

Coping with bullying: Strategies used to deal with traditional and cyber bullying in Irish post-primary school

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INTRODUCTION

Previous research has evidenced the psychological effects of victimisation for cyber and traditional forms of bullying, with depression considered one of the most prominent outcomes of peer victimisation (Dejardins & Leadbeater, 2011; Pouwelse, Bolman, Lodewijkx & Spaa, 2011) and cyber-victimisation (Perren, Dooley, Shaw, & Cross, 2010; Wang, Nansel & Iannotti, 2011). Furthermore, school victimisation has been linked to later life depression (Ttofi, Farrington, Lösel, & Loeber, 2011).

Victimisation can also be viewed as a chronic stressor and the associated psychological consequences are responses to a traumatic event (Newman, Holden, & Delville, 2005). More specifically students who exhibit higher rates of anxious or withdrawn behaviour associated with higher risk of victimisation (Paul & Cillessen, 2003).

When it comes to coping, the negative effects of cyber bullying on physical and mental health can be alleviated by the use of beneficial coping strategies (Machmutow, Perren, Sticca & Alsaker, 2012; Perren et al., 2012). Cyber victims report that they are less likely to report the problem to an adult suggesting that they may try to solve it themselves or consult friends (Dooley et al., 2010), therefore students need to be equipped with the skills to cope with the behaviour such skills as social problems solving skills critical to in developing a solution. Cassidy and Taylor (2005) suggest that victims are more likely to exhibit poor psychological health if they employ ineffective coping strategies (aggression) or feel unsupported when experiencing victimisation. Therefore it is important to understand how more appropriate coping strategies buffer the consequences to mental health and to examine the overlapping nature of bullying behaviour.

First aim: Assess the overlapping effect of on and offline bullying

Second aim: Examine psychological effects of involvement in bullying

Third aim: Assess the coping strategies that mediated the impact to mental health.

METHODS

Participants: The current study employed a sample of 1,335 13 to 19 year old year post-primary school students from year groups of 2nd through to 6th year, where the data was collected post April 11th 2014. A time reference period of the past three months was used in the context of measuring the occurrence of bullying and victimisation.

Materials: Students completed a questionnaire booklet consisting of the Depression, Anxiety & Stress Scale (DASS 21; Lovibond & Lovibond, 1995), and adapted versions of traditional bullying and victimisation (Sticca Ruggieri, Alsaker, & Perren, 2013), cyber bullying for victim and perpetrator (Alsaker 2003, Alsaker & Brunner, 1999) and coping with traditional and cyber bullying (Corcoran, 2013).

Procedure: Schools were recruited from the province of Leinster from the Department of Education list of schools. Completion time was approximately 30 minutes.

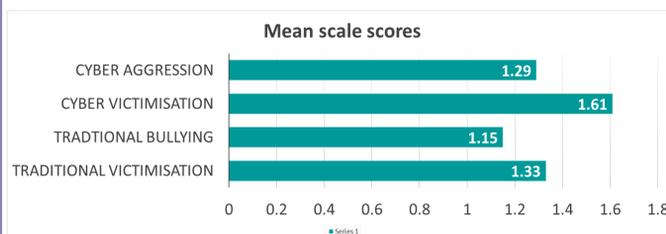


All significantly reduced the consequences to mental health, except in the case of retaliation.

RESULTS

As can be seen in Figure 1 the incidence of bullying and victimisation for cyber and traditional forms were low, however some participants did experience victimisation or participate in bullying on a more regular basis.

Figure 1: Incidence of involvement based on mean scores for the scales



Portrayed in Table 1 below are the percentage of involvement in one and offline bullying the various actor groups of bully, victim and bully/victim. The rates of involvement for traditional is higher than that of cyber bully/victim problems.

Table 1: Categorisation of actor groups in on and offline victimisation and bullying

| Actor category | Traditional | Cyber |
|----------------|-----------------|-----------------|
| Victim | 21.5% (n = 286) | 27.9% (n = 371) |
| Bully | 3.8% (n = 50) | 3.2% (n = 42) |
| Bully-victim | 59.6% (n = 791) | 44.6% (n = 594) |
| Not-involved | 15.1% (n = 201) | 24.3% (n = 324) |

84.9%, N = 1,127 (Traditional involvement)
75.7%, N = 1,007 (Cyber involvement)

Chi-square test of association examined the association between involvement in both cyber and face-to-face bullying = Significant relationship between the role an individual holds in traditional bully/victim problems and their role in cyber bully/victim problems ($\chi^2(9) = 547.85, p < .001$). Moderately strong positive relationship (Cramer's $V = .371$).

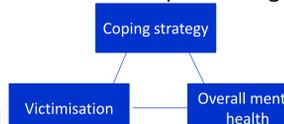
RESULTS (CONTINUED)

Both forms of victimisation significantly predicted mental health difficulties. Those experiencing more frequent victimisation had greater mental health difficulties in comparison to those not experiencing such problems.

Using the PROCESS tool with SPSS, significant mediation models across traditional and cyber victimisation with coping strategies on mental health. Table 2 displays these findings

Table 2: Levels of mental health variables mediated by the coping strategy employed

| Victimisation | Coping strategy | Result |
|---------------|-----------------|-----------------|
| Cyber | Active Ignoring | Significant |
| | Assertiveness | Significant |
| | Close support | Significant |
| | Distal Advice | Significant |
| | Helplessness | Significant |
| Traditional | Retaliation | Non-significant |
| | Active Ignoring | Significant |
| | Assertiveness | Significant |
| | Close support | Significant |
| | Distal Advice | Significant |
| Traditional | Helplessness | Significant |
| | Retaliation | Non-significant |



DISCUSSION

The reported mean scores for each of the scales were low in nature when compared to the possible maximums for these scales, however these averages are in line with previous research by Corcoran (2013).

Findings from the chi-square analysis supports previous research that bullying was moving beyond the schoolyard (Patchin & Hinduja, 2006) and highlights the spill over effect from school groups to the online setting (Juvonen & Gross, 2008; Slonje & Smith, 2007).

With regard to mental health difficulties, this was predicted by victimisation on and off line, which is in line with previous research by (Perren et al., 2010). However, the coping strategy employed, significantly mediated the impact to mental health, except in the cases where retaliation tactics were chosen. This supports research by Cassidy and Taylor (2005), where more aggressive responses can result in a more negative outcome for mental health.



These findings have implications for schools, policy makers and researcher alike. Due to the large number of students involved in bullying on and offline and in both forms of the behaviour, there is a need to consider all individuals in the development of prevention and intervention anti-bullying policies. All students are involved in some role directly or indirectly. As certain coping strategies are more effective at minimising the mental health consequences due to cyber and traditional victimisation, training courses and intervention and prevention programs should incorporate these effective strategies that buffer the negative effects to mental health and communicate that retaliation is not an effective coping technique. Such programs should focus on developing problem solving skills to assess the problem for the appropriate coping strategy as a solution.



KEY REFERENCES

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See below of additional references.

