

A Pilot Study on Effectiveness of Cyber Therapy Programme on Management of Cyber Bullying Experiences Among Adolescents, PSG College of Nursing, Coimbatore.

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Abstract: The rapid development and advancement of technology with cell phones and the internet worldwide, bullies are now able to expand their opportunities for school violence through the vastness of school and digital communication (Li, 2008).

Objectives: Assess the effectiveness of cyber therapy programme among adolescents.

Setting: The study was conducted at PSG College of nursing, Coimbatore.

Methods: Mixed Methods Research Designs. Descriptive Survey design and Pre Experimental Design - One-group Pre-Test/Post-Test Design. During the first day survey was assessed by General Cyber-Bullying Questionnaire. The sample size for the cyber bullying experiences was 83. During second day, purposive sampling technique was used to select the samples to study. The sample size was 5 for assessing the effectiveness of cyber therapy programme on management of cyber bullying experiences.

Results: 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.

Conclusion: The pilot study aided the investigator to check the feasibility of the tool/instrument of conducting the main study and also it helped to assess the duration for data collection in school and determine the method of statistical analysis.

Key words: Cyber Therapy, Cyber Bullying Experiences, Adolescent.

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I. Introduction

Adolescence, which has been conceptualized in terms of identity versus role confusion (Erikson, 1963) is a time of growth, development and change. Adolescents seek to discover and establish themselves; they are met with many challenges.

The rapid development and advancement of technology with cell phones and the internet worldwide, bullies are now able to expand their opportunities for school violence through the vastness of school and digital communication (Li, 2008).

Significance of the study:

Cyberbullying is defined as a series of recurring, intentionally aggressive behaviours that is carried out by a group or individual using electronic means. The aim of such behaviours is to threaten, embarrass or intimidate a victim who cannot easily defend himself or herself (Patchin &Hinduja, 2006; Smith, Madhavi, Carvalho &Tippett, 2006).

Youth culture is already struggling with social issues consisting of low self-esteem, dating violence, street harassments and other negative social phenomena in youth culture. One of the moist igniting cases of cyber bullying in our popular culture looks at the haunting suicidal death of Ms Megan Meier’s. As a result the Megan Meier’ Cyber bullying Prevention Act was implemented to prevent this in future and to bring awareness about cyber bullying and promote positive change (The Library of Congress, 2012).

Aim of the study:

The study aimed to assess the Effectiveness of cyber therapy programme on management of cyber bullying experiences among adolescents, PSG College of Nursing, Coimbatore.

Hypothesis:

There will be a significant difference in the pre and post test level of management of cyber bullying experiences among adolescents.

II. 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 College of Nursing, Coimbatore

Sample: A purposive sample of 83 adolescent children from IV year BSc Nursing

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.

III. Methods

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

where

$$r = \frac{\sum_i (x_i - \bar{x})(y_i - \bar{y})}{\sqrt{\sum_i (x_i - \bar{x})^2} \sqrt{\sum_i (y_i - \bar{y})^2}}$$

Where x and y are the means of x and y variables

Sx and Sy are the standard deviation of x and y variables

The reliability was obtained by conducting the test in the morning(x) and afternoon(y) to the same group of 83 students who were not included in the main study. The reliability score obtained was r = 0.98 which shows high correlation of scores at both the times. Hence all the tools used were considered reliable for proceeding with the pilot study.

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.

Ethical considerations:

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

IV. Techniques of data collection

Assessment Phase:

Subjects were approached and the purpose of the study was explained. They were given consent form to sign. During the first day survey was assessed by General Cyber-Bullying Questionnaire. Pre-test level of cyber bullying experiences assessed through questionnaire technique for 5 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.

Intervention Phase:

During second day, 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 week for those 5 samples.

Evaluation Phase:

Post-test level of cyber bullying experiences was assessed after one week.

Statistical analysis:

The data were prepared for analysis. Descriptive and inferential statistics were used to analyze the data.

V. Results

Table: 1 Frequency and percentage distribution of General Cyber-Bullying Questionnaire among adolescents
n= 83

S.NO	General Cyber-Bullying	No of frequency	Percentage
1	Mild cyber bullying experiences	78	93.97
2	Moderate cyber bullying experiences	5	6.02
3	Severe cyber bullying experiences.	0	0

The table 1 shows the 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. This means that those 6.02% have to be screened for the management of cyber bullying experiences and needed cyber therapy, the counseling services. Mean and standard deviation for the level of survey regarding General Cyber-Bullying Questionnaire among adolescents were 23.66 and 10.30.

Table: 3 Mean and standard deviation for the level of pre test regarding General Cyber-Bullying Questionnaire among adolescents n= 5

General Cyber-Bullying Experiences	Pretest	
	Mean	S.D
Multidimensional Scale of Perceived Social Support	50	1.58
Hospital Anxiety & Depression scale	48	10.85
Adult Attachment Scale	22	4.06
DSM IV Depression Check list	16.4	6.66
Children's Loneliness Questionnaire (revised)	22.6	2.41
UCLA Loneliness Scale	28.8	12.46
Overall	190.8	12.46

The table 3 shows the highest mean of 50 with SD 1.58 was obtained in multidimensional scale of perceived social support, mean of 48 with SD 10.85 was obtained in hospital anxiety & depression scale, mean of 22.6 with SD 2.41 was obtained in Children's Loneliness Questionnaire and the mean of 28.8 with SD 12.46 was obtained in UCLA Loneliness Scale, mean of 22 with SD 4.06 was obtained in adult attachment scale, the lowest mean of 16.4 with SD 6.66 was obtained in DSM IV depression check list.

The overall mean score 190.8 with SD 12.46 was obtained in the pre test General Cyber-Bullying Questionnaire among adolescents.

Table:4 Mean and standard deviation for the level of post test regarding General Cyber-Bullying Questionnaire among adolescents n= 5

General Cyber-Bullying Experiences	Post test	
	Mean	S.D
Multidimensional Scale of Perceived Social Support	53	3.54
Hospital Anxiety & Depression scale	57.8	11.07
Adult Attachment Scale	30	6.44
DSM IV Depression Check list	23.6	9.37
Children's Loneliness Questionnaire (revised)	41.6	7.77
UCLA Loneliness Scale	50.6	28.8
Overall	253.6	29.40

The table 4 reveals the highest mean of 53 with SD 3.54 was obtained in multidimensional scale of perceived social support, mean of 57.8 with SD 11.07 was obtained in hospital anxiety & depression scale, mean of 23.6 with SD 9.37 was obtained in DSM IV depression check list, mean of 41.6 with SD 7.77 was obtained in Children's Loneliness Questionnaire and the mean of 50.6 with SD 28.8 was obtained in UCLA Loneliness Scale the lowest mean of 30 with SD 6.44 was obtained in adult attachment scale,

The overall mean score 253.6 with SD 29.40 was obtained in the post test General Cyber-Bullying Questionnaire among adolescents.

Table: 5 Comparison of pre & post test level of General Cyber-Bullying Questionnaire among adolescents with all the five parts n= 5

Level of Cyber-Bullying Experiences	Mean	SD
Pre test	190.8	12.46
Post test	253.6	29.40

The table 5 shows the pre test mean score was 190.18 with SD 12.46. whereas the post tests mean score were 253.6 with SD 29.40

VI. Discussion

The present study results indicated that there is effectiveness of cyber therapy programme on management of cyber bullying experiences among adolescents. The current 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 similar study was conducted on prevalence and patterns of traditional bullying victimization and cyber-teasing among college population in Spain. 543 sixth-grade students were selected as sample. A total of 62.2% of the students reported to be having suffered traditional bullying victimization and 52.7% reported that they had been subject to cyber-teasing. Most (65.7%) of the victims were at the same time cyber-teasing victims; 77.6% of cyber-teasing victims were also victimized in a different manner. Caravaca S'anchez et al (2016). The investigators have found a way for the main data collection using this tool.

VII. Conclusion

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.

VIII. Recommendations

- Parenting teaching sessions on care of children from cyber bullying can be arranged through PTA meetings
- Teaching programme on management of cyber bullying experiences can be provided to children and adolescents from school age onwards.
- Awareness to be created more on the measures to be taken during cyber bullying through mass media.
- Nurses can include such topic for school health programmes.

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