21st Cyber, Adolescent Cyberbullying: Interventions

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Recent and ongoing studies in the United States and around the world have identified an association between cybervictimization and high risk in adolescents. These risks include, depression, anxiety, adiposity, suicidality, and other mental health concerns. The problem in the United States in curbing the mental health risks plaguing youths ages twelve to eighteen, is because the lack of concentrated effort to address the problem at the Federal level. While many schools distribute content, educating faculty, students, and parents, these programs are short-run, and not as robust as the next best alternative. A review on evidence-based practice conducted in 2018 reveals, "no interventions exist in the healthcare setting for adolescents who are victims of cyberbullying," at the time of publication (Hutson et. al., 2017, p.72). Without a concerted effort by proper authorities mitigating the health concerns for adolescents caused by the misuses of 21st century cyber devices, more frequent and greater harms are likely to occur.

Researchers' exploration of literature regarding cyberbullying and adolescents, claim "cyberbullying is a global problem and tackling it requires greater international collaboration," (Zhu et. al., 2021, p.2). Using the Preferred Reporting Items for Systemic Reviews and Meta-Analyses (PRISMA) guidelines, analysts found that, of the 63 studies examined globally, the United States of America was most frequently mentioned, followed by Spain and China. The analysis provides data segmented by acts of cyber violence, the aggregate of cyber harms caused by impersonation and account forgery, other behaviors related to privacy concerns, and cyberstalking or sexual harassment. Some results display differences between males in females or race in terms of victimization and reporting, some with alternative findings forming conflicting inferences (Zhu et. al., 2021, p.7). The underpinning general analysis concludes,

"adolescents with mental health problems, such as depression, borderline personality disorder, eating disorders, sleep deprivation, and suicidal thoughts, and suicide plans, were more likely to be associated with cyberbullying victimization," compared to those not associated to cyberbullying (Zhu et. al., 2021, p.6).

Though the exact causes of cyberbullying are confutable, "some studies suggest that parental aggressive" dialogue, neglect, or poor supervision are factors (Zhu et. al., 2021, p.7). Another discovery shared across the range of literature on cyberpsychology in adolescents proclaims that "bullying affect[s] both the aggressor and the victim[s']," health in significant ways (Styron et. al., 2015, p.21). Scholars familiar with this topic, going as far to propose the social and emotional well-being of individuals involved in cyberbullying may be adversely impacted well into adulthood. What is undisputed is the idea that cybervictimization is the direct result of cyberbullying. So, by closing the negative feedback loop between cyberbullying and cybervictimization, it stands to reason the level of overall victimization can be reduced.

Cyberbully/victims are a great example of why examiners agree on this. It has been shown that cyberbully/victims are at a greater health risk and "may require extra support from health care professionals, educators, and caring adults," (Nixon, 2014, p.149). It is also no surprise that some interventions and mitigations strategies emphasize family involvement, namely parental support since isolation and neglect are precursors to victimization online. Even if parents have identified problematic online behaviors, the lack of support by schools and prolonged victimization may embolden a cyberbully in spite of parents being on the frontlines of defense.

Billy Wolfe was a young man from a small town in Arkansas, who was bullied extensively both online and in-person as a sophomore in high school. In 2008, "school officials

declined to report," troubling incidents regarding Wolfe's interactions with fellow students to police (McQuade et. al., 2009, p.4). This, after some of Billy's classmates made a webpage titled, "Every One That Hates Billy Wolfe," and physically assaulted Wolfe to the point that he lost consciousness. The $2.5m lawsuit the Wolfe family brought against the Fayetteville School District was unsuccessful (Times, 2010). Early 21st century case law is optimistic in the ability to hold schools and school districts responsible for adolescent cyberbullying that occurs off-campus. The challenge for litigants is to "establish a clear nexus between a cyber bullying and a substantial disruption of school environments," something not easily proved in the court of law (McQuade et. al., 2009, p.107).

Studies regularly segment "adolescent's socializing agents (ie, friends, family, and adults at school)," as integral figures in the cyberbullying mitigation effort (Nixon, 2014, pp.151-152). Research reveals that "cyberbullying begins before adolescence," this by itself can create considerable challenges for a community wishing to adhere to best-practice mitigation reforms (Nixon, 2014, p.154). The key question that arises, relates to when intervention should begin. The simple answer is whatever age an individual takes ownership of an Internet connected device or is considered a significant self-directed user.

It is difficult to paint a portrait of cyberbullying as a health issue to digital natives, those who were born in a time of widespread Internet connectivity. The likely reason is because many issues related to bad behaviors online are now normalized within the United States of America due to the inactions of authorities to either fund nationwide programs appropriately or provide other relief. However, "[p]ublics differ from nations, races, professions, or…stature identity," therefore, the US can benefit from the wealth of best-practice intervention programs, tested, and developed in other countries (Warner p.53).

Given the counter public that already exists regarding health programs in public schools, it is not certain that international programs on mental health, anti-bullying, or digital citizenship will be widely adopted in the US. Counter public populations within parent teacher associations that wish to do away with sex education, school mask mandates, or educational programs like critical race theory and evolution, for example, may also invent a position to prevent programs intended to protect children from bad online behavior. Schools may also be reluctant to provide more substantial programs as such robust programming may expose the school system to legal liability.

Treating this issue means "teachers, counselors, and parents are…armed with sufficient knowledge of emotional management," and able to help their children develop these types of skills (Zhu et. al., 2021, p.9). There are a few programs that exist to support that effort with varying degrees of success. One such example is the European Union's Horizon 2020 Research and Innovation program UPRIGHT which was piloted in Spain, Italy, Poland, Denmark, and Iceland (Gabrielli et. al., 2021, p.3). This program took adolescents and their socializing agents through an evidenced-based training / intervention and recorded empirical data using mixed-methods. With 34 schools participating, and 2845 families involved, partakers were provided with 'mindfulness,' 'coping,' 'efficacy,' and 'social emotional learning,' skill development courses. One key difference between UPRIGHT and other like programs, is that UPRIGHT is delivered by the school itself as opposed to by a third party.

The CREEP (Cyberbullying Effects Prevention) project was introduced to promote online monitoring by parents. It also has updated the architype for Internet connected devices by regarding them as 'digital allies,' (Gabrielli et. al., 2021, pp.8-9). Both programs have promising

features that make them viable programs for schools. Ultimately, the design is only implemented completely when entire school systems participate in the programs.

There are many other intervention programs with common objectives beyond coping, life skills and self-care. Teaching children about anti-bullying, "encouraging stepping up on behalf of others," creates an anti-bullying culture (Hinduja & Patchin, 2017, pp.341). Both KiVa and Cyberprogram 2.0 are aimed at developing coping methods. Notably, KiVa delivered hard copy literature for parents while Cyber Friendly Schools Program made information available online. Finally, CONRED program is implemented to show children "how to appropriately use the Internet," and dissuade bad behaviors by ingraining *digital citizenship* – what it means to be a good online citizen (Hutson et. al., 2017, p.74).

Given the amount of time adolescents spend at school, the school administration must also be well learned on the harmful effects of cyberbullying. School systems are recommended to create an environment such that students can feel welcome to report issues. This is critical since, the variability associated to cyberlife cannot be underestimated. The Massachusetts Aggression Reduction Center (MARC) endorses student programming to help develop this perspective (Stryton et. al., 2015, p.9). Another advantage the school system has, is its ability to "cooperate with mental health agencies and neighboring communities," to put together their own preventative program (Zhu et. al., 2021, p.9).

Third party programs should stay committed to researching, surveying, and deploying evidence-based best-practices. Third party programs must create scalable workshops and remain consistent with their educational practice. They can do well to bear in mind different learning styles, and socio-economic status of teachers and families. For example, consider providing printed material as a basis and provide online material as a supplement not a replacement.

Programs should provide a safe environment for all participants to engage in or consult with, not the adolescent participant solely.

Thus far, we have explored many interventions that target the behavior related to cyberbullying. These strategies have placed the onus on adolescents, caregivers, health care systems and school administrators. The power held by the United States Congress to put the harms of cyberbullying in context is not trivial. Congress has the ability to move legislation already introduced to the House of Representatives. The Megan Meier Prevention Act, has been awaiting Senate approval since it passed in the House in 2009 (GovTrack.us). This law would make it easier for prosecutors to charge cyberbullying criminally.

Elected officials can also vote to pass budgets that give public schools more discretionary options of school sanctioned programs. Perhaps the most helpful, low cost, resolute action is to simply campaign on seriously addressing mental health in adolescents. Public funds can be appropriated to study the connections between screen-time and mental health more broadly. Health care systems will be more prone to adopt clinical evidence-based best-practice treating cyberbullying if insurance companies have the incentive to provide coverage for such doctor visits.

Lastly, the government is the only official force within the United States that can enforce regulations on Internet connected devices, software, Internet applications, and other communications. Thus, the government can play an important role in modernizing existing legislation to protect youth from targeted online algorithms that may have the effect of tempting adolescents into the utilization of social networking sites. This intervention analysis does not explore the effects of screen-time, cyberaddiction, or cyberaggression, all which are related to cyberbullying. Nonetheless, the government possesses powerful tools which can restrain tech

companies or game developers from producing harmful products. All which should be in conjunction with strong marketing and advocacy at the caregiver level to keep guardians well informed of best-practices.

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