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Examining the Psychological Effects of Adolescent Bullying in Adults

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Examining the Psychological Effects of Adolescent Bullying in Adults

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A Clinical Research Project submitted to the Faculty of the Florida School of Professional Psychology at National Louis University in partial fulfillment of the requirements for the degree of Doctor of Psychology in Clinical Psychology.

Tampa, Florida
April, 2021

The Doctorate Program in Clinical
Psychology Florida School of Professional Psychology
at National Louis University

CERTIFICATE OF APPROVAL

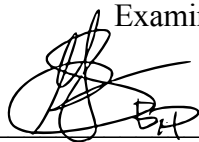
Clinical Research Project

This is to certify that the Clinical Research Project of

Douglas Caro

has been approved by the
CRP Committee on April 16, 2021
as satisfactory for the CRP requirement
for the Doctor of Psychology degree
with a major in Clinical Psychology

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Abstract

Being an adolescent victimized by bullying is not only widespread but all too common in a society that deems it a “normal” rite of passage. However, bullying in schools has received increased attention since school shootings have inundated the media and news headlines the last several years. Some have correlated bullying to the shooters being bullied themselves. Being a victim of bullying has been linked to serious medical and mental health problems, not just in adolescents but across the lifespan. It is common for victims to experience physical problems such as abdominal pain and other gastrointestinal concerns. Mental health problems experienced by victims include, but are not limited to, anxiety, depression, negative sense of self, and sometimes severe mental illness. Interpersonally, the victim has a lower life satisfaction and can have a skewed perception of reality. Research indicates that an integrative approach can be a more effective way to target bullying and stands a better chance at educating not just students but also the surrounding community. This research project discusses the overall effects of adolescent bullying on adults, current evidence-based treatments and preventions, recommendations for future studies, and recommendations for implementation to help reduce the overall effects of bullying.

**EXAMINING THE PSYCHOLOGICAL EFFECTS OF ADOLESCENT BULLYING IN
ADULTS**

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DEDICATION

I dedicate this dissertation to my family, who have been a consistent source of support and encouragement during the challenges of graduate school and life. I am truly fortunate to be surrounded by such wonderful people. This work is also dedicated to my son, Zachary. This new position will allow us to spend more time together, kiddo.

ACKNOWLEDGEMENTS

Throughout this dissertation, I have received a great deal of guidance, support, and assistance. I would like to thank my dissertation chairs, whose invaluable expertise assisted me with formulating my research questions, as well as your invaluable feedback pushing my work to a higher level. Regardless of how busy you have been, you always found time to reach out and help me in any way you could. I never felt like I was a bother. I have grown not just intellectually but also emotionally under your tutelage. Thank you just does not cover the gratitude I have. You stepped in where so many others walked away. You allowed me the time and space to transition from one career to another without judgment. I am indebted to you.

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CHAPTER 1: INTRODUCTION

Overview of Bullying

Adolescence is an important yet vulnerable stage in life with many cognitive, emotional, and physical growth challenges, including social variations in school and home. As these changes and challenges occur, adolescents can be bullied in any environment, including home, school, social media, and/or public settings. The elementary school years are often the most tumultuous time for bullying since it is such an important developmental time where the struggle to conform with social groups/norms and create a sense of normality among peers is ever-present. The bullying experiences often coincide with the need to fit in and lead to overall distressing effects for youths.

The National Longitudinal Survey of Youth conducted a survey to examine youths after they were bullied, and 19.1% suggested that they had been the victim of repeated violence, resulting in significant differences in quality of life versus those not bullied when it came to navigating as a teenager. *The Journal of the American Medical Association* conducted a study consisting of nearly 16,000 students and discovered that 16.9% suggested they were bullied at one time or another. According to Haddow (2006):

The National Center for Education and Statistics polled 6500, sixth through twelfth grade, students. Fifty-six percent of the students reported that bullying behavior happened in their school, 42% witnessed bullying, 18% worried about being bullied, and 8% had been bullied. (Haddow, 2006, p. 38)

In addition, teachers knew about the bullying, and 25% said that physical conflict between the students was a problem within the schools. Bullying could also predict criminality later in life. According to Bishnoi (2018), the most common offenses were property crime, violence, and

traffic violations. Although only 8.8% of the sample, victims and bullies caused 33% of the offenses.

Operationalizing Bullying

Bullying can be defined in multiple ways and often encompasses various forms of harassment. For the purpose of this literature review, bullying is defined as any intentional harm or negative action by one or a group of people who, directly or indirectly, act aggressively toward another person. This direct action includes any face-to-face aggressive behavior (e.g., pushing, fighting, pinching). Acting indirectly consists of actions such as spreading rumors, name-calling, targeting the person's reputation, and social isolation (Bishnoi, 2018).

Physical Bullying

Boys tend to compete in large groups with other boys of similar interests. Unlike girls, a clear social structure is delineated and honored. Although there is competition for the dominant position, the characteristics usually default to those who have a more athletic build and are physically stronger versus intellect. Consequently, many see the smaller, weaker, and usually smarter boys being called "sissy," "wimp," and being shoved around. This indicates to victims that strength is the key to a dominant position. It indirectly points to girls being lower on power and respect in society. Because "status" is so important and the bully sees the ease of pushing people around, physical bullying can be seen as the next logical step that is not only more visceral but also more obvious. Physical bullying can be more dangerous the older the bully is, resulting in more serious attacks regardless of intent. These are characteristics that are seen more with male-dominated groups and will continue throughout childhood and into adulthood. We begin to see here how aggression helps with the pecking order. Although physical bullying is not

exclusive to boys, as girls have been known to push, poke, and/or trip smaller girls and boys, girls tend to lean more toward relational bullying.

Relational Bullying

When girls are compared to boys, girls tend to stay in smaller social groups. These groups tend to have more delineated boundaries and form a more intimate circle. Thus, it makes it easier to hurt the girls by merely excluding them from the group. These intentional behaviors to exclude are extremely hurtful, sometimes even more devastating than physical bullying, and a primary reason relational bullying is harder to uncover. Girls tend to isolate, exclude, shun, and ignore their victims. By spreading rumors, they can essentially detract from the victim's sense of self. The victim does not even need to hear any of the rumors or remarks that are made about them to be affected ("Don't go near her. She always smells bad, and if you go by her, others will think you smell bad too.")

Cyberbullying

Although bullying could occur in multiple locations like the home, at school, on the school bus, and in neighborhoods, the commonality was that the bully and victim needed to be present. As the internet continues to increase in use, bullying is no longer restricted to face-to-face contact but has evolved into cyberbullying. Cyberbullying can be defined much like traditional bullying. Only the modality is through algorithms and codes. Cyberbullying can include harassing telephone calls, emails (e.g., SPAM, insulting, blackmail), and spreading rumors via social media. The internet has now allowed bullying to continue around the clock with no real boundaries. It has also allowed anonymity for the bully. Some programs allow a person to block their telephone number, create ghost accounts, and mask internet protocol addresses, so the victim does not know the bully's identity.

Common Factors Among Bullied Adolescents

When further examining most male-dominated groups (e.g., gangs, military, law enforcement, fraternities), aggression tends to be the form of dominance until a clear hierarchical chain begins to show itself. Physical and verbal aggression are primarily associated with male bullies, while covert bullying is linked to females. Gender differences were nearly equal to them being bullied. The differences often are noted in the emotional reactivity in the gender differences. For example, a study researching sixth-grade boys and girls showed boys felt vengeful after being bullied, whereas girls felt more self-pity. However, both were likely to confide in their parents post-bullying if younger than sixth grade. Long-term effects began to manifest when the child did not reach out after the bullying event as isolation can occur and the residual feelings of vengeance begin to take hold.

Adolescent bullying certainly increases the probability of emotional difficulties and mood dysregulation among victims while in the transitional phases of young adulthood. They try to maneuver through this phase where self-identity and self-worth can be compromised because of being bullied. In addition, the fracture of these self-concepts can also have negative effects on developing interpersonal relationships in young adulthood that can have a ripple effect on older adult interpersonal connections. Having a worse result than nonvictims, victims of bullying can have psychosocial adjustment patterns to include feelings of low self-worth and self-esteem. They could have higher anxiety as well as characterological self-blame such as, “If I were cooler, no one would pick on me” (Dawes et al., 2017).

Although there is no clear profile for what makes someone become a bully, research shows that those who bully outside the home tend to have that behavior modeled within the home environment, and males who bully often have that behavior modeled by the male in the

household. These households tend to be less inviting and more authoritarian and aggressive with children. Parental contact is inconsistent at best (Bishnoi, 2018).

Stages of Development

When examining potential impacts for victims, the initial search for answers is within the home. In the 1950s, Erick Erickson recognized Freud's contributions to human development; however, Erickson believed that we develop in psychosocial stages versus psychosexual stages, as Freud thought. According to Erickson, as we develop in life, we encounter unique challenges that need to be resolved to move on to the next stage. While not a crisis, the challenge is a defining moment marked by new skills and capabilities. The more successful the person is at resolving the crisis, the healthier they will be developmentally (Newman & Newman, 2014). The following crises/stages contextualize the stages impacting child, adolescent, and young adult development, given this is the typical timeframe where bullying is common. Bullying does sometimes persist into college.

Basic Trust Versus Mistrust

This stage is most aligned and occurs within the first year of life. According to Erickson, this is the most important stage as it sets lifelong expectations that the world will be good. As the child is dependent on their caregiver, how the caregiver interacts and takes care of the child both physically and psychologically has a profound effect on their overall health. Not having a sense of trust leads to interpersonal deficits throughout the lifespan if not addressed.

Autonomy Versus Shame and Doubt

This stage is believed to occur within one to three years. Here, the child tries to assert their sense of independence since gaining the trust of their caregiver. They begin to realize their

own will. They look at gaining more control over food, toys, and toilet training. Shame and doubt can occur if the child is restrained too much or punished too harshly.

Initiative versus Guilt

This stage occurs during the preschool years where the child experiences a widening of their social world. There are new challenges to face, and through playing or social interaction, they will often assert their power and control. The first two stages deal with the child forming a sense that the world is trustworthy. If they have adequately navigated the first two stages, they will likely feel they can act independently. They will try to do things on their own and start to build their own autonomy.

Industry versus Inferiority

This stage occurs during the elementary school years, approximately 6-12 years of age. During this challenging stage, the child has to focus on mastering intellectual skill sets while directing energy toward knowledge. In this stage, the child's social work opens as they are now gaining new friendships and social influences from school. When the child is proficient in playing and schoolwork, they begin to develop a sense of competence and pride. As they begin to experience friendships, some find that they are more skilled than some of their friends, and then a positive sense of self begins to emerge. Conversely, others may find that they are not quite as skillful as some, which can lead to a sense of inferiority.

Identity versus Confusion

This stage occurs during the adolescent years, approximately 12-18 years of age. During this developmental period, the adolescent is working on developing their sense of self and trying to determine how they fit into society. They are trying to develop their identity in the world, and although this is something that will continue to change over the lifespan, at this stage, it is

important because, if done correctly, it can lead to a strong sense of self throughout life. They explore autonomy from parents, gender identity, career choices, morality. If the adolescent is not allowed to experiment with different identities, this can lead to role confusion.

Intimacy versus Isolation

This stage occurs during early adulthood between 24-34 years of age. At this stage, individuals begin to explore intimate relationships, focus on career/employment, and, in some cases, think about having a family while considering what kind of lifestyle they want to lead. The major milestone of this stage is forming a loving relationship. Success can lead to a fulfilling relationship, while struggles can lead to isolation.

Pervasive Impact of Adolescent Bullying

Looking back at Erickson's developmental model, it is clear to see how each stage builds on one another and how successful resolution to the crisis can give new coping skills and greater potential at navigating other stages in life. That being said, if the person does not successfully navigate the crisis, they can develop a negative sense of self moving forward as well as have deficient coping skills. When examining the average age for those bullied in school, it is apparent that it is around the industry versus inferiority stage. As discussed, this stage is where the adolescent is trying to navigate a new social network and trying to develop that sense of competence and a strong self-concept. When an adolescent experiences being bullied at this stage, the feedback they are getting is that they are unworthy and not good enough. Just as they are trying to figure out who they are as a person, they are being dehumanized in a sense, leaving this stage feeling inferior to their peers.

If gone unchecked, the ripple effect it can have at each stage can be devastating for the adolescent as they move into the fifth stage of identity versus role confusion. They are likely

already confused about society and how they fit in, coupled with being bullied and feeling inferior. Their sense of self is fractured. They have not successfully navigated the last stage and likely have poor coping skills. Now, they are at the stage when they must learn to navigate being autonomous from their parents, gender identity, and finding who they are.

Family can be a positive predictor as well as a place to look for potential warning signs. Having a negative childhood experience can have lasting effects on child development and create a ripple effect in later adulthood. Experiences such as poverty, divorce, alcoholism, and mental health problems can have negative developmental ramifications. Impacts such as these often stunt confidence and the positive attitude the child would typically receive from their caregiver. If the expected positive reinforcement a child would typically receive during formative years is substituted with anxiety, depression, and self-doubt, this could easily disrupt their belief system, and their self-efficacy often flounders. If a positive environment yields higher levels of self-confidence, then adolescents who do not have a positive home environment can be more likely to display unhealthy coping skills that can lead to riskier behavior to include substance abuse and possibly violence. A positive attitude toward aggression can produce a cyclic pattern leading to antisocial behavior, emotional challenges, and mood dysregulation issues (Bishnoi, 2018). Those bullied can also display physical diseases such as overeating, smoking, drug use, and risky behavior. Unhealthy coping skills can lead to severe medical concerns such as obesity, headaches, cardiovascular disease, and/or coronary artery disease that could exacerbate anxiety, depression, and loneliness exhibited later in life (Felitti, 2009).

According to Bishnoi (2018), youths stated that they were less successful navigating life as teenagers when bullied. In addition, victims can carry reoccurring thoughts into adulthood that can be similar to workplace bullying. Victims also carried higher mental and physical distress as

adults. The stress carried could be seen as aggressive behavior that can lead to potential school shootings. As stated in the developmental model, adolescents are trying to build their peer relationships at this stage, and the effects of rejection and humiliation by peers can cause some psychological, physiological, social, and emotional problems. At this stage, the focus for self-satisfaction and self-esteem is on interactions with peers and friends. Bullying skews that view, and they are likely to suffer more depression, anxiety, and be more socially isolated. Keeping in mind the adolescent brain is not fully developed, their current environment at school and home could point to a lack of effective coping skills, and therefore, the overwhelming emotional toll associated with bullying (i.e., isolation, depression, low self-esteem, and anxiety) can sometimes heighten that feeling of isolation where suicide may look like the only way out.

The negative contact between the victim and bully during adolescence can cause maladjustment factors that carry over into adulthood, which may evolve into adult social anxiety (Boulton, 2013). Social anxiety was introduced because of the adult victim's possible self-blame of the bullying act when occurring during adolescence, which likely creates a negative schema that impacts adult functioning. At this stage, they are trying to build relationships with their peers; however, rejection and humiliation can cause some psychological, physiological, social, and emotional problems. During adolescence, a continued focus for self-satisfaction and self-esteem remains more on the interpersonal interactions with peers and friends. Bullying skews that view, and they are likely to suffer more depression, anxiety, and be more socially isolated. Knowing the adolescent brain is not fully developed, their current environment at school and home could suggest a lack of effective coping skills,

According to Tariq and Tayyab (2011), there are instances where the number of reported bullying cases decreases with age. The decrease could be the maturity and the responsibility of

the student. As they approach adulthood, they may no longer have time for “foolish acts” and likely focus more on education and career building. However, some may still experience lasting effects of being bullied that could still come into play during this transitional role and play out interpersonally as well as with employment, although subconsciously, as the doubt continues to build inside about their self-worth and the skewed interpretation they may have about interpersonal relationships. Studies indicated that victims of bullying have a higher chance of developing psychosocial maladjustments such as anxiety, depression, loneliness, and overall negative self-worth (Haddow, 2006).

Approaches to Treatment and Prevention

Individuals who are bullied have a different quality of life from their counterparts who have not been bullied. Those who experience a feeling of comfortableness inside the classroom and academically fair better with future success. A potential preventative approach involves local interventions via education to faculty and students on the hazards and the long-term effects of bullying. Studies have shown that, sometimes, educators and entire classrooms have overlooked bullying if they believe the victim deserved the result. The concern surrounds the potential future consequences. One must consider the provocation involved and the message taken when an authority figure overlooks punitive action in the form of bullying. By educating faculty and students on the long-term ramifications of bullying during the adolescent years, there is a potential to stop the cycle of mental abuse that often follows victims from adolescence through adulthood. A staggering 46% of adults who were bullied still think of their bullying from their adolescent years. Some studies indicate problem-focused and positive reappraisal coping.

When it comes to treatment approaches for victims of bullying, the best treatments begin in the home. Examining interpersonal relationships within the home, showing gratitude, and

teaching the child to self-soothe facilitate growth and healing. How victims were taught to maintain interpersonal relationships with peers has an impact as well. If the family environment is that of acceptance and gratitude, then, if the child experiences bullying as they age, the likelihood is greater the adolescent would have better psychological health and development to achieve a more positive outcome. Studies have shown that those with a healthier attachment style with more positive peer-to-peer interactions have a greater likelihood of more positive life satisfaction (Tariq & Tayyab, 2011).

Additionally, they are more likely to display fewer risky behaviors and have better coping skills overall. Another intervention strategy comes from outside the home in the form of added education for doctors (i.e., pediatricians). Having primary care doctors who can help parse out the physical causes of potential abuse can aid in getting the victim assistance; thus, it reduces the length of abuse and time to obtain the proper care needed. This can work much like the current system for checking and reporting child abuse; however, this could lead to more collaboration between psychological and medical approaches. Ideally, the primary care doctor would speak with parents and help educate them without threatening their parental abilities.

When further examining bullying from a biopsychosocial perspective, it is clear the best treatment approach is to eliminate bullying from the adolescent years. The data show that residual effects of adolescent bullying have a marked effect throughout the developmental lifespan; therefore, a systemwide approach should be set up early on to stop the continued harming of children.

Purpose of Literature Review

This critical review of the literature examines bullying among adolescents and the impact it has on adults. It evaluates what measures are currently in place to reduce bullying in schools

and in the home and current treatment approaches to prevent bullying and reducing long-term medical and mental health problems in adults. In addition, a recommendation to combine and restructure existing evidence-based programs can provide additional training and greater unity among staff, students, and parents. By combining and restructuring the programs, it is easier to fill gaps that occur when there is only one solution for such a systemic problem that can occur on multiple platforms.

Research Questions

The following three research questions were addressed in this study: (1) What are the commonalities among bullied adolescents? (2) What are the potential impacts of adolescent bullying when these adolescents become adults? (3) What are the current approaches for treatment and prevention for bullying?

Research Procedure

This project includes a thorough review of books and articles accessed through ProQuest, EBSCO, Google Scholar, and other original sources from other articles. Key terms used in the search process included *bullying*, *psychological effects*, *hostile behavior*, *adolescents*, *self-esteem*, and *peer relationships*. To ascertain past and current research for this project, search parameters included research from 2011-2021. Other qualitative research was included to provide a deeper, more contextual understanding of the impact of adolescent bullying.

CHAPTER II: COMMONALITIES AMONG ADOLESCENTS WHO ARE BULLIED

Bullying is by no means a new phenomenon, and although some groups are more likely to engage in bullying activity, it is common across the lifespan—regardless of occupation. For quite some time, it was considered a “normal” part of growing up, especially in adolescent years. In recent years, mental health professionals noticed the adverse effects of being bullied and the long-term mental health consequences spanning well into adulthood. According to Arseneault (2017), “This accumulating evidence indicates that young victims of bullying are at risk of showing adjustment problems and even severe mental health problems” (p. 405). Despite bullying being seen as quite normal in adolescent years, “a survey of children in nearly 40 countries indicated that approximately 13% of 11-year-olds reported being victims of bullying” (Arseneault, 2017, p. 406), with higher rates reported for males versus females. Bullying is the most common form of abuse in the United States for those up to 24 years old.

Bullying is widespread and not confined to schools and can take on many modalities such as the internet, at home with neighbors, or en route from school to home. Once someone is bullied, they often continue to be bullied until around age 11. The continued harassment can lead to emotional dysregulation as the victim is in the transitional phase of life. During this phase, adolescents are trying to determine their place in the world. They are typically pulling away from their parents to create their own autonomy, find friends, and to fit in. They have a certain way they see themselves and look to their friends for acceptance. When youths are victimized by bullies, it affects their overall sense of self and contributes to them believing they have character flaws and blame themselves. The victim may believe they are somehow flawed based on being bullied, and if done in a public setting, it can almost cement that they are not only flawed, but it is because of their flaw they were bullied. Ultimately, it leads the victim to believe it is their fault

they were bullied to begin with. Depression rates are higher in those who have been victimized versus those who have not. Additionally, it has been proposed that those bullied are at a higher risk of deterioration and “the most damaged group” (Hesapçioğlu et al., 2017, p. 214).

In her book, *The Bully, the Bullied, and the Not-So-Innocent Bystander*, Barbara Coloroso (2016) discussed the different types of bullies and how they are taught to bully. She went on to state that despite the different types, there are commonalities within the bullies. Such common traits are:

- Like to dominate other people;
- Like to use other people to get what they want;
- Find it difficult to see a situation from another person’s vantage point;
- Are concerned only with their own wants and pleasures and not the needs, rights, and feelings of others;
- Tend to hurt other kids when parents or other adults are not around;
- View weaker siblings or peers as prey (bullying is known as a “predatory aggression”—a scary term, to be sure, but not as scary as the actual behavior it defines);
- Use blame, criticism, and false allegations to project their own inadequacies onto their target;
- Refuse to accept responsibility for their actions;
- Lack foresight—that is, the ability to consider the short-term, long-term, and possible unintended consequences of their current behavior;
- Crave attention; and
- Get pleasure from inflicting pain on their targets. (pp. 111-112).

When looking for someone to bully, kids (bullies) are looking for someone they can exploit for their own gain, and gender, race, and age are not listed as priorities for the bully. It is just as much, if not more, about the bully and who can be easily manipulated. In a 2002 study conducted by the U.S. Secret Service, in over two-thirds of the 37 school shootings since 1974, the children who did the shooting all had been “persecuted, bullied, threatened, or injured” (Coloroso, 2016, p. 133).

According to Kitagawa et al. (2014), suicide is the leading cause of death in adolescence. The rate of suicide significantly spikes during the teenage years. Globally in 2004, the total number of suicides among people in early adolescence (aged 10-14 years) was 11,000 (the 10th leading cause of death), but this number was almost 6 times greater at 60,000 (the second leading cause of death) among people in middle to late adolescence (aged 15-19 years). In 2019, approximately 19% of youths had seriously considered taking their own life, and 16% had attempted suicide. Although a small decline was seen in 2019, the overall rate of suicide between 2009-2019 among adolescents has increased overall (Ivey-Stephenson et al., 2020). Although the reasons for someone to take their life is complicated, bullying and any help-seeking possibilities play a significant role, not just in suicidal behaviors but also in the prevention. In addition, middle-late adolescence is when suicide sharply increases. Given that bullying is prevalent among children and adolescents, we need to examine the relationship between help-seeking behaviors and suicidal thoughts and feelings.

Victims of bullying are at a greater risk of developing self-harm behaviors, including suicide, if they are not actively seeking help. Seeking help comes in many forms: talking with their peers, family, or teachers. Although this group may mostly be non-health professionals, they can serve to assist and possibly prevent any self-harm or suicidal attempts. Kitagawa et al.

(2014) stated that those who were bullied tended to seek help; however, this disappeared when the adolescent had high suicidal feelings. When the victim felt low-moderate self-harm or passive suicidal thoughts (i.e., I would be okay if I did not wake up tomorrow), there was an increase in help-seeking behaviors; however, as the help-seeking behaviors decreased, the seriousness of the suicidal thoughts turned into plan and intent. Again, the most sought out help was from family and peers for those with low to moderate suicidal thoughts, which points to the lack of assistance from formal help-seeking areas such as school nurses and healthcare professionals.

As previously stated, adolescents are in a state of flux trying to navigate life. In addition, they are still developing emotionally, and the stress associated with bullying can cause severe psychological problems such as suicide. When the victims get stressed enough, they begin to lose sight of options and can get tunnel vision concerning suicide. From there, they sometimes attempt suicide, which is sometimes followed by a completed suicide. The more acute the stress, the less focus regarding available resources, thus resulting in self-harming and suicidal behavior. The importance of noticing the behavior change cannot be understated. When noticed, there are warning signs that can help parents, peers, and/or faculty step in and at least ask questions and pay more attention. Signs that point to any change in behavior, such as self-isolation, depression, substance use, changes in grades, or personality changes, should be taken seriously and monitored closely.

When things happen in life, those things lead to thoughts, which lead to emotions, and not all the decisions made in this manner are the best. Take an average adult with little to no stress giving advice to their friend who is stressed. They can see an entire way to healthily acknowledge, cope, and address any problems. However, reverse those roles and add stress to the

advice giver. As the stress levels increase, the open field begins to narrow, and the more it narrows, the less they see in ways of coping until they are tunnel-visioned on one method—suicide. Now, consider a child whose coping skills are still developing. What kind of results are expected? If an adult with years, sometimes decades, of life experience has difficulties navigating life's challenges, how can one expect a child to navigate with only a few years and sometimes little guidance?

In addition to the emotional toll it takes, physical health consequences can begin almost immediately or be longer-term with physical pain from injuries, headaches, disturbances in sleep, and somatization. Though, it is more difficult to connect the long-term conditions to being bullied versus other adverse childhood conditions that could also mimic the same symptoms. Other physical commonalities, such as abdominal pain, are among the most common primary care complaints across adolescents. In addition, anxiety and depression ranked as well when looking at overall unhappiness resulting from being bullied (Ayonrinde et al., 2020). Abdominal pain, generally, is associated with poor quality of life due to the negative mental health effects. Ayonrinde et al. (2020) indicated that the complaints of abdominal pain could result in an increase to medical practitioners and include other somatic concerns such as dietary, mental health (depression/anxiety), or self-medication. Chronic abdominal pain could be an individual's way of somaticizing victimization and is worthy of attention. In that same study, it was indicated that, despite adolescents' reported abdominal pain, no one was ever diagnosed with any inflammatory bowel disease. Furthermore, the emotional effects of being bullied often manifest somatically. In addition to the commonly reported abdominal pain, there are also anxiety-related disorders, heart palpitations, and chronic pain.

As mentioned in the first chapter, this phase of life is where the adolescent is trying to establish their own self-identity and self-worth is critical. Being bullied creates a negative schema and thus truly compromises the victim's sense of self:

Self-esteem, which is shaped by evaluating how individuals are perceived by others in their lives, can be considered as a source of a powerful struggle with stress. It is thought that exposure to the bullying and low self-esteem is related to each other. (Hesapçioğlu et al., 2017, p. 211)

The often-insecure victim, withdrawn, isolated, and internalizing, can begin to experience hallucinations and delusions associated with their low self-esteem. Couple that with paranoia regarding their negative interpersonal belief due to the negative interpersonal experience, and they are conflicted about who they are. That negative interpersonal experience can be seen in some perpetrators of school shootings, such as the Columbine shooting. Both the shooters were bullied, and instead of seeking help, they internalized, like many other victims, and feeling rejected from society, went on a shooting spree. Earlier, we discussed different forms of seeking help and how that could disrupt the suicide cycle. In addition, having others report any changes can also help those who are in distress. In the Columbine example, both of the shooters' parents noticed changes in their sons' behavior but did not pursue it because they wanted to give their children space.

It should also be noted that an adolescent's frontal lobe is still developing. Why is this important? The frontal lobe is the largest of the brain's four lobes. It is responsible for sensory, movement, speech control, and emotional expression. Within the frontal lobe is the prefrontal cortex, which receives information from various parts of the brain to process and adapt information. In addition, this is where executive functioning occurs to include emotional

regulation and decision making. It is also the part of the brain that determines good and bad, the same or different, and current consequences versus future ones. So, when experiencing bullying, an adolescent weighs these different categories and, in their minds views the behaviors as socially acceptable, this affects their brain development as the prefrontal cortex supports learning. The effects can lead to anxiety, depression, as well as suicidal ideations in some. The ongoing mood/emotional dysregulation is not just how the victim feels but also how they see themselves. The overall impact of this fractured sense of self develops into a new self-identity—an identity where they can see themselves as a victim in a daily game of self-blame.

In reality, bullying can take various approaches, all of which are detrimental to one's development despite the varying levels of severity. One such approach is cyberbullying. According to Daneback et al. (2018), "Although more children are involved in traditional bullying than cyberbullying, there is a high degree of overlap where victims of cyberbullying are often exposed also to traditional" (p. 120). Comparable to traditional bullying, cyberbullying is when someone intentionally tries to inflict harm on another person via technology. Although the modality may be different, the intent is still the same—to hurt someone. The outcome from cyberbullying is also comparable to traditional bullying: low grades, trouble at home, psychosocial concerns, and the potential for body image and self-esteem concerns. When it comes to coping, the victim could, like traditional bullying, ignore the bully, confront the bully, tell an adult, or discuss this with a friend. Unlike traditional bullying, the victim could block the bully on the social media platform where the abuse occurs. The most common advice is to reach out to an adult; however, as we have already discussed, bullying can be considered quite normal, and although adult intervention could make things easier on the victim, adults did not always intervene. In addition, 54% of victims thought they could solve the issue independently, and

others thought they would be blamed for being bullied (Daneback et al., 2018). Aside from solving it on their own, victims had a difficult time trusting anyone. Repeatedly, they were harassed by someone in a public setting, and to them, nothing was being done. We also must remember that a major internal struggle when being bullied is the damaged sense of self that keeps reiterating how this is somehow all one's own doing, and the possible threats of telling will make it worse. When feeling this deep sense of responsibility, telling anyone what is going on can make it worse, coupled with the embarrassment of being bullied and a total lack of control.

The learned helplessness, fear of reprisal, and isolation can lead the victim to feelings of rationalization such as: "No one can help me. The situation will only get worse. I can't trust anyone. Who could I tell anyway? People see what's happening, and I didn't want anyone to know." The learned helplessness stage evolves from a combination of the bullying environment and the home environment. Regardless, like any situation, the victim's perception is their reality. When there does not seem to be a level of communication between the adult and the victim or an appearance of acceptance by an adult of a bully, then the victim may not speak out; in fact, Coloroso (2016) called them the confident bully. This kind of bully is admired by students and teachers alike for their inflated sense of self. They often walk into most situations and have this "command presence" about them. They are admired for their leadership qualities. The victim likely sees the interaction between their peers and teachers as a positive interaction, which only enhances the negative self-talk that begins to cement the negative sense of self. Again, the appearance of acceptance by the adult and the victims' peers creates this schema that the victim is the problem considering no one has stopped the bully or has reached out to help the victim. As the bullying continues, any idea the victim has when they consider telling an adult or even

another peer quickly evaporates as they can assume that no one will believe they are being bullied.

These early experiences certainly create vulnerabilities throughout child and adolescent development that impact adult development in several ways. Adolescents are creating their own autonomy away from their parents and family. Bullying can affect brain development by identifying bullying as socially acceptable, creating a character flawed schema indicating that the victim is the reason for the bullying. This can create a sense of helplessness that can lead to long-term anxiety, depression, and somatization in adults. In addition, an increase in medical visits, continued headaches, and sleep disturbances may occur.

CHAPTER III: IMPACTS OF ADOLESCENT BULLYING IN ADULTHOOD

How does a person who has been victimized transition from adolescence and school years into adulthood and the workforce? They are more likely to have low self-esteem, a sense of learned helplessness, a skewed perception of people, and self-isolation. Their idea of how the world works has been forever changed as their perception is their reality.

The importance of adolescents' individual search for independence, their values, and their own identity is crucial for the emerging adult. When that search for individuality is interrupted, there can be a ripple effect that leads into adulthood. Arseneault (2017) posited a potential increase in criminal activity and economic hardship, troubled relationships, and an overall negatively perceived quality of life. In previous chapters, it was noted that while being bullied, the victim's grades suffered, resulting in more than a lowered sense of self but lowered cognitive performance overall. The academic problems from childhood may continue into adulthood and may lead to difficulties in finding employment. Those who struggle to find employment may only find a menial type of job (Arseneault, 2017). If the victim has a negative sense of self, they may feel they do not have the skill set or the ability to obtain the skill set for the type of employment they may want (e.g., doctor, educator, attorney) and can only gain menial employment. Those who internalize a negative perception of life and self will likely experience many areas of life as a victim. They may view every negative outcome in life (e.g., did not get a job they applied for, they were turned down for a date) as a victim of life. They may not be able to enjoy happiness because of their consistent negative attitude. Potentially, growing up, they will have interpersonal problems with family, friends, and dating. Since the victim has a negative sense of self and the skewed schema that something is wrong with them, it is possible that they will likely not believe anything positive coming from family and friends. Although they

crave positivity, they cannot believe it from others because they do not believe it in themselves. They have seen themselves as damaged for so long, it is difficult to see anything else. This could manifest as consistently asking for validation and not accepting it when they do receive it. As this cycle continues, those close to them could tire of the tug-of-war with the emotions, and it could end up with the person being alone. As their life unravels, their continued life satisfaction will decrease well into their midlife and likely go through periods of unemployment and are at an increased rate of living alone. According to Arseneault (2017):

Finally, bullying victimization also affected adult well-being: being bullied was associated with lower perceived quality of life at age 50 and lower satisfaction with life so far. Those who had been frequently bullied also anticipated less life satisfaction in the years to come. (p. 411)

As stated earlier, in addition to mood dysregulation, they could also have a higher chance of self-isolation and a deepened overall negative self-worth. As a result of the negative self-worth, victims are less likely to look back at childhood friends or even create new bonds as they grew older. They are at an increased risk of living without a partner, or their interpersonal relationships are strained. Their overall negative concept of adolescence is carried into adulthood, where the perception is that of lower life satisfaction.

Effects of Bullying on Brain Functioning

Previously, it was mentioned how important and essential the frontal lobe's overall function is and how it is still in development as an adolescent. Since the prefrontal cortex is not fully developed until the mid-20s, young people are likely to experience trauma with fewer coping resources (Resick et al., 2016). Throughout life, adults have had the opportunity to learn different types of coping strategies to help them navigate life. Strategies such as asking for

support, engaging in some problem solving, learning to walk away, or mindfulness have helped reduce the effects of stress and minimize conflict. When stressful events occur, adults can draw on these coping skills to minimize stress and conflict. Adolescents, coupled with limited frontal lobe development, do not have the luxury of having these skills, so when a stressful situation occurs, the trauma is more likely to cement as “normal or acceptable” and has the potential to evolve into PTSD.

When a person is under extreme stress, their prefrontal cortex decreases in activity to activate emergency responses. According to Resick et al. (2016):

Activation of the amygdala, which triggers strong emotions and sends neurotransmitters throughout the brain to activate the emergency response . . . there is a diminished responsiveness and smaller size of the prefrontal cortex among those with PTSD (posttraumatic stress disorder). (p. 10)

Resick also concluded that normally in a fight or flight response, the prefrontal cortex, where decisions are made, is decreased with other immune functions and normal physical processes such as digesting food to free resources for either running or fighting.

Flight, fight, or freeze—these are natural emotions of fear and anger. When there is a perceived life-threatening event, the prefrontal cortex decreases its activity to activate the brain stem to aid in the fight or flight response. According to Resick et al. (2016), “However, in a well-modulated emergency response, the prefrontal cortex is activated enough to notice when the danger is over and to send messages out to the amygdala to stop the flight-flight response and return to normal parasympathetic functioning” (p. 11). This opens the door to the possibility that some victims of bullying may, in fact, experience some sort of PTSD. The diminished prefrontal cortex is aware enough in a person without PTSD that it knows when the danger is over and can

therefore relax; however, in those with PTSD, the amygdala is too stimulated and aroused, and the prefrontal cortex is too diminished to notice the danger is over, and therefore, takes longer to calm down. Trauma, such as abuse, assaults, and car accidents, is likely to occur during the adolescent years. Thus, the long-term effect of trauma impacts brain development and primes the survivor for future traumatic events.

Going back to Erickson's developmental stages, if the child successfully navigated the first few stages, they likely have a trusting view of the world, are beginning to develop their autonomy, and they can act independently. When they get bullied, this disrupts their sense of self and can skew the child's view of themselves. The belief is that the world being safe has been disrupted, so they may assimilate or modify their beliefs to accept what has happened. For example, before being bullied, a child would see themselves as a good person who everyone likes. After being bullied, a child can change their views to being a good person who can get along with most people. Some children may completely change their beliefs based on being bullied and over-accommodate by completely changing their self-concept. For example, after being bullied multiple times, a child can completely change how they view themselves and the world by thinking that they are bad and that no one will ever like them. In addition, they may also believe it is their fault they are bullied.

As the childhood trauma cements into adulthood, these cognitions are now the foundational concepts the person has built their entire self-image, relationships, and quality of life around. In adolescents, schools promote competition, not cooperation; therefore, asserting dominance was key when introduced into a new social network. Some sought this assertion through bullying. As is already known, bullying, to some, is a typical part of growing up. Bullying behaviors have worsened in the last decade, and they are more far-reaching with the

explosion of social media and the constant flow of new apps that allow bullies to torment victims regardless of their location. The types of maladjustment have been repeatedly reported throughout this paper. Anxiety, depression, low self-esteem, and self-isolation are just some emotions associated with being a victim of bullying. These maladjustments play daily in the minds of adolescents through adulthood. The interplay between trauma and the brain keeps the brain in a hypersensitive mode. When the victim experienced the trauma, the amygdala was activated and set the stress response system in action. Then, their body released adrenaline as well as a stress hormone. From there, the hippocampus turns short-term memory into long-term memory and creates that schema for the future to help them avoid danger. Since the brain is great at making associations, every time a victim is reminded of what they consider traumatic, their brain reacts as if it is happening again. Those associations allow the trauma to affect the victim for months, years, and even decades after the events have occurred.

Social Functioning/Psychosocial Effects

When an adolescent is bullied, they store those memories of the encounter along with the feelings. Regardless of the type of bullying, the victim is more likely going to be more sensitive to whatever the type of bullying was (i.e., verbal or physical), and that stressor could cause them to overreact to a situation. The psychological effects of being bullied are a heterogeneous and vulnerable group and not contingent on any specific race, ethnicity, sex assigned at birth, or sexual identity. Although those individual characteristics have been cited as potential reasons for being bullied, it is not the overall rationale behind being bullied but a byproduct of the act. Regardless of the reason, some may still experience the lasting effects of being bullied. Remember, once the amygdala is activated, and the hippocampus creates it as a long-term memory, it can come into play during this transitional role and play out interpersonally as well as

with employment as the doubt continues to build inside about their self-worth and the skewed interpretation they may have about interpersonal relationships. As pointed out, studies show those who are victims of bullying have a higher chance of developing psychosocial maladjustments such as anxiety, depression, loneliness, and overall negative self-worth (Bishnoi, 2018).

Insecurity is a common trait among bullied young people. When one is bullied, it leads to hypervigilance and anticipatory anxiety about future bullying. This leads to avoidant behaviors and takes a tremendous toll on one's emotional well-being. Some report feeling unaccepted, withdrawn, isolated, and even angry. The ramifications of escaping the trauma and constant tension can be dire, isolating, and lead to forgoing opportunities to build friendships or benefit from taking chances to improve one's development (Rivara & Menestrel, 2016). Knowing this creates an opportunity to expand outside the school setting and peer inside the victim's family. Having a negative childhood experience, in general, has potential cascading effects, and when coupled with any type of abuse and/or neglect at home and school, bullying only reinforces the trauma. Examining abuse and/or neglect involves poverty, divorce, parental alcoholism, and any family mental health concerns, as all these factors can have a negative developmental impact. A child growing up in this environment could have lower self-confidence and a negative attitude. All the "normal" positive reinforcement that the child could have had is replaced with anxiety, depression, and self-doubt that disrupts their belief system. In a more positive environment, the child could have more self-confidence as well as better coping skills. Conversely, the child with a lower sense of self will likely display unhealthy coping skills and display riskier behavior; also, the chances of the child having a positive attitude toward aggression or violence can produce a cyclic pattern that could potentially lead to antisocial behavior (Bishnoi, 2018).

Fujikawa et al. (2016) conducted a study on the association of current violence from an adult family member with adolescent bullying. They found the odds of experiencing violence in the home and being a victim or perpetrator of bullying was over 90%. They also found an increase in suicidal thoughts due to the experiences in the home and at school. Also, as they grow older, there is an increased risk of psychotic disorders coupled with suicidal thoughts. In addition, victims would also be at a higher risk of more medical problems, such as increased headaches, overall body aches, and generally may take longer to heal. The reported somatic complaints are thought to have occurred due to repeated victimization and overall poor general health. There is a correlation between negative interpersonal relationships as well as employment problems.

Violence at home, when combined with school bullying, has many potentially harmful effects. It is also important to examine the long-term effects of bullying that extend beyond other childhood difficulties and how it plays out. According to Wolke and Lereya (2015), “effects of frequent bullying were as detrimental 40 years later. Those who were bullied more frequently, more severely, or more chronically have worse outcomes” (p. 883). The findings also suggest that if the bullying stopped while the victim was still in school, there were still effects later in adulthood. Although less than those who were chronically exposed, they still experience somatic complaints, low self-worth, and quality of life was lower. Some of the more chronic victims/bullies even showed some of the poorest outcomes regarding mental health, social relationships, and overall adaptation to society. This is not surprising when considering how trauma affects the brain. The altered stress response and the distorted perception could affect how they see relationships with family, friends, and co-workers. According to Sigurdson et al. (2015):

A recent longitudinal study has shown that both those who are bullied and bullying others in adolescence have an increased risk of developing panic disorder or depression in young adulthood; in addition, those being bullied had an increased risk of developing anxiety disorders. (p. 2)

The study also indicated that some victims externalize their behaviors toward others by acting out with anger or conduct problems. They can also exhibit risky and criminal behavior. Not surprisingly, the more extensive or aggressive the bullying was, the more externalized the victim's symptoms are.

CHAPTER IV: EXAMINING CURRENT APPROACHES FOR TREATMENT AND PREVENTION FOR BULLYING

When collectively examining all the evidence regarding the negative effects of bullying and the idea that children spend more time with peers than they do with their families, it is shocking that bullying is not more broadly seen as a public health concern. Lesbian, gay, bisexual, transgender, queer (LGBTQ) youths are disproportionately impacted by bullying, and much work has been done to prevent bullying toward sexual and gender minority students. The Gay, Lesbian, and Straight Education Network (GLSEN) conducted a study in 2019 indicating over 59% of LGBTQ students reported being unsafe in school because of their sexual orientation, 43% due to their gender expression, and 37% due to gender. Over 86% stated that they were harassed or assaulted because of how they identified or expressed their gender. Of those, approximately 57% did not report the harassment or assault because they believed the intervention would not be effective and the situation could worsen. In addition, children are rarely asked about their peer interaction by anyone in an authority position (e.g., parents, schoolteachers, doctors) probably because they are not properly educated on navigating the subject. Research has shown that children will refrain from school and have an increase in medical problems. An astonishing 46% of adults still remember being bullied in school and have ongoing mental and medical health problems well into adulthood. LGBTQ youths are three times more likely to miss school days and drop out because they do not feel safe.

Some of the studies discussed the best practice should start in the home. The idea is that if the home base is one of acceptance where gratitude is shown, then children and adolescents could learn how to self-soothe, have better psychological health, and handle adversities more

healthily. Research shows those who have a better attachment style combined with a positive peer interaction have a higher likelihood of more positive life satisfaction.

Multi-tiered Prevention

Research shows there should be a focus on preventing mental health issues in younger people instead of waiting for the psychopathology to manifest. Mental health costs are in the multibillion-dollar range annually for victims of bullying because victims are at an increased risk for mental health problems as they get older and have poorer general health. As a result, of this childhood victimization, they were also seen as having lower educational qualifications and generally worse with financial management making it more difficult to achieve financial stability. While the financial stress is significant, so is the inability of the child to establish age-appropriate developmental tasks and establish healthy interpersonal relationships as they navigate life. A multi-tiered approach focuses on different areas. The National Research Council and Institute of Medicine developed a prevention program focused on mental, emotional, and behavioral disorders (MEB). It comprised three areas: universal prevention to the general population, selected prevention to a subgroup with a higher chance of MEB, and indicated prevention for high-risk individuals. The focus is on teaching children steadily how to act and help them develop socially, emotionally, and cognitively. By assisting with emotional regulation, interpersonal skills, and cognitive capabilities, children can deal with adversities better. The self-esteem and self-confidence gained aid in hitting those developmental milestones (“Preventing mental, emotional, and behavioral disorders,” 2010). Instead of specifically focusing on bullying, this type of model concentrates more on the behaviors associated with being bullied. In this manner, the child gains the skills to self-regulate, communicate, and stay connected with adults should bullying occur.

Tier One

When examining school-based prevention programs, they most likely fall under the universal type or tier one. Universal programs are geared toward lowering risks and solidifying skills for youths within a defined community or school setting. These universal programs expose all members of the target population to the intervention regardless of the risk for bullying. A universal prevention approach offers benefits to all individuals within the targeted setting (Rivara & Menestrel, 2016). Teachers and school administrators are modeling expectations for children in these programs while teaching preventative measures (i.e., behavioral expectations, social, and emotional expectations) against school bullying. Also, teaching skills that focus on coping skills for stress and how to manage stress were useful. Using the coping skills in tandem with the cognitive aspect can help mitigate the risk of mental health problems among young victims of bullying.

KiVa. Another widely used program is called the KiVa antibullying program. The program was developed in Finland at the University of Turku and centers around educating students about bullying and how to react to it. Unlike the tiered approach, where interpersonal skills and types of coping were the focus, this approach is centered around how the bystander reacts when they witness bullying. The concept is that altering the way the bystander reacts to bullying can either promote or end bullying. According to Salmivalli and Poskiparta (2012), “The program is designed to produce its effects, first of all, by encouraging the student to support victimized peers instead of providing social rewards to bullies” (p. 295). The program uses groups to process and focus on issues via themed lessons and days. The topics are varied, but some focus on group interactions, how to navigate peer pressure, the consequences of bullying, and what students can do when they witness or fall victim to bullying. The program also utilized

a virtual modality covering themes and topics for students to hone their skills with video interactions of scenarios. In addition, parents are also included. They are given information guides, websites, and other material to keep them informed and educated. By learning the skills in this program, the child gains empathy, self-efficacy, better communication, and coping skills. A benefit of this model is the focus on both the bullies and the victims.

Olweus Bullying Prevention Program. One of the most utilized and researched programs worldwide is the Olweus Bullying Prevention Program (OBPP), a comprehensive program using a schoolwide approach that incorporates classrooms, the students, and the community to create a safer school environment. The overall goal is not only to reduce school bullying but prevent new bullying as well as support better peer-to-peer relationships. According to Luxenberg et al. (2019), “This report reviews key findings related to children’s self-reported observations about the nature and prevalence of bullying across the United States during the 2015-2019 school years” (p. 22). This comprehensive approach is successful in part because it actively engages teachers, administrators, and parents within its structure. As described by Luxenberg et al. (2019), “According to several meta-analyses reviewing the effects of antibullying programs throughout the world (Farrington & Ttofi, 2009; Gaffney et al., 2019; Ttofi & Farrington, 2011), researchers noted that antibullying programs are an effective way to reduce victimization” (p. 23).

Tier Two

Another prevention method is called selective prevention interventions or tier two. As the name implies, the program is designed to select the child or children involved in bullying, whether a bully, victim, or bully/victim. This type of prevention program can be utilized if the universal program did not work. Here, the idea is to give more individualized support in coping

skills, de-escalation, assertiveness training for victims, and more overall socioemotional skills. Positive behavioral interventions and support (PBIS) is a system that provides more individualized support for students with issues that could develop into more serious behavioral problems if no one intervenes.

Tier Three

The third tier is called indicated prevention interventions. They consist of a more personalized nature to meet the specific needs of the child. The interventions need to be more intense with more intense supports in place, especially if the child is the aggressor. This personalization approach addresses the negative signs of bullying to include schoolwork, mental health, and interpersonal concerns. Support is given in academia, by community members, and by family (Rivara & Menestrel, 2016). PBIS also offers tier three support for those who need that intense support. A multidisciplinary team is set in place to provide a different perspective to ensure the best possible outcome for the student.

Like psychotherapy, all these programs have some great utility by themselves and can help make a difference in the school setting. However, consistent with the public health approach and keeping with the tiered approach to prevention, layering these programs together creates a more comprehensive approach that can cast an even wider net and still address bullying at the individual level if needed. It allows the utilization of more resources to address factors such as social skills development, social-emotional learning, self-regulation, and can target those who may be in the beginning stages of becoming a bully. The overall goal of helping children develop healthy coping skills and better navigate adolescence gives them a better chance of developing their own healthy autonomy.

CHAPTER V: CLINICAL IMPLICATIONS AND FUTURE DIRECTIONS

This critical review of the literature has shed light on issues related to bullying and healthy psychological development. Bullying is not always about exploiting the victims' differences as much as it is about the victims' lack of self-confidence. The differences are merely targeted as the "excuse" to bully. It does not matter what developmental stage one is in throughout their life; bullying can exist. Whether one is an adolescent on a playground, a high school student, or a psychoanalyst, as in Smaller's (2013) article, all can be victims of bullying in one fashion or another.

As with this example, bullying is a pervasive and toxic issue—not just something dealt with during adolescence but something impacting victims throughout their lives. Regardless of one's socioeconomic status, bullying can still occur. Previous chapters discussed how those bullied in adolescence tend to have more trouble as they have not successfully navigated each developmental stage, thus creating a ripple effect throughout their lives. Smaller (2013) mentioned how one of the victims was a psychoanalyst and sought advice from a colleague. In this example, a seemingly well-educated person can still be bullied. The article stated how the psychoanalyst wanted a letter from their supervisor for a position outside of the school. There was an upcoming vote regarding some school matters, and his supervisor wanted him to vote in favor of the change, or the supervisor would write a negative letter. The psychoanalyst explained he would report his supervisor to the council. His supervisor eventually backed down and wrote a recommendation letter. The psychoanalyst decided not to report his supervisor; however, his supervisor's pattern continued to affect others in the institution. The psychoanalyst's thought process involved not wanting to create any future problems for him in the analytic community. Again, a seemingly well-educated person, just like an adolescent victim, rationalized not doing

anything further for fear of retaliation. The example demonstrates how bullying in the workplace does not have boundaries and can occur in any field and at any age.

In examining the long-term effects of bullying, it is important to understand that while the duration of bullying can have different effects, any bullying creates lasting effects. Research shows those subjected to bullying are at a higher risk for adjustment problems and possibly even severe mental health problems. The continued medical expenses for somatic complaints, in addition to the ongoing mental health concerns, plague the person years after being bullied.

By utilizing multiple programs and creating an integrated approach, there is a more effective way to target bullying schoolwide and within the community. By educating medical staff, community leaders, and parents on how to communicate with children and what signs to look for, maybe there is a chance that adolescence could be less competitive and/or less detrimental to development across the lifespan. Through education and modeling, not only will children have a better chance at learning new coping and communication skills, but adults may learn a new way to communicate with children as well as how to cope better with adversities. This positive ripple effect could decrease bullying and adolescent violence. The new skillset could help improve self-image and self-respect, which can help decrease gang violence and gang affiliation problems. One of the most disappointing outcomes is how people's aspirations can be cut short due to difficult childhood experiences.

Although the research touched on areas outside the school as potential concerns, it concentrated on changes within the school and limited its scope. In addition, the research was not consistent with how the material is being disseminated to staff, students, and families. Making material available seems more like checking a box than education. Also, the studies did not go in-depth regarding the schools' budgetary constraints and how/if that had any basis on program

implementation. Future studies should consider upper management's (e.g., superintendent, school boards) views on bullying and implementing a program since they may have more control.

Suggested Approach

Given the limitations within each model discussed, it is recommended that a combined approach be used for more effective outcomes and longer-term success. The integrated approach seems to be the best when considering an overall prevention program. Utilizing multiple evidence-based programs, such as the OBPP and integrating the tiered approach as additional layers for those who need more specialized assistance (e.g., social skills, social-emotional learning, self-regulation), is a way to ensure everyone has a chance to gain the education and training needed to gain control of the bullying epidemic in the United States (Figure 1).

Before discussing the integrated model as an overall prevention program, one significant limitation in the models should be noted: resiliency was not thoroughly considered. In fact, the long-term implications associated with the level of resiliency possessed by victims need to be examined further. Resiliency, the ability to recover quickly from difficulties, is critical when discussing bullying (Allen et al., 2015).

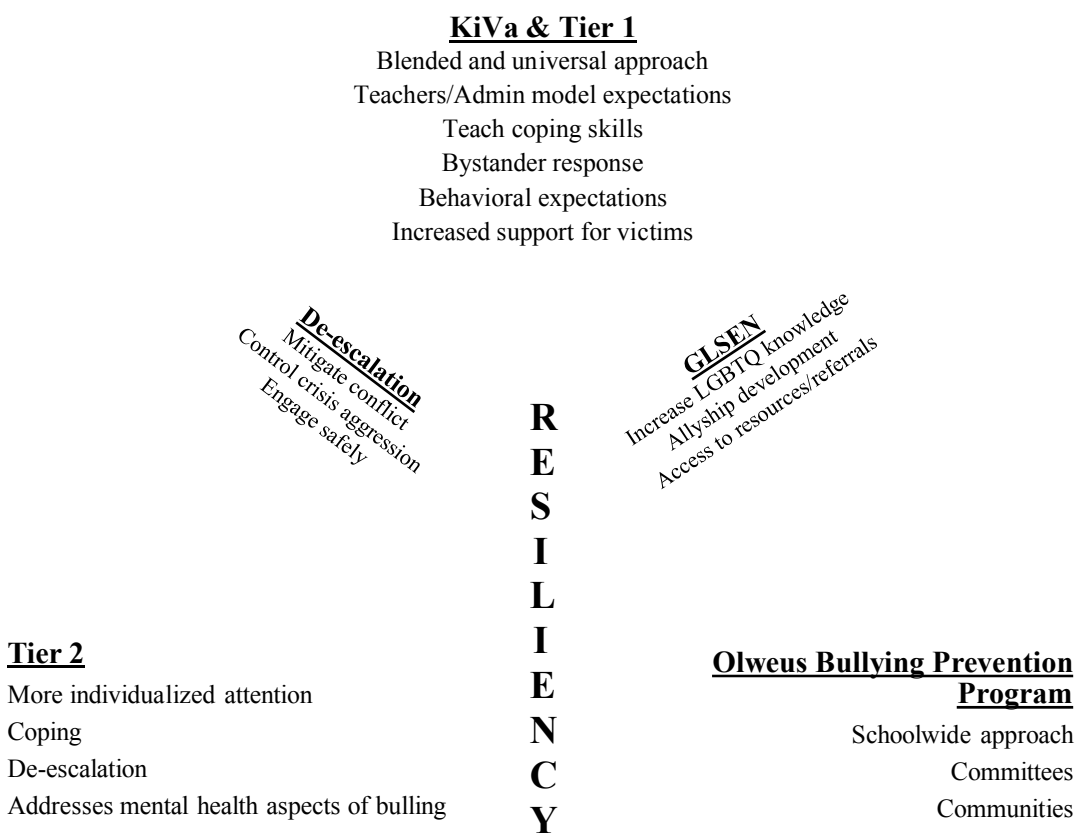
Resiliency could mean the difference between a more satisfying life or the negative sense of self we have been discussing. Regardless of the model chosen to implement in a school setting, if resiliency can be discussed and taught, it gives the victim more ways to cope with the adversities coming their way. Given that identities seem to exist at the intersection of our personal narrative and social reality, adolescent years cement some of our core ideas and habits. Every interaction has some sort of an impact on us and how the adolescent reacts is what has survived their childhood experience.

Resilience is not an innate feature that one is born with or just manifests over time. It is something that needs to be nurtured. Teaching adolescents social competence, optimism, and a sense of purpose can greatly enhance their ability to navigate situations. In addition, modeling effective coping skills and teaching a positive self-image can increase adolescents' ability to stay positive and seek advice from adults should they become the victim of bullying.

When examining the missing piece to these programs, it is clear that they are not one-size-fits-all programs. Like therapy, they need to be tailored to each school. Those living in high socioeconomic status (SES) backgrounds require different programs than a low SES population. For example, the lower SES population tends to enter school less prepared than their higher SES counterparts. Therefore, they need more resources to address this gap. It is clear that LGBTQ youths are disproportionately impacted and working with an organization such as GLSEN is necessary to ensure the staff has adequate training to keep a safe space and support the LGBT community. Having resources in school inclusive of LGBT history and events has helped create a better overall climate. In addition, bringing in someone to teach verbal de-escalation skills such as verbal judo or the Vistelar Group to educate staff, students, and parents on how to verbally de-escalate hostile situations can give the tools required to approach this head-on. The OBPP is a comprehensive program utilizing a whole-school approach. Here, the focus is to create a safe environment for the entire community. Reorganizing the entire school culture/environment and implementing the four basic rules are key to reinforcing appropriate behavior. The next step is to consider the committee's role and how they are crucial in sustaining that multidisciplinary approach to ensure each aspect is discussed. Ongoing training regarding recognizing and handling bullying should be scheduled for faculty, students, and parents. An integrated approach would take all this into consideration for improved overall prevention efficacy.

Figure 1

Proposed Integrated Bullying Prevention Model



Research has shown that adults, teachers, and parents may not understand or have the training to effectively handle bullies. When implementing a program to combat bullying, verbal de-escalation training for everyone involved should be a standard operating procedure. Showing an adolescent how to cope by using verbal de-escalation skills, show the faculty, parents, and other students how to effectively navigate verbal harassment. The skill is invaluable as it equips

the person with the necessary skills to be assertive, self-confident, and have an overall better sense of self. As previously noted, the ramifications of adolescent bullying on adulthood without effective coping are clear. Now, imagine the ripple effect from an adolescent who was taught to be assertive, self-confident, and learned resiliency and positive coping skills throughout their adolescent years. Their adulthood could be more fulfilling. They could have more self-confidence, better interpersonal relationships, and overall better health.

In addition, tier-one programs such as KiVa should be implemented into the training. KiVa centers around how the bystander should react when witnessing bullying. The encouragement to support the victim can help empower the victim and help change the associations made in the brain that were once made by the effects of bullying. In addition, programs like this also teach, via roleplaying, how to navigate peer pressure and help with better overall communication and coping skills.

Then, a tier-two approach should be implemented for those who are still involved in some type of bullying, whether it is the bully, victim, or bystander. The concept is to have a more individualized support system to aid in additional coping, de-escalation, and assertiveness training. Further consideration should be given to contacting the parents for additional support. If more intense support is needed, the third tier can create an even more intense personalized approach to address signs of bullying.

Society, in general, is very competitive. Unfortunately, this competitiveness has become a significant problem in the educational system via bullying. The entire school system is also not progressing because of limited resources and a focus on achievement scores. By creating an overall safe environment and decreasing stress, everyone can focus on their respective roles. Teachers can teach without worrying about students bullying one another, and students can focus

on their studies rather than needing to worry about being harassed or assaulted. When a new student arrives at the school, it would be very beneficial for a student designated as the school ambassador to escort them around and introduce them to other staff and students to help them feel included and not alienated.

The suggested program outlined above (Figure 1) attacks bullying at multiple angles allowing for a more blanket approach. Each step in the program is designed to focus education where it is needed: first, an overall design and then focused on the areas where individual attention is needed. Also, it can be tailored to meet the needs of the school. If it is a problematic school, start with the overall program and then strengthen tier two or three, and as the culture starts to change, a tier-one approach can be woven in. The strength of a program like this is that it can be customized to each environment because the essence is the same regardless of the exact structure.

Utilizing a system like this can help decrease the overall rates of bullying while simultaneously modeling positive behavior for adolescents, thus, creating an overall better person because they will be learning the positive skills necessary to navigate adversity. Better brain development leads to better learning and an overall higher sense of self. The ripple effect through life can be just as astounding. As the adolescent moves into adulthood, they are better positioned to deal with life's adversities, which could decrease the overall medical and mental health concerns currently seen in today's adults who experienced adolescent bullying. Consequently, they would lead a more positive and productive life and achieve a better overall life experience. As the adolescent feels more confident about who they are as a person, their overall sense of self increases. This increase can create more self-confidence when making decisions, promoting an overall healthier mental state that can carry over to adulthood.

Future Directions

Areas of future studies should include how the educational system is funded. As a good portion can come from the local and state level, research should be conducted to see how the monies are allocated and the priorities within the districts. This research could expose a way for federal funding to potentially fill some gaps when it comes to implementing some of the resources. A federal contract with companies can lower the price for services and make them more accessible to those with smaller budgets. For example, a federal contract with the Vistelar Group to deliver verbal de-escalation classes to school could be cheaper than the individual school contracting the company themselves. Another example could be the government paying for a certain number of people to receive training certification and then train the school in their district. In addition, the federal government could also look at the concept the author is proposing and could assemble the integrative approach at a less expensive rate and then disseminate it to the school districts with resources to ensure the correct implementation and ongoing training. Not only can that help get a unified program to every district, but it also creates a streamlined approach to combat bullying and get everyone on the same page regardless of district or SES.

The necessary and important resiliency training cannot be overlooked. The research indicated that some adolescents were able to ask for help when bullied, and some are bullied until the age of 11. What was the difference between the bullied adolescents who sought assistance versus those who did not? Did they have a better home life, which created a more positive outlook and self-image, thus allowing comfortableness when talking to someone? Knowing how resiliency impacts the adolescent's self-image and the potential positive effects on adulthood can help understand how resources should be spread when examining prevention.

Cyberbullying is a growing trend that is difficult to track due to the anonymity allowed by technology. In addition, who is ultimately responsible for monitoring it? More research needs to be conducted on the overall lasting effects of cyberbullying and the possibilities of how to combat it. Some of the traditional methods the author has mentioned can be of service, but since the overall effect is still unknown, the interventions can only be a guess. With traditional bullying, the victim knows the identity of the bully. With cyberbullying, the perpetrator is unknown, and this could pose added psychological stress on the victim. It is imperative to continue researching the laws and where they stand on cyberbullying and what the criteria are for reporting an incident to local law enforcement should be included in every bullying program. Although this is beyond the scope of this study, the schools' purview adding the research information to the author's integrative approach could help educate adolescents, school staff, and parents on what to look for and how to combat it.

Additional research should be conducted on more evidence-based programs that can be available at the school level and the community level, with an emphasis on integrating resiliency research.

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