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Bullying Interventions in K-12 Schools: an Extensive Look at the Essential Components of an Effective Bullying Intervention Program

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BULLYING INTERVENTIONS IN K-12 SCHOOLS: AN EXTENSIVE LOOK AT THE ESSENTIAL COMPONENTS OF AN EFFECTIVE BULLYING INTERVENTION PROGRAM

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Abstract

This thesis addresses the essential researched-based components of effective bullying intervention programs in K-12 schools. It provides an overview of bullying which includes; a definition, types of bullying, bullying motivation, and the effects that bullying has on adolescents. The thesis also identifies risk factors that are associated with bullying victimization, as well as risk factors associated with becoming a bully. These risk factors support the need for bullying intervention programs. The following research will identify past and current intervention programs, as well as highlight what these programs need to address with the goal of decreasing bullying in the school environment. This thesis concludes that anti-bullying intervention programs, cyberbullying interventions, peer support, and parental involvement are all necessary to decrease the bullying culture that can be found in K-12 schools. This research establishes the essential components that effective bullying intervention programs have not only in schools, but also in the classroom, on the individual and on the community level.

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Chapter I: Introduction

What was your experience with bullying when you were in school? The answer to this question depends on the person you are asking. Some people will respond that they don't recall. Others will respond that they didn't get involved in that stuff, or that they don't remember much about their schooling days. Some, however, will have vivid and rough memories of their experiences with bullying. However you may have experienced bullying when you were a kid, bullying is still a major issue today with our adolescents. The US Department of Health and Human Services has created a website, stopbullying.gov, that is dedicated to addressing this issue. This website claims that, "nationwide, about 20% of students ages 12-18 experienced bullying" (US Department of Health and Human Services, 2020). Furthermore, the website states that, "nationwide, 19.5% of students in grades 9–12 report being bullied on school property in the 12 months preceding the survey" (US Department of Health and Human Services, 2020).

Bullying has been around since the dawn of time, and it likely won't go away anytime soon. Based on the continued presence of bullying in our schools, there is a need for strong interventions to limit the cause and effects of bullying. The purpose and need of this study is to examine intervention programs more closely. In order to do this, this research will: 1) define bullying, look at types of bullying motivations behind it, and describe the effects of bullying on adolescents in school; 2) identify risk factors that put adolescents at an increased likelihood of being a victim of bullying or becoming a bully; 3) review intervention programs that have attempted to address bullying, and highlight which programs have shown success in decreasing bullying reporting in schools; 4) create an outline of essential components in any effective bullying prevention program, including how these components can be implemented in created in our K-12 schools.

Thesis Questions

The following will be guiding questions in this literature review:

1) What are the risk factors that increase the likelihood of a child in adolescence of becoming a bully or becoming a bully victim?
2) What, if any, are examples of effective bullying intervention programs that have shown promise in decreasing bullying behavior?
3) What are the essential components that any effective bullying intervention program in a K-12 school must include?

Key Terms and Definitions: US Department of Health and Human Services or HHS, bullying, bullying victimization, being a bully, bully/victim, direct bullying, indirect bullying, cyberbullying, cybervictimization, socioeconomic status, Autism Spectrum Disorder, cross-sectional analysis, Bullying Intervention Program

- The US Department of Health and Human Services, or HHS- The mission of the U.S. Department of Health and Human Services (HHS) is to "enhance the health and well-being of all Americans, by providing for effective health and human services and by fostering sound, sustained advances in the sciences underlying medicine, public health, and social services" (US Department of Health and Human Services, 2020).
- Bullying- The US Department of Health and Human Services defines bullying as: "Bullying is unwanted, aggressive behavior among school aged children that involves a real or perceived power imbalance. The behavior is repeated, or has the potential to be repeated, over time. Both kids who are bullied and who bully others may have serious, lasting problems" (U.S. Department of Health and Human Services, 2020)
- Bullying victimization- the victim, or the adolescent being the subject of a bully (Wolke and Lereya, 2015)
- Bully/Victim- Victims who display bullying behavior (Wolke and Lereya, 2015)
- Being a bully- Adolescents who carry out aggressive behavior or intentional harm-doing by peers that is carried out repeatedly and involves an imbalance of power between the victim and the bully. The bullying can take a form of direct bullying, which would be physical or verbal acts such as hitting, stealing or name calling. It can also be indirect bullying, which can be in the form of social exclusion or rumor spreading (Wolke and Lereya, 2015

- Direct Bullying- Physical or verbal attacks on a victim of bullying
- Indirect Bullying- Spreading rumors, excluding someone purposely
- Cyberbullying- Cyberbullying includes sending, posting, or sharing negative, harmful, false, or mean content about someone else. Research further explores cyberbullying as behaviours such as “verbal attacks through digital devices, publication and exhibition of embarrassing pictures, and the exclusion from online communication” (Del Rey et al., 2015, p. 2) are some examples of how traditional bullying brings to life cyberbullying
- Cybervictimization- Being the victim, or target, of cyberbullying
- X-Axis- The horizontal line of variables on a graph
- Y-Axis- The vertical line of variables on a graph
- Socioeconomic Status (SES)- The social standing or class of a group or individual
- Autism Spectrum Disorder (ASD)- A complex developmental condition that involves persistent challenges in social interaction, speech and nonverbal communication, and restricted/repetitive behaviors (psychiatry.org)
- Bullying intervention program- A program that was created and implemented with a goal of decreasing bullying
- Cohort- A group of students or participants in a classroom or study
- Statistical Analysis- A review of data from a study

Chapter II: Literature Review

Section 1: Defining Bullying, Bullying Types, Bullying Motivations and the Effects of Bullying

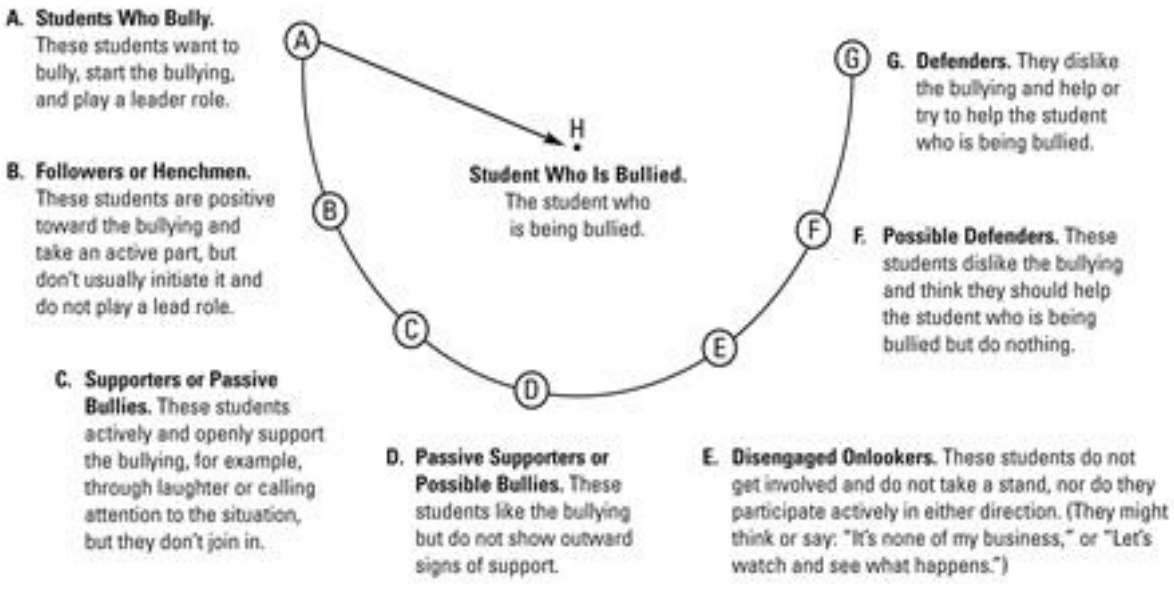
Defining Bullying

The US Department of Health and Human Services, or HHS as it will be referred to in this literature review, created a website as a resource for individuals or schools to learn about bullying, bullying prevention and other aspects of bullying in schools. This website, stopbullying.gov, will be used as a guiding resource throughout this thesis. The researcher will use this website to outline several sections throughout the thesis, and to provide a broad overview of several topics that are relevant to the findings of this thesis. This thesis also utilized Bethel University Library, specifically the LibGuides section to identify articles for this literature review. In LibGuides, CLICsearch was the function that was used to search and identify articles that were relevant to the research.

To begin, it is important to define what bullying is. The HHS defines bullying as: "Bullying is unwanted, aggressive behavior among school aged children that involves a real or perceived power imbalance. The behavior is repeated, or has the potential to be repeated, over time. Both kids who are bullied and who bully others may have serious, lasting problems" (U.S. Department of Health and Human Services, 2020). The piece of this definition that seems to find the most backing by professional articles and studies is the power imbalance. Most credible studies or articles that define bullying include some phrase or wording that includes a power balance. Going further with the definition of bullying, the best definition that is relevant for this thesis is "bullying is the systematic abuse of power and is defined as aggressive behaviour or

intentional harm-doing by peers that is carried out repeatedly and involves an imbalance of power, either actual or perceived, between the victim and the bully" (Wolke and Lereya, 2015, p. 879). Any definition of bullying should include an imbalance of power, as shown by both definitions provided. It's also important to note that adolescents can be involved in bullying as victims and bullies, and also as bully/victims, "a subgroup of victims who also display bullying behaviour" (Wolke and Lereya, 2015, p. 879). There are other roles that adolescents can take in terms of bullying. In a school, these roles can include: students who bully, students who are bullied, henchmen or followers, supporters or passive bullies, defenders, passive defenders, and disengaged onlookers (Olweus and Limber, 2010). The figure below provides a visual for what an example of bullying might look like in a school setting, as well as definition for each role.

Figure 1: What Bullying Might Look Like in School Source: (Olweus and Limber, 2010)



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As we can see in this example figure of bullying, the student being bullied is in the middle of everyone. The people involved in the bullying behavior are on one side, and

the defenders of the victim are on the other side. While this is one example, bullying can look and be perceived in many ways.

Types of Bullying

Research on bullying has identified several types of bullying that can occur with adolescents. The HHS identifies three different types of bullying: 1) verbal, 2) social, and 3) physical (US Department of Health and Human Services, 2020). Verbal bullying can be teasing, name-calling, inappropriate sexual comments, taunting, or threatening to cause harm. Social bullying can be leaving someone out on purpose, telling other children not to be friends with someone, spreading rumors about someone, or embarrassing someone in public. Physical bullying can be hitting, kicking, pinching, spitting, tripping, pushing, taking or breaking someone's things, and making mean or rude hand gestures (US Department of Health and Human Services, 2020). To define these further, these types of bullying can take the forms of direct (physical, verbal), indirect (spreading rumors, exclusion) and cyber (online, electronic) (Salmon et al., 2018).

Cyberbullying has grown exponentially with the continued use of technology. The HHS defines cyberbullying as: "bullying that takes place over digital devices like cell phones, computers, and tablets. Cyberbullying includes sending, posting, or sharing negative, harmful, false, or mean content about someone else" (US Department of Health and Human Services, 2020). It can include sharing personal or private information about someone else causing embarrassment or humiliation. Some cyberbullying "crosses the line into unlawful or criminal behavior" (US Department of Health and Human Services, 2020). Cyberbullying and

cybervictimization are both prevalent in society today but can depend on the country being examined.

Figure 2 below highlights several types of bullying, including physical, social and verbal. Figure 2 also shows the types of bullying that can occur in schools, and what type might occur based on the role taken by that adolescent. Figure 2 was created from a study conducted in China. Over 2000 first year students in junior high were participants in this study that looked to classify Chinese adolescent children's aggressive behaviors (Shao et al., 2014). Participants were handed a series of questionnaires that asked the students to identify aggressive behaviors, as well as identifying their role in bullying. It was found that adolescent children could be divided into four categories: general children, aggressive children, victimized children, and aggressive victimized children. Figure 2 below highlights the responses to the questionnaires:

Figure 2: Types of Bullying Based on Role in Bullying. Source: (Shao et al., 2014).

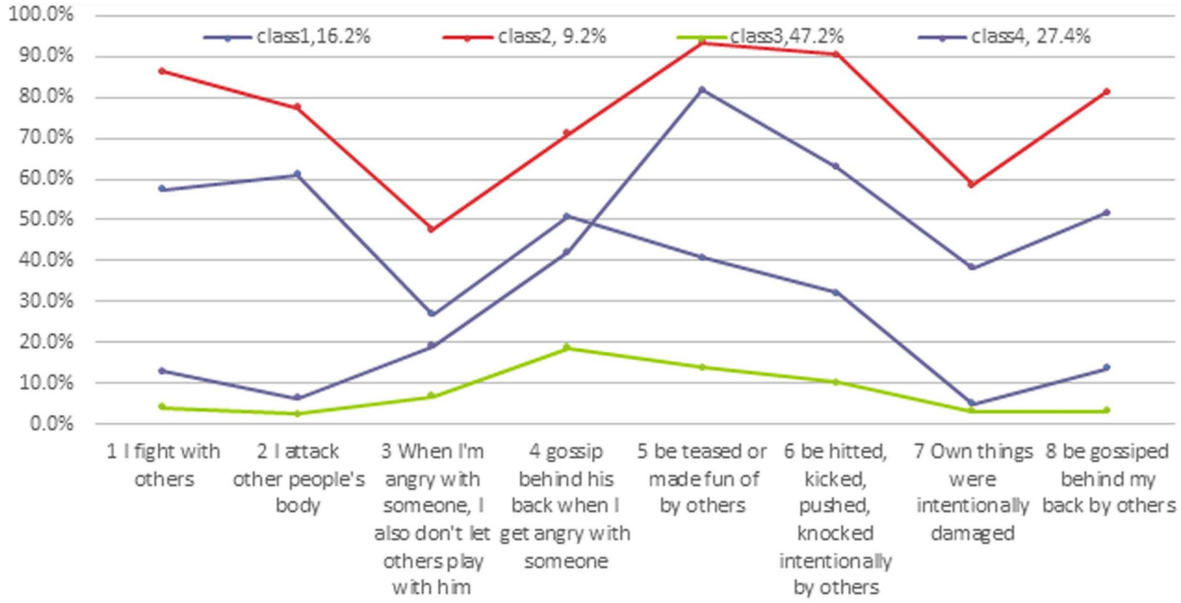


Figure 2 shows the victimization items and bullying items on the x-axis, and the probability of the items occurring on the y-axis with the participants of the study (Shao et al., 2014). Class 1 can be referred to as the aggressive, or bully, group. Class 2 can be referred to as the aggressive victims or bullying victims' group. Class 3 can be referred to as the general group, or population not reporting bullying or victim behaviors. Class 4 is the victims group. Results of this study, based on figure 2, show that Class 1, or the bully group, reports high on bullying items, and low on victim items, specifically on item #7 and item #8 on x-axis. Class 2, or bullying victims' group, reports above 60% on all items except #3, which was 50% or lower for all classes. This group also reported the highest for all victim items, #'s 5-8. Class 3, or the general population, reported below 20% for all items. Class 4, victims' group, reported below 40% on all bullying items, #1-4, and above 40% for all victim items, #5-8. The findings of this figure suggest that bullying behaviors, such as fighting or gossiping, are linked with participants reporting as bullies. On the other side, victim behavior such as being hit or gossiped behind the back are linked with participants reporting as victims.

Bullying Motivations

Research on bullying motivations revolves around a common theme or theory, which was discussed earlier in this Section. This theory is that often, bullies are looking to enhance their social power and status. Furthermore, contemporary research adopts an "evolutionary theoretical perspective in which bullying is strategic behavior that is conducive to peer-group status enhancement" (Pronk et al., 2017, p. 735). Within this view, a high social status (i.e., popularity) has been associated with bullying others. One study that was conducted in 2017 in the Netherlands and in India attempted to test this theory. The aim of the study was to see if bullying motivations were similar across different cultures. The study used different variables to create

positive or negative associations with popularity. Questions were asked of the participants to identify as either feeling popular or unpopular in their school, as well as questions asking participants to identify as a bully, victim, follower, defender, or outsider. The results of the cross-culture survey found that positive associations (which means the feeling of being popular) with popularity were found for bully, follower, and defender, while negative associations (which means the feeling of being unpopular) with popularity were found for outsider and victim for both participants from the Netherlands and from India (Pronk et al., 2017).

Effects of Bullying

The HHS lists a connection between childhood trauma and bullying. Furthermore, the website also explains that "children or teens who have been exposed to trauma and violence may be more likely to bully others and be bullied" (US Department of Health and Human Services, 2020). One survey that validates this was conducted at Penn State University. It examined the effects of bullying and post-traumatic stress on children and consequences of repressing thoughts or feelings (Carney, 2018). The study found that repressing thoughts or feelings can "lead to numbness or loss of interest in activities" (Carney, 2018, p. 179). This study also found that children may experience intrusive thoughts, such as sudden flashbacks of their bullying experience (Carney, 2018). The HHS stated that it is important for caregivers to understand childhood trauma and bullying as a connection because understanding this may help prevent bullying behavior and victimization in the future (US Department of Health and Human Services, 2020).

Other effects that have been identified because of bullying behavior are depression, self-harm, anxiety, antisocial behaviors. Research shows that bullying plays an important role as a

major risk factor for poor physical and mental health. Bullying can also contribute to "reduced adaptation to adult roles including forming lasting relationships, integrating into work and being economically independent" (Wolke and Lereya, 2015, p. 879). One study, conducted by Hu and his team in Taiwan examines the link between adolescents with Autism Spectrum Disorder, depression and bullying, specifically cyberbullying. This study found a strong correlation between bullying, specifically cyberbullying, and having more severe depression and anxiety (Hu et al., 2019). The study found that victims of bullying with ASD had a higher risk of depression and anxiety than adolescents with ASD who were not bullied (Hu et al., 2019). The study notes that this may be because "adolescents with ASD turn to the internet to relieve depression or anxiety, which makes them more susceptible to cyberbullying with more internet use" (Hu et al., 2019, p. 4178). Hu and his team's study will be explained further in Section 3 of this literature review, when the links between bullying and learning disabilities as a risk factor are discussed.

In the study conducted by Shao and his team in China, that looked to classify Chinese adolescent children's aggressive behaviors, also examined the relationship between depression and anxiety between bullying classifications. This study found similar connections between bullying and levels of depression and anxiety as the study conducted by Hu and his team in Taiwan. Using the same classes from Figure 2 to classify bullying roles (Class 1 is bullies, Class 2 is bully/victims, Class 3 is general population not involved in bullying, and Class 4 is victims), the study found the following relationship is shown for loneliness, depression, and anxiety: general population < bullies < victims < bullying victims. This means that bullying victims are recording the highest percentage of loneliness, depression, and anxiety among the participants in the study (Shao et al., 2014).

Section 2: Risk Factors for Becoming a Bully or Bully Victim in Adolescence

The aim of this section is to identify specific risk factors associated with becoming a bully or bullying victim in adolescence. For the purposes of this literature review, the age range will be between kindergarten and 12th grade. In order to start the review for this section, the researcher used the US Department of Health and Human Services website, stopbullying.gov, as a guide for outlining the risk factors associated with bullying or being a bully victim. To break down this section, the research looked at what are the risk factors for becoming a bully, as well as what are the risk factors for becoming a bullying victim**.** The thesis took the following approach with this section: 1) Utilize the stopbullying.gov to identify risk factors associated with bullying behavior, 2) Seek out credible sources and research to back up the identified risk factors and 3) Identify other risk factors highlighted from sources.

Risk Factors for Becoming a Bullying Victim

The HHS has listed the following risk factors in association with becoming a bullying victim:

- Are perceived as different from their peers, such as being overweight or underweight, wearing glasses or different clothing, being new to a school, or being unable to afford what kids consider cool
- Are perceived as weak or unable to defend themselves
- Are depressed, anxious, or have low self esteem
- Are less popular than others and have few friends
- Do not get along well with others, seen as annoying or provoking, or antagonize others for attention (US Department of Health and Human Services, 2020)

The first bullet point, perceived differences, is a broad risk factor. In order to find credible research on this, the thesis narrowed down the search and highlighted key perceived differences that should be included in this literature review. For this review, the research focused on the following topics as relevant for our review to cover: gender, culture, socioeconomic status and disabilities as perceived differences. One study addresses many of these perceived differences that may lead to becoming a bullying victim. The study was conducted in Sweden and asked adult participants of a mental health course questions regarding several aspects of their primary school years. The participants of the survey were asked what their gender was, whether they were in the ethnic minority, whether they were talented in physical education class, whether they came from a wealthy family, whether they did well in school and if they perceived themselves as a bully or bully victim in school. There were 2,600 responses completed in the survey (Bejerot et al., 2013). The table below shows the responses from this survey:

Table 1: **Risk Factors as they Relate to Bullying.** Source (Bejerot et al., 2013)

Risk factor	Category	Not bullied, n (%)	Bullied, n (%)
Sex (n 2,600)	Male	312 (71)	127 (29)
	Female	1,532 (71)	629 (29)
Ethnic minority (n 969)	Yes	30 (58)	22 (42)
	No	629 (69)	288 (31)
Low SES (n 948)	Yes	46 (48)	49 (52)

	No	602 (71)	251 (29)
Poor academic talents (n 2,723)	Yes	156 (55)	127 (45)
	No	1,767 (72)	673 (28)
Overweight (n 1,020)	Yes	98 (56)	78 (44)
	No	599 (71)	245 (29)
Being a bully (n 2,725)	Yes	392 (63)	231 (37)
	No	1,531 (73)	571 (27)
Poor motor skills (n 2,728)	Yes	258 (52)	243 (49)
	No	1,663 (75)	558 (25)

Looking at Table 1, we can see that each of the risk factors had some reported bullying, with the highest being low SES at 52%. This shows that of the people reporting low SES from the survey, 52% of them reported being bullied in school. Another survey result that sticks out is poor motor skills, as 49% of the participants who reported poor motor skills also reported being bullied in school. All the rest of the risk factors, besides being a bully, reported in the 40's for percentages for being bullied. Based on this table, the researcher can conclude that any of the

perceived differences highlighted above can increase one's chances of being a bully victim in school.

Gender

There is a wide range of research related to gender differences and bullying behavior. Research on this topic suggests one main theory as it relates to gender and bullying; boys are more likely to be bullies, specifically aggressive bullies than girls and girls are more likely to be bullying victims. This theory is confirmed by a study completed at Beijing University in China, where gender differences were studied between aggressors, aggressive victims and victims. The study gathered participants from 8 public schools in Beijing, with a total of 2,500 first year students in Junior High School (Shao et al., 2014). Questionnaires were handed out to these participants from teachers and graduate students who had training related to the study. The questions related to campus aggression and bullying. Upon reviewing the survey results, the study showed that aggressive victimized children and aggressive children had greater probabilities of being boys; victimized children had equal probabilities of being boys or girls (Shao et al., 2014). This finding is also confirmed by further research, which finds that boys are more likely than girls to be bullies and bully/victims. At early adolescence, girls were more likely than boys to be victims (Jansen et al., 2011).

In a study conducted in the Netherlands, 1600 adolescents between the grades of 9th and 12th grade were selected from 24 different secondary schools. The average age of participants was 16 and 50 percent were boys. Each participant surveyed was asked to classify as one of the following: bully, reinforcer, assistant, victim, defender, outsider (observer) or no role. Of these roles, 9 % identified as a bully, 12% as a reinforcer, 10% as a victim, 12% as an assistant, 19 % as a defender, 24% as an outsider and 14% no role (Pouwels et al., 2016). Within each group, the

majority of the participants who classified as bullies were males (91 boys to 51 girls), also the majority of reinforcers and assistants were boys as well (137 boys to 59 girls as reinforcers, and 137 boys to 62 girls as assistants). As for victims, it was pretty split (87 boys to 79 girls), but defenders were a majority of girls (235 girls to 74 boys) (Pouwels et al., 2016). Further research shows that boys were more likely to be bullies, regardless of cultural background, and girls were more likely to be victims (Calerby et al., 2013).

Socioeconomic status

Research shows that there is a strong correlation between victimization and socioeconomic status. One study that attempted to address this correlation reviewed data from 28 separate studies related to socioeconomic status and victimization. This study showed that of the 28 studies, 22 of them indicated a connection between victimization and socioeconomic status (Tippet and Wolke, 2014). Of the 22 studies showing a correlation, 16 showed an association of victimization with low socioeconomic status, and 11 with an association between victimization and high socioeconomic status (Tippet and Wolke, 2014). This study demonstrates that not only is low socioeconomic status associated with being a victim of bullying, but there is an association between being a victim of bullying and having high socioeconomic status. The same study also shows a correlation between socioeconomic status and being a bully. Of the 28 studies, 19 studies found an association between socioeconomic status and becoming a bully. 10 of the studies showed an association between low socioeconomic status and becoming a bully, and 13 showed an association between high socioeconomic status and bullying (Tippet and Wolke, 2014).

Another study that attempted to show an association between socioeconomic status and victimization took place in the Netherlands. This was a population study that used teacher reports

of bullying behavior from over 6,000 students ages 5-6 (Jansen et al., 2012). The study also included in the methods a survey of reports for low SES for families and schools. The study found that one-third of the children shown from the teacher reports were involved in bullying, most of them as bullies (17%) or bully-victims (13%) and less as pure victims (4%). Furthermore, this study also confirmed previous findings that show indicators of low family SES and poor school neighborhood SES were associated with an increased risk of being a bully or bully/victim. Another result of the study was that parental education, as an indicator of low SES, was the only indicator in the study that was associated with victimization (Jansen et al., 2012).

Research on this topic also found several studies on SES and its association with bullying in Scandinavian countries, but the results of those surveys didn't seem to match the findings from other surveys. Upon further research, this may be because several Scandinavian countries have a unique social security system. For example, "Sweden uses a social security system in which financial resources are shared relatively equally" (Calerby et al., 2013, p. 780). Using the finding from the studies above, there seems to be a strong correlation with low SES and bullying behavior. It is therefore realistic to conclude that the more equal a society is in terms of financial resources, the lower frequency of adolescent bullying involvement can be assumed (Calerby et al., 2013).

Cultural background

Another common risk factor associated with bullying behavior is cultural background. One study that focuses on this association was conducted in Sweden. This study found a connection between being foreign, or not born in Sweden, and being a bully. The study surveyed about 12,000 students ages 11-15 at random from various schools in Sweden. Students were asked questions about their symptoms, bullying behavior, and socio-demographic information.

There were survey questions on bullying behavior in the last 6 months, such as incidents of being a bully or being a victim. The socio-demographic questions related to parental background such as being Swedish born or foreign born. (Calerby et al., 2013). In the questionnaires provided to students, each student was to identify as: 1) Boy or Girl; 2) Identify as either a victim, bully, bully/victim or not involved; and 3) Ethnic background (Swedish, mixed background or foreign background). The results are shown in the table below:

Table 2: Correlation Between Ethinic Background and Bullying Source- (Calerby et al., 2013)

	Total		Swedish Background		Mixed Background		Foreign Background	
	N	%	N	%	N	%	N	%
Boys	5,968	-100	4,779	-80.1	628	-10.5	561	-9.4
Not Involved	4,194	-70.3	3,393	-71	444	-70.7	357	-63.6
Victims	604	-10.1	487	-10.2	65	-10.4	52	-9.3
Bullies	803	-13.5	604	-12.6	85	-13.5	114	-20.3
Bully/victims	367	-6.1	295	-6.2	34	-5.4	38	-6.8
Girls	5,877	-100	4,707	-80.1	624	-10.6	546	-9.3
Not Involved	4,657	-79.2	3,799	-80.7	473	-75.8	385	-70.5

Victims	648	-11	499	-10.6	78	-12.5	71	-13
Bullies	417	-7.1	298	-6.3	53	-8.5	66	-12.1
Bully/victims	155	-2.6	111	-2.4	20	-3.2	24	-4.4

There are a couple of points to note from this table that are relevant to this literature review. Firstly, a large percentage of boys who were foreign born reported being bullies, around 21%. Secondly, the highest majority for foreign-born girls outside of not being involved were victims, at 13%. This survey also shows that boys were more likely to be bullies, regardless of cultural background, and girls were more likely to be victims (Calerby et al., 2013). This confirms previous findings in this thesis that show that boys are more likely than girls to be bullies, and that girls are more likely to be victims in adolescence.

Another study, conducted at California State University Sacramento, examined ethnicity and ethnic identity as moderators in the relationship between fighting and bullying. In this study, the researchers sampled data from 315 Asian American and Latino early adolescents residing in an urban community (Maffini and Kim-Ju, 2018). The sampled students were asked questions about their demographics, violence related behavior, and ethnic identity. Of the sample of participants, 76% reported some kind of bullying (Maffini and Kim-Ju, 2018). Additionally, results demonstrated that Latinos and male participants were more likely to engage in fighting and bullying than Asian Americans and females (Maffini and Kim-Ju, 2018).

Adolescents with Learning Disabilities

Another risk factor that has been associated with bullying behavior and victimization is adolescence with learning disabilities. Learning disabilities is a broad term that can be defined in

many ways. To narrow the search for learning disabilities and an association with bullying, the researcher focused on two such learning disabilities. The disabilities that will be highlighted in this section are: 1) Autism Spectrum Disorder, or ASD and 2) Intellectual Disabilities, which will be further defined later on.

The first case study highlighted in this thesis has a focus on ASD and the association with being a bully or bully victim. This study was conducted in Taiwan, which is the same study conducted by Hu and his team that was discussed in Section 2, where 219 participants from 5 different child psychiatry outpatient clinics were asked about bullying behavior (Hu et al., 2019). Each of the participants were 1) Between the ages of 11 and 18 years old; and 2) Diagnosed with ASD. Participants and their parents were then asked to report on bullying, specifically cyberbullying, over the last year. To report the bullying, participants and parents were asked to fill out a "Cyberbullying Experiences Questionnaire" (Hu et al., 2019, p. 4173), which asked questions related to bullying behavior and bullying victimization. Researchers were able to gather from these self-reports based on responses whether the study was either showing bullying, bullying/victim, or victim behavior. The results of the study found that 56% of the participants reported or parents reported being a bully victim or bully (Hu et al., 2019). Additionally, the study also found that older students, between the ages of 16 and 18, were more likely to become victims or perpetrators in cyberbullying (Hu et al., 2019). The same study also notes that there is sometimes a discrepancy of reporting between adolescent reporting and parent reporting of bullying in surveys. The study notes that while 51% of adolescents with Autism Spectrum Disorder, or ASD, reported being a victim of bullying, only 31% of parents reported their children being bullying (Hu et al., 2019). When looking at risk factors, this is an important discrepancy to address for any bullying intervention programs. In order to have accurate reports,

both parents and students should be requested to respond. Based on this study, there may be some students who don't report bullying to their parents, therefore parents are unaware of the bullying.

Another study that linked learning disabilities and bullying was conducted in Australia. This study, with over 3,000 participants ages 12-13 years old comparing adolescents with disabilities versus those without disabilities, found that adolescents with disabilities were more likely to be bullying victims than those without a disability (Kavanagh et al., 2018). The disability that was highlighted in this study was labeled as an intellectual disability by the researchers. The intellectual disability was categorized by positive survey results to 11 questions provided to parents of the children in the study. These ranged from sight problems, hearing problems, speech problems, limited use of arms and legs, mental illness, and others. If there was a yes response to any of these, the adolescent was considered to have an intellectual disability, and if there were no positive responses, the adolescent was shown to not have an intellectual disability. The study also found that those participants who had indicated a disability had a 29% increase in the chances of bullying victimization versus those without an intellectual disability, (Kavanagh et al., 2018). Additionally, the study found that among those from families with low parental education, adolescents with disabilities were 51% more likely to "report experiencing social bullying victimization than adolescents without disabilities" (Kavanagh et al., 2018, p. 332). This study brings up another issue: what happens when a child possesses multiple risk factors related to a positive association with bullying? Often, many adolescents have multiple risk factors, not just one, that can increase their chances of becoming a bullying victim. As the above studies have shown, any one of the risk factors mentioned have proven to increase the

likelihood of being a bully victim. When possessing multiple risk factors, it can be assumed that each risk factor can increase the likelihood of being a bullying victim.

Being Perceived as Weak or Unable to Defend Themselves

The next bullet from the HHS website describing risk factors for bullying victimization is "being perceived as weak or unable to defend themselves" (US Department of Health and Human Services, 2020). Research that supports this is related to poor motor skills and bullying victimization. Poor motor skills have been shown to result in poor performance in both individual and team games and sports, which may reduce children's sense of competence. This in turn "reduces success within peer groups and may increase the likelihood of victimization" (Jansen et al., 2011, p. 5). Peers may perceive poor performance and lack of success in peer groups as a form of weakness. One study that addresses this was conducted in Sweden. The study asked 2,730 Swedish adults to respond to questions regarding bullying in primary school and not being talented in athletics in school. Poor talent in athletics was used as the variable to describe poor motor skills in school. Of these participants, a total of 29.4% of adults reported being bullied in school, and 18.4% reported having below average gross motor skills. Of those with below average motor skills, 48.6% were bullied in school (Bejerot et al., 2013). Below average motor skills in childhood were associated with an increased risk of being bullied based on these findings. The study also examined the effects of poor motor skills on becoming a bully in school. In contrast to the findings for becoming a victim, the study found that of the 2,700 people who filled out the survey, 390 of them reported being a bully in school, and of these 14% reported having poor motor skills (Bejerot et al., 2013).

The last bullet point from the HHS that yielded significant research findings was "are less popular than others and have few friends" (US Department of Health and Human Services,

2020). Research on this topic revolves around the idea that bullies "strategically pick on victims with the lowest social position in the group to increase their own status" (Pouwels et al., 2016, p. 248). If we review the definition of bullying, a major component of the definition revolves around the position of power. With popularity being a source of power in adolescence, it is easy to see why those with popularity would choose those less popular than themselves to bully. Furthermore, adolescents who are victimized hold the "lowest position in the peer group, as they are both disliked and unpopular, and are also likely to have the fewest friendships and withdraw themselves" (Pouwels et al., 2016, p. 248)

Risk Factors for Becoming a Bully

The HHS highlighted the following risk factors associated with bullying behavior:

- Some are well-connected to their peers, have social power, are overly concerned about their popularity, and like to dominate or be in charge of others.
- Others are more isolated from their peers and may be depressed or anxious, have low self-esteem, be less involved in school, be easily pressured by peers, or not identify with the emotions or feelings of others (US Department of Health and Human Services, 2020)

Furthermore, the HHS also suggested the following could also increase chances of bullying behavior:

- Are aggressive or easily frustrated
- Have less parental involvement or having issues at home
- Think badly of others
- Have difficulty following rules
- View violence in a positive way

- Have friends who bully others (US Department of Health and Human Services, 2020)

Well Connected with Peers, are Popular or have Social Power

The first bullet point, “Some are well-connected to their peers, have social power, are overly concerned about their popularity, and like to dominate or be in charge of others” (US Department of Health and Human Services, 2020) is backed by research. This thesis previously addressed the role that having poor motor skills could have on the chances of becoming bullied, but the opposite can be true for becoming a bully. “Children with high motor skills may receive more positive social feedback and recognition from peers, which is likely to improve their self-image and popularity among peers” (Jansen et al., 2011, p. 5). These are frequently reported characteristics of bullies. In addition, good motor skills may provide children with the physical means to bully. A study conducted by J. Loes Pouwels and his team at the Behavior Science Institute in Netherlands in 2016 researched the relationship between popularity, peer groups and positions of power in schools. The study found that “adolescents who bully were most popular and had the most socially dominant position in the peer group” (Pouwels et al., 2016, p. 248). This is in line with previous studies showing that adolescents value social status and that bullying can be seen as a way to maintain or increase it.

Less Parental Involvement at Home

Having less parental involvement at home or the maltreatment of adolescence at home, has also been linked with bullying behavior. Research on the topic shows that students who are identified as bullies and victims often report less social support from their families (Rose et al., 2015). As an example of this, the “familial environment for students who engage in bullying have been characterized by increased maltreatment, less supervision, and higher levels of

neighborhood violence" (Rose et al., 2015, p. 241). One case study that was conducted in the United Kingdom in 2012 investigated the association between parenting behavior and peer victimization and bullying behavior. The researchers conducted a review of the published literature on parenting behavior and peer victimization using MEDLINE, PsychINFO, Eric and EMBASE from 1970 through 2012 (Lererya, Samara and Wolke, 2013). These are all professional journals in the psychology and medical fields. The search found over 11,000 articles related to this subject. The review of the results showed that those children with positive parenting behavior such as: being authoritative, using good parent-child communication, showing warmth, and having involved and supportive parents, were significantly less likely to become a bully or a bully victim. On the flip side, the children with negative parenting behavior such as: being overprotective, being abused or neglected, being uninvolved and non-supportive, were much more at risk of becoming a bully or a bully victim (Lererya, Samara and Wolke, 2013). Furthermore, the review of the literature from this study found that abuse and neglect were the best predictors of becoming a bully or bully/victim at school. In contrast, high parental involvement and support, as well as warm and affectionate relationships were most likely to protect adolescents from peer victimization and bullying behavior (Lererya, Samara and Wolke, 2013).

Aggressive Behavior

Aggressive behavior is often linked with bullying behavior. One study that supports this is the Pouwels study conducted in the Netherlands in 2016. Again, this study examined the relationship between popularity, peer groups and positions of power in schools. Based on responses from participants in the Pouwels study, "adolescents who bully displayed relatively low levels of prosocial behavior and high levels of aggression" (Pouwels et al., 2016, p. 248).

Their elevated levels of aggression could indicate that they "use aggression in a controlled and manipulative way to increase their status" (Pouwels et al., 2016, p. 248). Studies also shows that children in preschool age who presented aggressive behaviors were more likely to become bullies by the age of adolescence (Jansen et al., 2011)

Bullies Often have Friends that are Bullies

There is little research to support the other points or risk factors associated with becoming a bully from the HHS. Research does suggest, however, that the HHS risk factor listed as "Bullies often have friends that are bullies" (US Department of Health and Human Services, 2020) is supported by some research. In the same study from the previous paragraph conducted by Pouwels and his team in the Netherlands, the study found that reinforcers and assistants had the same behavioral profile as bullies. This seems to suggest that students' involvement in bullying was "related to their desire to be accepted by other antisocial peers" (Pouwles et al., 2016, p. 248). There seems to be some research that suggests that bullies tend to attach to other bullies because there are similar levels of aggression. This link in aggression levels is commonly linked with bullying behavior among friends. It also has been noted that students "associate with peers who exhibit similar levels of aggression" (Rose et al., 2015, p. 250).

Other Risk Factors Related to Bullying Victimization and Bullying Behavior

Cyberbullying presents new risk factors that were not known until recent years. Bullying is frequently happening over social media and the internet in our modern society, and this has led to new risk factors arising in bullying victimization and bullying behavior. One study that investigated the exposure or risk factors involved in cyberbullying took place in Switzerland in 2013. Through the University of Zurich in Switzerland, a research team led by Fabio Sticca set

out to link risk factors with cyberbullying. For this study, the team gathered a total of 835 Swiss seventh grade students, who participated in a short two assessment survey 6 months apart from each other. Participants in the study were to report on the frequency of cyberbullying, traditional bullying, cybervictimization and frequency of online communication. The study found that there is a significant overlap between involvement in cyberbullying and traditional bullying (Sticca et al., 2013). This supports consistent research on the topic of cyberbullying; that there is a strong link between cyberbullying involvement and traditional bullying. Research also shows that traditional bullies tend to become cyberbullies and vice versa (Sticca et al., 2013). The study also found that those "who attack others in the real world today are more than 4 times as likely to do so on the internet a few months later" (Sticca et al., 2013, p. 62). The study also found that the frequency of online communication is strongly linked to becoming a cyber bully or bully/victim (Sticca et al., 2013). This finding suggests that the more frequently an adolescent is using social media and the internet, especially in online chats or other communication, the likelihood of showing bullying behavior or being a victim increases.

Section 3: Review of Effective Bullying Intervention Programs

In Section 3, the thesis uses a three-pronged approach to review effective bullying intervention programs. The first step is to see what is out there as resources for individuals or schools to utilize to begin the process of bullying prevention. The second step is to review effective bullying prevention programs around the world and to assess what made those programs effective. The third step is to compare and look for similarities between resources available to the public and schools to those effective bullying prevention programs highlighted in this thesis.

Reviewing Available and Relevant Anti-Bullying Resources

To address the first step of this section, finding available resources for bullying prevention, the thesis utilizes the stopbullying.gov website created by the HHS. There are other resources available online that provide insight into bullying prevention, but for the purposes of this thesis, the research highlights stopbullying.gov as the most relevant resource. On this website, the HHS provides several resources and information related to bullying prevention. These include: information for parents, schools and other caring adults, ideas for prevention in schools, how to assess bullying, how to engage parents, setting rules and policies, as well as the role of community in bullying. The website provides the following information for parents, schools and other caring adults for how to prevent bullying:

a. Help kids understand bullying. “Talk about what bullying is and how to stand up to it safely. Tell kids bullying is unacceptable. Make sure kids know how to get help”. (US Department of Health and Human Services, 2020). Furthermore, staff

and parents alike can encourage kids to speak to a trusted adult and report bullying when it happens.

b. Keep the lines of communication open. “Check in with kids often. Listen to them. Know their friends, ask about school, and understand their concerns” (US Department of Health and Human Services, 2020). The HHS recommends that adults take 15 minutes a day to check in with kids, and to encourage discussing bullying directly with kids.

c. Encourage kids to do what they love. “Special activities, interests, and hobbies can boost confidence, help kids make friends, and protect them from bullying behavior” (US Department of Health and Human Services, 2020).

d. Model how to treat others with kindness and respect. The website mentions that kids “watch adult behavior and can mimic that behavior”. By staff and teachers modeling “proper stress or conflict management as well as non-bullying behavior, kids will see how to react in those situations” (US Department of Health and Human Services, 2020).

The website also provides information for what schools can do to prevent bullying. Some of this information is as follows:

- Providing thorough staff training for staff members
    - This training should include: what bullying is, what the rules and policies are about bullying, and how to enforce the rules
    - Staff trainings can take the form of 1 on 1 meetings, staff meetings or training through modeling (US Department of Health and Human Services, 2020)
- Conducting activities to teach students about bullying

- Utilizing internet and library resources
- Giving speeches, such as role-playing exercises or presentations
- Classroom discussions and meetings about bullying and peer relations
- Creative writing, such as poems speaking out against bullying or skits for students to show how to stand up to bullying (US Department of Health and Human Services, 2020)

Another recommendation the HHS has to prevent bullying is to create assessments to assess bullying in schools. The website recommends the following in order to develop and implement assessments in schools:

1. Choose a survey that is age appropriate and asks the questions you are looking for answers to
2. Obtain parental consent for the survey. Federal guidelines call for consent in order for most surveys to be conducted when asking questions of the students or parents at a school district
3. Administer the survey
    a. The website recommends the survey is administered early in the year
    b. Assess at least once a year
    c. Decide which students will get surveyed (will they be random, specific age groups or school wide)
4. Protect student privacy
5. Analyze and distribute the findings of the survey, while still protecting the privacy of the students (US Department of Health and Human Services, 2020).

The HHS also advises schools to put in clear rules and policies with any bullying prevention program. The website offers the following recommendations for establishing these rules:

- Creating a school mission statement that reflects bullying. It could be built into the previous school mission statement if there is one.
    - The website provides the following sample mission statement: "[Name of School] is committed to each student's success in learning within a caring, responsive, and safe environment that is free of discrimination, violence, and bullying. Our school works to ensure that all students have the opportunity and support to develop to their fullest potential and share a personal and meaningful bond with people in the school community" (US Department of Health and Human Services, 2020).
- Creating a code of conduct that applies to all people in the school. The website suggests review of state laws, as these typically have codes of conduct listed in them
- Creating a student bill of rights, that reflects positive things that can happen in everyday school life
    - The website provides the following as a sample of a student bill of rights: "Each student at [school] has a right to: Learn in a safe and friendly place. Be treated with respect. Receive the help and support of caring adults" (US Department of Health and Human Services, 2020).
- The website also provides information on how a school can integrate the rules and policies in their schools:
    - Ensuring school rules and policies are consistent with state laws

- Including staff, students and parents when developing rules. Including students can help the students create the environment of respect, and including parents can help relay the messages at home
- Training staff about the rules and giving staff tools to help recall the rules
- Making sure to incorporate the rules into every-day interactions at the school. One example of this could be teachers having discussions in their classrooms about the rules
- Lastly, the website recommends establishing a clear and appropriate reporting system for staff and students to follow (US Department of Health and Human Services, 2020).

The last section related to bullying prevention that is relevant for this thesis from the HHS website stopbullying.gov is the recommendations for community-level involvement for bullying prevention. As the website states, "bullying doesn't just happen at school" (US Department of Health and Human Services, 2020). Therefore, it is important to establish community involvement in addressing any effective bullying prevention program. Firstly, the website recommends identifying potential partners for the school. These could be mental health partners, law enforcement officers, service groups, neighborhood associations and businesses. Secondly, it recommends learning what types of bullying occurs out in the community. Lastly, it recommends involving youth in bullying prevention. Kids can take a leadership role when discussing bullying with younger kids (US Department of Health and Human Services, 2020). The website also recommends developing a comprehensive community strategy, this includes:

- Identifying the strengths and weaknesses of the community

- Providing clear descriptions for every community member and partners role in bullying prevention
- Raising awareness for bullying prevention in the community, perhaps through tv campaigns or ads in the paper
- Providing resources for the community that highlight bullying prevention (US Department of Health and Human Services, 2020).

Effective Bullying Intervention Programs

First of all, it should be noted that a school wide anti-bullying intervention program, whatever it may look like, is a more effective tool at decreasing bullying than not having a bullying intervention program at all. A comprehensive study completed in Spain showed that "anti-bullying interventions reduced bullying perpetration by about 20–23%, and reduced bullying victimization by about 17–20%" (Zych et al., 2019, p. 1). Therefore, these intervention programs were found to be effective in reducing bullying. Nevertheless, some programs and components were more effective than not having any bullying prevention programs (Zych et al., 2019).

In order to focus on effective intervention strategies, this thesis identifies three programs that showed either promise or showed results of decreased bullying in schools after implementing the program. The three programs that the research highlights in this literature review as effective programs are: The Olweus Bullying Prevention Program in Norway, The Steps to Respect Program in the United States, and the KiVa Program in Finland. Information on each of these programs is highlighted by the National Institute of Justice, which has created a website, crimesolutions.gov, to help define and evaluate programs that attempt to prevent crime

(National Institute of Justice, 2020). In the case of this literature review, this website was utilized to identify goals, components, and evaluations of bullying prevention programs. All these programs have several case studies that show the results of the programs, and how the programs decrease bullying in their targeted ways. After identifying the success of the programs in meeting their anti-bullying goals within the school setting, the researcher looked at what made these programs successful. Each program will be described and looked at in the following way: 1) What the program was and who it targeted; 2) The goal of the program; 3) The different components of the program; and 4) The results of the programs.

The Olweus Bullying Prevention Program

The first program that is highlighted is the Olweus Bullying Prevention Program, or the OBPP. The OBPP was a program conducted on a national level in Norway. The program was written by the Norwegian government to address the nationwide bullying concerns, and to kickstart the school's efforts' in finding a solution. The program itself was a multicomponent approach, and it was designed to involve all parts of a school. These parts included teachers, students ages between 11 and 14, administration, the community, parents, etc (Olweus and Limber, 2010). The OBPP is based on four principles formed around research on aggression toward teachers and staff within a school. These principles are:

1. Show warmth and positive interest in students
2. Set limits to unacceptable behavior
3. Use consistent, positive consequences to reinforce positive behavior and use consistent, non-hostile consequences when rules are broken
4. Act as positive role models for positive behavior (Limber et al., 2018)

The OBPP utilizes components across four platforms as it relates to the school system in Norway. The four platforms for these components are: 1) The school; 2) The classroom; 3) The individual; and 4) The community.

The key components that the OBPP utilized as a part of **the school** platform are:

- Establishing the "Bullying Prevention Coordinating Committee", or the BPCC (Limber et al., 2018, p. 57). The committee would be formed by teachers, administrators, non-teaching staff and parents. The goal of the committee would be how to implement and market the program in the school setting.
- Ongoing training and consultation for committee members and other staff and teachers outside the committee
- Developing staff discussion groups related to bullying prevention
- Holding a school-wide kickoff event to launch the program
- Developing clear rules and policies as it relates to bullying
- The yearly completion of a questionnaire in regard to the program, completed by the BPCC (Limber et al., 2018)

The key components of the **classroom-leve**l platform are:

- Providing guidelines for how to integrate bullying prevention into classroom curricula
- Ensuring teachers are enforcing rules and policies as it relates to bullying prevention, which includes posting these rules in the classroom
- Holding class meetings, between teachers and students, focused on bullying prevention and peer relations in the classroom

- Holding parent meetings periodically throughout the year to involve parents (Limber et al., 2018)

The key components of the **individual-level** focus are:

- Having regular training for staff in regard to how to intervene when bullying is spotted, reported, or suspected. This also includes encouraging staff to intervene when any of the above occurs.
- Providing staff with on the spot and follow up cards or other system to have handy when bullying is spotted, reported or suspected
    - In addition to stopping the bullying on the spot, the teacher or staff would education the students about bullying prevention after witnessing the incident
- Holding separate meetings for students who are being bullies and those who are being bullied. These meetings would occur in response to bullying behavior (Limber et al., 2018)

The **community level** components include:

- Creating a spot on the BPCC team for a community member or two
- Developing ways that community members can support the school
- Collaborating with other community members or settings to spread bullying prevention strategies (Limber et al., 2018)

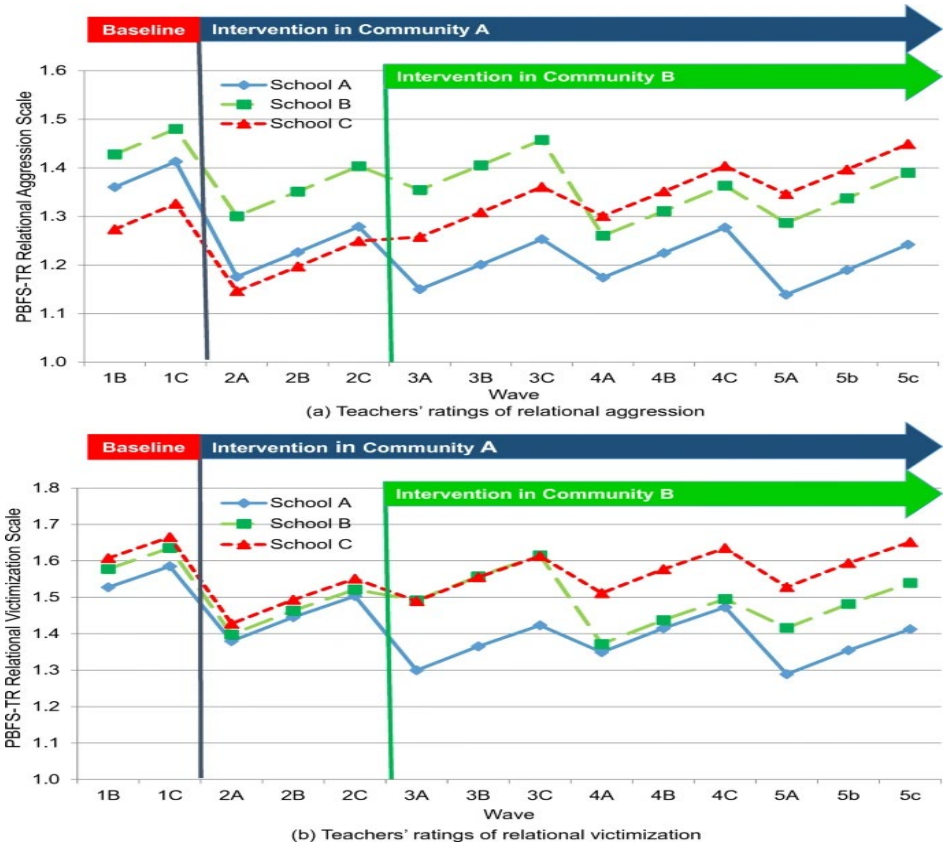
Results for this program showed promise in several case studies. One such case study was conducted in Norway among two separate cohorts of students in grades of 4-7. For this case study, over 90 schools, broken into two cohorts, were provided materials for the OBPP, and were

asked to implement the program in their school (Olweus and Limber, 2010). The first cohort included participants in schools between the grades of 4-7 and included roughly 8,000 participants in over 50 schools. After 8 months of the OBPP being implemented in these schools, the percentage of students being bullied was 15.2%. After 8 months with the OBPP, the number of participants being bullied dropped to 10.2% (Olweus and Limber, 2010). A similar trend happened with the second cohort, which was about 4,000 participants and 40 schools. Prior to the OBPP implementation, the number of participants being bullied was 14%. After 8 months of the OBPP, the new percentage was 9.2% (Olweus and Limber, 2010). The OBPP showed similar success with preventing bullying behavior. Using the same cohorts, the first cohort showed 5.7% of participants being bullies, and after 8 months with OBPP, the percentage dropped to 3.6% of students being bullies. The second cohort went from 5.9% to 3.1% (Olweus and Limber, 2010)

Another case study, conducted in the United States, collected data on three urban middle schools in Southeastern USA. The OBPP program was implemented into these schools and was provided to the administration to implement. Data was collected every three months from these schools. This data came in the form of teachers reporting of students participating in the program (Farrell et al., 2018). The sample randomly selected 669 students who were reported as participating in the program by teachers across the three schools in the first year (Farrell et al., 2018). Over the course of 5 years, or the range of the student, 1,791 different students participated in the program, with between 212 and 334 students participating in each data collection (Farrell et al., 2018). The results over the 5-year period showed a significant drop in aggressive bullying behavior, but only one school showed a significant drop in student and teacher reported bullying victimization. The following graph highlights the significant decrease

in aggressive bullying behavior over the 5-year span, especially within school A (marked by the blue line):

Figure 3: Aggressive Bullying Behavior and Intervention. Source: (Farrell et al., 2018)



There are several similarities between what the HHS recommends for bullying prevention programs and the OBPP components. First, the HHS breaks its information into sections like that of the OBPP. The information is guided toward individuals, school-wide components, individual and community levels. Another similar component is one at the individual level. One of the key principles of the OBPP is to treat others with warmth and respect, which matches closely with the HHS recommendation of "model how to treat others" (US Department of Health and Human

Services, 2020). Also, the OBPP uses similar verbiage when discussing the importance of staff and student training about bullying prevention. One of the key components in the OBPP is regular staff training so staff can stay up to date with any bullying prevention program. This is like what the HHS recommends for any bullying prevention program. The OBPP also utilizes class meetings and discussions about bullying prevention in the classroom, and this is also recommended by the HHS.

The one key difference that this thesis has identified is the lack of information on classroom curriculum from the HHS on the stopbullying.gov website. As the following paragraphs in this section will show, classroom curriculum is a major component of all the bullying intervention programs that are reviewed. One reason for this may be that the website itself just doesn't include it, only as far as saying: "conducting activities to teach students about bullying" (US Department of Health and Human Services, 2020).

The Steps to Respect program

The second program that has shown promise in decreasing bullying behavior and victimization is the Steps to Respect program. Steps to Respect, or STR, is a research-based, comprehensive bullying prevention program developed for grades 3 through 6, or ages 8-12, by Committee for Children, a nonprofit organization based in Seattle, WA, "dedicated to improving children's lives through effective social and emotional learning programs" (The National Institute for Justice, 2020). The goal of the program is to decrease bullying problems by "increasing school staff awareness and responsiveness, fostering socially responsible beliefs among students, and teaching social–emotional skills to students to reduce bullying behavior" (Low et al., 2014, p. 165)

The components of the program are broken into three categories: 1) School-wide guides; 2) Staff training; and 3) Classroom curriculum. The school-wide component of the program is designed to change the schoolwide environment by intervening at levels beyond the individual child. School administrators and staff establish "schoolwide bullying policies and procedures that are designed to encourage discipline that stops problems before they escalate" (Low et al., 2014, p. 167). This allows the entire school to become involved in the effort to reduce bullying behaviors.

The staff training component provides training to adults in the school to "recognize bullying and respond effectively to children's reports of bullying behavior" (Low et al., 2014, p. 167). To familiarize staff with all techniques and goals, the staff receive an overview of program goals and key features of program content. Teachers, counselors, and administrators receive additional training in how to coach students involved in bullying episodes.

The third component, classroom curriculum, is the core aspect of the program. The curriculum consists of 11 skill- and literature-based lessons presented over 12 to 14 weeks (Low et al., 2014). There are three grade-based levels of curricula; level 1 is taught at third or fourth grade, level 2 at fourth or fifth grade, and level 3 at fifth or sixth grade. Each lesson is approximately 50 minutes long and applies techniques to "promote socially responsible norms and increase social–emotional skills" (Low et al., 2014, p. 167). Specific techniques are used to a) help students identify the various forms of bullying; b) provide a rationale and clear guidelines for socially responsible actions and nonaggressive responses to bullying (that reduce chances of continued victimization); c) train students in assertiveness, empathy, and emotion regulation skills; and d) allow students to practice friendship skills and conflict resolution (Low et al.,

2014). Lessons also include techniques to teach children when and how to report bullying to adults.

One study conducted that analyzed the effect of the Steps to Respect, or STR, program took place in northern California. 128 classrooms were selected for data collection, with 128 teachers and over 1,400 students selected to participate and implement the program (Low et al., 2014). Students who participated in the survey were ages 7-11 years old. In order to assess the program, the study asked teachers to use a provided program implementation checklist. This was used to assess the program curriculum in the classroom. The study also had teachers and staff fill out a school environment survey, which essentially had teachers fill out a short survey where they would describe the school climate over a certain period of time. Furthermore, teachers were asked to fill out a student behavior questionnaire for each student, and to record the progress of the program. (Low et al., 2014). The Steps to Respect program was implemented and data was collected for a year.

Results of the study showed significant positive associations with students' engagement in the STR lessons, and that had a "positive impact on student attitudes, bullying related behavior, school climate" (Low et al., 2014, p. 172). There was also shown to be a significant effect of student lesson engagement on program outcomes, meaning that the more the students were engaged in lessons, the more likely the program was to work.

Another case study was conducted in California to assess the effectiveness of the Steps to Respect program at bullying prevention in schools. A controlled trial was conducted for 33 California elementary schools. Schools were chosen based on several criteria, such as: having broad socioeconomic statuses, racial and ethnic diversity, had a willingness or a strong need for

bullying prevention programs, and were not currently utilizing a bullying prevention program (Brown et al., 2011). The research committee then met with schools to describe the study and found that 80% of schools were interested. Ultimately, the study chose 33 schools to use in the study. Schools were matched on school demographic characteristics and assigned randomly to intervention or waitlisted control conditions. Outcomes of the program were obtained from (a) all school staff; (b) a randomly selected group of third, fourth and fifth grade teachers in each school; and (c) all students in classrooms of selected teachers (Brown et al., 2011). The measures of the study included a school environment survey, where staff answered a brief survey regarding the school climate. Teachers were also asked to fill out an assessment of student behavior, which was to be completed for each student in the online assessment. Questions in these were guided towards the goals of the STR program, and related to interpersonal social skills, academic aptitude, academic achievement, and bullying behavior either as a bully or victim (Brown et al., 2011). Similar to the teachers' assessments, students also filled out an online assessment with similar questions. The study then provided the STR program materials to the school to implement.

The researchers found several important results from the study. One result was that school staff who held "administrative positions in schools reported higher levels of student climate, student bullying intervention, and school anti bullying policies and strategies than did teachers, whereas teachers reported higher rates of bullying behavior than any other staff position" (Brown et al., 2011, p. 435). Another result was that two of the five assessed teacher outcomes demonstrated significant intervention effects on bullying behavior, whereas teachers from control schools reported declines in bullying prevention. The study also found that although both the control and intervention schools saw an increase in physical bullying, the increase was

smaller in the intervention schools (Brown et al., 2011). Additionally, the study indicated that males were reported to be more likely to engage in physical bullying than females (Brown et al., 2011), which supports previous findings from this literature review in Section 3. Older students were also shown to be more likely to get involved with physical and non-physical bullying than younger students (Brown et al., 2011). On the student perception of the program, significant intervention effects were found for 5 of the 13 student response questions. For example, students from intervention schools reported higher levels of student climate than control schools. Students from intervention schools reported significantly less of a decline in teacher/staff bullying prevention during the school year; and greater increases in student bullying intervention, and teacher/staff bullying intervention than students from control schools (Brown et al., 2011).

One key similarity between the HHS recommendations on bullying prevention programs and the Steps to Respect program is the emphasis on staff training. Another similarity is in developing a code of conduct and rules and policies. Both the HHS and the Steps to Respect program highlight the need to change the school-wide policies on bullying, and the need to develop a clear set of rules and policies related to bullying.

There are a couple of differences between the Steps to Respect program and the HHS recommendations. One key difference is how the components are split up. For instance, as we identified in the OBPP section, there is no mention of class curriculum in the HHS recommendations on the website stopbullying.gov. The Steps to Respect program highlights this as one of the three key components. Another difference is that the Steps to Respect program doesn't highlight any community-level components, which is a component highlighted by the HHS.

The KiVa Antibullying Program

The KiVa antibullying program is a school-based program created in Finland for all students in grades one, four and seven. It was designed for nationwide use in Finland, with the goal of reducing bullying and victimization. KiVa includes 20 hours of curricula designed to "increase anti bullying attitudes in classrooms as well as defending behaviors and self-efficacy among bystanders" (National Institute of Justice, 2020) . The aims of the program, indicated by the National Institute for Justice, are to:

1. Raise awareness of the role that a group plays in maintaining bullying
2. Increase empathy toward victims
3. Promote strategies to support the victim and to support children's self-efficacy to use those strategies
4. Increase children's skills in coping when they are victimized (The National Institute of Justice, 2020).

The components of KiVa focus on the school, the classroom and individuals. The curriculum consists of 10 lessons that are delivered over 20 hours by classroom teachers. The students engage in discussions, group work, and role-playing exercises. They also watch short films about bullying. Each lesson is constructed around a central theme, and one rule is associated with that theme. After the lesson is delivered, the class adopts that rule as a class rule. At the end of the year, all the rules are combined into a contract, which all students then sign (The National Institute of Justice, 2020). Furthermore, for primary school children, an anti bullying computer game has been developed that students can play during and between the KiVa lessons. For secondary school students, a virtual learning environment, "KiVa Street," (The

National Institute of Justice, 2020) has been developed. On KiVa Street, students can access information about bullying from a "library," or they can go to the "movie theater" to watch short films about bullying (The National Institute of Justice, 2020).

The program actively engages the school and parents. For recess, special vests are given to the playground helpers to enhance their visibility and remind students that the school takes bullying seriously. Materials are also posted around the school that promote anti bullying messages. A PowerPoint presentation has been developed that schools can use to introduce the program to school staff and parents, and parents receive a guide that includes information about and advice on dealing with bullying (The National Institute of Justice, 2020).

In addition to prevention messages, teams are in place to deal with identified bullying cases. The three-person team meets with the classroom teacher to discuss the identified case. Then one or two team members meet with the victim (or victims) and the bully in a series of sessions. The manual and training provide guidance on how to conduct these discussions (The National Institute of Justice, 2020).

Two case studies were utilized in this thesis to evaluate KiVa. The first one was conducted in Finland in 2006. Letters describing Kiva were sent to over 3,000 schools in Finland. 275 schools enrolled in the program, and of these 78 were selected for the study. 429 classrooms of grades 4-6 were selected, with a total of 7,741 students (Williford et al., 2012). The average age of the student participants was about 11 years old. The participants were split into control and test groups, roughly half of the participants either being a control or test group. Questionnaires were provided as evaluation tools and measures to students that included questions on: the perception of their peers, peer reported victimization, depression and anxiety

(Williford et al., 2012). The data that was collected came from these questionnaires. Data was collected over three different time points over two academic years. Teachers handed these questionnaires out three different times to participants. Definitions of bullying and bully/victim were also provided in the questionnaires. Williford and her team evaluated the program and its effectiveness at addressing the measures of the study, which were: perception of peers, peer reported victimization, depression, and anxiety (Williford et al., 2012). The study found KiVa was effective in reducing victimization in designated classrooms. The study also concluded that the "mechanism for KiVa's success is most likely related to its emphasis on explicitly addressing the core components of bullying behavior" (Williford et al., 2012, p. 297); that is, the "power differential that exists between a bully and his/her victim and the social context in which the behavior is reinforced and maintained over time" (Williford et al., 2012, p. 297). Furthermore, the study finds that KiVa may also positively influence students' levels of anxiety and perceptions of their peer climate (Williford et al., 2012). The results from this survey suggest KiVa was effective in reducing victimization in designated classrooms. This is shown from rates of victimization remaining stable in the control condition over time, whereas victimization declined significantly among intervention participants. This decrease can be seen in the table below:

Table 3: Reported Effects at Different Data Collection Points: Source (Williford et al., 2012)

Factor	Wave 1	Wave 2	Wave 3
Peer-Reported Victimization	.13	-1.08	-2.19

Perception of Peers	.04	-	.2
Depression	.02	-	-.09
Anxiety	-.03	-	-.13

In the table above, wave 1-3 represents the data collection time point. Wave 1=data collection 1, Wave 2=data collection 2, etc. The most significant change shown in the table is the peer reported victimization from wave 1 to wave 3. Using the statistical analysis of the study, the change can be equivalent to about a 57% decrease in peer reported victimization from wave 1 to wave 3 in the test group, whereas the control group remained relatively stable from wave 1 to wave 3. Another interesting finding from the study was the increase in the perception of peers from wave 1 to wave 3 in the test group. Again, using the statistical analysis, this can be described as about a 6% increase from wave 1 to wave 3.

The second case study was conducted to test the effectiveness of the KiVa program in Italy. The aim of this study was to evaluate the effectiveness of the KiVa anti-bullying program in a randomized control trial in Italy. The researchers tested 1) whether the KiVa program was effective at reducing bullying and victimization through the methods of the study; and 2) whether the KiVa program was effective in improving anti bullying attitudes and empathy toward victimized peers (Nocentini and Menesini, 2016). This study used over 2,000 students grades 4-6 from 13 schools. Data was collected over two waves, where trained psychologists, researchers and master's students acted as the data collectors (Nocentini and Menesini, 2016). The data was collected using student questionnaires, which were completed during school hours. The "Florence Bullying-Victimization Scales" (Nocentini and Menesini, 2016, p. 1016) were used as

the questionnaire. This scale is a 14-item questionnaire that asks how respondents have experienced specific behaviors, for example “I was threatened” for a bullying victim, and “I threatened someone” for a bully (Nocentini and Menesini, 2016, p. 1016). The study was looking to ascertain if the KiVa program was effective at decreasing bullying behavior and decreasing bullying victimization. The questionnaire was used to identify pro-bullying behavior, pro-victim behavior, pro-victim empathy and attitudes, as well as identifying as a bully, victim or bystander.

The study found that KiVa reduced bullying and victimization and increased pro-victim attitudes and empathy toward the victim in grade 4, between 24-40% reduction in Kiva students (Nocentini and Menesini, 2016). Another significant finding from this study is that in KiVa primary schools, the percentage of victims decreased from 22.2 % at data collection 1 to 10.9 % at data collection point 2, and the percentage of bullies decreased from 9 % at data collection point 1 to 4.4 % at data collection point 2 (Nocentini and Menesini, 2016). Similarly, in KiVa middle schools, from data collection point 1 to data collection point 2, or pre to post test, there was a reduction of 12.9 % in victimization and a reduction of 41.9 % in bullying others (Nocentini and Menesini, 2016). Results of the study also showed that the odds of being a victim were 1.93 times higher for a control student than for a KiVa student in grade 4 (Nocentini and Menesini, 2016).

One key similarity between the KiVa program and the HHS recommendations for bullying prevention programs is the component of including parents in bullying prevention. Both highlight the importance of getting parent feedback and keeping parents in the loop, as this can help with bullying prevention education at home. One example of this is the use of parents as volunteers during recess, where they are provided special vests to wear. Another similarity is the emphasis placed by both the HHS and the KiVa program on the importance of educating

students on bullying. One of the aims of the KiVa program is to improve the coping skills around being a victim of bullying, and this is highlighted by the HHS as an important strategy for any bullying prevention program.

The KiVa program is strongly made up of classroom curriculum, and again marks one of the big differences between the HHS recommendations and the KiVa program. Further digging into HHS recommendations on classroom curriculum may be needed, but if you are a school or individual looking for bullying prevention answers related to classroom curriculum, you will not find it on the stopbullying.gov website.

Other Effective Bullying Prevention Strategies

Cyberbullying Intervention

One program that has been linked with success in decreasing cyberbullying schools is the Asegúrate program in Spain. The goal of the program is to address the growth of cyberbullying in schools, and to create a program that can be available for all Spanish schools. The program is based on three principles: 1) the theory of normative social behavior; 2) the principles of constructivist methodologies; and 3) the development of self-regulation skills (Del Rey et al., 2019). The first of these highlights "how social behavior is significantly influenced by three mechanisms: group identity, expectations, and recognized legal norms" (Del Rey et al., 2019, p. 3). It upholds the notion that our "behavior is likely driven by what is perceived as socially acceptable, normal, and legal" (Del Rey et al., 2019, p. 3). The principles are concentrated on the fact that each session "starts with the exploration of young people's own ideas and beliefs" (Del Rey et al., 2019, p. 3). Regarding the development of self-regulation skills, Asegúrate includes

reflective activities aimed at “enhancing metacognitive skills to develop strategic learning among students” (Del Rey et al., 2019, p. 3).

The program itself provides a teacher’s manual for all teachers to follow within the school. The program is based on 8 different sessions on cyberbullying and other factors, these include:

1. Ways people communicate on social networks and their implications;
2. Anomalies in online behavior
3. Criteria for establishing safe online friendships
4. Cybergossip
5. Sexting
6. The abuse of the Internet and social networks
7. The norms of cyber-etiquette (Del Rey et al., 2019)

Detailed instructions are given to the teachers as to how to conduct the tasks for each of the eight sessions in the program. Each session contains a specific activity that ensures that the requirements of the Asegúrate methodology are fully complied with. Each teacher is therefore given a full description of the steps to follow with their pupils, and extra resources and explanations are included. Finally, there is a self-access reference section including a glossary of terms, a resource bank (such as descriptions of the most popular YouTubers), links to further reading, etc.

A study conducted in Sevilla, Spain examined the effect of the Asegúrate program. The evaluation of Asegúrate was carried out with a sample of 4779 students (48.9% girls) in 5th and 6th grade in primary education and compulsory secondary education from 18 different schools

(Del Rey et al., 2019). These 18 schools received the materials for the setting up the Asegurate program in their schools, while the control group was not provided anything and were not to set up the program. A questionnaire was provided that was used to identify cyberbullying experiences at two different intervals to participants of the study for the test and control group. The results from the test group who used the program show that "the involvement in cyberbullying as cyber-victim, cyber-aggressor, and cyber-bully-victim increase without intervention, whereas it diminishes when intervention is carried out by the teachers who have received specific training and have used the Asegúrate program" (Del Rey, 2019, p. 9).

Peer Supports

Research shows that peer support has a role to play in any effective bullying prevention program. One study that examined the relationship between peer supports and friendships with decreased bullying victimization took place in Australia. A study conducted at La Trope University in Australia used young Australian primary school children as participants and aimed to "determine the frequency and mental health from bullying, and whether friendship could be protective" (Bayer et al., 2018, p. 334). Participants of the study were a sample of 1221 children aged 8–9 years attending 43 primary schools in metropolitan Melbourne, Australia (Bayer et al., 2018). Children completed online questionnaires at school to measure peer relations and emotional well-being. Parents reported on their child's mental health in questionnaires sent to the home. The results of the study found that one in three children (29.2%) reported experiencing frequent bullying, defined as at least once a week. This included physical bullying alone (13.8%), verbal bullying alone (22.7%) and the combination (7.4%) (Bayer et al., 2018). The results of friendship and the connection to bullying is shown in Table 4 below:

Table 4. The relationship between experiencing bullying and friendship Source: (Bayer et al., 2018)

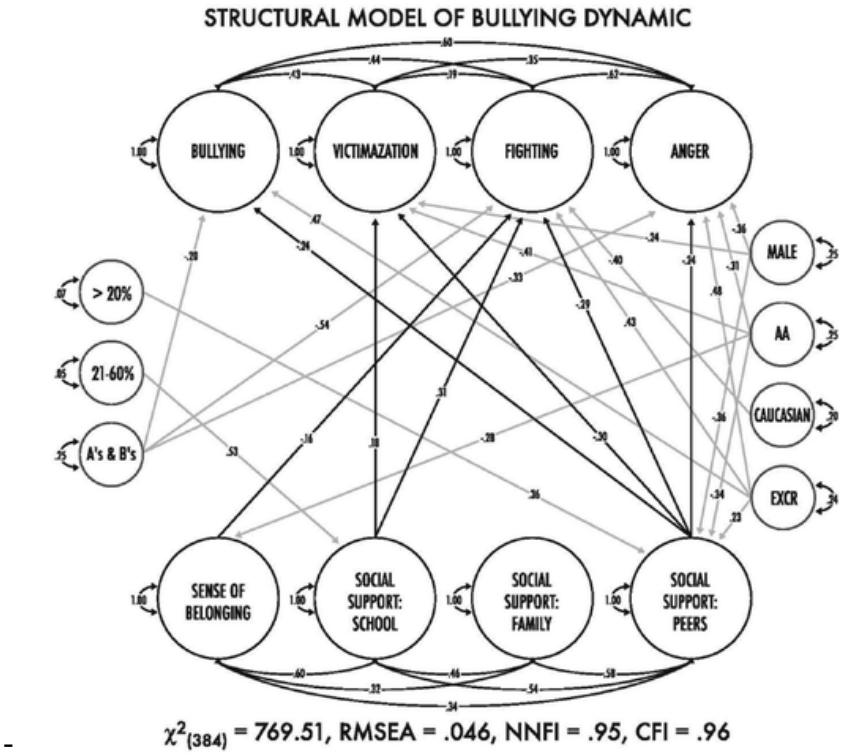
	Frequently Bullied (n 356)		Not Frequently Bullied (n 811)	
Friendship	%	n	%	n
Best Friend	93.5	331	92.4	749
No Best Friend	6.5	23	7.6	62
Group of Friends	84.8	301	95.1	769
No Group of Friends	15.2	54	4.9	40

The results of the table show that there is not a strong link between being bullied and having a best friend. Both students that reported being bullied and that did not report being bullied also reported having a best friend (both above 92%). There is a strong link, however, between having a group of friends and bullying. Those who were frequently bullied reported 10% less than those who did not report bullying in having a group of friends. Furthermore, 15.2% of those who reported being bullied also reported not having a group of friends, whereas those who did not report being bullied only 4.9% reported not having a group of friends. This study shows the connection that having strong peer support by having a group of friends can decrease bullying behavior. The study also concludes that among children who reported frequent bullying, those with a group of friends had better emotional well-being (Bayer et al., 2018).

The findings in the study are also supported by the study conducted by Shao and his team in China, that sought to classify Chinese adolescent children's aggressive behaviors (Shao et al., 2014). This study was previously used in this literature review to examine the link between aggressive behavior and bullying roles, as well as the relationship between bullying victimization and increased levels of depression and anxiety. This study also reviewed support systems that were associated with bullying prevention. As factors that were shown to protect against bullying, peer and teacher support had important influences on children's' aggressive and victimized behaviors (Shao et al., 2014). Relative to general children, aggressive victims, aggressive children and victimized children had lower probabilities of receiving peer supports.

Another study, that focused on 360 participants from 4 junior high schools in the Midwest of the United States, focused on 8 constructs in their study. The study used: bully, victimization, fighting, and anger as the test constructs (Rose et al., 2015). The study used: a sense of belonging, family supports, peer supports, and school supports as the social constructs to address bullying. Participants in these schools were surveyed to identify which of the social constructs were helpful in addressing each of the test constructs (bully, victimization, fighting and anger) (Rose et al., 2015). The results of this survey are shown in Figure 4 below.

Figure 4: The Relationship Between Bullying Constructs and Social Constructs to Protect Against Bullying



The bolded arrows of Figure 4 indicate a strong correlation. By observing the model, we can see that school support has a strong impact on addressing victimization and fighting, whereas strong peer support addresses all of the test constructs in the study (Rose et al., 2015). The study further concluded that individuals who develop and maintain quality friendships are less likely to be victimized (Rose et al., 2015). Additionally, the HHS suggests encouraging kids to do what they love (US Department of Health and Human Services, 2017). Special activities, interests, and hobbies can boost confidence, help kids make friends, and protect them from bullying behavior.

Parental Involvement with Adolescents

Another possible aspect of bullying intervention is parental involvement. As was noted in Section 3, a lack of parental involvement at home is linked with increases in bullying behavior at school (Lererya, Samara and Wolke, 2013). High parental involvement and support, as well as warm and affectionate relationships were most likely to protect adolescents from peer

victimization and bullying behavior (Lererya, Samara and Wolke, 2013). Research also shows that positive parenting behavior including “good communication of parents with the child, warm and affectionate relationship, parental involvement and support, and parental supervision (Lererya, Samara and Wolke, 2013, p. 1099)” were protective against peer victimization. This may also help with student and parent discrepancies in reporting bullying as well.

Section 4: The Essential Components of an Effective Bullying Intervention Program in a K-12 School:

Literature review on this topic suggests using the HHS website, stopbullying.gov, as a guide for creating a program. To look at examples of programs that have found success in decreasing bullying, the researcher recommends the National Institute of Justice as a good resource. Through extensive research on bullying intervention programs in K-12 schools, the researcher identifies the Olweus Bullying Prevention Program, the Steps to Respect Program and the KiVa Program as effective programs that have shown promise in decreasing bullying behavior.

The Essential Components for an Effective Bullying Intervention Program in a K-12 School

- The first step that a bullying intervention program should take is to **establish a committee** that is dedicated to creating and implementing the program.
- The committee should include teachers, administrators, parents, students and community members
- The committee should establish components of the program in the following levels: 1) The school, 2) The classroom, 3) The individual, 4) The community
- Below are the levels and what components should be included when the established committee creates and implements the bullying intervention program

The School Level Components

In conjunction with the committee, the school level components can be implemented by administrators of the school if necessary. The school level should include the following essential components:

1) Training for staff on bullying prevention. The success of the OBPP intervention program utilized ongoing training and consultation for committee members and other staff and teachers outside the committee (Farrell et al., 2018).

2) Conducting activities to teach and train students about bullying. The Steps to Respect program highlights the following techniques to help teach students: a) help students identify the various forms of bullying; b) provide a rationale and clear guidelines for socially responsible actions and nonaggressive responses to bullying (that reduce chances of continued victimization); c) train students in assertiveness, empathy, and emotion regulation skills; and d) allow students to practice friendship skills and conflict resolution (Low et al., 2014).

3) Creating a school mission statement that reflects bullying. It could be built into the previous school mission statement, if there is one. The HHS provides the following example of what a mission statement could look like: "(Blank School) is committed to each student's success in learning within a caring, responsive, and safe environment that is free of discrimination, violence, and bullying. Our school works to ensure that all students have the opportunity and support to develop to their fullest potential and share a personal and meaningful bond with people in the school community." (US Department of Health and Human Services, 2020).

4) Creating a code of conduct that applies to all people in the school. The HHS suggests reviewing state laws, as these typically have codes of conduct listed in them. Make sure to incorporate the rules into every-day interactions at the school. One example of this could be teachers having discussions in their classrooms about the rules.

5)Establishing a clear and appropriate reporting system for staff and students to follow.

6) Create and implement a survey. Create and implement a survey that is administered to teachers and students that identifies how the program is going and what needs to change. This survey should be implemented at least once a year. The survey should include questions that the school wants answered regarding the bullying intervention program.

7) Lastly, the bullying intervention program committee should **create a school-wide kick-off event to launch the program**.

The Classroom Level Components

The most essential part of the classroom level of the bullying intervention program is the **curriculum**. Review of the three effective bullying programs from Section 4 all include detailed curriculum for the schools to incorporate, and each stated that the curriculum is an essential component of their program. The curriculum development is crucial for the committee. This also makes it important to have teachers on the committee, as they can use their expertise to create curriculum that will follow school policy and state curriculum guidelines. Teachers on the committee can also act as guides for teachers implementing the program in their classroom. Key components of the curriculum should include:

1)The curriculum of the program should include between **10-20 lessons related to bullying** that will teach students about bullying that are created for a 50-minute class. Between **2 and 5 of these lessons should have a focus on cyberbullying.** Each of the 3 highlighted programs in Section 4 of this Literature Review included between 10 and 20 lessons. With annual reporting, there should be 10-20 lessons for each semester.

2) Cyberbullying lessons should be **modeled after the Asegúrate program** described in Section 4 and should include discussions and class activities related to the sessions described in Section 4. Topics for these activities and discussions could be: ways people communicate on

social networks and their implications, criteria for establishing safe online friendships, cyber gossip, sexting, the abuse of the Internet and social networks, and the norms of cyber-etiquette.

3) The researcher believes the KiVa program provided a great format for creating lessons and activities. Some examples include lessons having **students engage in discussions, group work, and role-playing exercises.** Another example is each lesson is **constructed around a central theme**, and one rule is associated with that theme. After the lesson is delivered, the class adopts that rule as a class rule. At the end of the year, all the rules are combined into a contract, which all students then sign (National Institute of Justice, 2020).

3) Utilizing a game or app so students can play in between lessons after completing activities. KiVa developed an anti-bullying computer game, "KiVa Street" (National Institute of Justice, 2020) , so students could continue to learn about bullying in between lessons. On KiVa Street, students can access information about bullying from a "library," or they can go to the "movie theater" to watch short films about bullying (National Institute of Justice, 2020).

4) Lessons can also include techniques to **teach students how to report bullying behavior.**

Outside of the lesson and curriculum development, the following are also important classroom level components: ensuring teachers are enforcing rules and policies related to bullying prevention, which includes posting these rules in the classroom, holding class meetings, between teachers and students, focused on bullying prevention and peer relations in the classroom, and holding parent meetings periodically throughout the year to involve parents (Limber et al., 2018)

The Individual Level Components

Another important aspect for any bullying intervention program is to utilize individual level components. This thesis believes the following components should be included at the individual level: 1) Encouraging peer supports; 2) Showing warmth and positive interest to adolescents; 3) Modeling anti-bullying behavior, such as kindness, encouragement and respect; 4) Including parental involvement in bullying intervention; and 5) Keeping lines of communication open with adolescents.

1) Encouraging Peer Supports. Peer support has proven to be one of the most effective tools in decreasing bullying victimization, as was identified in Section 4 of this literature review. One way this can be done in the intervention program is to encourage adolescents to do what they love (US Department of Health and Human Services, 2020). By finding things they love doing, adolescents can create lasting friendships through common interests. This can help expand group relationships, as the study conducted in Australia on friendships and their role in decreasing bullying behavior examined. Those who were frequently bullied reported 10% less than those who did not report bullying in having a group of friends. Furthermore, 15.2% of those who reported being bullied also reported not having a group of friends; whereas, of those who did not report being bullied only 4.9% reported not having a group of friends (Bayer et al., 2018). Encouraging adolescents to seek out their interests can be done by teachers, students, parents and others with a connection to the adolescent. Helping adolescents to build a group of friends can also protect students from the risk factor of being perceived as weak and unable to defend themselves. Having a group of friends helps in an adolescents chances of being able to defend themselves.

2) Showing warmth and positive interest. Another key component that should occur at the individual level is to show warmth and positive interest in students (US Department of Health and Human Services, 2020). In Section 3 of this literature review, where risk factors for bullying are identified, one risk factor that was linked with increases in likelihood of becoming a bully was how that student was treated, especially at home. As was shown in this section, research on the topic shows that students who are identified as bullies and victims often report less social support from their families (Rose et al., 2015). Furthermore, children from homes with parents who show positive parenting behavior such as: authoritative, good parent-child communication, show warmth, and are involved and supportive parents, were significantly less likely to become a bully or a bully/victim (Lererya, Samara and Wolke, 2013).

3) Modeling kindness and respect, as well as appropriate anti-bullying behavior. At the individual level, teachers, staff, and other students also have a role in treating others how you want to be treated. Adolescents look to their elders as role models in many cases. As role models, teachers, staff, peers and parents should model how to treat others with kindness and respect. By staff and teachers modeling proper stress or conflict management as well as non-bullying behavior, kids will see how to react in those situations (US Department of Health and Human Services, 2020).

4) Including parental involvement in bullying intervention. Another key component that should occur at both the individual and school level is making sure to include parents in the intervention program. One key component of the OBPP program was holding parent meetings periodically throughout the year to involve parents (Limber et al., 2018). Parents can also be included by making sure to have parents on the bullying intervention committee. The parents on the bullying committee can also act as liaisons for the other parents at the school, including

serving as trainers for other parents on spreading bullying prevention to their home. By spreading the bullying prevention lessons to the home, parents will be able to continue teaching students about bullying outside of school. Positive parental involvement at home is also strongly linked to decreases in bullying behavior. On the other side, children with negative parenting behavior such as: “overprotective, abused or neglected, uninvolved and non-supportive” (Lererya, Samara and Wolke, 2013, p. 1099), were much more at risk of becoming a bully or a bully/victim. Therefore, it is important for any bullying intervention program to include parents, and to encourage parents to get involved with their child at home.

5) Keeping lines of communication open. The last component at the individual level is to keep the lines of communication open (US Department of Health and Human Services, 2017). “Check in with kids often. Listen to them. Know their friends, ask about school, and understand their concerns” (US Department of Health and Human Services, 2017). The website recommends that adults take 15 minutes a day to check in with kids and encourages adults to discuss bullying directly with kids.

The Community Level Components

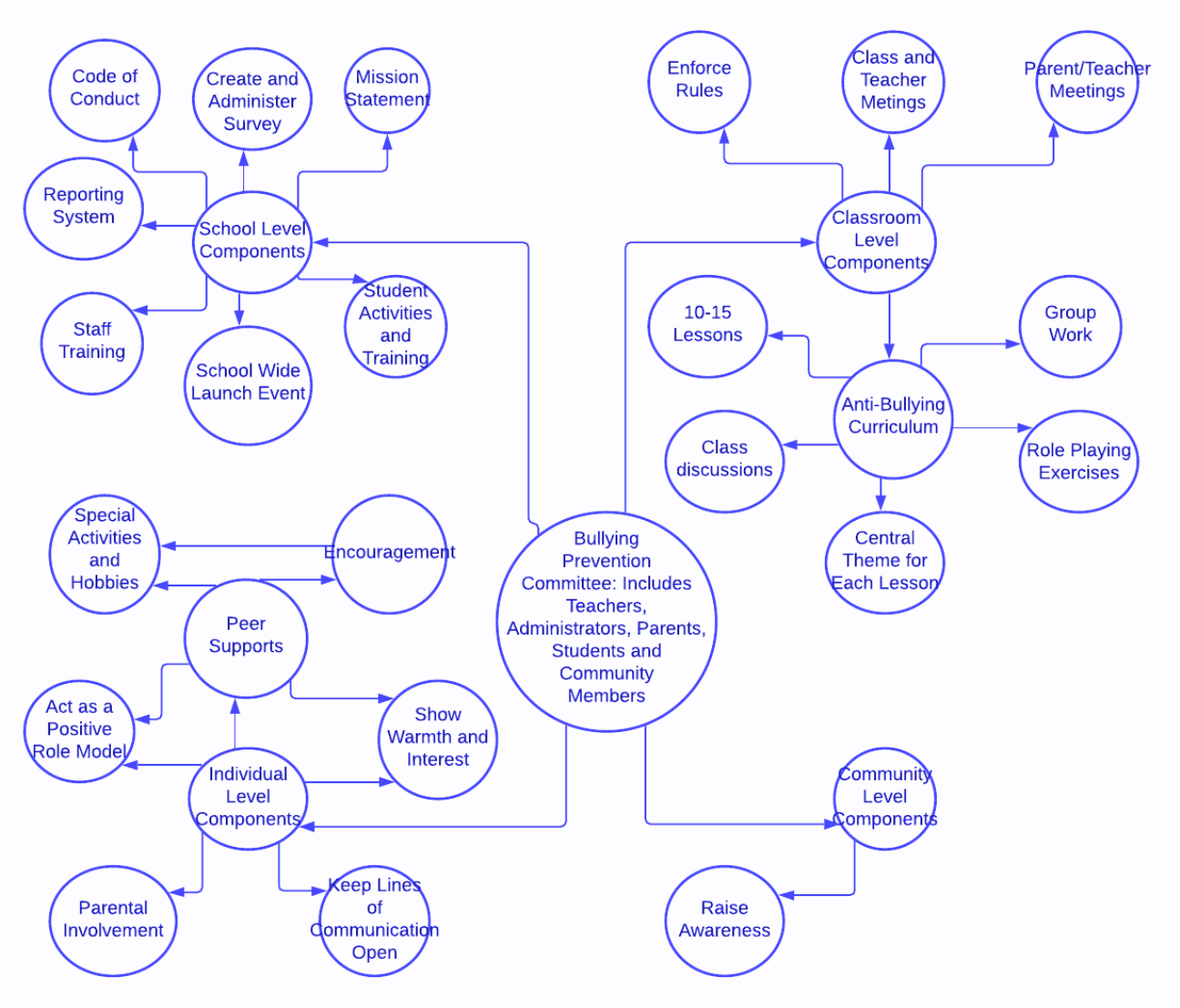
The HHS offers potential ways to include the community when creating a bullying intervention program. The committee should also include community members. Community members can act as partners in the school and can serve as role models for the students. Including community members on the committee was a key component of the OBPP as well The following are a couple of things the committee can do with the community:

1)Providing clear descriptions for every community member and partner's role in bullying prevention.

2) **Raise awareness** for bullying prevention in the community, perhaps through tv campaigns or ads in the paper.

Figure 5 below is a visual, created by the thesis author, of what the essential components for a bullying intervention program could look like in a K-12 school. The figure is based on the descriptions used above to describe each level and the components essential to the bullying intervention program. As a reminder, the center of an effective bullying prevention program is the bullying intervention committee, consisting of administrators, teachers, other staff, parents, students and community members. The size of the committee can depend on the size of the school or number of people interested in joining the committee.

Figure 5: Essential Components of a Bullying Prevention Program in a K-12 School



Chapter III: Discussion and Conclusion

Summary of Literature, Limitations of Research, Implications for Future Research, Personal Perspective, Professional Application, and Conclusion

Summary of Literature

The literature review on the following questions: what the risk factors are associated with becoming a bully and a bullying victim; what, if any, are successful bullying intervention programs that have shown promise in decreasing bullying behavior; and what are the essential components of an effective bullying intervention program in a K-12 school yielded many findings and results. To start the literature review, I began with defining bullying. The HHS defines bullying as: "Bullying is unwanted, aggressive behavior among school aged children that involves a real or perceived power imbalance. The behavior is repeated, or has the potential to be repeated, over time. Both kids who are bullied and who bully others may have serious, lasting problems" (U.S. Department of Health and Human Services, 2020). This definition is backed by research, and most bullying definitions include the power imbalance as a key phrase in the definition. I also highlighted different types of bullying, such as 1) verbal; 2) social; 3) physical; and 4) cyberbullying. I found that with these types of bullying, there can be different motivations associated with bullying. In Section 2, a study conducted by Pronk and his team in the Netherlands adopts an "evolutionary theoretical perspective in which bullying is strategic behavior that is conducive to peer-group status enhancement" (Pronk et al., 2017, p. 735). Within this view, a high social status (i.e., popularity) has been associated with bullying others. Lastly in Section 2 of this literature review, the effects that are associated with bullying were identified. Some of the effects that were found to be associated with bullying are increases in anxiety,

depression, and loneliness. The study conducted by Shao and his team in China in 2014 that classified students into bullying roles based on behavior, found that being a bully victim was strongly linked to increases in depression and anxiety levels (Shao et al., 2014).

Section 3 addressed the question: what are the risk factors associated with being a bully or bullying victim? There was prevalent research that addressed this question. In Section 3, I utilized the HHS website, stopbullying.gov, to provide a guide for some risk factors. Of the risk factors for becoming a bully/victim listed on the website, the one that yielded the most results based on credible research was: "are perceived as different from their peers, such as being overweight or underweight, wearing glasses or different clothing, being new to a school, or being unable to afford what kids consider cool" (US Department of Health and Human Services, 2020). Some of the perceived differences that were backed by research as being linked to bullying victimization risks included: gender, socioeconomic status, culture, and adolescents with learning disabilities. Gender and socioeconomic status yielded a wealth of research and relevant case studies. The studies based on gender suggested that boys were more susceptible to becoming bullies than girls in adolescents, whereas girls were more likely to be victims (Jansen et al., 2011). Studies indicated that boys were more likely to exhibit aggressive behavior, which has as association with bullying behavior in adolescence. Several studies from Section 1 regarding socioeconomic status and bullying found that there was a strong correlation. For example, one study conducted by Tippet and Wolke in 2014 found that of the 28 studies examined, 22 found a link between socioeconomic status and bullying (Tippet and Wolke, 2014). Of the 22 studies showing a correlation, 16 showed an association of victimization with low socioeconomic status. As for becoming a bully, three risk factors were shown to have the highest correlation. These included: 1) Being well connected with peers, being popular or having social

power, 2) Having less parental involvement at home, 3) Showing aggressive behavior. Concerning the importance of parental involvement, one case study that was conducted in the United Kingdom in 2012 investigated the association between parenting behavior and peer victimization and bullying behavior. This study found that children with negative parenting behavior such as: overprotective, abused or neglected, uninvolved and non-supportive, were much more at risk of becoming a bully or a bully/victim (Lererya, Samara and Wolke, 2013).

In Section 4 of this literature review, I attempted to answer the question: What, if any, are examples of effective bullying intervention programs that have shown promise in decreasing bullying behavior? Extensive research on this question revealed three promising programs to use as examples of effective programs. These programs were: The Olweus Bullying Program Project in Norway, or OBPP, the Steps to Respect Program in the United States, and the KiVa project in Sweden. All the mentioned programs and their respective components are described in detail in Section 4. The OBPP put a large focus on school wide and individual level components to address bullying intervention. Both the Steps to Respect and KiVa project focused on classroom curriculum as the key to a strong bullying intervention program. Results for all these programs showed promise in decreasing bullying behavior. The programs, along with the US Department of Health and Human Services, provided the outline for creating an effective bullying intervention project by showing what components are essential for success in a K-12 school. Outside of these programs, the Asegúrate cyberbullying intervention in Spain showed promise in decreasing cyberbullying victimization. Also, peer supports, and positive parental involvement and support were linked with decreases in bullying behavior and victimization.

Section 5 addressed the question: What are the essential components that any effective bullying intervention program in a K-12 school needs to include? Using the three programs from

section 4, the Asegúrate program in Spain, findings for peer supports and parental involvement as effective protections on bullying, and the HHS recommendations for a bullying intervention program, I created a breakdown of the components that I found to be essential for a bullying intervention program in a K-12 school. The bullying intervention program should begin with the creation of a bullying intervention program committee, with the goal to create and implement the program in their school. The committee should be made up of administrators, teachers, other staff, students, parents, and community members. The committee should then address the program on 4 different levels: 1) The school; 2) The classroom; 3) The individual; and 4) The community. The key components for the school level include developing or adding to an existing mission statement, creating a kickoff event for the intervention program, creating staff trainings, creating activities for students to participate in, creating a survey for teachers and students to fill out to see how the program is working, and establishing a code of conduct around bullying.

As for the classroom level, the key component is in the classroom curriculum. The KiVa project provides several ideas that the committee can use when developing curriculum, but the curriculum can look something like this: 1) The committee should develop between 10-20 lessons, of which 2-5 should be focused on cyberbullying, that are planned for 50-minute class periods. There should be at least 20 lessons if it is a yearlong program; 2) Lessons should include activities that teach students about bullying, which can be in the form of class discussions, role-playing exercises or group work; 3) Each lesson should be constructed around a central theme, and one rule is associated with that theme; after the lesson is delivered, the class adopts that rule as a class rule. At the end of the year, all the rules are combined into a contract, which all students then sign; 4) Include a computer game or app that students can play between activities and lessons. Furthermore, the classroom level should include ensuring teachers are enforcing

rules and policies related to bullying prevention, which includes posting this rule in the classroom, holding class meetings between teachers and students focused on bullying prevention and peer relations in the classroom, and holding parent meetings periodically throughout the year to involve parents (Limber et al., 2018).

At the individual level, the key components include: peer supports, modeling respect, and parental involvement. Peer support has proven to be one of the most effective tools in decreasing bullying victimization, as was identified in Section 4 of this literature review. To address peer support in a bullying prevention program, individuals around adolescents should encourage adolescents to do what they love (US Department of Health and Human Services, 2020). By finding things they love doing, adolescents can create lasting friendships through common interests. This can help expand group relationships. Encouragement can come from teachers, parents, other staff, and peers of students.

Adolescents often look to their elders as role models. Everyone that has an association with adolescents should behave and model respect and kindness. Adolescents will notice this and will look at their role models for how to behave in certain situations. This also applies to bullying behavior responses.

Another key component that should occur at both the individual and school level is making sure to include parents in the intervention program. One key component of the OBPP program was holding parent meetings periodically throughout the year to involve parents (Limber et al., 2018). By including parents in the bullying intervention program, parents will likely become more involved with their student in bullying discussions at home. This will allow

the bullying lessons to continue at home. This can also be a social support for adolescents, as we have learned from this literature review, and is important in decreasing bullying behavior.

At the community level, community members have the role of raising awareness of bullying intervention. This can be done by passing out materials, providing information, and by tv ads and campaigns.

The last thing that I found to be essential for any bullying intervention is to keep communication lines open with adolescents. Check in with kids often. Listen to them. Know their friends, ask about school, and understand their concerns (US Department of Health and Human Services, 2020). The website recommends that adults take 15 minutes a day to check in with kids and encourages discussing bullying directly with kids. The more that individuals surrounding the K-12 schools know about adolescents, the more we will be prepared. The above components at each level provide guidelines for building an effective bullying intervention program. If we as educators, parents and community members are committed to tackling bullying as an issue in our schools, creating and implementing a bullying intervention program like the one suggested in this literature review will be a good first step.

Limitations in Research

One of the first limits on research that I noticed was the lack of information on linking bullying, specifically being a bully/victim, to depression and anxiety. I found articles related to both, but there were many case studies or research that linked the two together. Another limit was the lack of information on the effects of being a victim of cyberbullying. I believe the reason for this is that cyberbullying is new, that technology is always changing, and that it is hard to find concrete evidence or anything specific as it relates to effects of cyberbullying. There was

also not a lot of research on cyberbullying intervention programs. I had a tough time locating cyberbullying specific programs that showed promise in decreasing cyberbullying. I think this again has to do with technology always changing and the programs struggling to keep up with this change. Another limitation I found was related to the individual level of bullying intervention programs. I was hoping to find research that showed the effect of individuals, specifically teachers, and their gender on effectiveness of protecting bullying victims. I thought there might be studies linking gender and effectiveness in decreasing bullying in specific cases, such as a female teacher as a supportive individual for a female student. I thought it would have been helpful for my research to show that the individual or teacher's gender plays a role in supporting an adolescent through bullying. Another area that was lacking in research as it relates to bullying is adolescent development. I was hoping to add a section in this literature review about how adolescent development plays a role in bullying, but I couldn't find anything that helped guide the thesis forward. It was also difficult since my focus was on K-12 schools as a whole, which makes it difficult to narrow down development as a child is experiencing varying areas of development in that broad age group. I believe this would have been easier if I focused on bullying intervention on a specific age group in order to add a section on adolescent development. The last piece that I thought was missing in the research, which was part of the reason I created a sample bullying intervention program in the first place, was the lack of resources for a bullying intervention program itself. There was great information provided by the US Department of Health and Human Services about bullying and bullying prevention, but it didn't lay out specifics of what that program could realistically look like. It would be nice for a government website dedication to bullying prevention to provide a sample bullying prevention program.

Implications for Future Research

This thesis identified several resources when looking at bullying prevention overall. There was prevalent research on the definitions of bullying, the effects of bullying, as well as the risk factors associated with bullying. The research also found that there were sufficient examples of programs that found success in decreasing bullying in school. The lack of resources and research on how to begin creating a bullying program from the ground up was the main reason the researcher created an example of what a program could look like in a K-12 school. This implies that future research should continue to focus on how bullying intervention programs can be created, and how schools can begin to initiate the bullying prevention process. Furthermore, future research should continue to expand and study the effects of the OBPP, the STR and the KiVa program in K-12 schools. More specifically, I would like to see more case studies on school districts or states that implement any of the three programs highlighted in this thesis. While there are examples of case studies in Scandinavian countries that have implemented the OBPP and KiVa programs, there are not any case studies that tried these programs in the United States. This thesis, therefore, implies that further research should focus on the effect that one of these programs, that have shown promise in other countries, could have on schools in the United States. If there were studies that showed that these programs were only effective in the parts of the world they were created, the direction and conclusions that this thesis finds may become obsolete. Without these studies, however, the researcher believes the program highlighted in Section 4 is a program that should be attempted in the United States.

Personal Perspective

I originally thought of the idea of bullying as a focus when I was working in a K-12 school, as well as being a sports coach. I noticed while I was working in a K-12 school that there was a lot of information made available to students about bullying, but there really weren't any dedicated programs to addressing it. I realized that there was a need for improved bullying intervention programs while I was working in a K-12 school as both a substitute teacher and during student teaching hours. Working as a soccer coach for a K-12 school, and as part of the community with a soccer club, I was constantly exposed to bullying. While a lot of bullying intervention happened in the moment, there wasn't a lot of guidance or resources available for how to be prepared. As was the case when I was substitute teaching, there was not a specific bullying intervention program available that I was aware of. The need for education for both students and staff toward bullying intervention became apparent, and that education and training should be the role of an effective bullying intervention program to address. I became passionate about bullying prevention while I was in a K-12 school and soccer coach, and I carried it into my current profession.

Professional Application

Although I'm currently not working in a K-12 school, my current profession is exceptionally compatible with this research. I originally thought of the idea of bullying as a focus when I was working in a K-12 school, as well as being a sports coach. I noticed while I was working in a K-12 school that there was a lot of information made available to students about bullying, but there really weren't any dedicated programs to addressing it. I became passionate about bullying prevention while I was in a K-12 school and sports coach, and I carried it into my current profession. I currently work as an Instructor at Minnesota Independence College and Community. I work with participants with Autism and other learning disabilities. We are a

program for 18-25 year old adults who have graduated high school and are looking for work and to live independently. We focus on teaching skills to allow our participants to live independently and helping our participants to find the right job for them to be successful. I have worked here for over 4 years, and I find this work to be much more rewarding than working in the K-12 schools. I also enjoy the creativity and innovation that is encouraged at MICC. We have set core objectives that we teach like in K-12 schools, but we have the ability to create our lessons and tweak them so we put our students' needs first. The most relevant piece from this thesis that applies to my profession relates to the essential component of a bullying intervention program: curriculum and lesson development at the classroom level. After writing this thesis, I can bring my expertise on bullying prevention to the rest of my team and can work on creating a curriculum about bullying prevention to add to our current curriculum. Creating a bullying prevention unit through our Healthy Living program that addresses emotional and social health would be a great project.

Another reason this thesis applies to my work is on the individual level. One of the core aspects of a bullying intervention program is to have those adults working with adolescents to act as role models and treat others with respect and kindness. This is something that can be addressed to other staff and adults who work with our participants, and we can all act as role models. This also relates to staff training, which is an essential component of a bullying intervention program. I can work with management to include bullying prevention training for all staff working with our participants. Another large part of our program is the activities we provide for our participants. Our participants get to choose socials and electives that they want to participate in each week or year. This relates to the component of a bullying program as encouraging adolescents to do what they love. I can, as an Instructor, encourage our participants

to join a club or social that they love. As this research has shown, this can help a participant build friendships. Peer support is an effective intervention for bullying behavior, and by having that group of friends network, I can help our participants stay away from and stand up to bullying behavior.

Conclusion

When looking at whether my review answered the following questions: what the risk factors are associated with becoming a bully and a bullying victim; what, if any, are successful bullying intervention programs that have shown promise in decreasing bullying behavior; and what are the essential components of an effective bullying intervention program in a K-12 school yielded many findings and results. My research showed that there were many risk factors that were associated with bullying, and that it is safe to conclude that the chances of becoming a bullying or bully/victim do in fact increase based on certain risk factors. I also found that there are effective bullying intervention programs out there that schools can follow when trying to create a bullying intervention program. Based on the lack of resources and research on creating a bullying intervention program from scratch, I created a model that K-12 schools can follow. I concluded that based on research, creating a bullying intervention program in a K-12 school is not only possible, but that it is highly encouraged for schools to do. I believe there is plenty of research and resources out there to help with providing bullying education for schools, but it does appear to be a daunting task when a school does decide to create a program. I created Figure 5 as a guide for schools to follow when brainstorming how to create and implement a program, which includes components at the school, classroom, individual and community level. With the success of the OBPP, STR and the KiVa program, there is proof that bullying intervention programs can be successful at decreasing bullying in K-12 schools. In conclusion,

bullying creates negative effects for adolescents in K-12 schools and is associated with many risk factors that likelihood that an adolescent will become a bully or bully/victim. To address this, schools must make the decision to create and implement a bullying intervention program. To do this, I recommend schools follow the guides of the OBPP, the STR and the KiVa program, as well as the program highlighted in Section 4 and Figure 5 of this thesis.

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