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Cyberbullying Prevention and Intervention Efforts: Current Knowledge and Future Directions

Prévention de la cyberintimidation et initiatives d'intervention : connaissances actuelles et futures directions

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Abstract

Bullying is a serious public health concern that is associated with significant negative mental, social, and physical outcomes. Technological advances have increased adolescents' use of social media, and online communication platforms have exposed adolescents to another mode of bullying—*cyberbullying*. Prevention and intervention materials, from websites and tip sheets to classroom curriculum, have been developed to help youth, parents, and teachers address cyberbullying. While youth and parents are willing to disclose their experiences with bullying to their health care providers, these disclosures need to be taken seriously and handled in a caring manner. Health care providers need to include questions about bullying on intake forms to encourage these disclosures. The aim of this article is to examine the current status of cyberbullying prevention and intervention. Research support for several school-based intervention programs is summarised. Recommendations for future research are provided.

Abrégé

L'intimidation est une préoccupation sérieuse de la santé publique qui est associée à des résultats négatifs significatifs sur le plan mental, social, et physique. Les progrès technologiques ont accru l'utilisation des médias sociaux par les adolescents et les plateformes de communication en ligne ont exposé les adolescents à un autre mode d'intimidation—la *cyberintimidation*. Du matériel de prévention et d'intervention, qu'il s'agisse de sites Web et de fiches-conseils ou de programmes d'étude en classe, a été mis au point pour aider les adolescents, les parents, et les enseignants à aborder la cyberintimidation. Les adolescents et les parents sont disposés à divulguer leurs expériences d'intimidation à leurs prestataires de soins de santé, mais ces divulgations doivent être prises au sérieux et traitées de manière bienveillante. Les prestataires de soins de santé doivent inclure des questions sur l'intimidation dans les formulaires d'admission pour susciter ces divulgations. Cet article vise à examiner l'état actuel de la prévention et de l'intervention en matière de cyberintimidation. Le soutien de la recherche pour plusieurs programmes d'intervention en milieu scolaire est résumé. Des recommandations sont offertes pour la recherche future.

Keywords

cyberbullying, bullying, electronic aggression, prevention

Bullying is a serious public health issue, which has received a significant amount of research attention for several decades. Technological advances have increased adolescents' use of social media and online communication platforms such as Facebook and Twitter. According to the Pew Research Center, 92% of children report going online daily, and 71% use more than one type of social media.[1] As a consequence, children are also increasingly exposed to another form of bullying, *cyberbullying*. Cyberbullying is defined as "willful and repeated harm inflicted through the use of computers, cell phone, or other electronic devices."[2] Using technology, youth

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can send or post humiliating or threatening messages or photos of their targets to a third party or to a public forum where many online participants visit.[2]

Research findings on the prevalence of cyberbullying in Canada vary.[3] For example, according to a national study in Canada, which consisted of 1001 children ages 10 to 17 years, 14% of children reported being cyberbullied once or more in the past month.[4] Other studies[5-8] reported much higher rates of cyberbullying than the aforementioned study. Li's study,[6] which includes a sample of 177 seventh-grade students in an urban area in Canada, found that over one-quarter of the students had been cyberbullied. Cenat and colleagues' study,[5] which comprised a representative sample of 8194 students in Quebec, reported that 22.9% had been cyberbullied. However, Li's survey[7] of Canadian students in grades 7 to 12 found that over 40% had reported being cyberbullied, and the Mishina et al.[8] study from a diverse sample of middle and high school students in a large urban center in Canada found that 49.5% reported being bullied online. These inconsistent rates are likely due to the use of different definitions, measures, timeframes, and response options across assessments, which require more empirical attention.[9]

Targets of cyberbullying report greater depression, anxiety, risk behaviour, and suicidality than their peers who do not report these experiences.[10-15] For instance, a study consisting of a sample of students in 23 urban schools located in a western province in Canada found that youth who reported being cyberbullied also reported high levels of anxious, externalising, and depressed feelings/behaviour. Furthermore, face-to-face bullying victimisation is highly correlated with cyberbullying victimisation.[16,17] Recognising these outcomes, prevention and intervention materials, from websites and tip sheets to classroom curriculum, are being developed to curb cyberbullying. Regrettably, little information is available for health care providers who provide services for cyberbullied children and adolescents. This article reviews the current status of cyberbullying prevention and intervention efforts and provides suggestions for future research and implications for health care providers in Canada.

Evolution of Cyberbullying and Prevention Efforts

Research on cyberbullying is relatively recent in comparison to the 4 decades of research on face-to-face bullying. Technological innovations have changed people's interactions with one another, and these innovations provide youth with hours of communicating with others without adult supervision, creating risk for bullying through new modes of communication.[18] As Kowalski et al.[19] argued, "A decade ago, technology had not advanced to the point where cyberbullying was even an issue . . . unfortunately, kids are keeping pace with the changes much more readily than adults" (pp. 41-42).

In addition to emerging research evidence of the frequency and serious consequences of bullying, cyberbullying in Canada and the United States gained nationwide media attention as a result of youth suicides involving cyberbullying. In 2006, 13-year-old Megan Meier, a cyberbullying victim in the United States, hanged herself due to constant bullying about her weight. In 2010, Phoebe Prince, a 15-year-old teenager in the United States, hanged herself after enduring several months of cyberbullying from her classmates.[20] Such cases galvanised the state of Massachusetts to propose the "Megan Meier Cyberbullying Prevention Act" in 2009, but it was not enacted. In 2004, antibullying measures were proposed in the US House of Representatives to be included in the Safe and Drug-Free Schools and Communities Act, and all states currently have antibullying policies. Although the US Congress passed the Protecting Children in the 21st Century legislation in 2008, which also addresses cyberbullying,[21] not all states have updated their laws to include cyberbullying. At present, only 22 states in the United States have antibullying laws that include cyberbullying.[20]

Canada's recognition of cyberbullying as a social problem took a similar path. Suicides committed by 2 teens, Amanda Todd in 2012 and Rehtaeh Parsons in 2013, spurred Canada's recognition of cyberbullying as a major public health concern.[22] In October 2012, 15-year-old Amanda Todd killed herself shortly after she was being bullied by her classmates. Prior to her suicide, she posted a video on YouTube, describing her torment. An anonymous perpetrator convinced her to lift her shirt for the webcam as he chatted with her. The perpetrator obtained a picture of her without a shirt on and threatened to expose the photo to her peers. Although she transferred to other schools several times, the perpetrator had contacted the students in her new schools and forwarded the image.[22] In the case of 17-year-old Rehtaeh Parsons, a photo of her severely intoxicated and being sexually violated by a male who gestured a thumbs-up to the camera was the main source of her torment and subsequent suicide. The image was sent to her peers, which led to derogatory comments online and in person.[22] These cases led to local legislative changes, including the Nova Scotia Cyber-Safety Act, which was enacted in May 2013. Since then, at least 9 provinces have new legislation or new laws that specifically address cyberbullying.[22] On December 12, 2014, the House Government Bill C-13 (aka, "Protecting Canadians from Online Crime Act") was passed by the Parliament of Canada—an amendment to the existing cyberbullying policy.[23] However, the Bill C-13 has been criticised for addressing cyberbullying in a cursory manner. Moreover, the bill is also problematic because the focus has been on increasing authorities to thoroughly investigate online activities, which has been argued as a violation of freedom of speech.[24]

Preventing Cyberbullying through Informational Websites and Tip Sheets

Although scholars concur that cyberbullying prevention and intervention are necessary, there is no consensus on how to prevent or address cyberbullying.[25] However, one common

strategy to prevent cyberbullying is to provide information for youth, parents, and school personnel on what constitutes cyberbullying and to avoid being a victim.[26,27] Youth, parents, and school administrators often learn about cyberbullying through websites (e.g., http://www.stopbullying.gov/cyberbullying/index.html; http://www.cyberbullying.ca/; http://www.prevnet.ca/) and tip sheets.[28] Ahlfors[29] examined characteristics of 17 cyberbullying prevention and intervention websites to determine how online resources are being made available. Results indicated that 14 of the 17 websites were designed to inform parents, with 7 addressing young children (ages 6-10 years), 8 addressing tweens (ages 11-12 years), and 11 addressing adolescents (ages 13-18 years). Nine of the websites also address school officials and 6 provide information for law enforcement.[29] None of the websites target health care providers, who often work with and treat cyberbullied children and adolescents. Interestingly, 6 websites were designed around a commercial product, and only 10 included citations to published research.

These websites appear to target parents the most, which assumes that parents are aware of cyberbullying. Scholars have argued that parents have a critical role in any effective strategy against cyberbullying,[25] as their involvement has been found to be related to a reduction in bullying and victimisation.[30] Interestingly, unlike 1 study in the United States, which found that adolescents often do not turn to their parents when experiencing cyberbullying,[31] a study in Canada found that cyberbullied adolescents are more likely to confide in their parents than in school officials.[32] Nevertheless, it is imperative that parents are prepared to respond to cyberbullying situations. Moreover, online resources must be available for youth who are looking to manage their online experiences without parental intervention. Also, parents, school staff, health care providers, and youth need to understand that online resources might be tied to the sale of a commercial product that is not grounded in research.

A number of tips for addressing cyberbullying for victims, parents, and/or educators have been proposed by several scholars.[33-35] Such tips range from "do not read messages by cyberbullies" (victims[28]) and providing parents with education (parents[33]) to clearly defining and requiring compliance with the Internet policy for students, providing extensive faculty training on cyberbullying, and adopting a whole-school prevention efforts.[27,34] Ortega-Ruiz et al.[36] further argued that effective programs require the following strategies: 1) proactive policies, procedures, and practices; 2) raising school staff's and youths' individual awareness and online social competence; 3) promoting protective school environment; and 4) school-family-community partnerships to promote cooperation between school staff, families, and local organisations.

Students' and Educators' Awareness, Attitudes, and Perceptions of Cyberbullying

Many schools hold school assemblies or use software programs to increase students' knowledge about cyberbullying and its effects on the targets. Only a few studies have evaluated these approaches. In their pilot study in Taiwan, Lee and colleagues explored the effectiveness of WebQuest, experiential learning activities focus on students' knowledge and attitudes toward cyberbullying and involves completing 4 tasks in collaborative student groups.[37] Lee and colleagues[37] found that cyberbullying knowledge increased and intentions to cyberbullying decreased in the WebQuest condition compared to the control condition. Roberto and colleagues[38] examined the effectiveness of the *Arizona Attorney General's Social Networking Safety Promotion and Cyberbullying Prevention* presentation, which was designed to change students' perceptions and attitudes toward cyberbullying. This presentation was 45 minutes long and covered Internet safety and cyberbullying prevention. Also, prior to the presentation, the speaker gathered information from the Facebook accounts of students in the school and sent them friend requests. Results indicated that students in the experimental condition were more likely to engage in Internet safety precautions (e.g., keep accounts private, no personal information on sites, not friending people they do not know) than students in the control condition. However, both studies were limited in scope with short follow-up. Thus, much more research is needed to understand the long-term impact of these programs.

Other research has focused on understanding educators' awareness and perceptions of cyberbullying.[33,39] Cassidy and colleagues[39] examined educators' experiences with cyberbullying in Alberta schools, their knowledge of social networking sites, the priority they place on preventing cyberbullying, and approaches they take. The authors found that educators perceived cyberbullying as a cause for concern but were not familiar with how and where students engaged in cyberbullying. Educators also reported that no policies or programs have been specifically implemented in their schools. Another study,[40] which examined preservice teachers' perceptions about cyberbullying in Canada, showed that although a majority of the teachers understood that cyberbullying can seriously affect children, most did not think it was a serious problem in their schools.

Role of Health Care Providers in Preventing Cyberbullying

In the past few years, primary care health care providers have been urged to take a more active role in preventing the long-term health consequences associated with youth bullying.[15,41-43] Research suggests that youth and parents are willing to disclose to their physician concerns with bullying if the physician handles the disclosure in a caring manner.[43,44] However, most youth would prefer disclosing their bullying experiences on an intake form prior to seeing the physician, and some would prefer that their parents are not present when they discuss their experiences.[43] Other scholars argue that health care providers need to ask youth directly about bullying involvement

(being bullied by others and bullying others) at school and online,[42] including questions of duration, location, forms of cyberbullying, and how these cyberbullying experiences have affected the youth.

Efficacy of School-Based Cyberbullying Interventions

Research on cyberbullying prevention and intervention approaches is an emerging scholarship in many countries, including Canada. There have been 1 meta-analysis and 2 systematic reviews of cyberbullying programs, where the program specifically targeted cyberbullying and assessed cyberbullying as outcomes. In a systematic review, Mishna and colleagues[45] examined the impact of 3 programs on "cyberabuse" (2 in the United States, 1 in Canada). First, the US-developed I-SAFE curriculum[46] includes 5 lessons (60 minutes) on Internet safety, cybercommunity citizenship, cybersecurity, personal safety, intellectual property, and law enforcement online. Lessons were provided by teachers during class time, and almost all activities were offline and targeted students in grades 5 to 8. Second, the Canadian program, The Missing Program, an interactive computer game designed to teach youth about Internet safety, was reviewed.[47] When playing the game, youth assume the role of a police officer and have to solve a series of puzzles with the goal of finding a missing teenager who had been targeted by a predator. Youth learn that they cannot trust everyone online, and the program focuses on chat room conversations, emails with someone on the Internet, and personal webpage design. The third program reviewed by Mishna and colleagues[45] was called Help-Assert Yourself-Humor-Avoid-Self-Talk-Own It.[48] Research evidence found that the programs increased Internet safety knowledge but did not affect risky online behaviour. Thus, additional research needs to be conducted on how programs can affect youths' behaviour.

Van Cleemput and colleagues[49] identified 15 programs in their systematic review and included 6 programs (8 articles) in their meta-analysis. Although the overall effects of cyberbullying reduction were modest (Hedges's $g = .13$), they were significant, with some programs yielding greater reductions. These programs include a wide range of strategies, including social skills training, use of peer educators, and information for teachers, staff, and families. One of the most rigorously evaluated programs is Media Heroes (Medienhelden), a school-based, psychoeducational program in Germany that attempts to raise students' awareness about risks associated with technology use, to increase empathy and social responsibility, and to teach strategies to defend oneself and others from cyberbullying. The program targets middle school and high school students and consists of ten 90-minute sessions delivered weekly (although there is a shorter 1-day version with reduced content, over four 90-minute sessions). Informed by the theory of planned behaviour, the program covers topics such as defining cyberbullying, a discussion of its negative impact, Internet safety tips, and opportunities to react appropriately using hypothetical scenarios. Two randomised controlled studies found that the program significantly reduced cyberbullying.[50,51] Van Cleemput and colleagues' meta-analysis[49] indicated moderate reductions in cyberbullying perpetration (Hedges's $g = .19$).

Help-Assert Yourself-Humor-Avoid-Self-Talk-Own It is a US curriculum (ages 10-12 years) with 5 lessons to reduce bullying through increasing social skills.[48] Results yielded moderate levels of reductions in cyberbullying victimisation (Hedges's $g = .32$).[48]

ConRed is a school-based program developed and evaluated in Spain.[36] Based on the theory of normative behaviour where attitudes and behaviour are influenced by perceptions of social norms, the program consists of 8 student lessons delivered over 14 weeks (ages 11-19 years), 2 sessions for teachers and 1 session for families. Three units cover the following topics using virtual scenarios: 1) Internet/social networks with a focus on privacy and control over accounts, 2) improving technical skills and prosocial online behaviour, and 3) Internet addiction and cyberbullying. Results indicated modest reductions in cyberbullying (Hedges's $g = .15, .06$).[36,52] More recently, Del Rey and colleagues[53] reanalysed their data and found significant intervention effects on cyberbullying victimisation for cybervictims (Cohen's $d = .56$) and cyberbullying perpetration for cyberbullies (Cohen's $d = .22$).

Noncadiamointrappola is a program developed in Italy that focuses on peer educators to decrease cyberbullying (ages 14-19 years).[54] Four offline and 4 online peer educators are trained on bullying prevention concepts and then participate in a number of school-wide events (e.g., raising awareness, making a short film, meeting with school administrators, developing a guide on email and cell phone safety). Results indicated significant reductions in cyberbullying (Hedges's $g = .15, .06$).[55]

The KiVa program, developed in Finland, is a universal school-based program that addresses cyberbullying at school by working with teachers, parents, families, community leaders, and students. Teacher training, student lessons, and virtual learning environments are all critical components of this multicomponent program.[56] Teachers use a manual for classroom instruction, which is supplemented by an antibullying computer game for primary school children and an Internet forum for secondary school students. Results yielded moderate levels of reductions in cyberbullying victimisation (Hedges's $g = .23$).[57]

Surf-fair[58] is a German-based curriculum for 11- to 12-year-olds that can be delivered in one 90-minute session (definition of cyberbullying, diary exercise, coping strategies) or two 90-minute sessions (online safety, German laws on cyberbullying, and a film). Results yielded substantial reductions in cyberbullying victimisation (Hedges's $g = .49$), but the program was less effective in reducing perpetration (Hedges's $g = .08$).

Overall, this meta-analysis indicated that programs designed specifically for cyberbullying and those that target multiple forms of bullying showed promise in reducing this type of behaviour. From these studies, it appears critical to involve students, teachers, school staff, and families in the prevention of cyberbullying. Since this meta-analysis, there have been additional studies pointing to other promising school-based programs (Cyber Friendly School Program).[59] While much more research needs to be conducted on prevention programs, critical components appear to be Internet safety, responsible use of technology, parental monitoring, robust school policies around cyberbullying, and school-home partnerships.

Summary and Future Directions

Prevention programs are only now being developed and evaluated to address cyberbullying and cybersafety. Websites, tip sheets, and other online resources might be where parents are receiving information about how to best protect their children. However, it appears that these online resources are often promoted by organisations that are selling products and rarely grounded in research. There is a risk that this information could be harmful if not supported by scholarship. Parents, teachers, school administrators, and health care providers should be cautious when reviewing information on these sites and should focus on online resources that are provided by government agencies and advocacy groups that use research to guide their recommendations.

Also, with the exception of ConRed,[36] the other programs described here and reviewed in the meta-analysis by Van Cleemput and colleagues[49] were programs that targeted multiple forms of bullying. Thus, many efficacious bullying prevention and intervention programs or approaches could be extended to include contents on cyberbullying and measure these as outcomes.[60,61] For example, reductions in cyberbullying perpetration were noted in a recent randomised clinical trial of a middle school social-emotional learning program in 36 schools in the United States.[62] While cyberbullying was addressed in the curriculum, the majority of the program focused on promoting empathy, perspective taking, communication skills, problem solving, friendship skills, and so forth. Scholars who are evaluating antibullying programs should at the very least add cyberbullying outcome measures and include lessons on cybersafety and cyberbullying. However, schools need to be supported to implement these programs through stronger legislation that addresses cyberbullying, and health care providers need to be informed of the negative outcomes associated with cyberbullying and how to effectively work with cyberbullying victims.

Finally, much more guidance is needed for health care providers to prevent the long-term health consequences of youth bullying. While youth and parents are willing to disclose their experiences with bullying to their health care providers, their disclosures need to be taken seriously and handled in a caring manner. Health care providers need to include questions about bullying on intake forms to encourage these disclosures. Questions should include whether youth are bullying others or are being bullied by others, how long it has been happening, where it is happening (e.g., school, online, in sport), and how these experiences have affected the youth's mental, physical, and social health. In relation to cyberbullying, health care providers should talk to parents about setting appropriate limits on screen time, monitoring their children's use of the technology, talking to their children about Internet safety and privacy, and identifying why their children are not talking to them about their online experiences. In short, more research has to be conducted on the various ways in which schools, communities, and health care providers are addressing cyberbullying to determine how best to intervene.

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