"I feel I mean something to someone": Solution-Focused Brief Therapy support groups for bullied schoolchildren

#### Introduction

Bullying is a considerable problem in schools because of its complex nature and the serious negative health consequences for the child victims (Analitis et al., 2009; Cassidy, 2009). Bullying is defined as a systematic and repeated set of hostile behaviours towards an individual who cannot properly defend him/herself (Olweus, 1997). The prevalence of being bullied ranges from 10% to 30% in different European countries and the USA (Analitis et al., 2009). The amount of bullying varies from 7.2% in Sweden to about 20% in Denmark and Finland (Nordhagen, Nielsen, Stigum, & Kohler, 2005). Approximately 10%–15% of schoolchildren aged 8–13 years in Norway are exposed to bullying (Vatn, Bjertness, & Lien 2007).

Previous studies have found that the victims of bullying have more difficulty making friends, have poorer relationships with classmates, and often have greater feelings of loneliness than children who are not bullied (Cassidy, 2009; Fox & Boulton 2006). Bullied children are rejected by their peers and are less popular than prosocial children (Salmivalli & Isaacs, 2005; Thornberg, 2010). Having a friend is an important protective factor against bullying, and social support from friends and teachers may reduce the incidence of bullying (Flaspohler, Elfstrom, Vanderzee, Sink, & Birchmeier, 2009).

Many anti-bullying programmes have been implemented in schools. A literature search found most studies of being bullied at school were quantitative, with relatively few qualitative studies reflecting the schoolchildren's own perspective (Terasahjo & Salmivalli, 2003).

One of the quantitative studies found that children who had been bullied showed more internalizing of problems and unhappiness at school than those who had not been bullied (Arseneault et al., 2006). Children who had been bullied had lower self-esteem and greater social isolation than those who had not been bullied (Dao et al., 2006). A systematic review of data from many anti-bullying school-based programmes showed that the most effective anti-bullying programmes were those implemented at both the school environment level and at the individual level (Farrington & Ttofi, 2009). The most effective interventions were school-based, intensive and sustained activities involving teachers, students and other members of an interdisciplinary team (Farrington & Ttofi, 2009). These programmes may be used in combination with activities designed to strengthen individuals, such as support groups.

### **Background**

The United Nations Convention of the Rights of the Child (CRC) reflects the international consensus on standards for ensuring the overall well-being of all children and young people up to the age of 18 years (World Health Organization, 2013). Schools are places of learning and development, and can promote the healthy development of schoolchildren. Previous research has shown that a positive psychosocial environment at school, and support from classmates, teachers and parents, have direct positive effects on a child's life satisfaction (Danielsen, Samdal,O., Hetland,J., Wold 2009). This study focuses on the emotional well-being of bullied schoolchildren who receive assistance from a support group

The school nurse's role is to promote health, prevent illness, and support children with social, emotional, or physical problems at school, and to collaborate with the school staff and educational psychologists to create a good psychosocial environment for the children (Norwegian Directorate of Health, 2004). The role of the school health service is to promote well-being and quality of life (QOL) among schoolchildren. Næss (2001) defines QOL as a psychological phenomenon that emphasizes subjective well-being, and reflects how an

individual experiences and evaluates her/his life. Good QOL is related to friendship, and prosocial experiences can act as a protective factor against victimization (Davidson & Demaray, 2007). A previous qualitative study found that bullied children valued their friendship highly (Purcell, 2012). One way to help children who experience bullying is by using solution-focused support groups, which are specific programmes implemented at the individual level. Such interventions among schoolchildren who have been bullied may facilitate their engagement in positive interactions and help the bullied child to get a friend.

## Solution-focused brief therapy

Solution-focused brief therapy (SFBT) consists of solution-focused talks, which are designed to find solutions rather than to focus on a specific problem. SFBT emphasizes people's personal strengths and successes as valuable learning experiences (De Jong & Berg, 2002). This approach acknowledges that people can change, and presumes that moving from being a victim to taking a stand creates optimism, self-belief, and trust that a situation can be altered. SFBT uses the role of friendship to promote the social and emotional competence of students. The theoretical underpinning of SFBT espouses a social constructionist philosophy. In social constructionism, the individual constructs an understanding of, and solutions to, their real life experiences of social interactions with others. People create meaning in relation to others and the environment. They construct social context through their language (De Jong & Berg, 2005; de Shazer, 1991). A systematic review on outcome research of SFBT provided strong evidence that SFBT is an effective treatment for a wide variety of behavioural and psychological outcomes (Gingerich & Peterson, 2013).

SFBT has been used to help the victims of bullying. For example, in the 'no-blame' programme (Young 2009; Young & Holdorf, 2003), the bullying problem is discussed in a non-judgemental way, providing support to bullied children and emphasizing a no-blame

culture. Children who are bullied often become introverted, and find it difficult to make friends for fear of rejection (Salmevalli & Isaacs, 2005). The SFBT approach uses the role of friendship to promote the social and emotional competence of schoolchildren. Previous studies have shown that using an SFBT peer support group can help children through a variety of difficulties arising from bullying (Young, 2009; Young & Holdorf, 2003), and can also strengthen the self-efficacy of socially withdrawn schoolchildren (Kvarme, Helseth, Sorum, et al., 2010). No previous studies have explored schoolchildren's experiences of an SFBT support group.

#### Aim

The aim of this study was to investigate how bullied schoolchildren experience an SFBT support group and to examine how members of the support group experience their participation in the group.

### Design

This qualitative study had an exploratory 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 subject's point of view, to determine the meaning of the pupil's experience and to reveal his/her world.

### **Methods**

Individual and focus group interviews were used in this study. The individual interviews explored the bullied children's experiences of having a support group. The interview is an appropriate method for exploring experiences, opinions, wishes, and concerns because it

allows the participants to state their own experiences in their own words (Barbor & Kitzinger 1999). It is a way to achieve a deeper understanding of how people feel and think about a specific issue. Focus group interviews were used to explore the children's experiences of their participation in the support groups. In focus groups, the participants share their experiences and views with each other by discussion (Wilkinson, 2004).

## **Participants**

The sample consisted of 19 schoolchildren: 18 girls and one boy. Three girls received support from the group and 16 children participated in the support groups. All the children were 12–13 years old and were from different classes in two different schools in Eastern Norway. All the school nurses working in large towns in Norway were invited to participate, but only two schools agreed to join the project. Both were urban schools in the same area, a suburb outside the city centre, surrounded by green areas. The area has many new construction developments and an increasing number of residents. The age range for pupils attending primary school in Norway is from 7 to 13 years old.

The participants volunteered after the first author provided relevant information about the study to all classes. The classes in the seventh grade received the same information from the first author and the school nurse. Those who wanted to participate contacted the school nurse after the information had been given. The selection criteria for the bullied students were that they were in the seventh grade of primary school, had been exposed to bullying, and wanted to have a support group. Although the participants decided, based on their own perceptions, whether they were bullied, the teachers and school nurses were aware of the children who identified themselves as bullied.

### Data collection

The data were collected during the autumn of 2011 and the spring of 2012. A total of six individual interviews were conducted with the bullied children: two with each participant, one immediately after the support group sessions ended and the second three months later. Three focus group interviews were conducted immediately after the support group sessions ended.

The interviews were conducted during the school day. The school nurse and second author observed the group process and recorded the participants' comments. The first author, who is experienced in leading discussion groups with children of these ages, acted as the moderator for the focus group and for the individual interviews.

#### **Procedures**

One focus of the group sessions was to develop empathy for the victim of bullying among his/her peers, while not discussing the bullying itself. The bullied children chose whom they wanted to join their support groups. The school nurse then asked the chosen group members if they wanted to help the school nurse to ensure that the selected children felt safe and enjoyed going to school. The group members were asked whether they remembered any day at school when they felt unhappy or had a problem, to facilitate a generalized discussion rather than one that focused on a single child. The group members then made suggestions about what to do to help the child who was experiencing bullying. These suggestions were written down and considered seriously, and respect was accorded to all ideas. The suggestions included that the group should play together in their free time, eat lunch together, and do group work. It was important that the suggestions came from the group members.

The participants within the groups were encouraged to focus on any improvements they had observed since the last meeting and to suggest how to improve the situation further. Praise was given to the group for any progress made. The support groups met at the school nurse's office once a week until the bullying stopped. The school nurse had individual talks

with the bullied children each week to follow up their progress, and maintained regular contact with the parents of the bullied children and the school staff during this project.

Each interview session opened with a brief orientation and an explanation of how the anonymity of the participants would be preserved. Each group member was assigned a number, which they used instead of their names to identify themselves in the session. The interviews were recorded on audiotape, and later transcribed verbatim, as recommended by Kreuger and Casey (2000). The participants were informed that the interviews would be taped. The moderator presented the rules for the group, which stated that only one person at a time should talk and deal with their experiences.

# Interview guides

The interview guides contained open-ended questions covering aspects of being bullied and elements of the SFBT that emphasized how the bullied children experienced having a support group (Table 1 about here) or how the children experienced participating in such a group (Table 2 about here). As recommended by Kreuger and Casey (2000), the interviews began with neutral and non-threatening questions and ended by giving the participants an opportunity to add comments before the session closed.

# Ethical approval and considerations

The Norwegian Social Science Data Services (NSD) approved the study. Ethical issues are important in all research and especially in research involving vulnerable children. Written informed consent to participate was obtained from the participants and their parents before the interviews commenced. The moderator followed professional practice and ensured that no information in the findings of the study would identify any individual study participant. The

data were stored safely and securely, and were accessible only to the researchers. The data are anonymous and will be deleted at the completion of the project.

The information provided to the parents and children described the aims of the study, the data collection procedures, and the fact that participation was voluntary. The letter also assured the participants that they could leave the study at any time without any consequences. The participants were asked not to talk about the content of the discussions in the focus group with anyone. They were asked to create an atmosphere of trust by showing respect and listening carefully to the other participants.

### **Analysis**

The study consisted of two datasets, individual and focus group interviews, with separate interviews and analyses. The analysis consisted of reading and re-reading the texts of the transcribed individual and focus group interviews to achieve an overall understanding of the texts, before dividing them into themes and sub-themes. The data were analysed in accordance with the guidelines set down in Kvale's qualitative interview method (Kvale, 2007), 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, the first level, consists of what the informants said and intended to mean. Each interview session was analysed separately to understand its content. Its interpretation was a circular process that moved back and forth from parts of the text to the text as a whole, then back again (Kvale, 2007). For the second level, critical understanding, the researcher used common sense and a critical perspective to interpret and comment upon what the informants had said in each focus group. The interviews were then analysed as a whole to find common patterns or differences among the groups. This interpretation provided a broader framework for understanding the informants. The

background, position, and preconceptions of the researcher affect what is investigated and the perspective of the investigation (Malterud, 2001). At the third level, concerning theoretical understanding, a theoretical framework was used to interpret the text using some dimensions of QOL and the elements of the SFBT.

Examples of the analysis process from the individual interview, according to Kvale's levels, are self-understanding: "When I am together with friends, I feel that I mean something and then I manage to say what I mean"; common sense: Friends make you feel well and you manage to speak up for yourself and change your role from being invisible to being visible; and theoretical understanding: improved self-worth, well-being and QOL.

Examples of the analytic process from the focus group interview, according to Kvale's levels, are self-understanding: "I felt chosen. It has meant a lot to me to be chosen to help her, and it has increased my self-esteem"; common sense: It is meaningful to help others and it has a positive impact on her self-esteem; and theoretical understanding: focus on resources (SFBT) and improved QOL.

Research findings from other studies were also used to broaden the perspective. To validate the interpretations, three independent researchers (the first, second, and third authors), two public health nurses and one researcher read and interpreted the interviews and discussed the interpretations further to reach a consensus. Malterud (2001) claims that multiple researchers strengthen the validity of the results by supplementing and providing comparison for one another's statements.

#### **Results**

The results of the individual interviews are presented first, followed by the results of the focus group interviews. The bullying stopped after the bullied children received help from the support group, and did not recur in the following three months. Three main themes were

identified in the analysis of the individual interviews: from frightening to safe, from isolation to friendship and from being invisible to being visible.

# From frightening to safe

The findings showed that the bullied children's school situation changed from them being afraid to them feeling safe after getting help. A girl explained how her life was full of fear:

Before, I had to be at home all the time if there were no adults to look after me when I got out, otherwise they were mad at me and hit me. On a scale from 0 to 10 where 0 was the worst, I had it like 0.

After she got help, she said:

It is much better now. It is different from before, now all the bad things have disappeared.

I feel great relief because the school nurse, teacher, and even the police are helping me.

This demonstrates the importance of interdisciplinary collaboration, even with the police, to stop bullying.

## From isolation to friendship

The respondents reported that their situation changed from them being excluded and isolated to them being included and having friends. They talked of being lonely and rejected by their classmates before they received help from the support group. One girl stated:

When I am alone, they come to me. They see if I need anything and help me, even if I don't ask them. They somehow know that I need help, and then they help me at once.

One of them is especially very helpful. So, I used to spend time with her when the others didn't want to be with me.

Being included and having friends even had an effect on their schoolwork. One girl said:

I can concentrate better and my schoolwork has improved, because now I have a real friend to do schoolwork with.

Another example of the positive change involved in moving from isolation to friendship was:

Before, I used to be alone in the breaks and then I was bullied. Now, they are kind to me.

When I came home before, I used to be unhappy, but now I am happy!

## From being invisible to being visible

Another topic discussed by the respondents was that they felt more visible after receiving help from the support group. They had previously felt invisible and were afraid to voice their opinions. The statement of one girl exemplifies this:

Now, I dare to stand up for myself because I receive support, and I manage to say to them "Don't do that, I don't like it."

Another example was from a girl who said:

When I am together with friends, I feel that I mean something and then I manage to say what I mean.

This illustrates how important friends are for schoolchildren of this age and how important it is for them to be seen and to feel that they mean something.

# **Support Groups**

The support group thought it was meaningful to help the victim of bullying, even if it caused problems and conflicts with their classmates. The support group felt that they were very

important to someone and their self-confidence improved. They felt that they had been selected, which improved their self-esteem.

## Positive experiences of participating in the support group

The main topic discussed by the support group was the positive feelings they gained from their role. They talked of friendship, trust, and social inclusion. One student said:

Yes, I think she enjoys life much more now because she can trust in us. She can trust that the support group will help her and she is not alone anymore.

#### Another said:

I think we have done a good job for her. We are together with her and help her if anyone is nasty or mean to her. Then she knows that we will support her.

This emphasizes the importance of receiving support. Those who support a bullied child may see new aspects of them. As one boy said:

Since I joined the support group, I have got to know her better and have become her friend. Then I discovered that she is a nice person.

An example of their efforts to include her was reported:

I asked her to join my playgroup on the Internet, because I heard that she had no one to talk with on the Internet and she used to get cyber-bullied and called ugly things on the Internet. But now, she doesn't feel lonely anymore.

## Caring and safety

Other topics the support group discussed were caring and safety, engagement, and hope. A girl said:

She was excluded by the others in class, especially the girls. I told them to stop bullying her.

This illustrates the courage members from the support group showed. She explained the positive changes like this:

She has got friends now and feels much safer than before. Before, she was afraid to talk in case she said something wrong, but now she talks in a more positive way.

The results showed that the support group members became more ethically aware; during the discussion, they focused on empathy and reflected on what was right and what was wrong in the situation. One of them said:

I feel that I am doing an important job when I support someone. I feel I help to make their everyday lives easier. It is very difficult for her, being bullied. She has even said in class that she considered committing suicide. Yes, her days at school had been ruined and she did not want to go to school anymore.

This illustrates how serious bullying can be and that the person involved desperately needed immediate help. However, helping others may be difficult at times, as one student said:

To be honest, I didn't use to support victims before, because I was frightened of being involved in their problems. But since I found out what this support group has meant for her and for me, things have changed.

# Positive changes in the class

Another interesting finding was that the support group members reported positive improvements in the environment of their classes; one said:

Everyone in our class has become better friends. They make fewer negative comments to one another now.

Another group member described improvements in the learning environment:

People are friendlier in our class now. Before, there was a lot of arguing and fighting in class, but it is better now. There is not so much noise in class, so it is easier to learn now.

This positive change in the class might be because of the positive role models the support group provided for peers.

The support group talked of positive confirmation from others and themselves. They said that they felt chosen and that they were doing a meaningful and important job. They also mentioned that this contributed to an increase in their own self-esteem. One girl who was bullied described an example of assistance from the school nurse:

I think I have got help from the school nurse. She has helped me to talk to the person I was afraid of and my self-esteem has increased.

This may illustrate that the girl experienced that the school nurse believed in her strength to handle the problem.

The support group had positive effects at a personal level for the group members as well. One boy reported how joining this group had affected him:

I feel this support group has made an impression on us, because it has helped us to know and to be friends with more people. I felt chosen, it has meant a lot to me to be chosen to help her, and it has increased my self-esteem. Another group member expressed it like this:

You feel that you have helped someone. That gives a warm feeling because you know you are a good friend. I feel that I am a nicer person now and I have learned a lot about how it feels to be bullied.

# Challenges of participating in the support group

The findings also showed that some supporters experienced problems in being supportive; they talked of feeling unsure about their role and sometimes feeling that the task was unpredictable and one-sided. One girl explained her difficulty in supporting the victim:

I just want to say that the victim can be rude sometimes. I think that she should be less rude, otherwise it might be difficult to support her when they start arguing.

One participant also mentioned the costs of the role:

I was afraid of losing friends because I supported the victim. They became angry with us and hit us when we supported her. The boys especially became very angry when we supported her. They started to argue and talked behind our backs and that was very difficult.

The participants in the support group talked of conflicts, bullying by the victim, fear of being unpopular, and exclusion by the others in the class.

# **Discussion**

The main finding from the individual interviews in this study was that bullying stopped after the victims received help from the support group. Their daily life at school changed and they felt safer, were more visible, and had made good reliable friends. This indicates that their QOL had improved. Both the victims and the support group reported happiness and good feelings after receiving or giving help. The support group members said that they were proud of themselves because they offered support, care, and friendship. However, some of them mentioned challenges and were ambivalent about their roles, and had experienced problems with their other classmates when they supported the victim. These findings illustrate that being supportive has its costs for the support group, while the victims of bullying did not experience problems after receiving help from the group.

Puberty is a period of transition between childhood and adulthood, when hormonal, cognitive and emotional changes can be challenging and friendship is essential (O'Connor, 2006; Rutter, 2003). This study supports the findings of previous studies that children who experience bullying feel lonelier and have greater difficulties in maintaining friendships (Holt & Espelage, 2007; Shafer et al., 2004). The bullied children in this study reported that they missed having a friend during elementary school. Previous research has found that peer support and friendship can protect children from bullying (Kendrick, Jutengren, & Stattin, 2012). The bullied girls gained at least one trusted friend from the support group. After receiving help from the support groups, the victims emerged from their roles as victims and were no longer bullied.

Previous studies have shown that bullying can lead to depression and suicide (Fekkes, Pijpers, & Verloove-Vanhorick, 2005; Hanish & Guerra, 2000). As reported in this study, one girl mentioned having suicidal thoughts, indicating the seriousness of this problem. The girl even told the children in her class about her thoughts. This indicates that bullied children are in need of help, from the school staff, educational psychologists and the school health service. This student had no friends at school. Her support group reported that they found that she was a nice person when they got to know her, and said that they felt very sorry for her. This example illustrates the meaning and importance of friendship at this age.

# Quality of life

According to Næss (2001): "a person's quality of life is high to the extent the person's conscious cognitive and affective experiences are positive and low to the extent the person's conscious cognitive and affective experiences are negative".

Cognitive experience means experience connected to thought and assessment about the situation before and after the group session. Before the bullied girls got help, they felt excluded and isolated from their classmates and had a poor QOL. After the bullied girls and the support group members made friends, the bullied girls became more visible and felt that they meant something and had improved QOL after the group session. A difference between the bullied girls and the supporters was that the support group talked of empathy and focused on another person's perspective.

Affective experience is related to emotional conditions, such as whether one experiences happiness (Næss, 2001). Both groups shared similar emotional experiences about the situation before and after the group session. The participants reported that they felt happier and the bullied girls felt safer after the bullying had stopped, which indicates improved QOL. However, the findings illustrate that being supportive had costs for the support group, while the victims of bullying did not experience problems after receiving help from the group. QOL includes subjective feelings of happiness and well-being (Berglund, Claesson & Kröldrup, 2006), and is positively related to support from peers (Helseth & Misvaer, 2010; Natvig, Albrektsen, & Qvarnstrom, 2003). These are similar to the feelings reported by the participants after receiving help from the support group.

Previous research has shown that being bullied by peers is significantly related to low levels of QOL (Svarvarsdottir & Orlygsdottir, 2006). In a study of adolescents, participants reported different levels of QOL, ranging from high to low, and those who reported low QOL felt left behind and had no close friends at school (Helseth & Misvaer, 2010). This is similar

to the findings of this study; the participants reported that they had been excluded by peers before they received help from the support group.

Findings from this study show that the psychological well-being of the bullied girls improved after having a support group. The experience improved their hope and optimism. Peer support (Kendrick et al., 2012) has been shown to promote psychological well-being. Friendship and close relationships are necessary for a good life. Moreover, social support represents a potential coping mechanism for schoolchildren dealing with bullying and may function as a buffer against bullying (Davidson & Demaray, 2007).

One interesting finding was that participating in a group to support the victim was a positive experience for the supporters. They felt chosen and enjoyed having an important task and the responsibility of helping another person. In a way, their ethical awareness increased. The participants in the support groups reported that they were very proud of themselves and felt they were selected to do an important task in helping the bullied girls. They also enjoyed the positive feedback from significant adults and the improvement in the classroom environment. This is consistent with the intention of the SFBT, which emphasizes finding solutions and personal strengths rather than focusing on a specific problem (De Jong & Berg, 2002).

However, the support group members reported conflicts and problems for themselves. Unfortunately, three support group members withdrew from the group because of these conflicts. Teachers, parents, and the school nurse were aware of these conflicts and tried to resolve them. Some group members reported that they thought a victim could be provocative and nasty. A possible explanation is that the victims of bullying lack experience in social relationships and have poorer social skills than those who have not been bullied (Fox & Boulton, 2006; Shafer et al., 2004).

# Implications for practice

Consistent with previous research (Kvarme, Helseth, Saeteren, & Natvig, 2010), the participants in this study thought it was helpful to talk about their feelings and about bullying with the school nurse. In accordance with previous studies (Young, 2009; Young & Holdorf, 2003), this study indicates that the SFBT support groups helped the children who had been bullied. However, because of the conflicts in some groups, it was important for the members of the support group to get help from teachers and the school nurse, who could monitor the participants closely with individual talks. This result is consistent with Farrington and Ttofi's (2009) review article, which evaluated effective anti-bullying programmes in schools and emphasized the importance of addressing bullying at both the individual and school levels. They found the most successful programmes were interdisciplinary and included educational psychologists. Educational psychologists may have a role to play when the bullied child needs further help with emotional reactions to being bullied, and may also provide training and advice to school staff to deal with bullying.

### Ethical considerations

Because bullied children are vulnerable, it is necessary to weigh the degree of benefit of participating in a study against the risk of disturbance, discomfort, or pain that may occur (Helseth & Slettebø, 2004). In the present study, the focus was to minimize the threats and risks involved by creating a safe atmosphere in the individual and focus group interviews. The interactions between the participants and the interviewer were open and relaxed. This is very important because good interactions significantly affect the trustworthiness of the data collected and their interpretation.

### Limitations

One of the limitations of interviews is that they allow members to avoid contributing. This study was relatively small and was carried out in one geographic area of Norway. Because the samples were small, the findings cannot be generalized, but they illuminate themes worthy of further investigation. Generalization is not the aim of interview studies. However, the findings are probably transferable to other settings with schoolchildren of the same age.

The self-selecting participant sample was skewed towards girls. We invited both girls and boys to participate. It was hard to recruit children, especially boys. Experience shows that it is easier to recruit girls than boys to talk in groups, especially about a sensitive topic such as bullying. The same problem occurred in a previous study on bullied schoolchildren where only one group of boys and three groups of girls wanted to participate (Kvarme et al 2010a). A limitation of a self-selecting sample is that they recruit themselves according to their subjective experience, which may not be representative of all bullied schoolchildren.

Pre-understanding, from school nurses and researchers and the theoretical framework selected, guided the analysis and interpretation of the findings. It may also have limited the focus of the study. Malterud (2001) maintains that the theoretical framework can be equated to the reading glasses worn by the researcher when he/she asks questions about the data. The pre-understanding also prompted us to create a safe atmosphere in the meetings with the participants and helped us to ask the relevant questions.

#### Further research

Further research could combine interdisciplinary school-based programmes, including SFBT support groups. The inclusion of educational psychologists, families and teachers and the examination of possible sex-based differences are recommended in future studies.

### Conclusion

The participants reported that the support groups contributed to the cessation of bullying, and the improvements remained three months later. Close follow-up of the bullied children by the school nurse, educational psychologist and teachers, in collaboration with the parents, is important to prevent further bullying.

### References

Analitis, F., Velderman, M. K., Ravens-Sieberer, U., Detmar, S., Erhart, M., Herdman, M.,. Rajmil, L. (2009). Being bullied: Associated factors in children and adolescents 8 to 18 years old in 11 European countries. *Pediatrics*, *123*(2), 569-577.

Arseneault L, Walsh E, Trzesniewski K, Newcombe R, Caspi, A, Moffitt TE. Bullying (2006) victimization uniquely contributes to adjustment problems in young children: a nationally representative cohort study. Pediatrics 118: 130–8.

- Barbor RS, Kitzinger J. (1999). *Developing Focus Group Research*. Sage Publications, London.
- Berglund AL, Claesson D, Kröldrup R. (2006). Quality of life: young people's interpretation of the concept. *Vård i Norden*; 26: 4–8.
- Cassidy, T. (2009). Bullying and victimisation in school children: The role of social identity, problem-solving style, and family and school context. *Social Psychology of Education*, 12(1), 63-76.

Dao TK, Kerbs JJ, Stephen A, Rollin SA, Potts I, Gutierrez R, Choi K, Creason AH, Wolf A, Prevatt F. (2006). The association between bullying dynamics and psychological distress.

Journal of Adolescent Health; 39: 277–82.

- Danielsen, A.G., Samdal, O., Hetland, J., Wold, B., (2009). School-related social support and students' perceived life satisfaction. Journal of Educational Research 102 (4), 303-318.
- Davidson LM, Demaray MK.(2007). Social support as a moderator between victimization and internalizing–externalizing distress from bullying. *School Psychology Review*; 36: 383–405.
- DeJong P, Berg IK. *Interviewing for Solutions*. 2nd ed. (2002). Wadsworth Group, Milwaukee, WI.
- de Shazer, S (1991). Putting difference to work. New York: Norton
- Farrington D, Ttofi M.(2009). School-based programs to reduce bullying and victimization.

  Campbell Systematic Reviews; 6.
- Fekkes, M., Pijpers, F., & Verloove-Vanhorick, S. (2005). Bullying: Who does what, when and where? Involvement of children, teachers and parents in bullying behavior. *Health Education Research*, 20(1), 81-91.
- Flaspohler, P. D., Elfstrom, J. L., Vanderzee, K. L., Sink, H. E., & Birchmeier, Z. (2009). Stand by me: The effects of peer and teacher support in mitigating the impact of bullying on quality of life. *Psychology in the Schools*, 46(7), 636-649.
- Gingerich W, Peterson, L:(2013). Effectiveness of Solution-Focused Brief Therapy: A

  Systematic Qualitative Review of Controlled Outcome Studies *Research on Social Work*Practice 23: 266
- Hanish, L. D., & Guerra, N. G. (2000). Children who get victimized at school: What is known? What can be done? *Professional School Counseling*, 4(2), 113-119.
- Helseth, S., & Misvaer, N. (2010). Adolescents' perceptions of quality of life: What it is and what matters. *Journal of Clinical Nursing*, 19(9-10), 1454-1461.
- Holt MK, Espelage DL. (2007). Perceived social support among bullies, victims, and bully victims. *Journal of Youth and Adolescence*; 36: 984–94.

- Kendrick, K., Jutengren, G., & Stattin, H. (2012). The protective role of supportive friends against bullying perpetration and victimization. *Journal of Adolescence*, 35(4), 1069-1080.
- Kreuger R, Casey MA.(2000). Focus Group: A Practical Guide for Applied Research. Sage,
  Thousand Oaks, CA.
- Kvale S.(2007). *InterViews. An Introduction to Qualitative Research Interviewing*. Sage, Thousand Oaks, CA.
- Kvarme, L. G., Helseth, S., Saeteren, B., & Natvig, G. K. (2010a). School children's experience of being bullied-And how they envisage their dream day. *Scandinavian Journal of Caring Sciences*, 24(4), 791-798.
- Kvarme, L. G., Helseth, S., Sorum, R., Luth-Hansen, V., Haugland, S., & Natvig, G. K.
  (2010b). The effect of a solution-focused approach to improve self-efficacy in socially withdrawn school children: A non-randomized controlled trial. *International Journal of Nursing Studies*, 47(11), 1389-1396.
- Natvig, G. K., Albrektsen, G., & Qvarnstrom, U. (2003). Associations between psychosocial factors and happiness among school adolescents. *International Journal of Nursing*Practice, 9(3), 166-175.
- Nordhagen, R., Nielsen, A., Stigum, H., & Kohler, L. (2005). Parental reported bullying among Nordic children: A population-based study. *Child: Care, Health and Development, 31*(6), 693-701.
- Norwegian Directorate of Health. (2004). Kommunenes helsefremmende og forebyggende arbeid i helsestasjons og skolehelsetjenesten. (The municipalities' work for health promotion and prevention in well baby clinics and school health services). Veileder til forskrift av 3. April, No. 450. Norway.

- Næss S. (2001). Livskvalitet som psykologisk velvære. (Quality of life as psychological wellbeing). *Tidsskrift for den Norske Laegeforening* 2001; 121: 1940–4.
- O'Connor, T. G. (2006). The persisting effects of early experiences on psychological development. *Cicchetti, Dante [Ed]*, *3*, 202-234.
- Olweus, D. (1997). Bully/victim problems in school: Facts and intervention. *European Journal of Psychology of Education*, 12(4), 495-510.
- Olweus D. (1994). Bullying at school: basic facts and effects of a school based intervention program. *Journal of Child Psychology and Psychiatry*; 35: 1171–90.
- Rutter, M. (2003). Commentary: Nature-nurture interplay in emotional disorders. *Journal of Child Psychology and Psychiatry*, 44(7), 934-944.
- Salmivalli, C., & Isaacs, J. (2005). Prospective relations among victimization, rejection, friendlessness, and children's self- and peer-perceptions. *Child Development*, 76(6), 1161-1171.
- Terasahjo T, Salmivalli C. (2003). "She is not actually bullied". The discourse of harrassment in student groups. Aggressive Behaviour; 29: 134–54.
- Thornberg, R. (2010). Schoolchildren's social representations on bullying causes. *Psychology* in the Schools, 47(4), 311-327.
- Young S, Holdorf G. (2003). Using solution focused brief therapy in individual referrals for bullying. *Educational Psychology in Practice*, 19 (4): 271–82.
- Young, S. (2009). Solution-Focused Schools: Anti-Bullying and Beyond. BT Press, London.
- Vatn AS, Bjertness E, Lien L. (2007). Mobbing og helseplager hos barn og ungdom (Bullying and health complaints in children and adolescents). *Tidsskrift for den Norske Laegeforening* 127: 1941–4.
- Wilkinson D. (2004). Focus group research. In *Qualitative Research Theory, Method and Practice* (Silverman D, ed.), Sage Publications, London, 177–99.

World Health Organization, WHO. Maternal, newborn, child and adolescents health: child rights. Retrieved on April 2013 from

http://www.who.int/maternal\_child\_adolescent/topic/child/rights/en/