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Effectiveness of cyber therapy programme on management of cyber bullying experiences among adolescents, PSG Sarvajana Higher Secondary School

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ABSTRACT:

Cyberbullying has been a serious issue for the past two decades in India. This issue kept increasing due to the increased development of technology and their impacts on the teenagers. Cyberbullying is a pervasive public health issue, affecting 10% to 50% of adolescents and resulting in significant negative health outcomes. The study aimed to assess the Effectiveness of cyber therapy programme on management of cyber bullying experiences among adolescents. During the first week, survey was done by General Cyber-Bullying Questionnaire for the 1500 samples. Pre-test level of cyber bullying experiences assessed through questionnaire technique for 30 samples that were identified to be with the issue. Multidimensional Scale of Perceived Social Support, Hospital Anxiety & Depression scale, Adult Attachment Scale, DSM IV Depression Check list, Children's Loneliness Questionnaire (revised), UCLA Loneliness Scale was administered. Samples were administered with cyber therapy programme on management of cyber bullying experiences for four hours. Pamphlets were distributed to all the study participants. Seventy four percentage of the study subjects experienced moderate cyber bullying in the pretest increased to 81 percentage in the post test. 25 percentage of the study subjects experienced severe cyber bullying in the pre test had a drastic fall to 2 percentage in the post test. After cyber therapy programme cyber bullying problem reduced considerably

KEY WORDS: cyber bullying, cyber bullying experiences, cyber therapy program me, adolescent

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INTRODUCTION

The double-edged nature of modern technology, continuously balancing between risks and opportunities, manifests itself clearly in an emerging societal problem known as cyber bullying. In India, cyber bullying has been more experienced by female school going children. Primary acts of cyber bullying include threats, name calling, social isolation, spreading rumors, sharing other's private information and exclusion. The two main aspects of cyber bullying are repetition aspect and aspect of power imbalance. The cyber bullying victims are predisposed to experiencing mental health problems, drug abuse and suicidal ideation. Potential victims should be taught how they can protect themselves and what they must do when they are cyberbullied.¹

A 2016 report from the Cyber bullying Research Center indicates that 33.8% of students between 12 and 17 were victims of cyber bullying in their lifetime. Conversely, 11.5% of students between 12 and 17 indicated that they had engaged in cyber bullying in their lifetime.²

Percentage of parents that report their child has been a victim of cyber bullying. 2011-2018 Survey Results show that in India the percentage is increased from 32 to 37. Bullying victims are more likely to engage in substance abuse and nonviolent delinquency.³

Due to the relative newness of cyber bullying, there are many elements of the phenomenon that are not understood. Despite a more recent ramping up of awareness campaigns, cyber bullying facts and statistics indicate the problem is not going away anytime soon.

MATERIALS AND METHODS

Design: Mixed Methods Research Designs

Phase – I Descriptive Survey design

Phase – II Pre Experimental Design - One-group Pre-Test/Post-Test Design.

O ₁	X	O ₂
Pre assessment of cyber bullying experience	Cyber therapy programme	Post assessment of cyber bullying

Setting: PSG Sarvajana Higher Secondary School, Coimbatore.

Sample: A purposive sample of 1500 adolescent children from X, XI, XII Standard

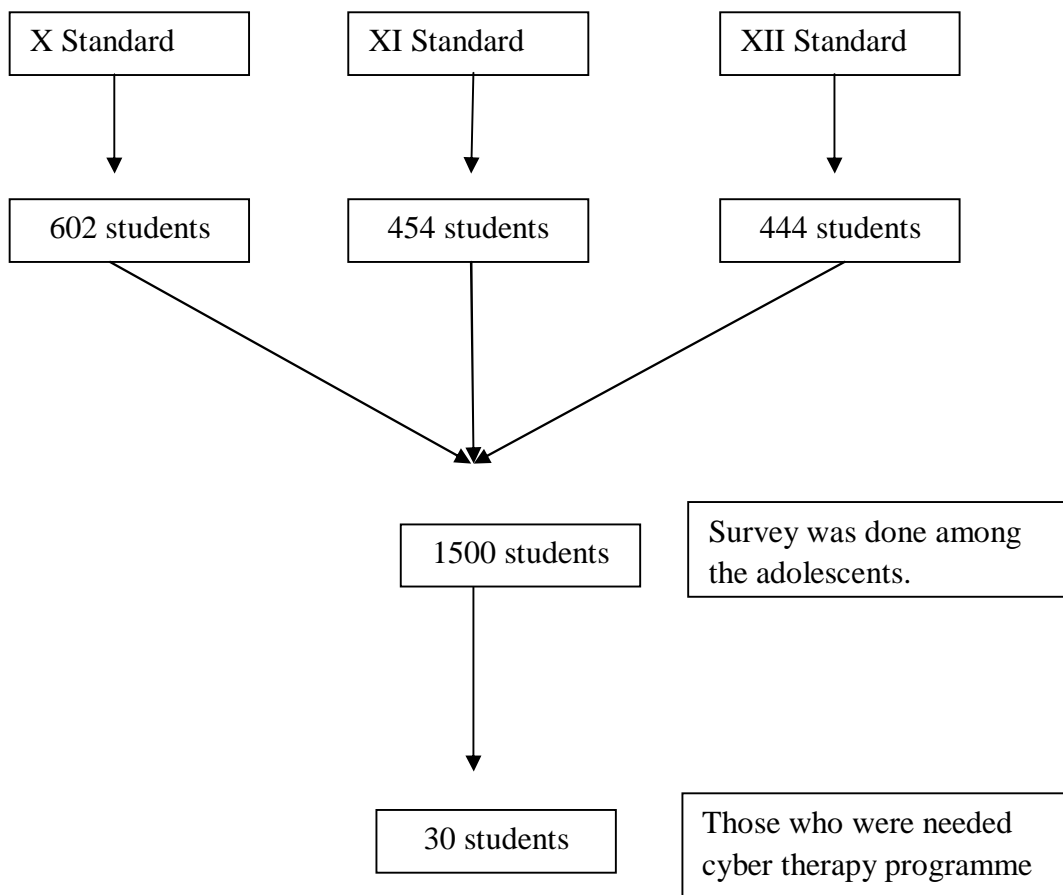


Figure1: "Sample size selection"

Samples were selected according to the following criteria:

- Adolescents who are willing to participate in the study.
- Adolescents who are cyber-bullied and /or the bully.
- Adolescents who have access to technology use

Tool

Section-A: consists of Demographic variables such as age, sex, class of study, education and occupation of father and mother, family system, siblings, stay at, mode of travel to school, people who accompany to school, Number of friends, hobbies, and habits.

Section-B: consists of Information about technology use such as any personal mobiles phones, parents usage of mobile phones, way to access internet , time spent on internet and locations where using the mobiles.

Section-C consists of General Cyber-Bullying Questionnaire with 23 items.

- <40 : Mild cyber bullying experiences
- 41 – 60 : Moderate cyber bullying experiences
- 61-80 : Severe cyber bullying experiences.

Section-D consists of 5-parts.

PART-I: Multidimensional Scale of Perceived Social Support with 12 statements, scores

PART-II: Hospital Anxiety & Depression scale (modified) with 18 statements, scores

PART-III: Adult Attachment Scale with 14 statements, scores

PART-IV: DSM IV Depression Check list with 8 statements, scores

PART-V: Children's Loneliness Questionnaire (revised) with 16 statements, scores

PART-VI: UCLA Loneliness Scale with 20 statements, scores

Score Interpretation:

80-205 : Mild cyber bullying experiences

206-323 : Moderate cyber bullying experiences

324-440 : Severe cyber bullying experiences

Intervention: It consists of cyber therapy programme which includes Awareness and Education on cyber bullying, Pamphlets on cyber bullying and its management, Poster display for the school campus on awareness about cyber bullying, Referral services to clinical psychologist, Counseling services for the affected children and Signatory campaign in the school.

1. Permission to carry out the pilot study was obtained from the Principal after explaining the aim of the study.
2. The tool was developed on the basis of extensive review of literature, discussion with experts in the field of nursing and psychology and the investigator's professional experience. All the tools were tested for reliability using test-retest method
3. Pilot study was conducted on 10% of total sample who were selected based on the inclusion criteria to evaluate the content and test the feasibility, objectivity, clarity, relevancy and applicability of the study tools.

The pilot study results indicated that there is effectiveness of cyber therapy programme on management of cyber bullying experiences among adolescents. The study revealed that among 83 samples, 5 samples had problems with cyber bullying. They were given counseling.

The reliability score obtained was $r = 0.98$. Most of the samples 93.97% fell under mild level of Cyber Bullying Experiences and only 6.02% under moderate level of Cyber Bullying Experiences. The overall mean score 253.6 with SD 29.40 was obtained in the pre test General Cyber-Bullying Questionnaire among adolescents. The overall mean score 253.6 with SD 29.40 was obtained in the post test General Cyber-Bullying Questionnaire among adolescents.

The institutional human ethics committee (IHEC), PSG Institute of Medical Science and Research had reviewed the proposal and approved the study to conduct.

RESULT AND DISCUSSION

Subjects were approached and the purpose of the study was explained. They were given consent form to sign. During the first week, survey was done by General Cyber-Bullying Questionnaire for the 1500 samples. Pre-test level of cyber bullying experiences assessed through questionnaire technique for 30 samples that were identified to be with the issue. Multidimensional Scale of Perceived Social Support, Hospital Anxiety & Depression scale, Adult Attachment Scale, DSM IV Depression Check list, Children’s Loneliness Questionnaire (revised), UCLA Loneliness Scale was administered. 30 minutes was allotted to collect the data for each sample.

During the 3rd week, samples were administered with cyber therapy programme on management of cyber bullying experiences for four hours. Pamphlets on cyber bullying and its management were distributed to all the samples. Signatory campaign was conducted and all samples signed it. Counseling was given for one month for those 30 samples. Post-test level of cyber bullying experiences was assessed after one month.

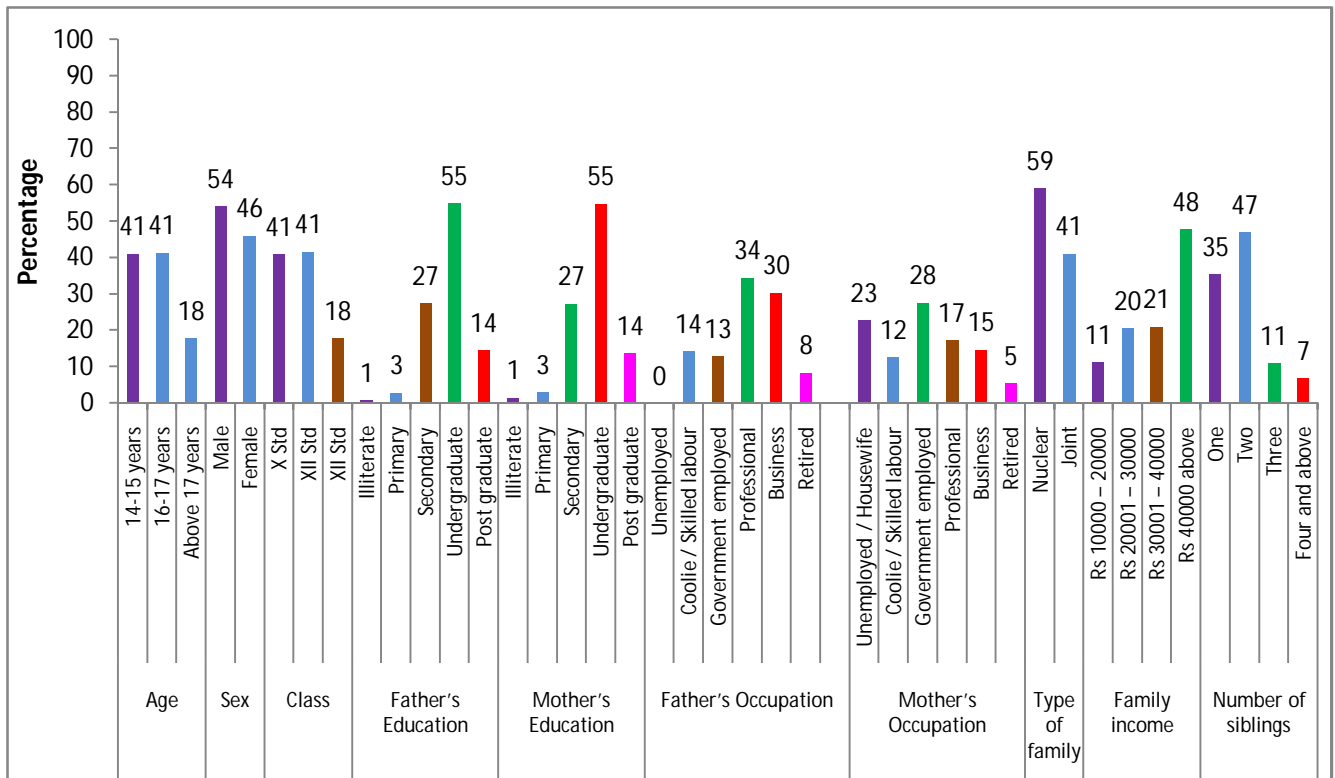


Figure2: “Demographic profile of cyber bullying experiences among adolescents”

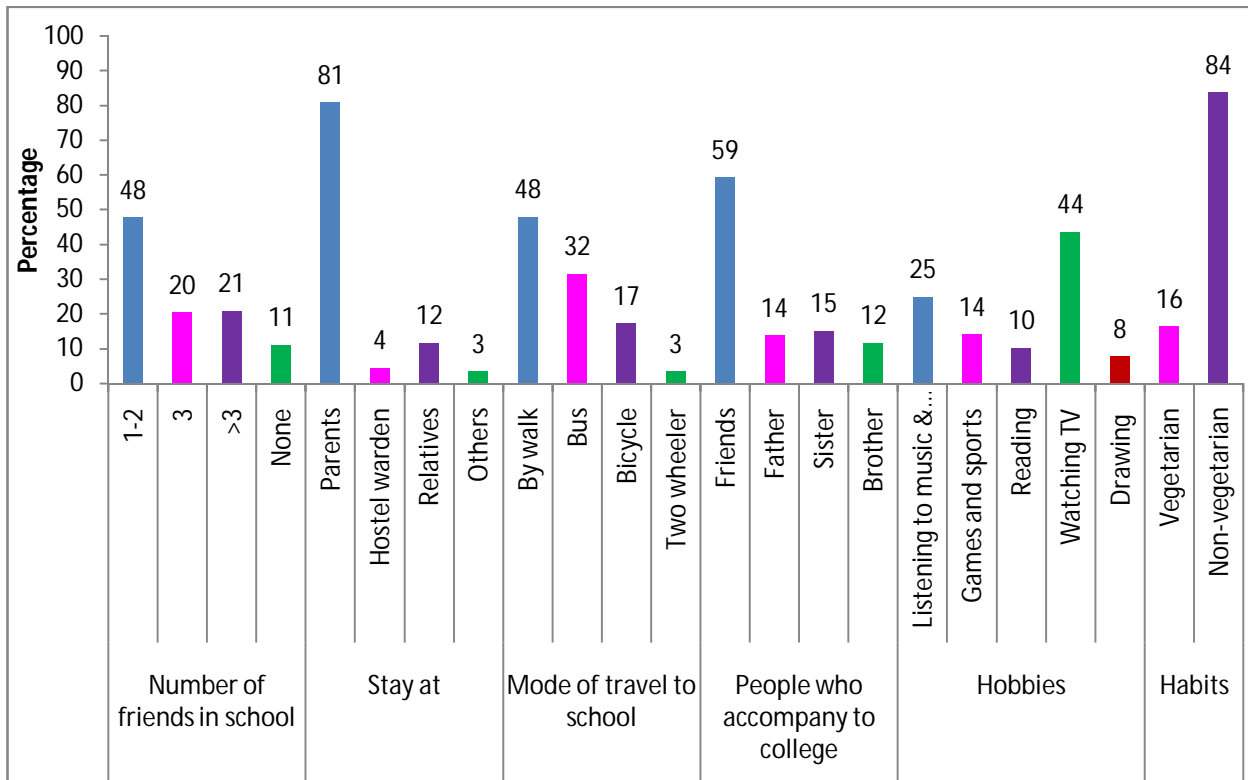


Figure3: “Personal variables of cyber bullying experiences among adolescents”

Table: 1 “Information about the technology use” N=1500

S. No	Variables on information about technology use	Frequency	Percentage
1	Mass media at Home		
	a. Television	927	62
	b. Radio & Television	87	6
	c. Newspaper & Television	227	15
	d. Computer & Television	259	17
2	Personal mobile phones		0
	a. Yes	1257	84
	b. No	243	16
3	Parents’ mobile phones		0
	a. Yes	1378	92
	b. No	122	8
4	Way to access internet		0
	a. Yes	1450	97
	b. No	50	3
5	Time spent on internet		0
	a. < 2 Hours	863	58
	b. 3 - 6 Hours	522	35
	c. 10 – 20 Hours	115	8
6	Where using the mobiles		
	a. At home	969	65
	b. In the hostel	55	4
	c. During travel	423	28
	d. In the School	53	4

Table: 2 "Effectiveness of General Cyber Bullying Experiences" N=1500

Cyber Bullying Experiences	Mild Cyber Bullying Experiences <40		Moderate Cyber Bullying Experiences 41-60		Severe Cyber Bullying Experiences 61-80	
	Frequency	%	Frequency	%	Frequency	%
Pre Test	20	1	1112	74	368	25
Post Test	254	17	1216	81	30	2

The present study revealed that 74 percentage of the study subjects experienced moderate cyber bullying in the pretest increased to 81 percentage in the post test. 25 percentage of the study subjects experienced severe cyber bullying in the pre test had a drastic fall to 2 percentage in the post test. Similar studies have to be appreciated in this regard. In India, cyberbullying has been more experienced by female school going children. Primary acts of cyberbullying includes threats, name calling, social isolation, spreading rumors, sharing other's private information and exclusion . The two main aspects of cyberbullying are repetition aspect and aspect of power imbalance . The cyberbullying victims are predisposed to mental health problems, drug abuse and suicidal ideation. Potential victims should be taught how they can protect themselves and what they must do when they are cyberbullied.¹

Another Prevalence study on cyber bullying and predictors of cyber bullying perpetration among Korean adolescents, The factors in cyberbullying perpetration with a national sample of 4000 adolescents selected through multi-stage cluster sampling. The respondents were 2166 boys (54.1%) and 1834 girls (45.9%) in 7th 12th grades at 24 middle and 24 high schools across South Korea. Statistical analyses of the survey data are summarized as follows. First, 34% of the respondent students were involved in cyberbullying as bullies (6.3%), victims (14.6%), or both bullies and victims (13.1%). These results were discussed to improve the understanding of the characteristics of cyberbullying among Korean adolescents and the youth population in general, while providing educators and researchers information on cyberbullying with practical consideration to its prevention.⁴

The similar kind of study was done on impact of cyberbullying on adolescent health. The cyberbullying can experience mental and physical issues. For instance, they are very likely to experience depression, anxiety, and low self-esteem. Apart from that, they might also feel insecure, unhappy, and lonely. These negative effects will gradually turn the victims to be cautious, sensitive and shy. In a long term, the feelings of depressed and insecure might lead to changes in sleep, eating pattern, and loss of interest in activities they used to enjoy. Therefore, very often, the victims are physically weaker than their peers. In worse case, it might cause suicide if guidance and assistance are not given to them to get rid of cyberbullying.⁵

Table No: 3 “Cyber bullying experiences” n=30

Cyber bullying experiences	Test	Mild	Moderate	Severe
Hospital Anxiety & Depression	Before	0	19	11
	After	0	30	0
Attachment problem	Before	3	14	13
	After	0	30	0
Depression problem	Before	0	7	23
	After	6	24	0
Child loneliness problem	Before	0	13	17
	After	1	29	0
UCLA Loneliness	Before	0	14	16
	After	6	23	1

Table No: 4 “Cyber bullying experiences” n=30

Cyber bullying experiences	Mean difference	Standard deviation	P value
Social support	-8.56667	13.61967	.002
Anxiety & Depression	7.70000	11.8617	.001
Attachment	9.833	17.36243	.004
DSM IV Depreesion	16.3333	4.59784	.000
Children’s Loneliness	18.20000	12.08419	.000
UCLA Loneliness Scale	23.96667	11.22031	.000

From the table it is concluded that Cyber therapy programme is effective with respect to social support, Hospital Anxiety & Depression, attachment DSM IV Depression, Children’s Loneliness, UCLA Loneliness.

Also mean social support and increased and mean of attachment ,anxiety & depression and loneliness decreased after the cyber therapy.

Table No: 5 “General Cyber-bullying Questionnaire”

n=30

Cyber bullying experience problem	Before therapy	After therapy
Mild	0	11
Moderate	28	19
Severe	2	0
Total	30	30

After cyber therapy cyber bullying experience problem reduced considerably.

Null hypothesis : Cyber therapy programme is not effective with respect to social support, Hospital Anxiety & Depression scale ,attachement DSM IV Depression , Children’s Loneliness , UCLA Loneliness.

Alternative hypothesis : Cyber therapy programme is effective with respect to social support, Hospital Anxiety & Depression ,attachement DSM IV Depression, Children’s Loneliness, UCLA Loneliness.

The investigators found among 30 study subjects, 28 under moderate cyber bullying problem moved to 11 under mild cyber bullying problem after cyber therapy programme which included counseling sessions. The current study reflects cyber bullying which represents one more problem

that can be a barrier to learning and teaching. Clearly, the school can play a role in countering the problem. However, as we always caution, it is essential not to do so as yet one more discrete intervention.

A similar kind of study was done on systematic review of cyberbullying interventions for youth and parents with implications for evidence based practice. The finding shows that the seventeen cyber bullying intervention programs in 23 articles were found to meet with similar findings of this study. The most frequently used intervention components included education on cyber bullying for the adolescent, coping skills, empathy training, communication and social skills, and digital citizenship. Parent education on cyber bullying was also found to be important and was included in programs with significant outcomes.

Research presented at the 2017 Pediatric Academic Societies Meeting revealed the number of children admitted to hospitals for attempted suicide or expressing suicidal thoughts doubled between 2008 and 2015. Much of the rise is linked to an increase in cyberbullying. More teen suicides are also now attributed in some way to cyberbullying than ever before.³ Schools need to address all problems experienced by students as part of the ongoing challenge of transforming current student and learning supports into a unified, comprehensive, and equitable system that enables each school in a district to address barriers to learning and teaching effectively. Such a transformation is a fundamental facet of the school improvement goal to ensure all students have an equal opportunity to succeed at school and beyond.

Educational institutions, authorities, educators as well as parents must work hand in hand to combat cyber bullying. Parents must educate their children about the awareness of cyber bullying and there should be a separate legislation passed to govern cyber bullying incidents.

CONCLUSIONS

Online bullying is on the rise across Asia. Adolescents are becoming increasingly dependent on the internet, cell phones, social networking and less dependent on face- to- face interaction resulting in a new digital, growing epidemic called cyber bullying. It happens when an adolescent is tormented, threatened, harassed, humiliated, embarrassed by another child using mean text messages, or e-mails, rumors sent by e-mail or posted on social networking sites and embarrassing picture, videos, websites or fake profiles. Cyber therapy refers to counseling in cyber psychological areas like interpersonal relationship, family relationship and social relationship. Our youth culture will be able to take caution when creating profiles, postings, pictures and dialoguing a cyberspace.

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Conflicts of interest

There are no conflicts of interest

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