

Cyberbullying and internet safety: a survey of child and adolescent mental health practitioners

Aoife Lonergan^{1,2,*}, Amy Moriarty³, Fiona McNicholas^{1,4,5} and Triona Byrne⁶

¹ St. John of God Hospitaller Services, Lucena Clinic Child and Adolescent Mental Health Service, County Dublin, Ireland

² Children's Health Ireland at Temple Street, Temple Street, Dublin 1, Ireland

³ University College Dublin, Belfield, Dublin 4, Ireland

⁴ OLCHC, Crumlin, Dublin 12, Ireland

⁵ Department of Child & Adolescent Psychiatry, UCD, Dublin 4, Ireland

⁶ UCD Student counselling service, Belfield, Dublin 4, Ireland

Objectives: Cyberbullying is increasingly recognised as a threat for young people's mental health. Young people and their families may not know how to stay safe online or how to respond following unsafe internet experiences. This study aimed to examine Child and Adolescent Mental Health Service (CAMHS) staff perceived knowledge, practice and attitudes towards cyberbullying (CB) and internet safety (IS), and their training needs.

Methods: A descriptive, survey design was used. 59 CAMHS clinicians completed a study specific online survey examining their knowledge, practice, attitudes and training needs regarding CB and IS. Frequency and descriptive statistics were conducted on participant responses.

Results: Clinicians reported that risky internet behaviour and CB were frequent experiences reported by youth attending their clinical practice. Professionals were aware of potential adverse effects on the young person, including social withdrawal, low self-esteem, anxiety, self-injurious behaviour and suicidal thoughts. Training for young people on online behaviour and good digital citizenship skills was a highly endorsed preference. The majority of respondents felt CAMHS staff have a role in supporting families and managing IS and identified training and resource materials as strategies to assist them in this regard.

Conclusions: Findings support a need for clinicians to regularly inquire about internet use, safety and adverse online experiences. The ongoing development of resources and training in CB and IS for CAMHS clinicians, children and caregivers is necessary. Further research is warranted due to the small sample size and the subjective nature of the current study.

Received 14 August 2020; Revised 10 July 2021; Accepted 19 August 2021; First published online 28 September 2021

Key words: Child and Adolescent Mental Health, Cyberbullying, internet safety.

Cyberbullying (CB) has become a key concern for teachers, parents and educational policy makers worldwide (O'Moore, 2012). As it is constantly evolving, there is no universally accepted definition of CB, making it difficult to capture across studies (Kwan *et al.* 2020). Generally, CB has been defined as intentional and repeated harm inflicted on an individual via electronic devices that can have a significant impact on mental health (Tokunaga, 2010; Le *et al.* 2017). The internet has become a central part of daily life for young people and adults. It brings many benefits such as access to; educational information, resources, the development/maintenance of friendships with peers and an outlet for creativity (Dowdell, 2013; Hartanto *et al.* 2020). With the evolution of the internet, bullying and risk taking behaviours are now moving online including, contact with strangers, sexual messaging

(‘sexting’) and pornography (Livingstone & Smith, 2014). Technology has removed the schoolyard boundaries from traditional bullying (TB) and expanded the problem to the borderless cyber world (Diamanduros *et al.* 2008).

There is a wide range of CB prevalence rates reported in the literature, partly contributed to by variations in CB definitions. With this understanding, Zhu *et al.* (2021) conducted a systematic review of global research and found that rates of CB ranged from 13.99–57.5% across 63 studies of children and adolescents. Reporting on 994 Irish children aged 9–16 years, O'Neill *et al.* (2011) found that a small proportion (4%) were bullied online, or by mobile phone with teenagers experiencing the greatest levels of CB (9%). In their meta-analysis of 39 TB and CB studies in Irish primary and secondary schools, Foody *et al.* (2017) found that TB (26.1%; nine studies) was twice as high as CB (13.7%; three studies) in primary schools. Rates of CB (9.6%; seven studies) were also less than TB (12.4%; 16 studies) in secondary schools, but the

*Address for correspondence: Dr. Aoife Lonergan, Senior Clinical Psychologist, Children's Health Ireland at Temple Street, Temple Street, Dublin 1. (Email: aoife.lonergan@cuh.ie)

difference was non-significant. The majority of studies in Foody *et al.*'s. (2017) meta-analysis focused on non-clinical samples with the exception of Dyer & Teggart (2007) who examined Child and Adolescent Mental Health Service (CAMHS) clients in Northern Ireland. Dyer and Teggart (2007) found that 62.5% of participants said that bullying experiences played a moderate-very important role in their CAMHS attendance. However, this study was not specific to CB.

Research has identified several possible negative effects stemming from CB victimisation, such as depression, poor self-esteem, anxiety, suicidal ideation, psychosomatic problems and school absenteeism (Patchin & Hunduja, 2010; Tokunga, 2010; Agatson *et al.* 2012; Menesini & Nocentini, 2012; Olweus, 2012; Kowalski *et al.* 2012; Smith, 2012). In assessing how young people cope with CB, McLoughlin (2019) surveyed 229 adolescents in an Australian community sample. Findings indicated that the greater the level of CB experienced the less active coping intentions and higher symptoms of depression, anxiety and stress were present (McLoughlin, 2019). In this way CAMHS staff may have a key role in identifying and promoting effective coping skills in response to CB.

In their systematic review, Bottino *et al.* (2015) found that CB was associated with depressive symptoms, substance use and suicidal ideation/behaviour in adolescents, making it important for CAMHS. Biddle *et al.* (2018) explored the suicide-related online behaviour of young adults in a community sample or attending hospital emergency departments with self-harming behaviour. Patients who self-harmed demonstrated internet use centred on researching suicidal methods with avoidance of online help (Biddle *et al.* 2018). The authors argued that understanding suicide-related internet use may benefit clinicians in assessing risky online behaviour and promoting internet safety (IS) (Biddle *et al.* 2018). In addition, John *et al.* (2018) reviewed 33 CB studies with children and adolescents and identified a correlation between experiencing CB and self-harm/suicidal behaviours. However, it is possible that CB may worsen difficulties already present in vulnerable populations rather than directly leading to self-harm/suicidal behaviours (Hinduja & Patchin, 2009).

Internet risk behaviours found to cluster together in an adolescent population include the posting of personal information, corresponding online with an unknown person, meeting the person(s) offline, online harassment, accessing online sex sites and overriding internet blocks (Lenhart *et al.* 2007; Mitchell *et al.* 2008; Dowdell *et al.* 2009). Juvonen and Gross (2008) found that 90% of 1454 12–17 year olds would not tell adults about their online experiences while O'Moore (2012) found that only 1% of witnesses to CB would tell

an adult. This is in contrast to O'Brien & Moules (2013) who found that 78% of 473 young people surveyed sought support by talking to their parents. These findings highlight the importance of equipping parents with the knowledge to support their children to manage risks online. CAMHS staff may be well placed to support parents in this regard.

Mieczynski (2011) surveyed the experiences of mental health professionals in the United States of America with CB and problematic internet experiences of child and adolescent clients. Over half of respondents had at least one client who experienced online harassment/CB ($n = 45$, 54.8%). However, only 10% of respondents assessed problematic internet experiences during the intake assessment (Mieczynski, 2011). Therefore, the reported frequency of CB may represent an underestimate. This may reflect lack of clinician confidence reducing inquiry at intake assessment. This is supported by Mieczynski's (2011) finding that more than half of mental health professionals surveyed did not feel adequately prepared to address client problematic internet experiences.

As technology evolves, so too must mental health practitioner's knowledge. Clarke *et al.* (2017) surveyed an Irish population of 900 professionals across education, mental health and health disciplines. The authors found that 98% of respondents demonstrated a readiness/willingness to use online resources to support youth mental health. Efforts to address CB may benefit from involving young people in its exploration (Dennehy *et al.* 2019). This may help reduce the possible barriers of different intergenerational dynamics regarding online use and communication regarding CB.

CAMHS professionals occupy a vital role in helping to educate young people and their families on these issues. However, little is known in Irish services about their perceptions and understanding of CB or about whether internet behaviour is assessed in mental health consultations. Most importantly, there is insufficient knowledge about the training needs of CAMHS practitioners in relation to safeguarding young people's internet activity. This study aims to examine CAMHS staff perceived knowledge, practice and attitudes towards CB and IS, and their training needs within a CAMHS context.

Methodology

Design

This study employed a quantitative, descriptive, survey design. CAMHS clinical staff completed an anonymous online survey at one time point. Surveys assessed respondents' perceived knowledge, practice and

Table 1. Professional background of participants

Professional background	N	%
Nursing	13	22
Occupational therapy	5	8.5
Psychiatry	9	15.3
Psychology	12	20.3
Social work and social care	12	20.4
Speech and language therapy	8	13.6
Total	59	100

attitudes towards CB and IS and their training needs within a CAMHS context. Frequency and descriptive tests were conducted on all survey questions to identify trends in CAMHS staff responses.

Participants

All 70 clinical staff members from five CAMHS clinics were invited to complete the online survey. A total of 59 clinicians (male $N=9$; female $N=47$) completed the survey, yielding an 84% response rate. Three respondents did not disclose their gender. Participants represented a variety of disciplines with years' experience working in CAMHS ranging from less than one year to over ten years. All participants worked with clients up to 18 years of age ($N=43$). Participant professional backgrounds are summarised in Table 1.

Measures

Cyberbullying and IS questionnaire

A 36-item online study specific survey was administered to all clinical staff. The questionnaire was designed to quantitatively measure clinician's experience and perceived knowledge of CB and IS issues for children and adolescents they see in clinical practice. Survey questions were designed based on previous research studies exploring CB (Mieczynski, 2011), and by researchers in the current study to meet the needs of the study aims. The questionnaire was divided into three domains utilising Likert scale, categorical and open questions. Items examined respondents: (a) knowledge; perceived internet competencies, frequency and nature of internet use; (b) routine clinical practice; in the assessment of young people's internet use and experiences of bullying, parental concerns regarding same and participants responses to concerns about clients' internet activity; and (c) attitudes; participants views on how well equipped they feel in advising children and caregivers on IS, the role CAMHS clinicians have in promoting IS and their preferences for training, information and resources on CB and IS.

For a series of questions participants were asked to endorse, from provided responses, what they felt the psychological consequences of CB were, the nature of child internet and mobile phone use and staff support and training needs. These variables were not mutually exclusive to allow for the complex and varied nature of online behaviour. To ensure all respondents views were represented, comments and qualitative responses were encouraged. Qualitative responses are beyond the scope of this study and will be analysed in another research paper.

Procedure

Ethical approval for this study was granted by the St. John of God provincial ethics committee. Participants were emailed a link to the study information, consent form and questionnaire and invited to complete a brief (10 minute), anonymous, online questionnaire using Survey monkey. Survey monkey is a self-serve survey platform on which users can securely compose, collect and analyse survey responses. The survey remained open for two weeks, including weekends, with staff members sent regular reminder emails within this time. Survey responses were analysed using the Statistical Package for Social Sciences (SPSS, V20).

Results

Data were exported from survey monkey to SPSS; four blank and two administrative staff respondents were removed, leaving a sample of $N=59$. Small sample size precluded inferential statistical analysis. Results will be presented according to the primary domains of interest: perceived knowledge, practice and attitudes of CAMHS staff. The general topic of questions in the survey and the corresponding results are shown in each table.

Perceived knowledge

On a four point Likert scale ranging from 0 (not at all) to 4 (extremely), participants mean level of perceived knowledge was 1.72 ($SD=0.66$) with the highest frequency of participants (55%) feeling moderately knowledgeable about CB. A similar percentage (52%) reported feeling moderately equipped to advise carers on internet use and CB. Although 55% of respondents felt moderately knowledgeable about CB, more than one-third felt lacking in knowledge and 35% felt ill equipped to advise parents on IS. Findings are summarised in Table 2.

Clinicians were generally aware of possible adverse effects of CB. The highest proportion of respondents perceived social withdrawal (93%), low self-esteem (92%) and anxiety (92%) as potential adverse effects.

Table 2. CAMHS staff competence discussing the internet with clients and families

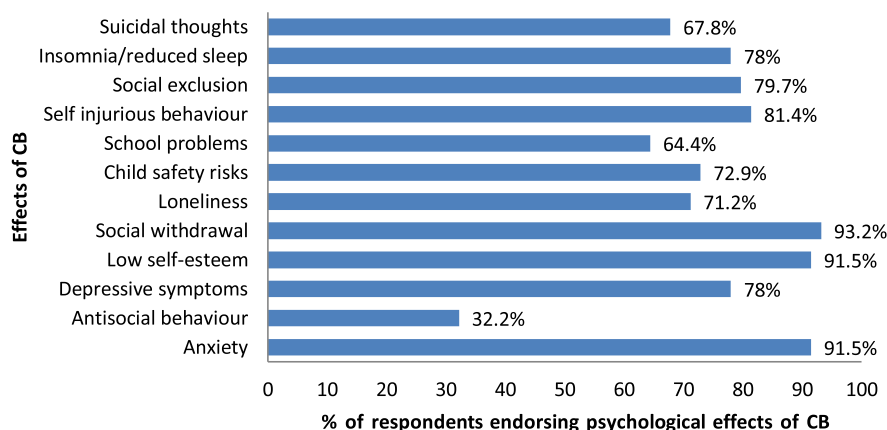
Question	Not at all N (%)	Slightly N (%)	Moderately N (%)	Very N (%)	Extremely N (%)	Mean (SD)
Equipped to advise parents on IS	4 (7)	16 (28)	30 (52)	8 (14)	0	1.72 (0.79)
Knowledgeable about CB	1 (2)	19 (33)	32 (55)	6 (10)	0	1.74 (0.66)

CAMHS, Child and Adolescent Mental Health Service; SD, standard deviation; IS, internet safety; CB, cyberbullying.

Table 3. Participants routine assessment queries in relation to child and parent internet use

Question	Never (%)	Sometimes (%)	Always (%)	Mean (SD)	N
Child internet sites visited	30.4	60.7	8.9	0.78 (0.59)	56
Child time online	17.9	64.3	17.9	1.00 (0.60)	56
Parents concerns	33.3	64.9	1.8	0.68 (0.50)	57
Experienced TB	7	38	55	1.47 (0.63)	55
Experienced CB	25	54	21	0.96 (0.68)	56

Perceived Psychological effects of cyberbullying

**Fig. 1.** Child and Adolescent Mental Health Service (CAMHS) staff reported perceived psychological effects of cyberbullying.

Self-injurious behaviour (81%) and suicidal thoughts (68%) were also strongly endorsed effects with potentially serious consequences. Findings are summarised in Fig. 1.

Routine clinical practice

TB was much more frequently inquired about than CB as part of standard assessment, with 93% of clinicians always or sometimes asking about it. A lower proportion of participants reported that they always asked clients about CB (21%) than TB (55%) as part of their

routine assessment practice. A higher rate of respondents (25%) stated they never ask about CB than TB (7%). A similar proportion of respondents indicated that they sometimes or always asked about internet sites visited by clients (69.6%) and parental concerns about their child's internet use (66.7%). A larger proportion of respondents sometimes or always asked about the amount of time children spent online (82.2%). 30.4% of respondents stated they never asked about internet sites visited by clients and 33.3% never ask about parental concerns regarding internet use (33.3%). See Table 3.

CAMHS staff support needs for managing cyberbullying

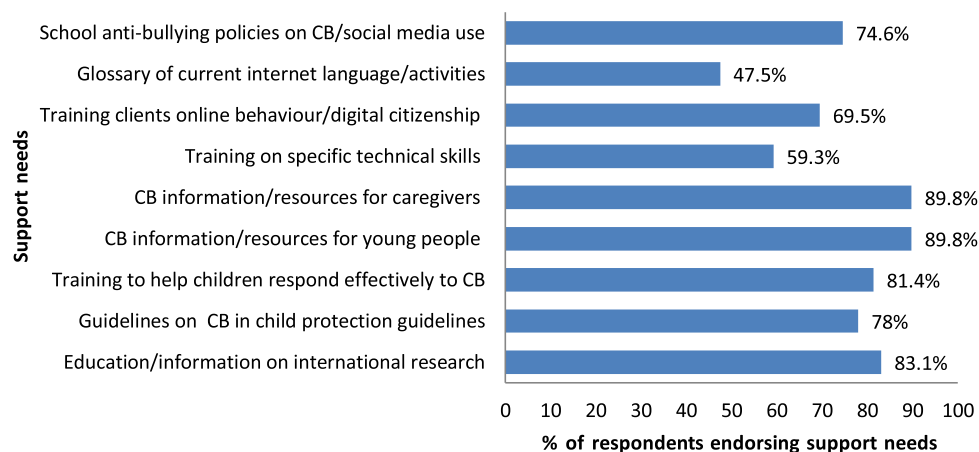


Fig. 2a. Participant support for helping clients who have experienced cyberbullying.

Attitudes

The overwhelming majority of respondents ($N = 59$) felt CAMHS staff have a role in managing CB (95%) and promoting IS (97%) and stated they wanted training in both managing CB (97%) and promoting IS (93%).

Staff support and training needs

Cyberbullying

In exploring what would help CAMHS staff to support clients who have experienced CB, the highest percentage of participants indicated their preference was for information/resource packs about CB to give clients and their caregivers about CB (90%). A high proportion of participants reported their preference for training on ways to help respond effectively to CB for themselves as clinicians (81%). Training for children and adolescents on positive online behaviour and good digital citizenship skills in managing CB (70%) was also a highly endorsed preference. A similarly high percentage of participants reported they would find the following helpful in managing CB; education/information on the findings of international research on CB (83%), school anti-bullying policies that address CB and social media use (75%) and guidelines on issues related to CB incorporated into child protection guidelines (78%). Findings are summarised in Fig. 2a.

Internet safety

In exploring what would help CAMHS staff support clients who engage in risky internet behaviours, the highest percentage (86%) indicated their preference for information/resource packs to give clients and their caregivers about IS. A similarly high frequency of respondents endorsed training in practical strategies

for dealing with concerns about internet activity (78%) and collaborative approaches to managing risky internet behaviour, involving the school, family, community and mental health service (73%) as helpful. A slightly lower frequency (63%) reported that training for young people on positive online behaviour and digital citizenship skills might be helpful for dealing with risky internet behaviours. This was also slightly lower than when asked the same question in relation to managing CB. Findings are summarised in Fig. 2b.

Discussion

The aim of this study was to examine CAMHS staff perceived knowledge, practice and attitudes towards CB and IS and their training needs, within a CAMHS context. This study found that clinicians perceived a high degree of risky internet behaviour and CB among youth they see in CAMHS. This study identified a wide range of strongly endorsed perceived adverse psychological effects of CB, including social withdrawal, low self-esteem, anxiety, self-injurious behaviour and suicidal thoughts. This is in line with previous research identifying negative effects of CB victimisation on mood, anxiety and suicidal ideation (Bottino *et al.* 2015; John *et al.* 2018; Biddle *et al.* 2018; Patchin & Hunduja, 2010). However, the results of this study must be interpreted with caution given they are speculative findings based on clinician perception and a small sample.

The overwhelming majority of participants felt CAMHS staff have a role in managing CB and promoting IS and wanted training in both. This willingness to access available training and supports to facilitate their work with young children is reflective of the findings of Clarke *et al.* (2017). Although 55% of participants in this study felt moderately knowledgeable about CB, more

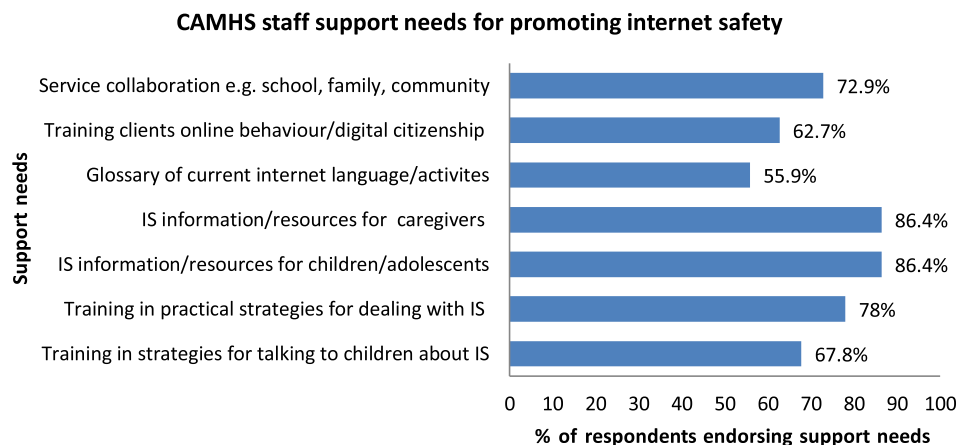


Fig. 2b. CAMHS staff support for helping clients who have engaged in risky internet behaviours.

than one-third felt lacking in knowledge and 35% felt ill equipped to advise parents on IS. This is somewhat better than previous findings that over 50% of mental health professionals did not feel adequately equipped to manage clients' problematic internet experiences (Mieczynski, 2011). Although it is a positive finding in this study that over half of participants felt moderately knowledgeable about CB this leaves a significant proportion who do not. It is important that adequate training is provided so that insufficient knowledge of information and communication technology does not prevent parents, or clinicians from providing guidance to young people to safely navigate cyberspace. This may help address different intergenerational dynamics regarding internet use to reduce barriers to effective communication between young people and clinicians about CB and IS (Dennehy *et al.* 2019).

In terms of resources and training needs, the majority of participants indicated their preference for information/resource packs to give clients and caregivers training in responding effectively to CB and risky internet behaviour. Training for children and adolescents on positive online behaviour and good digital citizenship skills was also a highly endorsed preference for both CB and IS. A high frequency of respondents endorsed training in practical strategies for dealing with concerns about internet activity and collaborative approaches to managing risky internet behaviour, involving the school, family, community and mental health service as helpful. This is similar to previous research identifying school principal's desire for assistance in relation to CB; training, resources, guidance and information (Corcoran *et al.* 2011). Two-thirds of participants reported sometimes or always asking about CB as part of their routine assessment practice. This is a positive result in terms of gathering information as part of assessment as well as modelling open communication about CB with parents and young

people. Directing parents to online resources and educational materials about CB/IS may be beneficial. A dynamic interactive approach involving young people and their parents in discussion and research surrounding CB is more likely to underpin training and practice that is in keeping with the lived experience of young people. CAMHS clinicians are well placed to present evidence based information to parents and their children regarding safe online behaviours. McGuckin *et al.* (2010) caution that if you do not understand cyber safety you cannot teach it. In light of the current findings, CAMHS staff may benefit from training in CB and IS to ensure they have the necessary competencies to support clients online behaviour.

This is the first study examining the perceptions of CAMHS clinicians in Ireland on CB and IS. The small sample, despite a high-response rate, limits generalisability to other services and precluded the use of inferential statistics. A further limitation is that there is no unified definition of CB across studies reviewed; each paper may code this differently. The study is also limited by the reliance on subjective responses by staff. However, it has identified some modifiable factors that may support youth and families to address the unintended consequence of internet availability. Findings indicate the need to upskill CAMHS in this area and develop a standardised approach to assessment in relation to CB and IS. However, CAMHS have a limited role in addressing CB which must also be addressed in schools, for example, anti-bullying policies.

Professionals who work in CAMHS occupy a vital role in providing comprehensive care to children and families by identifying needs, areas of knowledge deficit and providing education. However, CAMHS staff exploring and advising on IS may be venturing into an area of limited experience and knowledge. This study identified a need and a willingness to develop the competencies of CAMHS teams in

addressing CB and IS as part of their routine practice. Findings have implications for developing resources and training in CB and IS for clinicians, young people and

caregivers in CAMHS services. Further research, both quantitative and qualitative is needed which may benefit from self-report data from children and adolescents. Future research may also benefit from exploring the reasons young people may have for not disclosing CB or risky internet behaviour to adults in their lives so that these barriers can be addressed.

Conflicts of interest

The authors have declared that they have no competing or potential conflicts of interest.

Ethical standards

The authors assert that all procedures contributing to this work comply with the ethical standards of the relevant national and institutional committee on human experimentation with the Helsinki Declaration of 1975, as revised in 2008. Ethical approval for this study was granted by the St. John of God provincial ethics committee.

Financial support

This research received no specific grant from any funding agency, commercial or not-for-profit sectors.

Acknowledgements

The authors would like to thank all the Child and Adolescent Mental Health Service clinicians who took part in this study.

References

- Agatson P, Kowalski R, Limber S (2012). Youth views on cyberbullying. In *Cyberbullying prevention and response: Expert perspectives* (eds. J. W. Patchin and S. Hinduja). Routledge: New York.
- Biddle L, Derges J, Goldsmith C, Donovan JL, Gunnell D (2018). Using the internet for suicide-related purposes: contrasting findings from young people in the community and self-harm patients admitted to hospital. *PLoS one* **13**, e0197712.
- Bottino SMB, Bottino C, Regina CG, Correia AVL, Ribeiro WS (2015). Cyberbullying and adolescent mental health: systematic review. *Cadernos de saude publica* **31**, 463–475.
- Clarke AM, Chambers D, Barry MM (2017). Bridging the digital disconnect: exploring the views of professionals on using technology to promote young people's mental health. *School Psychology International* **38**, 380–397.
- Corcoran L, McGuckin C, O'Moore M (2011). *Attempts to manage cyber-bullying in secondary schools: a view from Ireland*, paper presented at the Children, Risk and Safety Online: Research and Policy Challenges in Comparative Perspective, EU Kids Online Conference, LSE, London, 22–23 September.
- Dennehy R, Cronin M, Arensman E (2019). Involving young people in cyberbullying research: the implementation and evaluation of a rights-based approach. *Health Expectations* **22**, 54–64.
- Diamanduros T, Downs E, Jenkins SJ (2008). The role of school psychologists in the assessment, prevention, and intervention of cyberbullying. *Psychology in the Schools* **45**, 693–704.
- Dowdell EB (2013). Use of the internet by parents of middle school students: internet rules, risky behaviours and online concerns. *Journal of Psychiatric and Mental Health Nursing* **20**, 9–16.
- Dowdell EB, Burgess AW, Cavanaugh DJ (2009). Clustering of internet risk behaviors in a middle school student population. *Journal of School Health* **79**, 547–553.
- Dyer K, Teggart T (2007). Bullying experiences of child and adolescent mental health service users: a pilot survey. *Child Care in Practice* **13**, 351–365.
- Foody M, Samara M, O'Higgins Norman J (2017). Bullying and cyberbullying studies in the school-aged population on the island of Ireland: a meta-analysis. *British Journal of Educational Psychology* **87**, 535–557.
- Hartanto A, Yong JC, Toh WX, Lee ST, Tng GY, Tov W (2020). Cognitive, social, emotional, and subjective health benefits of computer use in adults: a 9-year longitudinal study from the Midlife in the United States (MIDUS). *Computers in Human Behavior* **104**, 106179.
- Hinduja S, Patchin JW (2009). *Bullying beyond the schoolyard: preventing and responding to cyber-bullying*. Corwin Press: California.
- John A, Glendenning AC, Marchant A, Montgomery P, Stewart A, Wood S, Hawton K (2018). Self-harm, suicidal behaviours, and cyberbullying in children and young people: systematic review. *Journal of Medical Internet Research* **20**, e129.
- Juvonen J, Gross EF (2008). Extending the school grounds? Bullying experiences in cyberspace. *The Journal of School Health* **78**, 496–505.
- Kowalski RM, Morgan CA, Limber SP (2012). Traditional bullying as a potential warning sign of cyberbullying. *School Psychology International* **33**, 505–519.
- Kwan I, Dickson K, Richardson M, MacDowall W, Burchett H, Stansfield C, Thomas J (2020). Cyberbullying and children and young people's mental health: a systematic map of systematic reviews. *Cyberpsychology, Behavior, and Social Networking* **23**, 72–82.
- Le HTH, Nguyen HT, Campbell MA, Gatton ML, Tran NT, Dunne MP (2017). Longitudinal associations between bullying and mental health among adolescents in Vietnam. *International Journal of Public Health* **62**, 51–61.
- Lenhart A, Madden M, Macgill AR, Smith A (2007). *Teens and social media: the use of social media gains a greater foothold in teen life as they embrace the conversational nature*

- of online media. Pew Internet & American Life Project 2007. http://www.pewinternet.org/files/old-media/Files/Reports/2007/PIP_Teens_Social_Media_Final.pdf
- Livingstone S, Smith PK** (2014). Annual Research Review: harms experienced by child users of online and mobile technologies: the nature, prevalence and management of sexual and aggressive risks in the digital age. *Journal of Child Psychology and Psychiatry* **55**, 635–654.
- McGuckin C, Cummins PK, Lewis CA** (2010). New bottle: old wine! School bullying among primary school pupils and the emergence of cyberbullying. *Research update* 71.
- McLoughlin LT** (2019). Understanding and measuring coping with cyberbullying in adolescents: exploratory factor analysis of the brief coping orientation to problems experienced inventory. *Current Psychology*, 1–11.
- Menesini E, Nocentini A** (2012). Peer education intervention: Face-to-face versus online. In *The impact of technology on relationships in educational settings* (eds. A Costabile and BA Spears). Routledge: New York.
- Mieczynski ND** (2011). *Cyberbullying: Exploring the Experiences of Mental Health Professionals*. ProQuest, UMI Dissertation Publishing.
- Mitchell KJ, Wolak J, Finkelhor D** (2008). Are blogs putting youth at risk for online sexual solicitation or harassment? *Child Abuse & Neglect* **32**, 277–294.
- O'Brien N, Moules T** (2013). Not sticks and stones but tweets and texts: findings from a national cyberbullying project. *Pastoral Care in Education* **31**, 53–65.
- O'Moore M** (2012). Cyber-bullying: the situation in Ireland. *Pastoral Care in Education: An International Journal of Personal, Social and Emotional Development* **30**, 209–223.
- O'Neill B, Grehan S, Olafson K** (2011). *Risks and safety for children on the Internet: the Ireland Report*. London: EU Kids Online.
- Olweus D** (2012). Cyberbullying: an overrated phenomenon? *European Journal of Developmental Psychology* **9**, 520–538.
- Patchin JW, Hinduja S** (2010). Cyberbullying and self-esteem. *Journal of School Health* **80**, 614–621.
- Smith PK** (2012). Cyberbullying and cyber aggression. In *Handbook of school violence and school safety: International research and practice* (eds. S.R. Jimerson, A.B. Nickerson, M. J. Mayer and M.J. Furlong) 2nd ed. Routledge: New York.
- Tokunaga RS** (2010). Following you home from school: a critical review and synthesis of research on cyberbullying victimization. *Computers in Human Behavior* **26**, 277–287.
- Zhu C, Huang S, Evans R, Zhang W** (2021). Cyberbullying among adolescents and children: a comprehensive review of the global situation, risk factors, and preventive measures. *Frontiers in Public Health* **9**.