# Child Safety against Bullying among School Age Children: An Integrated Module

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## Abstract

Background: School bullying is a serious health problem that affects school children in Egypt, Students, parents, and teachers need to acquire adequate knowledge and practice to face this problem. Aim of the Study: This study aimed to evaluate the effect of an integrated module on child safety against bullying among school-age children. Subjects and Methods: A quasi experimental design was utilized at two school: Al Farouk Omar primary school and Alhai Alawal primary. A purposive sample of primary school children and their parents (n=600) from the 4th to 6th grades and a convenience sample of teachers (n=150). Three tools of structured formats first tool; Tool related to the children which include two parts; characteristics of children and student history of bullying (victimization and bullying perpetration). Second tool related to teacher and containing two parts; Assessment of teacher Knowledge and assessment of teacher Intervention toward bullying. Third tool related to parents and containing two parts; Assessment of parents Knowledge, and their response to bullying. Results: The present study revealed that significant improvement in parent and teacher knowledge and response toward bullying with marked a significant decrease in victimization and bullying penetrations among children after integrated module intervention. The study concluded that; application of integrated modules which deal with children and their surrounding adult had a positive effect in decreasing bullying behavior among school children.

**Keywords:** *Child safety; Bullying; School Children; Parents; Teacher; Integrated module.*

## 1. INTRODUCTION

Bullying is considering a form of violence that affecting well-being of children, (Markkanen et al., 2021). Bullying is defined as a specific form of aggression behavior with three basic conditions which are intentional, involves an imbalance of power between the victim and bully and is repeated over time (Martin et al., 2021). Bullying in childhood has been

classified by the WHO as a major public health problem (Armitage, 2021).

Bullying can take the form of direct bullying, which includes physical acts of aggression such as stealing, hitting and verbal bullying as bad name calling or indirect bullying, such as social exclusion (excluding a child from a group), ignoring or any other gestures that occur less observable and rumors spreading (Kanetsuna& Smith, 2021).

Bullying can affect social, physical and mental wellbeing of the victims as short time and longtime effect. It could cause physical harm as well as social and psychological maladjustment. (Norrington, 2021) as well as drop out of school, and isolation, which affects their ability to learn ( Carney et al., 2022)

Primary school children feeling unsafe when they have been victim of bullying as well as risk to bullying behavior (Bowser et al., 2018)

The collaborative efforts of school nurse, parents, teachers and community leaders have led to increased public awareness and the development of structured programs that teach children how to report and face all forms of bullying (Redmond et al., 2020)

School nurse is a vital component of the school community in the fight against the effects of bullying victimization. Through areas of general care and education, school nurses may interact with children experiencing bullying and respond to physical or psychological consequences (Mori et al.,2021).

Integrated module regarding bullying at school is a comprehensive collaborative program that promotes a positive school climate (Noltemeyer et al., 2019) Integrated module deals with bullying at all the concerned: administrators, teachers, school staff, children and parents (Gordon, 2018) . Therefore,

integrated module is important because its important in maintain parents, teachers and children involvement in bullying prevention (Dudley et al., 2022).

## 2. Significance of the research:

About 8-46% of the primary schools' children are subjected to bullying ( Radwan et al 2021).

According to a study of bullying among school age children in rural areas including 476 students from two mixed public schools; rate of bullying was high among school students (77.8%), distributed as follows: 9.5% of them were unique bullies, whereas 10.5% were unique victims, and 57.8% were bully-victims (Galal et al 2019).

Child safety included matters related to protecting all children from bullying, managing and providing support to a child at risk of bullying, and responding to incidents of bullying (Gaffney et al.,2021). For this reason, the aim of the current study was to evaluate the effect of an integrated module on child safety against bullying among school age children through:

## 3. Aim of the research:

The aim of the current study was to evaluate the effect of an integrated module on child safety against bullying among school age children

## 4. Methods

4.1. Research Design:

A quasi-experimental research design was utilized in this study.

4.2. Research Setting:

The study was conducted at two primary schools named Al Farouk Omar primary school and Alhai Alawal primary school affiliated to 6th of October Educational Administration.

### 4.3. Research Subjects:

4.3.1. A purposive sample composed of primary school children (n=600) from the 4th to 6th grades, both genders and regular attending to school after use of power analysis technique n=p (1-p)(Z/E )^2 (N= sample size, p= standard of deviation, Z= Z- score, E= margin of error) and assuming the proportion of those exposed or witnessed bullying is 50% (as this will give the maximum sample size) a sample size of 385 will produce an estimated proportion of 50% and 5% margin of error with 95% confidence level. As the sample is a cluster sample including two schools and three grades within each school a design effect is assumed to be 1.2 and a proportion of 20% dropouts resulting in a sample of at least 580 students. This sample size can detect a change in the bullying experience among school children, effect of bulling and children coping mechanism to bullying of at least 6% (from 50% to 44%) when the correlation between pre- and post -results is at least 0.5.

4.3.2. A convenient sample of all teachers (n=150) who in charge directly with studied children The mean ages of studied teacher were $34.48 \pm 10.78$ years, 61.3% of them were males and 56.7% of them had less than 5 years of experience

4.3.3. A convenient sample including all parents of participated student (n=600), The mean ages of studied parents were $38.76 \pm 4.88$ years, 79.8% of them were the mothers, and 92.3% of them were married. 56.8% of them had higher education, and 56.7% of them were working.

### 4.4. Tools for data collection:

Tool I: Interviewing structured questionnaire format related to children (Pre / Posttest).

It was developed by Tarshis & Huffman (2007) and was translated in Arabic language by the researcher and containing two parts:

Part I: Characteristics of children such as age, sibling number, gender, rank and academic year.

Part II: Peer Interactions Questionnaire to investigate student history of bullying (victim/ bullying penetrations)

Scoring system:

Responses of students were measured on a 3 – point Likert scale as follows: (Never = 0, Sometimes = 1, A lot = 2). Victim subscale items from 1-12 The intended range for the Victim subscale is 0–24 ranged from no victimization to severe victimization.

Tool II: Interviewing structured questionnaire format related to teacher (Pre / Posttest).

It developed by Farahat, (2019) and modified by the researcher with permission, and it contains three parts:

Part I: Characteristics of teacher such as age, gender, job description and years of experiences:

Part II: Assessment of teacher knowledge and perception of bullying included 9 items

Responses of teacher were measured on a four-point Likert scale (1 = Strongly Agree, 2 = Agree, 3 = Disagree, and 4 = Strongly Disagree), total scale score from 9 to 36. The points of scale were summed up and accordingly were classified as: Satisfactory knowledge when the teacher Scored from 22 to $\leqslant$ 36, Not satisfactory knowledge if Scored < 22.

Part III: Assessment of teacher bullying intervention, it included 11 statements.

Responses of the teacher were measured on a four-point Likert scale (1 = Strongly Agree, 2 = Agree, 3 = Disagree, and 4 = Strongly Disagree), total score ranged from 11 to 44. The points of scale were summed up and accordingly classified as: More involvement if teacher Scored from $26 \leqslant 44$, Less involvement if teacher Scored $< 26$

**Tool III: Interviewing Structured Questionnaire Format related to parents (Pre / Posttest)**

It is developed by Haq et al., (2018) and was translated by the researcher in Arabic language and containing three parts:

Part I: Characteristics of parents such as age, gender, educational degree and occupation

Part II: Assessment of parents' knowledge and perception of it included 7 close ended questions.

Responses of parents were measured with a ('Yes'= 1 and No = 0), total score ranged from 0 to 7. The points of scale were summed up and accordingly were classified as: Poor knowledge when parents scored from $0 < 2$, Adequate knowledge if scored from $2 < 5$, Good knowledge if scored from $5 \leqslant 7$.

Part III: Assessment of Parents Responses to Bullying, it includes a single question with six possible responses.

Responses of parents were measured by given 2 for positive response and 1 for negative response, total score ranged from 3 to 6. The points of scale were summed up and accordingly were classified as: Negative response when parents scored of 3, Adequate response if score from 4 to 5 and Positive response if score of 6.

### 4.5. Tools validity and reliability

It was ascertained by a jury of 3 experts of pediatric nursing, to gain their experiences and opinions regarding the tool content.

By using Cronbach Alpha Coefficient test which revealed that tools consistent and has relatively. Peer interaction Questionnaire was 0.91 with high reliability, bullying knowledge and perception questionnaire (related to teacher) was 0.89 with good reliability, bullying intervention questionnaire (related to teacher) was 0.86 with good reliability, bullying knowledge and perception questionnaire (related to parents) was 0.90 with high reliability, parent's responses to bullying was 0.79 with acceptable reliability.

### 4.6. Pilot study:

A pilot study was conducted on 10% (60 students and their parents) and (15 teachers) representing the total study sample to assess the clarity, applicability and time required for data collection and application of the module. Results of the pilot study helped in necessary modifications of the used tools. All participant in the pilot study were included in the study subjects, where no radical modification was carried out in the tools as revealed from the pilot.

### 4.7. Field work:

The actual fieldwork was carried out over 5 months during the academic year 2020-2021, started at the middle of November and end at the end of April. The researcher was available by rotation at the previously mentioned study settings 4 days /week from 9am to 2pm.

The module content was prepared in the light of the actual assessment of the studied subjects (children, teachers and parents) needs and after

reviewing related literature and carried out 4 process were introduced through:

4.7.1 Assessment phase: -

The researcher was interviewed all study subject by using the study tools to assess bullying for its frequencies, sources and parents and teacher perception and response toward bullying.

4.7.2. Planning phase: -

The integrated module intervention was designed after reviewing the related current, recent, national and international literature to meet the subject needs.

4.7.3. Module Implementation phase:

The implementation of integrated module sessions aimed to enhance the ability of children, teacher and parents to prevent the bullying at school.

The instructional guidelines' intervention was consumed 10 weeks (4 days per week). Three sessions were utilized according to subjects group the duration of each session was take about 30 - 45 minutes including period of discussion, simple words and Arabic language was used to be easier for children and other studied subjects.

First and second session were about the basic knowledge about bullying such as meaning of bullying, different type, different between bullying and teasing, risk for bullying and consequence of bullying, third session was about how to response to bullying according to different variable group children, parent, or teacher.

Lecture, role play and group discussion, painting in groups were used as methods of teaching with use of Booklet and videos, power-point and painting session for children.

Booklet was divided to three part related to the three different study subjects' students, parents and teacher, every part contain basic knowledge about bullying and how to deal with bullying behavior according to their role.

After implementing the nursing intervention, reassessment was done one month later.

4.8. Ethical considerations:

Approval was taken from the dean and ethical committee of Faculty of Nursing, Ain Shams University, director of General Authority for Mobilization and Statistics and Information Security, director of Directorate of Education in Giza and head of 6th of October Educational Administration before starting the study.

. Students, their parents and teacher approval were prerequisite to be included in the study sample, the gathered data was confidential and was used for the research purpose only and study subjects were allowed to quit from study any time freely.

4.9. Statistical design:

Data collected were organized, tabulated and analyzed, using electronic computer and statistical package for social sciences (SPSS) version 20.

## 5. Results

**Table 1:    Number    and    percentage distribution   of   the   studied   children according to their characteristics (n = 600).**

| Characteristics | No. | % |
|---|---|---|
| Age: | | |
| 10 - < 11 years | 141 | 23.5 |
| 11 - < 12 years | 240 | 40.0 |
| ≥ 12 years | 219 | 36.5 |
| $\overline{X} \pm$ SD 11.13 ± 0.764 | | |
| Gender: | | |
| Male | 339 | 56.5 |

| | | |
|---|---|---|
| Female | 261 | 43.5 |
| Academic year: | | |
| Fourth grade | 114 | 19.0 |
| Fifth grade | 188 | 31.3 |
| Six grade | 298 | 49.7 |

$^-$X= mean, SD= stander deviation

Table 1: Shows that, 40.0% of the studied children aged from elven to less than 12 years old with $^-$X $\pm$ SD of $11.13 \pm 0.764$ years, 56.5% of them were males, and 54.2% of them had from three to five siblings. As for their ranking, 46.5% of them were the second child in their family, and about half of them (49.7%) were in the six grade

**Table 2: Distribution of the studied children according to their total history of being a victim for bullying pre and post the application of module, (n = 600)**

| History of being a victim for bullying | Pre | | Post | | Significance test | |
|---|---|---|---|---|---|---|
| | No. | % | No. | % | $\chi2$ | P-value |
| No victimization | 20 | 3.3 | 130 | 21.6 | 20.19 | <0.001** |
| Mild victimization | 270 | 45.0 | 370 | 61.7 | 18.66 | <0.001** |
| Moderate victimization | 225 | 37.5 | 90 | 15.0 | 23.18 | <0.001** |
| Sever victimization | 85 | 14.2 | 10 | 1.7 | 19.89 | <0.001** |

$\chi2$ = chi squared *Significant at p ‹ 0.005. **Highly significant at p ‹ 0.001.

Table 2: Clarifies that, 45.0% of the studied children had mild history of victimization pre the application of module which increased to 61.7% post the application of module, and 37.5% of them had moderate history of victimization pre the application of module which decreased to 15.0% post the application of module. With highly statistically significant difference regarding their level of victimization between pre- and post - application of module (p-value<0.001).

**Table 3: Distribution of the studied children according to their total history of being a bully pre and post the application of integrated module, (n = 600).**

| History of being a bully | Pre | | Post | | Significance test | |
|---|---|---|---|---|---|---|
| | No. | % | No. | % | $\chi2$ | P-value |
| No history | 28 | 4.7 | 210 | 35.0 | 31.77 | <0.001** |
| Mild | 200 | 33.3 | 297 | 49.5 | 29.90 | <0.001** |
| Moderate | 329 | 54.8 | 90 | 15.0 | 22.86 | <0.001** |
| Sever | 43 | 7.2 | 3 | 0.5 | 18.94 | <0.001** |

$\chi2$ = chi squared *Significant at p ‹ 0.005. **Highly significant at p ‹ 0.

\Table 3: Describes that, 33.3% of the studied children had mild history of being a bully pre the application of module which increased to 49.5% post the application of module, and 54.8% of them had moderate history of being a bully pre the application of module which decreased to 15.0% post the application of module. with statistically significant difference regarding their level of being a bully between pre and post application of module (p-value<0.001).

**Table 4: Distribution of the studied teachers' bullying knowledge and perception total score pre and post the application of integrated module, (n = 150).**

| Knowledge | Pre | | Post | | Significance test | |
|---|---|---|---|---|---|---|
| | No. | % | No. | % | $\chi^2$ | P-value |
| **Satisfactory** | 97 | 64.7 | 138 | 92.0 | 14.66 | <0.001** |
| **Unsatisfactory** | 53 | 35.3 | 12 | 8.0 | 16.50 | <0.001** |

$\chi^2$ = chi squared *Significant at p ‹ 0.005. **Highly significant at p ‹ 0.001.

Table 4: Indicates that, 64.7% of the studied teachers had satisfactory total knowledge and perception score regarding bullying pre the application of module which increased to 92.0% post the application of module, while 35.3% of them had unsatisfactory total knowledge and perception score regarding bullying pre the application of module which decreased to 8.0% post the application of module. With highly statistically significant difference regarding their level of bullying knowledge and perception between pre- and post- application of module (p-value<0.001).

**Table 5: Distribution of the studied teachers' total intervention score towards bullying pre and post the application of integrated module, (n = 150).**

| Teacher intervention | Pre | | Post | | Significance test | |
|---|---|---|---|---|---|---|
| | No. | % | No. | % | $\chi^2$ | P-value |
| More involvement | 79 | 52.7 | 117 | 78.0 | 15.43 | < 0.001** |
| Less involvement | 71 | 47.3 | 33 | 22.0 | 18.50 | < 0.001** |

$\chi^2$ = chi squared *Significant at p ‹ 0.005. **Highly significant at p ‹ 0.001.

Table 5: Show that, 52.7% of the studied teachers had more involvement total score regarding bullying pre the application of module which increased to 78.0% post the application of module, while 47.3% of them had less involvement total score regarding bullying pre the application of module which decreased to 22.0% post the application of module. With high statistically significant difference between pre - and post - application of module regarding their level of involvement ($\chi^2$ = 15.43, 18.50 and p-value<0.001).

**Table 6: Distribution of the studied parents' bullying knowledge and perception total score pre and post the application of the integrated module, (n = 600)**

| Intervention | Pre | | Post | | Significance test | |
|---|---|---|---|---|---|---|
| | No. | % | No. | % | $\chi^2$ | P-value |
| **Good** | 192 | 32.0 | 372 | 62.0 | 17.34 | <0.001** |
| **Adequate** | 224 | 37.3 | 165 | 27.5 | 19.57 | <0.001** |
| **Poor** | 184 | 30.7 | 63 | 10.5 | 15.69 | <0.001** |

$\chi^2$ = chi squared *Significant at p ‹ 0.005. **Highly significant at p ‹ 0.001.

Table 6: Shows that, 32.0% of the studied parents had good total knowledge score about bullying pre the application of module which increased to 62.0% post the application of module, 37.3% of them had adequate total knowledge score about bullying pre the application of module which decreased to 27.5%

post the application of module, while 30.7% of them had poor total knowledge score about bullying pre the application of module which decreased to 10.5% post the application of module. With high statistically significant difference between pre - and - post application of module regarding their level of bullying knowledge (p-value<0.001).

**Table 7: Distribution of the studied parents' total responses score towards bullying pre and post the application of integrated module, (n = 600)**

| Parents' responses | Pre | | Post | | Significance test | |
|---|---|---|---|---|---|---|
| | No. | % | No. | % | $\chi 2$ | P-value |
| Positive | 121 | 20.2 | 374 | 62.3 | 18.77 | <0.001** |
| Adequate | 300 | 50.0 | 129 | 21.5 | 22.52 | <0.001** |
| Negative | 179 | 29.8 | 97 | 16.2 | 19.60 | <0.001** |

*Significant at p ‹ 0.005. **Highly significant at p ‹ 0.001.

Table 7: Describes that, 20.2% of the studied parents had positive total responses score towards bullying pre the application of module which increased to 62.3% post the application of module, 50.0% of them had adequate total responses score towards bullying pre the application of module which decreased to 21.5% post the application of module, while 29.8% of them had negative total responses score towards bullying pre the application of module which decreased to 16.2% post the application of module. With high statistically significant difference between pre and post application of module regarding their type of responses towards bullying (p-value<0.001).

## 6. Discussion

Bullying among school students is defined as a type of violence that has increased. It is a very serious problem that can affect children with multiple negative impacts, e.g. mental health problems and poor school achievement (Khalil et al., 2019).

The collaborative involvement of children, parents, teachers, and other school personnel had a vital role in prevent bullying and its negative consequences, Helfrich et al., (2021). Therefore, this study was conducted to evaluate

the effectiveness of integrated module to maintain child safety against bullying at school.

Regarding studied children according to their history of bullying penetrations or being a victim of bullying, there was a marked improvement in the mean score of the studied children's history of being a bully or victim of bullying between pre and post the application of integrated module, marked improve in bullying behavior among school children. From the researcher's point of view related to the use of the integrated way of dealing with behavior which increases the effectiveness of intervention when dealing with children and the surrounding effective adult (parents, teacher). This finding was in agreement with Gaffney et al., (2021)who found in a study about Examining the Effectiveness of School-Bullying Intervention Programs that school based anti-bullying programs are effective in reducing school-bullying victimization in the same line Cross et al., (2018) who found in a study about Impact of the Friendly Schools on the transition to secondary school and adolescent bullying behavior that the intervention had a positive effect in improving victimization frequency This differs from the findings of Hunt, (2006) study who stating that

bullying prevention programs are not effective as expected in prevent bullying behaviors.

Regard to studied teacher knowledge and perception about bullying pre and post the application of integrated module the current study illustrated that the majority of studied teacher had satisfactory knowledge about bullying after application to module (92%), from the researcher point of view this improvement related to knowledge gained from application of module, this result was in agreement with Midgett et al., (2022) who found in their study -training outcomes of teacher about bullying that increases in knowledge about bullying from before training to after training.in the same line the result of current study is in agreement with Hussein et al., (2020) who found in his study about the effectiveness of preventing measures of bullying among primary school teacher that the improvement of teacher knowledge of bullying after program intervention. Also, the current finding in the agreement with Ansary et al., (2015) who found in his study about anti bullying approach that improvement of teacher's knowledge after application of module.

According to studied teachers' intervention towards bullying the current study illustrated that about half of studied teachers were involvement in bullying intervention pre the application of module which increased to three fourth post the application of module, from the researcher point of view this related increase awareness of teacher related bullying problem and its serious consequences' intervention this finding was in agreement with Midgett, et al., (2022) who found in their study that increases teacher ability to intervene in bullying after training program than before. In the same line the result of current study was congruent with Ferguson, (2020) who found in his study that

improvement of teacher response practice toward bullying after education package than before

Regarding the knowledge of studied parents, the current study revealed that more than half of studied parent had good knowledge after application of module, with high statistical significance differences in relation to studied parent's ability to identify bullying between pre and post the application of integrated module. From researcher point of view this result related success of integrated module to increase gained knowledge. This result is supported by Chen et al., (2021) who found on study about Effects of Parenting Programs on Bullying Prevention that marked improve of parent knowledge of after program application. In the same consequence the result of current study is in agreement with Huang et al., (2019) who found in his study about school based anti-bullying program with parent component that the involvement of parents in anti - bullying program enhance parent awareness to bullying.

Regard to total parents responses score towards bullying pre and post the application of integrated module the current study illustrates that less than quarter of studied parents had positive response (such as contacted the school) toward bullying before the application of integrated module which increase to more than half after integrated module application, this from the researcher point of view related to low confidence of parent toward school response to their complaints which changed after education of parents and teachers in the same time, this finding was in agreement with Larrañaga et al., (2018) who found in his study about Parents' responses to coping with bullying that a high percentage of parents apply negative response for responding to bullying, such as ignoring bullying or control child internet access. This result was improved after involvement of

parents in a bullying intervention program, in the same line Rana et al., (2018) found in their study about Effectiveness of a multicomponent school based intervention to reduce bullying that improve parent's positive response to bullying after application of intervention program. Also, Chen et al., (2021) who found on study about Effects of Parenting Programs on Bullying Prevention that involvement of parent in anti – bullying program provide them with the knowledge and skills to provide support to their children and make them more involvement in prevention. The result of current study was differing from Huang et al., (2019) who found in his study about that programs with parent involvement were not more effective in change parent attitude and practice toward bullying than other programs.

## 7.    Conclusion

In the light of the study findings, the developed integrated module has a significant positive impact on students' parents' and teachers' knowledge attitude and response toward bullying, that lead to decrease the rate of bullying victimization. Therefore, the research hypothesis was proved and supported by the researcher.

## 8. Acknowledgement

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