Research Article

Enforcing a Positive Psychology Approach to Mitigate Bullying: Findings among U.S. Children and Adolescents from the National Survey of Children's Health

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Bullying is a critical and prevalent public health concern, especially as youth exposure to violence continues to considerably impact families and the community as a whole. While much is known about prevalence and reasons of victimization, features and short- and long-term effects of bullies and victims, there is little research that looks at a positive psychology approach to mitigate bullying. The current study will evaluate the prevalence of bullying perpetration and victimization and assess the mitigating effects of positive psychology constructs on bullying U.S. children and adolescents through the existing publicly available secondary dataset from the National Survey of Children's Health (NSCH) conducted by the Centers for Disease Control and Prevention (CDC) from 2018 to 2019.

Key Words: *Bullying; Positive psychology; Victimization; Flourishing; Resilience*

INTRODUCTION

Bivariate analyses revealed that bullying perpetration was positively associated to bullying victimization, to interest and curiosity in learning new things, and to staying calm and in control when faced with a challenge, and negatively associated to finishing tasks started, flourishing, and familial resilience. Bullying victimization was positively correlated to staying calm and in control when faced with a challenge and negatively correlated to finishing tasks started, flourishing, and familial resilience. As an approach to positive psychology continues to gain promising results in numerous contexts such as better mental health and life satisfaction, understanding the potential linkages between positive psychology and bullying is crucial in overcoming this preventable public health problem. Enforcing a Positive Psychology Approach to Mitigate Bullying: Findings among U.S. Children and Adolescents from the National Survey of Children's Health [1].

Youth exposure to violence, and specifically, bullying, is a significant problem, especially in the U.S. Recent research from the U.S. Department of Education (DOE), has shown that 20% of all students have reported being bullied with male children more likely to be physical bullied, while female children more likely to be emotionally bullied [2-6]. This subsequently has led bullying to be considered a critical and prevalent public health concern, especially as youth exposure to violence continues to considerably impact families and the community as a whole [4]. Furthermore, while much is known about prevalence and reasons of victimization, features and short- and long-term effects of bullies and victims, there is little research that looks at a positive psychology approach (i.e., psychological field of study that emphasizes on promoting thriving and prospering) to mitigate bullying. Given the extensive pervasiveness, its detrimental and damaging effects, and its correlations with other challenging behaviors, better understanding of bullying is needed. Even more, as an approach to positive psychology continues to gain recognition and promising results, understanding the potential relationship between positive psychology and bullying is crucial in undertaking this major public health problem [7,8].

Bullying: A prevalent public health concern

Bullying is defined as a prevalent and intentional misuse and misappropriation of power and control (i.e., individual or group) through recurrent behavior (i.e., physical, verbal, social) that causes injury (i.e., emotional, physical, social). Types of bulling include emotional and physical forms such as threats, teasing, social exclusion, hazing, and taunting. According to Wang, Nansel, and Iannotti bullying does not occur in an isolated form as bullying can be symptomatic of rule breaking patterns commonly associated to antisocial behaviors. Due to its complexity, bullying can be found in numerous contexts, and its pervasiveness is very evident in school settings found that across multi-country research, 29% of their young school sample was exposed to bullying, whether as a bully themselves, a victim, or both the bully and victim. Most recently, according to Modecki, Minchin, Harbaugh, Guerra, and Runions, meta-analytical findings revealed that bullying rates for adolescents differed from 9% to 98% [2,4,5,7-11]

Bullying has been associated with suicidal ideation and thoughts, alcohol and substance abuse, school absenteeism, poor psychological well-being and functioning, increased low self-esteem, decreased quality of life, and future criminal behavior. Inequalities in bullying have also been studied, and research has shown that young children and adolescents from minority ethnic backgrounds, religious beliefs, and sexual orientation, are more susceptible to bullying than their counterparts. The impact of bullying produces both short- and long-term effects, for perpetrators, victims/ survivors, and bystanders. Individuals who experience bullying have shown a decrease in sleeping and eating, increase in psychological symptoms and behaviors (e.g., anxiety, depression), decrease academic success, and increase in maladaptive behaviors and feelings of isolation, withdrawal, and further victimization furthermore, children and adolescents who have been bullied are more likely to feel negative about themselves and feel less likely to be familial and social supported. In terms of physical symptoms, children and adolescents who have been bullied are more likely to suffer from physical aches such as headaches and stomachaches .All this has produced a need to understand bullying in efforts to reduce and counteract this preventable problem. There is little research that looks at a positive psychology approach

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to mitigate bullying. As an approach to positive psychology continues to expand and receive promising results, understanding the potential relationship is imperative in overcoming this major public health concern [2,3,7-13].

Positive psychology approach and its constructs

Positive psychology is the scientific branch of psychological study that focuses on the character behaviors, constructs, and strengths that promote individual and communities flourishing. According to Norrish and Vella-Brodrickn "positive psychology aims to contribute to a comprehensive approach to mental health by adding an investigation of positive emotions and human strengths to existing knowledge on mental illness and dysfunction"(275).Through a positive psychology approach, individuals are able to move beyond enduring to thriving, and build and lead a life with meaning and fulfillment through, promote and foster what is best within themselves [14-16].

Numerous studies have reviewed the impact of positive psychology within a variety of contexts such as school settings, workplace environments, the military and interpersonal relationships. Positive psychology constructs (e.g., resilience, optimizing, grit, hardiness) have been linked to several health outcomes such as positive well-being, better quality of life and life satisfaction, better mental health and decrease in depression and anxiety, better physical health, and academic achievement. Most recently, research has begun to review the impact of some positive psychology constructs on bullying, including interventions with a positive psychology framework. For example, research has shown that a resilience approach to bullying interventions has shown promising results in that children who were more resilient were less likely to be distressed about the bullying and were more likely to display more emotional reactivity than children who were less resilient. Another study that evaluated a more general positive psychology approach in confronting bullying revealed that individuals who were in positive psychology interventions were exposed to less bullying and reported higher levels of well-being but not overall mental health. In approaching a public health problem such as bullying through a positive psychology framework, to help children and adolescents in reducing bullying and its perpetration, preventing victimization and short- and long-term effects, and help support and facilitate an environment that is flourishing and promising. More work is needed to better assess the relationship between positive psychology and bullying for efforts to prevent the widespread form of youth violence by evaluating this approach for best outcomes and lessen harms and prevent future risk [14,16-20]

Current study

Bullying is a critical and prevalent public health concern that impacts families and the community [7]. According to the Middeck, almost 1 in 5 adolescents are bullied on school property and social media continues to expand, almost 1 in 7 adolescents are bullied on social media platforms. While research has evaluated the prevalence and reasons of victimization, features and short- and long-term effects of bullies and victims, more work is needed to focus on a positive psychology approach to mitigate bullying. As an approach to positive psychology continues to gain promising results in numerous contexts such as better mental health and life satisfaction, understanding the potential linkages between positive psychology and bullying is crucial in overcoming this preventable public health problem [11,15]. The current study will evaluate the prevalence of bullying perpetration and victimization and assess the mitigating effects of positive psychology constructs on bullying in U.S. children and adolescents through the existing publicly available secondary dataset from the National Survey of Children's Health (NSCH) conducted by the Centers for Disease Control and Prevention (CDC) [1-5].

MATERIALS AND METHODS

This study was a retrospective analysis existing publicly available secondary dataset to evaluate the prevalence of bullying perpetration and victimization and assess the mitigating effects of positive psychology constructs on bullying in U.S. children and adolescents.

Participants

This study employed the existing publicly available secondary dataset from the NSCH conducted by the CDC [1]. The responders of the survey were randomly selected and contacted in efforts to evaluate only adults who were parents or guardians of at least 1 child; if the adult met inclusion, only one child was selected to be the participant of NSCH. While a total of 59,963 surveys were conducted between those two years, this study only utilizes surveys that included participants who were children and adolescents between the ages of 6–17 years and had no missing data in terms of whether the child was bullied or was a bully. This reduced the NSCH surveys to 42,705with participants who were 6-9 years old (n=11,562,27.1%), 10-13 years old (n=13,901,32.3%), and 14-17 years old (n=17,582,40.6%). Participants were either male (n=22,242,52.1%) or female (n=20,463,47.9%) children and adolescents. Most came from a household with English as their primary language (n=39,938,93.5%) as compared to other languages (n=2,767,6.5%); most participants were White, Non-Hispanic (n=29,695,69.5%), Hispanic (n=5,020,11.8%), Other/multi-racial, non-Hispanic (n=5,154,12.1%), and Black, non-Hispanic (n=2,836,6.6%). Table 1 presents state-level data of total number of respondents.

Material

National Survey of Children's Health (NSCH). The NSCH is a statewide survey conducted by the CDC that evaluates parent-reported aspects of their child's physical and mental health, health care quality and access, and familial and social support. Survey was completed [1]. This study utilized only a small portion of the NSCH that focused on bullying(dichotomous variables: (1) bullying perpetration (i.e., a child bullying, picking on, or excluding children), (2) bullying victimization (i.e., a child being bullied, picked on, or excluded by children, and (3) both bullying perpetration and victimization) and positive psychology constructs (variables: (1) showing interest and curiosity in learning new things, (2) finishing tasks started, (3) staying calm and in control when faced with a challenge, (4) flourishing, (5) making and keeping friends,(6) overall familial resilience).

Procedure

The current study evaluated the prevalence of bullying perpetration and victimization and evaluates the mitigating effects of positive psychology constructs on bullying U.S. children and adolescents through the existing publicly available secondary dataset from the NSCH conducted by the CDC [1]. A part of the data from the NSCH was utilized.

RESULTS

More than half of the participants (M=1.21,SD=0.41) reported that in the past 12 months, they never bullied others (78.8%), while the rest of the participants had bullied (21.2%). More than half of the participants (M=1.51,SD=0.50) reported that in the past 12 months, they never were bullied (49.1%), while the rest of the participants (50.9%) had reported being bullied (50.9%). About half of the participants (M=2.14,SD=0.89) reported that in the past 12 months, they never bullied others and never were bullied themselves (47.2%), while 1 out of 5 individuals (19.3%) who were 6 to 17 years old reported that that in the past 12 months, bullied and were bullied themselves. Previous research by Lebrun-Harris, Sherman, and Miller evaluated the prevalence of bullying victimization from the NSCH 2016-2017 data set; this study expanded on their work by utilizing 2018-2019 and include bully perpetration and both bullying perpetration and victimization [21]. The prevalence of bullying perpetration, by state, among individuals who were 6 to 17 years old ranged from 105 individuals located in Hawaii to 269 individuals located in Wyoming. The prevalence of bullying victimization, by state, among individuals who were 6 to 17 years old ranged from 269 individuals located in Hawaii to 546 individuals located in Idaho. The prevalence of bullying perpetration and victimization, by state, among individuals who were 6 to 17 years old ranged from 94

individuals located in Hawaii to 248 individuals located in Wyoming (Table 1).

	N (%) of respondents	N (%) of respondents whose parents reported bullying perpetration	N (%) of respondents whose parents reported bullying victimization	N (%) of respondents whose parents reported bullying perpetration and victimization
United States	42705	9045	21723	8232
Alabama	874 (2.0%)	165 (1.8%)	426 (2.0%)	154 (1.9%)
Alaska	778 (1.8%)	202 (2.2%)	411 (1.9%)	178 (2.2%)
Arizona	908 (2.1%)	175 (1.9%)	453 (2.1%)	156 (1.9%)
Arkansas	1022 (2.4%)	215 (2.4%)	528 (2.4%)	197 (2.4%)
California	820 (1.9%)	146 (1.6%)	367 (1.7%)	133 (1.6%)
Colorado	796 (1.9%)	193 (2.1%)	443 (2.0%)	177 (2.2%)
Connecticut	819 (1.9%)	144 (1.6%)	375 (1.7%)	129 (1.6%)
Delaware	813 (1.9%)	146 (1.6%)	372 (1.7%)	135 (1.6%)
DC	603 (1.4%)	126 (1.4%)	285 (1.3%)	112 (1.4%)
Florida	854 (2.0%)	120 (1.3%)	357 (1.6%)	112 (1.4%)
Georgia	916 (2.1%)	152 (1.7%)	451 (2.1%)	140 (1.7%)
Hawaii	705 (1.7%)	109 (1.2%)	269 (1.2%)	94 (1.1%)
Idaho	901 (2.1%)	241 (2.7%)	546 (2.5%)	221 (2.7%)
Illinois	804 (1.9%)	153 (1.7%)	362 (1.7%)	138 (1.7%)
Indiana	829 (1.9%)	191 (2.1%)	424 (2.0%)	170 (2.1%)
Iowa	835 (2.0%)	207 (2.3%)	468 (2.2%)	197 (2.4%)
Kansas	885 (2.1%)	225 (2.5%)	453 (2.1%)	200 (2.4%)
Kentucky	882 (2.1%)	167 (1.8%)	443 (2.0%)	152 (1.8%)
Louisiana	882 (2.1%)	184 (2.0%)	437 (2.0%)	160 (1.9%)
Maine	788 (1.8%)	180 (2.0%)	421 (1.9%)	166 (2.0%)
Maryland	811 (1.9%)	125 (1.4%)	377 (1.7%)	112 (1.4%)
Massachusetts	833 (2.0%)	147 (1.6%)	389 (1.8%)	131 (1.6%)
Michigan	802 (1.9%)	165 (1.8%)	409 (1.9%)	154 (1.9%)
Minnesota	805 (1.9%)	192 (2.1%)	432 (2.0%)	175 (2.1%)
Mississippi	935 (2.2%)	194 (2.1%)	456 (2.1%)	169 (2.1%)
Missouri	890 (2.1%)	217 (2.4%)	478 (2.2%)	201 (2.4%)
Montana	802 (1.9%)	218 (2.4%)	483 (2.2%)	197 (2.4%)
Nebraska	782 (1.8%)	204 (2.3%)	429 (2.0%)	182 (2.2%)
Nevada	806 (1.9%)	160 (1.8%)	371 (1.7%)	148 (1.8%)
New Hampshire	881 (2.1%)	168 (1.9%)	432 (2.0%)	152 (1.8%)
New Jersey	852 (2.0%)	118 (1.3%)	350 (1.6%)	99 (1.2%)
New Mexico	913 (2.1%)	180 (2.0%)	479 (2.2%)	164 (2.0%)
New York	797 (1.9%)	133 (1.5%)	355 (1.6%)	116 (1.4%)
North Carolina	881 (2.1%)	145 (1.6%)	446 (2.1%)	136 (1.7%)
North Dakota	806 (1.9%)	241 (2.7%)	470 (2.2%)	222 (2.7%)
Ohio	827 (1.9%)	162 (1.8%)	408 (1.9%)	145 (1.8%)
Oklahoma	933 (2.2%)	199 (2.2%)	483 (2.2%)	177 (2.2%)
Oregon	802 (1.9%)	179 (2.0%)	433 (2.0%)	166 (2.0%)
Pennsylvania	870 (2.0%)	161 (1.8%)	422 (1.9%)	150 (1.8%)
Rhode Island	855 (2.0%)	169 (1.9%)	400 (1.8%)	150 (1.8%)
South Carolina	877 (2.1%)	146 (1.6%)	436 (2.0%)	139 (1.7%)
South Dakota	805 (1.9%)	248 (2.7%)	488 (2.2%)	231 (2.8%)
Tennessee	818 (1.9%)	122 (1.3%)	407 (1.9%)	110 (1.3%)
Texas	841 (2.0%)	180 (2.0%)	403 (1.9%)	166 (2.0%)
Utah	798 (1.9%)	237 (2.6%)	491 (2.3%)	218 (2.6%)
Vermont	821 (1.9%)	210 (2.3%)	425 (2.0%)	192 (2.3%)
Virginia	820 (1.9%)	155 (1.7%)	426 (2.0%)	144 (1.7%)
Washington	788 (1.8%)	174 (1.9%)	423 (1.9%)	159 (1.9%)
West Virginia	900 (2.1%)	177 (2.0%)	463 (2.1%)	164 (2.0%)
Wisconsin	825 (1.9%)	209 (2.3%)	463 (2.1%)	194 (2.4%)
Wyoming	815 (1.9%)	269 (3.0%)	505 (2.3%)	248 (3.0%)

Table 1: Individuals located.

Prevalence of bullying perpetration, bullying victimization and both bullying perpetration and victimization among individuals who were 6 to 17 years old, by state and DC: National Survey of Children's Health.

In stratifying the sample by gender, 11.8% of respondents whose parents reporting bullying perpetration were males as compared to the 9.4% of females. Regardless of age, about 1 in 4 individuals between the ages of 6 to 17 reported bullying victimization. Lastly, about 1/10th (10.6%) of respondents whose parents reporting bullying perpetration and victimization were males as compared to the 8.7% of females? In stratifying the sample by age groups (i.e., 6-9 years old, 11-13 years old, 14-17 years old), 7.7% of individuals who were 6-9 years old reported bullying perpetration as compared to 7.3% of individuals who were 10-13 years old and 6.1 % of individuals who were 14-17 years old. In terms of bullying victimization, 18.1% of individuals were 10-13 years old while 16.6% were 6-9 years old and 16.2% were 14-17 years old. For respondents whose parents reported both bullying perpetration and victimization, 7.3% of them were 6-9 years old, 6.7% were 10-13 years old, and 5.3% were 14-17 years old.

Bivariate analyses revealed that bullying perpetration was positively associated to bullying victimization ($r=.42, p<.001$), to interest and curiosity in learning new things ($r=.02, p=.001$), and to staying calm and in control when faced with a challenge ($r=.03, p<.001$), and negatively associated to finishing tasks started ($r=-.02, p<.001$), flourishing ($r=-.08, p<.001$), and familial resilience ($r=-.01, p=.003$). Bullying victimization was positively correlated to staying calm and in control when faced with a challenge ($r=.03, p<.001$) and negatively correlated to finishing tasks started ($r=-.02, p<.001$), flourishing ($r=-.08, p<.001$), and familial resilience ($r=-.02, p=.002$). Bullying perpetration and victimization was positively associated to finishing tasks started ($r=.03, p<.001$), flourishing ($r=.06, p<.001$), and familial resilience ($r=.02, p<.001$) and negatively associated to staying calm and in control when faced with a challenge ($r=-.08, p<.001$).

Independent samples t-tests revealed that children whose parents reporting bullying perpetration were more likely to have interest and curiosity in learning new things ($M=1.82, SD=4.03$) ($t(42703)=3.38, p=.001$) and stay calm and in control when faced with a challenge ($M=2.63, SD=5.32$) (t

(42703)=-5.62,p<.001) as compared to their non-bullying counterpart. However, children whose parents reporting bullying perpetration were less likely to finish tasks started (M=2.51,SD=6.47) (t(42703)=3.82,p<.001), flourish (M=2.31,SD=1.66) (t(42703)=16.22,p<.001), and be exposed to familial resilience (M=3.74,SD=10.19) (t(42703)=2.93,p=.003) as compared to their non-bullying counterpart. More independent samples t-tests revealed that children whose parents reporting bullying victimization were more likely to have stay calm and in control when faced with a challenge (M=2.48,SD=5.41) (t(42703)=-5.66,p<.001) as compared to their non-victimized counterpart (M=2.17,SD=5.99). However, children whose parents reporting bullying victimization were less likely to finish tasks started (M=2.64,SD=8.23) (t(42703)=4.96,p<.001), flourish (M=2.45,SD=1.52) (t(42703)=15.96,p<.001), and be exposed to familial resilience (M=3.83,SD=10.29) (t(42703)=4.12,p<.001) as compared to their non-victimized counterpart. The last independent samples t-tests showed that children whose parents reporting bullying perpetration and victimization were more likely to have interest and curiosity in learning new things (M=1.82,SD=4.03) (t (22534)=-2.54,p=.011) and stay calm and in control when faced with a challenge (M=2.62,SD=5.14) (t (22534)=-2.67,p=.005) as compared to their non-non-bullying and non-victimized counterpart. However, children whose parents reporting bullying perpetration and victimization were less likely to finish tasks started (M=2.49,SD=6.25) (t(22534)=2.14,p=.033) and flourish (M=2.31,SD=1.72) (t(22534)=10.11,p<.001) as compared to their non-bullying and victimized counterpart.

DISCUSSION

Findings revealed 1 out of every 4 children and adolescents surveyed bullied within the past 12 months, 1 out of every 2 children and adolescents surveyed were bullied within the past 12 months, and 1 out of 5 individuals (19.3%) who were 6 to 17 years old reported that in the past 12 months, bullied and were bullied themselves. Findings from this study supported previous findings [7,6]. Additionally, this study also supported Lebrun-Harris's work in that Hawaii continued to present with the lowest prevalence of bullying victimization while Wyoming continued to present with the highest prevalence of bullying victimization [21].

Bullying is a prevalent and significant public health problem that continues to impact families and the community [2-5]. While research has evaluated the prevalence and reasons of victimization, features and short- and long-term effects of bullies and victims, more work is needed to focus on a positive psychology approach to mitigate bullying. By better understanding this positive psychology approach, researchers are more likely to better recognize how to decrease the possible vulnerability to bullying or measure the supplementary relationship on child and adolescent mental well-being. The more research that is conducted on positive psychology, the more likelihood to incorporate salient concepts of positive psychology into relevant contextual environments for research in the fields of epidemiology, mental health, medicine, and science. Incorporating these concepts can facilitate a significant and necessary approach to thinking about youth violence, and more specifically, bullying. According to Southwick, instead of focusing efforts and energy to the continued negative outcomes and impacts of adversity, a need to focus on the positive consequences that emerge from such hardship are as important, if not, more integral, to investigate and further examine. This potential paradigm shift could help move the mental health, epidemiology, medicine and science fields away from the typical "purely deficit-based model," to instead, models that focus on individualized strengths and positive human functioning (like positive psychology approach), which centers on the prevention and deterrence of dysfunction, and the facilitating of strengths and positive constructs in understanding and attending to psychopathology [7,14,16].

CONCLUSION

Further results showed that bullying perpetration was positively associated to bullying victimization, to interest and curiosity in learning new things, and to staying calm and in control when faced with a challenge, and negatively associated to finishing tasks started, flourishing, and familial resilience. Similarly, bullying victimization was positively correlated to staying calm and in control when faced with a challenge and negatively correlated to finishing tasks started, flourishing, and exposure to familial resilience. However, bullying victimization was not associated to interest and curiosity in learning new things. Interesting both bullying perpetration and bullying victimization is positively associate to staying calm and in control when faced with a challenge.

IMPLICATIONS

As bullying has been defined as an intentional misuse and misappropriation of power and control, there is potential justification that bullies might feel in control when faced with a challenge (i.e., the bullying encounter). However, unlike previous findings, victims of bullying also reported feeling calm and in control when faced with a challenge. The ability to flourish and the exposure of familial resilience were both negatively correlated to bullying victimization and perpetration. The lack of familial resilience could prevent the promotion of healthy coping in families, not allowing for the promise of protective and recovery factors – this could provide rationale behind the negative mental health impact of bullying.

LIMITATIONS

Several limitations could have influenced the results of this study. First, while this study evaluated aspects of their child's physical and mental health, health care quality and access, and familial and social support, the surveys were completed by the parent or guardian of that child. There is potential that the parent might not truly know whether their child is a perpetrator or victim (or both) of bullying. Second, due to the statewide distribution of this survey, there are many extraneous variables that might impact the results of this survey. For example, some students might not have been bullied because their school has different interventions to help support students and prevent bullying; other students might not understand the operationalization of perpetration or victimization to answer appropriately. Lastly, as the NSCH is a publicly available survey conducted by the CDC, the results of this study might not be a true representation of the nations this did not target children and adolescent who are homeless, incarcerated, or institutionalized.

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