INTERVENTIONS TO SUPPORT YOUNG CYBERBULLYING VICTIMS: A SCOPING REVIEW

Marc Patrich R. Sanchez
College of Nursing,
University of Cebu Lapulapu and Mandaue, Philippines

ABSTRACT:

Cyber bullying is an electronic form of bullying and an emerging threat to the well-being of the young. It has adverse impacts on children and the paediatric population. The healthcare professionals or HCP and their involvement in the prevention and support of young victims are crucial. Little information is available for HCPs supporting cyber bullied children and adolescents. There is a need for more recent evidence in this area of research, mapping out the concepts and any gaps in knowledge. The current scoping review presents the literature about interventions that support young cyber bullying victims. This review utilized the five-step framework by Arksey et al. with recent advancements. Based on PRISMA-ScR guidelines for reviews, there were 24 articles and publications that were included in the review. The results reflect an overrepresentation of studies in Western Countries. Two studies conducted interventions, and specific screening tools are in six studies, including being recommended as clinical guidelines. The LET'S CONNECT community mentorship program, and the Bullying awareness group intervention showed promising findings and significant results for victims of cyber bullying. The commonly reported component was the screening of the victims. Supporting measures were also mentioned, such as assessment, prevention, appropriate management, early detection, and stabilization. The results also highlighted the roles of HCPs and clinical guidelines recommended in healthcare settings. This scoping review presented the current evidence available for youth cyber bullying victims. Although there is heterogeneity in studies, findings showed an excellent orientation on some interventions and components of studies to develop future research. The roles of healthcare professionals compiled by the researcher could serve as a baseline for further studies. Cross-cultural research could be explored in the future for comparative information. The lack of sample diversity, little comparison with interventions, and the heterogeneity of studies indicate a research gap in this area.

CORRESPONDING AUTHOR:	RESEARCH ARTICLE
Marc Patrich R. Sanchez College of Nursing, University of Cebu Lapulapu and Mandaue, Philippines Email**:** marcpatrich02@yahoo.com	

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INTRODUCTION

As elaborated by Zych and cohorts (2019), the term cyber bullying (CB)is a novel form of bullying done electronically and poses a new risk to the health and well-being of the pediatric population. It is defined as any behaviour performed by way of any gadget (cell phone, laptop, tablet, etc.) done through text, email, chat rooms, or website posting by an individual or group. These individual/s repeatedly communicate aggressive or hostile messages with the intent of harming others. There are various ways of conducting CB, this includes doxing (posting private or identifying information on the internet without an individual's consent), harassment, posting embarrassing photos or videos on social media, flaming (sending direct messages or insults on a public platform), and exclusion (Jesse & Florang, 2019). Based on several studies, CB is common among the school-aged population worldwide and linked to a lot of physical, mental, and emotional concerns (Espelage et al, 2018; Gaffney & Farrington, 2018; Jadambaa et al, 2019; Ruangnapakul et al, 2019). Despite these effects, the society including the parents are not capable of handling such ill-effects of CB (S. & Daquioag-Lorica, 2021).

The effects of CB have long been recognized(Olweus, 1994). It negatively impacts psychological well-being, physical health, social life, and academic performance(Tanrikulu, 2018) for those bullied and those who drive. It may even affect those who witness bullying(Waseem et al., 2017c). The victim is often considered as having a more significant impact than the(Arseneault, 2018). It is often accompanied by mental health problems like depression, suicide, or self-harm (Klomek et al, 2007; Hawker & Boulton, 2000). A review by John et al. (2018) showed the effects of CB on cyber-victims where they are more at risk for suicidal behaviors and in doing self-harm. Moreso, perpetrators are also at risk of these behaviors. Bullied victims are usually prone to alcohol and substance abuse, depression, school avoidance and absenteeism, psychological and psychosomatic issues, etc. (Bogart et al., 2014; Gini & Pozzoli, 2013). CB victimization is also linked to various effects both short-term and long-term on the mental, physical, and psychological health of its victims which includes emotional and somatic symptoms of anxiety, stomach-aches, anxiety, and headaches. Due to online risks and dangers to children, it is needed to discover the HCP's roles, responses, and support to victims of cyber bullying to determine how best to intervene(Espelage & Hong, 2017a). The National Academies of Sciences (2016) recommends that future CB intervention studies be conducted by HCPs in clinical settings with the cooperation of other agencies(schools and community programs). Although HCPs have essential roles as stakeholders in promoting child health, literature on their specific for cyber bullied children and adolescents(Espelage & Hong, 2017b) has not yet been comprehensively reviewed. There are validated tools that exist to help aid HCPs in identifying bullying, however, these tools are quite lengthy and are not necessary for emergency settings, therefore, warranting a need for tailor-fitted tools depending on the clinical setting(Waseem et al., 2017b). Research targeting interventions

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conducted by HCPs in healthcare settings on youths involved in CB received minimal attention (e.g., bully, victim, or bystander). That is why HCPs are limited in their knowledge and skills to help prevent, educate, and appropriately address CB. These current approaches/interventions to bullied and cyber bullied children in various settings need further investigation (Moreno & Vaillancourt, 2017; Tambunan et al., 2021).

OBJECTIVES

Several studies have suggested the importance of early detection and assessment of cyber bullying (CB) victims and the crucial role of HCPs in these scenarios. Based on reviews, there is still relatively little research on the topic. The main objective of the present scoping or mapping review is to provide a greater view of the current status surrounding the concept and any intervention studies aiming to intervene in CB incidences whereby providing support to cyber bullies, to the victims, or both. Moreover, the current practices of these interventions and the roles played by HCPs in healthcare settings to CB are discussed. Pertinent data were also extracted just like the setting, theoretical basis, etc., to help inform clinical practice on the components of these interventions and how they work(Wolf & Floyd, 2017). Aims are well suited to a scoping review, which examines emerging evidence that is still unclear(Armstrong et al., 2011). Also, knowledge gaps are identified to explore areas of further research(Munn et al, 2018).

METHODOLOGY

Research Design

The structure of this scoping review is based on the methodology laid out by the six stages of the review process by Arksey et al (2005) combined with recent enhancements(Levac et al., 2010; Peters et al., 2015) and PRISMA-SCR for conducting and reporting scoping reviews (Tricco et al., 2018) assisted in standardizing the conduct and reporting. These standardized reporting guidelines helped provide a critical appraisal of the review, increasing its' reproducibility, completeness, and transparency(Colquhoun et al., 2014).

Search Strategy

The electronic literature search strategy followed a three-step process(Peters et al., 2015). First, an initial search of CINAHL and Pub Med is done. This search strategy was piloted to test the appropriateness and applicability of the keywords. A secondary search was done using identified keywords and index terms across databases like EMBASE, Scopus, MEDLINE, Cochrane, PsycINFO, etc. The articles searched should meet the eligibility criteria based on the research questions. A total of 24 studies for the final synthesis.

Study Selection, Inclusion, and Exclusion Criteria

This review considered all types of research designs randomized controlled trials (RCTs), cohort studies, observational research, non-RCTs, cross-sectional, qualitative, including mixed-methods, etc. (Arksey & O'Malley, 2005).

Data Extraction

A pre-defined or pre-prepared data-extracting table was utilized to process information for each included article. This is in a tabular and diagrammatic format which aligns with the review scope and objectives. (Levac et al., 2010).

RESULTS

Interventions for cyber bullying **victims**

Overall, there is a paucity of intervention studies particularly addressing the pediatric population on CB issues-utilizing randomized controlled trials (RCTs) in healthcare settings. Two studies conducted interventions, namely the LETs CONNECT (King et al., 2018) community mentorship program for youths and the Bullying awareness group intervention(Ayala et al., 2015). The LETs CONNECT program involves the Youth and Community Mentors (CM) engaging in activities (approximately 4–6 hours/month) for six months. Other programs are tailored to adolescents admitted to inpatient psychiatric units. One of the articles provided a descriptive survey on HCPs (e.g., educators, administrators, mental health professionals, etc.) perceived action and support strategies to address bullying(Cook et al., 2017). One qualitative study explored children's perspectives on bullying and their views of potential solutions(Waseem et al., 2014).

Screening Tools

Specific screening tools are in six studies, including being recommended in clinical guidelines. While each questionnaire has a different focus, it tackles bullying/cyber bullying as part of its component. The Health care Providers' Practices, Attitudes, Self-confidence, and Knowledge of Bullying (HCP-PACK) (Hensley, 2017)] is a promising tool that the HCPs could utilize in the assessment of bullying. The HCP-PACK focused on care provider-related outcomes only, while the rest are for children and adolescents. Another tool is the Crisis Assessment Tool (CAT)(K. Williams et al., 2018), a 38-item measure that characterizes pediatric mental health-related including bullying in the Emergency Department. An instrument developed for identifying children at risk for traditional bullying or CB exposure is the Child Adolescent Bullying Scale (CABS). It is a reliable tool that could be used to advance the research(Strout et al., 2018). Another tool applicable for screening in the emergency department is the ED DRS which stands for Emergency Dept. Distress Response Screener (Nager et al., 2017). It is mainly used for screening the possibility of mental health and behavioral issues impacting medical or clinical treatment outcomes. Another tool specific to suicidal tendencies is the CAMS which would mean the Collaborative Assessment and Management of Suicidality (Jobes et al., 2019).

Relevant Components

Since there are limited intervention studies surrounding the topic, only relevant components are recorded in most of the selected studies. All 24 articles analyzed in this review yielded eleven unique elements. The most frequent component in 16 studies was primarily screening for the

victims of bullying (Carpenter & Hubbard, 2014b; Dale et al., 2014; Espelage & Hong, 2017b; Esposito, 2019; Hensley, 2013, 2017; Hutson et al., 2019; Moreno & Vaillancourt, 2017; Nager et al, 2017; Roberts et al, 2016; Smith et al, 2009; Stephens et al, 2018; Vaillancourt et al, 2017; Waseem et al, 2013, 2017a; S. G. Williams & Godfrey, 2011). Six studies (Hensley, 2017; Hutson et al, 2019; Jobes et al, 2019; Nager et al, 2017; Strout et al, 2018; K. Williams et al, 2018)] included specific screening tools. Nine studies elaborated on the healthcare professional role in bullying/cyber bullying with emphasis on clinical guidelines that should be followed (Carpenter & Hubbard, 2014b; Dale et al, 2014; Hadjipanayis et al, 2019; Moreno & Vaillancourt, 2017; Smith et al, 2009; Stephens et al, 2018; Vaillancourt et al, 2017; Waseem et al, 2017a; S. G. Williams & Godfrey, 2011). The support measures to bullying/cyber bullying include assessment(n=3) (Carpenter & Hubbard, 2014b; Hensley, 2013; Waseem et al., 2013), prevention(n=2)(Smith et al., 2009; S. G. Williams & Godfrey, 2011)], appropriate management measures(n=2) (Waseem et al., 2017a; S. G. Williams & Godfrey, 2011), early detection(n=2) (Dale et al., 2014; S. G. Williams & Godfrey, 2011). and stabilization(n=1) (Waseem et al., 2017a).

Figure 2. Relevant Components of Selected Studies and Frequency of occurence
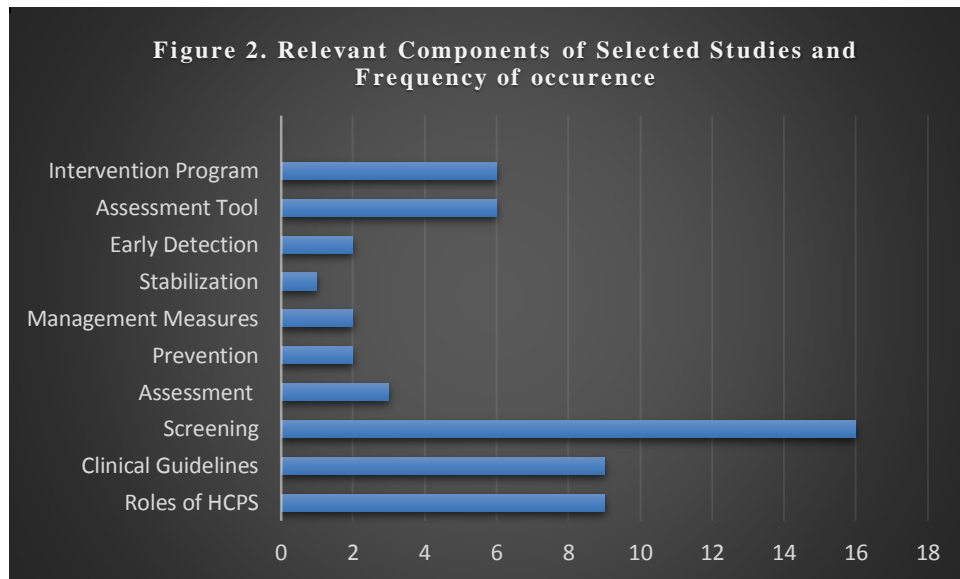
Roles of Healthcare Professionals

The critical details about the roles of HCPs were extracted. Two articles discussed on HCPs' roles which include the provision of health education, advocacy to communities, and identification of health conditions (Moreno & Vaillancourt, 2017; Vaillancourt et al., 2017). Two studies expounded on the pediatricians' vital role in their guidance of children and families through social networking(Hadjipanayis et al., 2019; Smith et al., 2009). PMH Nurses' role(Carpenter & Hubbard, 2014b; S. G. Williams & Godfrey, 2011) was examined in two reviews as an educator and advocate for the client in the intervention of CB. One study focused on Family physicians and another on Pediatric Emergency Physicians. Both reviews showed effectiveness in recognizing patients affected by bullying and providing effective management(Stephens et al., 2018)]. Finally, one

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article(Dale et al., 2014) considered primary care professionals' responsibility to recognize and intervene with children associated with childhood bullying.

CONCLUSION

The present scoping review reflects information on the current state of the topic of cyber bullying and the current evidence available to victims applicable in healthcare settings. CB is an emerging phenomenon where HCPs are not equipped in the training and in handling such cases in terms of prevention, reduction of its' consequences, screening, etc. Because of the heterogeneity, the findings of the review are only descriptive. Still, they showed a good orientation on some interventions and components of studies that can be used to develop future studies. Additionally, the roles of healthcare professionals can be a basis or guide for further clinical research. To date, the level of evidence about the topic is relatively low. High-quality research, whether RCTs, reviews, or qualitative studies are needed to help improve the available literature for CB. The paradigm shifts of care moving from school to clinical settings needs development in further research. As there is an overabundance of studies in Western Countries, cross-cultural research surrounding the topic is also an area worth exploring for comparative information on bullying for intervention purposes. Research focusing on HCPs that assesses their beliefs and practices regarding bullying would serve as a baseline for how other countries address this phenomenon. Moreover, standardized tools for cyber bullying should be developed and tested for more client-specific care.

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