

A Meta-Analysis on Effects of Post-Intervention Program for Adolescent Victims of School Bullying: Focusing on Cognitive-Behavioral Treatment

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This study is a meta-analysis on the effectiveness of Cognitive-Behavioral Treatment (CBT) within post-intervention programs for adolescent victims of school bullying in the Republic of Korea (Korea). Fourteen dissertations and journals, published in Korea between 2000 and 2021, were selected based on the PICOS standards, and effect sizes were calculated using Comprehensive Meta-Analysis (CMA) Version 3. The results indicated an overall effect size of 1.00, suggesting substantial effects. CBT for adolescent victims demonstrated large effect sizes on self-concept, self-esteem, peer relationship, and school adjustment outcomes, while its effects on emotion outcomes, showed median effect size. Finally, this study investigated optimal CBT conditions for better effects, indicating that CBT was most effective when conducted with five to nine participants in 10 to 14 sessions, lasting 60 minutes, twice a week. Notably, smaller group sizes, more sessions, shorter session times, and frequent interventions seemed to enhance the efficacy of CBT programs. This implies that the intensity and frequency of interventions are pivotal in maximizing the impact of CBT for bullied adolescents. Overall, post-intervention programs employing CBT demonstrated mostly substantial effect sizes, providing valuable insights for future CBT implementations by identifying program components for enhanced effectiveness.

Keywords: meta-analysis, school bullying, adolescent, victim, post-intervention program, cognitive-behavioral treatment

Introduction

Globally, school bullying is a significant crisis that adversely affects the development of adolescents (UNESCO, 2019). Variations in school bullying across countries arise from diverse factors, including culture, legal systems, social environments, and socioeconomic status (Katsantonis, 2021; Lee, 2016; Rajamanickam et al., 2019;

Tippett & Wolke, 2014). In the case of Republic of Korea (Korea), school bullying emerged as a social concern in the early 1990s, gained public attention around 1995, yet substantial attention and support only began after 2000 (Park, 2012). However, the school bullying victimization rate peaked at 18.3% in 2011 (Yoon, 2013). According to statistics from 2017 to 2021, the victimization rate was higher in elementary schools compared to middle and high schools, and the proportion of emotional bullying, such as verbal bullying and mobbing, was higher than physical bullying (Ministry of Education, 2021). This suggests that school bullying is manifesting at a younger age and becoming more complex. Additionally, students and teachers emphasized the necessity for continued implementation of measures, such as pre-allocated financial aid for victimized students, augmentation of specialized counseling personnel, emotional and behavioral assessments of students, and

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subsequent support, highlighting a growing demand for post-intervention (Chung et al., 2014). Thus, since the significant onset of interventions against school bullying since 2000, it is essential to compare the effectiveness of post-interventions over the subsequent decade after the peak in victimization rates in 2011. Specifically, reflecting the current trend of school bullying and the varying degrees of victimization with age (Chang, 2013; Chung & Chun, 2012), it appeared necessary to explore the effects of interventions across different age groups.

The experience of being victimized by school bullying has a negative impact on the psychological and emotional problems of the victims, as well as their self-esteem, social skills, and school adjustment (Choi, 2017; Jun, 2008; Kim, 2013; Lee, 2017; Seo, 2014). Kim (2018) found that adolescent victims faced psychological issues like inattention, aggression, somatic symptoms, withdrawal, and anxiety in early adulthood due to prior bullying experiences. It has also been reported that youth victims of bullying may reproduce the perpetrator's behavior (Lee, 2018; Lee & Jun, 2011) and later exhibit problem behaviors such as delinquency and deviance (Cho, 2012; DeCamp & Newby, 2015; Lee et al., 2019; Sansone et al., 2013). The experience of school bullying not only negatively affects the short and long-term growth of adolescents but can also lead to social problems. Therefore, it is necessary not only to focus on preventing bullying but also to provide evidence-based therapeutic post-interventions.

Given the increasing significance of interventions addressing school bullying, various programs have been developed and validated in Korea for youths who have encountered such experiences (Cheon et al., 2015; Do et al., 2011; Kim, 2016; Kim & Jin, 2019; Kim & Yang, 2012; Lee & Kim, 2013; Park & Kim, 2012; Park et al., 2013). Specifically, Cognitive-Behavioral Treatment (CBT) interventions have proven effective not only in Korea but also in other countries (Berry & Hunt, 2009; Do et al., 2011; Fung, 2018; Kim, 2014; Kim, 2003; Lee et al., 2006; Son & Hong, 2009). Meta-analysis has primarily been used to evaluate the clinical effectiveness of these studies to date. Previous meta-analyses in Korea focused on prevention (Cheon, 2015; Kim, 2016; Lee, 2020; Yoon et al., 2014; Yun, 2018). While others incorporated post-intervention programs for adolescent perpetrators or victims of school bullying (Choi & Cho, 2016; Kim et al., 2021; Na, 2016). However, studies that select

both perpetrator and victim experiences and integrate multiple interventions lack clarity on determining the most effective intervention for adolescent victims.

Considering the detrimental impact of school bullying on adolescent development, this study emphasizes victims more strongly compared to previous meta-analysis studies. The study specifically highlights research that utilized Cognitive-Behavioral Therapy (CBT), a method proven effective for addressing problem behaviors in children and adolescents among other approaches (Choi, 2018; Shin, 2018). Furthermore, to provide clinically applicable information, we conducted a comprehensive analysis of the overall effect sizes of these programs and examined differences between program components or dependent variables. Additionally, this study compared the differences in effect size across dependent variables by age, considering the trend that bullying victims tend to be in younger age groups.

For this purpose, we selected studies that have examined the effectiveness of CBT in post-intervention programs for adolescent victims of school bullying in Korea between 2000 and 2021. Therefore, the current study aimed to comprehensively analyze: (1) the overall effect size of the program, (2) the effect sizes of CBT interventions concerning dependent variables (peer relationship, self-concept and self-esteem, emotion, school adjustment), (3) the effect sizes of CBT interventions for victims across different age groups on the dependent variables, and (4) the effect sizes of CBT interventions concerning moderating variables (Age, Gender, Group size, Total number of sessions, Number of sessions per week, Duration of one session, Setting). This study aims to provide valuable clinical insights for designing effective CBT group programs tailored to adolescent victims of school bullying in the future.

Methods

To conduct a meta-analysis, Korean dissertations and journals were selected based on the PICOS format (Higgins et al., 2021). Excluding grey literature from meta-analysis may lead to potential overestimation of intervention effects (McAuley et al., 2000). By incorporating grey literature, our aim was to enhance the diversity in the meta-analysis, exercising caution through the verification of homogeneity or random allocation, thereby providing more sig-

nificant insights. The study subjects ranged from the 4th grade of elementary school to the 3rd grade of high school, comprising individuals who had experienced victimization due to school bullying, limited to ages 9 to 18 within the youth definition of the Framework Act on Youth. Among the post-intervention programs, CBT was administered specifically for adolescent victims of school bullying, and studies with quantitative evaluations were selected to assess effectiveness. We confirmed whether cognitive-behavioral techniques (e.g., addressing automatic thinking, relaxation training, problem-solving training, social skills training, etc.) were included in the manual. The comparison group consisted of either a control group that did not undergo any intervention program or a group that received a different program. Research outcomes included studies reporting results after conducting a CBT program for adolescents who had experienced school bullying. In terms of research design, priority was given to studies employing pre and post-tests in a control group. However, considering the challenges of artificial control and manipulation in experimental design, studies with a nonequivalent control group design were also included.

Data Collection and Selection

As depicted in this Supplementary Figure 1, a total of 14 dissertations and journals published in Korea and meeting the PICOS standards and Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA) criteria were selected for the final analysis.

Data Analysis

This study utilized Comprehensive Meta-Analysis (CMA) Version 3 for data analysis. The specific procedures employed are outlined below. Firstly, we conducted a Test of Homogeneity across studies. Generally, heterogeneity is deemed significant if the ratio of true variance to total variance (I^2) exceeds 50% and the p -value is less than .10 (Higgins et al., 2021). In cases of heterogeneity, we utilized values obtained from the Random Effects Model. Secondly, a publication bias test was performed using Funnel plot, Trim-and-Fill, and Egger's Regression Test to verify the validity of the data. Thirdly, the average effect size was calculated based on individual studies. In this study, Hedges' g was used for analysis due to the tendency of Cohen's d to overestimate when the sample size is small (Bo-

renstein et al., 2009). Additionally, to prevent overestimation of effect size due to duplication, we calculated the average for subdomains of the dependent variables. Next, an overall effect size of CBT post-interventions was determined. Subsequently, further analyses were conducted to assess potential differences in CBT interventions concerning the dependent variables. Referencing previous studies (Cook et al., 2010; Kljakovic & Hunt, 2016), the selected study variables were categorized into individual psychological factors, self-perception, school environment, and peer environment (Lee et al., 2013). These dependent variables encompassed peer relationships (e.g., social skills, interpersonal relationships, self-expression skills, friendships, interpersonal anxiety, social isolation), self-concept and self-esteem, emotion (e.g., depression, anxiety, hostility, withdrawal, emotional regulation), and school adjustment outcomes (e.g., school bullying (victimization, frequency of victimization, harassment from peers), school adjustment). In relation to school adjustment, peer relationships or peer interactions were classified as peer relationship variable. Moreover, we investigated whether these results varied according to age. Additionally, analyses were carried out to identify differences based on moderator variables.

Results

Homogeneity Test

A homogeneity test was conducted to select a method for calculating the average effect size. Supplementary Table 1 indicates the presence of heterogeneity ($k = 35$, $Q = 71.23$, $df = 34$, $p < .001$, $I^2 = 52.27$), hence, the total effect size was measured using a random effect model in this study.

Publication Bias and Sensitivity Analysis

To analyze the publication bias of individual study results, this study used a Funnel plot to identify errors (Borenstein et al., 2009). The asymmetry of both sides in Supplementary Figure 2 suggests the possible existence of publication bias. Consequently, an Egger's Regression Test was conducted for further statistical analysis, revealing statistical evidence of Funnel plot asymmetry, indicative of publication bias ($p < .001$). To address this bias in the overall effect size, a Trim-and-Fill method (Duval & Tweedie, 2000) was

employed. As depicted in Supplementary Figure 3 and Supplementary Table 3, the adjusted mean effect size was .94 (95% CI .72 to 1.16), differing from the observed mean effect size of 1.00 (95% CI .78 to 1.21) obtained in the original analysis. Upon comparison between the observed and adjusted values, the effect sizes were slightly reduced from their original values. However, considering the potential for publication bias, the adjusted mean effect size remains significant, indicating a large effect size. Therefore, it is suggested that publication bias is unlikely to significantly impact the results, suggesting their significance.

Effect Sizes of CBT Post-Intervention for Adolescent Victims of School Bullying

According to the Table 1, the overall effect size was 1.00 ($k=35$, $ES=1.00$, 95% CI .78 to 1.21, $Z=9.12$, $p<.001$). In Cohen's standard, an effect size of .20 or less indicates a small effect, .50 denotes a medium effect, and .80 or more signifies a large effect size (Cohen, 1988). Therefore, the CBT post-intervention for adolescent

victims of school bullying exhibited a large effect size. The outcomes of CBT post-intervention were categorized into Peer Relationship, Self-concept and Self-esteem, Emotion, and School Adjustment to determine the effective dependent variables.

Upon verifying the homogeneity of the effect size, no differences were found between the dependent variables ($Q=6.13$, $p>.05$, ns.). However, Self-concept and Self-esteem ($ES=1.41$), Peer Relationship ($ES=1.17$), and School Adjustment ($ES=.93$) displayed large effect sizes. In contrast, Emotional outcomes ($ES=.58$) showed a medium effect size.

Further detailed analyses were conducted to assess differences among dependent variables based on age groups. The effect size analysis of the dependent variables by age revealed no significant differences between outcome groups ($p>.05$, ns.).

To determine the effective formats of CBT post-intervention, we analyzed them considering moderator variables. According to the Table 2, differences between Age, Gender, and Setting were not statistically significant ($p>.05$, ns.). However, Group size, Total

Table 1. Effect Sizes of CBT Post-Intervention for Adolescent Victims of School Bullying

1-1. Overall effect size									
	<i>k</i>	<i>ES</i>	<i>SE</i>	95% <i>CI</i>		<i>Z</i>	<i>p</i>		
				<i>Lower</i>	<i>Upper</i>				
Random	35	1.00	.11	.78	1.21	9.12	.000		
1-2. Effect size according to the dependent variables									
Outcomes	<i>k</i>	<i>ES</i>	<i>SE</i>	95% <i>CI</i>		<i>Q</i>	<i>df</i>	<i>p</i>	
				<i>Lower</i>	<i>Upper</i>				
PR	10	1.17	.21	.70	1.58	6.13	3	.17	
SC & SE	7	1.41	.25	.92	1.91				
E	6	.58	.25	.09	1.08				
SA	7	.93	.24	.46	1.40				
1-3. Effect size according to the dependent variables by age (School level)									
Age	Outcomes	<i>k</i>	<i>ES</i>	<i>SE</i>	95% <i>CI</i>		<i>Q</i>	<i>df</i>	<i>p</i>
					<i>Lower</i>	<i>Upper</i>			
Child	PR	3	1.25	.31	.64	1.85	.51	2	.78
	SC & SE	2	1.49	.40	.71	2.26			
	E	-	-	-	-	-			
	SA	2	1.57	.35	.87	2.26			
Adolescent	PR	2	1.57	.35	.87	2.26	5.45	3	.14
	SC & SE	5	1.38	.30	.79	1.97			
	E	6	.58	.26	.07	1.09			
	SA	5	.69	.29	.11	1.26			

PR = Peer Relationship; SC & SE = Self-concept and Self-esteem; E = Emotion; SA = School Adjustment; Child = Elementary school students; Adolescent = Middle school and High school students; *k* = Number of Effect Sizes; *ES* = Effect Size (Hedges' *g*); *SE* = Standard Error; 95% CI = 95% Confidence Interval; *Z* = Test Statistic; *Q* = Homogeneity Test Statistic; *df* = The Degree of Freedom; *p* = Significance Probability.

number of sessions, Number of sessions per week, and Duration of one session showed statistical significance ($p < .05$). The CBT post-intervention program demonstrated its greatest effectiveness when five to nine individuals participated in sessions held 10 to 14 times, each lasting 60 minutes, conducted twice a week.

Discussion

Utilizing meta-analysis, this study investigated the effects of post-interventions focusing on CBT targeting adolescent victims of school bullying that could potentially exert negative impacts on human development. Additionally, it analyzed effective conditions applicable in clinical settings. The results of this study are summarized and discussed as follows.

Firstly, the effectiveness of CBT approaches in post-intervention programs has been confirmed for adolescent victims of school bullying. The overall effect size of CBT post-intervention for adolescent victims of school bullying was 1.00, similar to the large effect sizes of .97 (Kim & Park, 2017) and 1.00 (Im, 2016) observed in

programs involving participants who had experienced school bullying trauma. Experiencing negative life events alone in the case of school bullying may not fully account for the relationship between health and psychosocial issues (Moore et al., 2017). Instead, it appears to influence internalization and externalization issues through cognitive interpretation of the situation (Ferraz de Camargo et al., 2023). This suggests the effectiveness of psychotherapy, particularly CBT, when children and adolescents experience trauma such as school bullying.

Comparing the aforementioned results with programs aimed at addressing school bullying perpetrators and prevention, Park (2013) reported a large effect size of 1.76 for a program targeting bullying perpetrators, whereas a program focused on bullying prevention exhibited a medium effect size of .78. Other studies investigating the effectiveness of bullying prevention programs generally indicated medium overall effect sizes (Cheon, 2015; Kim, 2016; Lee, 2020; Yoon et al., 2014; Yun, 2018). Post-intervention programs tended to demonstrate larger effect sizes compared to preventive programs. It appears that the motivation of victims in post-intervention has been

Table 2. Effect Sizes of CBT Post-Intervention for Adolescent Victims of School Bullying according to the Moderator Variables

Moderator variables		<i>k</i>	<i>ES</i>	<i>SE</i>	95% <i>CI</i>		<i>Q</i>	<i>df</i>	<i>p</i>
					<i>Lower</i>	<i>Upper</i>			
Age (School level)	Elementary	7	1.42	.25	.93	1.90	4.04	2	.13
	Middle	26	.88	.12	.64	1.11			
	High	2	1.17	.45	.29	2.05			
Gender	Male	-	-	-	-	-	2.29	1	.13
	Female	5	1.20	.28	.66	1.74			
	Both	22	.75	.13	.52	.98			
Group size	5-9	8	1.63	.21	1.21	2.04	15.32	2	.00
	10-14	22	.94	.12	.71	1.17			
	15-19	5	.46	.21	.05	.87			
Total number of sessions	5-9	16	.69	.14	.41	.97	8.55	1	.00
	10-14	19	1.27	.14	1.00	1.54			
Number of sessions per week	Once	14	.861	.15	.57	1.15	16.30	3	.00
	2 times	11	1.54	.18	1.18	1.90			
	3 times	3	1.08	.31	.47	1.69			
	Continuous	6	.47	.20	.08	.87			
Duration of one session	60 m or less	7	1.58	.22	1.15	2.01	10.43	2	.01
	61-90 m	20	.92	.13	.66	1.18			
	91 m or more	8	.67	.19	.31	1.03			
Setting	School	22	1.00	.14	.72	1.27	.11	1	.74
	Out of School	2	1.15	.45	.27	2.04			

Out of School = Youth Center, Youth Counseling Center; *k* = Number of Effect Sizes; *ES* = Effect Size (Hedges' *g*); *SE* = Standard Error; 95% *CI* = 95% Confidence Interval; *Z* = Test Statistic; *Q* = Homogeneity Test Statistic; *df* = The Degree of Freedom; *p* = Significance Probability.

influenced by experiences of school bullying, with this motivation significantly impacting adaptation and well-being in interpersonal relationships through interaction with emotional responses and cognitive processing (Kim, 2011).

In other countries, meta-analysis has taken precedence in the examination of anti-bullying programs (Gaffney et al., 2019; Guzman-Holst et al., 2022; Torgal et al., 2023). Fraguas et al. (2021) found that anti-bullying interventions had small effect sizes in reducing school bullying and improving mental health outcomes. Considering the substantial differences in effect sizes between the Korean sample and samples from other countries regarding school bullying, future research should aim to compare both Korean and other cultures from a post-intervention perspective.

Secondly, CBT demonstrated a substantial effect size among adolescent victims of school bullying, regardless of dependent variables and some moderator variables (e.g., age, gender, or setting). CBT has consistently been recognized as an effective evidence-based treatment across various disorders (Choi et al., 2020; David-Ferdon & Kaslow, 2008; Dorsey et al., 2017; Silverman et al., 2008). In this study, factors such as Peer Relationship, Self-concept and Self-esteem, and School Adjustment outcomes, acknowledged for their moderating role in mitigating the adverse effects of school bullying experiences on children and adolescents, exhibited large effect sizes (Kim & Nam, 2013; Lim et al., 2015; Nansel et al., 2003; Norrington, 2021). These findings imply a greater potential for recovery among adolescent victims of school bullying through CBT intervention. Despite the considerable challenges posed by school bullying, resulting in psychological conflicts such as role confusion, the application of CBT techniques among adolescent victims can significantly contribute to fostering self-esteem, a pivotal developmental milestone during adolescence. Furthermore, CBT interventions encompassing comprehensive training in communication, social skills, and daily problem-solving demonstrate notable efficacy in enhancing peer relationships and facilitating school adjustment.

Thirdly, after examining the effect size based on moderator variables, the CBT post-intervention program demonstrated its highest effectiveness when attended by groups of five to nine in sessions lasting 60 minutes, conducted 10 to 14 times, twice a week. When considering the age group comprising elementary school

students, longer sessions tended to result in lower effect sizes (Choi & Ahn, 2013). The study's examination of moderator variables emphasized crucial elements influencing the effectiveness of CBT interventions. Notably, smaller group sizes, more sessions, shorter session times, and frequent interventions seemed to enhance the efficacy of CBT programs. This implies that the intensity and frequency of interventions are pivotal in maximizing the impact of CBT for bullied adolescents.

Although this study provides valuable insights into designing group CBT programs for adolescent victims of school bullying, certain limitations need consideration. The small sample size and the focus on programs solely from Korea restrict the generalizability of the findings. Therefore, it is needed to activate intervention studies for adolescent victims of school bullying for future research to increase the level of evidence. Since this study only included programs implemented in Korea, there is a necessity to conduct a comprehensive comparison between Korean studies and those from other cultures.

To bolster the evidence base, future research should involve larger and more diverse datasets, including international studies. Additionally, exploring the effectiveness of interventions across different cultural contexts may offer a more comprehensive understanding of the impact of CBT on bullied adolescents worldwide. Overall, this study's findings support the efficacy of CBT in post-intervention programs for bullied adolescents, emphasizing the need for tailored, evidence-based interventions and encouraging further research to expand the understanding of effective intervention strategies against school bullying.

Author contributions statement

JWK: graduate student at Hanyang University, collected and analyzed data, and led manuscript preparation; HSK: professor at Hanyang University, supervised the research process. All authors provided critical feedback, participated in revision of the manuscript, and approved the final submission.

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Supplementary Table 1. Homogeneity Test

<i>k</i>	<i>Q</i>	<i>df</i>	<i>p</i> -value	<i>I</i> ²
35	71.23	34	.000	52.27

k = Number of Effect Sizes; *Q* = Homogeneity Test Statistic; *df* = The Degree of Freedom; *p* = Significance Probability; *I*² = Actual Variance Ratio.

Supplementary Table 2. Egger's Regression Test

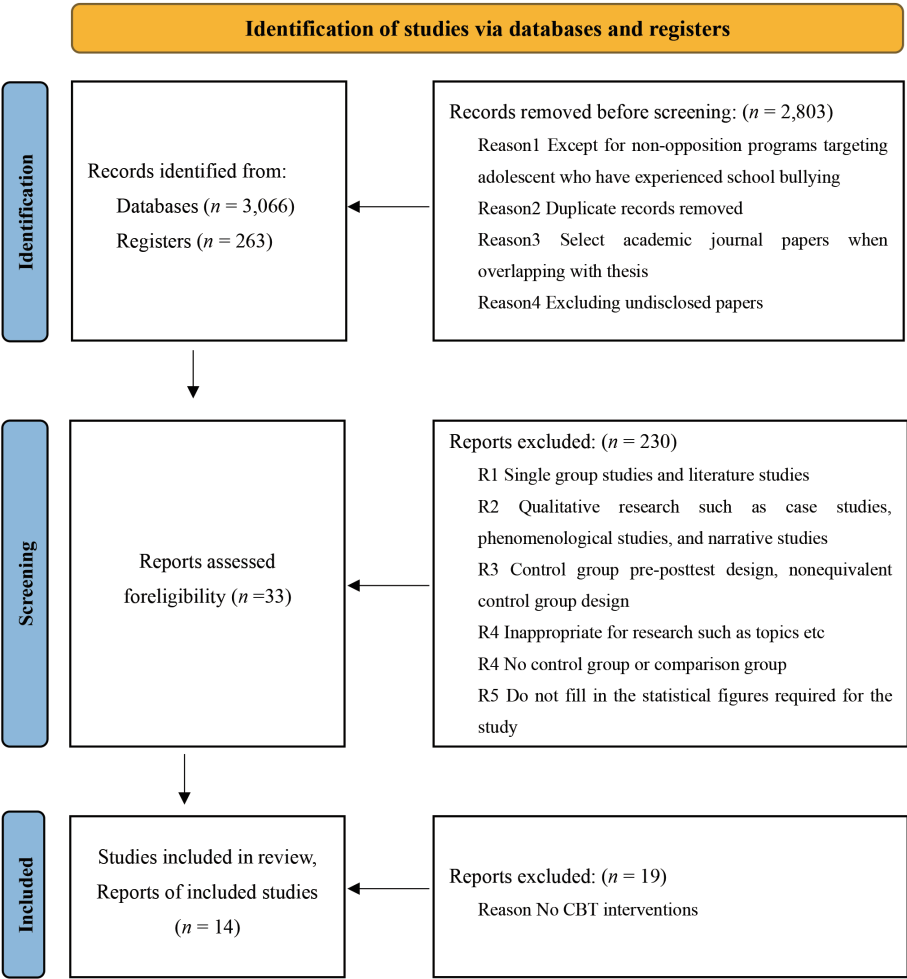
Intercept	SE	95% CI		<i>t</i> -value	<i>df</i>	<i>p</i> (2-tailed)
		Lower	Upper			
6.52	1.32	3.84	9.20	4.95	33.00	.000

SE = Standard Error; 95% *CI* = 95% Confidence Interval; *Z* = Test Statistic; *Q* = Homogeneity Test Statistic; *df* = The Degree of Freedom; *p* = Significance Probability.

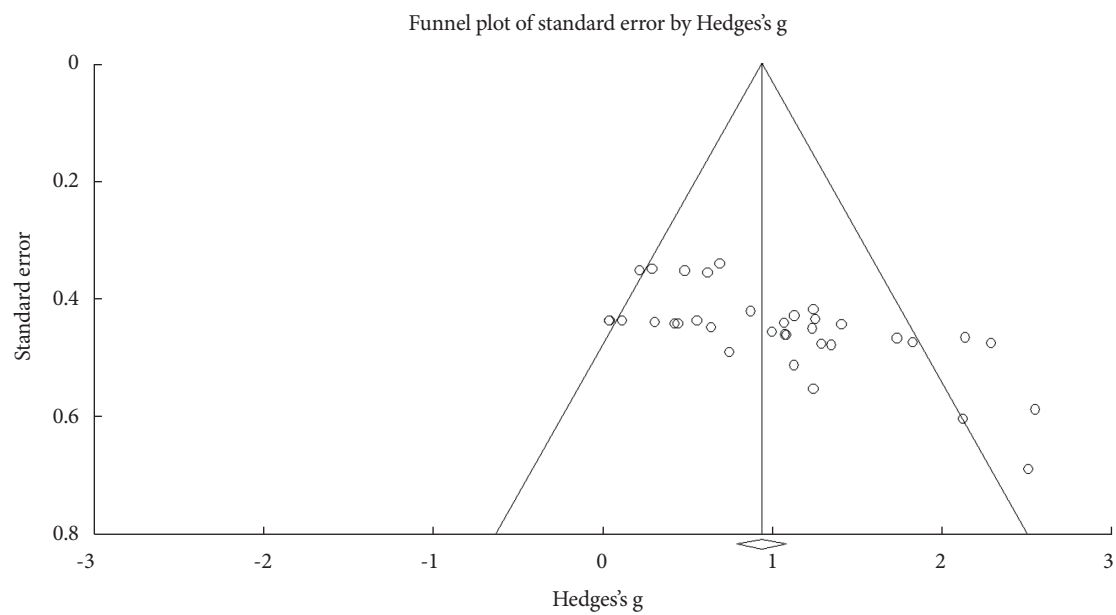
Supplementary Table 3. Trim-and-Fill

	Studies Trimmed	<i>ES</i>	95% <i>CI</i>		<i>Q</i>
			Lower	Upper	
Observation Value		1.00	.78	1.21	71.23
Adjusted Value	2	.94	.72	1.16	83.89

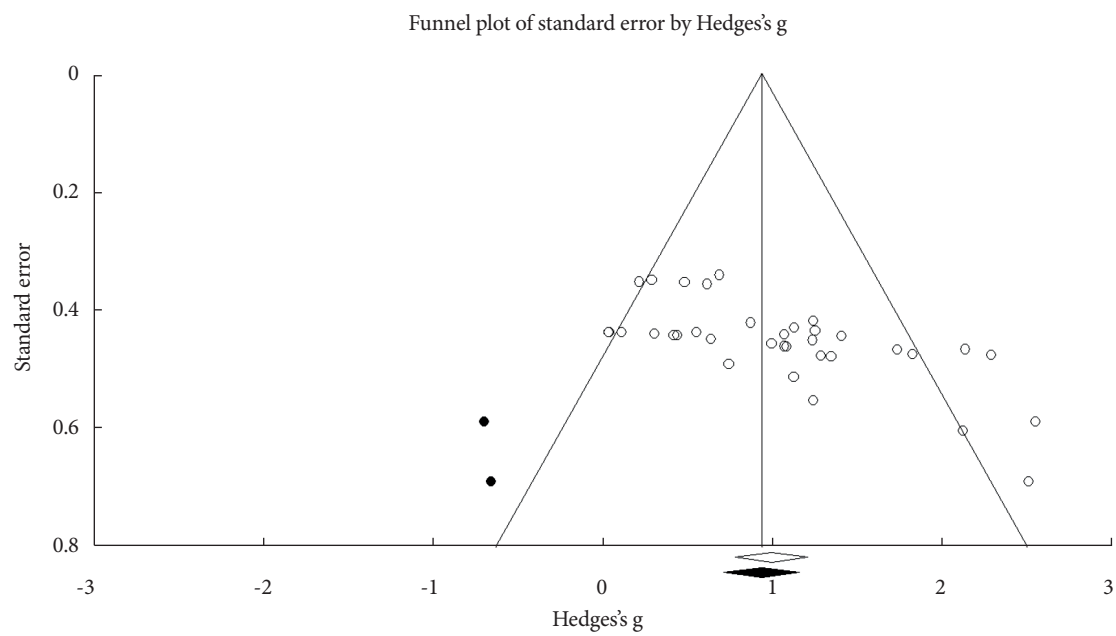
ES = Effect Size (Hedges' *g*); 95% *CI* = 95% Confidence Interval; *Q* = Homogeneity Test Statistic.



Supplementary Figure 1. PRISMA flow diagram.



Supplementary Figure 2. Funnel plot.



Supplementary Figure 3. Funnel plot after Trim-and-Fill.