

The role of moral disengagement and lack of empathy in cyberbullying: How school nurses can respond

Cyberbullying offers no escape for its victims and provides little opportunity for children and young people (CYP) to defend themselves. Many interventions relating to all forms of bullying focus primarily on victims and the negative effects that it causes toward their emotional health. There is a requirement, however, for school nurses (SNs) to develop an understanding of the differing roles CYP may adopt in the bullying process, in order for universal preventative interventions to be developed, in collaboration with schools and specialist agencies, which target all children. This article explores the risk factors associated with cyberbullying (e.g. moral disengagement and lack of empathy), both as a victim and perpetrator, and protective factors which could aid in the development of preventative intervention strategies for school nurses.

Millions of young people across the UK have successfully integrated digital technology into their everyday lives, allowing them to express themselves and socialise in fun and exciting ways. The fact that they are constantly digitally connected, however, means that they are more susceptible than ever to persistent victimisation (Internet Safety Statistics, 2024). No legal definition exists for bullying in the UK; however, it can be defined as behaviour that is repeated and intended to hurt someone either physically or emotionally (Byrne et al, 2018). Cyberbullying can be further described as the use of information technology to bully a person by posting or sending images or text, of an intimidating or threatening nature (Peck et al, 2023).

An estimated 847 000 CYP between the ages of 10 and 15 in England experienced online bullying in the year ending March 2023 (Office for National Statistics [ONS], 2024), with just over 1 in 10 of them admitting to being called names, swore at or insulted via some form of online media, and the prevalence of cyberbullying was significantly higher for females than males.

Latest figures from GOV.UK (2023) revealed that 1 in 13 children and young people in the UK were suffering persistent

cyberbullying and highlighted that they viewed it as one of the main challenges that they have to face in the digital world. Cyberbullying offers no escape for its victims and provides little opportunity for people to defend themselves; in essence it is relentless, and its true prevalence very difficult to determine, as many encounters remain unreported by CYP for a variety of reasons, such as feelings of embarrassment, fear that online activity will be restricted and an overall lack of awareness of ways to self-report (Luo and Bussey, 2022). According to Biswas (2022), cyberbullying is becoming increasingly common as a means of inflicting harm upon others, especially among adolescents.

A questionnaire study carried out by the National Children's Bureau in 2022, as part of the Anti-Bullying Alliance, revealed that 6% of school pupils reported being frequently bullied online and 6% also reported bullying others online. CYP who were victims of either face-to-face or cyberbullying reported poorer school experiences than non-victims, and those students who were either victims or perpetrators, felt as if they didn't belong at school and reported poorer relationships with their teachers.

Of particular interest was the fact that those CYP who admitted to being perpetrators of bullying were more likely to be the ones reporting the poorest wellbeing overall.

Due to the fact that there is the possibility for online abuse to continue to be spread by others and cyberbullies are able to achieve a far higher level of anonymity than with traditional face-to-face bullying, concerns have been raised surrounding cyberbullying's escalating intensity in comparison to traditional bullying (Hamm et al, 2015). Previous studies have shown that cyberbullying causes severe and negative short- and long-term effects on the health and wellbeing of both cyber victims and their bullies (Peck et al, 2023).

In CYP, depression, anxiety, anger and frustration are examples of these, as too are academic difficulties, a feeling of low self-esteem, and suicidal and self-harm thoughts and attempts (Kowalski and Limber, 2013). These effects may often present as changes in behaviour, such as becoming quiet and withdrawn and a dislike of attending school, or the occurrence of violent outbursts and increase in drug and alcohol use (Chamizo-Nieto et al, 2023).

As cyberbullying victims often report feeling a loss of power, revenge plotting in order to regain an element of control frequently occurs, resulting in a high prevalence of perpetrators who have in fact been victims themselves (National Bullying Helpline, 2022). Cyberbullying can be viewed as a significant stressor in a child or young person's life and can result in overwhelming feelings of being alone or isolated, and a general lack of awareness

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and support can create a barrier for cyber victims to discuss the issues they face (Udris, 2014). Mounting evidence links cyberbullying with poor mental health in CYP (Kowalski et al, 2022).

Risk factors

Moral disengagement

A study by Killer et al (2019), identified moral disengagement in CYP as a risk factor likely to trigger cyberbullying behaviour. They concluded that moral disengagement is significantly linked to participation in cyberbullying, as it allows perpetrators to overlook the recognition that aggressive behaviours such as bullying are morally wrong and attempt to rationalise their actions. Through the detachment of moral standards from personal sanctions, CYP are able to perpetrate bullying without feeling remorse, facilitated via cyberbullying as it allows for a degree of anonymity, enabling them to distance themselves more effectively from the actions they are actually performing (Luo and Bussey, 2019).

Moral disengagement is well documented as one of the main examined predictive variables of cyberbullying perpetration (Attwood et al, 2012) and can be further explained by a process that enables those who bully to selectively disengage their moral standards in order to bully without reducing their self-regard (Bandura, 2002). A quantitative study by Hyde et al in 2010 revealed, however, that moral disengagement tends to be directed at society and its values as a whole, rather than solely specific individuals. What was also conclusively evidenced throughout their study, was the link between empathy and moral disengagement and how a lack of empathy in children and young people emerged as the most robust predictor of such behaviour (Hyde et al, 2010).

Lack of empathy

Empathy plays a significant part in self-confidence, personal growth and respect for social norms and human rights (Gao et al, 2023). Lacking a certain amount of empathy predisposes CYP to a higher risk of being a perpetrator of cyberbullying (Mishna, 2012). Attwood et al (2012) defined empathy in childhood and adolescence as the ability to understand the emotions of other people. Hicks et al (2019) also identified a link between lack of empathy and cyberbullying in their study and concluded that dramatic empathy training, where CYP are exposed to original cyberbullying scenarios and are asked to re-enact the victim and other stakeholder's experiences and feelings, can not only increase their

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empathy, but also their social skills. As this is advocated to be delivered alongside school counsellors, better social responses in lieu of cyberbullying and personal consequences for all children and young people involved in the scenario can be discussed (Hicks et al, 2019). In reality, however, waiting lists to receive input from school counsellors is generally lengthy, raising doubt as to the feasibility of such an intervention.

In their recent study, Salem et al (2023) found that including empathy training into cognitive behavioural therapy (CBT) interventions, delivered within schools, can have a positive effect on both the affective and cognitive empathy of CYP, resulting in them being significantly less likely to be cyberbullying perpetrators, than those who received non-empathetic CBT.

Low self-esteem

Literature supports the use of universally delivered CBT in schools to reduce anxiety and improve self-esteem in CYP (Attwood et al, 2012). Research also suggests that having a high level of self-esteem protects CYP from becoming both victims and perpetrators of traditional face-to-face and cyberbullying (Vranjes, 2018). Palermi et al (2022) identified that victims of cyberbullying tend to have lower self-esteem than non-victims. However, the study failed to prove whether this was as a result of suffering victimisation, or whether a pre-existing lack of self-esteem predisposed certain children and young people at risk of being targeted.

A substantial amount of evidence suggests that mindfulness is directly related to healthy self-esteem in CYP, and that enhancing mindfulness ultimately increases self-esteem (Pepping et al, 2013). The Mindfulness Initiatives report (UK Parliament, 2021) highlighted that mindfulness programmes are becoming increasingly popular in educational settings worldwide, and have the ability to promote empathy, connectedness and an increased

level of self-esteem. Schonert-Reichl et al (2015) conducted a study with 99 Canadian children, aged 9 or 10, delivering the MindUp programme to them, which combines mindfulness and gratitude practice, alongside social and emotional learning. The study evidenced marked improvements in emotional control, empathy and self-esteem in all children who took part.

However, a study by Wilde et al (2019), involving the implementation of a mindfulness programme in a UK school, identified that although highly beneficial in improving children and young people's mental health, allocation of sufficient resources such as staff training and development, availability of time during the curriculum, and general competing pressures for time and money in schools, could potentially provide a large barrier to implementation. Their study concluded, however, that mindfulness when delivered by an outside facilitator, in partnership with the school could be highly effective and beneficial (Wilde et al, 2019).

Lack of resilience

Maor et al (2024) highlight in their study that adolescents who suffer from cyberbullying generally experience negative feelings, which can affect their emotional health and also put them in a vulnerable position for participating in risky behaviour, such as excess drug and alcohol usage. Hicks et al (2019) further evidenced this and concluded that cyberbullying victims experience negative health outcomes as a direct result of being victimised online. The higher the involvement in risky behaviour, the more likely that cyberbullying victims will progress to become perpetrators themselves (Graham and Wood, 2019). This, combined with a lack of resilience factors such as negative school experience and poor relationships with teachers and peers, generally evident as a result of victimisation, leads to a higher chance of a victim becoming a perpetrator (Maor et al, 2024).

Li's study (2023) showed that an overall lack of resilience in children and young people placed them at higher risk of being involved in cyberbullying, either as a victim or perpetrator. Lei et al (2020) discovered that cyberbullying victims generally have poor relationships with their teachers and peers, and are hesitant to tell adults, including their parents, what is occurring out of concern for how others will react and shame. Their study also highlighted that CYP are often hesitant to confide in their parents for fear that online access will be revoked, as a parental mechanism to protect against further victimisation.

Evidence suggests that restricting CYP from electronic devices if they are victims of bullying, disengages them from the digital world resulting in them feeling even more secluded (Hicks et al, 2016). Increasing a CYP's resilience is generally regarded throughout the literature, as a successful approach to developing their adaptive coping strategies, which ultimately protects them from involvement in all forms of bullying (Maor, 2024).

Developing preventative intervention strategies

Understanding the bullying process

Incidents of both traditional bullying and cyberbullying usually appear within established peer groups (Cassidy et al, 2013) and evidence suggests that an understanding of the different roles involved in the bullying process is beneficial when attempting to deliver preventative interventions and support (Killer et al, 2019).

Salmivalli et al (1996) defined six distinct roles: victim, perpetrator, assistant who encourages, reinforcer, victim's defender and bystander. However, other authors such as Crapanzano et al (2011) concluded that three of them, perpetrator, assistant and reinforcer, are too highly correlated to be considered different. If school nurses (SNs) possess an understanding of the specific characteristics of each of the bullying roles, they may be able to offer interventions that target each of them, in order to encourage sustainable change (Salmivalli and Voeten, 2004). No formal requirement exists for SNs in the UK to be competently trained in issues relating to cyberbullying (Yosep et al, 2023). It would be fair to assume, however, that many possess little knowledge as to the importance of recognising that CYP can be involved in cyberbullying, without being simply a victim or perpetrator.

As moral disengagement has been shown to be closely associated with CYP who adopt a bully, assistant or reinforcer role, it would not be unreasonable to assume that reprimanding or intervening solely with the child or young person identified as the perpetrator, would provide little benefit in addressing the issue in its entirety (Killer et al, 2019). Traditionally, in the UK, SN involvement in all forms of bullying tends to be mainly associated with providing emotional support for victims (Van Ouytsel et al, 2015), due to its strongly evidenced association with mental health issues. Evidence suggests that bullies themselves are in fact often overlooked in interventional strategies (Van Ouytsel et al, 2015) and it is therefore important that SNs acknowledge this.



Interventional support strategies offered by SNs should be targeted to all CYP, regardless of the cyberbullying role they may have, as both victims and perpetrators of cyberbullying are equally shown to have issues regulating their emotions (Lei et al, 2020). As no formal training is routinely delivered surrounding this, however, it can be assumed that it is left to the discretion of individuals to increase their knowledge surrounding this, resulting in a non-standardised ad-hoc approach.

Enhancing empathy

There is a need for SNs to formulate innovative ways to enhance empathy in CYP to reduce cyberbullying incidence. All SNs should possess the necessary skills required to deliver primary interventions such as delivering education sessions within schools (Local Government Association, 2022). Recent literature suggests that delivering practical role-playing scenarios, to enable CYP to understand situations from others' points of view, are beneficial. While this could easily be carried out by SNs alone, ever-increasing workloads and safeguarding demands mean that, in reality, there is little time for such a service.

Therefore, working in collaboration with school counsellors or pastoral leads, could be one solution (Grover, 2005), allowing SNs to share their knowledge and public health skills, facilitating education staff to deliver interventions such as role playing, discussion and group counselling, which have been evidenced as highly effective preventative strategies (Zend et al, 2020). These practical sessions would aim to enhance empathy in CYP and ultimately reduce the incidence of moral

disengagement (Vranjes et al, 2018); this in turn could reduce cyberbullying incidence. The evidence highlights that SNs should be prepared to deliver interventions that are not solely based on relaying of information, but more tailored toward providing CYP with practical skills they can build on to make more informed and empathetic decisions (Yosep et al, 2023) – hence the requirement for SNs to be innovative.

Mental health interventions

All practitioners working with children and young people should have an awareness of the benefits of mindfulness and CBT in addressing emotional health issues in CYP, and signpost where CYP can access online or face-to-face support. Realistically, however, there are barriers to certain CYP accessing mindfulness apps and online information where digital poverty exists, and waiting times to access specialist therapy services are routinely lengthy.

Training SNs to deliver mindfulness sessions in schools would facilitate a preventative, interventional approach and provide availability to all. Henry et al (2022) demonstrated in their study the success of a school nurse-led mindfulness programme delivered over 8 weeks in a school in the US and concluded that SNs are in a unique position to deliver such, as their relationship with CYP is primarily based on a concern for their health and wellbeing.

Mindfulness programmes are becoming increasingly popular in schools and educational settings worldwide (UK Parliament, 2024). In the US and Australia, they are routinely delivered by SNs who have received training in such interventions (Atwood et al, 2012). The reality in the

UK, however, is that SNs implementing interventional strategies for cyberbullying do not receive training in mindfulness and adopt more of a signposting role in relation to where CYP may access it, such as the use of digital apps and online information. If required, referral to outside agencies can also be facilitated, combined with delivery of school nurse self-taught knowledge (Muggeo et al, 2017).

Outside facilitators, such as SNs, working in partnership with education staff, such as teachers and school counsellors, could be a highly effective method of delivering mindfulness to CYP (Wilde et al, 2019). Training SNs and education staff with the essential skills required to deliver such a programme, however, would not be easy due to increasing caseloads and strict time constraints. Actually delivering it would be even more challenging for the same reasons. It is not, however, a totally unrealistic recommendation and provides a solution to SNs addressing the ever-increasing demand from CYP for emotional health support.

The reality is that child and adolescent services such as CAMHS are in increasing demand and the waiting lists for support from these services are extremely lengthy in some areas of the UK. Currently, over a quarter of a million children referred to CAMHS between 2022 and 2023 are still awaiting mental health support (Children's Commissioner, 2024). Equipping SNs with the knowledge they require to offer evidence-based strategies that encourage positive effects on CYPs' mental health addresses their holistic needs far better than referring them to a specialist service who places them on a lengthy waiting list. One solution to the delivery of this training could be for SNs to work alongside CAMHS as mental health first aiders, which will allow them to bridge the gap between referral and specialist support, with evidence-based tailored low-level interventions.

Bullying in health assessments

There may be a need for school nurse health assessments, even those on a universal level, to include determination of whether a CYP has ever been a victim and/or a perpetrator of bullying, due to the direct negative emotional health consequences that arise from this. Assessing this as routine will allow SNs to intervene with individual targeted strategies at an earlier stage and also facilitate CYP to report cyberbullying, rather than suffer in silence. Those reporting as being perpetrators could potentially be offered support with enhancing empathy, resilience and self-esteem.

Likewise, those reporting as being victims can be offered immediate emotional

health support if required, followed by the same empathy, resilience and self-esteem-enhancing activities so that they do not move forward and develop into perpetrators themselves, as the literature has so often highlighted. There appears to be an ever-increasing need for SNs to deliver cyberbullying interventions that are preventative rather than reactive in nature, in order to support CYP with their emotional and physical health. It is not enough in today's society for SNs to solely intervene once CYP are already suffering the negative consequences of cyberbullying.

Recommendations

Developing interventions that target perpetrators as well as victims is essential in addressing the rising incidence of cyberbullying that CYP currently encounter. SNs need to take the lead and work collaboratively with schools and specialist services so that strategic and comprehensive interventions, which are accessible to all CYP, can be implemented. Misconceptions that bullying is an issue for schools to navigate and respond to must be dispelled. SNs should be educated as to the six roles identified within the bullying process, to develop an understanding of the close correlation between perpetrator, assistant and reinforcer, allowing them to help schools to formulate universal intervention strategies which are preventative rather than reactive in nature.

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health effects of cyberbullying, and the importance of increasing empathy, self-esteem and resilience in order to combat it. Despite the fact that SNs in the UK are not routinely trained in mindfulness and CBT, the evidence supporting their positive effects in reducing the incidence of cyberbullying must be acknowledged. As SNs are uniquely placed to foster interventional programmes within schools, future proposals could include working collaboratively with school counsellors and CAMHS in order to develop universal mindfulness and CBT programmes accessible to all. Cyberbullying has a strong correlation with poor emotional health in CYP and every effort must be made to acknowledge its existence at every contact highlighting the need for a standardised tool to address it.

Conclusions

Cyberbullying has been shown to have a detrimental effect on CYPs' emotional health. Educating school nurses as to the predisposing risk factors that can lead to its occurrence and the protective factors that can guard against it are vital in order to ensure that positive, effective and sustainable preventative interventions can be delivered to all children and young people universally.

Increasing awareness among those working with children and young people as to the role of mindfulness and empathy driven CBT in tackling cyberbullying is essential for future collaborative working, so that CYP are provided with the tools to empower change in an expanding digital world. **JFCH**

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