

Giving Victims of Bullying a Voice: A Qualitative Study of Post Bullying Reactions and Coping Strategies

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Abstract Current research on how adolescents cope with bullying is primarily quantitative, examines youth in Grades 1 through 6, and neglects to specifically assess how victims of bullying cope with being bullied. The current qualitative study explored the coping strategies of 22 rural middle- and high-school youth victimized by bullying. Results indicated that youth report using an array of emotion focused coping strategies (an internal coping strategy that focuses on emotion regulation) and problem focused coping strategies (active behaviors that are aimed to decrease or eradicate the stressor). These coping strategies included help seeking, physical and verbal aggression, standing up for themselves, and prosocial bystander behavior. While the majority of coping strategies were similar between middle- and high-school participants, these groups reported utilizing verbal and physical aggression in different ways. Further, certain coping strategies, such as help seeking and lashing out with physical and verbal aggression, were utilized as both emotion- and problem-focused coping strategies. Implications are discussed.

Keywords Bullying · Victimization · Adolescence · Victim coping · Rural · Qualitative research

Introduction

Bullied youth are a marginalized group at risk for a host of negative social and emotional outcomes such as social isolation, loneliness (Kvarme et al. 2010), low levels of perceived peer support (Holt and Espelage 2007), depression, anxiety, withdrawal, and insecurity (Menesini et al. 2009). Victimization experiences are often so intense that victims suffer from symptoms of Post Traumatic Stress Disorder (PTSD; Idsoe et al. 2012). Further, victimized youth are also at risk of engaging in reactive aggression (i.e., a defensive response to frustration or provocation; Crick and Dodge 1996; Salmivalli and Nieminen 2002).

National bullying surveys suggest that rates of victimization range from 10.6% (Nansel et al. 2001) to 27.8% (Robers et al. 2013). Rural youth might be at a particularly high risk for bullying victimization and the ensuing emotional problems. Indeed, smaller scale studies of rural areas indicate higher rates of victimization ranging from 33.0% (Price et al. 2013) to 82.3% (Dulmus, Theroit, Sowers and Blackburn 2004). Rural areas expose adolescents to unique stressors such as geographic isolation, restricted social networks, boredom, and limited community resources (U.S. Department of Justice, 2001; Willging et al. 2014). These limited community resources negatively impact rural youths' mental health. For example, due to financial limitations, stigma associated with receiving mental health treatment, and a lack of providers, it is often difficult for rural youth to receive needed mental health services (Radunovich and Wiens 2012). This lack of mental health treatment is especially problematic for youth who might be involved in bullying and need extra support. Further, rural youth often endorse feeling bored (Willging et al. 2014), and might engage in bullying to alleviate this boredom. Despite the risks associated with victimization and the

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potential stressors present in rural areas, victimized youth are often resilient, finding multiple ways to cope with their bullying victimization (e.g., Andreou 2001; Bijttebier and Vertommen 1998; Salmivalli, Karhunen, & Lagerspetz., 1996).

Coping is defined as "...any and all responses made by an individual who encounters a potentially harmful outcome" (Silver and Wortman 1980, p. 281). Quantitative studies of victimization indicate that victims of aggression and bullying employ coping strategies such as ignoring the bullying or aggression, pretending the act of bullying or aggression does not bother them (Andreou 2001; Salmivalli et al. 1996), getting a teacher (Roecker-Phelps 2001), fighting back (Roecker-Phelps 2001; Salmivalli et al. 1996), or experiencing internalizing symptoms (Andreou 2001; Bijttebier and Vertommen 1998; Olafsen and Viermero 2000). For example, in a sample of 408 Greek youth ages 9 to 12, compared to bullies and non-involved youth, victims were significantly more likely to report dealing with peer conflict by distancing (e.g., pretend nothing happened, refrain from thinking about the situation) or internalizing, but were significantly less likely compared to bullies, bully/victims, and non-involved youth to report using externalized coping (i.e., feeling angry or expressing anger by throwing something; Andreou 2001). Other research on youth in Grades 3–6 found age differences in how coping strategies were utilized. Sixth grade students reported coping with overt aggression by using externalizing strategies (e.g., acting aggressively), while youth in Grade 3 coped with overt aggression by seeking help (Roecker-Phelps 2001). Although there is a fairly large body of research examining how youth cope with victimization, the majority of this research was conducted outside of the United States, used samples of youth in Grades 1 through 6, examined how youth responded to general victimization and not exclusively to experiences of bullying, and is mainly quantitative.

There is also a large body of qualitative research specifically focused on bullying, however, this research consists primarily of focus groups (e.g., Bibou-Nakou et al. 2012; Guerra, Williams; Sadek 2011; Hopkins et al. 2013; Horowitz et al. 2004) to the exclusion of in depth interviews and was conducted outside of the United States (e.g., Australia [Cranham and Carroll 2003], Greece; [Bibou-Nakou et al. 2012], Sweden; [Thornberg et al. 2012], England; [Formby 2013], Croatia; [Sekol 2012]). Further, this existing qualitative research focused on topics such as whether youth justify bullying behavior, how youth view bullying as a school related issue, why youth believe bullying occurs, experiences with homophobic bullying, and bullying in residential treatment facilities. While some qualitative and mixed methods studies have examined how cyber victims cope with cyber bullying (Price and Dalgleish 2010;

Slegova and Cema 2011), there have been limited qualitative studies conducted on how victims cope with traditional bullying. However, one qualitative study employed focus groups with 102 urban students in Grades 4 through 8 and examined victim coping strategies. Findings indicated that youth most often used problem focused coping (e.g., taking action to solve the bullying) such as externalizing behavior (e.g., responding aggressively) and seeking social support (Tenenbaum et al. 2011). While the findings of this study provide valuable insight into how youth cope with bullying victimization, the sample did not contain high school aged youth, focus groups were used instead of individual interviews, and the sample was urban. The purpose of the current study was to augment the scant qualitative literature on victim coping by exploring the coping strategies of victims of bullying in rural middle- and high-school youth using individual interviews. Specifically, the two aims of this study were to ascertain how youth coped with bullying victimization and to determine if coping strategies differed between middle- and high-school students.

Method

Current Study

A cooperative agreement between the United States Centers for Disease Control and Prevention and the North Carolina Youth Violence Prevention Center (NC-YVPC) funded the current research. The Rural Adaptation Project (RAP), one part of the NC-YVPC project, is a 5-year longitudinal panel study of more than 7000 middle- and high-school students from 26 public middle- and 12 public high-schools located in two rural, economically disadvantaged counties in North Carolina. Each year participating youth filled out an online assessment (the School Success Profile Plus; SSP+) that examined perceptions of school, friends, family, health and wellbeing, and experiences with bullying. Although several quantitative RAP studies have focused on bullying (Evans et al. 2014; Smokowski et al. 2013, 2014), the current qualitative study served to expand upon these quantitative findings. The quantitative research did not focus on victim coping as the SSP+ did not have any questions on coping; therefore, based on our quantitative research, we knew many youth were bullied and experienced negative outcomes as a result, but we had no concept of how they coped with that bullying. The current study was not meant to be a mixed methods study, we simply sought to augment our quantitative data by gaining additional insight into victim coping using qualitative methodology. Qualitative research offers a unique behind the scenes look at the "lived-experience" of individuals and offers a richer and more comprehensive understanding of certain phenomena

than quantitative data does; thus, the current study was conducted to learn about victim coping from actual victims. In addition, qualitative methods give a voice to marginalized populations and have the potential to empower participants (Hesse-Biber and Leavy 2011). The specific questions guiding this study were: how do rural victims of bullying respond to and cope with bullying victimization? And, are there differences in how middle- and high- school youth cope with bullying victimization?

Participants

Participants ($N=22$) for the current study came from three rural counties in North Carolina. The majority of participants (68%, $n=15$) came from the target county in the RAP study and 32% ($n=7$) came from two neighboring rural counties. Half of the sample were female ($n=11$) and participants' ages ranged from 10 to 18 years ($M=14.45$, $SD=2.21$). A little over half of the sample was in high school ($n=12$) and the remainder ($n=10$) were in middle school. The sample was racially/ethnically diverse and 36% ($n=8$) of participants identified as Native American, 32% ($n=7$) identified as White, 14% ($n=3$) identified as mixed race, 9% ($n=2$) identified as Asian, 4% ($n=1$) identified as Latino/Hispanic and 5% ($n=1$) identified as African American. The majority of participants (68%, $n=15$) resided in two parent families, 27% ($n=6$) resided with one parent, and 5% ($n=1$) lived with a grandparent. Unfortunately, data were not collected on participants' sexual orientation, which would be an important addition to future studies.

Procedure

IRB approval was obtained for the current study. In Year 2 of the RAP study (Spring 2012), students who filled out the SSP+ were given a slip of paper recruiting individuals who had been victims of bullying to participate in an interview about their experiences; over 1,000 fliers were distributed in this manner. Fliers were distributed to two Boys and Girls Clubs in the geographic area of the RAP study and were also distributed to parents and youth at parenting groups, but no one contacted the research team. Because participants were so difficult to obtain, researchers contacted the Director of a Teen Court program, one of the RAP interventions. The Teen Court Director began screening Teen Court participants and encouraged any youth who reported experiences with bullying victimization to contact the researchers. This recruitment strategy resulted in eight Teen Court youth agreeing to participate in the study. Seven youth in the same county heard about the interviews through their social networks and contacted the researchers. Six additional youth from a

neighboring rural county were recruited at the Students Against Violence Everywhere (SAVE) conference and one youth was referred by his family members. Given the difficulty finding youth willing to be interviewed, the authors welcomed any middle- or high-school student who reported being victimized by a bully to participate.

It is necessary to consider the characteristics of our participants. For example, youth who attend Teen Court have committed some sort of transgression (e.g., fighting, shop lifting), therefore, Teen Court youth might be more aggressive or antisocial compared to the average adolescent. Victims of bullying are sometimes sent to Teen Court if they physically retaliate against their aggressors, thus, some of the youth in our sample might have displayed reactive aggression in response to being bullied and might have been sent to Teen Court. Consequently, our participants who were in Teen Court might have been prone to behave aggressively relative to the average adolescent. In contrast, the SAVE conference is an anti-violence conference, thus, the participants we recruited from this conference might have been less aggressive than the average adolescent.

Youth from the target county were either interviewed at the Teen Court office (87%, $n=13$) or their school (13%, $n=2$) and all youth from the neighboring rural counties were interviewed at their school. When participants and their parent or caregiver arrived for an interview, the researcher explained that the interview was completely voluntary. Participants could decline to answer any questions and could stop the interview at any time; the ten-dollar incentive would be provided regardless. A parent or caregiver signed a consent form and the participant signed an assent form.

Semi-structured interviews were conducted in a private office and were audio recorded. The first nine interviews were conducted by two researchers (the first and second authors) to allow for in depth discussions about the content of the interviews and to gain an understanding of what follow up questions might be needed. The first author conducted the remaining 13 interviews alone. All interviews were structured using an interview guide, however, the interviewers asked follow up questions and followed unexpected leads as needed. The interview guide included demographic questions and 16 questions about bullying and victimization, including how participants responded when they were bullied. For example: What happened when you were bullied? How did you respond? How did you feel when the bullying was going on? How did you feel after it was over? Who did you talk to about being bullied? Interviews lasted between 30 and 60 min and the digital recording was downloaded onto a computer and transcribed verbatim.

Credibility and Trustworthiness

Engaging in qualitative research highlights the need for reflexivity (i.e., self-awareness; Morrow 2005) to ensure that the researchers' biases and opinions do not interfere in data collection or interpretation and that the data are credible and trustworthy. The first and second authors conducted the first nine interviews together, which allowed them to discuss the results and process how their biases and opinions might impact their interpretation of the data. Throughout the process of data collection and analysis, the authors were aware of their biases and opinions and focused on staying as objective as possible. The authors accurately represented participants' experiences by asking for clarification and delving deeper into the participants' meaning, which is a means of managing subjectivity (Morrow 2005). Other ways in which credibility of the data were assured was through prolonged engagement and persistent observation (e.g., the RAP researchers had been present in the community where the majority of data were gathered for two years prior to the interviews for the current study), and through triangulation (e.g., the authors referred to the literature and to each other to verify findings; Lincoln & Guba, 1985). Supervision was provided by senior researchers on the RAP project and by a small committee of experts convened by the first author.

Data Analysis

The first author analyzed the data using a descriptive/thematic approach. Qualitative descriptive studies identify the *who*, *what*, and *where* of events and are ideal when a description of a phenomenon is desired (Sandelowski 2000). Given the lack of qualitative studies and information on victim coping strategies, a descriptive study was an appropriate methodology. The current analysis took the descriptive approach a step further and sought to extract themes from the data.

It was unclear whether codes and themes would be the same or different across the middle- and high-school interviews, thus the middle school interviews were coded first, followed by the high school interviews. The middle school interviews were first coded using concept-driven coding; the interview guide was used as a means of establishing concept-driven codes that were then applied to the 10 middle school interviews (Gibbs 2007). The inductive approach of open coding was then used (Gibbs 2007). The additional codes that emerged through open coding were added to the codes established from the concept-driven coding. Following best practice in qualitative analysis, similar codes were combined to reduce the large number of codes (Lichtman 2014). An identical procedure was used with the high school interviews. The codes from the middle- and

high-school transcripts were compared; all codes but two were common across both groups, resulting in 33 codes in total; 20 codes originated from concept-driven coding and 13 codes from open-coding.

The interviews were then coded for a third time to ensure that the codes made sense and had been combined in an effective manner. The final step in data analysis entailed comparing codes across interviews; all of the quotes for each code were grouped together and were then compared across interviews (both within and between the middle and high school interviews) to ensure that all codes were applied consistently. It was then possible to extract themes from the codes. Given the breadth and depth of the current interviews, multiple themes emerged, however, the focus of the current analysis was on post-bullying reactions and coping strategies.

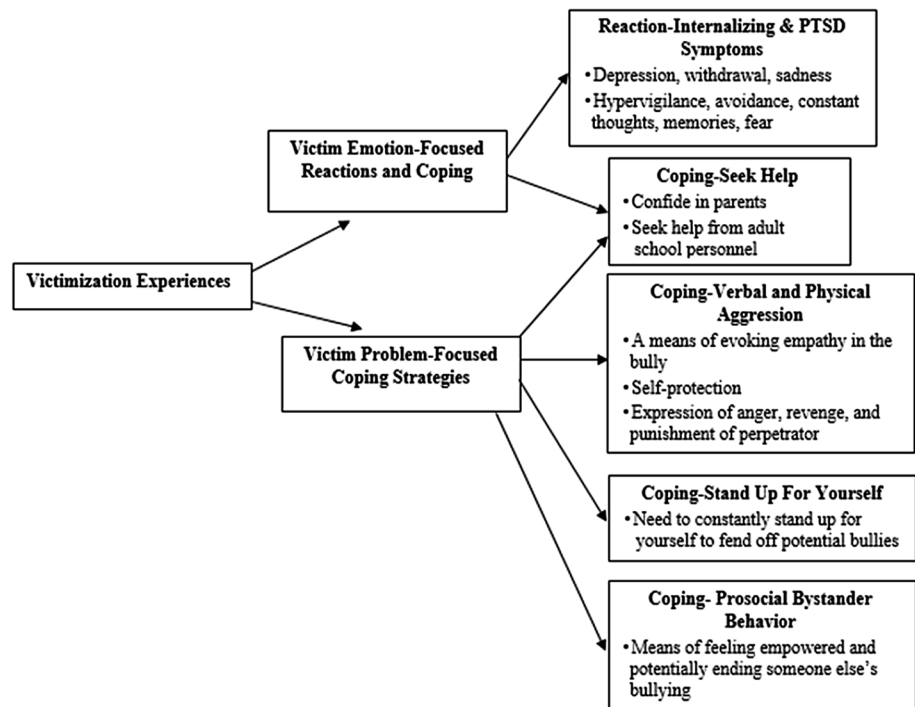
Findings and Discussion

The majority (83%, $n=10$) of high school participants reported past bullying victimization (i.e., one year or more in the past) and 17% ($n=2$) reported current bullying victimization while the majority (90%, $n=9$) of the middle school participants reported current bullying victimization and 10% ($n=1$) reported having been bullied in the past. Participants reported a variety of reactions and strategies to cope with victimization. These post bullying experiences can be categorized into two main types: emotion-focused reactions/coping and problem-focused coping. Emotion-focused coping is an internal coping strategy that focuses on emotion regulation and problem-focused coping is an external coping strategy comprised of active behaviors that are aimed to decrease or eradicate the stressor (Lazarus 1991; Roth and Cohen 1986). Following data analysis, a concept map was created in order to illustrate the connections between the various forms of reactions and coping that victims employed (see Fig. 1).

Emotion-Focused Reactions: Internalizing, Externalizing, and PTSD Symptoms

In line with past research, all participants reported experiencing a host of negative emotions in response to being bullied; although these responses could be categorized as emotion-focused coping (Folkman and Lazarus 1980; Roth and Cohen 1986), it is more accurate to describe them as reactions. Coping denotes an active choice and participants did not select the emotions that they felt, but rather involuntarily experienced these emotions in response to being victimized. These negative outcomes could generally be grouped into three categories: internalizing symptoms

Fig. 1 Thematic concept map of victim responses and coping strategies



(e.g., withdrawal), externalizing symptoms (e.g., anger), and symptoms of PTSD (e.g., hypervigilance).

Participants in middle- and high-school reported very similar internalizing symptoms as a result of being bullied. Although the majority of high school participants had been bullied one year or more in the past, they described their emotional responses with the same clarity as the middle school participants who were currently being bullied. Participants in both middle- and high-school reported feeling sad as a result of being bullied. A 16-year-old female reported, "I would cry 'cause it hurt my feelings." A 14-year-old female reiterated this, "...it makes me feel sad because I've been through all this..." Other common internalizing responses were feelings of worthlessness, loneliness, fear, stress, and embarrassment.

A few high school participants discussed more intense internalizing responses and reported suffering from depression and suicidal ideation and engaging in self-harming behaviors. Although being bullied was not the sole cause of these emotional responses and behaviors, it certainly played a role in exacerbating the victim's mental health symptoms. One 16-year-old female recalled:

I just remember driving to school and we would drive past this little...bridge and it had...train tracks and then under it was just water with all these rocks...I would just...day dream jumping out of the car and jumping off and going in there and just like dying 'cause I thought that would be so much better...

Another 16-year-old female stated, "...so eighth grade kept on going you know, people making fun of me...I cried every day, I started self-harm." A 15-year-old girl stated, "I threatened to kill myself and I threatened to cut myself and run away from home." These quotes highlight the fact that bullying victimization can result in very serious consequences that could potentially lead to self-harm or suicide.

Anger was another common emotional response. One 11-year-old female described her anger, "I feel like a volcano exploding. I just want to explode." Other participants noted expressing anger as an emotional release, but not as a means of ending the bullying. For example, one 13-year-old male recounted throwing a desk because he felt so angry that he was being bullied. This finding highlights that the anger victims feel might fuel their high rates of reactive aggression (Camodeca and Goossens 2005; Salmivalli and Nieminen 2002).

Participants also noted a number of responses that were more intense than internalizing and externalizing symptoms and mirrored symptoms of Post Traumatic Stress Disorder (PTSD). For example, sleep disturbances and nightmares are two diagnostic criteria of PTSD (American Psychiatric Association 2013) and a few participants noted difficulty sleeping due to worrying about being bullied and some youth reported nightmares. An 11-year-old girl stated:

And sometimes I wake up in the middle of the night and I can't go back to sleep 'cause I feel like the next

day I won't be able to go back, go to school 'cause kids are picking on me.

Although high school participants did not report currently losing sleep over past experiences of being bullied, a few remembered trouble sleeping when the bullying was going on. A 16-year-old female said, "I feel like I definitely lost sleep in middle school."

Another hallmark of PTSD is avoiding the situation or stimulus that caused the initial trauma (American Psychiatric Association 2013). Multiple participants described school avoidance as a way of coping with bullying. A 14-year-old girl reported:

I'm scared, I mean I used to be happy to go to school, wake up every morning and come to school and then it just got to the point where I just didn't feel like it... because I knew I'd get bullied every day.

One 11-year-old female stated, "Sometimes I pretend to be sick just to stay home...and I'm missin' a lot of work just because one person is bullying me. And I'm missin' my education just because one person is bullying me."

When participants did attend school, some of them described being hypervigilant and constantly on guard for the next episode of bullying; hypervigilance is another symptom of PTSD (American Psychiatric Association 2013). An 11-year-old female stated:

...sometimes in class when I start to write, my hand starts to shake that somebody's gonna come behind me and just hit me in the head. And when [the bully] gets near me...I start to shake and I can't control when I start shakin' my hands. When she gets near me I start shakin' my hands and when she goes away they stop. It's like when she comes near me I start getting tense.

A 16-year-old male echoed this feeling of hypervigilance and reported constantly being on alert for potential ways in which his classmates could bully him:

...classes would be terrible...you just kind of sit there and you try and...go through...a mental check list. Like okay, is this good today? Is this good today? Will they make fun of this?

In addition, memories of bullying endured, causing ongoing emotional pain. Intense, pervasive memories and thoughts of traumatic events are another feature of PTSD (American Psychiatric Association 2013). One 16-year-old girl with a history of past and present bullying commented on how she was haunted by thoughts of being bullied, "I used to sit in my room in the dark and just cry...[the bully] really did get to me...whenever I actually get sad or my self-esteem is down I do repeat the things he said to me."

Taken together, findings illustrate that one central way in which youth react to being bullied is through the emotions of internalizing symptoms such as sadness, withdrawal, fear, and depression and externalized symptoms in the form of anger. These findings mirror past research documenting the high rates of internalizing symptoms that victims report relative to non-victimized youth (Juvonen et al. 2003; Menesini et al. 2009) and other research showing that victims of bullying typically display internalized and externalized coping strategies (Andreou 2001; Tenenbaum et al. 2011). Also in line with past research (Idsoe et al. 2012), current findings suggest that bullied youth may actually suffer from symptoms of PTSD, suggesting that bullying should be considered a form of interpersonal trauma. Researchers have recently begun to discuss bullying as a form of interpersonal trauma (D'Andrea et al. 2012; Evans et al. 2014), however these studies do not assess for levels of PTSD in victims. Current findings suggest that this is an important area for future research. Further, given the multiple barriers to obtaining mental health services that exist in rural areas (e.g., availability, accessibility; Larson et al. 2012), it is possible that many of these victimized youth were unable to obtain professional help, which could have prolonged their internalizing symptoms. While all participants in the current study reported some form of negative emotional response, these negative emotional responses did not incapacitate youth and participants described a number of additional emotion- and problem-focused coping strategies they employed in an attempt to handle being bullied.

Emotion- and Problem-Focused Coping: Seeking Help

One common coping strategy that the majority of victims reported using was seeking help from adults such as parents or school personnel. Youth engaged in this coping strategy as a means of obtaining emotional support (emotion-focused coping) and as a means of trying to put an end to the bullying (problem-focused coping). Almost all of the middle school participants and the majority of high school participants reported coping with being bullied by talking to their parents. This is a noteworthy finding as past qualitative research of high school aged youth found that the majority reported not telling their parents about bullying (DeLara 2012). The high importance that rural adolescents place on maintaining connection with their family (Moreland et al. 2013) and the prominent role that families, especially extended-kin families, play in rural areas (Coleman et al. 1989), might explain why this rural sample of youth communicated with their parents about being bullied. Talking with parents about being bullied was a means of maintaining familial connection and strengthening family bonds. Indeed, in the current study, seeking parent support provided some youth with emotional comfort and in

this regard proved to be an adaptive coping strategy. A 10-year-old male stated, “I talked to my dad about [the bullying] and he helped me out tremendously...he told me that there’s going to be some bullies out there...he said start speaking up, tell your teachers...” A 16-year-old female stated, “...My dad would like talk to me and tell me like you know, give me words of encouragement...” In addition to being supportive, both middle- and high-school participants reported that their parents offered hierarchical advice on how to handle the bullying: the first step was to ignore the bullying, if that did not work parents then advised participants to tell a teacher, and if all else failed, parents endorsed fighting back. An 11-year-old female stated:

...my mom says try to ignore it, but when it gets way outta control and they put their hands on me or anything, go tell the teacher, if they keep putting their hands on you or they touch you in the face or soemthin’...my mom says...hit ‘em back.

An 11-year-old male had a similar experience, “[my mom] tells me to stand up for myself if they um, if they like hit me first...go tell the teacher, if they still do it and they hit me again just hit ‘em back.” These quotes highlight the fact that youth were instructed by their parents to physically fight back against their bullies, which could result in the victims actually getting in trouble and might also explain why some victims display reactive aggression. Among our participants, following parents’ advice to hit back may have gotten the adolescent sent to Teen Court. Guidance to fight back is usually a poor strategy because bullies tend to be significantly larger than victims and often travel in small groups with other adolescents serving as negative bystanders, cheering for the bully. Fighting back can trigger more severe victimization.

The majority of both middle- and high-school parents also went to the school to talk to the principal; a few parents even went to the school board. An 11-year-old female stated, “...when I tell [my mom] she goes to the school house...she talks...to the principal, but for some reason the principals don’t do nothing...” A 14-year-old female reported, “...My mom gets really mad and she wants to tell like the school board so they’ll do something, but they never do... Mama’s tried everything. She went to the principal, she’s went to the board...” These quotes illustrate the hopelessness of the participants’ situations; they went to their parents for help, but their parents were unable to enact change. Participants indicated their parents felt frustrated by the lack of school response and simply did not know how else to support their children. Due to a lack of school response, three participants were removed from school to be home schooled. Although going to the school proved futile, this action validated youth’s victimization experiences and demonstrated to participants that

parents were taking their reports of bullying victimization seriously. In this regard, the emotion-focused coping strategy of talking to parents was successful: youth received advice and verbal support from their parents and most parents validated the youth’s experiences, attempting to improve the situation by talking with the school. However, in terms of putting a stop to the bullying, the problem-focused coping strategy of talking to parents proved frustrating because parents’ attempts to advocate with the schools were largely ignored.

Despite parents’ lack of success talking to the school, every middle school participant reported seeking help from adults at school as a problem-focused coping strategy. Participants talked to school personnel with the hope that this action would help put an end to their bullying. One middle school participant reported going to the teacher as his primary coping strategy because it resulted in the teacher taking action. This participant felt that telling the teacher was a successful coping strategy as the teacher took action and the participant felt it helped the situation. However, the remaining middle school youth used the coping strategy of going to teachers sporadically due to a lack of teacher response. Extant qualitative research supports the notion that youth feel teachers do nothing to stop bullying (DeLara 2012). A 14-year-old female stated, “...I’ll tell the teacher every once in a while, but they’ll never do nothing.” Other middle school youth who had approached the teacher reiterated the perception that teachers did nothing to help stop the bullying. An 11-year-old female stated, “...all [the teachers] do is tell [the bully] to stop and that’s it. They don’t do nothin’ else about it.” These quotes illustrate the lack of teacher response and suggest that participants might have been left feeling dejected and unsupported. Middle school participants noted that teachers sometimes sent bullies to the principal’s office, put them in in-school suspension, or put them in out-of-school suspension. However, as soon as the bullies returned to class, the bullying resumed, indicating that even when school personnel did respond to participants’ requests for assistance, it did nothing to impact the bullying.

The majority of high school participants also reported that a common coping response they used was to go and tell the teacher. However, similar to the middle school participants, high school youth also reported a lack of teacher response. A 16-year-old female stated, “I told the teacher and she said, ‘just go sit down’...every time I... told a teacher they don’t do anything about it.” A 16-year-old male echoed this experience:

...every time I talked to somebody like the principal or the teachers they would ummm, they would push it off and tell me not to worry about it and that if it

happened again to come back and when it happened again I would go back and they would tell me the same thing.

Current findings highlight the importance of schools having a standardized way of handling bullying situations so that both parents and youth feel that the school is acknowledging and acting on the problem. Given the lack of school response, some middle school participants reported that they coped with being bullied by directing verbal or physical aggression towards the peers who were bullying them.

Problem-Focused Coping: Middle School Verbal and Physical Aggression

About half of the middle school participants reported coping with being bullied by either verbally or physically fighting back against the peers bullying them. All participants who reported engaging in this form of problem-focused coping had the same ultimate goal: stop the bullying. However, two distinct groups of youth emerged: one group of participants were verbally aggressive towards their bullies in order to hurt the bully and teach him or her what it is like to be victimized and a second group of participants physically fought back as a means of self-protection.

The first group of participants used problem-focused coping in the form of verbal aggression directed at their bullies in the hopes that if they made the bully understand how painful it was to be made fun of that the bully would stop bullying. In this case, verbal aggression was used as a means of attempting to reverse the power dynamic and teach the bully what it felt like to be victimized. For example, an 11-year-old female stated:

...I'm tryin' to make [the bully] feel like I feel...I'm in my head like you need to feel how other people feel when you pick on them so I'm gonna start making you feel like when, when you pick on somebody else.

This quote highlights that some youth coped with their victimization by directing verbal aggression towards the people who bullied them in an effort to put an end to their bullying. Interestingly, this verbal aggression was not always a response to provocation from the bully and was sometimes initiated by the victim with the intent of ending the bullying.

The concept of teaching the bully what it feels like to be bullied appeared later in middle school interviews when participants were asked how bullying could be stopped. A 10-year-old male stated, "...I would say since they [the bullies] bully other kids, make them feel how that person who had been bullied feels." An 11-year-old male echoed this and suggested, "Um, ah, I would, like, probably get, get

somebody, that's actually been bullied to bully the bully so they know how it feels like." Taken together, these quotes suggest that some victims want their bullies to understand the pain that they cause and attempt to strip the bullies of power by causing them pain as a potential way of preventing future bullying. It is possible that these victimized youths wanted revenge, punishing their classmates who bullied in order to teach them a lesson. However, current findings suggest that some victims of bullying might attribute bullying behavior to the bully's lack of empathy and a possible point of intervention might be to increase adolescents' empathy. Indeed, certain bullying interventions focus on empathy training and have successfully decreased rates of bullying (Sahin 2012).

A second form of externalized problem-focused coping was motivated by the desire for self-protection and can be considered a form of reactive aggression (i.e., a defensive response to frustration or provocation; Crick and Dodge 1996). Although this group of youth also wanted to end the bullying, they did not use aggression as a vehicle to cause pain for the bully, but rather as a means of self-protection that they hoped would ultimately end the bullying. A 12-year-old male provided one example:

...we was going to the computer lab and I felt something hit my head and it was a pencil and then people pointed at the boy who threw it at me and I said, 'leave me alone' and he started to pick on me and I pushed him through the door and we started to fight.

In this example, the victim physically fought back in response to being bullied, trying to protect himself from being viewed as weak by his peers and trying to stop the bullying. However, this participant did not randomly attack his bully, but rather used physical aggression in response to being victimized. A 13-year-old male also reported physically fighting against his bully as a means of self-protection: "This one time I had to give [the bully] that Indian burn just to get him to stop." These quotes illustrate the concept of reactive aggression, these youths used physical aggression only in response to an attack from the bully and as means of self-protection. Research suggests that victims of bullying display higher rates of reactive aggression compared to non-victimized youth (Salmivalli and Nieminen 2002) and current findings suggest that this is the case because victims might use aggression as a means of self-protection and a way of trying to stop the bullying.

The theme of problem-focused coping through verbal and physical aggression directed at the bully highlights the desperation that many victims of bullying feel. After talking to their parents and having repeated discussions with the school, participants continued being bullied and perhaps felt they had no recourse other than to verbally or physically fight back. Findings suggest that victimized youth

might feel trapped and that verbally or physically fighting back feels like their only viable option to end the bullying. This is not to say that physically fighting back is acceptable or should be encouraged, however, current findings suggest the victims sometimes feel they have no other recourse and use physical force in an attempt to end their victimization. Further, the current rural setting in which this study took place allows corporal punishment in schools, which might send the message to youth that violence and aggression are accepted. The homicide rate in the county participants lived in was four times the national average for the United States. Consequently, adolescents may have felt that one of the only ways to cope with aggression was with more aggression; an ideology that was endorsed by their frustrated parents.

Problem-Focused Coping: High School Students Standing Up For Themselves

High school participants reported a cognitive shift and stated that they learned to cope with victimization by standing up for themselves and learned to defend themselves whenever a perceived bullying attack was made. A few youths described specific experiences that taught them the vital importance of standing up for themselves. A 16-year-old male explained:

...it was middle school and there was this kid... [who] was a lot bigger and he was like 'Get out of my seat' ...and it was my assigned seat...so I was like... 'No, it's my seat!' And...so he backed off and that was really surprising cause...what I thought would have happened was I would have gotten beaten up... But that didn't happen. So I realized if you give [bullies] a response, um, just...a response, a defense... they just back off. So now a days, if someone says something...very negative then I usually say something back.

This quote summarizes a turning point in this participant's life; it was the moment that he first understood the value and importance of standing up to the people who were bullying him. Although this participant was not able to immediately begin standing up for himself, he stated that through being bullied he learned to defend himself and gradually gained the confidence to constantly stand up for himself:

Bullying...kind of makes you or breaks you...you'll have two responses: either you'll break and you just can't stand it or you just kind of get stronger...you understand that something needs to be done and you do it...I had some days where I felt really bad, but I kind of learned from it...during middle school, I

was just taking it...but now a days, I realize that you have to say something, whether it be a comeback or just a reaction, a response. I wouldn't say it has to be aggressive, but just defensive...if you stand up for yourself, they just stop.

This quote illustrates that being bullied put this participant on high alert for possible future situations where he could be bullied and in essence, he was always prepared to stand up for himself. Standing up for himself was not something he engaged in sporadically, but was a problem-focused form of coping that he engaged in constantly. Again, this finding does not suggest that victims should begin physically and verbally fighting back. However, it represents a common way of coping that various victimized youth engaged in. Other high school participants echoed this experience. A 16-year-old female reiterated that the only way to stop bullying is for the victim to stand up for him or herself:

I've learned to stand up for myself...now I know that I don't have to get walked on...I learned that through a series of just terrible events that I had to go through and...it was something where my mom could go up to the school all she wanted and [the teachers] could talk to the kids that were [bullying], but honestly, [the bullying] wasn't going to stop until I made it stop because if kids think they can walk all over you then they will, but if you stand up and show them that they can't, then they stop.

This quote suggests that victims need to be empowered to stand up to their bullies in order to end bullying. Indeed, the participant went on to say that based on her experiences she felt that the only person who could stop the bullying was the victim.

Although participants noted the vital importance of victims standing up for themselves, they had no suggestions for how to teach this skill and stated that it is something that has to be learned through experience. As youth aged, they reported gaining confidence and feeling more comfortable with who they were, which allowed them to stand up for themselves. Although it is disheartening that high school participants did not have suggestions for how to teach younger victims of bullying the skill of standing up for themselves, the fact that many of them gained this skill over time is hopeful and indicates that middle school victims of bullying may eventually develop this inner strength and resilience.

Problem-Focused Coping: Positive Bystander Behavior

The final way in which participants reported coping with being bullied was behaving as prosocial bystanders. A

bystander is an individual who witnesses a bullying event but is not directly involved as a bully or victim. A prosocial bystander is one who intervenes in order to assist the victim by getting a teacher, verbally standing up for the victim, or physically removing the victim from the situation. All participants in the current study reported having been a bystander and although research generally suggests that the majority of youth refrain from engaging in prosocial bystander behavior and often join in the bullying (Hawkins et al. 2001), current participants reported attempting to help other victims.

Engaging in prosocial bystander behavior often puts youth at risk of being victimized (Caravita et al. 2009), however, the majority of participants ignored this risk and attempted to help other victims. While participants were often unsuccessful at ending their own bullying, standing up for their victimized friends or peers provided them an opportunity to potentially end someone else's bullying. In this regard, the prosocial bystander behavior of participants can be viewed as a form of problem-focused coping that was used as a means of decreasing rates of bullying; it was a way for victimized youth to attempt to change the culture of bullying in their school. Further, engaging in prosocial bystander behavior was a way for participants to cope with and combat the feeling of powerlessness caused by their own victimization. Indeed, helping others has been found to increase positive feelings through the body's release of endorphins (Luks 1991); thus, the simple act of helping another victim could increase victimized youths' positive feelings.

The most common bystander response noted by the majority of participants was directly verbally or physically confronting the bully. A 10-year-old male stated, "I told [the bully] 'Hey man, pick on somebody your own size, it's not right to pick on somebody like that...' I...told them that it's not right and that...you need to stop it..." An 11-year-old male stated, "Whenever I see [bullying] happen...I go there to 'em and the person that's...bullying him, I say 'Why don't you leave him alone? Just go somewhere else.'" These quotes highlight that some middle school youth had the courage to directly confront the bullying when someone else was being victimized. High school participants echoed these prosocial bystander responses and provided detailed accounts of how they confronted bullies in an effort to end bullying. A 16-year-old female stated, "If I see bullying... then I will 100% step in..." She also reported trying to comfort the victim after confronting the bully. A 15-year-old male reported physically confronting a bully to protect a victimized peer:

One time there was this dude, he's in EC [special education]...and some bigger dude was pushing him so I got in between them and pushed the other dude off of

him cause there was nothing he could do...so I tried my best to get [the bully] off of him.

A 17-year-old female provided an example of one of the many times she stood up for a victim:

Last semester this girl had like a little bit of hair so she had it in ponytail and these girls were making fun of her and they took a picture and they put it on Instagram. And I saw it and I talked to them and I said, 'How would you feel?' And they said, 'Well, everyone's laughing.' And I said, 'If she saw it she wouldn't be laughing.' I said, 'That's bullying, you could be expelled.'

These quotes illustrate that high school participants were not only able to stand up for themselves, but also stood up for their victimized peers. The other common forms of prosocial bystander behavior were getting a teacher and comforting the victim. About half of middle- and high-school participants engaged in one or both of these bystander behaviors. A 13-year-old male stated, "[I] tell [the teacher], 'Some boys back there getting picked on. Boys or girls getting' picked on, bullied.'" A 14-year-old female reported, "First of all I tell [the victim] it's okay and they will make it through and then I go and tell an adult." A 16-year-old male stated, "Well, most of the time I go up by myself and I would take the [the victim] out of the situation and bring them with me and I'd talk to them and then go to an adult."

The majority of high school participants stated that sympathy or empathy for the victim motivated their prosocial bystander behavior, however, middle school participants did not mention empathy as a motivating factor in their bystander behavior. For high school participants, it seems that their past experience of being bullied served as a catalyst for protecting current victims. A 16-year-old female stated, "I feel kind of sympathetic towards [victims]...so I feel like I should do something." A 15 year old female explained her prosocial bystander behavior, "...[watching someone get bullied] reminded me of being bullied and nobody was there to help me or protect me." A 16-year-old female reiterated this sentiment, "I just want to protect everybody. My instincts just kick in when I see someone who can't protect themselves because it just makes me think of me when I was younger." These quotes suggests that for high school participants, past victimization experiences motivated many of them to protect current victims.

The majority of participants reported engaging in prosocial bystander behavior by directly confronting the bully, getting a teacher, or comforting the victim. For both middle- and high-school participants, engaging in prosocial bystander behavior was a potential way of feeling empowered and of coping with the helplessness engendered by

victimization. Intervening was also a way of trying to put an end to bullying and changing the culture of the school.

Implications for Social Work Policy and Practice

Current findings highlight a few important implications for social work policy and practice. Prosocial bystander behavior was a problem-focused coping strategy that allowed youth to potentially stop an episode of bullying. Current findings indicated that, despite the devastating experience of bullying victimization, victimized youth are often resilient and engage in a number of coping strategies in an attempt to end their bullying. This finding suggests that victims of bullying could be mobilized to serve as prosocial bystanders. Armed with this information, school social workers could encourage victims to band together and stand up to their bullies. Further, a few bullying interventions focus on mobilizing bystanders to end bullying (e.g., KiVa; Salmivalli et al. 2011) and current findings indicate that these interventions should add activities or lesson plans that aim to specifically mobilize past and current victims as prosocial bystanders. Perhaps teaching victims to stand up for their peers might also encourage them to stand up for themselves, which findings indicate could be a potential way to end bullying.

The lack of response on the part of school personnel highlights the importance of schools implementing a school wide policy on responding to bullying. Schools should establish an action plan to implement when episodes of bullying occur. School social workers could spearhead a campaign to create a procedure for handling bullying incidents so that victims feel supported by the school and concerned parents feel heard and validated.

Finally, current findings highlight the devastating impact bullying victimization has on mental health. Mental health services are scant in rural areas, suggesting that schools might need additional resources to hire qualified mental health workers (e.g., social workers, psychologists) to provide immediate treatment and support to victimized youth.

Limitations

Although the current study adds to the bullying research base on victim coping strategies, results must be understood in light of certain limitations. First, due to difficulty obtaining participants, our participant pool was limited. Thirty-six percent of participating youth came from Teen Court, possibly creating an over emphasis on meeting aggression with aggression. Second, we had small numbers of representatives from the different racial groups so we were unable to analyze our data across races. Further, participants

were not directly asked about if and how race/ethnicity, gender, or sexual orientation played a role in their victimization experiences; future qualitative research should more carefully examine how these factors impact victim's experiences. Third, participants came from low income, rural areas with high rates of violence, making their perspectives unique to this context. Finally, discussing experiences of victimization is very personal. Although participants talked at length with the interviewer, it is always possible that participants withheld important information for fear of embarrassment.

Conclusion

In line with past qualitative research on victims' coping (Tenenbaum et al. 2011), the current study found that youth reported engaging in both emotion- and problem-focused responses and coping. Youth reported emotional reactions in the form of internalizing symptoms and externalizing behaviors, emotion-focused coping in the form of help seeking, and problem-focused coping in the form of physical and verbal aggression and standing up for themselves. One reaction rarely discussed in the bullying literature included symptoms of PTSD. Many current participants reported sleep disturbances, nightmares, school avoidance, hypervigilance, and intense and pervasive memories of their victimization, suggesting that bullying victimization is a form of interpersonal trauma that can result in symptoms of PTSD. This finding highlights the importance of connecting victims of bullying with mental health providers, especially victims in rural areas where mental health support is scarce. School social workers are in a strong position to identify victimized youth and should help connect them to support services within and outside of the school setting. Additional research is needed on the connection between PTSD and bullying victimization and as this research emerges, bullying interventions should start to target victims' trauma symptoms. Overall, findings highlight the importance of schools continuing to find ways in which to support bullied youth and their parents.

Funding Funding for this research was provided through a cooperative agreement with the U.S. Centers for Disease Control and Prevention's National Center for Injury Prevention and Control (5 U01 CE001948-03).

Compliance with Ethical Standards

Conflict of interest The authors declare that there is no conflict of interest.

Ethical Approval All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964

Helsinki declaration and its later amendments or comparable ethical standards.

References

- American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington: Author.
- Andreou, E. (2001). Bully/victim problems and their association with coping behaviour in conflictual peer interactions among school age children. *Educational Psychology, 21*, 59–66.
- Author 3, Author 1, Author 2, (2014) Masked for review. *Violence and Victims 29*(6): 1029–1046.
- Author 1, Author 3, Author 2, (2014) Masked for review *Children and Youth Services Review 44*: 256–264.
- Bibou-Nakou, I., Tslantis, J., Assimopoulos, H., Chatzllambou, P., & Glaannakopoulos, D. (2012). School factors related to bullying: A qualitative study of early adolescent students. *Social Psychology Education, 15*, 125–145.
- Bijtbeier, P., & Vertommen, H. (1998). Coping with peer arguments in school-age children with bully/victim problems. *British Journal of Educational Psychology, 68*, 387–394.
- Camodeca, M., & Goossens, F. A. (2005). Aggression, social cognitions, anger, and sadness in bullies and victims. *Journal of Child Psychology and Psychiatry, 46*, 186–197.
- Caravita SCS, Di Blasio, P., & Salmivalli, C. (2009). Unique and interactive effects of empathy and social status on involvement in bullying. *Social Development, 18*(1), 140–163.
- Coleman, M., Ganong, L. H., Clark, J. M., & Madsen, R. (1989). Parenting perceptions in rural and urban families: Is there a difference? *Journal of Marriage and Family, 51*, 329–335.
- Cranham, J., & Carroll, A. (2003). Dynamics within the bully/victim paradigm: A qualitative analysis. *Educational Psychology on Practice, 19*, 113–132.
- Crick, N. R., & Dodge, K. A. (1996). Social information-processing mechanisms in reactive and proactive aggression. *Child Development, 67*, 128–131.
- D'Andrea, W., Ford, J., Stolbach, B., & van der Kolk, B. A. (2012). Understanding interpersonal trauma in children: Why we need a developmental appropriate trauma diagnosis. *American Journal of Orthopsychiatry, 82*, 187–200.
- DeLara, E. W. (2012). Why adolescent don't disclose incidents of bullying and harassment. *Journal of School Violence, 11*, 288–305.
- Dulmus, C. N., Theriot, M. T., Sowers, K. M., & Blackburn, J. A. (2004). Student reports of peer bullying victimization in a rural school. *Stress, Trauma, and Crisis, 7*, 1–16.
- Evans, C. B. R., Smokowski, P. R., & Cotter, K. L. (2014). Cumulative bullying victimization: An investigation of the dose-response relationship between victimization and the associated mental health outcomes, social supports, and school experiences of rural adolescents. *Children and Youth Services Review, 44*, 256–264.
- Folkman, S., & Lazarus, R. S. (1980). An analysis of coping in a middle-aged community sample. *Journal of Health and Social Behavior, 21*(3), 219–239.
- Formby, E. (2013). Understanding and responding to homophobia and bullying: Contrasting staff and young people's views within community settings in England. *Sexual Research and Social Policy, 10*, 302–316.
- Gibbs, G. (2007). *Analyzing qualitative data*. California: Sage.
- Guerra, N. G., Willams, K. R., & Sadek, S. (2011). Understanding bullying and victimization during childhood and adolescence: A mixed methods study. *Child Development, 82*, 295–310.
- Hawkins, D. L., Pepler, D. J., & Craig, W. M. (2001). Naturalistic observations of peer interventions in bullying. *Social Development, 10*(4), 512–527.
- Hesse-Biber, S. N., & Leavy, P. (2011). *The practice of qualitative research* (2nd ed.). California: Sage.
- Holt, M. K., & Espelage, D. L. (2007). Perceived social support among bullies, victims, and bully-victims. *Journal of Youth and Adolescence, 36*, 984–994.
- Hopkins, L., Taylor, L., Bowen, E., & Wood, C. (2013). A qualitative study investigating adolescents' understanding of aggression, bullying, and violence. *Children and Youth Services Review, 35*, 685–693.
- Horowitz, J. A., Vessey, J. A., Carlson, K. L., Bradley, J. F., Montoya, C., McCullough, B., & David, J. (2004). Teasing and bullying experiences of middle school students. *Journal of American Psychiatric Nurses Association, 10*, 165–172.
- Idsoe, T., Dyregrov, A., & Idsoe, E. C. (2012). Bullying and PTSD symptoms. *Journal of Abnormal Child Psychiatry, 40*, 901–911.
- Juvonen, J., Graham, S., & Schuster, M. A. (2003). Bullying among young adolescents: The strong, the weak, and the troubled. *Pediatrics, 112*, 1231–1237.
- Kvarme, L. G., Helseth, S., Saeteren, B., & Natvig, G. K. (2010). School children's experience of being bullied-and how they envisage their dream day. *Scandinavian Journal of Caring Sciences, 24*, 791–798.
- Larson, J. E., Corrigan, P. W., & Cothran, T. P. (2012). The impact of mental health stigma on clients from rural settings. In K. B. Smalley, J. C. Warren, & J. P. Rainer (Eds.), *Rural mental health*. New York: Springer.
- Lazarus, R. S. (1991). *Emotion and adaptation*. New York: Oxford University Press.
- Lichtman, M. (2014). *Qualitative research for the social sciences*. Thousand Oaks, CA: Sage.
- Lincoln YS and Guba EG (1985). *Naturalistic inquiry*. Thousand Oaks, CA: Sage.
- Luks, A. (1991). *The healing power of doing good*. San Jose: iUniverse.com, Inc.
- Menesini, E., Modena, M., & Tani, F. (2009). Bullying and victimization in adolescence: Concurrent and stable roles and psychological health symptoms. *Journal of Genetic Psychology, 170*(2), 115–133.
- Moreland, J. J., Raup-Krieger, J. L., Hect, M. L., & Miller-Day, M. M. (2013). The conceptualization and communication of risk among rural Appalachian adolescents. *Journal of Health Communication, 18*(6), 668–685.
- Morrow, S. L. (2005). Quality and trustworthiness in qualitative research in counseling psychology. *Journal of Counseling Psychology, 52*(2), 250–260.
- Nansel, T. R., Overpeck, M., Pilla, R. S., & Ruan, W. J., Simons-Morton, B., & Scheidt, P. (2001). Bullying behaviors among US youth: Prevalence and association with psychosocial adjustment. *Journal of the American Medical Association, 285*, 2094–2110.
- Olafsen, R. N., & Viemero, V. (2000). Bully/victim problems and coping with stress in school among 10- to 12-year-old pupils in Åland, Finland. *Aggressive Behavior, 26*, 57–65.
- Price, M., Chin, M. A., Higa-McMillan, C., & Kim, S., & Frueh, B. C. (2013). Prevalence and internalizing problems of ethnographically diverse victims of traditional and cyber bullying. *School Mental Health, 5*, 183–191.
- Price, M., & Dalgleish, J. (2010). Cyberbullying: Experiences, impacts and coping strategies as described by Australian young people. *Youth Studies Australia, 29*, 51–59.
- Radunovich, H. L., & Wiens, B. A. (2012). Providing mental health services for children, adolescents and families in rural areas. In K. B. Smalley, J. C. Warren & J. P. Rainer (Eds.), *Rural mental health* (281–295). New York: Springer.

- Robers S, Kemp J, & Truman J (2013) Indicators of school crime and safety: 2012. <http://nces.ed.gov/pubs2013/2013036.pdf>.
- Roecker-Phelps, C. E. (2001). Children's responses to overt and relational aggression. *Journal of Clinical Child Psychology, 30*, 240–252.
- Roth, S., & Cohen, L. J. (1986). Approach, avoidance, and coping with stress. *American Psychologist, 41*, 813–819.
- Sahin, M. (2012). An investigation into the efficiency of empathy training program on preventing bullying in primary schools. *Children and Youth Services Review, 34*, 1325–1330.
- Salmivalli, C., Karhunen, J., & Lagerspetz K. M. J. (1996). How do the victims respond to bullying? *Aggressive Behavior, 22*, 99–109.
- Salmivalli, C., Karna, A., & Poskiparta, E. (2011). Counteracting bullying Finland: The KiVa program and its effects on different forms of being bullied. *International Journal of Behavioral Development, 35*, 405–411.
- Salmivalli, C., & Nieminen, E. (2002). Proactive and reactive aggression among school bullies, victims, and bully-victims. *Aggressive Behavior, 28*, 30–44.
- Sandelowski, M. (2000). Whatever happened to qualitative description? *Nursing & Health, 23*, 334–340.
- Sekol, I. (2012). Peer violence in adolescent residential care: A qualitative examination of contextual and peer factors. *Children and Youth Services Review, 35*, 1901–1912.
- Silver RL and Wortman CB (1980) Coping with undesirable life events. In J. Garber & E.P. Seligman (Eds.), *Human helplessness: Theory and applications* (279–340). New York: Academic Press.
- Slegova V and Cema A (2011) Cyberbullying in adolescent victims: Perceptions and coping. *Cyberpsychology: Journal of Psychosocial Research in Cyberspace 5*, 1.
- Smokowski, P. R., Cotter, K. L., Robertson, CIB, & Guo, S. (2013). Demographic, psychological, and school environment correlates of bullying victimization and school hassles in rural youth. *Journal of Criminology, 2013*, 1–13.
- Smokowski, P. R., Evans, C. B. R., & Cotter, K. L. (2014). Differential effects of episodic, chronic, and cumulative physical bullying and cyberbullying: The effects of victimization on the school experiences, social support, and mental health of rural adolescents. *Violence and Victims, 29*, 1029–1046.
- Tenenbaum, L. S., Varjas, K., Meyers, J., & Parris, L. (2011). Coping strategies and perceived effectiveness in fourth through eighth grade victims of bullying. *Social Psychology, 32*(3), 263–287.
- Thornberg, R., Rosenqvist, R., & Johansson, P. (2012). Older teenagers' explanations of bullying. *Child & Youth Care Forum, 41*, 327–342.
- U.S. Department of Justice, Office for Victims of Crime, Office of Justice Programs (2001) Rural victim assistance: A victim/witness guide for rural prosecutors (NCJ No. 21106).
- Willging, C. E., Quintero, G. A., & Lilliott, E. A. (2014). Hitting the wall: Youth perspectives on boredom, trouble, and drug use dynamics in rural New Mexico. *Youth & Society, 46*, 3–29.