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Exploring the Aftermath of Cyber and Traditional Bullying Victimization of Adolescent's Mental Health and Academic Success

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Exploring the Aftermath of Cyber and Traditional Bullying Victimization of
Adolescent's Mental Health and Academic Success

by
Latasha L. Young

An Applied Dissertation Submitted to the
Abraham S. Fischler College of Education
and School of Criminal Justice in Partial
Fulfillment of the Requirements for the
Degree of Doctor of Education

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Approval Page

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Statement of Original Work

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Latasha L. Young
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April 22, 2021
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Abstract

Exploring the Aftermath of Cyber and Traditional Bullying Victimization of Adolescent's Mental Health and Academic Success. Latasha L. Young, 2021: Applied Dissertation, Nova Southeastern University, Abraham S. Fischler College of Education and School of Criminal Justice. Keywords: bullying, cyberbullying, traditional bullying

The problem addressed in the research study was that cyber bullying and traditional bullying continued to increase at the research site during the past 4 years. The purpose of the study was to determine the influences of mental health services that were designed to decrease the negative effects of both cyber and traditional bullying on adolescent clients' health and academic performance. This applied dissertation was designed to examine the experiences of cyber and traditional bullying victimization of adolescents' mental health and academic success, within a large southern state in the United States, to provide practical solutions to address the concerns that cyber and traditional bullying had on the mental health and academic success of students. With the enhancement and popularity of technology, bullying is on the increase (Castile, 2013). Through news outlets and social media, numerous videos demonstrate acts of bullying. Representatives and legislators have implemented policies and procedures to address bullying within the schools. However, the occurrence of bullying and cyberbullying was on a constant rise.

A qualitative phenomenological study was completed to determine the effects of mental health services on the negative effects of cyber and traditional bullying among clients at a local mental health agency. The researcher used a survey protocol to examine the experiences of adolescent clients who have experienced bullying victimization. The survey consisted of 19 open-ended questions addressing bullying victimization and how it impacted their mental health and academic success. The sample consisted of 11 adolescents, between the ages of 10 and 19 years who were willing to participate.

The results indicated that bullying victimization was pervasive among adolescent clients at the research site. Additionally, the findings of this study proved that cyber bullying and traditional bullying continued to increase at the research site during the past 4 years. The research also indicated that bullying victimization impeded mental health and academic performance of the participants. In summary, the researcher suggested further education and professional development workshops that were designed to clearly define bullying and provide adequate responses to bullying victimization.

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Chapter 1: Introduction

Statement of the Problem

The problem addressed in the research study was that cyber bullying and traditional bullying continued to increase, at the research site, during the past 4 years. Also, the negative experiences of bullying had been on the rise, within the school system. In fact, Hymel and Swearer (2015) explained that literature on school bullying has been around for more than 150 years. Bannink et al. (2014) explained the association bullying victimization has with mental health. Research concluded that persons who have been bullied are inclined to developing mental health disorders (Wolke & Lereya, 2015, p. 880). Evidence suggested that traditional as well as cyber bullying are linked with suicidal ideation (Alavi et al., 2017).

The Research Problem

The purpose of The Safe and Drug Free Schools and Communities Act of 2013, which includes the No Child Left Behind Act, was to ensure that antiviolent measures were in place within school districts (Vaughn, 2013). However, cyber and traditional bullying have been problematic for students, parents, school districts, and law enforcement (Castile, 2013). Bullying is an issue that can leave lasting effects on a victim's life.

Background and Justification

Over the course of many years, considerable research has tackled the issue of bullying in schools. Bullying is any aggressive behavior that follows a systematic approach to intend harm through repeated acts involving a power imbalance (Wolke & Lereya, 2015). Bullying takes on many forms such as exclusion, persistent shunning, obscene gestures, taunting, and malicious teasing. Bullying, also, includes written,

electronic, or verbal communications that threatens harm (Shetgiri, 2013).

The research site, which is a mental health agency, receives several clients that have experienced bullying. Clients have stated that they have informed teachers of bullying, but nothing happens. The researcher had a conversation with one parent who stated she made the school aware of bullying incidents, regarding her child who was in the third grade, but nothing was done. The child is a client, at the site, and is still making complaints. The researcher was informed, by a 4th grade client, that he told his teacher a student was teasing him. After several times of telling, and the behavior failed to cease, the student threw his desk at his teacher. Wolke and Lereya (2015) reported that one-third of children have reported experiencing bullying sometime in their lives. The most common forms of bullying experienced are social exclusion, intimidation, cultural oppression, and verbal, physical, and sexual harrassment (Rigby, 2017). These events can occur online and face-to-face. It was apparent that with increased recognition of the issue at hand, there was also an increased need for effective action.

Deficiencies in the Evidence

Studies have examined how bullying has influenced mental health concerns among adolescents (Leeder, 2014). However, more research is needed to bring awareness and to identify strategies that decreases occurrences of bullying among adolescents. There are a few deficiencies, within the literature, that require attention. Research is limited, regarding cyberbullying, because the topic is a new phenomenon (Dawson, 2018). The traumatic experience of bullying results in negative self-worth, anxiety, and loneliness, but research fails to state if those who are victimized will continue to experience mental health concerns throughout their lives (Leeder, 2014). Many children suffer silently and are reluctant to discuss their bullying experiences with anyone. Wolke

and Lereya (2015) reported that almost 50% of children admitted having rarely, if ever, told their parents about being bullied. The researchers, also, reported that between 35-60% would not tell their teachers. Another deficiency is the cost of implementing a bullying program. Regarding lifetime cost benefits, Wolke and Lereya (2015) reported that the prevention efforts of high school bullying exceeds \$1.4 million per individual. The researchers furthered that approximately more than 16,000 students, between the ages of 11-15 years, are absent from state schools because of bullying. Another deficiency, in the evidence, is that there is no known research on bullying and its effects at the research site.

After careful consideration of the aforementioned evidence, it is imperative for childhood bullying to be at the forefront of major public health concern. In Louisiana, the Centers for Disease Control and Prevention (2015) said, among adolescents between the ages of 15 and 24 years the rate of suicide rate was approximately 13 per 100,000 individuals. Education, intervention, and prevention strategies must be implemented if educators anticipate eradicating the ideation that bullying is a natural experience that children encounter. The following chapters describe the relationship between bullying and suicide rates among adolescents.

Audience

The targeted audience, of this research, was public education, civic offices, school administration, community-based practitioners, students, and parents. This exploration aided the school system in recognizing what bullying and harassment was. This research edified the school by providing plausible prevention strategies to counter school bullying. “It examines the reported use of both proactive and reactive strategies, and their frequency and perceived effectiveness” (Rigby, 2018, p. 32). This research aimed to

create a cohesive and supportive academic climate that averted bullying and harassment.

Setting of the Study

The study took place at a mental health agency in Southeastern Louisiana. The agency was an accredited behavioral healthcare organization that was designed to assist individuals with mental health concerns to foster recovery and resilience. The agency serviced children and adolescents, beginning at 5 years to adulthood. The clients were serviced in the home, community, and in school. At the site, there were seven clinicians who provided mental health services to children, adolescents, and adults in various communities. However, only the adolescent population, ages 10-19 years, were utilized as research participants (Sacks, 2003). Based on insurance provider authorization and client progress at the site, many clients were serviced for more than 1 year. Although all ethnicities and cultures were welcomed to receive treatment, African-American individuals were the predominant clientele. The primary socioeconomic status of serviced clients was low-income.

Researcher's Role

The researcher played a significant role in the study through direct access to the participating members. Her job title was a Provisional Licensed Professional Counselor. She was obtaining supervision that was required in order to be fully licensed. The researcher was a clinical therapist who was committed to providing quality care to individuals in need. In doing so, the researcher's responsibility was to assess the clients' needs, construct an individualized treatment plan based on their needs, provide therapy to assist the clients in mastering outlined goals, and monitor the clients' progression and barriers to treatment. Clinicians wore many hats to meet the unique needs of each individual.

Purpose of the Study

The purpose of the study was to determine the effects of mental health services that were designed to decrease the negative effects of both cyber and traditional bullying the mental health and academics amongst clients at a local mental health agency. Research suggested that adolescent bullying victimization was a global issue and the experience of being bullied had lasting effects that persisted into adulthood (Hymel & Swearer, 2015; Moore et al., 2017). Therefore, the concern of bullying victimization on adolescents' mental health and academic success was important to address.

Definition of Terms

Adolescent

An adolescent is an individual that is in the process of developing from childhood into adulthood (Sacks, 2003).

Attention-Deficit and Hyperactivity Disorder (ADHD)

ADHD is defined as a neurodevelopmental disorder that inhibits the ability for individuals to focus or control impulsive behaviors (American Psychiatric Association, 2013).

Bully

A bully is an individual who uses, physical or psychological, power to victimize someone else (Leeder, 2014).

Bully-Victim

A bully-victim is the individual that experiences bullying and bullies' other individuals (Marsh, 2018).

Bullying

Bullying is unwanted, intentional, and repetitive aggressive behavior involving an

imbalance of power, physically or physiologically (Wolke & Lereya, 2015).

Bystander

A bystander is defined as an individual that witnesses the act of bullying, but they're not directly involved in the act (Wachs, Görzig, Wright, Schubarth, & Bilz, 2020).

Cognitive Behavioral Therapy

Cognitive behavioral therapy is defined as a brief intervention utilized to aid individuals in understanding the relationships between thoughts, feelings, and behaviors (Tucker, 2016).

Cyberbullying

Cyberbullying is the act of hurting someone by using electronic communication (Nixon, 2014).

Depressivity

Depressivity is the intensified act of feeling sad, miserable, and or/hopeless (American Psychiatric Association, 2013).

Dialectical Behavioral Therapy (DBT)

Dialectical behavior therapy is defined as a combination of behavioral and cognitive behavioral interventions, including exposure therapy, utilized to aid the client in learning to endure aching emotions without resulting to self-destructive behaviors (Corey, 2013).

Self-Efficacy

Self-efficacy is defined as one's judgement and belief of their own abilities, including the act of effectively executing behaviors that are necessary to deal with various situations (Piccirillo, 2016).

Social Control Theory

Social Control Theory is an approach used to explain delinquent behavior, by identifying the association between adolescents and social institutions (Peguro et al., 2011).

Suicide

Suicide is defined as the intent to kill oneself (American Psychiatric Association, 2013).

Suicidal Ideation (Ideas)

A suicidal ideation is defined as the act of thinking, considering, or planning self-harm (American Psychiatric Association, 2013).

Victimization

Victimization is repeated exposure to undesirable instances from one or multiple individuals and the exposure involves a situation in which a power imbalance exists between the aggressor and the person serving as the victim who cannot easily defend themselves (Moore et al., 2017).

Chapter 2: Literature Review

The problem addressed in the research study was that cyber bullying and traditional bullying continued to increase at the research site during the past 4 years. Bullying is an unwanted, intentional, and repetitive aggression that involves an imbalance of power, physically or physiologically (Wolke & Lereya, 2015). The imbalance of power, among the victim and bully can be actual or perceived. Bullying occurs in two forms: direct as well as indirect. Physical as well as verbal aggressive actions are components of direct bullying (Wolke & Lereya, 2015, p.879). Some examples of direct bullying are hitting, stealing, and name calling. The indirect form of bullying includes social exclusion (Wolke & Lereya, 2015, p.879). Some examples of indirect bullying include starting or spreading untruths, threatening, blackmailing, gossiping and teasing. Bullying is further dispersed into two categories: traditional and cyber bullying. The purpose of this study was to identify the effects of cyber and traditional bullying on the mental health and academic performance amongst adolescents serviced at the research site in order to provide practical solutions to decrease the effects of both and, ultimately, improve the mental health and academic success of these students. Chapter 2 provides an overview of the pertinent literature on the research problem.

Historical Background of Bullying

More than 40 years ago, researchers began investigating the topic of bullying (Menesini & Salmivalli, 2017). Koo (2007) reported that the first significant periodical that addressed bullying was written by Frederick L. Burk in 1897. However, a significant amount of time went by before the concern was revisited (Koo, 2007). The United States did not have legislation regarding bullying until the Columbine High School shooting in 1999 (Horner, 2018). The researcher went on to state that within 3 years of the school

shooting 15 states approved legislation against bullying and by the year of 2015 all states, including the District of Columbia, had approved legislation on bullying. The act of bullying involves an aggressor or group of aggressors violating someone that cannot defend his or herself. Bullying has been theorized as the most prevalent form of aggression in public schools (Warden, 2020). According to the National Center for Education Statistics (2016), 20.8% of student's report being bullied. The researcher continued that this form of intimidation has been researched heavily, nationally and internationally.

Hochman (2013) proposed that Olweus had the most accepted definition of bullying; which is an individual or group inflicting, repeated, acts of physical, verbal, and/or psychological aggression onto another individual or group. Hochman (2013) continued with three focal points of bullying: repetition, malice, and an imbalance of power. Langos (2012) explained each element of bullying, as repetition (sequence of behavior and not a solitary act), malice (nonaccidental; intent to harm), and imbalance of power (assailant demonstrates power over the victim). The factor that separates bullying from mere aggression is maliciousness (Langos, 2012). There is a vast amount of research highlighting adverse effects of bullying, regardless of their role. The victim may experience a host of negative effects such as complications with focusing in the classroom, a decline in academic achievement, absence from school, psychosocial concerns, and emotional distress (Hochman, 2013). The bully, aggressor, experiences adverse effects, such as concerns with self-esteem (Hochman, 2013). Research demonstrates that adolescents who are involved in bullying, regardless of their role (aggressor or victim), develop ineffective coping strategies (Hochman, 2013). Thus, the need for continued research.

Prevalence of the Problem

Throughout the country, bullying has contributed to depression, concerns of self-esteem, poor academic success, and suicide among adolescents (Louis, 2014). Cody (2010) referenced a 2002 study that concluded 30% of students reporting their involvement in situations of bullying, as the bully or victim. Bullying is an ongoing concern for families, educators, and mental health clinicians. Per the United States Department of Human Services, in 2011, an estimation of 200,000,000 adolescents, worldwide, attested to being bullied. Louisiana law has mandated that all districts must comply with the regulations ordered by the Louisiana Board of Elementary and Secondary Education (BESE) regarding bullying and discipline of bullying behavior (Vaughn, 2013). However, there is still a pressing need to address the critical issue.

Fegenbush (2010) conducted a survey among students, in Grades 4-12, to identify occurrences of bullying, harassment, and intimidation. The researcher reported that, out of 41,551 students, 24.3% reported being physically bullied, 40.8% reported being verbally bullied, 42% reported being socially bullied, 17.8% reported being cyberbullied (Fegenbush, 2010).

Louisiana's Response

In 2010, under the Louisiana Schools Accountability Law, Act 755 was implemented to counteract the occurrences of bullying. This policy demanded, by January 1, 2011, public schools to assess the current student code of conduct and amend the protocol to ensure that the policy outlaws the harassment, terrorization, and victimization of a student by another student; including cyberbullying (Louisiana Department of Education, 2016). Act 755 further states that the amended code of conduct must inform students, following 10 days of enrollment and in writing, of the forbidding

all incidents of bullying; the nature and penalties of bullying actions; and the most suitable standard procedure for reporting any occurrences of bullying (Louisiana Department of Education, 2016). In 2012, Act 755 was revised and Act 861 under the 2012 Regular Legislative Session was developed. The law required the Louisiana Department of Education to collaborate with the Louisiana Board of Elementary and Secondary Education to innovate and implement and execute strategies that ensure bullying related incidents are appropriately reported and investigated (Louisiana Department of Education, 2016). New procedures include, but may not be limited to, utilizing Board of Elementary and Secondary Education approved forms for investigation and reporting; adequate parental notification; and mandatory orientation for faculty, staff, students, and parents (Louisiana Department of Education, 2016). Act 861, also, demands school employees to engage in four hours of professional development, related to bullying and all personnel, regardless of level, are required to take corrective action to avert bullying at any school or during any activities (Louisiana Department of Education, 2016).

In 2018, the pervasiveness and prevention of bullying was measured in nearly every state as well as the District of Columbia. The findings concluded that Louisiana ranked the highest percentage (#1) in prevalence and impact of bullying; the top five in largest proportion (#5) in the bullying of high school level students on property owned by the school; the largest proportion (#1) of students experiencing online bullying at the high school level; the largest proportion (#1) of students at high school level involving physical altercations at school; a significant percentage (#2) of high school students who truant due to fear of experiencing bullying; and the largest proportion (#1) of high school adolescents who attempted suicide (McCann, 2018).

Other Realms of Society

Bullying has been and, currently, is a major concern that is affecting the youth across the world (Hochman, 2013). As previously mentioned, this concern can affect those involved psychologically. It is imperative to note that bullying is not just an issue that arises in school. This concern impacts other realms of society, as the victim or aggressor project their emotions onto other individuals and aspects of their lives. LeBlanc (2001) reported that bullies come from homes that has minimal warmth and harsh discipline. One can imagine how, the above mentioned, individual will interact or impact those that comes in contact. The experience of bullying negatively affects the bully, the victim, and the observer (LeBlanc, 2001).

Home

Often times, adolescents bring their concerns home, verbally or nonverbally. For example, imagine an older sibling being bullied at school. When that individual comes home, they may begin to bully their younger siblings. Horner (2018) defined sibling bullying as the act of using an observed or perceived imbalance of power, repeatedly, onto the sibling. That is just one aspect. Rigby (2013) reported that adolescents who have experienced bullying can impact the functioning of the family. Rigby (2013) discussed how many parents are concerned about the wellbeing of their child. However, most of those parents seem to believe that peer harassment is natural, as almost everyone experiences it (Rigby, 2013).

School

School is not only an entity where students learn skills and lessons from their instructors. It is also an atmosphere where students learn from interacting with their peers (Donegan, 2012). The Center for Disease Control (2017) reported that adolescents and

children that attest to being bullied are more prone to developing anxiety, complications with sleep, depression, poor school adjustment, and school attendance. However, the experience of bullying can detrimentally impact the mental health and academics of youths. LeBlanc (2001) stated that persons experiencing bullying are often ostracized by peers; which results in depression and an increase likelihood of school dropout. (Donegan (2012) reported that the word “bully” can be traced back to the 1530s and the act of “bullying” involves the “bully” (intimidator) and a victim. The National Center for Education Statistics (2016) reported that 33% of students who were bullied, stated that they experienced bullying at least once or twice per month.

Community

Horner (2018) explained that bullying can occur earlier than adolescent years, “10 to 14% of kindergarten students bully others and are bullied as well” (p. 18). This can be problematic for the community, as Wolke and Lereya (2015) reported that most bullies grow up to be social manipulators with self-esteem concerns and those who are victimized by bullying are more likely to internalize countless difficulties. Other research has noted that bullies develop aggressive behaviors, over time, that can legally impact them. Either way, for the bully or the victim, bullying has detrimental effects on wellbeing. Health effects are costly for the individuals, families, as well as the whole of society (Wolke & Lereya, 2015). Preventing school bullying results in life time costs of \$1.4 million per person (Wolke & Lereya, 2015).

Types of Bullying

Traditional Bullying

Bannink et al. (2014) reported that the four, traditional, types of bullying are physical, verbal, relational, such as social inclusion, and indirect. Many individuals,

often, visualize physical aggression when the subject of bullying arises. However, research negates physical aggression as being the most prevalent. Research conducted by Sizemore (2015) indicates that only 34.5% of participants admitted to utilizing physical aggression to bully others. Verbal aggression has been reported the most prevalent mode of aggression. Sizemore (2015) reported that 62% of the students in Grades 6-10 reported using verbal aggression to bully other students. The aforementioned researcher continued that relational aggression has been reported as the second most prevalent mode of aggression. Research conducted by Sizemore (2015) indicated that 41.7% of persons self-identifying as bullies admitted to utilizing relational aggression to cause harm to other students.

On September 28, 2019, local newscaster Schmaltz (2019) reported that a 14-year-old student was arrested for physically attacking classmate. The victim's mother stated that this case was ongoing bullying. According to the report, the victim was called names, ridiculed because of her illness, and was threatened to be jumped by five girls, during a class break. On October 7, 2019, local newscaster Nakamoto (2019) reported a 13-year-old student had committed suicide on October 3, 2019. In the report, the parent stated that she visited the school on three separate occasions to follow up on the concerns of her son being bullied. Those concerns went unresolved. The report highlights two acts of physical bullying, as it details that the deceased was scorched on the arm by a hot glue gun and his hair had been cut. Within 48 hours of his mother's visit to the school, the student took his own life.

In more recent news, On March 6, 2020, it was reported by Jackson (2020) that a video was leaked on Instagram and Facebook on March 5, 2020. The video showed a male student having his face physically assaulted, in one of the school's bathrooms.

While being assaulted, another student shoved the bullied victim. The newscaster stated that the aggressor was disciplined, per the school's Principal. However, no details of the disciplinary action were provided. Even though this heinous act was physical and it took place in school, it overlaps with cyber bullying as the video was leaked online. With the growing use of cell phones, the youth is using this tool to harm each other (Waasdorp & Bradshaw, 2015). Being that the news article reported that the incident was recorded, in one of the school's bathroom, it is highly likely that another student recorded the event. Who did that student send it to, before posting it online? Now that the local news station has posted it, what will the victim's peers say the next day? How will he handle the violation he experienced, now being public information?

Cyber Bullying

It has been over a decade since cyber bullying first occurred and it has increased with the prevalence of technology (Bingöl, 2018). However, current research implies that the frequency of cyber bullying occurs at a lower rate than traditional bullying (Sizemore, 2015). Cyberbullying is the act of hurting someone by using electronic communication technologies (Nixon, 2014). Some examples of cyber bullying are harassing text and internet messages, harmful, hurtful, and humiliating comments and pictures that are posted on social media sites, and electronically threatening and intimidating someone (Nixon, 2014). A study conducted on Grade 6-12 students concluded that 10.9% of the students admitted to being cyber bullies and 17.3% of the students admitted to being cyber victims (Sizemore, 2015).

Wang et al. (2019) suggested that cyber bullying can cause psychological and psychiatric problems for victims because of publicity, anonymity, and lack of supervision. It is significant to report that more than one form of bullying can occur at the

same time. Nakamoto (2017), reported a video that was recorded with a student being physically taunted in the bathroom, while another student uploaded the live event on social media. This is a clear case of traditional as well as cyber bullying occurring simultaneously. The co-occurrence of traditional and cyber bullying can independently cause psychological stress upon the victim (Waasdorp & Bradshaw, 2015). The researcher proposes that the effects of traditional and cyber bullying are even greater, when the victim experiences both forms concurrently.

Victimization

Research suggested that adolescent bullying victimization is a global issue and the experience of being bullied has lasting effects that may persist into adulthood (Moore et al., 2017; Hymel & Swearer, 2015). Moore et al. (2017) defined victimization as, repeated, exposure to undesirable instances from one or more individuals and the exposure involves a power imbalance between offender and victim, who cannot easily defend themselves. “Bullying among students not only decreases their academic performance but also causes mental health problems and physical injury” (Jan, 2015, p. 46). Dietrich (2016) stated that experiences of bullying victimization, often, result in poor self-esteem, poor problem-solving skills, and poor academic achievement. In addition to previous mentioned factors, Sizemore (2015) mentioned that poor peer relations, absence of school, mental issues, suicidal ideations, the number of suicide attempts are, also, potential factors that result from bullying victimization. Various studies, based on the attestation of students, concluded that the rates of bullying victimization range from 10% to 33% (Hymel & Swearer, 2015).

Bullying victimization poses enduring effects for all adolescents (Hymel & Swearer, 2015), including students who are disabled, students who are refugees, students

that are socially excluded, students that belong to a minority group, or students that contrasts from their popular peers (Menesini & Salmivalli, 2017). Many studies reported that individuals diagnosed with ADHD are at an increased risk of being bullied, as opposed to those without an ADHD diagnosis (Yue, 2017).

Many studies suggested that victims of bullying, including children and adolescents, are in jeopardy of developing various health problems. Hong et al. (2019) reported that experiences of being bullied and victimized by peers can significantly impact the physical, emotional, behavioral, and mental health of children and adolescents. Bullying victimization is becoming more prevalent among adolescents. Salmon et al. (2018) explained that research, regarding bullying has expanded to “specific forms of discriminatory harassment, which involves aggressive behavior targeting an individual’s personal characteristics” (p. 12). This behavior negatively affects the victims later in life. Fullchange and Furlong (2016) reported that students who experienced school bullying victimization were predicted to engage in acts that are both aggressive and violent in their later years. Also, consequences of bullying victimization include concerns of social-emotional functioning and adjustment. “In particular, they tend to have greater difficulty making friends, have poorer relationships with classmates, and experience loneliness” (Fullchange & Furlong, 2016, p. 23).

Factors Contributing to Bullying

Bullying is the act of intentionally hurting someone else. Although there is no excuse for doing such, there are many factors that contribute this pressing concern. Shams et al. (2016) discussed how the behavioral problem, school bullying, affects the aggressors’ educational accomplishments, attainments, social skills and mental health. Marsh (2018) reported each year, 20-29% of adolescents has some involvement with

bullying, as the bully, victim, or bully-victim. The bully-victim is the individual that experiences bullying and bullies' other individuals (Marsh, 2018). Bullying is a violation of basic human right. Therefore, it is deemed necessary to explore factors that contributes to bullying.

Individual Factors

There are physical and psychological factors that contributes to bullying. Gender plays a role in bullying, as Marsh (2018) explained that in comparison to females, males are more likely than females to be classified as bullies. In regards to being a bully and a victim, males are involved in the physical form of bullying (Marsh, 2018) and they start at an earlier age than females. Laibson (2009) explained that this is due to males being seen as more aggressive and physically strong. In regards to being a bully and a victim, females are more susceptible to being involved in relational and verbal bullying (Marsh, 2018). Also, with race, Marsh (2018), reported that Blacks are more prone to being classified as a bully than their White, Hispanic, and Asian counterparts.

Mental illness can contribute to the likelihood of one developing bullying behaviors. Shams et al. (2016) reported that children with Attention-Deficit and Hyperactivity Disorder (ADHD) are more prone to demonstrating bullying behaviors. The *Diagnostic and Statistical Manual of Mental Health Disorders-Fifth Edition* (DSM-5; American Psychiatric Association [APA], 2013), defined as a neurodevelopmental disorder that inhibits the ability for individuals to focus or control impulsive behaviors. The researchers continued that depressed children and adolescents are more prone to being the victims of bullying. Leeder (2014) noted that adults that was diagnosed with anxiety disorders attested to being bullied, during childhood years. Further, they displayed a correlation with having depression and being impaired, functionally. Tapp

(2002) stated that some children are born with psycho-neurological conditions, such as ADHD. However, family environment is more influential than biological factors.

Family and Home Factors

The dynamic of the family and home plays a role in bullying, as well. Fights between spouses can negatively impact children (Shams et al., 2016). Research showed that children who has witnessed domestic violence are more likely to demonstrate bullying behaviors at school. Tapp (2002) explained that bullies are not born. She furthered that they are shaped by those most influential in their lives. Family demographics, such as parent-child relationships, parenting styles, education of the family, and socio-economic status significantly contributes in the development of aggressive behaviors (Tapp, 2002). The researcher continued that many bullies come from homes that have insecure attachment. Many children responded to this insecurity by becoming hostile and a bully.

Community Factors

The society contributes to bullying as impatience and intolerance are, two, social issues, that adolescents face (Shams et al., 2016). The researchers credited this issue to the development of mass media, social welfare and urban life facilities. Leeder (2014) mentioned that minorities who grow up in low-income and poverty communities are exposed to violence, within their homes and school. One of the participants in Shams et al. (2016) study explained that tolerance, patience, and forgiveness are fading. More specifically, she stated that those principles that were deeply rooted in families are no longer existing. Instead, individuals possess the mentality to eat or be eaten (Shams et al., 2016).

Tapp (2002) described how social science research has investigated the

correlation between aggression in children and exposure to media violence. During today's times, almost everyone has access to smart phones. Therefore, students are able to see what captures the attention of their peers. If violence is heavily glorified in the community, many of the students will be infatuated with that route. Tapp (2002) furthered that the things children see in the media, they deem it socially acceptable.

School Factors

School is considered a second home for many students (Shams et al., 2016). The researcher demonstrated how teachers fail to pay attention to many misbehaviors, because they cannot spend a significant amount of time on detecting cases of bullying. However, the issue is very pressing, as Laibson (2009) reported that, in the year 2000, one in every eight students at the high school level was found to be involved in a physical altercation on school property. Tapp (2002) mentioned that bullies are strategic in selecting an area to bully others. Often times, it is in an area with low supervision.

Tapp (2002) described several areas on school campus, that are probable places, for bullying to take place. One of those areas are school hallways. The researcher explained that school hallways, many times, are narrow and allows the bully to mistakenly bump the victim. Playgrounds, during recess, allows the bully time to stalk their victim (Tapp, 2002). Another area is bus transportation or walks to and from school. Lastly, another hotspot is within the classroom. This can take place while the teacher is out of the room or within the room (Tapp, 2002).

With respect to bullying and additional manifestations of peer victimization, Perugini (2013) explained that hardly any research has contributed to examining the differences between student and staff perceptions, regarding the frequency, location, type, and severity of bullying, social norms linked to bullying, and witness responses related to

bullying occurrences. The findings of the study concluded that elementary, middle, and high school staff underestimated how widespread the observance of bullying victimization is among adolescents (Perugini, 2013). The researcher continued that the staff and students, of middle school, attested to the greatest exposure of bullying.

Peer Factors

Shams et al. (2016) explained that if a student's peers encourage bullying, then bullying will continue to happen. Bullying occurs within the classroom, as it provides an audience (Tapp, 2002). A strong indicator of bullying is the peer group factor (Marsh, 2018). The researcher continued that bullies socialize with other bullies. Marsh (2018), explained in depth, how bystanders provokes bullying, as opposed to intervening and deescalating the event. In fact, most bullying occurs amongst peers. This impacts their interpersonal relationships and their upcoming years of life (Shams et al., 2016).

Beckford (2015) described uses their peers to demonstrate the imbalance of power. Shams et al., (2016) explained that bullies harbor a false sense of pride and arrogance. Bullies like crowds as it shows how powerful they are, in comparison to the victim (Beckford, 2015). A description of the bully would be one that is aggressive, domineering, fond of violence, impulsive, and lacks empathy (Tapp, 2002). It is safe to conclude that, unless support is there, many peers won't stand on the side of right and aid the victim. In most cases, they are trying to not become a victim either.

Theoretical Perspective/Framework

This qualitative study is guided by two theoretical perspectives: self-efficacy (Piccirillo, 2016) and the social control theory (Dietrich, 2016). Self-efficacy refers to one's judgement and belief of their own abilities, including the act of effectively executing behaviors that are necessary to deal with various situations (Piccirillo, 2016).

Self-efficacy supports this study in that increased levels of self-confidence, in regards to cyber and traditional bullying victimization on mental health, is studied. Social control theory postulates that delinquent, offensive, behavior is an outcome of weak social bonds (Dietrich, 2016). The perspective of social control theory supports the aim of this study to eradicate cyber and traditional bullying, among adolescents, by increasing their degree of social cohesiveness.

Self-Efficacy in Adolescence

The era of adolescence, which occurs between childhood and adulthood, includes changes in the biological, emotional, social, cognitive, and intellectual development (Armum & Chellappan, 2015). At this stage, the individual is expected to adapt and endure demanding challenges that occur in their home, school, and social lives. Psychologist Albert Bandura defined self-efficacy as “people’s judgements of their capabilities to organize and execute courses of action required to attain designated types of performances” (Piccirillo, 2016). Adolescence is the period of life involving self-exploration and transitioning into a more matured self. Bandura postulated that obtaining a strong sense of self-concept, regarding social interaction and academic success, is vital as it safeguards and facilitates psychosocial adjustment in adolescents (Kokkinos & Kipritsi, 2012).

Even though research studies conclude that self-efficacy can be seen in children as early as Grade 1, this broad perspective becomes more differentiated over time (Piccirillo, 2016). As children continue to grow, they begin to grasp a sense of who they are and their worth. Adolescents, with high self-efficacy, confidently asserts themselves, develops friendships, interacts in groups, and manages social conflicts (Hoffman, 2016). Adolescence is a significant stage that includes the child being exposed to various life

experiences. Hoffman (2016) further described self-efficacy as the individual's ability to conquer feared situations.

Peer Influences on Self-Efficacy

Peer interactions have significant influences on adolescents' self-efficacy (Nyman et al., 2019). Kiran-Esen (2012) explained that individuals that experiences high levels of peer-pressure, tend to have a reduced height of self-efficacy. During this period, the individual becomes more independent, while developing mentally, physically, and psychosocially. Hence the significance of peer groups (Kiran-Esen, 2012). During adolescence, the individual experiences an increased need for acceptance, belonging, and attachment (Kiran-Esen, 2012). When social needs are intensified, control exercised by peer groups increase as well.

Socialization plays a significant role, in adolescence, as students spend an abundance of time in the company of their peers (Blais, 2008). This particular phase includes the expansion of societal systems; which includes cliques and crowds (Blais, 2008). Adolescents that attend schools where bullying occurs frequently, can develop inadequacies in social skills (Dietrich, 2016). Nyman et al. (2019) explained that, depending on the social atmosphere, peer interactions can weaken an adolescents' self-efficacy. Thoughts of social exclusion can impede on the individual's aspirations of furthering their education (Dietrich, 2016).

Self-Efficacy and Bullying Role Behaviors

Being victimized or involved in bullying can be detrimental to one's health, social, and psychological well-being (Haraldstad, 2019). Research indicates that individuals with a firsthand view of bullying instances, such as the bully, victim, and bystander, tend to have low academic achievement (Dietrich, 2016). Haraldstad (2019) explained that

persons who are victimized by bullying may experience depression, social anxiety, low self-esteem, and academic concerns. Persons who bully other individuals may experience antisocial issues and physical health concerns (Haraldstad, 2019). These challenges can have instantaneous and long-lasting effects on the adolescent.

Experiences of bullying victimization can produce a negative source of self-efficacy when approached with social conflict, because the individual may lack the skills needed to manage interpersonal quarrels (Wachs et al., 2020). Adolescents with high self-efficacy have a tendency to persevere through challenges. However, adolescents with a deflated self-concept are prone to participate in maladaptive behaviors, such as bullying and victimization (Kokkinos & Kipritsi, 2012). In reference to the bystander, their level of self-efficacy is significant as well. Tracy (2012) reported that the bystander's willingness to intervene, or not, is based on their level of confidence in themselves to successfully perform the task. Improving self-efficacy, among other coping strategies, could effectively decrease effects rendered from bullying and bullying victimization (Haraldstad, 2019).

Social Control Theory

Schools have a direct impact on the growth and academic success of adolescents. Contrarily, the defiance that occurs within the institution has grasped political, social, and educational attention (Peguero et al., 2011). Research demonstrated a correlation between bullying and the environment at school. For instance, academic settings that houses a great deal of conflict and a non-supportive atmosphere tends to have higher levels of aggression present (Dietrich, 2016). Therefore, increasing social cohesiveness can reduce societal discord.

Deviant behavior, within the school, can have ongoing consequences on the

offender and the victim. Peguero et al. (2011) deemed social control theory an effective approach, in that it is utilized to gain understanding of misbehavior as it occurs in the school. The social control theory is used as a tactic to explain delinquent behavior, by identifying the association between adolescents and social institutions (Peguero et al., 2011). On condition that schools innovate strategies to aid students in increasing social bonds, it is possible for bullying to be reduced (Dietrich, 2016). The social control theory was applied to investigate the complexities of bullying among adolescents.

Impacts of Bullying

Bullying occurs almost in every school setting (Shams et al., 2016). Unfortunately, many parents and teachers are not aware of how weighty the issue is. Adolescents that are victimized by bullying, can experience short-term and long-term effects. The immediate effects can be physical and/or mental. The physical effects are scratches, bruises, cuts, broken bones, and concussions (Tapp, 2002). The emotional effects are constant fear, isolation, exclusion, and disempowerment (Tapp, 2002). The researcher continued that long-term effects include, but is not limited to antisocial behavior, such as criminality. Beckford (2015) highlighted that all parties witnessing bullying, not just the bully, victim, and bully-victim, but the bystander as well, reap negative consequences of bullying that can later impact their adult years.

Home Life

Shams et al. (2016) mentioned that family structure is a significant contributing factor when discussing aggressive behaviors, such as bullying. Research suggested that victims of bullying tend to be overprotected by their parent/parents and lack skills of independence. Tapp (2002) indicated that victims of bullying, usually comes from homes where there are insecure attachments. The researcher continued that when parents are

nonresponsive or insensitive to their child's emotions, a lack of trust develops. Therefore, the child may not inform the parent of what is taking place at school. Marsh (2018) explained that overly protective and involved mothers and distant and overly critical fathers, abusive parents, and siblings that bully can negatively impact the victim. This dynamic is detrimental to the livelihood of the victim, as it increases the likelihood of suicidal ideations. Victims of bullying can be so distraught that they commit or attempt to commit suicide (Shams et al., 2016).

Mental Health Concerns

Wolke and Lereya (2015) stated that victims of bullying, usually, internalizes problems, which puts them at a higher risk for self-harm or thinking about suicide. Nixon (2014) explained that 93% of cyber victims reported feelings of sadness, hopelessness, and powerlessness. Research further predicted that the victim can develop borderline personality symptoms or deranged episodes, such as hallucinations and delusions (Wolke & Lereya, 2015). Victims who are bullied not only internalize their issues. Some individuals externalize, as well. Nixon (2014) reported that cyber victims were more likely to indulge in activities, such as experimenting with drugs and alcohol, and some victims begin to carry weapons. Nixon (2014) furthered that adolescents who are victimized by bullying were eight times more probable of bringing a weapon to school. Moore et al. (2017) explained that the probability of cigarette smoking and illicit drug use also increases among those who are victims of being bullied.

Perugini (2013) reported a study that revealed childhood victims of bullying has an increased risk of developing issues with mental wellbeing, in their later years. Over one thousand children, between the ages of 9 and 13 years, were interviewed until the age of 16 years and additional interviews were conducted into adulthood. The discoveries of

the research illustrated that the experience of bullying increased the frequency of concerns with emotional wellness. Some of the described findings were that children who experienced bullying victimization were more prone to developing panic, agoraphobia, and anxiety disorders; were at higher risk for developing antisocial personality disorders; were at higher risk for developing depression; females displayed a higher risk for developing agoraphobia; and males were at higher risk for suicide (Perugini, 2013).

Numerous systematic studies have focused on whether relationship exists between being a victim of bullying and poor emotional health (Moore et al., 2017). “The few available longitudinal studies examining the relationship between *traditional* bullying and mental health problems or suicide (ideation) show that being a victim of traditional bullying increases the risk of developing mental health problems and committing suicide later in life” (Bannink, et al., 2014, p. 1). Studies have demonstrated that a “relationship exists between being bullied and mental health concerns, including suicide” (Bannink, et al., 2014, p. 1). Research conducted by Bingöl (2018) reported that cyber bullying contributes to the development of depression, low confidence, emotional disruption, and academic failure.

The study conducted by Wang et al. (2019) reported that serious mental and psychological issues were associated with the victims of bullying, as well as the bullies. This is because, as pointed out by Fanti and Georgiou (2013), many bullies are victims of bullying as well. Arseneault (2017) explained that studies demonstrate that the youth who has been victimized by bullies developed concerns with financial difficulties, social relationships, and poor physical health in their later years. More specifically, those negative instances caused a detrimental effect on the opportunity of acquiring the skills needed to obtain successful and fulfilling lives. Arseneault (2017) continued that

“untreated signs of psychological distress that appear early in life, or markers of physical illnesses, may be the precursors to a life of poor health, both mental and physical” (p. 45).

Academic Concerns

Menesini and Salmivalli (2017) reported that bullying in the school setting is one of the most frequent acts of violence, within the academic system, and it compromises the student’s rights and their right to education. Public concern regarding school bullying has increased dramatically and it fosters a large part of adolescent death because of suicide (Hymel & Swearer, 2015). Jan’s (2015) research included a study, conducted amongst 1400 seventh through ninth grade students, that examined how bullying affected their learning, emotional and social well-being, and mental health status. The research (Jan, 2015) concluded that a third of the students admitted to having major concerns with classroom attentiveness, because of fear of being bullied. Assessments conducted throughout the world indicate that students who are victimized, due to bullying, often develop concentration problems and learning difficulties (Jan, 2015). In simpler terms, students that were bullied, or suffered some form of peer victimization, demonstrated lower academic achievement as compared to their counterparts that were not bullied. Bingöl (2018) stated that cyber bullying is a huge issue for educators and this issue has caused students grades to decrease and some students have dropped out of school.

Fullchange and Furlong (2016) explained that children and adolescents who are bullied, function below normative expectations. The researchers furthered that frequent victimization causes increased psychological distress and decreased student engagement. Therefore, it is careful to note that frequent victimization by peers often results in decreased grade point averages, decreased achievement test scores, and decreased teacher-rated academic engagement (Fullchange & Furlong, 2016). Fanti and Georgiou

(2013) explained that victims of bullying perform academically worse than bullies and youth who are not involved.

Peers

Positive feelings of security, esteem, affect, and self-efficacy are present when an adolescent stable social support (Dittrick, 2018). However, being the victim of bullying can stagger those positive feelings. Leeder (2014) reported that students who were bullied because of their weight experienced depression, anxiety and social isolation. Therefore, they had minimal interaction with their peers. Students that are victims of bullying develop social vulnerabilities as they are considered of low social status, they are avoided by peers, and they are considered weak (Marsh, 2018). As a result of experiencing bullying, one can imagine how low the victim's self-esteem is.

Tapp (2002) explained that signs of social isolation, as a result of being bullied, is the student is alone most of the time and is excluded from their peer group during breaks. The student may try to be around an adult, during recess, or may verbally state that they don't have any friends. Another sign is they may be chosen last in group activities and never invited to parties. The student may be unwilling to go to school. Another sign, which is physical, is the constant complaint of headaches and stomach pain (Tapp, 2002).

Implementation Strategies

Education

Education is needed to increase awareness of bullying and to aid school administration and community-based professionals on how to effectively eradicate the issue. Adequate education can assist staff and professionals in understanding, exactly, what bullying is and how to assess it (Hymel & Swearer, 2015). The aforementioned researchers highlight the significance of allowing students' interpretations of what

bullying is, to be included in assessments. This process adds more clarity to the definitional criteria. Education is needed to inform professionals of how bullies operate (Wolke & Lereya, 2015). Even though physical and cyber bullying are often the greatest concern, Hymel and Swearer (2015) explained that social and verbal bullying are two of the most common forms of bullying among students. In order for school administration to effectively address the issue of bullying, they must be properly educated on the issue at hand. Proper education includes the comprehension of which theoretical approach best dilutes the occurrence of bullying and the pervasiveness of symptoms that are associated with bullying victimization.

According to Piccirillo (2016), self-efficacy is derived from the construct of social cognitive theory and it is defined as an individual's belief to achieve a specific goal or goals. Therefore, bullying victimization can negatively impact one's self-efficacy. Piccirillo (2016) explained that students who have suffered from bullying victimization may lack the social support needed to achieve problematic task, which further impedes their self-efficacy. The lack of social support can be attributed to social exclusion by the dominant peer group. To combat the issue of low self-esteem, as it relates to bullying victimization, Piccirillo (2016) suggested proactive and positive strategies that aid adolescents in increasing their levels of self-efficacy and self-confidence. Specific strategies described by Piccirillo (2016) included the utilization of peer models to decrease unwanted behaviors and frequent observation and solution-focused feedback. Dietrich (2016) explained how the prevalence of bullying can be attributed to weak social bonds. The aforementioned researcher further implied that in order to reduce or cease the pervasiveness of bullying, the school administration must develop stronger social bonds within the environment.

Interventions

As previously implied, self-efficacy is deemed an effective tool in combatting the negative symptoms associated with having been a victim of bullying (Piccirillo, 2016). It could be that an individual's level of confidence can decrease, due to being taunted or verbally abused by peers. However, research suggest that effective coping strategies include improving the students' empathy of self and self-esteem (Nixon, 2014). Menesini and Salmivalli (2017) reported that in order for strategies to be deemed effective, the strategy need to be long-lasting and intense. Being that students attend school every day, possibly more than 7 hours a day, school administration should integrate strategies that promote overall self-confidence into their curricula, whenever it is possible. This approach can create a stronger bond between victim's teachers, as well as victims and other victims. The perceived increase in social support can positively impact self-efficacy (Piccirillo, 2016).

Dietrich (2016) explained that the social control theory is a plausible approach to weakening the manifestation of bullying by increasing levels of social cohesiveness, shared ideals and principles. Research concluded that bullying is more prevalent in school environments whose climates are deemed as nonsupportive, unfriendly and unfair. Hence, the vitality of employing a more supportive academic environment. As emphasized in the above section, teachers can employ skills and strategies that promotes cohesion and shared values, in the classroom. As a result, the teacher-student relationship can progress into a student-student relationship (Dietrich, 2016), which will dilute the occurrence of bullying and promote a more supportive environment.

Mental Health Services

With respect to mental health concerns, adolescents are not less immune than

adults; especially since they are undergoing profound developmental changes and are not able to recognize, specifically, what they are experiencing (Paquette, 2011). Paquette (2011) further explained that complications in academic and social performance results in a diagnosis of psychopathology in adolescents. Individuals that commit the perpetrating act, are victimized by the trauma, or witness it report somatic symptoms of headaches, stomachaches, backaches, and dizziness; as well as psychosomatic symptoms of sadness, irritability, anxiety, and sleep instabilities (Resnick, 2013). The distressing involvement of bullying can result in the adolescent experiencing feelings of shame, guilt, and embarrassment; which is displayed as the individual being timid, isolative, and reserved. Consequently, adjusting to socio-psychological trauma, among students involved, has been determined inferior in comparison to those uninvolved (Resnick, 2013).

Bullying and suicidal tendencies have grasped the attention of many. Regardless of role, as bully, victim, or both, disturbing behaviors and symptoms has been associated with poor psychosocial and mental health (Resnick, 2013). As previously mentioned, depression is one of the symptoms those who are victimized by bullying report experiencing. Often times, the consequence of untreated depression is suicide. The Youth Risk Behavior Surveillance System (YRBSS), in 2009, of the Centers for Disease Control and Prevention reported 26.1% of adolescents experienced feelings of sadness, worthlessness, and/or hopelessness that resulted in the ceasing of normal activities; 13.8% contemplated suicide; 10.9% created a suicide plan; and 6.3% attempted suicide once or more (Paquette, 2011).

Mental health services are essential, as it provides healthcare to individuals; which includes preventative interventions and treatment of mental health disorders aimed to restore, maintain, and improve the psychological health of clients (Samartzis & Talias,

2019). The research site is staffed with licensed clinicians, bachelor's and master's level professionals that are ethically required to deliver quality care to clients and their families. Mental health services offered at the research site are community psychiatric support treatment, psychosocial skills rehabilitation training, crisis intervention, outpatient therapy, individual counseling, parent/family counseling, mentoring, medication management, and assessment, treatment, and discharge planning. A significant duty of mental health professionals is to provide, evidenced-based, high-quality care to all clients (Samartzis & Talias, 2019).

There is a useful dimension to each counseling approach. However, the researcher deemed the utilization of cognitive behavioral and dialectical behavior interventions appropriate as they aided the client in modifying behaviors and improving their mental health. Dietrich (2016) explained that many adolescents who are bullied will develop mental health concerns, such as depressivity (depression), post-traumatic stress, feelings of loneliness, symptoms of anxiety, and low self-esteem. Cognitive behavioral therapy (CBT) is one of the most effective interventions for various mental health concerns, including anxiety and depression as it relates to victimization of bullying (Tucker, 2016). Corey (2013) explained that CBT, pioneered by Dr. Aaron Beck, asserts that one's belief influences how they act and feel. Tucker (2016) defined CBT as a brief intervention utilized to aid individuals in understanding the relationships between thoughts, feelings, and behaviors. Dialectical behavioral Therapy (DBT), developed by Marshall Linehan, is a cognitive behavioral approach that is effective in regulating emotions by emphasizing the psycho-social aspects of treatment (Ziraki & Hassan, 2017). This modality aids the client in identifying self-contradictions and those of themselves and the environment; while improving inappropriate emotions, aggressiveness, emotion regulation, and distress

tolerance (Ziraki & Hassan, 2017). More specifically, DBT employs behavioral and cognitive behavioral interventions, including exposure therapy, to aid the client in learning to endure aching emotions without resulting to self-destructive behaviors (Corey, 2013).

Alternative Interventions

Prevention

Different approaches are needed to prevent bullying. Jan (2015) suggested that one course of action should be taking against the school, by parents and the community, to reduce a poor educational climate. Another prevention strategy is for professionals and school administration to become trained and to train others in being aware of signs and symptoms associated with bullying and bullying victimization. Jan (2015) reported that these trainings are significant in aiding staff in comprehending their functions, duties, and responsibilities, as systems of support. Suitable training must be implemented in order to increase the efficiency of interventions and preventions. Another preventive strategy includes the professionals having appropriate referrals and resources for the adolescence that are bullies and those that are victimized by bullying. Jan (2015) explained that schools need access to information that can help reduce bullying. This information can be useful in aiding students in receiving more help through seeking therapeutic services, if need be.

Prevention Programs

In Norway, 1982, three teenagers died by their own hands as a result of consistent bullying by their peers; which led to a national campaign against bullying (Fegenbush, 2010). A response, with proactive and reactive measures, to counter school bullying was innovated by Dan Olweus. Pretest and posttest results, regarding the Olweus Bullying

Prevention Program (OBPP), were analyzed and it was found that the results concluded that there was a 50% reduction in bullying behaviors; anti-social behaviors, such as school absenteeism, defacement, and physical altercations were reduced; positivity in social relationships and school atmosphere increased; reduction in new cases of victimization; and there was an increase in reported school/student satisfaction (Fegenbush, 2010). The primary goal of OBPP was to instill preventative measures to reduce, or eradicate, all acts and concerns of bullying, while improving peer relationships (Louis, 2014).

The Bully Buster Program was designed to bring cognizance to educators and district personnel about the actions, behaviors, and consequences of bullying (Louis, 2014). Peer Behavior Support (PBS) has been deemed effective in educating students in interactive social skills, among peers, to counter or eradicate bullying (Louis, 2014). In 2001, Louisiana's legislature passed an act, Act 230, giving rights to schools to operate against bullying and requiring schools to zero tolerance policies as a consequence of bullying (Fegenbush, 2010). As an advocate of cyberbullying prevention, Louisiana Attorney General Charles Foti, Jr. innovated a crime unit to focus heavily on crimes against children; even if the criminal activity was conducted by a child (Fegenbush, 2010). According to Fegenbush (2010) Louisiana has followed national mandates to incorporate proactive and reactive anti-bullying programs in every school. However, the researcher further explained that those had not been tailored to meet the unique needs of pupils.

Academic Gap

Despite the growing amount of research on bullying, some factors regarding bullying and bullying victimization have yet to be adequately studied (Resnick, 2013).

Castile (2013) discussed gaps in the literature of cyberbullying as the majority of conducted studies has been quantitative. As a mental health clinician, it was interesting to see that there was little to no research conducted regarding specific mental health services used to counteract bullying. Also, in the state of Louisiana, there was limited to no research regarding actual, specific, anti-bullying programs, used to combat bullying.

Fegenbush (2010) mentioned that programs had not been innovated to specifically address bullying. However, researcher asserted that if students are involved in activities, they are less likely to isolate. Therefore, student engagement programs, such as sports, school clubs, artistic groups, student council, in-school engagement, youth groups, religious organizations, out-of-school sports, and cultural/ethnic groups were designed to address bullying (Fegenbush, 2010). The aforementioned researcher concluded that one in every four Louisiana high school student were not engaged in any of the programs and two out of four students had engaged in at least one program. Hence, there was a need for a bullying program to be innovated to address the needs of adolescence.

Conclusion

Bullying does not have to be a guaranteed life experience for adolescents. Arseneault (2017) explained that tackling bullying behaviors can reduce the mental health symptoms children and adolescents experience and prevent psychiatric and socio-economic difficulties in their later years. Social support can be a very robust factor in eradicating the occurrence and lasting effects of bullying (Nixon, 2014). Extended support, strong, social bonds, and a climate of cohesion can increase the likelihood of safety, within the school environment (Dietrich, 2016). There are many interventions that can aid school administration and community-based professionals in employing a better environment for adolescents. A few credible anti-bullying interventions are conflict

resolution and mediation, role play, cooperative group programs, peer support and counseling, and checkpoints as a means of consultation to assess the individual (Jan, 2015). These findings can increase awareness among school administration and community-based professionals and propose appropriate solutions to aid staff in resolving this extreme concern.

Research Questions

Research Question 1. To what extent does bullying exist among adolescents at the proposed research site?

Research Question 2. What types of bullying exist at the proposed research site?

Research Question 3. How do teachers, administrators, and parents respond to bullying at the proposed research site?

Research Question 4. At the research site, how has the adolescents' attitude changed towards school attendance, academics, and mental health since being bullied?

Research Question 5. How has mental health counseling impacted students at the proposed research site?

Chapter 3: Methodology

Aim of the Study

The problem addressed in the research study was that cyber bullying and traditional bullying continued to increase at the research site during the past 4 years. The purpose of this study was to determine the influences of mental health services that were designed to decrease the negative effects of both cyber and traditional bullying the mental health and academics amongst clients at a local mental health agency. The study aimed to explore adolescents' experiences of bullying victimization. Along with the adolescents' perspectives, their teachers' and clinicians' testimonials were utilized to aid the researcher in fully comprehending the adolescents' survived encounters with bullying victimization. Therefore, the study served to examine the lived experiences of bullying victimization on adolescents' mental health and academic success.

Qualitative Research Approach

This study utilized the qualitative phenomenological research approach. Qualitative research is used to understand experiences, meanings, and processes individuals assign to things (Aspers & Corte, 2019). Qualitative research involves the process of collecting, analyzing, and interpreting various descriptions and images to acquire understandings of what is being studied (Gay, Airasian, & Mills, 2012).

When using the qualitative approach, the researcher did not control or manipulate what was measured. Inherent differences exist between qualitative and quantitative research. One variance is that qualitative research requires the investigator to simultaneously cumulate the phenomenon's qualities and characteristics over a substantial time period (Gay et al., 2012). The second way, in qualitative research, is that much of the data are collected in a participant's natural environment. The five most

commonly used qualitative research designs are phenomenology, case study, grounded theory, narrative, and ethnography research (Creswell & Poth, 2018). However, a phenomenological research approach was utilized for this study.

Phenomenological research describes the essence of individuals' lived experiences with a phenomenon. A simple way of explaining a phenomenological approach is the researcher using information gathered to describe what participants experienced as well as how they experienced it (Creswell & Poth, 2018). This research attempted to identify shared experiences among multiple individuals. The element of this approach included the account of what and how the participants experienced the phenomenon. Castile (2013) explained that the phenomenological approach utilizes interviews to obtain descriptions of experiences or situations. The phenomenon for this research was to examine the repercussions of the forms of bullying had on adolescents' mental health and academic success. The analysis of phenomenology is derived from the chief hypothesis that the core of an experience is shared among those who have encountered the same encounter (Marshall & Rossman, 2016).

Phenomenological research is a continuous process that begins with "immersion, incubation, illumination, explication, and creative synthesis" (Castile, 2013, p. 17). A phenomenological approach was implemented as the research questions in this current study were focused on describing adolescents' lived experiences of bullying victimization and how that experience impeded their mental health and academic success.

Phenomenology creates opportunities to increase the audience's awareness learned from the stories of others. Creswell and Poth (2018) clarified that the intent of phenomenology is to decrease an individual's experience with the phenomenon. To ensure the validity of the phenomenological design, the approach must be meticulous, reliable, and encourage

cognizance to the researched phenomenon (Castile, 2013).

Phenomenologist are attracted to individual's systematic and expressive involvement with a phenomenon (Eddles-Hirsch, 2015). Since the 20th century, Edmund Husserl has been commended for launching phenomenology (Neubauer, Witkop, & Varpio, 2019). The phenomenological approach is significant in that it emphasizes the interrelationship between the participants and their worldview (Eddles-Hirsh, 2015). One of the most effective exploration strategies is phenomenology as it aids scholars in health profession education in investigating challenging concerns (Neubauer et al., 2019). The purpose of this qualitative study was to examine the experiences of adolescents in Southeast Louisiana as they received mental health services to support their academic success after being victimized by cyber and/or traditional forms of bullying.

Phenomenology is a descriptive and interpretive method. Creswell and Poth (2018) discussed two approaches to phenomenology: hermeneutical and transcendental phenomenology. Hermeneutic phenomenology, interpretive phenomenology, was launched by Martin Heidegger (Neubauer et al., 2019). The father of transcendental phenomenology, Edmund Husserl, postulated that the object of scientific research is an individuals' conscious perception of the phenomenon (Eddles-Hirsh, 2015). Transcendental phenomenology is also known as descriptive phenomenology. Understanding shared experiences among numerous individuals can heavily contribute to the work of therapists, educators, healthcare personnel, and policy makers (Creswell & Poth, 2018).

Participants

For this study, all adolescent clients who were willing to participate in the study were allowed to participate, thus, making it a convenience sample (Gay et al., 2012). It

was anticipated that as many as 28 adolescents would be able to participate in the study. However, only 11 completed all required documentation. All participants were able to attest to bullying victimization and its' effects on their mental health and academic success. These participants encountered experiences related to the phenomenon being studied as they are clients at a community-based mental health agency. Participants resided in a large southern state and varied in gender, age, cultural, and economic backgrounds. All adolescent participants attended public schools in the region. Purposeful sampling was utilized to select adolescents for the survey because the researcher only made contact with adolescent clients who expressed experiences with traditional and/or cyber bullying. Creswell and Poth (2018) noted that sampling that is purposeful is used to intentionally select those individuals that will best inform the researcher about the phenomenon being studied. According to Gay et al. (2012), qualitative sampling is the method of selecting a small number of individuals for research to aid the investigator in understanding a phenomenon. An ideal sample size for investigating a phenomenon would be between 5-25 individuals (Creswell & Poth, 2018).

Qualitative sampling is a technique used to select a small number of individuals who will contribute to the researcher's understanding of the studied phenomenon (Gay et al., 2012). Convenience sampling is defined as the process of researchers recruiting participants who are readily available at the time (Gay et al., 2012). The researchers continued that convenience sampling, also known as accidental or haphazard sampling, is advantageous in that it is cost-effective, manageable, and efficient. Utilizing convenience and purposeful sampling was beneficial in that both methods aided the researcher in selecting participants who obtained the characteristics that were being studied.

Data Collection and Instrument

In a qualitative study, surveys are used to collect data from a specified group of individuals through their responses to questions (Ponto, 2015). The researcher obtained permission to utilize a survey. The questionnaire was conducted through Survey Monkey, a professional online survey software, and lasted approximately 5 to 10 minutes. The participants were given open-ended questions to aid them in discussing their experiences of bullying victimization and how it had detained their mental health and academic success. The participants' gender, age, ethnicity, and other demographic information were obtained from the survey protocol.

The Survey Protocol

The researcher created the survey protocol questions based on research conducted by Brandau (2016), Clark (2018), and Shackleton (2014), as they conducted research on bullying victimization. The survey protocol (see Appendix A) assisted the researcher in maintaining consistency while gathering and analyzing the data. The Survey Questionnaire included 19 questions to gain evidence about the participants' in-depth and lived experiences of bullying victimization and how those experiences detained their mental health and academic success. The questionnaire was conducted through web-based survey software. The survey remained in the researcher's possession only and required a password to access.

To assist with verifying validity and trustworthiness of the questionnaire, the document was submitted to expert reviewers. The individuals were asked to review the purpose statement, the research questions, and the questionnaire to ensure alignment. Both parties were asked to provide feedback that could have resulted in the researcher adjusting the questionnaire. Subsequently, following the development and validation of

the questionnaire, the researcher selected two individuals, separate from the study, to participate in a pilot test. The researcher demonstrated appreciation by thanking all individuals for their contribution to the research.

Validation of the Instrument

Qualitative studies are used to gain insight on a phenomenon from the researcher's analysis of the participants' responses (Clark, 2018). Marshall and Rossman (2016) explained that it is significant for qualitative methodologies to capture concerns of validity, reliability, objectivity, and generalizability: these are considered traditional terms. Lincoln and Guba (1985) modernized the traditional terms: credibility, transferability, dependability, and confirmability (Marshall & Rossman, 2016). According to Gay et al. (2012), the tool of choice needs to be reliable and valid. The reliability of a test is the degree to which the test yields consistent results. The validity of a test is the extent to which a test or procedure actually performs in the manner it was designed to. To ensure that the questionnaire was a reflection of the study's purpose statement and research question, the inquiry was emailed to two experts to establish validity and reliability. As previously mentioned, in this process the experts reviewed each question to guarantee that they aligned with the purpose statement and research questions. The experts provided the researcher with recommendations that improved the questionnaire to promote reliability and validity.

Marshall and Rossman (2016) discussed that no research has been conducted without preconceptions. Hence, the importance of making sure that there is a balance between the researcher's goals and the researchers' assumptions. According to Clark (2018), credibility is ensuring that the findings of the research are congruent with the reality reported by the participants. Transferability is when the discoveries from one

study can be applied to other circumstances (Clark, 2018). Dependability of a study guarantees that the research can be replicated and would still yield the same results (Clark, 2018). Clark (2018) explained that confirmability is accomplished by ensuring the objectivity of the researcher throughout the study. In qualitative studies, validation strategies are used to ensure the accuracy of the research (Creswell & Poth, 2018).

Procedures

Upon receipt of IRB approval, the researcher obtained permission from a local community-based mental health agency in Southeast, Louisiana. The researcher obtained permission from the agency by completing the obligatory documentation. Once permission was granted from mental health agency, the researcher contacted the guardians of the adolescent clients.

The recruited participants were e-mailed a letter providing information about the study and inviting their participation in the study (see Appendix B). The document detailed information about the study, including the purpose, benefits, risks, and consent form. The consent form included general information about the study, a confidentiality agreement, and consent for the researcher to utilize a web-based survey software to obtain their responses from the questionnaire. The consent form explained that participants could withdraw at any time. Once the participants signed and agreed to participate, the researcher scheduled dates for each participant to participate in the survey. The survey was scheduled with each participant. During the discussion, the researcher reviewed the informed consent with each participant and answered any questions about the study before proceeding with the survey.

The survey protocol enabled the researcher to engage with the participants to explore the phenomenon of bullying, while obtaining data regarding their experiences.

The questions on the survey protocol encouraged participants to describe their life experiences of bullying victimization and relating those instances to their mental health and academic success. Before the survey, the researcher discussed the significance of minimizing distractions while completing the questionnaire. The researcher demonstrated appreciation by thanking the participants before and after the survey.

Data Analysis

During the analysis phase, the researcher's purpose was to develop a meaningful understanding of the adolescents' lived experiences of bullying victimization. Warden (2020) explained that data analysis is a purposeful, systematized, and well-ordered process. This qualitative, phenomenological study utilized a survey questionnaire that was consistent with qualitative methodology. The data obtained from the surveys were reviewed and coded by the researcher and then analyzed for patterns, categories, or themes related to the phenomenon under exploration.

Ethical Considerations

Due to researcher flexibility and subjectivity, it was imperative to consider ethical issues that may arise (Marshall & Rossman, 2016). Being that the participants were adolescents, the researcher demonstrated due diligence in protecting the participants from physical and psychological harm and that the guardian supported their participation in the study (Marshall & Rossman, 2016). Each participant and their guardian were provided a clear, detailed explanation about the intent of the study. Participants and their guardian had the opportunity to ask questions about the research at any point after contact. The guardian and the participant were informed that all participation was voluntary. Both parties were advised they were able to withdraw at any time. Each participant answered the same set of questions for the study. The researcher informed the participants and their

guardian that the researcher was the only one who had access to the research data. The participants' anonymity was protected at all times. To ensure additional security, the surveys remained in the researcher's possession only and required a password to access. Information derived from the consent forms, surveys, and any additional information regarding the study safe will be destroyed within 3 years of publication.

Trustworthiness

In qualitative studies, researchers strive to establish trustworthiness by utilizing credibility, transferability, dependability, and conformability factors to validate the instrument and maintain the reliability of the study (Marshall & Rossman, 2016). To validate the data collection tool, the survey protocol, the researcher selected two experts to review the instrument. The experts provided the researcher with suggestions that increased the survey's reliability and validity. In addition, the researcher utilized two more colleagues, who did not participate in the current study, but piloted the instruments. This aided the researcher in being certain that the instrument was adequate for the study. The researcher provided the participants with the transcripts so they could review their responses and provide comments regarding adjustments that needed to be made.

Potential Research Bias

The researcher played a significant role in the study because her job title was a Provisional Licensed Professional Counselor. The researcher was a clinical therapist who was committed to providing quality care to individuals in need. In doing so, the researcher was licensed to assess the individuals' needs, develop a treatment plan to assist in meeting those needs, provide therapy to assist clients in successfully achieving set goals, and monitor progress and barriers. Additionally, the researcher's role included all

of the previous information, but was not limited to what was provided.

The researcher understood the significance of identifying and managing personal biases in relation to this research study. The researcher managed any potential biases that may have occurred through maintaining a personal journal. The listed coping strategy aided the researcher in managing individual thoughts, reflections, memories, and insights that arose concerning each participant's inter-response during the data collection and analysis process.

Chapter 4: Results

Introduction

The previous chapter offered a detailed description of the methodology that was applied in this study. Chapter 4 includes an account of the data outcomes that were required to answer the study's five research questions. The problem addressed in the research study was that cyber bullying and traditional bullying continued to increase at the research site during the past 4 years. The purpose of this qualitative study was to examine the experiences of adolescents in Southeast Louisiana as they received mental health services to support their academic success after being victimized by cyber and/or traditional forms of bullying. The sample consisted of 11 adolescents, between the ages of 10 and 19 years, who were willing to participate. The researcher created the survey protocol questions based on research conducted by Brandau (2016), Clark (2018), and Shackleton (2014), as they conducted research on bullying victimization. The instrument consisted of 19 open-ended questions addressing bullying victimization and how it detained their mental health and academic success.

Demographics of Participants

There were 28 potential participants. However, the researcher collected 11 signed informed consent authorizations from participants and their guardians. The researcher continued communicating only with those who had provided signed consent. The sample's participation rate was 39.29% (11 out of 28). To ensure completeness, the researcher designed the survey to not continue unless each question was answered; therefore, the completion rate was 100%. The predominant gender of the participants were six males, or 54.55%. Of the participants, five (45.45%) were female. Only one female, (9.09%), identified as White with 10 participants, or 90.91%, identified as Black

or African American. The youngest participants were two aged 10 years, Black, male, Grade 4, and one aged 10 years, White female in Grade 4. The oldest participant was a Black female, age 19 years who was a sophomore in college. There were two Black females aged 12 years in Grade 7, two Black males aged 13 years, one Black male aged 14 years in Grade 8, one Black male aged 15 years in Grade 9, and one Black female aged 16 years in Grade 10. There were no direct correlations between the ages, ethnicity, gender, and grade level of the participants and their responses to bullying.

Research Question 1 Results

Research Question 1 asked to what extent does bullying exist among adolescents at the research site? Survey Questions 1, 2, and 3 were designed to address the Research Question 1:

1. Describe your understanding of bullying.
2. How old or in what grade were you when you first experienced bullying?
3. Approximately how many times have you experienced bullying?

The researcher conducted data analysis of the participants' responses regarding their awareness and experiences of bullying. Participants 1-11 responded to describing their understanding of bullying:

- P1: Bullying is when you mess with someone or hurt their feelings because of how they look or to be messy.
- P2: Being treated in a bad way for no real reason.
- P3: What people do to make other people scared of them.
- P4: Bullying is a way mistreating people because you may be unhappy with yourself.
- P5: Making fun of somebody for something they can't control.
- P6: When somebody bothers and picks on someone else.

P7: It is when someone's feelings get hurt. Something that is very mean and cruel. Something that should not happen. Bullying is when children get hurt physically and/or mentally. Sometimes it can result in the person being bullied hurts themselves.

P8: Seeking to harm people by always picking on those who you want to be afraid of you.

P9: Bullying is when someone excessively bothers you or tease you.

P10: There is physical bullying, cyber bullying, people harming you mentally, physically, emotionally, verbally.

P11: My understanding of bullying is when another person picks on another person causing that person to feel multiple ways.

All participants (100%) were able to describe at least one true aspect of what bullying was. All participants (100%) were able to attest to being bullied. Four (36.36%) participants reported that they were bullied only once. Three (27.27%) participants reported that they were bullied twice. One (9.09%) of participant recalled being bullied three times. Also, one participant stated that he has been bullied over 40 times. Another participant reported that she has been bullied too many times to count. The last participant explained that he was bullied all the time.

Research Question 2 Results

What types of bullying exist at the research site? Survey Questions 4 and 5 were designed to address the Research Question 2.

4. Describe the types and locations of bullying you have experienced (electronically, physical, verbal, cafeteria, recess, hallway, bus, etc.,)?

5. In detail, describe exactly what occurred when you were bullied.

The researcher conducted data analysis of the participant's responses to obtain an in-depth understanding of what was encountered. Two out of 11 participants stated that

they were bullied in gym class. Four (36.36%) participants reported experiencing bullying in the classroom. Three (27.27%) participants stated that they were bullied at the playground, during recess. One participant reported that he was bullied in the hallway. Another participant explained that she was bullied in the bathroom. One participant reported that he was bullied electronically. The last participant stated that she experienced bullying everywhere on the school's campus. Six (54.55%) participants attested to being verbally bullied. Eight (72.73%) participants reported being physically bullied. Only one (9.09%) of the participants confirmed that they have experienced cyberbullying.

Research Question 3 Results

How do teachers, administrators, and parents respond to bullying at the proposed research site? Survey Questions 6, 11, 12, 13, and 14 were designed to address the Research Question 3.

6. Did you tell your teacher, parent, or other adult what happened? If not, why not?

11. Describe any incidents of others being bullied that you have witnessed.

12. How frequently have you observed others being bullied?

13. At your school, are the staff helpful in addressing bullying?

14. At your school, are your parents notified of the incident?

The researcher conducted data analysis of the participants' responses to identify the involvement and responses of teachers, parents, and administrators. Six of 11 participants stated that they told a teacher, parent, or administrator if they were bullied. Three (27.27%) participants stated that they did not tell a teacher, parent, or administrator. Two participants did not answer yes or no. One participant stated that their

teacher was there and did not intervene until he became upset. Another participant stated that the aggressor told on him, before he could tell.

Nine (81.82 %) participants reported that they witnessed the bullying of others. One participant stated they had not witnessed others being bullied. Another participant stated that she could not remember. Regarding the frequency of witnessing others bullied, two (18.18%) reported never, five (45.46%) reported sometimes, and three (27.27%) reported frequently. Three participants stated that school staff were helpful in addressing bullying. Also, another set of three participants stated that it depended on the situation. Five (45.46%) participants reported staff were not helpful in addressing bullying. Regarding the school notifying parents of bullying incidents, three (27.27%) participants reported yes, five (45.46%) participants stated no, and three (27.27%) participants reported that it depended on the situation.

Research Question 4 Results

At the research site, how had the adolescents' attitude changed towards school attendance, academics, and mental health since being bullied? Survey Questions 7, 8, 15, and 16 were designed to address Research Question 4;

- 7. How would you describe your overall school experience prior to being bullied?
- 8. What impact, if any, did bullying have on your attitude toward school, school relationships, grades and attendance?
- 15. At your school, are your parents notified of the incident?
- 16. Describe how cyber and/or other types of bullying have affected your mental health.

The researcher conducted data analysis of the participants' responses to identify how bullying victimization had detained their mental health and academic success. Eight

(72.73%) participants stated that they enjoyed school prior to being bullied. Two out of 11 participants held neutral standpoints regarding school prior to being bullied. One of the participants stated that they disliked school prior to being bullied.

When asked if bullying had an impact on their mental health, 10 (90.91%) of the students reported an impact. Increased anger, reported by seven out of 11 participants, was the predominant impact described. Along with increased anger, participants also mentioned loss of focus, isolation, decreased self-esteem, lack of trust, and not wanting to go to school anymore. Only one participant reported no impact, but added that she tried not to let it bother her. When asked if bullying had an impact on their academic performance, six (54.55%) participants reported no impact. However, two participants reported a decrease in their academic performance. One participant stated they were failing scholastically. Another participant stated they did not like being in class with the bully. One participant reported not wanting to ask questions in class.

Research Question 5 Results

How has mental health counseling impacted students at the research site? Survey Questions 9, 10, 17, 18, and 19 were designed to address the Research Question 5:

9. How are you coping with having experienced bullying?
10. Are you experiencing bullying now? If so, what is happening?
17. Describe your experience with your therapist at the agency.
18. How has your participation in therapy impacted your ability to cope with bullying?
19. How has your participation in therapy impacted your school performance and/or grades?

The researcher conducted data analysis of the participants' responses to identify the impact of mental health counseling after bullying victimization. Three out of the 11 participants described healthy coping skills they had learned to use. Four (36.36%) participants were being okay since they had changed schools or were "just dealing with it." In addition, four participants did not describe healthy coping skills. Some of the responses included utilizing anger or remaining diffident. Three (27.27%) participants reported therapy not being helpful. Six, or 63.64%, of the participants reported therapy being helpful. Most of the participants explained how talk therapy had improved their self-esteem. Others mentioned that their therapist helped them to see things from a different perspective.

Regarding therapy helping adolescents increase their academic performance, five participants stated there was no impact. Some of the reasons were due to no discussion of bullying victimization in therapy or no decrease in grades after experiencing bullying victimization. One participant reported that he was still failing, lacked motivation, and did not care. When asked to describe their experience with their therapist, nine (81.82%) of the participants stated that their therapist was helpful. However, two of the participants stated that their therapist was not helpful. All participants (100%) reported that they were not experiencing bullying currently.

Chapter 5: Discussion

This applied dissertation examined the experiences of adolescents in Southeast Louisiana as they received mental health services to support their academic success after being victimized by cyber and/or traditional forms of bullying. Bullying victimization continued to increase at the research site during the past 4 years. Children who experienced bullying victimization (a) were more prone to developing panic, agoraphobia, and anxiety disorders; (b) were at higher risk for developing antisocial personality disorders; (c) were at higher risk for developing depression; and (d) females displayed a higher risk for developing agoraphobia while males were at higher risk for suicide (Perugini, 2013). Representatives and legislators implemented policies and procedures to address bullying within the schools. However, the occurrence of bullying and cyberbullying was on a constant rise.

Throughout the country, bullying contributed to depression, concerns of self-esteem, poor academic success, and suicide among adolescents (Louis, 2014). Concealed and untreated mental health concerns evolved into mental illness. For many, bullying victimization caused a detrimental effect on the opportunity of acquiring the skills needed to obtain successful and fulfilling lives. Along with psychosocial difficulties, bullying victimization derails the academic performance of students. Research demonstrated that students who were bullied, or suffered some form of peer victimization, demonstrated lower academic achievement as compared to their counterparts who were not bullied. Unfortunately, many parents and teachers were not aware of how weighty the issue was. Therefore, it was imperative for childhood bullying to be at the forefront of major public health concern.

As previously mentioned, there were 28 potential participants. However, the

researcher collected 11 signed informed consent authorizations from participants and their guardians. The sample's participation rate was 39.29%. It was imperative to note that the agency provided services to more than 50 adolescents who had reported bullying victimization. The researcher and the agency's supervisor evaluated each participant to ensure that they were ideal for the study. The researcher did not allow participants to participate who were on the severe end of the psychosocial spectrum. For example, one of the potential participants who expressed interest lost a childhood friend to suicide. The individual's mother and news outlets reported that the victim was bullied repeatedly. At the time of the study, the adolescent client/potential participant was experiencing critical depressive symptoms; therefore, he was not permitted to partake in the study.

Research Question 1 Discussion

To what extent does bullying exist among adolescents at the proposed research site? The researcher conducted data analysis of the participants' responses regarding their awareness and experiences of bullying. All participants (100%) were able to describe at least one true aspect of what bullying was. However, only one participant demonstrated an almost complete understanding of bullying. When asked to describe their understanding of bullying, the participant explained, "there is physical bullying, cyber bullying, people harming you mentally, physically, emotionally, and verbally." Other responses were teasing, harassment, and the act of mistreating others for no reason or because the aggressor was unhappy with themselves. One participant explained that "bullying is when children get hurt physically and/or mentally. Sometimes it can result in the person being bullied hurts themselves."

All participants (100%) were able to attest to being bullied. Four, or 36.36%, of the participants reported that they were bullied only once. Three of the participants

reported that they were bullied twice. One out of 11 participants recalled being bullied three times. One participant stated that he had been bullied over 40 times. Another participant reported that she had been bullied too many times to count. The last participant explained that he was bullied all the time. In addition to these findings, the researcher noticed that bullying victimization occurred mostly in middle school, as reported by six (54.55%) participants.

Research Question 2 Discussion

What types of bullying exist at the research site? The researcher conducted data analysis of the participants' responses to obtain an in-depth understanding of what was encountered. Two out of 11 participants stated that they were bullied in gym class. 36.36% reported experiencing bullying in the classroom. Three (27.27%) participants stated that they were bullied at the playground, during recess. One participant reported that he was bullied in the hallway. Another participant explained that she was bullied in the bathroom. One participant reported that he was bullied electronically. The last participant stated that she experienced bullying everywhere on the school's campus.

Even though all acts of bullying were cruel, a lot of the experiences reported were reprehensible. One participant reported that in gym class, two males pulled her sweatpants down while she was on her menstrual cycle. The participant continued that this was done in front of everyone in class. Research demonstrates how teachers fail to pay attention to many misbehaviors because they cannot spend a significant amount of time on detecting cases of bullying. Bullies are strategic in selecting an area to bully others. Often times, it is in an area with low supervision. The aforementioned response proves this rationale, as the participant explained that the gym teacher had stepped outside to speak with another adult. However, this action resulted in the consequence of

the participant's parent suing the school board.

In addition, six (54.55%) participants attested to being verbally bullied. Eight, or 72.73%, of the participants reported being physically bullied. Only one of the participants confirmed that they had experienced cyberbullying. Recent research implies that the frequency of cyber bullying occurs at a lower rate than traditional bullying. After reviewing the responses of the participants, this statement appears to be true. The researcher proposes that the effects of traditional and cyber bullying are even greater, when the victim experiences both forms concurrently. One participant reported experiencing both forms of bullying victimization simultaneously.

Research Question 3 Discussion

How do teachers, administrators, and parents respond to bullying at the proposed research site? The researcher conducted data analysis of the participants' responses to identify the involvement and responses of teachers, parents, and administrators. Six (54.55%) participants stated that they told a teacher, parent, or administrator if they were bullied. Three out of 11 participants stated that they did not tell a teacher, parent, or administrator. Two participants did not answer yes or no. One participant stated that their teacher was there and did not intervene until he became upset. Another participant stated that the aggressor told on him, before he could tell.

One participant explained that they did not tell an adult because "I did not feel like it was a big deal to me." Another participant stated that he, as the victim, did not tell because he believed he would get into trouble. Research explains that there are several reasons why children do not tell school administration that they are experiencing bullying. Some of those reasons include children being embarrassed to tell, fear of getting bullied more, and fear of getting into trouble. In addition, several studies imply that

children do not tell their parents of what occurred because they want to keep their home life and school life separate, they believe they can handle the issue on their own, or they feel that nothing will change.

Nine (81.82%) participants reported that they had witnessed the bullying of others. One participant stated they had not witnessed others being bullied. Another participant stated that she could not remember. Regarding the frequency of witnessing others bullied, two participants reported never, five (45.46%) reported sometimes, and three participants reported frequently. It would have been plausible for the researcher to ask the participants if they intervened to aid the victim. Many studies indicate that the bystander's willingness to intervene, or not, is based on their level of confidence in themselves to successfully perform the task. A plausible assumption could be that the victims are fearful of additional ramifications. Therefore, it is better to remain uninvolved in altercations that do not concern them.

Three (27.27%) of the participants stated that school staff were helpful in addressing bullying. Another set of three participants stated that it depended on the situation. Five (45.46%) participants reported staff were not helpful in addressing bullying. Regarding the school notifying parents of bullying incidents, three participants reported yes, five participants stated no, and three participants reported that it depended on the situation. There was a participant who was not an appropriate fit for the study. However, his experience with bullying was beneficial to note. The adolescent stated that he told his teacher several times that his classmate was bullying him. The teacher told him to stop tattling. The final time, the student picked up his desk and threw it at his teacher. This was a perfect example of why many children fail to inform adults.

Research Question 4 Discussion

At the research site, how has the adolescents' attitude changed towards school attendance, academics, and mental health since being bullied? The researcher conducted data analysis of the participants' responses to identify how bullying victimization detained their mental health and academic success. Eight out of 11, or 72.73%, of the participants stated they liked school prior to being bullied. Two participants held neutral standpoints regarding school prior to being bullied. One participant stated that they disliked school prior to being bullied.

Public concern regarding school bullying has increased dramatically and it fosters a large part of adolescent death because of suicide. Research expressed that bullying has contributed to depression, concerns of self-esteem, poor academic success, and suicide among adolescents. As previously mentioned, there was a potential participant who expressed interest lost a childhood friend to suicide. The friend of the potential participant was an African American male middle schooler. The news reported that the student was constantly bullied by a female. The female burned him with a hot glue gun, cut his hair, and constantly teased daily. As a result, the student hung himself in his bedroom closet. His younger brother found him hanging the next morning.

When asked if bullying had an impact on their mental health, 10 students reported an impact. Increased anger, as reported by seven (63.64%) participants, was the predominant impact reported. Along with increased anger, participants also mentioned loss of focus, isolation, decreased self-esteem, lack of trust, and not wanting to go to school anymore. Only one participant reported no impact, but added that she tried not to let it bother her. As previously mentioned, before conducting the survey the researcher and the agency's supervisor staffed each participant's case. Therefore, the researcher was

able to see how bullying victimization impacted the participant. For example, one participant who was bullied at school furthered the altercation by taking the matters to social media. The participant tried to hire someone to murder the bully, on social media, and offered monetary compensation.

When asked if bullying had an impact on their academic performance, six (54.55%) participants reported no impact. However, two participants reported a decrease in their academic performance. One participant stated they are failing scholastically. Another participant stated they did not like being in class with the bully. One participant reported not wanting to ask questions in class. After careful review of the survey, the researcher realized another question could have been added for further investigation. For instance, it would be interesting to know the teacher's response, if any, to the participant's unsatisfactory academic performance.

Research Question 5 Discussion

How has mental health counseling impacted students at the research site? The researcher conducted data analysis of the participants' responses to identify the impact of mental health counseling after bullying victimization. Three (27.27%) participants described healthy coping skills they have learned to use. Four (36.36%) participants being okay since they had changed schools or "just dealing with it." In addition, 36.36% of the participants did not describe healthy coping skills. Most of the participants explained how talk therapy had improved their self-esteem. Others mentioned that their therapist helped them to see things from a different perspective.

Specifically, one participant explained that she was grateful to have someone listen to her side of the story. Many times, victims feel as if the incident was their fault or they had to retaliate to receive justice in the matter. The era of adolescence, which occurs

between childhood and adulthood, includes changes in the biological, emotional, social, cognitive, and intellectual development. At this stage, the individual is expected to adapt and endure demanding challenges that occur in their home, school, and social lives.

Research demonstrated that increased self-efficacy enables victims of bullying to persevere through challenges.

Regarding therapy helping adolescents increase their academic performance, five participants stated there was no impact. Some of the reasons were due to no discussion of bullying victimization in therapy or no decrease in grades after experiencing bullying victimization. One participant reported that he was still failing, lacked motivation, and did not care. When asked to describe their experience with their therapist, nine (81.82%) participants stated that their therapist was helpful. However, two participants stated that their therapist was not helpful. All participants (100%) reported that they were not experiencing bullying currently.

With respect to mental health concerns, adolescents are not less immune than adults; especially since they are undergoing profound developmental changes and are not able to recognize, specifically, what they are experiencing. Mental health clinicians are expected to foster recovery and resilience in individuals with mental health concerns and mental health illnesses. To learn that some participants did not feel therapy was useful was disturbing. As previously mentioned, there had been an increase in suicidal ideations and suicide in attempts, in the state, as it related to bullying. Hence, the significance in developing practical solutions to address the concerns that cyber and traditional bullying had on the mental health and academic success of students.

Implications of the Study

The current research specified that bullying victimization was prevalent among

adolescent clients at the research site. More specifically, the findings of this study proved that cyber bullying and traditional bullying continued to increase at the research site during the past 4 years. The research also indicated that bullying victimization had impeded on the mental health and academic performance of the participants. All participants were able to mention their awareness and experiences of bullying victimization. Most of the participants reported that mental health services and school administration were helpful.

In 2010, Louisiana hoped to decrease the frequencies of bullying victimization. The Louisiana Schools Accountability Law, Act 755, was implemented to counteract the occurrences of bullying. However, this policy has not been effective as Louisiana was ranked the second worst state in their response to bullying victimization. The findings concluded that Louisiana ranked the highest percentage (#1) in prevalence and impact of bullying; the top five in largest proportion (#5) in the bullying of high school level students on property owned by the school; the largest proportion (#1) of students experiencing online bullying at the high school level; the largest proportion (#1) of students at high school level involving physical altercations at school; a significant percentage (#2) of high school students who truant due to fear of experiencing bullying; and the largest proportion (#1) of high school adolescents who attempted suicide.

Research demonstrated that the current policy was not as effective as the state hoped. A statewide effective policy that counteracts the frequencies of bullying victimization, increases peer relations, and creates a safe environment for all students is in high demand. In addition, the policy should have a clear working definition of bullying. This study demonstrated that each participant had a different definition of bullying. One can imagine that school administration, mental health practitioners, and

parents have different views as well. In order to provide practical solutions, the problem has to be clearly defined. Furthermore, all school officials and staff can benefit from professional developments and workshops that promotes effective responses to bullying victimization. As confirmed in this study, many adults do not respond adequately to those who are targeted.

Relevance of the Study

The findings of this study identified several hindrances that prevent the decrease of bullying victimization. The first concern is lack of awareness. Education is needed to increase awareness of bullying and to aid school administration and community-based professionals on how to effectively decline the issue. De Luca et al. (2019) explained that teachers do not adequately respond to bullying victimization because they are uninformed, have different perspectives regarding the phenomenon, or they believe bullying victimization is a normal part of everyday life. One participant was told to stop tattling. Hence, the significance of education. Guerra et al. (2011) indicated that building a positive school climate will increase the relationship and interactions between students and teachers. Many professionals may argue that the line is blurred between tattling and a child asking for assistance. Researchers explained the significance of allowing students' interpretations of what bullying is, to be included in assessments. This process adds more clarity to the definitional criteria.

The second concern found in this study was that some participants felt therapy was not effective in addressing their concerns. Turner et al. (2013) reported that adolescents who experience bullying victimization are prone to several mental health consequences, including depression and suicide ideations. It is imperative to reflect on the potential participant that was mentioned earlier in the study. He was not deemed

appropriate for the study he was experiencing critical depressive symptoms at the time of the research. Adolescents who are victimized by bullying experience short-term and long-term effects mental impairments (Stewart-Tufescu, 2019). The findings concluded that participants experienced symptoms of Attention-Deficit and Hyperactivity Disorder (ADHD), depression, social anxiety, and low self-esteem. The mission of the research site was to provide the highest quality of care by working, together, with families and school administration within the community. The agency utilized a holistic approach to strengthen the client's minds through techniques that build mental discipline, emotional calmness, increase awareness, and create a positive mindset for life. However, some participants stated they were not receiving adequate therapy services. Professional development for mental health practitioners that aims to promote a supportive environment and effective responses to bullying victimization would better service the clients.

The third concern is that the participants implied that they were not safe in school. Moon et al. (2013) indicated that adolescents will utilize school support, but only if they perceive the academic environment to be a safe-space. The findings of this research concluded that adolescents, from different schools, believed that staff were not helpful in addressing bullying. Regarding the research conducted by Moon et al. (2013), many adolescents do not believe they are connected to a safe scholastic environment. In addition to their testimonials of personal experiences, the participants were also able to describe the instances of witnessing others bullied. Bullying occurs in almost every school setting. Unfortunately, many adults are not aware of how weighty the issue is. A significant amount of research demonstrates that increased experiences of bullying victimization often result in decreased academic engagement and performance (Juvonen

et al., 2011). Public education, civic offices, school administration, community-based practitioners, and parents must be made aware of this issue in order to create a cohesive and supportive academic climate that averts bullying and harassment.

Limitations

The focus of this dissertation study was centered on the experiences of adolescents in Southeast Louisiana who experienced bullying and were receiving mental health services as a result. Participants were recruited from one mental health agency in Southeast Louisiana. A limitation of the study was that it had a small sample size. This was due to individuals not wanting to discuss those lived experiences. Although no one can give a better description of the studied phenomenon other than the client themselves, it would be advantageous for future research to include supplemental information from counselors. Counselors can attest to the influences bullying victimization has on mental health and academic success so that it will not continue.

Conclusion and Recommendations

The recommendations, findings, and conclusions from this study will benefit public education, civic offices, school administration, community-based practitioners, and parents. Again, bullying does not have to be a guaranteed life experience for adolescents. The aforementioned audience are obligated to understand the ramifications of bullying victimization so that an effective policy and program can be implemented to decrease the psychiatric and socio-economic difficulties of adolescents. There are many supportive anti-bullying interventions that can aid school administration and community-based professionals in employing a safer environment for adolescents, such as conflict resolution and mediation, role play, cooperative group programs, peer support, and counseling.

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Appendix A
Survey Protocol

Survey Protocol

Time of survey: _____

Date: _____

Investigator: Latasha Young

Participant: _____

Purpose of the study: The purpose of the proposed study is to determine the effects of mental health services that are designed to decrease the negative effects of both cyber and traditional bullying the mental health and academics amongst clients at a local mental health agency.

Participant Background

How old are you? _____

What is your gender? *Male* _____ *Female* _____

What grade are you in? _____

What is your race/ethnicity? (*Check all that apply*)*Caucasian* _____*Hispanic* _____*Other* _____*African-American* _____*American Indian/Alaska Native* _____*Asian* _____*Native Hawaiian or Other Pacific Islander* _____**Survey Questions**

1. Describe your understanding of bullying.
2. How old or in what grade were you when you first experienced bullying?
3. Approximately how many times have you experienced bullying?

4. Describe the types and locations of bullying you have experienced
(electronically, physical, verbal, cafeteria, recess, hallway, bus, etc.,)?
5. In detail, describe exactly what occurred when you were bullied.
6. Did you tell your teacher, parent, or other adult what happened? If not, why not?
7. How would you describe your overall school experience prior to being bullied?
8. What impact, if any, did bullying have on your attitude toward school, school relationships, grades and attendance?
9. How are you coping with having experienced bullying?
10. Are you experiencing bullying now? If so, what is happening?
11. Describe any incidents of others being bullied that you have witnessed.
12. How frequently have you observed others being bullied?
13. At your school, are the staff helpful in addressing bullying?
14. At your school, are your parents notified of the incident?
15. Describe how cyber and/or other types of bullying have affected your mental health.
16. Describe how cyber and/or other types of bullying have affected your school grades/performance.
17. Describe your experience with your therapist at the agency.
18. How has your participation in therapy impacted your ability to cope with bullying?
19. How has your participation in therapy impacted your school performance and/or grades?

Appendix B
Recruitment Letter

Recruitment Letter

Subject: Potential Participant

This letter is requesting your participation in a research project entitled “*Exploring the Aftermath of Cyber and Traditional Bullying Victimization of Adolescent’s Mental Health and Academic Success*”. If your child is between the ages of 10 and 19, have experienced bullying, and agree to participate in the study, please respond to this letter in an email. Upon receiving receipt of your agreement, I will provide you (the parent) and your child with an informed consent. The informed consent must be reviewed, signed, and returned by email. Once all documentation is completed, you will receive a link to complete the questionnaire, via SurveyMonkey.

If you have any concerns or need additional information, please contact.....LY

Sincerely,

LY