by their race as being different from the majority' (1989, p.47), and 'being from a different racial or ethnic group from the majority' is one of the risk factors cited by the Department for Education (1994) for the experience of bullying. Ethnic minority children report that racism is a major cause of bullying (Mellor, 1999), and that as a group they are far more likely to be bullied (Siann, Callaghan & Glissov et al, 1994). However these beliefs conflict with the results of studies conducted in both the UK (Whitney & Smith,

1993; Siann, Callaghan & Glissov et al, 1994) and elsewhere (Olweus, 1978) which have shown no significant differences between ethnic groups.

Physical appearance or characteristics

In two linked studies (samples of 80 and 125 respectively), of 12-14 year old boys, Olweus (1978) compared bullies, 'whipping boys' (victims) and 'controls' (other boys) in respect of teacher ratings on 14 'unusual or deviant' external characteristics such as physical handicap, obesity, size, appearance, personal hygiene, and facial expression. Despite a trend for greater numbers of 'deviations' among victims compared with controls, physical strength emerged as 'the only characteristic for which the two investigations yielded clear and concordant results' (1978, p.83), victims being assessed as weaker than either bullies or controls. While acknowledging that certain forms of external deviance may constitute a risk factor, increasing the probability of becoming a victim, Olweus therefore concluded that 'external deviations of the kind mentioned seem to play a much smaller role for the appearance of whipping boy problems than has usually been believed' (1978, p.89).

Writing at exactly the same time (thus neither cites the other), Lowenstein (1978) described a UK study with contrasting findings; teachers and psychologists rated bullied children as significantly less physically attractive and more likely to have 'odd mannerisms or physical handicaps' than matched children in their class. A number of subsequent studies have produced similar results: victims have been rated as physically weak, obese and as having some sort of disability (Lagerspetz, Bjorkqvist & Berts et al, 1982); 'thin ... different from the rest of the class for example in dress and speech' and (along with bullies) as having poor personal hygiene (Stephenson & Smith, 1989). Finally, there is anecdotal evidence on the physical characteristics of bullied children; Chazan (1989) for example, notes how 'obvious physical stigmata' may result in teasing and taunting in the infant school, citing a child with an unsightly skin graft on his hand.

Disability

Since many disabilities are visible to others, the literature on victimisation and disability is difficult to separate from that on appearance. For example, experience of bullying among children with conditions affecting their appearance is twice that of

those with conditions not associated with visible abnormalities (Dawkins, 1996). Besag (1989) identifies clumsy, uncoordinated children as at risk for bullying, jibes and nicknames, and a recent survey of bullied children found a third had physical disability, including cleft palate, hemiplegia, a hearing aid and spinal deformity (Leff, 1999). Loneliness, withdrawal, unpopularity or victimisation have also been associated with a number of specific disabilities such as visual (Huurre & Aro, 1998), hearing (Stinson, Whitmire & Kluwin, 1996), or language impairment (Fujiki, Brinton & Todd, 1996; Asher & Gazelle, 1999, Hugh-Jones & Smith, 1999), inflammatory bowel disease (Akobeng, Miller & Firth et al, 1999), physical disabilities such as cerebral palsy or spina bifida (King, Specht & Schultz et al, 1997), and epilepsy (Wilde & Haslam, 1996). Contrasting with these findings, a study of children with asthma found that overall they were just as well liked and accepted as 'healthy' matched controls, although those who experienced frequent hospitalisations were less preferred as playmates, perceived as isolated and felt more lonely (Graetz & Shute, 1995).

School achievement

Numerous studies have found an association between social status (isolation and/or victimisation) and academic achievement. Among those labelled within the educational system as poor achievers, Byrne (1994) found that in a large sample of primary and secondary pupils, 27% of victims, compared with 8% of 'controls' had received remedial education. Children with learning difficulties in mainstream schools report more frequent teasing and fewer friendships than their peers, differences which become more pronounced with age (Martlew & Hodson, 1991). While much of this bullying is related to the special needs of such children (Whitney, Smith & Thompson, 1994), victimisation and low social status also occurs among pupils who simply perform at the lower end of the 'average' spectrum (Olweus, 1978; Vosk, Forehand and Parker et al, 1982; Roland, 1989). Peer group status has been associated with *physical* as well as academic achievement, lonely children being less active and fit (Page, Frey & Talbert et al, 1992).

The present study

This paper presents data from a large school-based sample of 11 year olds in order to examine how a number of factors (sex, social class, race, physical appearance,

chronic condition or disability, and ability) are associated with the experience of teasing, name calling and bullying. It has three main aims, the first being to show the size of simple univariate relationships. The second aim is to examine whether associations with bullying differ for boys compared with girls, or for young people from different social class backgrounds. In respect of sex differences, there is a large literature on the greater emphasis on appearance (Simmons, Blyth, Van Cleave et al, 1979), dissatisfaction with body image (Allgood-Merten, Lewinsohn & Hops, 1990; Rolls, Fedoroff & Guthrie, 1991) and pressures to conform to societal ideals of slimness (Comerci, 1980) among girls, coupled with evidence of enhanced prestige and popularity of early maturing boys compared with girls (Hamburg, 1974; Gross & Duke, 1980). This would suggest that any associations between physical appearance, maturity or body size and victimisation may differ for boys compared with girls. Ability or achievement may also have different meanings for young people from different social classes, with greater expectations and pressures to succeed being exerted by professional and middle class parents (Reid, 1978; West, 1997). The third aim, given that appearance, body shape, disability and academic ability may be inter-related, is to identify the independent associations between teasing or bullying and variables selected to represent each of these dimensions, after accounting for any effects of sex or social class.

Self-report data on the experience of being 'teased or called names' and 'bullied' were obtained from the children themselves, consistent with the majority of studies which conclude that the best sources are those whom it concerns most directly, rather than via victim nominations from teachers or peers (Rigby & Slee, 1991; Boulton & Underwood, 1992). The decision was taken to combine 'teasing' and 'bullying' for analytic purposes, in line with definitions provided in most other studies. Descriptions and ratings of the children come from parents, class teachers, and nurses who met them only briefly during data collection. All ratings are 'blind' in the sense that parents, teachers and nurses were not cued to identify differences (or similarities) between bullied and non-bullied children.

METHOD

Background, sample and methods

The data are taken from the first sweep of the *West of Scotland 11 to 16 Study: Teenage Health*, a longitudinal, school-based survey of health and behaviours in a cohort of children resident in and around Glasgow city (West & Sweeting, 1996). They were recruited in their final year of primary school (age 11) and have been followed through the transition to secondary school until the end of statutory education (age 15-16), with one intermediate contact (aged 13).

A number of steps were taken to ensure a representative sample at both the primary and secondary school stages, given that increasing parental choice has diminished the traditional links between local associated primary and secondary schools. Secondaries were randomly selected within strata based on geographical location, religious status (Catholic/non-denominational) and deprivation, primaries on the basis of the proportion of pupils transferring to the selected secondaries, and finally classes of children within primaries according to the first letter of the class teacher's name (Ecob, Sweeting & West et al, 1996).

At the primary stage, the sample consisted of 2,586 (1,339 males and 1,247 females), representing a response rate of 93% of target children, average age 11 years 3 months. During classroom sessions held in 135 primary schools in October 1994-March 1995, they completed questionnaires on health, self-esteem and self-image, health-related behaviours and attitudes, family life, school, leisure activities, friends and projections for the future. Nurses helped with questionnaire completion if necessary, conducted a short interview with each child and took physical measures. During these sessions, class teachers completed brief questionnaires about each child's behaviour and ability. Questionnaires about earlier health history, family background and social position, delivered by children to parents, were completed and returned via the school in respect of 86% of the sample (N = 2,237).

Measures

This paper is based on reports of the experience of being teased or bullied from children, and of the child's social class and race, physical appearance, health and ability obtained from parents, class teachers, nurses and physical measurements.

Teasing and bullying: a list of 'things that happen to some kids' included 'I get teased or called names' and 'I get bullied' with the answer options 'every day', 'most days', 'weekly', 'less often' and 'never'. Table 1 shows the frequencies obtained for the experience of teasing and bullying, and also for the derived composite variable, representing the most frequent of teasing and bullying (described, for simplicity in the results, as 'teased/bullied'), which forms the dependent measure in the analyses.

Social class: Occupational data from parents were used to derive a head of household classification (based on the father's occupation or his previous one if not currently working, or if no father, then the mother's current or previous occupation) according to the Registrar General's Classification of Occupations (OPCS, 1990). For the 14% for whom no parental data were available, this was supplemented by information on current (but not previous) parental occupation provided by the children during interviews with the nurses. The reliability of this data is high (West, Sweeting & Speed, in press). For analytic purposes the social class data (available for 92%, since in some cases usable occupational data was missing from both sources) was collapsed into three categories, non-manual (43%), III-manual (33%) and class IV and V (24%).

'Race': The nurse schedule asked for a crude classification of 'racial/ethnic group', collapsed here into 2 categories: 'white' (96%) and 'visible minority' (Afro-Caribbean, Indian/Asian, Far Eastern and Other).

'Maturity' and 'attractiveness': Following a brief interview and recording of physical measures, nurses completed two ratings on each child. The first was of physical maturity for age and sex, with 'below average' (19%), 'about average' (58%) and 'above average' (22%) options. The second was of physical attractiveness using a 7-point scale (following Macintyre & West, 1991) anchored with 'average' in the middle, 'very good' at one pole and 'very bad' at the other. The distribution of

responses was heavily skewed towards the positive pole and, in this analysis, collapsed into 4 categories: '(very) good' (scores 1 and 2 – 19%); 'above average' (score 3 – 30%); 'average' (score 4 – 41%) and 'below average' (scores 5 and 6 – 10%) (no child received a score of 7, the poorest rating).

Physical measures: Nurses measured height and weight using portable Nivotoise stadiometers and Salter digital display scales. Body mass index (BMI - calculated as weight in kilos divided by height in metres squared), representing size or shape was also included in the analyses.

Chronic conditions or disabilities: The parental questionnaire included standard (UK General Household Survey) items about whether the child suffered from 'any long-standing illness, disability or infirmity' and if so, whether it limited their activities. Overall, 19.7% reported a long-standing illness, a third of whom (6.5% overall) that it was limiting. Parents were also asked whether the child currently had any of the following conditions: difficulty seeing (even with glasses/contact lenses – 6.3%); difficulty hearing (2.2%); diabetes (0.2%); fits, convulsions or epilepsy (0.3%); asthma (10.8%); migraine or frequent headaches (8.4%); skin problems such as eczema, acne or psoriasis (10.9%); speech difficulties (1.0%); allergies (10.9%); wheezy chest or bronchitis (6.5%); reading difficulties or dyslexia (2.9%); bed wetting (2.3%). Analyses could not be conducted in respect of diabetes or fits due to small numbers.

Ability: Parents were asked to rate the child compared to others in his/her class in respect of 'language (reading and writing)', 'maths' and 'gym, sport and games'. Approximately 30% were rated as above average, 65% as average and 5% as below average in each. Teachers were presented with 5 ability options in respect of the same school subjects, again comparing the child with others in the class. These were collapsed to 3 for the purpose of analysis – (well) above, average and (well) below – comprising approximately 42%, 32% and 25% respectively for both 'academic' subjects, but 40%, 51% and 9% for physical activities. Nurses answered a simple question on whether 'considerable help was required with questionnaire completion', with yes (7%), no (90%) and don't know (3% - treated as missing data in this analysis) options.

Analyses

Univariate analyses were conducted using Chi-squared tests, multivariate analyses via logistic regression, using SPSS Version 7.5. Because of small numbers reporting the most frequent category of teasing and/or bullying (and in line with most of the literature in this area), the frequencies were collapsed into weekly or more, less often and never for the univariate analyses, and dichotomised into weekly or more versus less often or never for logistic regression.

RESULTS

Table 1 about here

As shown in Table 1, 44% reported some teasing and 17% having been bullied. While for the majority, these experiences were relatively infrequent, 14% of the sample said they were teased, and 4% bullied on a weekly or more frequent basis. A comparison of the frequencies of the composite teased and/or bullied variable (hereafter 'teased/bullied') with that for teased alone demonstrates that the majority of bullied children also reported being teased to the same or a greater extent (Spearman's rho for the association between being teased and bullied = .445).

Sex and social class

There were small but significant differences in the experience of teasing/bullying according to both sex and social class. Frequent (weekly or more) teasing/bullying was more likely among boys (17%) than girls (13%), while less frequent experience was slightly more likely among girls (30%) than boys (32%). In respect of class, frequent victimisation was reported by 17% of children from semi- or unskilled households, compared with 14% and 13% of skilled manual and non-manual households respectively. However, since children from non-manual backgrounds were most likely to report infrequent teasing/bullying, the result was that they were *least* likely to report no experience of victimisation at all (51% for non-manual compared with 56% for each manual group).

‘Race’

Table 2 about here

There were no significant differences in the frequency of being teased/bullied reported by ‘visible minority’ and ‘white’ children. In 6 of the 135 schools, children from visible minorities constituted over 20% of the sample, in the remainder there were typically none, or only one or two in the class. A further analysis of victimisation by ‘race’ was conducted excluding the former, in order to test for the possibility of increased racial bullying in schools where children from visible minorities formed only a small proportion. This analysis was not significant (of the 60 ‘visible minority’ children, 12% were teased/bullied weekly or more, 28% less often and 60% never, the corresponding rates for the 2399 ‘white’ children being 15%, 31% and 54% – Chi-square = 0.90, $p = 0.64$).

‘Maturity’ and ‘attractiveness’

Although there were no associations between being teased/bullied and physical maturity, victimisation was significantly related to physical attractiveness as rated by nurses (see Table 2). Thus, only 9% of children rated at the most attractive end of the scale, but 24% of those rated least attractive were teased/bullied weekly or more often.

Physical measures

Table 3 about here

Height, weight and body mass index were collapsed into 3 categories in order to contrast those at either extreme with the bulk (80%) of the sample. Table 3 shows that while height was not associated, weight and BMI were, the heaviest and roundest (but not the lightest or thinnest) children standing out from the rest, around twice as likely to be teased/bullied.

Chronic conditions or disabilities

Table 4 about here

As Table 4 shows, children whose parents reported longstanding or (more serious) limiting illness were significantly more likely to experience frequent teasing/bullying. There was in addition a consistent trend for frequent victimisation associated with each of the specific conditions. The differences were particularly striking – and

significant – in respect of sight, speech and reading difficulties; thus 39% and 30% of those with speech and reading difficulties respectively were teased/bullied weekly or more, compared with around 15% overall. In contrast the differences in respect of asthma, allergies and wheeze were very small.

Ability

Table 5 about here

Table 5 shows the relationships between the experience of victimisation and the parent and teacher ratings of language and gym/sport ability (analyses in respect of parent and teacher ratings of maths ability are not shown, but demonstrated identical patterns to those obtained for language) and nurse reports of help required during the questionnaire session. The patterns for both parent and teacher reports are very similar. Those rated as below average in both ‘academic’ subjects and gym/sport were much more likely to report the most frequent teasing/bullying. However while some victimisation was also reported by children rated as above average *academically*, those with above average ability in *physical* activities were most likely to say they were never teased/bullied. The simple rating of help required with questionnaire completion was also significantly associated with victimisation, most frequently experienced by those found to require help.

Interactions with sex and class

Logistic regression analyses were conducted in order to answer the important question of whether the relationships between the independent variables and the experience of teasing/bullying (dichotomised into weekly or more versus less often or never) were the same for males and females, and for children from different social classes. Separate analyses were conducted for each independent variable (thus, the first analysis entered ‘race’, ‘race’ by sex and ‘race’ by class, while the next entered maturity, maturity by sex and maturity by class, etc) using the method of forced entry. In no case was the overall interaction term significant; the patterns obtained for boys and girls, and children from non-manual, skilled manual or semi/unskilled home backgrounds were thus essentially the same.

Independent effects

Since many of the independent variables included in the above analyses were inter-related, a series of logistic regression analyses were conducted, comparing frequently (weekly or more) teased/bullied children and those with less frequent or no experience of victimisation, in order to assess the independent effects of variables found significant in univariate analysis. Although necessarily somewhat arbitrary, the order in which variables were added to the model reflects an attempt to characterise the way a child may make impressions on others: after the controls of sex and social class, attractiveness (representing immediate impressions) was entered, followed by BMI, then a composite variable of any sight, hearing or speech problems (difficulties which may be clear to others and/or impair learning), and finally language ability (taken as representative of overall ability and classroom performance). Separate models were run adding each new variable, using the method of forced entry (all variables entered in a single step). The 'average' category was taken as the base (comparator) for BMI, sight, hearing or speech problems, and language ability, in order to contrast 'the norm' with children who deviated from it. In the case of attractiveness the bias in the nurses' ratings meant that the category described as 'average' did not contain the bulk of children, so the most attractive category was defined as the base.

Table 6 about here

Table 6 shows the results of each model. Consistent with univariate analyses, the odds of frequent teasing/bullying were lower for girls than boys, however the class differences were not statistically significant ($p < .06$). In model (b) the crude attractiveness rating was introduced; decreasing attractiveness had an independent and linear association with teasing/bullying, and little impact on the effects of sex and class. The introduction of body mass index (model c) reduced the effects of attractiveness slightly and had a strong independent effect, with double the odds of frequent teasing/bullying for children in the highest BMI category compared with the rest. The odds were similarly doubled for those with any sight, hearing or speech problems (model d). Finally, both parent (model e) and teacher (model f) ratings of language ability as below average, compared with average (or, indeed above average) significantly increased the likelihood of a child reporting frequent victimisation. The effects were stronger for the parental rating, probably because

their 'below average' category (5% of the sample) was more extreme than the '(well) below average' category of teacher ratings (25% of the sample).

Most importantly, Table 6 shows that as additional variables were added, the effects of the earlier ones were not removed; the effects were independent and thus additive. At the most extreme, a child receiving the poorest attractiveness rating, with a high BMI, any sight, hearing or speech problems and below average parentally-rated language ability would be 22 times more likely to report frequent teasing/bullying than a class-mate with the best attractiveness rating, average BMI, no sight, hearing or speech problems and average language ability. Interestingly, one child in the sample did fall into all of the former categories; this girl reported being teased on a daily basis and bullied most days. For comparison, among 203 children receiving the best attractiveness rating, average BMI, no sight, hearing or speech problems and average language ability, 6% were teased and 1.5% bullied weekly or more often, the equivalent rates for the sample overall being 14% and 4%.

SUMMARY AND DISCUSSION

In this study, 44% and 17% respectively reported some experience of being teased or called names and bullied, while for 14% (teasing) and 4% (bullying) it was a weekly or more frequent experience. The correlation between 'teasing' and 'bullying' was strong: the majority of bullied children were also teased, a double burden.

These are rather higher rates than found in other studies, though comparison is difficult, given disparities not only in definitions of 'bullying', but also in respect of frequency response options (those provided in the present study were quite specific, in contrast to more subjective options such as 'very often' – discussed in Olweus, 1990). Reported rates in previous studies range between 10%-44% (any/ever bullied) and 4%-8% (weekly) for pupils of similar ages to those in the present analysis (O'Moore & Hillery, 1989; Olweus, 1990; Boulton & Underwood, 1992; Leslie, 1993; Whitney & Smith, 1993; O'Moore, Kirkham & Smith, 1997; Mellor, 1999). Since the *11 to 16 Study* was not set up specifically to examine bullying, it is possible that the absence of a specific definition (with examples) may have resulted in the inclusion of a degree of 'acceptable' teasing (Swain, 1998) and one-off

incidents, thus artefactually raising the rates of self-report victimisation. It is also possible that the separation of 'teasing' and 'bullying' may have encouraged the children to define the latter in physical rather than verbal terms.

Given an average size of 30 pupils, the overall figures (combined variable) mean that in each class 4-5 pupils (15%) may be teased/bullied weekly or more, and a further 10 (31%) less frequently. The experience of bullying has been associated with common health symptoms (Williams, Chambers & Logan et al, 1996), depression and psychiatric referral (Kumpulainen, Rasanen & Henttonen et al, 1998), parasuicide (Davies & Cunningham, 1999) and, in extreme, usually well-publicised cases, suicide (Olweus, 1990). Although it is possible that some of these factors exist prior to victimisation rather than resulting from it (Bernstein & Watson, 1997), the widespread nature and implications of bullying are increasingly being recognised by educational (Department for Education, 1994) and other authorities, for example, both the ChildLine and Scottish Office websites include advice for young people, as well as their parents and families on bullying.

Sex differences were rather small, although boys were somewhat more likely to report the most frequent levels of teasing/bullying. Previous studies have associated boys with physical and girls with verbal and indirect bullying (Whitney & Smith, 1993). When the separate (rather than combined) measures of teasing and bullying were cross-tabulated by sex, there were no differences in 'teasing or name calling', however boys were more likely to report the most frequent experience of 'bullying'. Social class differences were also small, though significant; children from non-manual household more likely to report some, but not frequent teasing/bullying. Given that previous studies have provided conflicting results, the evidence overall suggests that no child is protected from victimisation by their social class background.

In line with the results of other surveys (Whitney & Smith, 1993; Siann, Callaghan & Glissov et al, 1994), children from visible minorities did not report increased levels of victimisation (nor of either 'teasing' or 'bullying' alone when separate analyses were conducted). The pattern was unchanged in a further analysis which excluded children attending schools where 'visible minority' children constituted over 20% of

the sample. Siann, Callaghan & Glissov et al (1994) suggest that such results do not mean that racial bullying does not occur, rather that it is not labelled as 'bullying' by the children against whom it is directed. This seems curious, given their finding that ethnic minority pupils believe that as a group they are more likely to be bullied. In the present study 'visible minority' included all children not defined by the nurses as 'white', so it remains possible that certain sub-groups were subject to increased victimisation, or that it occurred in a few individual schools. (Within the West of Scotland, religion is a further defining feature. Additional analyses also showed no differences in the rates of teasing/bullying for children with a Church of Scotland, Roman Catholic, other, or no religious background.)

Given previous literature on the different size of bullies and victims (Olweus, 1978; Byrne, 1994) and on differential popularity of early maturing boys compared with girls (Hamburg, 1974; Gross & Duke, 1980), the lack of association between victimisation and physical maturity, for both girls or boys, is perhaps surprising. The rating was extremely crude, so it is possible that differences might have been found with a measure which distinguished children more extreme in respect of (either above or below average) physical maturity. Victimisation was, however, related to ratings of physical attractiveness, even after controlling for sex, social class, body shape, disability and language ability. Body mass index also had an independent association, the fattest but not the thinnest children more likely to be victimised.

Much social-psychological research, largely based on experimental studies, has demonstrated that physical attractiveness impacts on the judgements people make of one another (Macintyre & West, 1991), with attractive individuals expected to be not only more pleasant and competent (Kennedy, 1990), but also to have higher income, occupation and social status (Macintyre & West, 1991). Indeed, there is evidence of a correlation between attractiveness and sociability (Hanna, 1998), possibly a self-fulfilling prophecy which begins at a very early age (Hartup, 1983), physical attractiveness (independently of behaviour) also being associated with peer acceptance and rejection among both younger children and teenagers (Coie, Dodge & Coppotelli, 1982; Hartup, 1983; Kennedy, 1990; Hanna, 1998). In respect of one specific aspect of appearance/attractiveness, children and teenagers rank obese children as less liked than those with other very obvious physical handicaps and

disfigurements, while the literature suggests overweight people are regarded as responsible for their condition and lacking self-control (Richardson, 1970). The school is a tough social setting with clear hierarchies, children use the same superficial cues as adults including parents, teachers and the 'gatekeepers' of future opportunities whose social and academic expectations differ according to the attractiveness of a child (Hartup, 1983; Macintyre & West, 1991). The present study shows the social status of the least attractive and most overweight children is one associated with overt victimisation.

Being bullied was more likely among children with (limiting) longstanding illness, together with a number of specific conditions. While it could be argued that certain conditions such as migraines/headaches or bedwetting, may have been caused or exacerbated by experiences in the peer group (Rigby, 1999), this is unlikely in respect of sensory impairment, speech and reading difficulties. Most literature on the social experiences of people with disabilities or functional impairment describes negative attitudes and avoidance, fear or repulsion and stereotyped perceptions by others (Graetz & Shute, 1995; Wilde & Haslam, 1996; King, Specht & Schult et al, 1997), or a simple 'need to stand apart from those who are "different"' (Asher & Gazelle, 1999).

Children with impairments or chronic illness may also be overprotected by their parents (Graetz & Shute, 1995; Wilde & Haslam, 1996). Not only has this been associated with victimisation (Olweus, 1978), but it may lead to fewer social contacts with peers, or a preference for interactions with adults. These characteristics, along with poor social skills, are typical of many (but by no means all – Huurre & Aro, 1998) children with physical or sensory impairments (Graetz & Shute, 1995; Fujiki, Brinton & Todd, 1996; King, Specht & Schultz et al, 1997; Asher & Gazelle, 1999). Further, children (particularly younger ones) lacking perspective-taking skills, are likely to give up interacting with a peer whose responses are inappropriate or unrewarding (Asher & Gazelle, 1999). School may be the place where individuals with impairments experience the most obvious prejudice and outright victimisation (Wilde & Haslam, 1996). Thus when comparing the bullying of children with and without an obvious physical disability, Dawkins (1996) found that although name calling was the most common experience of both, children's comments indicated that

those with a disability were often called unpleasant names related to the disability. There is also evidence that this happens in respect of non-visible impairments such as epilepsy when revealed either involuntarily or via disclosure (West, 1986).

Along with the many other studies which have found an association between a child's status in the peer group and achievement, teasing/bullying was related to both academic and athletic ability. While poor achievement was consistently associated with most frequent victimisation, high achievement in *academic* subjects was related to low levels of teasing/bullying, whereas high *athletic* achievement was associated with no experience of victimisation at all. Children who achieved academically were thus not treated so favourably as those who achieved in gym/sport. Hartup (1983) cites a study showing school marks to be more highly correlated with prestige than popularity, while primary school pupils' descriptions of bullied children include 'swots; a person who tries getting on with their work and don't talk a lot to other people; they always read books', as well as 'children [who] can't do things properly' (Hantler, 1994)

A number of authors have questioned the direction of the association between lower academic achievement and victimisation (Kochenderfer & Ladd, 1996a), pupils with physical symptoms of anxiety, impaired concentration and fear of encountering tormentors may be 'unlikely to achieve their full potential academically or socially' (Sharp, 1995, p.86). An alternative, or complementary mechanism may be one whereby peer relations affect perceived academic competence which in turn affects actual achievement (Guay, Boivin & Hodges, 1999), with chronic victimisation having a greater impact in this respect than sporadic episodes (Kochenderfer & Ladd, 1996b). There may also be confounding behavioural factors: thus McMichael (1980), found rejection of poor readers in the early years of primary school could be explained by antisocial behaviour, while Flicek & Landau (1985) report that the most rejected primary school boys combined learning disabilities with hyperactivity.

IMPLICATIONS FOR PRACTICE

According to recent advice to children and young people, 'bullies try to justify their actions by saying that it is their victim's fault for being different' (Scottish Executive, 1999). On the face of it, the present results are in many respects 'difficult', since

they are consistent with the stereotype that many victimised children are indeed 'different'. However recognising differences and the consequences that ensue from them, is not the same as saying that it is differences per se which cause, or even worse, justify, negative reactions. Rather, the reactions are a consequence of the negative social construction of such differences. What this directs attention to are two, complementary, approaches which address the problem of bullying, the first focusing on the characteristics of those individuals who are (or may in the future be) perceived as 'different', the second focusing on the reactions of others to such differences.

The first approach encompasses any action designed to remove or reduce a stigma and/or improve personal and social skills. Kennedy's (1990) suggestion of interventions to improve appearance might be politically unacceptable to some, but the results of our study suggest she may be facing the facts in the best interests of the child. Indeed, a good example of such an intervention can be found in the current popularity of orthodontic treatment, which children and parents associate not only with correcting oral function but also improved self-image and social life (Tung & Kiyak, 1998). Kennedy (1990) also advocates teaching appropriate social or peer-management behaviours in order to increase social standing. Although such interventions might be home or school-based (Sharp, 1996), Chesson highlights the need for multidisciplinary input and suggests a role for the school health service, currently 'patchy, understaffed, and under threat' (1999, p.331) Given that studies have shown that some children are consistent targets of peer aggression (Perry, Kusel & Perry, 1988), and that prolonged exposure to victimisation may compound adjustment problems (Kochenderfer & Ladd, 1996a), early identification and intervention is necessary. However, while training may help some children (King, Specht & Schultz et al, 1997), this may not be the case for all. Although the social skills of low achieving children are similar to those of children identified as learning disabled, low achievers attending mainstream schools have to interact with peers who are more skilled socially and more likely to reject them. The result is that they report greater loneliness than those labelled and segregated as learning disabled (Coleman, McHam & Minnett, 1992). Such findings have led some authors, together with parents and professional organisations representing children with learning

disabilities, to question the advantages of their inclusion in mainstream education (Vaughn, Elbaum & Schumm, 1996).

The second approach aims to tackle bullying via interventions designed to impact upon the reactions of others. Current policy is directed towards 'zero tolerance'; all UK schools have a legal duty to draw up procedures to prevent bullying (Department for Education website), a number of anti-bullying methods have been used within schools (Eslea & Smith, 1998; Peterson & Rigby, 1999) and information about specific strategies is available (Department for Education, 1994; see also various anti-bullying websites). Furthermore, the UK has recently witnessed the first successful legal action over bullying in over 30 years and the number of cases coming to court for compensation is increasing (The Guardian, 24.10.2000). The present results suggest not only a day-to-day role for individual classroom teachers in the identification of bullies and victims, but also in monitoring their own behaviour towards (potential) victims. For example, teachers may not always understand the implications of certain disorders, or have difficulty tolerating particular symptoms (Akobeng, Miller & Firth et al, 1999). If this were the case, the difficulties for a victimised child may be compounded. In addition, the role of peer leaders in fostering intolerance of bullying has much merit. Peer-led anti-bullying programmes not only receive considerable pupil approval (Peterson & Rigby, 1999), but in a very real sense, the success of anti-bullying policies depends more on the actions of pupils than teachers.

CONCLUSION

Among a representative sample of 11 year olds, 15% reported experiencing teasing/bullying weekly or more often. Results showed that a less attractive appearance, overweight body, disability and doing less well at school were not only risk factors for victimisation *regardless* of sex or class, but also additive in their effects. They represent dimensions which are both salient to a child's class-mates and stereotypically undesirable. As Duncan (1999) notes, 'the norm' constitutes a basic organising principle within schools; difference is difficult to accept. Victimization may be a process, beginning with labelling based on 'factors perceived subjectively by others as being removed from the norm' (Besag, 1989, p.46). Once

begun it is hard to stop (Harris, 1998). Olweus (e.g. 1997a,b) describes the view that victimisation is 'caused' by external deviations as a 'myth'. We disagree, and in support of Leff (1999) suggest that many children who are bullied have, in addition, to cope with problems or differences which promote victimisation.

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TABLE 1:

Frequencies of self-report experience of teasing and bullying, and variable reflecting most frequent of teasing or bullying.

	TEASED		BULLIED		TEASED / BULLIED	
	N	valid %	N	valid %	N	valid %
every day	66	2.6	17	0.7	73	2.8
most days	172	6.7	56	2.2	187	7.2
weekly	110	4.3	37	1.4	123	4.8
less often	787	30.4	315	12.2	800	30.9
never	1450	56.1	2154	83.5	1402	54.2
missing	1		7		1	

TABLE 2:

Experience of teasing and/or bullying by nurse ratings of 'race', 'physical maturity' and 'attractiveness' (row percentages).

	TEASED / BULLIED		
	weekly+	less	never
RACE			
'white'	14.9	30.8	54.3
'visible minority'	14.0	34.2	51.8
MATURITY			
below average	16.6	28.2	55.2
average	13.9	30.8	55.2
above average	15.8	33.5	50.7
ATTRACTIVENESS			
1,2: (very) good	8.7	36.4	54.9
3	13.7	30.2	56.2
4: average	16.3	29.6	54.0
5,6	24.0	28.3	47.6 ***

*** = p<.001

TABLE 3:

Experience of teasing and/or bullying by physical measures (row percentages).

	TEASED / BULLIED		
	weekly+	less	never
HEIGHT			
shortest 10%	15.9	30.7	53.4
middle 80%	14.7	30.4	54.9
tallest 10%	14.5	35.3	50.2
WEIGHT			
lightest 10%	13.3	29.7	57.0
middle 80%	13.6	31.3	55.1
heaviest 10%	25.2	30.1	44.7 ***
BMI			
lowest 10%	15.0	29.1	55.9
middle 80%	13.2	31.5	55.3
highest 10%	27.3	28.1	44.6 ***

*** = $p < .001$

TABLE 4:

Experience of teasing and/or bullying by parentally-reported illness or disability (row percentages).

		TEASED / BULLIED			
		weekly+	less	never	
LONGSTANDING ILLNESS	any	19.4	29.8	50.8	
	none	13.2	31.7	55.0	**
LIMITING ILLNESS	any	22.6	26.7	50.7	
	none	13.9	31.7	54.5	*
SIGHT DIFFICULTIES	any	22.7	28.4	48.9	
	none	13.9	31.6	54.5	*
HEARING DIFFICULTIES	any	22.4	36.7	40.8	
	none	14.3	31.2	54.5	
ASTHMA	any	17.8	30.7	51.5	
	none	14.1	31.5	54.5	
MIGRAINES OR HEADACHES	any	13.9	39.6	46.5	
	none	14.5	30.6	54.8	*
SKIN PROBLEMS	any	17.6	35.7	46.7	
	none	14.1	30.8	55.1	*
SPEECH DIFFICULTIES	any	39.1	26.1	34.8	
	none	14.2	31.4	54.4	**
ALLERGIES	any	18.0	31.6	50.4	
	none	14.1	31.3	54.7	
WHEEZE OR BRONCHITIS	any	15.9	31.0	53.1	
	none	14.4	31.4	54.2	
READING DIFFICULTIES	any	30.2	25.4	44.4	
	none	14.0	31.5	54.4	**
BED WETTING	any	25.0	28.8	46.2	
	none	14.2	31.4	54.3	

* = $p < .05$, ** = $p < .01$

TABLE 5:

Experience of teasing and/or bullying by ability (parent and teacher reports) and nurse ratings of help required (row percentages).

		TEASED / BULLIED		
		weekly+	less	never
PARENT	LANGUAGE			
	above average	11.5	38.0	50.5
	average	14.2	28.6	57.2
	below average	32.8	26.2	41.0 ***
	GYM, SPORT			
	above average	11.6	31.0	57.4
average	14.9	31.4	53.7	
below average	29.8	40.4	29.8 ***	
TEACHER	LANGUAGE			
	(well) above average	11.8	35.9	52.3
	average	14.2	28.5	57.3
	(well) below average	21.0	25.3	53.7 ***
	GYM, SPORT			
	(well) above average	10.0	31.5	58.5
average	17.1	31.1	51.8	
(well) below average	24.3	27.2	48.5 ***	
NURSE	HELP REQUIRED			
	any	24.3	23.8	51.9
	none	13.9	31.7	54.4 ***

*** = $p < .001$

TABLE 6:

Logistic regression models: odds of weekly Vs less often or no experience of teasing and/or bullying according to: (a) sex and social class; (b) add nurses' attractiveness rating; (c) add body mass index; (d) add any sight, hearing or speech problems; (e) add parental rating of language ability (f) replace parental with teacher rating of language ability.

	(a)	(b)	(c)	(d)	(e)	(f)
SEX						
male	1.00	1.00	1.00	1.00	1.00	1.00
female	0.65 ***	0.68 **	0.68 **	0.62 ***	0.66 **	0.65 **
SOCIAL CLASS						
non-manual	1.00	1.00	1.00	1.00	1.00	1.00
III-manual	1.13	1.07	1.05	1.04	1.05	1.00
IV-V	1.32	1.22	1.23	1.22	1.27	1.12
ATTRACTIVENESS						
(very) good		1.00	1.00	1.00	1.00	1.00
above average		1.63 *	1.59 *	1.54 *	1.53 *	1.49
average		1.91 ***	1.83 **	1.87 **	1.84 **	1.78 **
below average		2.74 ***	2.34 ***	2.40 ***	2.19 **	2.21 **
BODY MASS INDEX						
middle 80%			1.00	1.00	1.00	1.00
lowest 10%			1.05	1.00	0.99	1.02
highest 10%			2.14 ***	2.09 ***	1.99 ***	2.10 ***
SIGHT, HEARING OR SPEECH PROBLEMS						
none				1.00	1.00	1.00
any				2.06 ***	1.92 **	2.02 ***
LANGUAGE ABILITY (PARENTAL RATING)						
average					1.00	
above average					1.00	
below average					2.67 ***	
LANGUAGE ABILITY (TEACHER RATING)						
average						1.00
(well) above average						0.93
(well) below average						1.50 *
R-squared (N)	.007 (2375)	.016 (2357)	.023 (2350)	.031 (2104)	.039 (2089)	.035 (2095)

* = p<.05, ** = p<.01, *** = p<.001