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Mental Health of Children and Teens from the United States,
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Abstract

Bullying continues to trouble youths around the world, sometimes with devastating effects for victims' mental health. This suggests an ongoing need for awareness, intervention and tolerance for everyone involved. This study, a literature review, explored the extent of these mental health effects found in 50 studies of victims, bullies, and bully-victims, those who are victims of bullying and who also bully others, in the United States, France, and Canada (Willard, 2007). Particular attention was paid to the impact that gender, age, ethnicity, and the LGBTQ community had on researchers' findings. Findings show that 25.9% to 33% of students in these countries reported being victims of traditional bullying; 22.9% of teenagers in Quebec experienced cyberbullying in the past year (Cénat et al., 2014, 2015; Price et al., 2013; Schneider et al., 2012). Boys were twice as likely as girls to be classified as bullies, three times as likely to be classified as bully-victims, and almost twice as likely to be classified as victims (Juvonen et al., 2003). Researchers also indicate that LGBTQ youth are at an increased risk for bullying. Victims, bullies, and bully-victims are at a high risk for mental health issues, like depression, low self-esteem, poor school performance, and suicide attempts (Cénat et al., 2015; Mueller et al., 2015). Students, who were bullies, were at a significantly higher risk for depression, serious suicidal ideation, and suicide attempts compared with students who were never bullies (Klomek et al., 2007). Lastly bully-victims were by far the most socially ostracized by their peers, most likely to display conduct problems, and least engaged in school (Juvonen et al., 2003; Nansel et al., 2001).

Introduction

Bullying seems to be a factor in many recent suicides in the United States, Canada, and France. In 2010, a Massachusetts high school freshman, Phoebe Prince, completed suicide after being tormented by cyberbullies (Kennedy, 2010). In 2014, Ronin Shimizu, a 12-year-old boy, completed suicide after being bullied for being a male cheerleader (Hensley, 2007). Bullying also seems to be an international concern. A young 15-year-old Canadian teen, Amanda Todd, suffered from years of bullying in school and on the Internet until she decided to end her life in 2012 (Ng, 2012). France also has a problem with cyberbullying. In 2015, Gossip, an app, was launched and then was taken down two weeks later; many said that it promoted bullying (Gee, 2015).

Clearly, all the different types of bullying and their association with mental health issues are important problems to study. Researchers have found that 33% and 25.9% of students reported being a victim of some type of traditional bullying (Price, Chin, Higa-McMillan, Kim, & Frueh, 2013; Schneider, O'Donnell, Stueve, & Coulter 2012). 25.2% of Canadians were also victims of school bullying, which is another term for traditional bullying (Sampasa-Kanyinga, Roumeliotis, & Xu, 2014). In addition, other studies report a much higher rate of prevalence for school bullying; 43.1% of participants reported ever being bullied in school (Bhatta, Shakya, & Jefferis, 2014). Overall, around one fourth of students report experiencing some type of traditional bullying.

This research explored the studies of different types of bullying and their association with the mental health of children and teens from the United States, France, and Canada. This literature review presents definitions of bullying in the United States, France, and Canada and its prevalence. Next this study explores different types of victims, the LGBTQ community, gender, age, and ethnicity specifically, and the additional risk factors that may predispose someone to become a victim of bullying. This study also presents findings concerning the relationship between bullying and mental health. Finally, this study presents the aspects of interventions that have been proposed in each country and their effectiveness and an overview and critique of the research.

What is Bullying?

Definitions of Bullying

Although some variations exist across different cultures in the way bullying has been defined, a general consensus has emerged that defines bullying as a form of aggressive behavior in which there is an imbalance of power favoring the perpetrator(s) who repeatedly seek to hurt or intimidate a targeted individual (Rigby & Smith, 2011). Overall, three factors are implicit in any type of bullying: (a) it must occur over a prolonged period of time; (b) it must involve a social or physical imbalance of power, the powerful attacking the powerless; and (c) there must be an intent to harm the victim (Craig, 1998; Due et al., 2005; Due & Holstein, 2008; Olweus, 1993; Rana, 2008; Smith et al., 1999).

In France the word violence is used instead of bullying (Menesini et al., 2012; Smith, Cowie, Olafsson, & Liefogle, 2002). The French term violence has a much wider scope; bullying mainly refers to faits de violence or acts of violence (Smith et al., 1999). Bullying in France includes all the different kinds of misuse of power (crimes and offenses against people or against personal or school property), all the kinds of violence of the school, and all minor but frequent kinds of incivilities which disturb classroom atmospheres (impoliteness, noise, disorder, etc.) (Smith et al., 1999).

Types of Bullying

The study of bullying dates back from the 1970s with the work of Dan Olweus in the Scandinavian countries; in the 1990s, interest in bullying has spread to Europe, Canada, and the United States (Smith et al., 1999). Early work on bullying mentioned only physical and verbal types. In the 1990s, relational forms of bullying became officially recognized, and in the 2000s,

cyberbullying started to occur due to recent increases in technology (Smith & Monks, 2008). Another recently recognized type of bullying is bias bullying or prejudice-driven bullying; this is bullying, according to the general definition, based on group characteristics and would include racial harassment, faith-based bullying, sexual harassment, and homophobic bullying (Hensley, 2014; Smith & Monks, 2008). Examples of physical acts of bullying in the U.S., France, and Canada, include assault, theft, hitting, pushing, kicking, pinching, or restraining another person against their will, whereas verbal acts include threats, insults or nicknames (Due et al., 2005; Kennedy, 2010; Ng, 2012; Olweus, 1993; Price et al., 2013). Relational aggression in these three countries is non-verbal and/or non-physical and may entail making faces or dirty gestures or intentionally excluding someone from a group (Due et al., 2005; Olweus, 1993). Bullying behaviors in France can be overt (such as direct physical or verbal aggression) or covert (such as secretly encouraging other children to ignore a specific classmate) (Richard, Schneider, & Mallet, 2012). Traditional bullying, which includes all forms of bullying except for cyberbullying, is usually contained to school grounds and often stops once the victim has gone home; in contrast to traditional bullying, cyber bullying is neither overtly physical nor verbal (Price et al., 2013).

Even though the three criteria proposed by Olweus for defining conventional bullying, namely, intentionality, repetition, and imbalance of power, also apply to cyberbullying, cyberbullying has several unique characteristics that distinguish it from traditional bullying. Technology allows cyberbullying perpetrators to maintain anonymity and gives them the ability to post messages to a wide audience (Dempsey et al., 2009; Holfeld & Leadbeater, 2015; Menesini et al., 2012; Raskauskas & Stoltz, 2007; Schneider et al., 2012). In a Canadian study, close to half of the cyber victims did not even know who cyberbullied them (Li, 2007). In addition, perpetrators may feel reduced responsibility and accountability when online compared with face-to-face situations (Cénat et al., 2014; Schneider et al., 2012). Cyberbullying has been defined as the use of email, cell phones, text messages, and Internet sites to threaten, harass, embarrass, or socially exclude someone (Li, 2007;

Raskauskas & Stoltz, 2007; Sampasa-Kanyinga et al., 2014; Wang, Iannotti, & Nansel, 2009). 22.9% of teenagers in Canada experienced cyberbullying in the past year (Cénat, Blais, Hébert, Lavoie, & Guerrier, 2015; Cénat et al., 2014). Similarly, more than one fourth of Canadian students reported cyberbullying experiences (Holfeld & Leadbeater, 2015). Other researchers also found that 17.4%, 15.8%, and 14% of students were victims of cyberbullying (Dempsey, Sulkowski, Nichols, & Storch, 2009; Sampasa-Kanyinga et al., 2014; Schneider et al., 2012). However only 7 % of American students qualified as cyber victims; cyberbullying rates in this study were low relative to the majority of cyber bullying research (Price et al., 2013). French participants more often perceived scenarios as cyberbullying as compared with those in other countries, and when adolescents evaluate a scenario as cyberbullying they mainly consider the presence of the traditional bullying criteria with an exception: the criterion of repetition (Menesini et al., 2012). An event can happen once that can be considered cyberbullying; therefore, more events are perceived as instances of cyberbullying.

With respect to school bullying and cyberbullying, Schneider et al. (2012) discovered that the overlap between cyberbullying and school bullying was substantial: 59.7% of cyberbullying victims were also school bullying victims, and 36.3% of school bullying victims was also cyberbullying victims. In Canada, cyberbullying victimization was positively correlated with physical and relational victimization (Holfeld & Leadbeater, 2015). Engagement in traditional bullying is a very strong predictor for both cyberbullying and cyber victimization (Li, 2007; Raskauskas & Stoltz, 2007). Eighty-five percent of electronic victims were also classified as traditional victims, and 94% of electronic bullies were also traditional bullies (Raskauskas & Stoltz, 2007). This shows that traditional and cyberbullying are important issues that must be conquered simultaneously. However, one French study found that school bullying and cyberbullying overlapped very little; in the majority of cases, however, adolescents involved in cyberbullying were not the same as those involved in school bullying (Kubiszewski, Fontaine, Potard, & Auxoult, 2015).

Prevalence of Bullying

The rates of bullying in the United States, France, and Canada highlight the importance of this topic. Involvement in bullying was more prevalent in school compared with away from school (Klomek, Marracco, Kleinman, Schonfeld, and Gould, 2007). Approximately 20% of the students reported being victims in school; significantly fewer (10.4%) reported being victims away from school (Klomek et al., 2007). Similarly, around 25% of the students reported bullying in school, whereas significantly fewer (around 15%) reported bullying away from school (Klomek et al., 2007). Similarly, 15% of French participants were victims of school bullying, 8% were school bullies, and 3% were bullies/victims, those who are victims of bullying and who also bully others; regarding cyberbullying 18% were cyber victims, 4% were cyberbullies, and 5% were cyberbully-victims (Kubiszewski et al., 2015; Willard, 2007).

Other studies reported lower percentages of involvement in bullying; the sample in a study by Juvonen, Graham, and Schuster (2003) was classified as perpetrators (7%), victims (9%), or both (6%). The prevalence of occasional bullying and occasional victimization has decreased in many countries, including the U.S., France, and Canada (Molcho et al., 2009). The prevalence of chronic bullying showed a decline on average from 19.3% in 1993/1994 to 10.6% in 2005/2006, a reduction of 45% (Molcho et al., 2009). On the other hand, a study in France noted a much greater involvement in bullying; 48.8% of the children were involved in bullying with the highest percentage of children as bully-victims (78%) (Houbre, Tarquinio, Thuillier, & Hergott, 2006).

13.3% reported that they had bullied others at least once in the last 2 months physically, 37.4% verbally, 27.2% socially, and 8.3% electronically; the prevalence rates of victimization were 12.8% for physical, 36.5% for verbal, 41.0% for relational, and 9.8% for cyber (Wang et al., 2009).

Who Gets Bullied?

LGBTQ

In addition to the high prevalence of all different types of bullying, specific subgroups of students, including sexual minorities have an even greater likelihood of being bullied (Bhatta et al., 2014; Olsen, Kann, Vivolo-Kantor, Kinchen, & McManus, 2014). About one quarter of gay and bisexual male students had been threatened or injured with a weapon on school property compared with only 7.8% of heterosexual male students; compared with heterosexual male students, bisexual male students were also about three times more likely to have been bullied on school property (Olsen et al., 2014). Similarly, compared with heterosexual female students, lesbian students were about four times more likely to have been threatened or injured with a weapon on school property; these results may increase the risk for suicide, depression, lowered self-esteem, and poor academic performance among sexual minority adolescents (Olsen et al., 2014). White and Hispanic gay and bisexual males were significantly more likely than white heterosexual males to report being bullied, and white lesbian and bisexual females and Hispanic bisexual females were more likely than their white heterosexual peers to report being bullied (Mueller, James, Abrutyn, & Levin, 2015).

Canada also reports similar findings regarding the LGBTQ community and bullying. Canadian bisexual girls and boys were more likely than their heterosexual counterparts to report cyberbullying experiences; the prevalence of homophobic bullying was also high among gay and lesbian teens (29.4%) (Cénat et al., 2015). In contrast, a different Canadian study states a much higher percentage of homophobic bullying (61%) (Blais, Gervais, & Hebert, 2014).

Gender

In addition to the high rates of bullying among sexual minority youth, many studies have found gender differences among males and females with respect to involvement in bullying. Boys were significantly more likely than girls to be victims in school and to be bullies in and away from school; a significantly greater proportion of girls (nearly 70%) than boys (52.8%) were also neither

bullies nor victims (Klomek et al., 2007). Boys were twice as likely as girls to be classified as bullies, three times as likely to be classified as bully-victims, and almost twice as likely to be classified as victims (Juvonen et al., 2003). However, for cyber bullying boys were more likely to be bullies, whereas girls were more likely to be victims (Dempsey et al., 2009; Wang et al., 2009). In addition, girls reported with greater frequency that they felt their reputation was affected by the cyberbullying they experienced, that their concentration was affected, that it influenced their ability to make friends, and that it induced suicidal thoughts (Cassidy, Faucher, & Jackson, 2013). Boys are also more involved in direct bullying, while girls are more involved in indirect bullying; compared to girls, boys were likely to be more involved in physical and verbal forms (Dempsey et al., 2009; Olweus, 1993; Wang et al., 2009). Males reported being bullied by being hit, slapped, or pushed more frequently than did females; females more frequently reported being bullied through rumors or sexual comments (Nansel et al., 2001; Olweus, 1993).

Studies in other countries also report similar results with respect to gender differences. Across the United States, France, and Canada, boys report more physical bullying whereas girls report more relational bullying (Smith et al., 1999). In all countries surveyed, including the United States, France, and Canada, more boys than girls were victims of bullying, but in most countries sex differences were small (Due et al., 2005, 2008). Similarly, in France, girls were less involved in bullying than boys but most of the involved girls were victims (Houbre et al., 2006). Boys primarily played the “role” of aggressor (Craig, 1998; Houbre et al., 2006). In terms of cyberbullying, specifically, Canadian girls were more likely to experience cyberbullying victimization than boys, and girls were more likely to report suicidal ideation and plans than boys (Holfeld & Leadbeater, 2015; Sampasa-Kanyinga et al., 2014). Specifically, Canadian males, compared to their female counterparts, were more likely to be cyberbullies (Li, 2007).

Age

The pervasiveness of bullying tends to be higher among middle-school-aged students compared with high school students; the rates of being a victim decline with age. (Bhatta et al., 2014; Olweus, 1993; Schneider et al., 2012; Smith & Monks, 2008). Compared to 6th graders, 9th/10th graders were less involved in bullying for all types of bullying (Nansel et al., 2001; Wang et al., 2009). Adolescence and puberty may explain the peaking of prevalence rates of bullying in all forms during the middle school years (Wang et al., 2009). However, differences occur between cyber and school bullying; although cyberbullying decreased slightly from 9th grade to 12th grade, school bullying decreased by nearly half (Schneider et al., 2012). Older children were more likely to be cyberbullies, and indirect bullying often occurs among older children and adolescents (Raskauskas & Stoltz, 2007; Smith & Monks, 2008). On the other hand, older Canadian children scored higher on verbal aggression (Craig, 1998).

Race/Ethnicity

Similar to gender and age, there are racial and ethnic differences in bullying involvement. For example, African Americans were most likely and Asians least likely to be classified as bullies, Caucasians were more likely and Latinos least likely to be classified as victims, and African American youths were most likely to be classified as bully-victims (Juvonen et al., 2003). Similarly, compared to Caucasian adolescents, African-American adolescents were more involved in bullying perpetration but less involved in victimization; Hispanic adolescents were more likely to be physical bullies or cyber bully-victims (Nansel et al., 2001; Wang et al., 2009). Overall, African Americans and Hispanic males and females were less likely than white males and females to report being bullied (Mueller et al., 2015).

Risk Factors for Bullying

Even though sexual orientation, gender, age, and race can influence one's involvement in bullying, there are also a variety of risk factors that increase the likelihood of victimization. Low

family income and parental education, parental unemployment, urban setting, disadvantaged school area, chronic illness, internalizing psychopathologies, and peer relationship difficulties were the main characteristics significantly associated with peer victimization in France (Shojaei, Wazana, Pitrou, Gilbert, & Kovess, 2009). Typical victims are more anxious, insecure, cautious, sensitive, and quiet; they also suffer from low self-esteem (Olweus, 1993; Storch, Masia-Warner, Crisp, & Klein, 2005). Physical harm of children, in families across different cultures, may also be related to bullying behavior; children who were not physically harmed by a family member in their childhood had the lowest risk of being involved in bullying as children (Due & Holstein, 2008). Similarly, maltreated children were more often bullied than those not maltreated (Lereya, Copeland, Costello, & Wolke, 2015). Obese 8- to 11-year-old US children were more likely to be bullied as compared with their non-overweight peers (Lumeng et al., 2010). Youth who are socially isolated and rejected by peers may also be more likely targets for being bullied (Hodges & Perry, 1999; Nansel et al., 2001; Olweus, 1993). Victimized children may be weaker or less psychologically confident (Hodges & Perry, 1999; Nansel et al., 2001; Olweus, 1993; Smith & Monks, 2008). Hyperactive students who also have concentration problems may be at risk for being bullied (Olweus, 1993).

Several studies across the United States, Canada, and France support the idea that a poorer perceived school climate is significantly related to all three groups involved in bullying (bully, victim and bully-victim) (Harel-Fisch et al., 2010; Nansel et al., 2001). Strong relationships were found between French bullies and bully-victims and general school perception variables such as liking school, feeling I belong, and feeling safe, teacher–pupil relation variables such as teacher encourages students to express views, teacher treats students fairly, and teachers give extra help when needed, and rules and regulations variables such as rules are fair and students are treated too severely/strictly (Harel-Fisch et al., 2010). In particular, being a bully-victim was significantly associated with the greatest number of negative school perceptions (Harel-Fisch et al., 2010). These strong relationships between the cumulative number of negative school perceptions and the involvement in bullying are universal across almost all 40 countries (Harel-Fisch et al., 2010). A

negative school is also predictive of negative emotional health (Freeman et al., 2009; Olsen et al., 2014). Students in a low climate, high pressure atmosphere reported the most negative experiences of school, slightly lower levels of emotional well-being, and more psychosomatic symptoms; on the other hand, students in a medium climate, low pressure atmosphere indicated slightly better emotional health in terms of increased emotional well-being and fewer psychosomatic symptoms (Freeman et al., 2009). Schools with a negative environment, where teachers endorse attitudes that are dismissive of bullying occurrence, have been linked to increased risk for suicide attempts among sexual minority youth (Olsen et al., 2014). France and Canadian schools were found to have a medium climate, low pressure environment, whereas the United States had a low climate, high pressure atmosphere; this shows that differences in school climate among countries may increase the likelihood of being bullied and mental health difficulties (Freeman et al., 2009). Overall, globally there was less bullying in schools that are perceived as safer and that have more positive student-teacher relationships; efforts to increase student engagement in school and connectedness to teachers may promote a climate in which school and cyberbullying are less likely to occur (Richard et al., 2012; Schneider et al., 2012).

Mental Health and Bullying

Definitions

Mental health has been defined in various ways. A number of studies define mental health in terms of depression and its symptoms (Cénat et al., 2014, 2015; Due et al., 2005; Hay, Meldrum, & Mann, 2010; Juvonen et al., 2003; Klomek et al., 2007; Marini, Dane, Bosacki, & YLC-CURA, 2006; Mueller et al., 2015; Nansel et al., 2001; Price et al., 2013; Sampasa-Kanyinga et al., 2014; Schneider et al., 2012). The diagnostic criteria for Major Depressive Disorder is five or more of the following symptoms present during the same two week period and represents a change from previous functioning: depressed mood, markedly diminished interest or pleasure in all or most activities, significant weight loss or gain or a decrease or increase in appetite, insomnia or hypersomnia,

fatigue or loss of energy, feelings of worthlessness or excessive or inappropriate guilt, diminished ability to think or concentrate or indecisiveness, and recurrent thoughts of death, suicidal ideation without a specific plan, or suicidal attempts or a specific plan for suicide; these symptoms must occur for most of the day, nearly every day (American Psychiatric Association, 2013). Mental health has also been defined in terms of anxiety (Craig, 1998; Dempsey et al., 2009; Juvonen et al., 2003; Price et al., 2013; Shojaei et al., 2009); the diagnostic criteria for Generalized Anxiety Disorder is excessive anxiety and worry, that is difficult to control, about a number of events/activities, occurring more days than not for at least 6 months (American Psychiatric Association, 2013). It is also associated with three or more symptoms: restlessness, easily fatigued, difficulty concentrating, irritability, muscle tension, and sleep disturbances; it significantly disturbs or impairs functioning (American Psychiatric Association, 2013). Lastly, nonsuicidal self-injury has been defined as when within the past year, an individual has, on five or more days, engaged in intentional self-inflicted damage to the surface of the body to induce bleeding, bruising, or pain; one engages in this behavior to obtain relief from a negative feeling or cognitive state, to resolve interpersonal difficulties, or to induce a positive feeling state (American Psychiatric Association, 2013).

Who is affected?

Regardless of race/ethnicity or gender, sexual minorities are more vulnerable to poor mental health outcomes than are sexual majorities; in particular, sexual minority males and females were significantly more likely than their white heterosexual peers to report suicidal ideation (Mueller et al., 2015). Mental health issues were also prominent among sexual-minority youth in Canada. In particular, sexual-minority youth were more likely to experience psychological distress, low self-esteem and suicidal ideations (Cénat et al., 2015). Mental health challenges were up to two times more prevalent among sexual-minority youth who have experienced cyberbullying or homophobic bullying (Blais et al., 2014). Lower self-esteem has been associated to physical dating violence victimization among males, suicidal ideation, suicidal attempts, and criminal convictions;

the relationship between homophobic bullying and self-esteem is partially mediated by internalized homophobia among sexual minority youths (Blais et al., 2014).

In addition to the LGBTQ community, gender and ethnicity also influence mental health. Among girls, any involvement in bullying behaviors was associated with a higher risk for depression and suicide attempts; however, boys who bullied others infrequently were not at a higher risk for depression or suicide attempts (Klomek et al., 2007). In addition, Canadian girls had a significantly higher prevalence of psychological distress and lower self-esteem than boys (Cénat et al., 2014, 2015). In terms of ethnicity, African American females were significantly more likely to report suicidal ideation than their white peers (Mueller et al., 2015).

With respect to specific involvement in bullying, bullying victims, bullies, and bully-victims are at risk of a number of mental health, social, and interpersonal issues (Bhatta et al., 2014; Juvonen et al., 2003; Kubiszewski et al., 2015; Nansel et al., 2001; Price et al., 2013). For example, youths who are bullied are more likely to report depression, low self-esteem, poor school performance, and suicide attempts; being bullied is also associated with higher odds of suicidal ideation, regardless of an adolescent's gender, race/ethnicity, or sexual orientation (Cénat et al., 2015; Mueller et al., 2015). Victims of all three forms of traditional bullying and cyberbullying also had significantly higher scores for depression and anxiety than non-victims (Price et al., 2013). Similarly, bullying victimization was consistently associated with an increased likelihood of psychological distress across all measures from depressive symptoms and suicidal ideation to reports of self-injury and suicide attempts; this relationship was strongest among students who were victims of cyber and school victimization (Hay et al., 2010; Klomek et al., 2007; Schneider et al., 2012). Relational victimization predicted symptoms of social phobia one year later (Storch et al., 2005). However, another study found that cyber victimization was only weakly associated with symptoms of social anxiety, not depression (Dempsey et al., 2009). The prevalence of suicidal ideation among adolescents reporting ever being bullied in school was 30.0% compared with 13.8% among those

who did not report being bullied; the prevalence of suicide planning among adolescents reporting ever being bullied in school was 20.2% compared with 8.0% among those who did not report being bullied (Bhatta et al., 2014). Another study, involving young girls, found that the vast majority of them indicated feeling sad, hurt, or rejected as a reaction to peer victimization; these girls also often internalized the insults that were directed at them, even when they knew that the insult was not true or that the insult was intended to harm them (Casey-Cannon, Gowen, & Hayward, 2001). However, the influence of cyber bullying on self-harm and suicidal ideation was significantly greater for males (Hay et al., 2010). Students who were bullied also had academic issues; they were likely to miss school, obtain low marks, and have poor concentration (Beran & Li, 2007).

These mental health problems also occur cross-culturally. There was a greater prevalence of psychological distress and low self-esteem among Canadian victims of cyberbullying than non-victims (Cénat et al., 2014). Similarly, several correlates have been identified among Canadian youth victims of cyberbullying and school bullying, such as increased depression, suicidal ideation, and suicide attempts; the effects of cyberbullying victimization on suicidal ideation, plans and attempts were fully mediated by depression (Sampasa-Kanyinga et al., 2014). Depression also fully mediated the relationship between school bullying victimization and suicide attempts (Sampasa-Kanyinga et al., 2014). However, French victims of school bullying had greater internalizing problems than cyber victims (Kubiszewski et al., 2015). In reference to indirect victimization, Canadian victims reported a higher level of depression and peer relationship difficulties and a lower level of positive emotionality than did bullies and uninvolved adolescents; victims also reported more angry coping behaviors and a greater level of maternal alienation than did uninvolved students (Marini et al., 2006). In reference to direct victimization, victims reported lower self-esteem and a higher level of depression and activity level than did noninvolved adolescents (Marini et al., 2006). A Canadian study found that victims reported significantly higher anxiety than bullies (Craig, 1998). Within all countries including the U.S., France, and Canada, a consistent pattern of associations of psychological symptoms with bullying existed with high levels of mental health symptoms for both boys and girls; these mental

health symptoms include feeling left out, bad temper, feeling helpless, feeling nervous and low, difficulties in getting to sleep, morning tiredness, and loneliness (Due et al., 2005).

Bullies are also at risk for a number of mental health issues. More than half of youths who qualified as traditional bullies and cyberbullies had clinically significant anxiety scores and clinically significant depression (Price et al., 2013). Similarly, students, who were bullies, were at a significantly higher risk for serious suicidal ideation and suicide attempts compared with students who were never bullies (Klomek et al., 2007). Students who frequently bullied others were three times more likely to be depressed; students who bullied others infrequently were two times more likely to be depressed (Klomek et al., 2007). In addition, school and cyber bullies, in France and the United States, had the highest scores for antisocial behaviors and conduct problems, in particular alcohol use, smoking, and poorer academic achievement (Kubiszewski et al., 2015; Nansel et al., 2001). In reference to indirect and direct bullying, Canadian bullies exhibited normative beliefs that were more tolerant of antisocial behavior than did victims and uninvolved students; bullies reported more angry coping behaviors and had higher levels of maternal alienation than uninvolved students (Marini et al., 2006). However, according to the results from a study by Juvonen et al. (2003), bullies reported the lowest and victims reported the highest levels of depression, social anxiety, and loneliness. A study in France also confirmed that bullies had the best self-concepts and the most global self-worth (Houbre et al., 2006).

Lastly, bully-victims experience a great amount of psychological issues as well. French bully-victims have a greater risk of developing multiple psychopathologies, including conduct and anxiety disorders (Shojaei et al., 2009). Bully-victims are also by far the most socially ostracized by their peers, most likely to display conduct problems, least engaged in school, and they reported elevated levels of depression and loneliness (Juvonen et al., 2003; Nansel et al., 2001). According to a study by Nansel, Craig, Overpeck, Saluja, and Ruan (2004), bully-victims reported levels of emotional adjustment, relationships with classmates, and health problems similar to those of victims, with

levels of school adjustment and alcohol use similar to those of bullies. French bully-victims obtained the lowest scores on dimensions related to self-control, social competence, and global self-worth (Houbre et al., 2006). In reference to indirect and direct bullying and victimization, Canadian bully-victims reported a higher level of depression, a lower level of self-esteem and positive emotionality, and more peer relationship difficulties than did bullies and uninvolved adolescents; bully-victims also reported more angry coping behaviors and a greater level of maternal alienation than did uninvolved students (Marini et al., 2006).

None of these studies have found or even sought evidence of adverse mental health effects; all of the data, that researchers have discovered, was correlational. Disagreement also exists with respect to defining mental health. Some researchers have defined mental health in terms of clinical disorders, such as depression or anxiety, and their symptoms, such as poor school performance and low self-esteem. On the other hand, others have defined mental health in vague terms, such as psychological distress and internalization of behaviors.

Bullying Interventions

Given the wide range of associated social and emotional correlates, influencing not only individual development but also success in the peer group and academic context, a comprehensive, systemic approach is needed to address bullying (Nansel et al., 2004; Olweus, 1993). Intervention programs have demonstrated an effect on diminishing bullying within the school environment (Due et al., 2005; Harel, 1999). In 1994, the U.S. implemented a national program to reduce youth violence; in 1998, the U.S. had significantly lower rates of youth violence (Harel, 1999). Even though several intervention programs have been successful in reducing bullying, researchers argue over which aspects they should emphasize to reduce bullying. A study by Casey-Cannon et al. (2001) emphasizes, given the fact that few participants involved an adult with bullying, that there is a need for accessible resources and support for students feeling victimized. Interventions must be developed that educate teachers about the nature and consequences of peer victimization (Storch

et al., 2005). In addition, counselors can use their familiarity with students' experiences to work with teachers and administration to respond appropriately and structure classroom experiences that promote kindness, cooperation, and communication (Olweus, 1993). For the school level, there can be a school conference day on bullying problems, better supervision during breaks, a more attractive school playground, parents meeting staff, teacher groups for the development of the school climate, and parent circles (Olweus, 1993). For the class level, there can be class rules against bullying: clarification, praise, and sanctions, regular class meetings, role playing, cooperative learning, and common positive class activities; lastly, for the individual level there can be serious talks with bullies, victims, and their parents, help from bystanders, help and support for parents, discussion groups for parents of bullies and victims, and change of class or school (Olweus, 1993). On the other hand, other researchers support interventions that target vulnerable students. According to a study by Evans and Chapman (2014) there is a need for creating comprehensive interventions with a focus on promoting acceptance of LGB youth and discouraging homophobic name calling. Anti-bullying programs that specifically address sexual minority students may benefit all students and reduce peer victimization (Olsen et al., 2014). Specifically, gay-straight alliances (GSAs) are a way to improve school climate for sexual minority students; the presence of GSAs in schools has been shown to reduce truancy, violent incidents, and health risk behaviors including cigarette smoking, drinking alcohol, suicide attempts, and having sex with casual partners among all students, especially sexual minority students (Olsen et al., 2014). Interventions that address obesity at both the individual and community levels are needed as well (Lumeng, 2010). Socially anxious adolescents may benefit from social skills and assertiveness training that aid them in coping with bullies (Storch et al., 2005). A suicide prevention and intervention component is essential within comprehensive bullying programs implemented in schools (Bhatta et al., 2014; Hinduja & Patchin, 2010). According to Mitchell, Jones, Turner, Shattuck, and Wolak (2015), those seeking to prevent the most detrimental forms of bullying should focus less on cyberbullying and instead focus on traditional bullying and victims of mixed incidents.

Canada and France also have researchers who disagree on which aspects are crucial in reducing bullying. Certain Canadian studies emphasize the role of peers in intervention programs, considering that the majority of bullying occurs before peer witnesses (Beran et al., 2007; Li, 2007; Sampasa-Kanyinga et al., 2014). Enhancing awareness of bullying among schoolchildren is therefore a crucial step towards preventing bullying (Sampasa-Kanyinga et al., 2014). Other studies emphasize the role of adults in bullying interventions. There is a need to address depression among Canadian victims of bullying to prevent the risk of subsequent suicidal behaviors; it is crucial to provide suicide prevention training to teachers and parents to help them identify symptoms related to depression (Sampasa-Kanyinga et al., 2014). French adults should be provided with specific knowledge about working with adolescents; for example, a series of conferences should be held on the psychosociology of aggression and adolescent psychology directed by psychologists specialized in these areas (Mallet & Paty, 1999). Interventions should focus on the training of school personnel to solve conflicts and negotiate (Smith et al., 1999). Clinical services should address not only the externalizing problems but also the internalizing issues of bully-victims (Marini et al., 2006). However in order to act with personnel so that they can act more effectively with the students, one must have a maximum of staff participation (Mallet & Paty, 1999). Lastly, a Canadian study emphasizes the importance of taking into account gender and sexual orientation variations in efforts to prevent bullying and its consequences (Cénat et al., 2015).

Conclusion

Bullying, with its many definitions and types, has serious associations with the mental health of children and teens from the United States, France, and Canada. Researchers have found that 33% and 25.9% of students reported being a victim of some type of traditional bullying (Price et al., 2013; Schneider et al., 2012); this is more than a quarter of students who have been affected by bullying. On the other hand, 22.9% of teenagers in Quebec experienced cyberbullying in the past year (Cénat et al., 2014, 2015). In terms of gender differences, boys were twice as likely as girls to be classified as

bullies, three times as likely to be classified as bully-victims, and almost twice as likely to be classified as victims (Juvonen et al., 2003). The prevalence of bullying also tends to be higher among middle-school-aged students compared with high school students (Bhatta et al., 2014; Olweus, 1993; Schneider et al., 2012; Smith & Monks, 2008). In terms of vulnerable populations, LGBTQ youth and white males and females are at an increased risk for bullying.

Victims, bullies, and bully-victims are at a high risk for mental health issues. For example, victims are more likely to report depression, low self-esteem, poor school performance, and suicide attempts (Cénat et al., 2015; Mueller et al., 2015). Similarly, students, who were bullies, were at a significantly higher risk for serious suicidal ideation and suicide attempts compared with students who were never bullies (Klomek et al., 2007). Lastly bully-victims were by far the most socially ostracized by their peers, most likely to display conduct problems, least engaged in school, and they also reported elevated levels of depression and loneliness (Juvonen et al., 2003; Nansel et al., 2001). These mental health problems also occur cross-culturally.

Many interventions have been proposed by many researchers however many researchers still disagree over which aspects they should emphasize to reduce bullying. Some studies have emphasized teachers and administration, whereas other studies have emphasized the importance of peer involvement. Lastly, some studies focused more on vulnerable populations, such as the LGBTQ community, instead of focusing on students in general. Overall, a comprehensive multi-faceted program is needed to reduce bullying and mental health effects. Several problems also occur with respect to defining bullying. Even though most researchers have come to a common definition for bullying, the aspect of repetition raises some important questions. If an intentional negative act is performed by a person with greater strength than the victim, shouldn't it be considered bullying? If a person bullies someone only a couple times and then stops, it may have affected the victim, so why is this not considered bullying? Children, teenagers, and adults may also define bullying differently; a child may not consider an action as bullying that an adult would.

There are also issues related to mental health. Some studies define mental health as psychological distress, but they do not define psychological distress. Other studies define mental health as internalizing versus externalizing behaviors. However, which behaviors are considered internalizing and which are considered externalizing? There are also conflicting studies with bullies and mental health; some showed that there was no association between being a bully and depression, whereas other studies have found that bullies, not just victims, report high levels of depression. Is depression truly a problem among bullies?

Lastly, problems also occur with respect to methodological design. All of the studies that I have found used self-report and correlational designs. A problem with self-report surveys is reactivity, which occurs when individuals alter their performance or due to the awareness that they are being observed; individuals may not answer questions honestly due to fear of punishment or wanting to please the researcher. The surveys utilized may also have been unreliable or invalid. A problem with correlational designs is that there are no cause or effect relationships to be found; associations can only be discovered. As a result, it is not clear whether bullying causes mental health effects, whether mental health effects cause bullying, or whether a third variable is involved. Future studies should focus on experimental designs and longitudinal studies.

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