School children’s experience of being bullied – and how they envisage their dream day

Lisbeth Gravdal Kvarme RN, MSc (Assistant Professor and PhD Student)1,2, Sølvi Helseth RN, PhD (Professor)3, Berit Sæteren RN, PhD (Associate Professor)1 and Gerd Karin Natvig RN, PhD (Associate Professor)2

1Diakonova University College, Oslo, 2Department of Public Health and Primary Health Care, University of Bergen, Bergen and 3Oslo University College, Oslo, Norway

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Bullying may have a number of negative health impacts on children. Previous studies have mainly explored negative health consequences related to being bullied. A different approach is to explore how these phenomena are related to the school child’s quality of life (QOL). The role of the school nurse is to promote health and prevent sickness, and school nurses therefore need knowledge of what promotes or threatens QOL in children. No previous research has explored how bullied children envisage their dream day or a day with good QOL. There is a need for more qualitative research on how school children experience being bullied and the kind of help they need from their school, and school nurse, to realize their dream day. The aim of this study was to explore how school children experience bullying in their everyday lives, what constitutes their dream day and what kind of help they need. An explorative qualitative design was chosen, and data were collected through focus group interviews. Data collection was conducted throughout 2007 and during the spring of 2008. The sample consisted of 17 school children, aged 12–13 years, in four different groups. An interview guide was used, and the group responses were audio-taped, transcribed and coded into themes. The data were analysed according to Kvale’s three contexts of interpretation within a phenomenological and hermeneutic framework. Four main themes were identified: teasing and fighting, emotional reactions to being left alone or excluded, the need for friends to achieve the dream day and stopping the bullying immediately. The participants said that being bullied made them feel helpless, lonely and excluded. They wanted the bullying to be recognized, assistance from the school staff to stop the bullying, and to be included by their peers.

Keywords: bullying, dream day, focus group, friends, school children, school nurse, quality of life.

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Background

Results from previous studies indicate that bullying may have various negative health effects on bullied children (1, 2). The inclusion of such social determinants of health gives a broader perspective to school nurses’ work than the focus of illness and disease. Through their health promotion perspective, school nurses should be involved in preventing bullying and helping children who have been bullied. Bullying is understood to be a systematic and repeated set of hostile behaviours towards an individual who cannot properly defend herself or himself (3). Dan Olweus defines bullying as follows: ‘We say a student is being bullied when another student or several other students say mean and hurtful things or make fun of him or her or call him or her mean and hurtful names; completely ignore or exclude him or her from their group of friends or leave him or her out of things on purpose, hit, kick, push, shove around or lock him or her inside a room; tell lies or spread false rumours about him or her or send mean notes and try to make other students dislike him or her and other hurtful things like that. These things happen repeatedly. But it is not bullying when two students of about equal strength or power argue or fight’ (4). Bullying behaviour can be manifested in three ways: physical aggression, verbal aggression and indirect or relational aggression, by which means children are excluded from the social group (5). A physical or psychological imbalance of strength, either real or perceived, is also part of this definition (6). The prevalence of being bullied is in the range of 10–30% in different European countries and in the USA (7, 8). In Norway, about 10–15% of school children between 8 and 13 years are exposed to bullying (9).
A literature search found most studies of being bullied at school were quantitative, with relatively few qualitative studies reflecting the pupil’s own perspective. Among the quantitative studies was a study that found that children who had been bullied showed more internalizing of problems and unhappiness at school than those who had not been bullied (10). Children who had been bullied had lower self-esteem and greater social isolation than those who had not been bullied (11). Other studies found that victims of bullying had more difficulty making friends, had poorer relationships with classmates and often had greater feelings of loneliness (8, 12). Children who had been bullied were more frequently rejected by their peers and were less popular than prosocial children (13–15). Low degrees of friendship and high levels of emotional loneliness were significantly related to being bullied (16–18). Having a friend was an important protective factor against being bullied (5). School children who had been bullied had significantly higher odds of psychosomatic symptoms than those who were not bullied. The highest odds ratio was observed in feeling depressed, and being bullied was associated with poor health and psychosomatic symptoms (19–21). The qualitative studies found that children who had been bullied seldom told adults about being bullied by peers (22), and those who bullied others justified their own behaviour (23).

Previous studies have mainly explored negative health consequences related to being bullied. A different approach is to explore how these phenomena are related to the school child’s quality of life (QOL). QOL is a term that seems to cover a variety of concepts, such as health status, and satisfaction with life or happiness (24). It has been assessed as a multidimensional concept that consists of physiological, psychological and functional aspects (25), as well as in terms of subjective well-being and happiness (26). This conceptualization is in line with the World Health Organization definition of health as the state of complete physical, mental and social well-being and not merely the absence of disease (27). One previous study found that school-related stress was negatively related to happiness (26), and the stress of being bullied is therefore assumed to have a negative impact on the child’s QOL. Studies that have explored the relationship between QOL and school bullying have found that peer bullying has a negative impact on QOL and psychosocial well-being (7, 19, 28).

The aim of preventive and health promotion work with children is to promote QOL. QOL serves as a framework for identifying and developing strategies to promote health (29). When school children are 12–13 years old, they are in a vulnerable period of developing from children into adults. It is a period characterized by significant change, growth and physiological development combined with many individual, cognitive, social and contextual transitions (30). The role of the school nurse is to promote health and prevent sickness, and he or she need knowledge of what promotes or threatens QOL among children.

QOL is a positive phenomenon with the health promotional perspective of focusing on resources rather than problems. This is similar to the Solutions Focus Approach (SFA). SFA is based around talks, where the focus is on solutions, resources and emphasizing the child’s developing strategies to solve their problems (31). The SFA is an approach to help people create change by discussing which problematic aspects of their lives they wish to be different, and connecting these wishes with descriptions of solutions to those problems, as it would be on their dream day. The SFA emphasizes people’s personal strengths and successes as valuable learning experiences (31). A focus on solutions by emphasizing their dream day could be useful for children who have been bullied. It might help them to describe what the day is like when they experience happiness and well-being.

There is a need for more qualitative research to explore and understand how school children experience being bullied (23). We did not find any previous qualitative research of school children’s experience of bullying that included how they envisage their dream day at school.

**Aim**

The aim of this study was to explore how school children experience being bullied, and how they envisage their dream day, and what kind of help they want.

**Design**

This qualitative study has an explorative design. The collection and analysis of data followed Kvale’s (2007) guidelines for qualitative research, which imply a phenomenological hermeneutic mode of understanding. Kvale stated that the research interview attempts to understand the world from the subjects’ point of view, to unfold the meaning of the pupil’s experiences, and to uncover their world. Thus, an understanding was sought through the experiences of school children who have been bullied. The children’s experiences were interpreted from a QOL and SFA perspective.

**Methods**

Focus group interviews were used to explore children’s experiences. The focus group interview is an appropriate method for exploring experiences, opinions, wishes and concerns, as it allows participants to put forward their own experience in their own words (32). Focus group interviews were also selected because they were considered to be best suited for the analysis and discussion of complex themes. Using this method, it is possible to grasp the
relationships between participants. It is a way to obtain a deeper understanding of how people feel and think about a specific issue. The participants share their experiences and views with each other in the discussion (33).

Participants

The sample consisted of 17 school children: 14 girls and three boys. They were 12–13 years old, from seven different classes in two different schools in Eastern Norway. The participants recruited themselves after the first author provided information to the entire class. All the classes in the seventh grade got the same information from the first author and the school nurse. The participants decided, based on their own perception, whether they were bullied, and those who wanted to participate contacted the school nurse after the information had been given. Selection criteria were that children were in the seventh grade of primary school, had been exposed to bullying and were competent in the Norwegian language.

Data collection

Data were collected during 2007 and the spring of 2008. Four focus groups were conducted by the first author. Three groups for girls and one group for boys were conducted. Each group met once. Small groups for separate genders were used because bullying is a sensitive topic. The focus groups were conducted during the school day. The school nurse observed the group process and recorded participants’ comments. The first author, who is experienced in leading discussion groups with children of these ages, acted as moderator.

Procedure

The focus group session opened with a brief orientation and an explanation of how the anonymity of the participants would be respected. Each group member was assigned a number, which they used instead of their name to identify themselves in the session. The interview was recorded to audio tape and later transcribed verbatim. This approach is recommended by Kreuger and Casey (34). The taping of the interviews was mentioned to the participants. The moderator presented the rules for the group, which stated that all group members should support each other and one person should talk at a time. It was emphasized that all group members were supposed to talk about and deal with their experiences of the issue. The school nurse made field notes and recorded the order of the speakers. At the end of each focus group interview, the main message was summarized and participants were asked if they agreed with the summary or wished to add further comments. The school nurse and the first author discussed the group process after each group session.

Interview guide

The interview guide contained open-ended questions covering aspects of being bullied and elements of the SFA that emphasized the dream day (Table 1). An example of an SFA question is ‘What does your dream day look like?’ or, ‘What happens?’ The type of answer was not implied and no specific responses were suggested. As recommended by Kreuger and Casey (2000), the focus group began with neutral and nonthreatening questions and ended with giving the participants an opportunity to add comments before the session was closed.

Ethical approval and considerations

The Regional Committee for Medical Research Ethics in Western Norway approved the study. Ethical issues are important in all research. Written informed consent to participate was obtained from the participants and their parents, and the principals of the schools, before starting the focus groups. The moderator followed professional practice and ensured no information from the findings of the study would identify any individual study participant. Participants were informed that their participation in the study was voluntary. The information provided to the parents and children included the aims of the study, data collection procedures and the fact that participation was voluntary. The letter also assured participants that they

Table 1 The interview guide

<table>
<thead>
<tr>
<th>Interview with questions asked</th>
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<tr>
<td>Opening</td>
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<td>Presentation of moderator and observer</td>
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<td>Information about the purpose and rules of discussion</td>
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<td>Introduction</td>
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<tr>
<td>What is a good day at school for you? Give examples.</td>
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<tr>
<td>What does your dream day look like? What happens?</td>
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<td>Who are you with?</td>
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<td>Main questions</td>
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<td>What happens when it is not your dream day at school?</td>
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<td>What is going on when you are being bullied? Give examples.</td>
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<td>How do you experience bullying? What is done against bullying?</td>
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<tr>
<td>Give examples.</td>
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<td>Who has helped you?</td>
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<tr>
<td>Who do you wish to get help from? Friends, family, teachers, school nurse?</td>
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<tr>
<td>Closing</td>
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<tr>
<td>What can be done to realize your dream day? Give examples.</td>
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<tr>
<td>Summarize the session. Is this right?</td>
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<tr>
<td>What is most important? Is there something more you would like to discuss?</td>
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could cease participation in the study at any time without any consequences. Participants were asked not to talk about the content of the discussion in the focus group with anyone other than their own group. All participants signed the informed consent paper with these rules before they joined the study. They were asked to create a trusting atmosphere by showing respect and listening carefully to other participants. They were also invited to have a follow-up talk with the school nurse or the moderator and we had a plan to maintain safety if the participants needed more help after the focus group interview.

Analysis

Analysis consisted of reading and re-reading the text of the transcribed focus group interviews to obtain an overall understanding of the text, then dividing it into themes and sub-themes. The data were analysed according to the guidelines set down in Kvale’s qualitative interview method (35), which has a phenomenological and hermeneutical framework. Kvale (2007) offers three levels of interpretation: self-understanding, critical understanding based on common sense and theoretical understanding. Self-understanding is the first level and it consists of what the informants said and intended to mean. Each focus group session was analysed separately to understand what it was about. The interpretation was a circular process that moved back and forth from parts of the text to the text as a whole, then, back again (35).

At the second level of critical understanding, the researcher uses common sense and a critical view to interpret and comment on what the informants had said in each focus group. The focus group interviews are then analysed as a whole to find common patterns or differences among groups. This interpretation has a broader frame for understanding the informants. The background, position and preconceptions of the researcher affect what is being investigated and the perspective of the investigation (36). Our preconceptions were based on our backgrounds as school nurses and researchers.

At the third level of theoretical understanding, a theoretical framework is used to interpret the text by using some dimensions of QOL and elements from the SFA. Research findings from other studies were also used to broaden the perspective. To validate the interpretations, two independent researchers (the first and second authors), both public health nurses, read and interpreted the interviews and further discussed the interpretations to reach agreement. Malterud (2001) claims that multiple researchers might strengthen the validity of the results by supplementing and contrasting one another’s statements.

The data were saturated according to the aspects of experience of being bullied and what could be done to stop the bullying; however, the girls’ description of their dream day differed from that of the boys.

As an example of the analytic process, one female respondent’s self-understanding in emotional reactions was: ‘Nobody wants to be with me. They just say: “Get away”’. We analysed this as the respondent being left alone and being excluded in common sense and theoretical understanding was indicated in the discussion where QOL was connected to being bullied.

Results

Four main themes were identified from the analysis. The first theme, from teasing to fighting, refers to the pupil’s experiences of bullying at school. The second theme was the pupil’s emotional reactions to being left alone and excluded after being bullied. The third theme was the need for friends in reaching their dream day, and the need to be included. The fourth theme was the need to stop the bullying immediately.

From teasing to fighting

The girls emphasized psychological and social bullying as conflicts between girls, whereas the boys talked most about bullying as physical fighting. The boys also mentioned verbal teasing, to which they had difficulty in responding. One boy said: ‘You don’t know how to reply when they tease you in this way.’ For boys, bullying often began with teasing and ended in fighting. There was a bully leader in their class, and most of the children were afraid of him. They said: ‘We have to tolerate him; he is supposed to decide everything.’

The girls spoke about the boys who called them ugly. A girl said: ‘One should not tease someone for her appearance if she is too fat or too slim and so on. Many boys say nasty and ugly things. It is not our fault how we look.’ The girls spoke of boys who were hitting and throwing a ball at them in a locked room. ‘It really hurt, but we are afraid to tell anyone about it,’ one girl said. Usually, there were many children against one; those being bullied were not as strong as the bullies, and they did not manage to fight back. They were threatened with a beating if they told a teacher about the bullying. The bullying mostly happened during class breaks, especially if they were alone, and during gymnastic lessons. They complained about not being selected for teams during the sports lesson, and they were often left alone during the break. Most of the girls complained that the boys were bullying them.

Left alone and being excluded

The participants described the bullying actions and their feelings in this situation. They experienced helplessness and powerlessness, and they were unable to fight back or defend themselves. The girls reported that they were corrected by the teacher for something that the boys had
The girls felt they were misunderstood and treated unfairly. The participants described different emotions, such as rejection, being left behind and being hurt. A girl said: ‘You feel so stupid, and I have never had any good days at school.’ Other girls said: ‘Why am I here? I have been bullied almost every day and very often. I can’t manage it any more.’ ‘Nobody wants to be with me. They just say “get away”’. ‘They felt stupid and excluded. One girl said: ‘You feel dumped and down at the bottom and the day is bad. And if someone is talking behind your back, they will turn more children against you.’

They felt unsafe, helpless and alone with the problem because some teachers did not listen to them and did not stop the bullying. They felt sad, got hurt and started to cry when they were bullied. Other participants said they were afraid of going to school. One boy said that he had nothing to say and that he lost his concentration because of the bullying. A girl said she felt lonely and had no friends to play with during the break: ‘You feel out of place and feel that you are not as good as the others.’ Another girl commented: ‘Bullying is dangerous, because you can think of committing suicide.’ She had known a person who had committed suicide because of being bullied and admitted that she had been thinking of doing the same. She was followed up by the school nurse after the interview.

The need for friends to reach their dream day

The participants described their dream day as a day when they had good feelings, good friends and were included; they could rely on and trust their friends, everyone was nice to each other and no one was bullied. On a dream day, they were not afraid that something bad would happen and they felt safe. They respected and helped one another and everybody was included, and they played together during the break. One of them said: ‘My dream day is when everybody is friendly and I feel happy inside.’ Another comment on their dream day was: ‘I feel safe and my heart is not thumping.’ ‘We have something in common; we play and talk with each other.’ ‘You feel welcome; they want to play with you.’ ‘No one is teasing you, everybody is nice and they say pleasant things to you.’

The boys talked mostly of doing enjoyable things together, such as going on trips and playing sport, while the girls talked mostly of friendships and emotional feelings. The girls emphasized that everyone should show respect for others, even if they did not like them, and that the teachers should care about them.

Stop the bullying immediately

The participants wanted their teachers to stop the bullying immediately when it happened. One girl said that the teachers made big things small, and she said: ‘The teacher talks to the bully, but it does not help very much. They make it seem small, so if we tell the teacher about it and they don’t care so much about it, it becomes worse.’ Another girl said: ‘I think it is very bad that the teacher doesn’t do anything when I complain about being bullied. The teacher should talk seriously about it to the class.’ ‘They don’t care, I feel unsafe and they bully even more,’ the girl complained.

The participants wanted the teachers to talk with the bully and those who had been bullied individually. They wanted an active anti-bullying programme at the school, and teachers who watched for bullying during the breaks. They wanted everyone to be nicer and not bully one another and to share activities during the breaks. Most of the participants said that their friends had been helpful when they had been bullied. Only a few said that they had no friends or that their friends could not do anything to help them. Some of them said that their family could help them.

All the participants mentioned the school nurse’s role of supporting those who had been bullied. They thought it was helpful to talk with the school nurse when they were sad. A girl said: ‘I think it is helpful to talk to the school nurse when I am sad or hurt, I can tell her how I feel, so the school nurse can build up my self-esteem, so when I am leaving her office, I do not think of the problem any more.’ They also mentioned that the school nurse could talk with the bully and to those who had been bullied separately and that they could co-operate with the parents and the teachers to combat and stop bullying.

Discussion

The main findings of this study are that the participants felt helpless, lonely and excluded when they were bullied. Their dream day was a day when everyone was included and friendly to one another. They wanted more help from the school staff to stop the bullying. Participants’ perspectives of having experienced bullying, their dream day and previous research are discussed.

The participants’ subjective feelings of being bullied were emphasized in the present study. According to Olweus (1999), bullying exists if a pupil is repeatedly called hurtful things, rumours are spread about them, they are excluded, or if someone stronger attacks them. These types of negative incidents were reported from the participants in this study. They felt that they were worth less than ‘the others’, and feelings like these are often related to low self-esteem. For children at the age of 12 or 13, peer relations are important, and one previous study found that children developed self-esteem in connection with others (14). The participants in this study also reported that they felt sad when they were bullied about their appearance. Because words are important in creating reality (37), if a child has regularly been told that he or she looks ugly, they may eventually come to believe it.
Natvig (2001) found a high level of psychological symptoms of depression among victims of bullying. Participants in our study reported that being bullied gave rise to negative emotions such as feeling rejected, stupid and misunderstood. When they talked of being bullied, they often used words such as ‘you’ or ‘one’ instead of using ‘I’. This could be an avoidance coping strategy of creating a distance from themselves (38). Previous studies have shown that bullying can lead to depression and suicide (39, 40). As we reported in this study, one girl mentioned having suicidal thoughts, indicating how serious this problem is. These children are in need of help both from school staff and from the school health service.

Our study supported the findings of previous studies that those who had experienced bullying felt more lonely, had more difficulties in maintaining friendships and had poorer social skills than those who had not been bullied (18, 41, 42). Seen in this way, the experience of being bullied may be an experience of insecurity and feeling left alone.

Feeling helpless was often mentioned by the participants in the focus groups, especially if teachers had not reacted to bullying. Exclusion is often not seen as bullying and thus its injury can be overlooked (22, 43). Indirect bullying, such as spreading rumours, is more difficult to detect. Our respondents reported that they wanted to be acknowledged and their experience of being bullied believed. If the children are not listened to and their feelings validated, they may doubt their own feelings and views and may stop telling adults about being victimized. A qualitative study from the children’s perspective found that not being acknowledged and helped could lead to loneliness (22). Loneliness is the opposite of belonging, and the participants in our study wanted to be included and to belong in a group.

The dream day was described as the opposite of being bullied and excluded; it was a day when they had good feelings and were included. The participants talked of longing to be loved and included. They also expressed longing to be seen and confirmed by their teachers and wanting to be respected.

The dream day is not only a day without bullying; it is also a day when they experience good QOL. QOL includes subjective feelings of happiness and well-being (44) and is positively related to support from peers (26). These aspects are similar to the description that the participants gave of their dream day. Their dream day was when they felt respected, had good feelings and felt safe.

Previous research has shown that being bullied by peers is significantly related to low levels of QOL (28, 45). Good QOL is also related to friendship. A study of adolescents found that they reported different levels of QOL from positive to negative, and those who reported negative QOL felt left out and had no close friends in school (46). This is similar to our study. The participants reported that they were often excluded by peers, but some of them also had friends who helped them when they were bullied.

All the participants mentioned the school nurse’s role in supporting those who were bullied. They said it was helpful to talk about their feelings with the school nurse. The task of the school nurse is to promote health and well-being. School nurses are supposed to be available to listen to children who have been bullied and support them in being included by their peers. Prosocial experiences can serve as a protective factor against relational victimization (47). Thus, an intervention among school children who have been bullied might facilitate their engagement in positive interactions. The SFA peer support groups could help children who have been bullied (39, 48), and the school nurse could be a leader for these support groups (49). The children should choose the participants of the group, and those who bully should not be in the same group as those who have been bullied. By participating in these groups, the children could make new friends and do enjoyable things together.

The participants showed more happiness when they talked of solutions and their dream day. It improved their hope and optimism. They appreciated discussing bullying together and they wanted to support one another. Peer support (42) and support from teachers (26) have been shown to promote psychological well-being. Friendship and close relationships are necessary for a good life. Moreover, social support represents one potential coping mechanism for school children to deal with bullying and may function as a buffer against bullying (50).

Bullied children are vulnerable; therefore, an assessment of the degree of benefit and the risk of disturbances, discomfort or pain that may occur from participating in the study (51) needs to be made. In the present study, we tried to minimize the threats and risks involved by creating a safe atmosphere in the focus groups. In each focus group, the interaction among the participants was open and relaxed. This is of great importance as good interaction is significant for the trustworthiness of data collected and its interpretation.

In the present study, all the groups described experiencing a distance between the dream day and reality at school.

Limitations

Focus groups have their limitations, such as enabling some members to avoid contributing. This study was relatively small, with only one group of boys, and carried out in one geographical area, so there may be specific local issues in other parts of Norway or internationally that will describe this issue differently. Although the findings cannot be generalized because of the small sample size, they illuminate themes worthy of further investigation. Generalization is not the aim in focus group interviews; however, the findings are probably transferable to other settings with school children of the same ages. The experience of being bullied might differ by individual and by school. However,
some of these findings might be common to other children who have experienced bullying. In addition, teachers and parents were not interviewed. Doing so would add an interesting dimension to help understand this complex topic and is clearly an area for future research. The inclusion of families, teachers and possible gender differences are recommended in future studies.

Our pre-understanding as school nurses and researchers and the theoretical framework guided the analysis and interpretation of the findings. This may also have limited what we sought and found in the study. Malterud (2001) claimed that the theoretical framework can be equated with the reading glasses worn by the researcher when he or she asks questions about the data. Our pre-understanding also guided us to create a safe atmosphere in meeting with the participants and helped us to ask relevant questions.

Conclusion

Children who have been bullied have an increased risk of developing anxiety, depression and a higher prevalence of social phobias as adults (52, 53). Promoting health by creating a safe school environment and preventing bullying is therefore an important issue for school nurses. However, the school nurse alone cannot change the school culture to not tolerate bullying, but may have an influence in co-operation with the school staff and families. Health promotion lies within the scope of nursing because nursing as a caring science involves practices that are restorative, supportive and promotive in nature. To be able to address the complex health problems of today’s children, school nurses should work in collaboration with the school staff and the families of the children.

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Author contributions

Lisbeth Gravdal Kvarme, Sølvi Helseth, Gerd Karin Natvig conducted the study design. Lisbeth Gravdal Kvarme collected the data. Lisbeth Gravdal Kvarme and Sølvi Helseth analysed the data. All four authors were involved in the preparation and critical revision of the manuscript.

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