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Research on the Prevalence of Bullying and Related Interventions: A Literature Review

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by

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DEDICATION

In honor of my beautiful family, friends, and loved ones who have never left my side, this one's for you. I love you guys. Dad, thank you for teaching me to never give up and to find a way to make it work no matter what curve ball is thrown my way. To my Mom who has always taught me to find joy in the smallest things and showed me how to put in hard work with grace and humility. To Diane for always giving words of encouragement and love. To Dave for being another shining example of how hard work and perseverance can help you achieve your dreams. To Mckenzie for always being supportive and for being my biggest cheerleader. To Zach for always getting my Office references and always willing to help with tech issues. To Gio for being a great listener. To Nicol for always lending an ear for me to vent and giving fantastic advice. To the Morgan and Jake for always letting off steam with me. To Danielle, my best friend since I can remember, thank you for always being there through thick and thin. And to my late Great Grandma for teaching me you can do anything despite what anyone tells you. I love and miss you. With sincerest gratitude, thank you. I am humbled to be loved by all of you.

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ABSTRACT

This literature review will first describe the definition of bullying and the prevalence of bullying across populations. Populations include individuals with intellectual disabilities, individuals who are typically developing as well as children, and adults. Several interventions have been implemented to help remedy bullying occurrences, decrease the negative outcomes of bullying, and prevent the initiation of bullying. Therefore, this review will also discuss interventions that have been implemented to decrease bullying with a focus on BST and IST as these specific interventions have shown some of the most promising outcomes. Additionally, a discussion will highlight the need for continued research using effective interventions among different populations as well as replicating studies in various populations that involve interventions using BST and IST.

CHAPTER ONE:

INTRODUCTION

Bullying is an ongoing issue that requires effective treatment and intervention. There are many topographies of behavior that would fall under the category of bullying. The Centers for Disease Control and Prevention (CDC) defines bullying to include physical aggression (e.g., hitting, tripping), verbal harassment (e.g., name calling, teasing), or relational/social aggression (e.g., spreading rumors, leaving peers out of a social group). However, bullying definitions do vary across studies and often include three components; (1) aggressive behavior, (2) the behavior occurs repeatedly, and (3) an imbalance of power in which the aggressive behavior occurs towards someone who may not be able to adequately defend themselves (Cross et al., 2012, Owleus, 1993). In 2014, the CDC released the first federal definition which included unwanted aggressive behavior, observed or perceived imbalance of power, and actual or the high probability of repetition which is similar to the topographies mentioned above (Gladden et al., 2014). A child can be a victim, a bully, or both a bully-victim and of the qualifying roles, the bully-victims are at greater risk for developing both mental and health problems (CDC, 2011).

According to a 2015 nationwide survey, 20% of high school students reported being the victims of bullying on school property (CDC, 2016). During the 2007-2008 calendar school year, 25% of public schools reported that bullying occurred on a daily or weekly basis (CDC, 2011). Of the schools that reported bullying, middle schools reported higher frequencies of bullying compared to elementary schools suggesting a need for earlier intervention (CDC, 2011). In a national survey, 70.6% of young people reported having seen bullying occur in their schools and

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70.4% of school staff reported having witnessed bullying (Bradshaw, et al., 2007). Although bullying is likely to occur in school environments, bullying can also occur through other mediums like technology and is typically referred to as cyber bullying. This would include relational/social bullying in the forms of email, online chatting, websites, instant messaging, videos, pictures posted online, or posts on social media (CDC, 2016).

Researchers have not reported a functional analysis of bullying, but it is likely that bullying is maintained by attention (e.g., emotional reactions of the victim, support from peers) or tangible reinforcement (e.g., obtaining the victim's possessions). Victims of bullying may be at an increased risk for depression, anxiety, sleep difficulties, and poor school adjustment (CDC, 2016) and often report low self-esteem, damage to self-concept, and may be prone to engage in aggression (Fried & Fried, 1996). Some risk factors that increase the likelihood a child may engage in or experience bullying include harsh parenting by guardians, defiant/disruptive behavior, attitudes accepting violence, poor peer relationships, and low self-esteem (CDC, 2016). Bullying also can lead to physical injury and even death of the victim or the bully. Some bullying behaviors can be categorized as criminal behaviors like assault, harassment, or hazing (Gladden et al., 2014). For this reason, bullying should be considered a major problem and should never be ignored (Fried & Fried, 1996). The CDC is helpful in defining bullying, how it affects health, who is potentially at risk, and resources for learning more. However, the CDC emphasizes statistics regarding typically functioning middle and high school students which is only a portion of the entire population who are victims of bullying (CDC, 2011, 2016). According to the U.S. Department of Health and Human Services (2019) the majority of bullying occurs in middle schools. Middle school students reported having experienced bullying in most communal areas

including classrooms, hallways, lockers, cafeterias, gyms, bathrooms, and at recess with the highest percentage of occurrence being in the classroom (29%) (Bradshaw et al., 2007).

Bullying and Individuals with Disabilities

Individuals with disabilities including intellectual disabilities and physical disabilities also encounter bullying and may be more prone to being bullied in the school setting. Carter and Spencer (2006) revealed that students with visible and non-visible disabilities are more likely to experience bullying than their typically functioning peers. Mencap (1999) showed that about 80% of children with intellectual disabilities had been bullied and are twice as likely to be bullied compared to typically developing children and 6 out of 10 children are physically harmed by bullies. Dawkins (1996) revealed that children attending a clinic for children with physical disabilities were twice as likely to be bullied compared to the children attending outpatient clinics with conditions not associated with visible abnormalities. Of the children with physical disabilities, 30% of them were regularly being bullied. In an analysis of 186 teenagers and young adults with special needs by Reiter and Lapidot-Lefler (2007), bullies and victim-bullies were found to engage in significantly higher levels of maladaptive behaviors including tantrums and a tendency to lie or steal. This evaluation also presented similar findings of emotional and interpersonal problems correlating with victims while violent behavior and other atypical behaviors correlating with bullies. Adolescents with intellectual disabilities are likely to experience risk factors such as lower socioeconomic status and mental health problems which are known to be associated with anti-social behaviors (Dickson et al., 2005). The Dickson et al. (2005) study occurred in Great Britain, which highlights the prevalence of anti-social behaviors among adolescents as being not only a domestic issue, but a global concern that requires immediate attention from various cultures to aid in creating a more positive learning

environment as bullying is occurring among early school age children and lasting all the way into adult work environments. Special needs children already face increased barriers in day to day life and may face an increased susceptibility to being bullied (Ochi et al., 2005). Findings from Ochi et al. (2020) highlighted that school refusal occurred earlier in children with Autism Spectrum Disorder (ASD) compared to typically developing children with bullying being a significant factor contributing to refusal. Anti-social behavior topographies discussed by Dickson et al. (2005) include any behavior that occurs outside the realm of the law. It is noteworthy to argue and emphasize the importance of continuing research to help decrease and halt bullying behaviors early so as to prevent criminal acts and create a safer future for society as a whole. With addressing and properly training children and caregivers early, it is reasonable to argue bullying is less likely to occur in the future.

Another concern is whether individuals with intellectual disabilities are capable of determining if they are being bullied and are capable of reporting bullying. Bramston et al. (1998) demonstrated that individuals with intellectual disabilities can report their perceptions of stress, many of which are similar to that of a typical college student. One of the biggest stressors reported by individuals with intellectual disabilities was having negative interpersonal relationships. In two special education classrooms, Reiter and Lapidot-Lefler (2007) found that 83% of students who attended a special education school reported having experienced some type of bullying, 75% of which were boys. Types of bullying that occurred included being cussed at, being laughed at, being told nasty or rude things, being beaten, being pushed, being threatened with harm, being kicked, being pinched, being forced to do things they did not want to do, being sexually touched without consent, and having property stolen. Of the 92 students, it was reported that 50% were bullies, 18.5% were victims, and 31.5% were both bullies and the victim. In a

content analysis of interviews of bully/bully victims, only one informant identified an occurrence of bullying by members on a public bus, while all other instances of bullying occurred among daily interactions with peers which suggests bullying is more likely to occur around peers rather than strangers (Sheard et al., 2001). Two notable risk factors of being a bully include low empathy and hyperactivity-impulsiveness (Farrington & Baldry, 2010). Prevention measures need to be taken and all individuals with special needs should be equipped with the skill set to engage in self advocacy in some form, be assertive, and know how to respond when they come into contact with bullying (Reiter & Lapidot-Lefler, 2007).

While demonstrating the alarming frequencies of bullying that are occurring along with self-reported maladaptive behaviors from those with an intellectual disability, it is important to consider adults with intellectual disabilities that are also facing difficulties from bullying. Many adults with intellectual disabilities are likely to have faced bullying growing up and are still at a high risk of encountering bullying as an adult. Within a three-month period, 43% of adults with intellectual disabilities reported having been bullied and of that 43%, 15% of individuals reported having bullied someone else (Mcgrath et al., 2010). This is significant due to the fact that both victimization and bullying behavior were examined and results indicated more direct measurements of incidents of bullying were necessary. This suggests the need for research to include independent observation of each instance of bullying to better intervene in contrast to self-reports. Self-reports from parent's and the victims of bullying may be inaccurate due to the victim not recalling the entire incident or not willing to share the extent of the severity of the incident (Christensen et al., 2012). It is also possible the parent of the victim may not interpret the bullying interactions the same as the child (Christensen et al., 2012). Another important factor to consider is parents and caregivers who provide direct care to those with an intellectual

disability and how their mental health and well-being play a large role in their child's success. Research indicates that the caregiver's quality of life is affected due to excessive worrying that their child with an intellectual disability is being bullied (Lee at al., 2008). Research also indicates that antibullying interventions and programs can have a positive effect on teacher's attitudes, subjective norms (the perceived social pressure from others of how an individual should behave), and knowledge of strategies used to decrease and prevent bullying (Van Verseveld et al., 2019). Training all caregivers to be better equipped when bullying occurs will help all parties be on the same page to better address the problem.

The majority of research on bullying was examined in school settings with typically developing children. According to Christensen et al. (2012), victimization of teens with intellectual disabilities was not reported to be more severe or chronic than teens who are typically developing. Although we know that bullying is extremely harmful, many aspects of bullying, and the children and adolescents who are frequently targeted, remain unknown (Christensen et al., 2012). Jansen et al. (2012) reiterated not only the need for increased bullying prevention and interventions that are effective, but also to examine socioeconomically disadvantaged families that have a higher risk of contacting various forms of bullying.

CHAPTER 2:

INTERVENTION APPROACHES

Different approaches have been utilized to decrease bullying including school-wide approaches that provide training and intervention for all students and staff in a class or school and individualized approaches that focus on providing interventions to victims of bullying or the bullies themselves.

School-wide approaches

School-wide approaches may be useful in decreasing bullying episodes because they provide comprehensive training to student and teachers on how best to respond to bullying. For example, Ross and Horner (2009) implemented School Wide Bully Prevention in Positive Behavior Support (BP-PBS) which is an intervention that taught children to withhold social consequences that maintain bullying. The children were taught a three-step response (stop, walk, talk) that was designed to teach how to be respectful of each other. All school staff were also taught to reinforce instances of students engaging in the three-step response. Results showed increases in the use of the three-step response and decreases in the frequency of bullying, suggesting that by engaging in an appropriate response to bullying, the frequency of bullying might decrease. It is important to note that staff in this study were already implementing schoolwide Positive Behavior Interventions and Support (PBIS) on a daily basis which may not be the case in other settings like schools without schoolwide PBIS, daycares, churches, and other educational environments with large groups of children.

Other studies utilizing school-wide interventions have reported positive results including decreases in aggression related to bullying (Leadbeter et al., 2003; Mueller & Parisi, 2002) and indirect measures of positive attitudinal changes (Tsiantis et al., 2013). Other positive outcomes from schoolwide interventions are that both bystanders and victims reported they were likely to use the skills they learned (Frey et al., 2005) and students reported feeling more competent in managing bullying (Stevens et al., 2000). Both the Frey et al. (2005) and Stevens et al. (2000) studies did not include direct observation measures therefore additional studies are needed to directly measure instances of responses to bullying to determine if the interventions resulted in behavior change. Additionally, research is needed related to the training and direct measurement of staff on how to respond when approached by students who are reporting bullying. Bjereld et al. (2019) examined the perspective of the child when they informed adults in their environment to seek assistance with bullying and how the adult's reaction affected the child. Results indicated there was no clear answer whether going to adults or avoiding adults when bullying occurs was more helpful. This highlights a need to ensure adults in the environment are trained to consistently respond to bullying in a manner that is going to be helpful for the child.

Technology has also been used at the school-wide level to decrease bullying. Yang and Salmivalli (2015) used KiVA (an anti-bullying program in the form of a computer game) to reduce the prevalence of bully-victims in a school setting. KiVa is a national anti-bullying program used in Finland that incorporates student lessons along with virtual learning via computer-based games. The study incorporated 738 intervention classrooms that received the KiVa program and 647 control classrooms. The KiVA program was implemented across an entire school year. Prevalence of bullying was measured using self-reports and peer reports for all classrooms. Results indicated decreased reports of rates of bullying from between 8-41% the

following school year for those schools that implemented the KiVa program compared to control classrooms. This program specifically focused on addressing the behavior of the bystander who witnessed bullying. Although there were reductions in reported bullying behaviors with the use of KiVa, this intervention did not address directly all potential types of victims of bullying and relied on self-report measures instead of direct observations of bullying and bystanders responses to bullying.

Individual approaches

In contrast to implementing school-wide or classroom-wide types of interventions, studies have also examined interventions that target individual victims and bullies. Fox and Boulton (2003) specifically taught victims skills related to problem solving, social skills, and relaxation strategies. Self-report measures indicated that children who completed the training reported increases in self-esteem and decreases in anxiety however no other improvements were noted. Another possible method of teaching individual students to respond to bulling is using behavioral skills training (BST). BST has been used to teach several different types of safety skills to an array of individuals (Gatheridge et al., 2004; Himle et al., 2004; Miltenberger et al. 1999, 2004, 2005; Sanchez & Miltenberger, 2015). BST is implemented by having the teacher implement the following four steps: instructions, modeling, rehearsal, and feedback. Additionally, similar to bullying, BST has been successfully implemented to decrease instances of aggression by teaching replacement responses among individual with intellectual disabilities (Travis and Sturmey, 2013). Replacement responses taught were based on the antecedent event that occurred before bullying occurred. For example, to replace aggression the person may say a short statement of disapproval or asking to move away from the current environment they're in (Travis and Sturmey, 2013).

While BST has been an effective teaching method, it might not always lead to generalization of skills across settings (Himle et al., 2004). To assist in increasing generalization, researchers have added an in-situ training (IST) component, which was shown to be an effective way to increase the occurrence of learned skills in natural settings (Himle et al., 2004; Miltenberger et al., 1999, 2005). In situ training may be needed when an individual does not engage in the target behavior after BST is implemented. When the individual engages in an error, they are given immediate feedback on their performance and then are instructed to rehearse the correct target behavior in the moment. (Egemo-Helm et al., 2007; Himle et al., 2004; Miltenberger et al., 1999, 2005; Sanchez & Miltenberger, 2015). Himle et al. (2004) showed that about half of the children needed IST in order to generalize the gun safety skills they learned during BST. Miltenberger et al. (2004) also used IST after BST was not effective for half the kids to increase the participant's use of gun safety skills across multiple settings. IST was also an effective strategy to teach individuals with intellectual disabilities safety skills (Miltenberger et al., 1999; Sanchez & Miltenberger, 2015). Sanchez and Miltenberger (2015) implemented IST with young adults with intellectual disabilities after BST was ineffective in promoting the generalization of taught prevention skills.

With regard to bullying intervention, Stannis et al. (2019) implemented BST and IST with adults with intellectual disabilities living in a group home setting who were victims of bullying. Participants were taught a response to bulling (RtB) using the components of BST. The RtB intervention consisted of four steps: not retaliating, saying a statement of disapproval, walking away, and telling an adult staff member. In-situ assessments were conducted in which participants were approached by a peer (who was trained as a confederate) known to the participant who delivered a bullying statement. If participants failed to engage in all of the RtB

steps then IST was conducted in which participants were immediately instructed on the RtB steps in-vivo during assessments. Results indicated that two out of the four participants demonstrated all of the skills after BST, one participant needed IST, and one participant required IST and an incentive to use the skills. Social validity results indicated that staff thought the training changed how participants responded to bullying and participants reported that using the RtB would help them stay safe. While this study targeted victim responses to bullying it was hypothesized that bullying was most likely maintained by attention, therefore using the RtB might result in decreased reinforcement for bullying thus decreasing overall incidents of bullying. However, the study did not collect data on instances of bullying. Future research should directly assess if the use of a RtB results in overall decreases in bulling incidences.

CHAPTER THREE:

SUMMARY AND FUTURE DIRECTIONS

Bullying occurs in many different forms and is a pervasive issue among children and adults with and without disabilities. A major challenge for educators working with children and young people is to remedy bullying occurring in schools and settings with large groups of children, thus emphasizing the importance of addressing bullying in the moment as well as disseminating successful school-wide interventions to schools and their staff members (Rigby, 2014). This review described a variety of approaches that have been implemented to help decrease bullying and its adverse effects. Among those approaches are BST and IST. While limited research exists, both approaches may be effective ways to teach a RtB, as well as generalizing RtB skills across settings. More research needs to be conducted with different populations including children with intellectual disabilities and typically developing children as well to determine the effectiveness of teaching a RtB for victims and if using the RtB results in decreases in bullying.

Additional research should be completed to determine and address the function of bullying across settings and populations so that interventions can specifically target bullying behaviors for reduction unique to their environment as this may aid in selecting more appropriate intervention options. The majority of studies use self-report measures to determine the results of intervention (Fox & Boulton, 2003; Leadbeter et al., 2003; Mueller & Parisi, 2002; Yang & Salmivalli, 2015). This is understandable given it is likely difficult to actually observe most bully incidents since bullying may be more likely to occur when adults are not present. Researchers might want to consider other methods for direct observation such as using cameras or other technology that

might capture incidences of bullying when adults are not present. In addition, setting up scenarios using confederates, similar to the Stannis et al. (2019) study, might allow for more controlled direct observation of bullying to determine if intervention are effective in teaching appropriate responses to bullying and decreasing episodes of bullying. Future research could also extend the Stannis et al. (2019) methodology to different populations and settings.

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