UiT The Arctic University of Norway

Department of Education

Weathering the storm

Children's resilience against bullying and harassment

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weather the storm

: to deal with a difficult situation without being harmed or damaged too much

Merriam-Webster. (n.d.)

Abstract

Resilience is a concept of growing interest in the research field, as well as bullying and quality of life. Resilience has gained rising interest over the past decade because it has capacity for systematically informed prevention and intervention (Elbau et al. 2019). This study looks at data from a former study "Trivsel I Tromsø" with children and adolescence victims to bullying and harassment (N=237) and a control group (N=735). In total (N=952). The pupils that matched the criteria, were from 9 to 16 years, who bullied and/or harassed at the cut off-point 3 or more times a month. The aim of the study was to look for any evidence of resilience within the bullied and harassed group. To assess this The Strenghts and Difficulties Questionnaire (SDQ) were used, and resilience was defined within the children or adolescence who scored in the normal range of total difficulty. Furthermore, KINDL^R and the SDQ Pro-social score was used in effort to map out trends of resilience within the dataset. This is followed by regression analyses to sort out which variables had the most resistance towards the negative impacts. Main result of this study shows that 176 (74%) of the pupils were resilient towards the bullying and harassment. A moderate resiliency was considered within the borderline N=35 (14,7%), the last group N=26 (10,9%) were associated with low resilience. Compared to the control group, the most important protective factors were *friends*, the *school environment*, and *emotional well-being* in reducing the negative impacts displayed by the SDQ (with some reservations during overlap issues). The also study notes that physical well-being and self-esteem, and pro-social factors has effects against bullying and suggests that family has an effect in lowering the negative impacts of the bulling and harassment.

Acknowledgements

As I reflect upon the years I've spent in Tromsø for my studies I would extend an utmost gratitude to the friends and the communities that I've been a part of. I'm also grateful for all my co-students for being with me in the adventures through the academic years.

Karl Tobias Hansen
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1 Prologue

We can hear inspiring stories about war prisoners through their captivity in extraordinary circumstances with adversity – stress, torture, disease, malnutrition and solitary confinement and other brutal ills – receiving personal benefits from the experiences. Were some have described the benefits of the captivity outweighing the adversities seeing them as "a growth experience" (Sledge, et al. 1980, p. 430). We can hear about victims of concentration camps in the aftermath quickly recovering, exhibiting a good mental health (Antonovsky, 1987). We can hear stories about children experiencing abuse in their childhood, growing a sense of creativity to compensate for a difficult home environment. We can hear about a vulnerable child reshaping "an unkind and often belligerent world into a fairy story" (Anthony & Cohler, 1987, p. 26). We can hear about an enclosed and different child bullied through childhood, developing, and becoming a world champion chess player (Aalen, 2016).

These stories, one by one, can leave us to be absolutely puzzled and in awe. Circumstances like these like these can lead us to profound overarching questions of existence: What leads to human flourishing? Why does some persons succeed despite severe hardships and trouble while some don't? Is there something significant about them that makes them that makes challenges easier to cope with?

Around the globe there have been an increasing interest in increasing in factors associates with risk, adversity and the prevention of such to increase well-being and quality of life of societies and in different sides of individual life. This interest in risk and *resilience* has grown from the sciences with the early focus on individuals and henceforth
interest in polices that strengthens resilience in children through different inventions and programs at the societal level and towards families, and in the schools (Madsen, 2020; Lewis et al. 2021). Some suggests this increased has gained increasing attention over the past decade because it holds potential for systematically informed prevention and intervention (Elbau, et al. 2019, p. 433). A relevant example in this is the updated education curricula in Norway (Utdanningsdirektoratet, 2020), it has recently added a new subject called "Public health and life-mastery" (nor. "Folkehelse og livsmestring"). The National Institute of Public Health views the school in a fresh light as a good environment to assess prevention of maladaptation in the hardships of life (Danielsen, 2021).

Children and adolescence are spending a particular amount of their time in the school environment. Through the school they go through a lot of development and learning. Unfortunately, some deal with intense hardships who could impact them negatively for life. National reports from this year displays that 6% report bullying in school and 3% reports cyberbullying (Bakken, 2021).

This thesis will take a closer look at children and youth who experienced of bullying and harassment, and how they handled it. The input for this study will be material from the project "Well-being in Tromsø", the same measurement instruments were used for this study with data material from the same project as mentioned. These instruments where used to measure psychosocial and psychiatric risk-factors regarding traditional and digital bullying. The main goal of this study is to look at the material from "WiT" to see if there exist a deeper description and understanding of resilience in the dataset. Data used in this thesis was gathered 2017.

The project "Well-being in Tromsø" (org. title: "Trivsel i Tromsø") was started in 2012-2013 and has from then had several collections of data material until 2018. In the study by Gunstein Egeberg, Bjørn Helge Handegaard, Steinar Thorvaldsen and John A. Rønning (Egeberg, 2017; Rønning et al. 2017) using different measurements to gain knowledge about children in the city of Tromsø and their experiences with bullying and harassment.

Furthermore, they were aiming to investigate two different aspects of peer harassment, this both classical and cyber, for determining whether these different forms of bullying differ between gender ages or QoL. "Well-being in Tromsø" also measure quality of life, and mental health. The approach used to capture these measurements applied three instruments; (1) a traditional bullying measurement embedded with cyberbullying measurements; (2) KINDL^R measurements for quality of life (QoL) (Jozefiak et al., 2008; Ravens-Sieberer & Bullinger, 2000); and (3) The Strength and Difficulties Questionnare (SDQ) (Goodman, 1997).

1.1 Research question

The research question I want to work with forward states:

Q1: What can "Well-being in Tromsø" tell us about children facing harassment or bullying and staying resilient against negative psychological impact?

2 Part II: Background

2.1 Bullying and harassment

The more systematic scientific research on the concept of *bullying* first labeled *peer aggression* started in the 1960s when the writings of Peter-Paul Heinemann about what he believed as the type of behavior where groups of children turned against a single individual (Heinemann, 1973). Here bullying was viewed as the perspective of ethology, a collective reaction from one group towards someone that's viewed as a misfit or an intruder. Around the same time the Swedish researcher Dan Olweus started his research, who has come to be a highly relevant profile in the research of bullying. He saw bullying from an individual perspective, with more of a focus on one perpetrator in a form of either verbal or physical (Olweus, 1978). Heinemann and Olweus came to represent two different traditions of the foundation of bullying research and aspects about prevalence's and influences. Until 1990 the research on bullying was limited to the Northern countries in Europe and the first international conference regarding the concept was held in Norway, Stavanger the year 1987 (Roland, 2015).

Although Heinemann where not that active after his first writings, his successor Anatol Pikas took his perspective ahead, that processes in the group rather than the individual approach (Pikas, 1989). Olweus also recognized processes in a group but leaned more on the individual characteristics of the bullies and the victims. Through the years Olweus has been the most prominent person in the research of bullying. (Roland, 2015)

After some decades of research Olweus developed a definition that still is of strong influence today. It states:

> "A student is being bullied or victimized when he or she is exposed, repeatedly and over time to negative actions on the part of one or more students" (Olweus 1993, p.9)

Later the definition by Olweus became more specified:

We say a student is being bullied when another student, or several other students, say mean and hurtful things or make fun of him or her or call him or her mean and hurtful names, completely ignore or exclude him or her for their group of friends or leave him or her from their group of friends or leave him or her out of the things on purpose, hit, kick push, shove around, or lock him or her inside a room, tell lies or spread false rumors about him or her or send mean notes and try to make other students dislike him or her and other hurting things like that. In considering statements about bullying, these things happen repeatably, and it's an imbalance in power where it's difficult for the student being bullied to defend himself or herself. We also call it bullying when a student is teased repeatedly in a mean or hurtful way. But we do not call it bullying when the teasing is done in a friendly and playful way. Also, it is not bullying when two students of about the same strength or power argue or fight (Olweus, 2013, p. 755-756).

Here one can see that bullying is more identified seen as harmful communication, degenerative name-calling, rumor telling, exclusion, and physical attacks. This is being addressed in the definition as a harmful way, with an imbalance in the power structure, over time. It also include a clause about what bullying is not, when it's done in a playful and friendly way, or when the power structure is balanced in an argument or fight.

Harassment and *aggression* are also close terms relevant to bullying. *Harassment* is defined as torment by putting constant pressure on someone, or small-scale attacks that are hostile. *Aggression* is seen as a violent or hostile attitude or behavior (Olweus, 1993; Roland, 2015; Smith, 2005). Attached to the term aggression often lies with intention, the intent to hurt (Buss 1971; Smith 2005). These three terms relate and interact with one another.

In the Norwegian context the traditional view of bullying (nor. mobbing) the research field often describes the concept of *bullying* as negative behavior that is intentional, persistent, and repeated over time and where there also is an imbalance of power (Olweus, 2001; Roland, 2015).

2. Lopolo/Shutterstock.com

As stated, Olweus's definition is frequently cited in the research litterature. On the other hand, bullying could be an abstract concept that could be difficult to manage through. There exist also a lot of varying opinions on this concept, and others again have a different approach than that of Olweus (Wendelborg, 2019, p. 2). The researchers Monks and Smith (2006) presents that an action that is not intentionally done in harm's way, this is often the case if the victim perceive the action as bullying. Additionally, the act of bullying does not have to be repeated if it has caused a trauma that has recurrence.

Succeeding the tradition from the researchers Heinemann and Pikas a view called "*The other paradigm*" is arising in popularity the later years. It emphasizes at a larger scale on the social processes involved when bullying happens. A definition of bullying in this view goes:

> Bullying as an intensification of the processes of marginalization that occur in
> the context of dynamics of inclusion/exclusion, which shapes groups. Bullying
> happens when physical, social or symbolic exclusion becomes extreme,
> regardless of whether such experience is experienced and/or intended. …
> This contempt for someone or something may be expressed by behavior that,
> for example, humiliates, trivializes or makes a person feel invisible, involves
> harm to person or properties. (Schott & Søndergaard, 2014, p.13-14).

A special part of this perspective is that one sees bullying as a lager social phenomenon. It grows in existence between people and touches the sphere of social needs. So, the best protection in this view is to organize children's environment of development in the home, kindergarten, school, and time outside school. This approach comes in contrast to the individual aggression and focuses on identifying the underlying contextual problems and factors that promotes the process of bullying (Lund & Helgeland, 2020, p. 18). However, this approach differs from the traditional view of bullying and will not be emphasized too much in this thesis because of less relevance to the concepts applied in "Well-being in Tromsø".

Summing up of the traditional view: Repeatably bad behavior from one or several persons together, against one pupil who might have the difficulty to defend oneself. Bullying can involve negative name-calling, intentional exclusion, talk behind one's back, hitting, shoving, or holding one against one's will. In short: (1) intentional harassment (2) directed towards a weaker person (3) persistent over time.

2.1.1 Cyber bullying and harassment

With the growth of technological solutions to communicate through the internet applications, plattforms and forums for sharing messages and multimedia increases rapidly. Sadly, technology in our day often misused for bullying and harassment. In a study comparing the views on cyberbullying among youth in six European countries. Using the definition by Olweus for defining classical bullying: intention, repetition and imbalance of power (Menisini et al., 2012). About intentionality the adolescence in the study agreed upon the classical definition where the perpretor with intention harms the person. Regarding repetition there is more difficult to say clearly, since a single quantity of bullying can be shared a multitude of times. Olweus (2013) found that the classical definition would also be useful to discern cyberbullying.

Olweus (2013) did an interesting finding that students who were exposed to cyber bulling had "systematically poorer self-esteem" There exists little research of the long-term results of cyberbulling. Different forms of cyber harassment such as cyberbullying are increasing in online social interactions, particularly among youth, and may affect adolescents' mental health and well-being (Fridh, et al., 2015; Nixon, 2014).

Bullying involves intentional, cruel and repeated behavior among peers, by means of electronic media (Olweus, 2012). Different forms come in the usage of electronic devices to bully or harass someone. "Flaming" is a short and hostile interaction with two or more persons, this is public on the internet. This is different from harassment because it's one sided as flaming is not. Impersonation is posing as the victim, often through the victim's social media harassing using the victims name. Denigration is referred to the spread of false information about the victim. Outing and trickery is to manipulate someone to share intimate or embarrassing information about themselves and then exposing it to others. Exclusion takes place when someone is excluded from a network society or a group, or unfriended on social network. Another form is cyberstalking when one uses electronic communications to stalk another person with repetitive harassing and threatening forms of interaction. There is also assault forms of assault when the bullies film someone and publish it online. Sexting refers to digital transferring nudity or other forms of sexually inappropriate content to a victim. The most used are through instant messaging, text messages, and social network sites and anonymous forums or chats on the internet (Kowalski, et al. 2012).

2.1.2 Different roles in bullying

The perspective of "perpetrator versus victim" has been for a long time dominant since the early research on bullying. The understanding of mechanisms understanding bullying by the different roles. In the early research there were also suggestions of a third role, bully-victims. Which is in both the roles of bullying and as a victim (Heinemann, 1973; Olweus, 1978). However, more recent research leads in addition to more about roles to be understood. Some assist the bullies, those who reinforce the bullying, and the victim's defenders. Reinforcers are typically bystanders who are not actively involved in the bullying, but they are reinforcing the bullies by laughing or just being there presently. Outsiders are they who shy away from the bullying actions. Defenders are those who actively engage on the victim's behalf in trying to stop the bullying.

Olweus (2003) had an approach to the concept of roles regarding an ongoing bullying situation that is illustrated in Figure 1. In the figure Y represents the victim. The bullies are represented in A, those who actively engage negatively towards the victim, with the support of henchmen B who are standing on the side actively cheering on the actions. The supporters C represents those who openly supports the bullies but does not, but these bullies does not engage actively. The roles A, B and C are different acting different but in category are bullies.

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Furthermore, we have D which are the passive supporters; those who stand by and watch, seemingly enjoying what they see, but does not openly support the bullies. The next group is who are labeled E, the disengaged onlookers, they stand by and watch as well, but does not take a side in the bullying. F represents the possible defenders of the victim; those are the pupils who get dismayed or disturbed by the bullying but don't take any involvement. The defenders G are those who are disturbed by the bullying and actively engage in helping the victim or at least try to (Olweus, 2003).

THE BULLYING CIRCLE: STUDENTS' MODES OF REACTION / ROLES IN AN ACUTE BULLYNG SITUATION
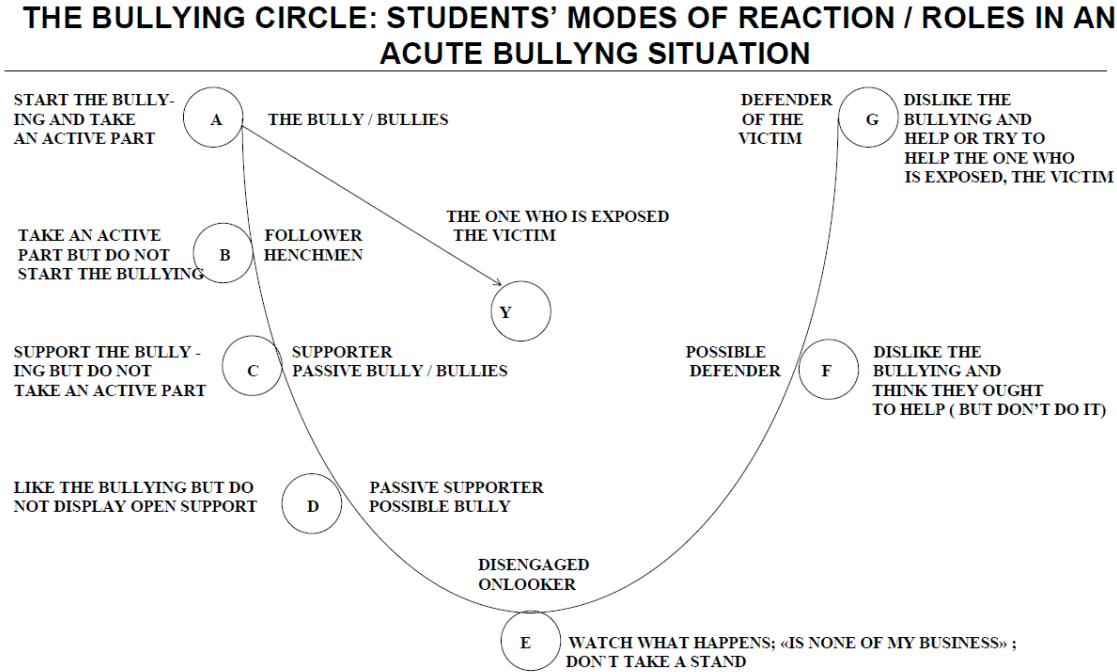
Figure 3: The Bullying Circle (Olweus, 2003)

2.1.3 Consequences of bullying

As research presents the impact of bullying has several negative outcomes. The victims can experience anxiety; depression; lowered quality of life and well-being; reduced feeling of self-esteem; self-harm; suicidal thoughts; PTSD (post-traumatic stress disorder); panic disorders; psychosomatic reactions like stomach ache and headache; anger; problems with social adaption; alcohol and drug abuse; sleeping problems; lowered academic performance; dropping out of school; psychoticism; behavioral problems; sadness; difficulties with work adaption and negative impact on family life (Allison et al., 2009; Idsoe et al., 2012; Bond et al., 2001; Copeland et al., 2013; Due et al., 2005; Fekkes et al., 2004; Fridh et al.,2015;

Gámez-Guadix et al., 2015; Glew et al., 2005; Kowalski & Limber, 2013; Nixon, 2014; Olweus & Breivik, 2014; Rønning et al., 2004a; Ttofi et al., 2011; Wilkins-Shurmer et al., 2003; Winsper et al., 2012; Wolke & Lereya, 2015: Wolke et al., 2014).

Youth that experience bullying are giving a clear expression of abandonment from the fellowship and leaving them feel insignificant. Here is isolation a common reaction to that. As well as the self-esteem and confidence gets broken (Helgeland & Lund, 2018).

Evidence suggests that victims of bullying are at heightened risk for psychological maladjustment in adulthood (Arseneault, et al. 2010; Copeland, et al, 2013; Hawker & Boulton, 2000; Menard, 2002). Some evidence suggests such as relational issues, economic problems, and reduced life quality (Fosse 2006).

Academic achievement

The scientific findings on the impact of bullying on academic functioning are not as direct as described above in the assessment of different implications, it can vary from the victim's subjective experience and how the impact is perceived and embodied. We know that failing at academic success reduces the experience of a high self-esteem (Raundalen & Shultz, 2006) and with the emphasis on traditional forms and cyber bullying there exists evidence of lower academic success. Glew et al (2005) stated that bully-victims (student both involved as bullies and victims) displayed a lower gain in grade-scores and academic merits. There are also findings in bullying and decreased academic functioning at both the individual and school level. This evidently points out that victims to bullying have lower academic achievement, and in addition attendance in schools with a high rate of bullying abundantly heightens the negative impact of the pupils academic functioning (Strøm et al., 2013). There exists also evidence that shows a difference in negative implications between girls and boys, where girls where the most affected in decrease of academic functioning (Kibriya et al., 2015). On the contrary, others found zero effect in relationship with academic merits in direct bullying and no effect either as victim or bully in the grade 2 and 4. Thus, they found that indirect bullies had higher academic success than the bully and the victim (Woods & Wolke, 2004). However, there is probable that being bullied or harassed in any form generates negative influence on the security and well-being at the school, resulting in lowering the academic functioning in the individual. Some evidence suggests that physical harassment has the strongest impact in this regard (Egeberg et al., 2017). Al-Raqqad and others (2017) had

findings that bullying affected academic performance both for the victim and the bully, both in public and private schools.

A meta-study assessing bullying and academic achievement that most of the studies displays the effect bullying has on academic success. In this study there was underlined a few important pointers: (1) that issues with different definitions with bullying needs to be assessed and concluded for generating a firm ground for the empirical studies; (2) lack of a consensus view of theoretically foundation on cyberbullying and the need for longitudinal-studies in dealing with causation; and (3) questioning the complexities of the relationships involved in cyberbullying (Tokunaga, 2010)

Minding the serious implications listed earlier in this chapter, bulling and harassment over time could serve as an severe threat to one's well-being and functioning. Assessing implications on academic functioning (this comparison relationship with severe adversity and trauma[1]) Raundalen and Shultz (2006) addresses especially two weighty impacts on executive functioning to the individual that faces traumatic events or crisis, that is (1) sleep problems and (2) concentration problems. The problems surrounding sleep are especially problems with getting to sleep because of traumatic memories agonies the victim whilst bedtime. On the other end its problems with waking because of bad memories from the events. The other impact on executive functioning is the element of concentration, this affects the academic work greatly. Included in the problems of concentration is absent-mindedness, one can act in a way of inattentiveness – sitting alone with one's thoughts on the inside (Raundalen & Shultz, 2005).

One must have in mind that facing adversities and traumas children's dream world about a safe and trouble-free world is disturbed, or in the worst situations shut down. Future pessimism could reduce one's mobilization of energy, thus reducing the individual's energy in aim for future goals. Education, homework and the school environment could be crucial to

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[1] Raundalen & Shultz are describing these implications on school functioning in the context of trauma, PTSD, wars, and crisis and there is an important distinction in comparison with bullying and harassment. However, taking the evidence of the implications regarding bullying serious and considering the possibilities of the worst consequence it can have similar negative impact (such as PTSD) as other evidence suggests.

such a healthy mobilization of energy towards the future and the opportunities ahead (Raundalen & Shultz, 2006). Often the realities of a traumatic event are a reduced feeling of future hope. Importunate memories inside of the bullying that creates memories that don't pass or an overactive nervous system that lasts for 2-3 weeks. Other signals can include anger and irritability, leading to peer – and relational problems; general anxiety that leads to disturbance of general functioning, thereby negatively affecting one's ability in practicing important social skills that contributes a healthy psychosocial environment (Raundalen & Dyregrov, 2005).

In addition to this, the experience of being subject to additional violence (abuse, violence, or bullying by other peers or adults) abundances the negative effects on school functioning (Strøm et al., 2013). Also, other well-known influences related to academic functioning such as socioeconomic status, rural schools, special education needs and small classes (Woods & Wolke, 2004).

2.2 Resilience

Distress, whether psychic, physical, or intellectual, need not at all produce nihilism (that is radical rejection of value, meaning and desirability). Such distress always permits a variety of interpretations.

Nietzsche (1968)

The words written by Nietzsche is a reminder of that people which experience evil may certainly desire to pay it forward. However, there exists also a possibility to learn and grow from experiencing evil. A person subject to bullying can repeat the actions of the preparators and vice versa to learn from his own abuse; that it's wrong, and the importance of being a good friend (Peterson, 2018). In the following we will take a closer look at the concept of *resilience*.

2.2.1 Background
It was particularly through a study of children on the island of Kauai in Hawaii who put a sparkle on the research of resilience. The researches Emmy Werner and Ruth Smith started their studies in the 1950's where gathering evidence for children in risks span of

development. Werner was a professor in human development with a doctorate tied to the university of Nebraska, and Smith was a clinical psychologist on Kunai. Especially, they studied at the relation between the children's upbringing and the environmental risk throughout childhood at age 2 and 10, adolescence at age 18, and as grownups at 32 and 40 years of age. On the isle of Kunai many of the children where living under poor conditions and risk. The risk involved persistent alcoholism in the family, protracted poverty, social issues, low socioeconomic status and difficult family environment, violence, medical conditions of prenatal stress, teenage moms and gross negligence in the families (Werner, 1993; 1995; Werner & Smith, 1992).

Werner and Smith stated that two-thirds of the children who grew up in circumstances ruled by poverty and chaos ended up having severe issues as adults. This caused maladaptation in the individuals, amongst that of poor mental health, concentration problems, criminality and learning difficulties. The researchers where in addition trying to find out what characterized those families and individuals who had a great outcome despite adversity and poor outcomes The other third described as *resilient* was described as "competent, confident, and caring adults" (Werner, 1995, p. 82) where they had established healthy marriages, relationships and functioning well in their work.

The Kunai-study was unique in its long span focus on different aspects surrounding children's psychic health and inspired other researchers like Norman Garmezy and Sir Michael Rutter (Borge, 2018). Rutter contributed a great deal in the Isle of Wight studies (from 1964–1974) with a series of epidemiological studies of educational, psychiatric, and physical disorders in 9 to 11-year-old children (Hogg et al. 1998; Rutter et al. 1970). Before this study one had little methodical knowledge about children's maladaptation, health condition and school functioning. The conditions on the Isle of Wight were poor. Rutter and his associates started with interviews, where they interviewed children about abuse, sexual abuse, misconduct, socioeconomic conditions, parents and peer relationships, school functioning and the teaching environment in the schools. They concluded the Isle of Wight study with that every 10th of the children there were experiencing or had experienced abuse. The victims experienced anxiety, depression, post-traumatic stress disorder (PTSD), some involved themselves in drug abuse. Surprisingly, forty percent of the victims experiencing abuse did not display psychiatric maladaptation or poor mental health, contractively they were functioning in their work, had

good relationships, and come out as physically and emotionally healthy. In other terms, they displayed some form of *resilience*.

2.2.2 Resilience Definitions and perspectives

The term *resilience* stems from the Latin word "resiliere" which means to recoil, "bounce-back" or rebound. Some other terms that have been used with resilience is "resistant", "invulnerable", "superkids", even "invincible". In Norway children with this positive development have been called dandelion-children (nor. "løvetannbarn"). Dandelions can grow and flourish despite very difficult environments and bad soil, it can break through rocks and concrete in order to get sunlight (Kvello, 2016; Borge, 2018).

4. Dandelion/Pixabay

However, these terms are not quite accurate because the use of them could make one believe the person could sustain all forms of adversity. Further, that resilience is embedded in one's individual abilities which are more uncertain (Kvello, 2016; Lewis, et al. 2021). Here the term can be personalization can be confused by a trait that is in some way unchangeable, which is not the case. Nor does it exist universal or eternal resilient persons, resilience varies (Cicchetti & Cohen, 2006; Burchardt & Huerta 2009; Ungar, 2015). The phenomena associated with the individual side of resilience we come back to later in this chapter.

In further search of understanding of etiologies of disorder, the study of resilience became relevant at first with research children *at risk* of developing mental health problems. The earliest studies of resilience studied children believed to be at risk due to environmental stress or genetic vulnerabilities or a combination of both. However, they soon discovered the huge variations related to the individual life courses among the young people believed to have a

higher risk for psychopathology (Masten & Tellegen, 2012). One of the earliest researchers on resilience, Norman Garmezy, wrote that:

> "stress-resistant children . . . implies the presence of two components in the lives and makeup of these children: (1) the **presence of sustained** and **intense life stresses** and (2) the **maintenance of mastery and competence** despite such stress exposure" (Garmezy, 1981). (With my highlighting).

In the subsequent direction that the research on resilience took was that of developmental psychopathology. In this same branch of one researcher named Alan Sroufe, discovered that the same maladaptive behavior may be reached in many different pathways. Furthermore, that the same treatments will not be effective for all children with the same diagnoses. Another implication for this is: that change is possible virtually at any point; the three can branch of in a different direction. At the same time the branching are at least somewhat constrained by earlier adaptions "the longer a maladaptive pathway has been followed, the less likely it is that a person will reclaim positive adaption". (Sroufe, 1997, p. 253). Figure 5 illustrates a model where branch A represents a continuum of maladaptation that culminates in disorder. The branch "B" shows a growth of positive adaptation. Under the branching "C" represents the characteristics of resilience: *initial maladaptation followed by positive change (resilience)*. While the branch "D" shows initial positive adaptation, thus continuing in negative change towards pathology.

Figure 5: Developmental pathways (Sroufe, 1997, p. 253).

A later definition on resilience described it as "**the process of, capacity for, or outcomes of** successful adaptation **despite challenging or threatening circumstances**" (Masten et al., 1990, p. 426). (My highlighting). Here Masten et al. adds the concept of resilience as a process, a capacity, or outcomes after a challenging or threatening circumstance.

In another view resilience considered by a social understanding where it is generated within and through children's interactions with several reciprocating systems (e.g. schools and families). Protective factors are highlighted as supportive aspects of a children's life, that despite significant threats help them cope with it and achieve positive adjustments. The protective factors are at play simultaneous and interact in different levels. They include the individual factors as the intellectual skills and orientations and the environment and relationships. Further the wider social environment (Burchardt & Huerta, 2008; Mohaupt, 2009 in: Lewis et al., 2021)

Figure 6 tries to illustrate different pathways addition that could demonstrate resilience. Here it shows that adaptive behavior after exposure of adversity either returns, continues, or achieves a normal developmental course. Path A represents stress-resistance with little

disturbance in adaptive functioning. Path B shows a catastrophe and recovery path regarding an acute overwhelming stressor (e.g. disaster, acute trauma). C Shows posttraumatic growth in response to acute trauma. Path D displays recovery following relief of chronic, severe, adversity (removal of maltreating circumstances to good care). Lastly, the path E displays normalization following a major improvement in sense of cultivating conditions (e.g. adoption to a positive home environment with follow-up by therapist) (Masten & Tellegen, 2012, p. 352).
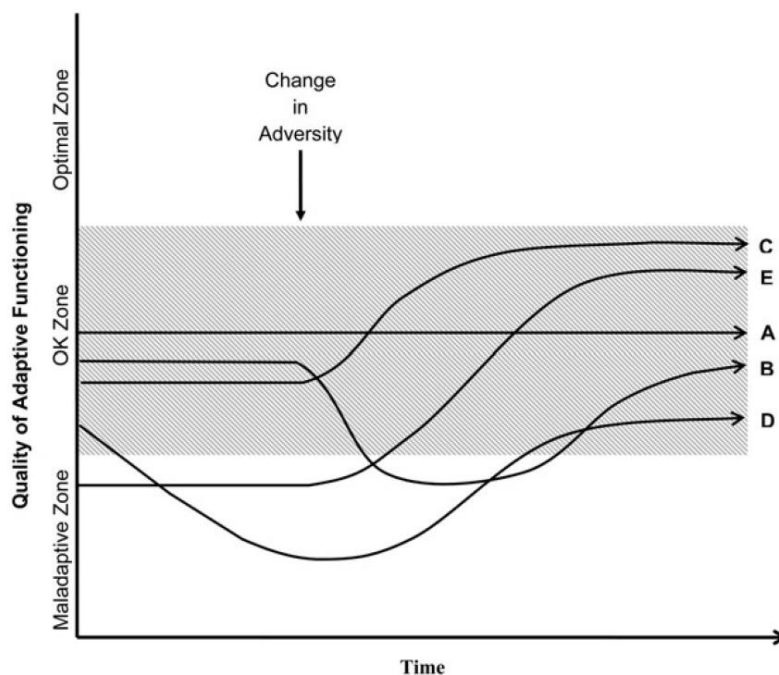
Figure 6: Reslience pathways (Masten & Tellegen, 2012, p. 352).

Some additional definitions (with my highlighting) states:

"the capacity of a dynamic system to withstand or recover **from significant threats** to its stability, viability or development" (Masten, 2011, p. 494).

"**assets and resources within the individual their life and environment** facilitate the capacity for adaptation and 'bouncing back' in the face of adversity" (Windle, 2011, p. 152). external institutional includes: "the strength of social support networks and the ability to extend these networks, having positive school experiences and opportunities to engage in social life." (Mohaupt, 2009, p. 65).

Most definitions involve an input perspective (an exposure of significant threats or risk, environmental factors as poverty, domestic violence, abuse e.g.). and when coping

mechanisms is presented within or above the expected range. Here positive adaption is compared to (these e.g.) or the absence of emotional or behavioral maladjustment (Garmezy, 1981; Luthar and Cicchetti, 2000; Lewis et al., 2021; Masten et al., 1990; Masten & Tellegen, 2012; Mohaupt, 2009; Sroufe, 1997; Windle, 2011).

2.2.3 Overview of waves in the resilience research

The history shows us different waves and shifting in the resilience research. Cicchetti & Cohen (2006) gathered and made a comprehensive volume of the resilience research the overview below is a short summary of their findings until the fourth wave, from there I present more recent lanes (presented by Borge, 2018; Kvello 2016; Lewis, et al. 2021; Masten & Tellegen, 2012; Mohraupt, 2009; Odgers et al. 2012; Ulset et al., 2017):

Start of the moreover systematical resilience research 1960-1970 (Kunai, Wight): In the early years of resilience research they had an interest in they had an increasing interest in children's behavior and development. Emotional illnesses are in the scope and one is interested in screening those. the discovery of those who adapt well despite adversity, where one started to look at different important protective factors.
The second wave in the scientific research was to reveal the processes involved in human ability and flexibilities of adjusting when facing difficulties. The research agenda had an outlook like this: "How can we characterize resilience and how to discover if a child is resilient?" The research emphasized the processes involved with the good and bad social adjustment and its paths. There was consensus that follow-up studies of the same individuals over time gave the best results and knowledge.
The third wave was surrounded by the response to the research gained; if one could find out what fostered protective factor in resilience one should seek to promote that. Consequently, that involved pressure within the frame of developing initiatives for increasing resilience and so reduce emotional problems and maladaptation in early age. However, it was hard to find out about the substantiality about it and map out the more effective factors, in the sense that they exist in several layers, they blend together, and therefore have a complex relationship towards each other.
The fourth wave involves the view that there is no such thing as natural endowment resilience. Here starts the more neuropsychological research on resilience. Where the

emphasis is towards neurology, genetics, emotional development, and regulation. Here one wants to take the tall of discovering all from the small processes in the individual towards the more comprehensive picture of society overall. One starts also to realize in a larger scale the importance of involving different academic disciplines and approaches to the complexities to the questions surrounding resilience and human development.

The fifth wave the research on resilience took was that of genetic and neurons by way of the child, family, school, peers and the environment. The research literature points to e.g. studies in ghettoes where youth with a predisposed risk is guarded from maladaptation if there exist healthy projects in the environment that upbuilds the area and thereby strengthens the psychosocial environment.

Today researchers are still endorsing the waves above. For example, one is still interested in finding and characterize resilience and risk, and furthermore interested in the dichotomy between resilient and non-resilient children. Researchers is still disposed to the excitement in studying the complex relationship between individuals and how they develop over a timespan. And one is still interested in polices that strengthens resilience in children through different inventions and programs at the societal level and towards families, in the schools (e.g.) (Borge, 2018; Lewis et al. 2021). Such as the updated education curricula in Norway (Utdanningsdirektoratet, 2020). This governmental document that all the schools are obliged to follow has recently added a new subject called "Public health and life-mastery" (nor. "Folkehelse og livsmestring"). Partly, this was made mandatory as an exertion to satisfy political pressure on the increased focus of mental health and well-being in children, thus treat the increasing statistics regarding poor mental health in the recent decades. The National Institute of Public Health views the school in a fresh light as a good environment to assess prevention of maladaptation in the hardships of life (e.g. bullying) and as an endeavor to increase health of the coming generation (Madsen, 2020). In other words, trying to foster resilience through the facilitation of protective factors in the school (Danielsen, 2021; Madsen, 2020). We will be returning to this later in the discussion.

Today resilience is used as an umbrella-term assessing that resilience is part of a broader concept. It can be studied at various levels as mentioned above, at an individual, medicine perspective and from the deep micro genetic and molecular scope, cognitive functioning and the brains development. One could also look at the family and where the central conditions

are. As more wide and systematic view, the school, kindergartens, physical environments and socio-economic aspects and at the processes at the societal level (Borge, 2018; Lewis et al., 2021).

2.2.4 Risk and stress

Research on resilience has required also to look on concepts about *risk* as well as positive adaption. Absence of unusual risk or challenge. People who do well would be defined as competent or successful, but that does not make them resilient. To establish resilience there must be a foundation of significant threat involved in the life of the individual (Masten & Tellegen, 2012, p. 350) In the following we will take a closer look on concepts embedded to the resilience research *risk* and *protective factors*.

> "*To establish resilience there must be evidence there is or has been some kind of significant threat in the lives of the individuals in question*".
>
> (Masten & Tellegen, 2012, p. 350)

In the resilience literature there exists different terms and understandings of the difficulties one is facing. Adversity could look very different from a subjective standpoint. But as the quote above states is that there has to be a presence of risk or "*significant threat"* in the individual to establish resilience. What does that even mean, what is risk, significant risk or adversity?

2.2.4.1 The terms risk and stress

The term *risk* was firstly introduced by seamen and traders in the 1600-1700's to measure the costs of shipwreck. Then the insurance business arose. In the medical field there was also an increasing interest in this concept. Doctors and epidemiologists were searching for sources for illnesses and medical catastrophes. In London seamen, sellers and doctors were interacting in the same pubs discussing sickness and deadliness in relation to one another. Risk is still relevant in today's medical field. In the subject epidemiology it's the teaching of illnesses and its sources and prevalence with regarding the environment. The risk has its relevance in place, time and population (Borge, 2018).

The confusion about what *stress* is leads traces back to 1300s where the term already had two different meanings (1) a form of influence and (2) a form of result after the influences (Borge, 2018). As an influence, today is the term is described as "*stressors*". But as a result after the influences is stressors viewed this day "as a form of bodily or mental reaction to influence" (Seyle 1958; 1976).

2.2.4.2 Characteristics surrounding risk-factors

As introduced in this headline, one needs to establish an understanding of what kind of risk that is impactful, and thus establish a form of resilience in that meeting. A measure of what's significant pressure. If its acute or chronic. In specifying the significance, the seriousness of the adversity. Where the adversity is severe, there is are more likely of less situations of resilience in response. The relationship between risk and resilience becomes the mainline of the investigation (Borge, 2018). One researcher comment about this measurement of risk and resilience in this manner:

[in the goal of measurement of resilience] "we defined and measured the quality of adaptive behavior in multiple, expected domains the nature and **severity of adversity or risk encountered** and **the individual or contextual differences** that might account for the variable patterns of adaptation observed among people experiencing what appeared on the surface to be similar adversities"

(Masten & Tellegen, 2012, p. 348) (My highlighting).

The same author describes "the short list" of risk and resilience represents the fundamental adaptive systems that have been developed through biological and cultural in that sense they both protect and promote the human development. Adaptive systems afford much of the capacity for resilience in individuals when they are functioning in the normal spectrum or better: e.g. attachment system, mastery motivation system, cognitive systems in regard of problem solving and executive functions and religious systems. Masten suggests that resilience happens outside the normal adversities, these are extraordinary and prolonged situations of adversity, when adversity disappears resilience would be normal and thus expected in the individuals with normal adaptive systems with the capacity for resilience in these systems (Masten & Tellegen, 2012).

From day-to-day children experience different scenarios in friendly relations of different forms, both in large and small groups. As one develops into youth age, one are inclined to reflection on attractiveness, popularity, intimacy, dependency and trust; within here also lies an increased risk factor in meeting with phenomena's like bullying, negligence, abuse, exclusion, in the understanding of the individual's disposition to vulnerability, and especially in the more harsher forms of severity in those (Borge, 2018). In the advance we will take a further look at the term *cumulate risk.*

2.2.4.3 Cumulate risk

Cumulate risk describes the fact that that several risk factors can appear at the same time, the term is as well associated with multiple risk and gathered risk (Kvello, 2016). To live with a high level of risk and stressors is tied to low living condition measures (Pereira et al., 2012) A high presence of serious risk factors, and the earlier they happen to be in a child's age the higher is the probability of a worsened developmental condition (Appleyard et al., 2005; Briggs-Gowan et al., 2012; Motz et al., 2011). A cumulate risk in the form of chronic life experiences that would be challenging or stressful for most people, including a wide range of life events and conditions that could affect a child directly or through the family including child maltreatment; loss of home or job; illness; incarceration; or death in a parent or sibling; interparental conflict and divorce; fires or floods or tornadoes; and many other potentially serious adversities (Masten & Tellegen, 2012, p. 350).

The very existence as a living human being involves constantly being vulnerable and exposed to risk and stressors (Antonovsky, 1996; Frankl, 1955, 1963, 1970; Kvello, 2016; Peterson, 2018, 2021; Werner, 1993; Werner 1995). Most people face living within one to three risk factors without maladaptation. The sciences point to the cut-off wherein normal adversities from three to four risk factors, over that there exists is a danger for unhealthy consequences for children's development; then you are defined as a child within the risk. Furthermore, there exists agreement about the quantities of risk factors as the most important factor that affects (and can predict) the development of the child (Appleyard et al. 2005; Cicchetti & Cohen, 2006; Morales & Guerra, 2006).

2.2.4.4 Risk-factors sum

Not many have dared to make a clear representation in form of models which risk factors that leads to the road of pathology or difficulties (Kvello, 2016; McMahon & Pence, 2003). Maybe because the predictability and tracing of this phenomenon are hard because the same maladaptation, psychiatric pathology, or difficulty can have its presence in a spectrum of different pathways (Cicchetti & Cohen, 2006; Garmezy, 1981; Kvello, 2016; Masten & Tellegen, 2012; Schoon 2007; Sroufe, 1997). This has been poorly unveiled and it underlines the difficulty of saying something clearly about children and youth's development in risk.

Thereby to summarize term *risk;* it appeals to the umbrella-term with conditions that heighten the possibility of developing either, mental, physical, and/or social difficulties (Antonovsky,

1987; Garmezy; 1981; Israel et al., 1994; Kvello, 2016; Masten & Tellegen, 2012; Sroufe, 1997; Schoon, 2006; Seyle 1958; 1976).

2.2.5 Protective factors

How and why someone copes well despite adversity, are the questions facing the mystery of resilience. As seen in the definitions above there are several perspectives and questions to ask when one sees results of resilience and vice versa, that of difficulties, maldevelopment, and pathology. Firstly protective factors will appear when the individual has already been assailed by stressors/risk factors. The protective factors will lower or put a stop to the development problems of the stressors (Kvello, 2016).

The complexities of this phenomenon between risk factors and protective factors are not easy to visualize in a model, but examples that are trying to catch a glimpse of this could have resembled in Figure 3, the model by Masten & Tellegen (2012) or Figure 2 by Sroufe. However, visual representations like these examples are in a way a poor representation of the actualities of the mechanisms behind adversity and coping. Because risk-factors and protective factors are both influences by and connected to the collaboration of genetic, psychiatric, biological, social, and environmental dispositions (Burchardt & Huerta, 2008; Kvello, 2016; Lewis, et al. 2021; Obradović et al., 2012, Schoon, 2007; Werner, 2005).

However, the research on resilience, like most psychological research, differs on the ditches between nature and nurture (biology and environment), there is a stronger component of consensus in the research field around the recognition of both of the perspectives (Borge, 2018, Kvello, 2016; Lewis et al. 2021). In addition, we will dwell more on some of the important individual and environmental factors.

2.2.5.1 Individual protective factors

Cognitive abilities and high IQ are in some studies recognized as important protective factors. Researchers have explained this by the individual drive for cognitive flexibility, creativity, analytical capacity, and the development of strategies to cope. Memory, executive functions (ability to steer oneself) or motivation has been discussed amongst the individual elements connected to IQ and resilience (Elbau, et al. 2019; Niitsu et al. 2019) A lower cognitive development is decreasing the development of resilience. However, there is no consensus about this, there is considerable doubt that intelligence has an important factor in resilience. There is more widely an agreement that high IQ is not constricted with high functioning in the

environment, but as an important protective factor intelligence is noted (Kvello, 2016). Extraordinary talents with e.g., music, writing, sports or artistry have also been suggested as an important protective factor (Anthony & Cohler, 1987; Nordahl, 2005; Borge, 2018).

2.2.5.2 Important environmental factors

The Isle of Wight-study mentioned earlier established that those who had experienced serious abuse, or lower forms of abuse, showed that positive friend-relationships displayed a crucial role in resilience, thus an important protective factor against maladaptation. In comparison with those with serious abuse and bad friendly relations were not coping well. The protective element was also in line with those with close and healthy family bonds (Hogg et al. 1998; Rutter et al. 1970). In the same lane Kim Cochen (et al., 2005) underlines that parents' warm, sensitive, stimulating, and responsive care for the child are amongst the most important elements for building resilience in a child.

Furthermore, social support from the environment is a well-documented factor that builds up resilience. A sensitive approach to and support from the social environment helps the children to develop a safe connection, high self-esteem; thus, makes the person more enabled to handle situations and challenges. It breeds the healthy assurance of the fact that one is valued and loved. It fosters good self-regulation skills which make one capable to use useful strategies to handle things and to be independent. It makes one more interested in social relationships and empathy towards others. Additionally, there exists an inner want to develop towards a better person and manages the school both socially and in its subjects. With this background one has a positive outlook regarding the future (Derdikman-Eiron et al., 2013; Kvello, 2016; Martinez-Torteya et al., 2009; Masten & Tellegen, 2012; Shiner & Masten, 2012: Ungar, 2015; Werner & Smith 2001).

7.Denise Husted/Pixabay

2.2.6 Research on health and hope – despite adversity

The twentieth century left behind great tragedies. Two world wars, many million casualties. With a scope on Europe, it was especially the horrors of the Nazi regime's invasions and concentration camps and the Soviet Union's forced labor camps at the Gulag. A century with periods filled with unspeakable evil, unnecessary suffering, and killings. The aftermath after such tragedies is devastating, leaving behind several distressed people with maladaptation, poor mental and physical health. On the other hand – some – managed to cope well after such tragedies, which intrigued several researchers.

Salutogonesis and Logotherapy: 'the existential side of resilience'

The researchers Aaron Antonovsky and Victor Frankl took a different direction on that of the more mainstream psychologist and psychiatrists and made both their own method of approaching the concept of human nature, illness, and meaning. Antonovsky with the method of *Salutogenesis* and Frankl with *Logotherapy.*

Aaron Antonovsky studied the health of women after the Nazi concertation camps with the fascination about why they were coping and doing well despite the horrors of the Second World War. Antonovsky developed Salutogenesis with the famous term "Sense of Coherence" (SOC). Salutogenesis is trying to describe and conceptualize by that which produces health. It serves as the counterfeit of pathogenesis, the things that make us sick. Antonovsky studied pathways and factors that makes resistance towards bad health. Factors that make the person cope with facing illness or adversity. The core findings were that produces good health was e.g. good economy, good self-regulation, a well-functioning social

network which produces a high structure of social support. The emphasize on the resources that produce good health gives the persons different guiding routes to deal with adversity. It's this grounding conduct or conviction that leads to an increased SOC. You may possibly in a way see or find a strong sense coherence in your sufferings, and then you are more likely to cope. SOC consists of three dimensions (1) the person believes that new situations may be altered, (2) the person sees that the situation is logical and predictable and (3) the person is assured of what's needed to overcome the new situation is doable (Antonovsky, 1979; 1996; Eriksson, 2007; Kickbusch, 1996).

Viktor Frankl was himself a holocaust survivor, and a professor in neurology and practicing psychiatrist with specialized focus on depression and suicide. He wrote about his experiences in the Nazi Concentration camps and founded his method Logotherapy and existential analysis. This method was fundamentally describing the search for meaning as the core motivational drive to develop and cope (Frankl, 1955, 1963, 1970).

He writes in his introduction to Logotherapy in his book *Man's Search for meaning*:

> I would strictly deny that one's search for meaning to his existence, or even his doubt of it, in every case is derived from, or results in, any disease. Existential frustration is in itself neither pathological nor pathogenic. A man's concern, even his despair, over the worthwhileness of life is an *existential distress* but by no means a mental disease. (Frankl 1963, p. 102)

Especially, one could discover the meaning of life through these three (1) making a difference in the world; (2) through significant experiences; and (3) by espousing certain mindsets. The main methods used in therapy *paradoxical intention, dereflection, socratic dialogue.* The first represents where clients learn to deal with managing obsession with self-distancing and humor. As one can over-emphasize negative symptoms which can lead to procrastination or inaction, the second method is about deriving the focus outward, away from the symptoms. The third method is based on Socratic dialogue and mindset adaptation, where the clinician asks questions to provoke the discovery and pursuit of meaning (Frankl, 1955; 1963; 1970).

2.2.7 Recap

To summarize this concept of resilience the majority of researchers find agreement that the term resilience consist around this threefold: (1) positive adaptation with children at high risk, (2) manage stability under stress/significant pressure and (3) to restabilize quickly after severe adversities/traumas (Kvello, 2016; Luthar et al., 2000; Masten & Tellegen, 2012; Lewis et al, 2021).

2.3 Well-being

Well-being has been for several decades a largely evolving topic of interest in child developmental research. (Pollard & Lee, 2003). The term *well-being* widely discussed and is a complex phenomenon that could be very difficult to define and set to subjective and objective standards for human beings and living. The challenge, some researchers suggest, is that there are subjective and objective approaches to recognize the concept. Well-being is also an umbrella-term that touches and blends with abstract and partly diffuse perceptions as "quality of life", "happiness" and "positive mental health" and "emotional intelligence" (Pollard & Lee, 2003; McLauhlin, 2008; Fauth & Thompson, 2009).

Reflections around well-being is not a new endeavor. It has existed for a long time, arguably since the very early ages human life and existence. As an example the ancient Greek Philosophers have taken on the concept and historically there are generally four discourses associated with the term: (1) hedonism/mental state, (2) eudaimonism/flourishing, (3) needs-based/objectivist, (4) desire-based/ preference satisfaction. The first group (1) is more known by the feelings of pleasure and happiness. The second group (2) is more leaning towards personal fulfilment and leading a meaningful existence. The third group (3) is emphasizing towards several underlying vital conditions for well-being to flourish. Freedom, health, income, and education, to mention some, exists in the soil of well-being. The fourth group (4) lean towards the personal satisfaction of their desires. The more one is personally doing something that makes them experience satisfaction, thus more the amount of well-being abounds (Lewis, 2021, p. 12).

An endeavor assessing a consensus about the term, a review of several documents concerning well-being was conducted (Amerijckx & Humblet, 2014). The most represented aspects were the negative (difficulties, weaknesses, vulnerabilities), the objective (indicators, outcomes,

statistics), individual (individual and personal circumstances) process (long term, future), material (finance, physical resources). The under-represented is the community (larger groups, collective), the state (here and now, the active citizens), subjective (opinions, feelings, thoughts), positive (strengths, resources, agents of change) and the spiritual (non-material, psychological resources). This just adds to the picture that well-being is complex, and some aspects gets more focus than other things.

The researchers Morrow & Mayall suggests that defining well-being is 'conceptual muddy' because it is emerged with other terms and factors (2009, p. 221). The foundational theory for child well-being is in addition suggested to be weak with a limited research field to understand the concept (Pollard & Lee, 2003; McLauhlin, 2008; Raghavan & Alexandrova, 2015).

But how does one measure a complex issue as well-being?

2.3.1 The two dimensions of well-being

The subjective dimension of well-being has an unclear definition, and tends to be difficult, even impossible to define and measure. It can be divided in two domains, the subjective and objective in order to measure it (Lewis, 2021). The Children's Society have for over a decade researched the subjective well-being of children and youth. They define subjective well-being as "a positive state of mind which a person feels good about life as a whole and its constituent parts, such as their relationship with others, the environments that they inhabit and how they see themselves". (Lewis, 2021, p. 10)

The objective dimension of well-being can be defined and measured (Lewis, 2021). UNICEF uses objective indicators of well-being in poverty rates, infant mortality rates, low birth weight, immunization rates, PISA (the Programme for International Student Assessment) results and the number of children enrolled in pre-school to report on well-being (UNICEF, 2013). These are called proxy-indicators and are used in situations where it's diffuse and complex to know exactly what to measure.

In the assessment of well-being it's been argued that the objective aspect is more dominant than the subjective and in that there is a limitation tied to understanding children's well-being, and that this perspective is linked to a specific view of children (Mashford-Scott, et al. 2012).

McLellan & Steward, (2015) and Lewis (2021) purposes that the inclusion of both subjective and objective factors should be sought after. Furthermore Mashford-Scott et al., (2012) argues

that both the dimensions of well-being are being recognized by professionals working with children. Although the objective perspective is more frequently used because it makes the term more manageable for measurement.

2.3.2 Quality of life

In line with well-being, *quality of life* can be defined and viewed in various ways. Perspectives have been lifted forward as life satisfaction, subjective well-being, and has a more weight on capacities of behavior or functional ability, it's been argued that this which is often in contrast to the term well-being (Frisch 2013, p. 202). Quality of life has been seen as "a conscious judgement of satisfaction with one's life" (Rejeski & Mihalko 2001, p.23)

The researcher Jozefiak (2008, p.2-3) tied this definition to quality of life: "the subjective reported well-being in regard to the child's physical and mental health, self-esteem, and perception of own activities (playing/having hobbies), perceived relationship to friends and family as well as school."

As seen above the definitions focuses on subjective judgements, but it has also been argued that objective factors should be included in the definitions (Karimi & Brazier, 2016). An example in this viewpoint quality of life is consist (in a broad sense) of objective signifiers and subjective evaluations of social, emotional, material, physical well-being, in blend of meaningful activities, personal development and all together evaluated with one's personal values (Felce & Perry, 1995). Yet, there is "no gold standard for the definition of QoL". Jozefiak et al. (2009).

Amongst the negative impacts of bullying is also there a possibility of a lower quality of life (Frisén & Bjarnelind, 2010; Wilkins-Shurmer et al., 2003).

3   Part III: Methodology

The aim of this study was to investigate factors surrounding children and youth's resilience towards self-reported adversities in form of bullying and harassment. Data used in this thesis

was gathered 2017 by the management of Department of Education tied to The Arctic University of Norway (UiT) for the project "Well-being in Tromsø".

The main goal of the present study is to explore if the dataset expressed any measures of resilience. "Well-being in Tromsø" employ three of instruments; (1) a tradititional bullying measurement embedded with cyberbullying measurements; (2) KINDL^R measurements for quality of life (QoL) (Jozefiak et al., 2008; Ravens-Sieberer & Bullinger, 2000); and (3) The Strength and Difficulties Questionnare (SDQ) (Goodman, 1997).

Both SDQ and KINDLR are international and well-studied questionaries with good psychometric properties (Goodman 2001; Rønning et al., 2004b; Van Roy et al. 2006; Bullinger et al., 2008). So, there was not run further tests of their reliability and validity of the questionnaires.

In the measurements of bullying quantitative methods are in largest part used. The Olweus Bully/Victim Questionnaire are amongst the most used approaches to measure bullying (Pellegrini, 2001). To map out those who experience bullying there has been a widely recognized cut-off point to distinguish between milder forms for aggression and bullying. The experience of bullying is to be reported to be happened 2-3 or more times a month (Solberg & Olweus, 2003).

3.1 Scientific Method

3.1.1 Philosophical approach

Positivism is the philosophical stance which emphasize knowledge is either positive or exclusively derived from experience of a natural phenomenon. This theory has it's base in empiricism, which means that knowledge derives from sensory experience. Verified (positive) data gained from the senses are validated as empirical evidence. The twofold base of positivism is based on 1) everything that is true can be confirmed by observation or logical evidence and 2) that everything that cannot be verified by those two is either untrue or meaningless. Positivism recognized only quantitative methods for research (Gilje & Grimen, 1995)

The philosophical theory named *post-positivism* is in response which critiques the positivist stance about the knowledge gaining as strictly objective. It recognizes objective realities, our knowledge about it, however, is limited. They who take this stance recognizes that the

researcher and that what is observed will be affected by theories, values, background knowledge and hypotheses. Post-positivists affirms both validity of quantitative methods and qualitative methods (Colin, 2002; Taylor & Lindof, 2011). Considering epistemology, the postpositivist believes that knowledge is based upon human estimates. A conclusion that which is suspected due to preliminary supporting evidence, and asserting estimates are based on necessities, that one can modify with further investigation, but it's still grounded in the idea of objective truth, and not relativism nor social constructivism (Taylor & Lindof, 2011).

Another stance named *critical rationalism* is the philosophical view that rationality is the ability to critical to our own and others convictions. Here one acknowledges our own ignorance in the recognition of our own faulty. Karl Popper, the first known to develop this theory, saw the sciences as a constant quest in attaining empirical knowledge, with that limitation that the truth can never been fully known. The implication this have is that the sciences can never give us sure knowledge with its theories and explanations, but limited and temporary answers. In the tradition of the philosopher David Hume, Popper agreed that inductive reasoning is logically flawed. Science is then known through falsified biases. The research hypothesizes we make is those we are critical of, and thus it's increased in trust of the hypothesis when they stand the claims of falsification. Critical rationalisms epistemology tells us that we can never know with certainty that what we know is the truth, but we can only get more trust in science trough the processes of falsification (Gilje & Grimen, 1995).

In this study there is taken in account of student's self-reported experiences of bullying and harassment, and quality of life. My study takes in account the data from "Well-being in Tromsø" and is not set out to falsify the pupils claims, but in all seriousness take them for what they represent in their answers on the questionnaires. A critique of the quantitative methods is that it's there is it's a limit in assessing knowledge about social phenomena through series numbers alone (Nyeng, 2012). In the other lane this the questionnaires are requesting specific knowledge about bullying and harassment and the experience of quality of life. An aspect in this is the subject's foreknowledge and understanding about the terms in the questionnaires are based on their own foreknowledge and experience, and is therefore something that I, as a researcher, can't directly observe. I find that the critical rationalists have a healthy approach to knowledge in the sense that one should express criticism to our own and other's convictions (Gilje & Grimen, 1995). Even so are the self-reported experiences in the study of quality of life seen as a widely applied standard. It is objectively acknowledged that

bullying and harassment happens in schools and those negative experiences are expresses often a harsh reality for those who are a victim of it. We can also observe in the data-material that people respond to negative experiences differently and report different levels of life quality.

I place this study towards the philosophical position that there is something we can objectively know to be true. Also, I affirm the view and that induction can be a valid approach to gain knowledge based on evidence given, (and that qualitative methods also brings valid truths in the search for objective knowledge). I also discard the thesis from the notion of the hardline positivist knowledge stance in that all things outside of objective reasoning and logical evidence are untrue or meaningless, but moreover I affirm that the thesis lies in lane of post-positivism with the fact that it recognizes objective realities, however, that our knowledge about it, is limited.

3.1.2 Quantitative methodology

The method which will embody the thesis will be quantitative. The measure in the study is gathered through questionnaires. Measures involve different aspects surrounding one's experiences of bullying and harassment, difficulties, strengths, and well-being. The measures will be analyzed to take a closer look at resilience in light of the data gathered by the traditional and cyber bullying measure, SDQ and KINDL^R. The questionnaires are self-reported and filled out by students. The data are made incognito for the sake of privacy (more on ethics in the end of this chapter). In the research field quantitative methodology refers to research designs which tries to explain a phenomenon of collecting data by statistical approaches and methods.

4   Part IV: Study method

4.1   Pupils

The number of pupils from the dataset that matched the criteria for this study where in total (N=237) from 9 to 16 years. Reported being bullied and/or harassed at the cut off-point 3 or more times a month. This group will be the foundation for all analyses in the following.

Pupils within the criteria who self-report specific harassment are in total N=158. There is an overlap who fall into the criteria of both bullied and harassed N=63 pupils. In the category of bullying there are 79 pupils, 16 of these reports bullying without any specific forms of harassment. The control group consists of the pupils that did not match the criteria of bulling

and harassment (N=735). In the presented experiment, a *control group* is defined as a group separated from the rest of the experiment, where the variable being tested (resistance against bullying or harassment) cannot influence the results. This motivates the slightly unconventional use of the term in our context. The Venn-diagram in Figure 4 displays the pupils that are included in the study:
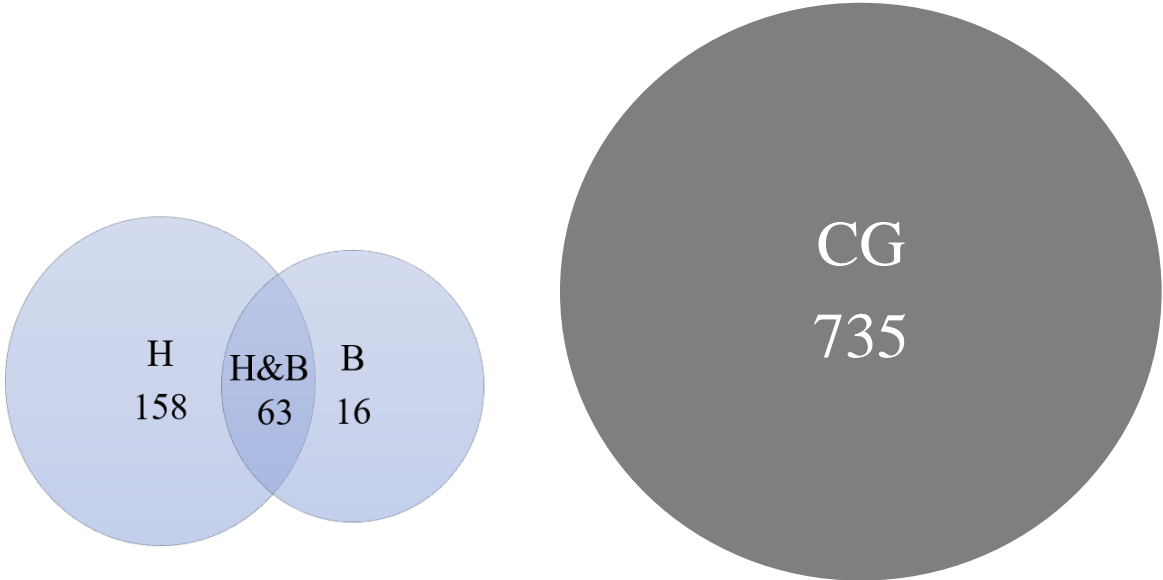

Figure 8**:** The three groups included in the study, with number of participants.

4.2 Variables

Table 1 displays a synopsis of the different material used in the analysis. In addition to the self-report, data was also gathered from the perspectives of teachers and parents, but they are not included in the data used for this study.

Table 1**:** Overview of data

Questionnaires and its sections used in Well-Being in Tromsø	Categories of questions
KINDL® *Constructs*	Physical well-being
	Emotional well-being
	Self-esteem
	Family
	Friends
	School
Traditional bullying	Bullying in general
Specific harassment constructs	Verbal
	Physical
	Social
Cyberbullying	Cyberbullying in general
Digital harassment Constructs	Mobile
	E-mails
	Picture and video
	Social exclusion
SDQ *Constructs*	Emotional problems
	Conduct problems
	Hyperactivity
	Peer problems
	Pro-social
	Negative Impact

4.2.1 Traditional bullying

Variables of the traditional bullying is taken from the "My life in school" by Rønning et al. (2004a) a study from the northern parts of Norway where 4130 pupils participated. Embedded in the questions and categories in traditional bullying firstly bullying reported by the victim is categorized by the frequency of incidents with a split of two items of in or outside of school.

In the same manner is also the self-report questionnaires includes variables in question format about the perpetrator and bystander. The victims also report who they're bullied by in three different variables; a group, boy or girl. The totality of traditional bullying shows two variables. These were based on what they had experienced the last 2-3 months. There were also two variables made for (in and outside of schools).

To sort out those who report being bullied or harassed a scale in the questionnaire items containing the group "not bullied" is set to those who report "never"; "only once or twice". Those who are bullied is when it's reported 3, 4 and 5 times through the questions "two or three times a month"; "about once a week"; "many times a week". This approach is well recognized in the bullying literature (Olweus 1993, Arora 1994, Smith, Cowie et al. 2002, Rønning, et al. 2004a, Roland, 2014). However, bullying is an abstract term for many of the students.

4.2.2 Harassment

Furthering, the in the next series of questions specific forms of traditional harassment is measured in the totality of 15 actual items. The questions originate form Arora "My life in school" (Arora, 1994) revised by Rønning et al., and the revised list demonstrated acceptable psychometric properties for the questionaries (Rønning, et al., 2004a). Herein discovering six social, five verbal, and four physical items of peer-harassment. The different measures use definitive incidents. The 15 items retrieved from the "My Life in School Checklist+", Consists of 3 dimensions of harassment physical, verbal and social:

Physical "tried to kick me"; "threatened me"; "tried to trick me"; "tried to hit me".
Verbal "called me names"; "said something mean about my family"; "been mean to me because I am different"; "teased me"; "tried to hurt me".
Social "made other be mean to me"; "made me be mean to other"; "tricked me into doing something"; "made med do something I didn't want to do"; "threatened to tell on me"; "told a lie about me".

4.2.3 Cyber harassment

The cyber harassment questionnaire is based on Smith, Mahadavi et al. 2006 and Menesini et al. (2011). The specific forms category consists of eight items. Here a set of descriptions of the incidents appear and how often the victim has experienced those:

Through mobile: "mean text messages or unpleasant photos/videos on my phone" and "mean calls to my mobile phone".
Though E-mails: "scary or nasty e-mails". The three next items specify "insults online (Facebook, twitter or web)", "teased or insulted by chat messages, as at Skype or within games" and "insults on blogs".
With picture and video content: "unpleasant photos or videos of me posted on internet (Facebook, YouTube, web et. cetera)".
Social exclusion on the internet: "Banned me from a Facebook-group or the like where I wanted to participate".

For all types of harassment frequencies these alternatives for answers are used: "never/ do not know", "only once or twice", "two or three times a month", "about once a week", "many times a week". Survey questions applied in this study to measure cyber harassment are still in an early and temporary stage (Rønning et al., 2017).

4.2.4 Strengths and Difficulties Questionnaire (SDQ)

The Strenghts and Difficulties Questionnaire (SDQ) is developed by Robert Goodman in 1997. The data gathered by SDQ is by the Norwegian version SDQ-Nor (translated version). Goodman, a psychiatrist from London. This measurement instrument is made for children and youth, teachers, and parents with the aim of mapping out psychopathology (internal and external difficulties) and prosocial behavior (Goodman, 1997). This questionnaire is a further development of the Rutter-Scale. The first version of the Rutter scales proved their value in the Isle of Wight studies (from 1964–1974) with a series of epidemiological studies of educational, psychiatric and physical disorders in 9 to 11-year-old children. (Rutter et al. 1970). The Revised Rutter Scales (Rutter et al. 1970; Rutter 1967; Elander & Rutter 1996a; Elander & Rutter 1996b; Hogg et al. 1998) are rating scales for assessing psychopathology and prosocial behavior. There exists a high correlation between the Rutter-Scale and the SDQ. The Rutter-Scale was made to fill out by teachers and parents. The SDQ was an endeavor to make the questionnaire easier to manage, just on one page with questions to children

assessing the individual with "I"-questions with a positive wording (Goodman 1997; Goodman et al. 1998; Goodman & Scott, 1999).

The questionnaire has different forms for teachers and parents for ages 4–16 years. The self-report form is for ages 11–16 years. The items are rated on a 3-point scale ranging from 'Not true' to 'Certainly true'. Cutpoints for discriminating between normal and clinical cases based on community and clinical samples are available. Rating scales can be scored using hand scoring sheets. Furthermore, is mental health a theoretical term, Goodman, in endeavor to validify term through a questionnaire (Full scales can be found in the Appendix) is it operationalized through 25 statements, which can again be divided into five areas (1) *emotional symptoms* (2) *conduct problems* (3) *hyperactivity* (4) *peer problems*, and (5) *prosocial skills*. More in detail from Goodman (1997, p. 582):

(1) *Emotional Symptoms Scale.* "Often complains of headaches, stomach-ache or sickness"; "Many worries, often seems worried"; "Often unhappy, down-hearted or tearful"; "Nervous or clingy in new situations, easily loses confidence"; and "Many fears, easily scared".
(2) *Conduct Problems Scale*. "Often has temper tantrums or hot tempers"; "Generally obedient, usually does what adults request"; "Often fights with other children or bullies them"; "Often lies or cheats"; and "Steals from home, school or elsewhere".
(3) *Hyperactivity Scale*. "Restless, overactive, cannot stay still for long"; "Constantly fidgeting or squirming"; "Easily distracted, concentration wanders"; "Thinks things out before acting"; and "Sees tasks through to the end, good attention span".
(4) *Peer Problems Scale*. "Rather solitary, tends to play alone"; "Has at least one good friend"; "Generally liked by other children"; "Picked on or bullied by other children"; and "Gets on better with adults than with other children".
(5) *Prosocial Scale*. " Considerate of other people's feelings "; "Shares readily with other children (treats, toys, pencils, etc.)"; "Helpful if someone is hurt, upset or feeling ill"; "Kind to younger children"; and "Often volunteers to help others (parents, teachers, other children)".

In addition to the five variables above can a summation of the twenty variables surrounding difficulties be summed to show a measurement of the "total difficulties". The total difficulties are in a range between 0-40 (Goodman et al., 1998). A high level of the "SDQ Total difficulties" displays a high level within the four difficulties area (1-4). The scores "normal" (0-15), "borderline" (16-19) and "clinical area" (20-40) (Goodman, 2001).

For this study the "Total difficulties" has a range between 20-60. The range is calibrated on accord with the SDQ scoring procedure of self-reports (Goodman, 2001) total difficulties the norm of scorings in this thesis will be "normal" (20-35), "borderline" (36-39) and "clinical area" (40-60). The total difficulties was made a collective variable for the analyses named "SDQ Negative Impact", and with the cut-off point of bullied/harassed (3-5 times a month) to assess the level of risk/stressors involved behind the self-reports. Resilience is defined within the children or adolescence who scored in the normal range of total difficulty *despite* the bulling/harassment.

A similar approach is used by Young et al. (2019) where the SDQ was used in an endeavor to map out resilience. They in addition defined resilience on a high score on the total prosocial scale, which in this thesis is used as a protective factor.

Clinical research and scientific research both use the SDQ. The validity of the instrument is a forerunner to the tool DAWBA, a software used for screening difficulties with interview, which lays a foundation for evaluating development and well-being of adolescence and children (Goodman, 2009). SDQ has been described as an instrument with an empirical bottom-up approach to psychopathology (Achenbach, 2007). A bottom-up approach is a method where one starts with small units and works towards a more comprehensive and varying picture. In the SDQ the reliability in the five groups of elements presented above and the sixth "total difficulties score".

Although the self-report is for 11-16 years (Rutter & Taylor, 2002). the measures were gathered from children 9 years at children in the fourth grade with teacher's assistance if something was unclear. The children had to fill out the questionnaire themselves.
Most rating scales take between 10 and 20 min to complete. For screening and early assessment procedures in which a global impression of the child's functioning is needed, to be followed by more extensive assessment in a later phase for those who have elevated problem

scores, a very brief rating scale is sometimes desirable. Another situation in which there is often a need for a very brief rating scale is when one teacher has to complete rating scales for many children in one classroom (Rutter & Taylor, 2002).

4.2.5   KINDL[R] QoL protective factors

This study used measurement tools from KINDLR. This questionnaire aims to measure experienced quality of life (QoL). It was developed to get measurements on children and adolescents in clinical samples and in the general population. It's viewed as a reliable and valid instrument that has been used internationally, and KINDLR in both respects it represents a broad measure of childrens *health related quality of life* (HRQoL) (Ravens-Sieberer & Bullinger, 1998). The developers Ravens-Sieberer and Bullinger aimed that it could be a tool for various types of studies: 1) epidemiological studies of the situation of children and youth, 2) clinical studies dealing with effects of therapeutic measures on QoL of children with acute or chronical illness and 3) for use in rehabilitation assessing the effects of rehabilitation interventions (Ravens-Sieberer & Bullinger 2000, p.1)

There exists two versions; one where the adolescents describes him- or herself, and another where you get the parents point of view on their child. Each version consists of 24 questions equally distributed on the dimensions (1) physical well-being, (2) emotional well-being, (3) self-esteem, (4) family, (5) friends, (6) school and a summation that views the total quality of life (TQoL). The measures of KINDLR aims to show experienced quality of life. The questionnaire is from the students self-report and its questions surrounding themes of emotional well-being, physical well-being, self-esteem, family, school and friends. The different dimensions of well-being it consists of 4 questions from each category (24 in total) as we see in Ravens-Sieberer et al. (1998):

**(1) E*xperienced physical health*: "I felt ill"; "I was in pain"; "I was tiered or worn out"; "I felt strong and full of energy"
**(2) E*motional well-being* "I laughed and had fun"; "I was bored"; "I felt alone"; "I felt scared and unsure of myself"
**(3) S*elf-esteem:* "I was proud of myself"; "I felt on top of the world"; "I felt pleased with myself"; "I had lots of good ideas"

(4) R_elationship to family_: "I got on well with my parents"; "I felt fine at home"; "We quarreled at home"; "I felt restricted by my parents"
(5) R_elationship to friends_: "I did things together with my friends"; "I was a "success" with my friends"; "I got along well with my friends"; "I felt different from other people"
(6) R_elationship to school_ "_D_oing the schoolwork was easy"; "I found school interesting"; "I worried about my future"; "I worried about getting bad marks or grades"

Every question asks for the last week experiences in these respects and is scored on a 5 – point scale (1="never", 2="rarely", 3="sometimes", 4="often" and 5="always"). In designing the KINDLR the makers tried to ensure that the questions and instructions were easy to understand, so it could easily be filled out by children and adolescence.

For the analyses there was made a collective mean scores variable for all the 6 dimensions of well-being measured with the KINDLR. Mean item scores were made into a 0-100 scale where 0 displays low QoL and 100 displays high QoL*. The first one "experienced physical health" the three first negative questions ("I felt ill"; "I was in pain"; "I was tiered or worn out") was reversed into a mean-variable with positive focus starting with "never"; "rarely". Also with the "emotional well-being" ("I felt scared and unsure of myself") was turned into a positive mean variable as the one above. The next variable "self-esteem" was not changed but made into a mean-variable. The variable ""relationship to family" the questions ("We quarreled at home"; "I felt restricted by my parents") were also reversed with a positive focus and into a mean-variable as with the others. The next category questions "relationship with friends" one question was reversed ("I felt different from other people"), and the other questions stayed the same, thus with the other questions made into a mean-variable. Lastly, the dimension "relationship to school", two questions was reversed ("I worried about my future"; "I worried about getting bad marks or grades") and along with the other questions made a mean-variable. The positive leaning mean-variables were in the following used in the analyses to check against the SDQ negative impacts if different of indications of resilience could be found in the dataset.

Convergent validity shows how closely related the scale is related to other variables and measures of the same construct. The discriminant validity is testing whether constructs or quantities that are not inclined to be related are unrelated (Field, 2018). There exists evidence

of convergent validity and discriminant validity compared to other QoL-scales (Jozefiak et al. 2009). Jozefiak et al., (2008) investigated the perceived QoL (KINDLR) of 1997 randomly selected students aged 8-16 in the middle of Norway found acceptable psychometric properties of the instrument.

Viotti et al., (2018) used a reduced version of KINDLR with the goal to assess the perceptions of childrens HRQoL in Chilean hospitals, they found it as a valid instrument for assessing children in hospital units.

When developing this questionnaire, there was tried to ensure that the questions and instructions were easy to understand, so that neither children, adolescents nor parents would need assistance when answering (Ravens-Sieberer & Bullinger, 2000).

4.3 Statistics and analyses

For the quantitative analyses thesis is run through the statistical software "IBM Statistical Package for Social Sciences" (SPSS) version 26. In the following is a short presentation of the analyses with the SPSS that were conducted in this study.

Bivariate Correlation

Correlation analyze are used in this study. Bivariate correlation is the expression the relationships between two variables statistically. I've used the The Pearsons Correlation Coefficient, which refers to a standardized measure between the strength of the relationship between two variables. Values in the spectra from -1, trough 0, to +1. As in 0 the variable doesn't change, and it displays no linear relationship. If one variable is in the lane of -1, the other variable will change in the opposite direction. If one variable is the lane of +1, the other variable changes in the same direction by the same amount (Field 2018, p.1029). Typically, values of 0.1 represents a small effect, 0.3 represents a large effect and 0.5 represents a high effect (Cohen et al., 2018; Field, 2018), but it should be interpreted by the context of the data/research literature (Field, 2018 p. 340).

Regression analysis

The multiple regression is a model wherein two or more variables is predicted by a linear combination. The R^2 leads to a further understanding of the variance in Y that overlaps with the values predicted from sample. In addition, the Adjusted R^2 measure displays the grade of variance in Y that would be taken into consideration if the model had been derived from the

population from which the sample was taken. The adjusted R-Square tells us that about the adjustments displays the loss of predictive power (Field, 2018, p.389). R-Squared and adjusted r-squared the effects small 0.02, medium 0.13, and 0.26 for a large effect (Cohen et al., 2018).

T – Test

The t-test is used in this study to determine if there exists a significant difference between the means of two groups (Field, 2018).

Cohen's d

Cohen's d refers to an effect size which is used to indicate the standardized difference between two means (Field, 2018). It is used in this study to complement the T-test. Cohen et al. (2018) categorizes the effects 0.20 small, 0.50 medium and 0.80 large.

Analytic plan

The analyses in this study were accomplished with the program IBM SPSS 26 and is based on the pupil's reporting from the data gathering of Well-being in Tromsø 2017. In total N=952. These will be presented with the help of descriptive statistics visually with the SPSS, Microsoft Word, and Microsoft Excel. Firstly, we will assess the distribution in the various groups: the control group, those bullied the harassed group. This is followed by a frequency table across the grades of those who reported harassment. Then there will be a display of the T-Test with the impacts of bullied and harassed to the control group. In this way we could get and overlook within the differences by the control group and the offended.

The next set of analyses are done with bivariate analyses to check correlations between the impact of the bulling to the variables surrounding protective factors through the KINDLR measurements and the pro-social score by SDQ. This was done in effort to map out trends of resilience within the dataset. This is followed by regression analyses to sort out which variables had the most resistance towards the negative impacts.

4.4 Ethic

The data used in this study was assessed digitally using Questback. This software is developed for use in several investigations and are generally recognized to safely secure the data. The procedure of handling the filled in questionnaires was done by the leaders of the

project who was under a non-disclosure agreement (NDA). Subjects where anonymized, and the original list with the students ID is locked in a cabinet. To attend this study the participants needed their parents to consent because they are under the year of 18. Parents got information about the project through the local school. Teachers in the school carried out the investigation according to written instruction. Those who didn't get consent from the parents, their questionaries would be maculated by the project leadership. The student's and the parents can at any time resign from the study, without any given reason, and data that had not been published would be deleted. "Well-being in Tromsø" got certified by the Regional Ethical Committee for Medical Research (REK-Nord) (Rønning et al. 2017).

5   Part V: Results

Descriptive statistics, subjects and groups

Firstly, we will look at some historgrams distributing the variable SDQ negative factors compared across the three groups, bullied (N=79), harassed (N=221) and not bullied/harassed (N=735) (control group). The three first Figures 5,6 and 7 will show the frequency distribution of total difficulties standard deviation (SD) and mean (M) in all three groups. Figure 8 will ' display distribution with two groups bullied/harassed and the control group to the negative impacts. The SDQ Negative Impacts range is adjusted and calibrated for this

study the "Total difficulties" range is between 20 (min.) to 60 (max) Table 2 will summarize the distributions.

Figure 5 shows the subjects (N=79) in the bullied group measures of distribution towards the negative factors from the SDQ 20 (min.) to 60 (max). Standard deviation shows 5,9. The mean displays 33,49.
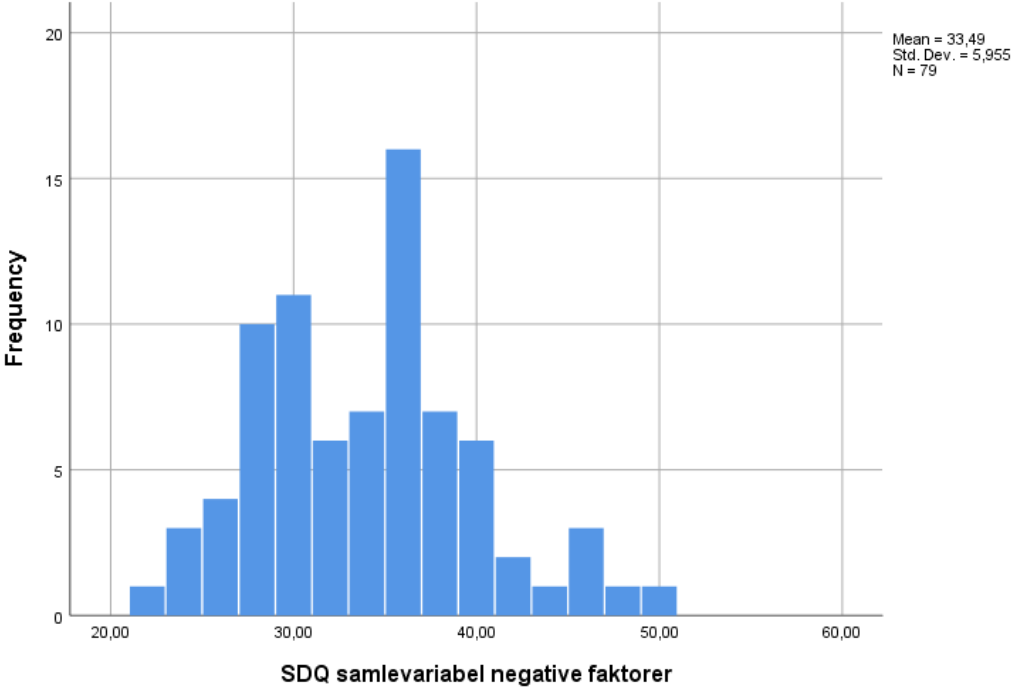
Figure 9. Distrubution group bullied SDQ N=79

Figure 10 shows the subjects in the harassed group (N=221) measures of distribution towards the negative factors from the SDQ. Standard deviation shows 5,7. The mean displays 31,75 and within the range between 20 (min.) to 60 (max).
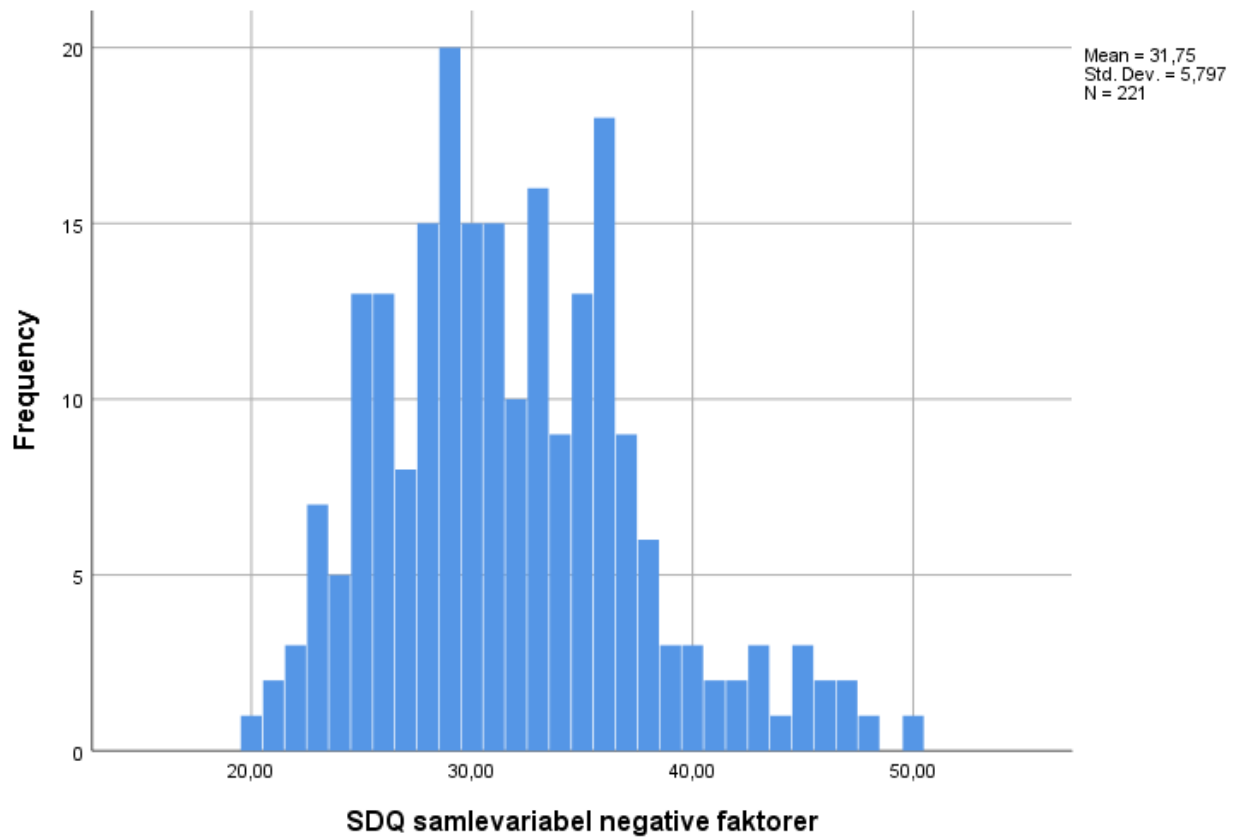
Figure 10**.** Distribution group harassed SDQ N=221

Figure 11 shows the subjects in the group not bullied measures of distribution towards the negative factors from the SDQ range 20 (min.) to 60 (max). Standard deviation shows 4,7 this displays a rather homogenous group. The mean for this group displays 27,39.
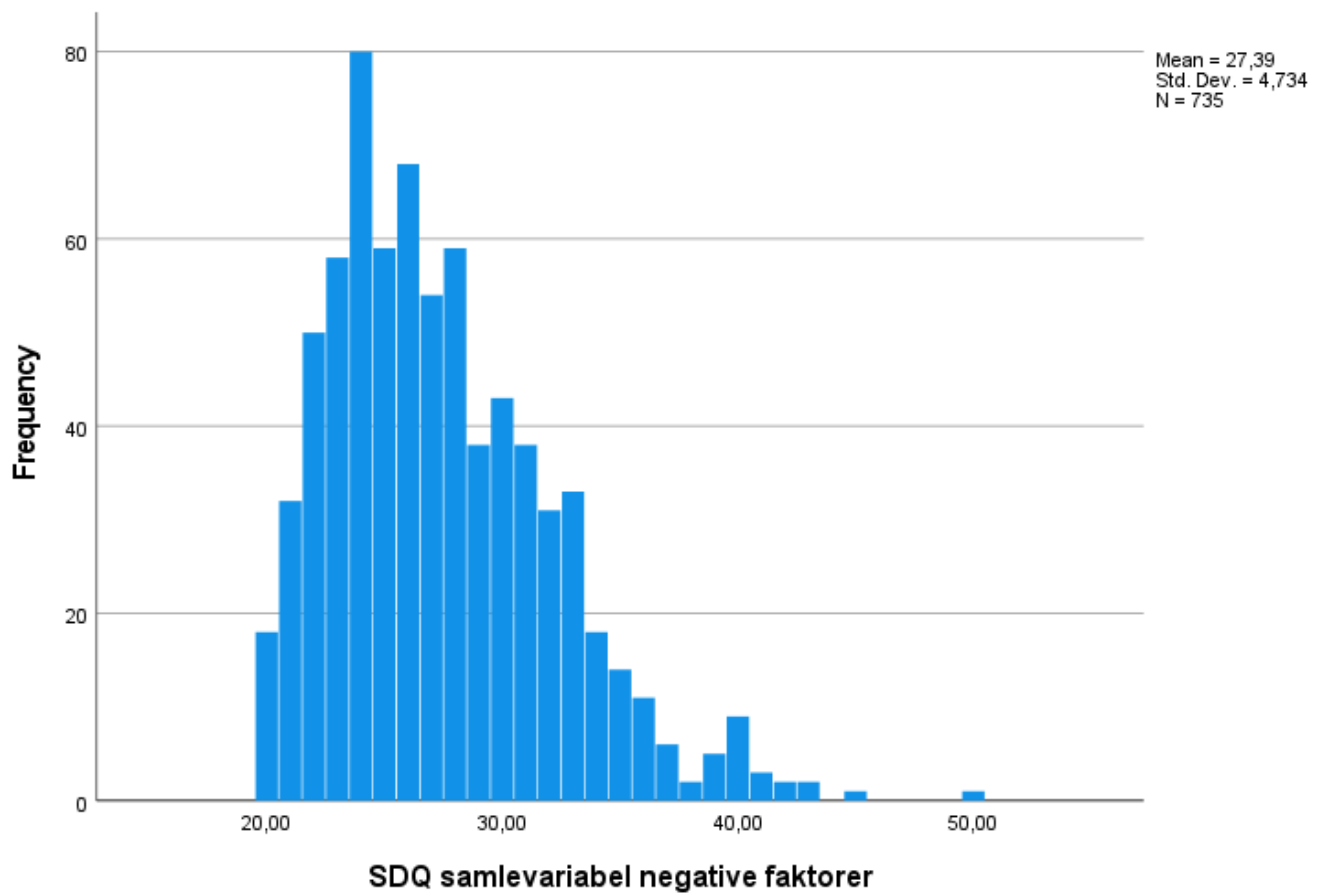
Figure 11. Distribution Control group SDQ N=735

Figure 12 displays all groups (N=972) bullied/harassed is compared to the control group across the SDQ Negative impact range between 20 (min.) to 60 (max). The figure displays that 74% pupils bullied harassed came under the normal range. In the borderline is 14,7%, and 10,9% of the subjects where in the clinical area. In the control group 94,4% reported within the normal range. 2,5% were within the borderline and 3,5% in the clinical area.

SDQ Negative impact range (Total difficulties)
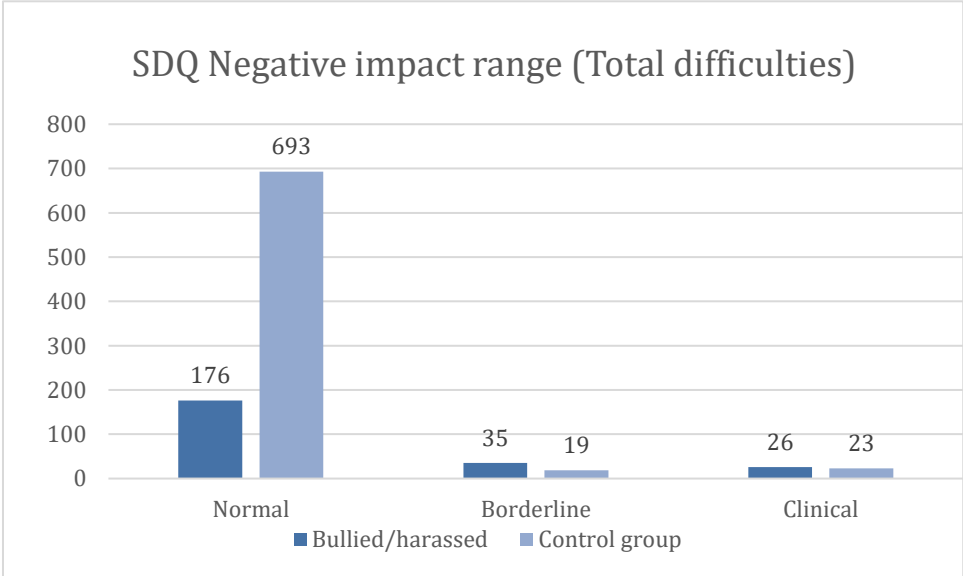
Figure 12: Total difficulties range for all three groups.

SDQ Negative factors

T-tests was conducted to compare two groups within the SDQ difficulties areas. The first (1) test was between the subjects who reported harassment and those who were not bullied/harassed. The second (2) test was between the bullied and the subjects who are not bullied/harassed:

(1) An independent samples T-test was conducted for to compare the SDQ negative factors

impact to harassed subjects with and against the subjects who are not bullied/harassed. Displaying a strong significance (Cohen et al. 2018) in the differences Sig. (2-tailed) < ,001.

(2) Another independent samples T-test was conducted for to compare the SDQ negative factors impact to bullied subjects with and against the subjects who are not bullied/harassed. There was a strong significance in the differences between the groups Sig. (2-tailed) < ,001. In both t-tests there was a strong significance (Cohen et al. 2018) between the differences groups that reported bulling/harassment and those who did not.

The table below (Table 2) summarizes the values that has come in the distribution histograms presented above (Figure 5; Figure 6; Figure 7) and the T-tests. Effect size are measured by Cohen's d computed by the bullied group and the not bullied/harassed is strongly significant at 1,15. This displays that the standardized difference between the subjects bullied and not bullied were significant.

Table 2: Results of impacts

Results of the analysis examining impacts and protective factors

	Bullied		Harassed		C-group		p	Cohen's d
	M	SD	M	SD	M	SD		
SDQ Negative factors (Scale 20-60)	33,49	5,9	31,75	5,7	27,39	4,7	<0,001***	1,15

Table 2: Mean value and standard deviation for three groups: bullied (N=79), harassed (N=221) and the control group (N=735). Effect size and T-test is computed between bullied and the control group.***Correlation is significant at the level 0.001 (2-tailed).

5.1   Correleations to SDQ Negative factors

The next set of analysis Table 3 shows a Pearsons correlation computed between the SDQ Negative factors ("Total difficulties") and seven other variables. Three groups are displayed: Harassed, bullied and the control group.

Table 3: Correlations: SDQ Total difficulties and protective factors

Protective factors	Harassed (N=221)	Bullied (N=76)	Control group (N=735)
SDQ Pro-social score	-,193**	-,150	-,273**
KINDL - Family	-,297**	-,132	-,424**
KINDL - Friends	**-,549****	**-,517****	-,439**
KINDL - School	**-,532****	**-,661****	-,487**
KINDL – Emotional w-b	**-,561****	**-,560****	-,467**
KINDL - Physical w-b	-,391**	-,434**	-,416**
KINDL - Self-esteem	-,364**	-,395**	-,371**

Table 3: Correlations between SDQ Negative factors and seven other variables. Three groups are shown. Harassed, Bullied, "Not bullied/harassed". The last group is used as a control group.

** Correlation is significant at the level 0.01 (2-tailed).

In the harassed group shows a negative correlation -,193 from the pro-social factors, displays low effects (Cohen et al., 2018). To the family it shows a negative correlation -,297 moderate effects. When it comes to friends, school and emotional well-being show's a considerably high negative correlation from -,532 to -,561. Physical well-being and self-esteem displays moderate negative effects -,364 to -,391. All the correlations in this group are significant at (2-tailed).

In the bullied group the variables pro-social and family shows a negative correlation -,132 to -,150 signifies a low effect (Cohen et al. 2018). The variables, school and emotional well-being show's a considerably high negative correlation from -,517 to -,661. Physical well-being and self-esteem displays moderate negative effects -,395 to -,434. All the correlations in this group are significant at (2-tailed) except pro-social factors and family.

The control group displays a negative correlation -,273 from the pro-social factors, displays moderate effects. To the variables family, physical well-being and self-esteem it shows a negative correlation -,371 to -,424 which is moderate effects (Cohen et al. 2018). The variables friends, school and emotional well-being show's a slightly a higher negative correlation from -,439 to -,487. All the correlations are significant.

All groups showed negative correlations between the SDQ Negative impacts and all the protective variables. The highest negative correlations (Cohen et al. 2018) were found within

the harassed and the bullied group showing a considerable significant negative correlation in the variables friends, school and family from -,517 to -,661.

5.2 Multiple regression analyses

In the following we will look at three multiple regression analyses. We use the group harassed since they showed considerably similar trends and results with the group that reported being bullied in the correlation analysis.

Table 4: Multiple regression. Friends, school, family.

Independent variable	Beta
Friends b1	-.393***
School b2	-.343***
Family b3	-.117***

A multiple regression was calculated to predict the bullied and harassed pupils scores from the negative impact from SDQ based on the independent variables friends (b1), school (b2) and family (b3). A regression equation with significant coefficient's (Beta) was found with an R2 of .433 (Cohen et al. 2018).

*** Significant at the 0.001 level (2-tailed)

R-square, effect size, strength of the effects between the variables. Indicates the amount of change in the dependent variable, and the independent variables. (43,3%) can be explained by the independent variables.

Table 5: Multiple regression. Emotional WB, friends, school

Independent variable	Beta
Emotional WB b1	-.255***
Friends b2	-.266***
School b3	-.316***

A multiple regression was calculated to predict the bullied and harassed pupils scores from the negative impact based on the independent variables emotional (b1), friends (b2) and school (b3). A regression equation with significant coefficient's (Beta) was found with an R2 of .457 (Cohen et al. 2018).

*** Significant at the 0.001 level (2-tailed)

R-square, effect size, strength of the effects between the variables. Indicates the amount of change in the dependent variable, and the independent variables. (45,7%) can be explained by the independent variables.

Table 6**:** Multiple regression. Friends, school

Independent variable	Beta
Friends b1	-.403***
School b2	- .375***

A multiple regression was calculated to predict the bullied and harassed pupils scores from the negative impact from SDQ based on the independent variables friends (b1), school (b2). A regression equation with significant coefficient's (Beta) was found with an R2 of .421 (Cohen et al. 2018). *** Significant at the 0.001 level (2-tailed)

R-square, effect size, strength of the effects between the variables. Indicates the amount of change in the dependent variable, and the independent variables. (42,1%) can be explained by the independent variables.

6   Part VI: Discussion

The mystery of resilience, why someone cope better than others facing adversity is not an easy question to grasp. Resilience is withstanding risk, and the reality that is on the investigation board in this study is bullying and resilience.

The main purpose of this study was to investigate if there could be found any indications of resilience in the "Well-being in Tromsø" dataset from 2017, and the research question states: *"What can Well-being in Tromsø tell us about children and adolescence facing harassment and bullying and staying resilient against negative psychological impact?"*

Main result of this study shows that 176 (74%) of the harassed/bullied children was within the normal range on the SDQ negative impacts (Total-difficulties) and in this sense were resilient towards the bullying and harassment. A moderate resiliency was considered within the borderline N=35 (14,7%), the last group N=26 (10,9%) were associated with low resilience. Compared to the control group, the most important protective factors were *friends*, the *school*

environment, and *emotional well-being* in reducing the negative impacts displayed by the SDQ. The study notes that physical well-being and self-esteem has effect against bullying and suggests that family has an effect in lowering the negative impacts of the bulling and harassment.

The following structure of this chapter will be surrounding the findings starting with interpretations and implications in the themes: resilience, the pupils and differences in impact, the protective factors, thereunder resilience and social support, resilience and school. There will be a main weight of focus around the strongest quality of life factors. Discussing main implications will be emphasizing the schools mandate and recommendations about resilience. At the end limitations will be reviewed.

6.1   Resilient pupils and the impact

The study showed that most of the persons were displayed N=176 (74%) resilience towards the bullying and harassment coming under the normal range of the SDQ Negative impacts score. In the same manner Young et al. (2019) defined resilience within aboriginal adolescence in Australia with the range SDQ Total difficulties score 'normal' or within a high score the pro-social range. In their study were N=85 (73%) of the aboriginal youth within the total difficulties score associated with resilience. In difference to our study, they measured viewed the participants within effects of low socio-economic environments, discrimination, and cultural marginalization (Young et al., 2019, p. 8). Young and colleges approach were used as an inspiration for this thesis in sorting out resilience. Several researchers have used SDQ to study resilience (Fogarty et al. 2019; Hogan, 2019; Jefferies, et al. 2019; Hildebrand, et al. 2019; Rotheram-Borus, el al. 2019; Miller-Graff, et al. 2020), and also in using the "normal" area within the total-difficuties (Vreeman, et al. 2019; Young et al. 2019; Kirby et al. 2020).

There has been made arguments about its limitations of using SDQ to study resilience. Because, one is defining resilience as the absence of dysfunction or psychopathology, and not recognizing the several others of the dynamic processes behind resilience. This involves measures of positive adjustment, rather than absence of mental or behavioral problems (Gartland et al. 2019; King et al. 2021). However, the present study additionally includes KINDLR a well-recognized tool for assessing quality of life with several perspectives, not

just the absence of mental health, but also important protective factors that broadens assessment of indications of resilience in the dataset (Table 3, 4, 5).

In total 10,9% of the school children were associated with low resilience, and in addition 14,7% belongs to a borderline group, although the cut-off values we used are from international studies and not officially applied in Norwegian contexts.

Between the group bullied and the control group Cohen's d displays an effect size of 1,15 which signifies a large difference. Those who report bullying/harassment still outnumber the ones in the borderline and in the clinical area compared to the control group (Figure 12) by 498 subjects (67,7%*) in the control group. If we include those in the borderline range and the clinical combined, we see that those who matched the criteria were 25,6% and in the control group were 5,7%. This could additionally tell us something about the damage on the victims of bullying and harassment. We know bullying and harassment could lead to several destructive consequences for the individual (Wilkins-Shurmer et al., 2003; Glew et al., 2005; Kowalski and Limber, 2013; Wolke et al., 2014; Fridh et al.,2015; Gámez-Guadix et al., 2015; Wolke & Lereya, 2015; Miller, 2017), and consequences like that could be the reality for the pupils involved in the study.

6.2 Resilience and protective factors

Results show that all the variables contribute as protective factors. (Table 3, 4, 5, 6). School, friends and emotional well-being are lowering the effects in all the three groups, but it was considerably higher within the group that reported bullying and harassment (Table 3). Multiple regression of the harassed group shows that lowering negative implications with the KINDLR friends, school. The regression showed these factors could explain 42% of the lowering of the negative factors associated with the SDQ (Table 4). Strong results from the multiple regression with the variables emotional well-being, friends and school shows that R2 is ,457 significantly strong explaining 45% of the lowering effects (Table 5). Multiple regression assessing the variables friends and school show's a strong R2 ,421, explaining 42% of lowering the SDQ negative implications.

According to the correlation (Table 3) over all the groups the subjects report that the experience of physical well-being is almost an equally important factor. This is also the case with self-esteem. The experience for the subjects to be pro-social had more to say in the group

not bullied/harassed but were also slightly significant in the subjects being harassed, but not significant by those who reported being bullied.

Physical health and activity show moderate effects, as the same with the subject's self-esteem. There is marginal difference between the subjects who reported negative implications of the bullying and with the same subjects pro-social scores (Table 3).

For the school children reporting bulling or harassment, friends, school and emotional well-being are estimated considerably higher than the other variables.

The protective factor of the family it shows a marginal effect on the subjects prone to bullying and harassment, but were significantly larger in the control group. Over all the groups the subjects report that the experience of physical well-being is almost an equally important factor. This is also the case with self-esteem. The experience for the subjects to be pro-social had more to say in the group not bullied/harassed and were also significant in the subjects being harassed, but not significant those who reported being bullied.

These results above may partly be explained by a certain conceptual overlap between the variable used in SDQ and KINDLR, as can be seen from section 4.2.4 and 4.2.5. Hence, the results must be considered preliminary and handled with care. Other studies, however, are with some reservations well in line with the results presented above (Gartland et al. 2019; Zych et al. 2019; King et al. 2021).

6.2.1 Social support, school and resilience

As seen above, data presented in this study aligns with evidence that associates social support with resilience (Masten, 1994; Luthar et al., 2000; Orthner et al., 2004; Pinkerton & Dolan, 2007; Hopkins et al., 2014; Hildebrand, et al. 2019). Especially in this study we saw that good relationships with friends where one of the highest of lowering the negative symptoms (Table 3). The same with school and emotional well-being. Research has noted that children spend a great amount of time together and are constantly looking for approval and engaging in positive interactions and activities. Peer relationships has been lifted forward as an extremely beneficial predictor for development and for building resilience (Castro-Olivio et al., 2013). There has also been suggested in the research that encouragement to attend school could strengthen school connectedness (Chapman et al., 2011) and that being in school and socialization with others increases resilience (Kickett-Tucker 2008).

In line with this it is evident that support and encouragement from school staff members may have been one of the most important associated with school connectedness and belonging (Castro-Olivio et al., 2013). Other researchers states that the perception of emotional and social support may be an important protective factor to develop resilience, but on the contrary absence of the perception teachers and other people in the community of the children were noted as a risk factor and associated with low resilience (Hildebrand et al., 2019, p.12).

Surprisingly, the results in this study the effects of the family show marginally effects correlated with the groups that reported harassment and bullying. Comparing the control group with the bullied family showed moderate effects (Table 3). This may imply that it's also easier to be open with one's peers about the bullying/harassment since they are in the school environment or using the digital platforms where the negative misconduct is happening. The protective factor of the family shows a marginal effect on the subjects prone to bullying and harassment but were significantly larger in the control group. In fact, the pro-social score was highest in the control group. This could indicate that those who had a high pro-social score and better home environments had a lower chance being bullied and harassed. It may be correlated to socio-economic conditioning, where some studies show that victims are associated with lower family sosio-economic status (Jankayskiene, et al. 2008; Jansen et al. 2012). The findings of this study could indicate it's more important for children to be accepted and getting on well with peers and succeeding schoolwork at this time in their life. In other terms that their sense of coherence (Antonovsky, 1996) is even more strongly connected to peers and school when they are facing harassment or bullying in any form. On the contrary, studies have noted the importance of a cohesive family environment and positive parenting behaviours in promoting good mental health is well established (Rutter et al. 1970; Hogg et al. 1998; Kim Cochen et al., 2005; Bayer et al, 2011; Fatori et al., 2013). A higher-quality parenting was strongly related to less clinically significant emotional and behavioural problems in children (Zubrick et al., 2005). Social support from the family stability in the family, that the child has an open communication with the family is shown to increase positively resiliency skills at high-risk children (Masten, 2001; Castro-Olivio, 2013). The results of this study results might suggest that family has a marginal influence but based on the findings of similar studies a more plausible explanation is that it means more (Young et al. 2019; Kirby et al. 2020).

The results in this category are still debatable due to overlap issues with the SDQ and the KINDLR questionnaires. The category "friends" are on both spectrums and is automatically negatively correlated.

The findings in this study suggests that school and academic work is significantly important for the children involved in this study. Regression showed a significant effect for both school and friendly connections, showed an significant R2 that 42% could be explained by the analysis (Table 4), also the Pearsons Correlation (Table 3) show a significant result with those who faced adversity in the schools. School was the statistically strongest (Cohen et al. 2018) protective factor for those who reported bullying displaying a lowering of the impact considerably (correlation coefficient r = -0,661).

In line with this other research shows that achievement in developmental tasks such as going to school and learning to read is aligned coping well (Masten & Tellegen, 2012). Zych et al. (2019) metanalysis on the protective factors against bullying and cyberbullying noted that good academic performance was amongst the strongest protective factors. Other studies show that school attendance and a feeling of belonging increases school achievement (Bernat & Resnick, 2009; Ladwig & Luke, 2014) and decreases risk and maladaptive behaviors, in addition to strengthening ones emotional-self regulation (Castro-Olivio, 2013). In the same lane as this it's suggested that children that children within low and high risks situations that do well in important developmental tasks have the ability to regulate their emotions and do schoolwork and inhabits the capacity for mastery and exploration (Shiner & Masten, 2012, p.525). Some children facing adversity express the schoolwork and subjects are the core reasons for hope in the future, on the basis that the work they do in school is the guarantee for their life ahead (Shultz & Raundalen, 2006). School and teachers identified major importance for developing resilience, teacher is crucial, and the school is as important source of support, generating feelings of greater safety, especially for children/adolescents in situation of vulnerability (Hildebrand, et al. 2019).

The data contributes a clearer understanding of the school and academic work serving as an important protective factor for the children and adolescence who report bullying and harassment (Table 3; Table 4; Table 5; Table 6).

6.3 Schools mandate and resilience

For children growing up the school could be a place of protective-factors and a risk-factors. In the cases of bullying and harassment a child can be under several influences of risk in the school. Growth experiences in development and learning and friendly interactions with peers, and on the contrary create a disservice maldevelopment or stagnation if the pupils have bad experiences with peers (Danielsen, 2021).

Clark (2012) argues that schools are being targeted to tackle health inequalities amongst other social ills. Others argue that the emotional domain is emphasized more in relation to the strong link between emotions and cognition (Whitebread, 2012, p. 28) and that positive emotional states are necessary for learning, discovery, and invention (Craft et al., 2008, p. 127). As mentioned, a new subject in the Norwegian curriculum named "Life Mastery and public health" Within the increased focus on resilience, risk/stress and protective factors the new subject could be viewed in the scope of the increased focus on "youth at risk" where the problem is often weighed with emotional and behavior problems in adolescent age as anxiety, depression, school absence, criminality and drug abuse (Madsen, 2020).

The Norwegian schools are required by law to have the influence over a child's psychosocial environment. The Education Act (Opplæringslova) states the school's responsibility in cases of bullying and harassment. It states the right for every child to have a safe physical and psychosocial environment (Opplæringslova, 1998, §9A). This is arguably points to why school owners and personnel have a responsibility to secure that the school serves as a protective factor for every child and adolescence (Danielsen, 2021).

Some researchers suggests that in using schools to build resilience that one considers the contextualities of school and the community, and that one maximizes the current resources instead of pursuing new ones (Chicchetti & Cohen 2006, p.781). The new subject "Public health and life-mastery" (nor. "Folkehelse og livsmestring") is unclear in it's and debatable what this subject will consist of and what effects it will have on the pupils (Madsen 2020; Danielsen 2021), but this study emphasize some aspects that could be effective in help of strengthening resilience in pupils who are experiences adversities in form of bullying and harassment.

In line with what the results in this study suggests that it's a strong connection with resilience and positive quality of life (with some reservations), and that most children where displaying

resilience, coping well despite bullying and harassment. Some suggestions would involve increasing focus on the school subjects and well-being in class with the academic work, focus on mastery and positive learning experiences, generating hope for the future. In connection with positive learning experiences and motivation. It's important for the school to lift forward friendly peer relations and to underline the importance of friendship. The teachers should aim to be involved with childrens life, listen and care about them individually, as with all school personnel, especially to those who are at risk of being vulnerable. Furthermore, there should be an aim to strengthen the school-family connection (Shiner & Masten, 2012; Samnøy, 2015; Kirby et al. 2019; Hildebrand et al. 2019; Young et al. 2019; Zych, et al. 2019).

6.4 Limitations

There are some limitations related to the present study. The generalizability of this study is limited by geographical location of the samples. The Schools are in the Arctic city of Tromsø, and it could not be generalized for the whole population of Norway.

There is a conceptual overlap between the variable used in SDQ and KINDLR questionnaires (section 4.2.4 and 4.2.5), and the results obtained for the protective factors are unsure due to overlap issues. This is a particularly concern for the reported results on the factors "friends", "emotional well-being", "physical well-being", and some items within "self-esteem". It will remain for a subsequent analysis to reduce the items in SDQ to a minimal conceptual overlap with KINDLR, and repeat the present study.

If one emphasizes on the WHO's evaluation about quality of life is best measured after a subjective experience (WHO, 1994; 1995). Hereby, the WHO recommending instruments and methods assessing the children and youths self-reported experiences. The "My life in school" SDQ and KINDLR aims to report the childrens experiences with bullying and harassment, difficulties, strengths and well-being. The SDQ and KINDLR are both instruments where one collects quantitative data. Especially the SDQ focuses on diagnoses and symptoms. Goodman (2001) evaluated the internal consistency for the SDQ-S (self-reports) with Cronenbach alpha 0,80 for total difficulties. The British norms used in this study in the total difficulties range astray somewhat from the Norwegian standard scores, (Kornør & Heyerdahl, 2013) and there

is no normative national standard, but some regional standards are used (Rønning et al., 2004b; Van Roy et al. (2006). It could be that this cut-off points used for the "total impacts" according to Goodman (2001) is unfit for the population in Tromsø. In Norway the self-report SDQ-S (SDQ-Nor) has some regional cut-off points, but no national norm standards, and in international literature it is regarded as an insufficient instrument for screening mental health problems (Kornør & Heyerdahl, 2013).

The methodologically choices in the study were limited in the respects of looking exclusively at children's self-report and not the perspectives from the parents, teachers. The SDQ-instrument has the ability to gather perspectives from parents and teachers (Eidstuen & Kornør, 2017), but the self-reports were the input of this study. However, to base a child's full experience on these measurement methods would be strictly limited. The extra sources should be assessed to gain a more comprehensive picture of the situations. In addition to interviews and conversations with the children. Even though SDQ and KINDLR is evaluating difficulties and quality of life individually, it may not be so in evaluation of one's mental health, behavior deficit or eventually psychological maladaptation.

Therefore, there could be a risk of measurement errors. Some of the children or youth could also be under the influence of more recent experiences that affects their answers, or affected by a social desirability bias (Van de Mortel, 2008). The children and adolescence understanding of the questions and terms in the questionnaires could vary. Especially, understanding the concepts of bullying and/or harassment. Perception of the terms used could be perceived different based on foreknowledge, culture or words used. The SDQ and KINDLR are some decades old now and there may be some use for modernization in the language to get it more understandable and precise.

Furthermore, there are insufficient evidence about the actualities behind what leads to the difficulties reported in the negative impacts. The control group shows that 3,5% of the subjects have large struggles with negative implications without reporting bullying or harassment. This is more likely to other factors, one could e.g., show negative emotional symptoms or conduct problems because of some other form of stressor, maladaption or condition (Figure 7; Figure 8). In the same sphere of thought those who report bullying and harassment can have many other risk-factors included that strengthens the total feeling of total difficulties. And on the contrary, one from the control group could display even more trouble

than those who reported bullying or harassment. It been noted that risks and stressors can have many outsprings and forms (Werner 1992; Sroufe, 1997; Masten & Tellegen, 2012) and are not specifically just tied to bullying and harassment, however the particularities behind other risk-factors goes over dimension of what this study has investigated.

There are limitations to this study tied to more concrete assessment of resilience. As mentioned in the discussion about using the SDQ, and the KINDLR measurement tool is to map out self-perceived quality of life, and health related quality of life, but resilience is a more complex phenomenon and could be more precisely investigated with other methods. Resilience measurement scales such as CYRM-R[2] is a questionnaire especially on resilience (Renbarger et al., 2020). Here e.g., religion/spiritual belief is noted in the questionnaire as a factor that fosters resilience. Religion has been associated with resilience in several studies (Pressmann et al. 1990; McIntosh et al. 1993; Brody et al. 1996; Kendler et al. 1997; Elder & Conger, 2000; Miller & Gur, 2002; Pearce et al. 2003) and aiding in search for identity, purpose and meaning in life (Frankl, 1970; Peterson, 2002; Cicchetti & Cohen, 2006).

To investigate further and in greater depth the relations between the factors in KINDLR and its impact on the negative implications in SDQ, a Structural Equation Modelling (SEM) analysis could be conducted.

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[2] A specific instrument for resilience measurement is the Child and Youth Resilience Measure (CYRM-R), it's a promising measurement across tool countries and cultures. The CYRM-R was developed as a measure in the social-ecological systems theory, thus using a mixed-method approach to resilience. Results were gathered from 11 countries: United States, China, Canada, South Africa, Israel, Gambia, India, Tanzania, Colombia, Palestine, and Russia. They used a qualitative method to find a consensus on the term resilience (Renbarger, et al. 2020).

7 Part VII: Conclusion - 'Weathering the storm'

"We are hard pressed on every side, but not crushed; perplexed, but not in despair, persecuted, but not abandoned; struck down but not destroyed"

St. Paul 2: Cor.4: 8-9 (Bible, 1984).

The study indicates that most of the pupils displayed a form of resilience despite the mistreatments of bulling and harassment. Wistfully, some of the pupils displayed a weaker resilience and a low form of resilience. The findings in this study highlights some of the important protective factors that could aid pupils who are in the situation of bullying and harassment. The findings focus some of the different mechanisms involved in fostering resilience; relationships, friends, school, parents, physical activity, pro-social behavior, a perception of good self-esteem and emotional well-being. Especially the schoolwork and academic achievement were important for the pupils meeting mistreatment. This point's to where the schools especially can target to help vulnerable children and youth at risk facing bullying and harassment, and other forms of risk.

The school is for the child a society miniature world where many are gathered and has the potential thus makes it a reasonable place for measures that generates protective factors, both in a situation wherein the special needs education and the general population is benefitted. Further research should methodically study resilience with school children at risk, and how teachers and parents, and societies can help fostering in a benefitable way.

From the Isle of Kauai to the Isle of Tromsø, children can indeed struggle greatly in facing trials and evils. Despite all the strife, some will thrive, as we have been a witness of.

8   Bibliography

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9 Appendix: Questionnaires

Trivsel i Tromsø, Elevskjema 8-11 år

Hei,

Vi vil gjerne vite hvordan du har det for tiden. Derfor har vi tenkt ut noen spørsmål som vi ber deg svare på.

- Alle dine svar blir behandlet på en trygg måte, og dine lærere og de andre i klassen din vil ikke kunne finne ut hva du har svart.
- Vær vennlig å les gjennom hvert spørsmål.
- Tenk over hvordan det var i siste uke (eller de siste 2-3 månedene hvis det spørres om det).
- Kryss i <u>hver del</u> av på det svaret som passer best for deg.
- Husk å trykke på "Send" til slutt!

Det finnes ingen riktige eller gale svar.
Det som er viktig for oss er <u>din</u> mening.

Fortell oss noe om deg selv. Kryss av eller fyll ut !

Jeg er

○ en jente
○ en gutt

Mitt fornavn er:

[   ]

Mitt etternavn er:

[   ]

Jeg går i

○ 4. trinn   ○ 5. trinn   ○ 6. trinn   ○ 7. trinn

Jeg går på

Velg alternativ [⌄]

↳

Først vil vi vite noe om kroppen din, ...

I den siste uka...

	Aldri	Sjelden	Av_og_til	Ofte	Alltid
... følte jeg meg syk	○	○	○	○	○
... har jeg hatt vondt i hodet eller magen	○	○	○	○	○
... var jeg trøtt eller slapp	○	○	○	○	○
... følte jeg meg sterk og full av energi	○	○	○	○	○

... så noe om hvordan du føler deg

I den siste uka...

	Aldri	Sjelden	Av_og_til	Ofte	Alltid
... lo jeg mye og hadde det moro	○	○	○	○	○
... kjedet jeg meg	○	○	○	○	○
... følte jeg meg alene	○	○	○	○	○
... var jeg redd	○	○	○	○	○

... og hva du synes om deg selv.

I den siste uka...

	Aldri	Sjelden	Av_og_til	Ofte	Alltid
... var jeg stolt av meg selv	○	○	○	○	○
... følte jeg meg bra	○	○	○	○	○
... likte jeg meg selv	○	○	○	○	○
... hadde jeg mange gode ideer	○	○	○	○	○

↳

I de neste spørsmålene handler det om din familie ...

I den siste uka...

	Aldri	Sjelden	Av_og_til	Ofte	Alltid
... hadde jeg det bra sammen med foreldrene mine	○	○	○	○	○
... hadde jeg det hyggelig hjemme	○	○	○	○	○
... kranglet vi hjemme	○	○	○	○	○
... nektet foreldrene meg ting	○	○	○	○	○

... og så om venner.

I den siste uka...

	Aldri	Sjelden	Av_og_til	Ofte	Alltid
... lekte jeg med venner	○	○	○	○	○
... likte de andre barna meg	○	○	○	○	○
... hadde jeg det bra sammen med vennene mine	○	○	○	○	○
... følte jeg at jeg var annerledes enn de andre	○	○	○	○	○

... Nå vil vi gjerne vite noe om skolen.

I den siste uka...

	Aldri	Sjelden	Av_og_til	Ofte	Alltid
... klarte jeg oppgavene på skolen godt	○	○	○	○	○
... syntes jeg at undervisningen var god og interessant	○	○	○	○	○
... bekymret jeg meg for fremtiden	○	○	○	○	○
... var jeg redd for å gjøre det dårlig på skolen	○	○	○	○	○

OPPLEVELSER AV Å BLI MOBBET

En elev kan oppleve at slemme eller sårende ting. Slik plaging kan være med ord (f. eks. navnekalling, trusler), mot kroppen din(f.eks. slag) eller på annen måte (f.eks. rykter, å utestenge noen). Svar slik du har hatt det de siste 2-3 månedene.

12) * Mobbing

	Aldri	Bare en eller to ganger	To eller tre ganger i måneden	Omtrent en gang i uken	Mange ganger per uke
Hvor ofte har du blitt mobbet i skoletiden?	○	○	○	○	○
Hvor ofte har du blitt mobbet utenom skoletiden?	○	○	○	○	○
Hvor ofte har du vært med å mobbe andre i skoletiden?	○	○	○	○	○
Hvor ofte har du vært med å mobbe andre utenom skoletiden?	○	○	○	○	○
Har du sett at andre elever har blitt mobbet?	○	○	○	○	○

➥

Spesielle former for trakassering

Hvor ofte har noen mobbet deg på følgende måter:

	Aldri	Bare en eller to ganger	To eller tre ganger i måneden	Omtrent en gang i uken	Mange ganger per uke
Kalt meg stygge ting	○	○	○	○	○
Sagt noe stygt om min familie	○	○	○	○	○
Prøvd å sparke meg	○	○	○	○	○
Vært ekkel med meg fordi jeg er annerledes	○	○	○	○	○
Truet meg	○	○	○	○	○
Ertet meg	○	○	○	○	○
Fått de andre elevene til å være slem mot meg	○	○	○	○	○
Prøvd å få meg til å være slem mot andre	○	○	○	○	○
Prøvd å lure meg til å gjøre noe galt	○	○	○	○	○
Prøvd å såre meg	○	○	○	○	○
Fått meg til å gjøre noe jeg ikke hadde lyst til	○	○	○	○	○
Prøvd å sparke snublefot på meg	○	○	○	○	○
Truet med å sladre på meg	○	○	○	○	○
Fortalt en løgn om meg	○	○	○	○	○
Prøvd å slå meg	○	○	○	○	○

14) * Hvem har mobbet deg?

	Aldri	Bare en eller to ganger	To eller tre ganger i måneden	Omtrent en gang i uken	Mange ganger per uke
Jenter	○	○	○	○	○
Gutter	○	○	○	○	○
En gruppe (f.eks. en gruppe venner, en skoleklasse, osv.)	○	○	○	○	○

DIGITAL MOBBING

Digital mobbing skjer med mobiltelefoner eller internett når noen blir ertet, eller hvis noen legger ting på nettet som du ikke liker. Svar slik du har hatt det de siste 2-3 månedene.

	Aldri	Bare en eller to ganger	To eller tre ganger i måneden	Omtrent en gang i uken	Mange ganger per uke
Hvor ofte har du blitt digitalt mobbet i skoletiden?	○	○	○	○	○
Hvor ofte har du blitt digitalt mobbet utenom skoletiden?	○	○	○	○	○
Hvor ofte har du vært med å mobbe andre digitalt i skoletiden?	○	○	○	○	○
Hvor ofte har du vært med å mobbe andre digitalt utenom skoletiden?	○	○	○	○	○
Har du sett at andre elever har blitt mobbet digitalt?	○	○	○	○	○

16) * Hvor ofte har noen mobbet deg digitalt på følgende måter? Dersom du ikke forstår spørsmålet kan du velge "Aldri".

	Aldri	Bare en eller to ganger	To eller tre ganger i måneden	Omtrent en gang i uken	Mange ganger per uke
Ekle tekstmeldinger (SMS) eller ekle bilder/videoer til meg på mobilen	○	○	○	○	○
Ekle oppringinger på mobilen min	○	○	○	○	○
Skremmende eller stygg epost til meg	○	○	○	○	○
Ertet eller fornærmet meg på Internett (Facebook, Twitter, web osv.)	○	○	○	○	○
Ertet eller fornærmet meg ved hjelp av chat-meldinger i f.eks. Skype eller spill	○	○	○	○	○
Ertet eller fornærmet meg på blog	○	○	○	○	○
Ekle bilder/videoer om meg på Internett (Facebook, YouTube, web osv.)	○	○	○	○	○
Utestengt meg fra Facebook-gruppe eller liknende der jeg ønsket å være med	○	○	○	○	○

17) * Hvem har du selv blitt digitalt mobbet av?

	Aldri	Bare en eller to ganger	To eller tre ganger i måneden	Omtrent en gang i uken	Mange ganger per uke
Jenter	○	○	○	○	○
Gutter	○	○	○	○	○
En gruppe (f.eks. en gruppe venner, en skoleklasse, osv)	○	○	○	○	○

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18) * Om skolen

	Nesten aldri	Noen ganger	Ofte	Nesten alltid
Jeg føler at lærerne på skolen bryr seg om meg	○	○	○	○
Hvor ofte prøver lærere eller andre voksne å stoppe det som foregår når en elev blir mobbet?	○	○	○	○
Hvor ofte prøver andre elever ved skolen å stoppe det som foregår når en elev blir mobbet?	○	○	○	○
Blir det ordnet opp i mobbeproblemet hvis det blir fortalt om det til andre?	○	○	○	○

19) * Om mobbing (på skolen eller utenom skolen)

	Blir ikke mobbet	Stemmer ikke	Stemmer delvis	Stemmer helt
Føler du at du blir mobbet fordi det er noe med deg som gir grunn til mobbingen?	○	○	○	○
Føler du at du blir mobbet av noen fordi det er noe med ham eller henne som får han eller hun til å gjøre det?	○	○	○	○

➭

STERKE OG SVAKE SIDER (SDQ-Nor)

Kryss av for hvert utsagn: Stemmer ikke, Stemmer delvis eller Stemmer helt. Prøv å svare på alt selv om du ikke er helt sikker eller synes utsagnet virker rart. Svar på grunnlag av hvordan du har hatt det de siste 2-3 månedene.

	Stemmer ikke	Stemmer delvis	Stemmer helt
Jeg prøver å være hyggelig mot andre. Jeg bryr meg om hva de føler	○	○	○
Jeg er rastløs. Jeg kan ikke være lenge i ro	○	○	○
Jeg har ofte hodepine, vondt I magen eller kvalme	○	○	○
Jeg deler gjerne med andre (mat, spill andre ting)	○	○	○
Jeg blir ofte sint og har kort lunte	○	○	○
Jeg er ofte for meg selv. Jeg gjør som regel ting alene	○	○	○
Jeg gjør som regel det jeg får beskjed om	○	○	○
Jeg bekymrer meg mye	○	○	○
Jeg stiller opp hvis noen er såret, lei seg eller føler seg dårlig	○	○	○
Jeg er stadig urolig eller i bevegelse	○	○	○
Jeg har en eller flere gode venner	○	○	○
Jeg slåss mye. Jeg kan få andre til å gjøre det jeg vil	○	○	○
Jeg er ofte lei meg, nedfor eller på gråten	○	○	○
Jeg blir som regel likt av andre på min alder	○	○	○
Jeg blir lett avledet, jeg synes det er vanskelig å konsentrere meg	○	○	○
Jeg blir nervøs i nye situasjoner. Jeg blir lett usikker	○	○	○
Jeg er snill mot de som er yngre enn meg	○	○	○
Jeg blir ofte beskyldt for å lyve eller jukse	○	○	○
Andre barn eller unge plager eller mobber meg	○	○	○
Jeg tilbyr meg ofte å hjelpe andre (foreldre, lærere, andre barn, unge)	○	○	○
Jeg tenker meg om før jeg handler (gjør noe)	○	○	○
Jeg tar ting som ikke er mine			

21) * Hjemme

	0-10	11-25	26-100	101-250	over 250
Hvor mange bøker er det hjemme hos dere?	○	○	○	○	○

MINE ERFARINGER MED VANSKER

Samlet, synes du at du har vansker på ett eller flere av følgende områder: med følelser, konsentrasjon, oppførsel eller med å komme overens med andre mennesker?

○ Nei ○ Ja - små vansker ○ Ja - tydelige vansker ○ Ja - alvorlige vansker

Denne informasjonen vises kun i forhåndsvisningen

Følgende kriterier må være oppfylt for at spørsmålet skal vises for respondenten:

- (
  - ○ Hvis "Erfaringer med vansker" er lik "Ja - alvorlige vansker"
  - ○ eller
  - ○ Hvis "Erfaringer med vansker" er lik "Ja - tydelige vansker"
  - ○ eller
  - ○ Hvis "Erfaringer med vansker" er lik "Ja - små vansker"
-)

23) * Hvor lenge har disse vanskene vært tilstede?

○ Mindre enn en måned ○ 1 - 5 måneder ○ 6 - 12 måneder ○ Mer enn et år

Denne informasjonen vises kun i forhåndsvisningen

Følgende kriterier må være oppfylt for at spørsmålet skal vises for respondenten:

- (
  - ○ Hvis "Erfaringer med vansker" er lik "Ja - små vansker"
  - ○ eller
  - ○ Hvis "Erfaringer med vansker" er lik "Ja - alvorlige vansker"
  - ○ eller
  - ○ Hvis "Erfaringer med vansker" er lik "Ja - tydelige vansker"
-)

24) * Forstyrrer eller plager vanskene deg?

○ Ikke i det hele tatt ○ Bare litt ○ En god del ○ Mye

25) * Virker vanskene inn på livet ditt på noen av disse områdene?

	Ikke i det hele tatt	Bare litt	En god del	Mye
Hjemme/i familien	○	○	○	○
Forhold til venner	○	○	○	○
Læring på skolen	○	○	○	○
Fritidsaktiviteter	○	○	○	○

26) * Er vanskene en belastning for de rundt deg (familie, venner, lærere osv.)?

○ Ikke i det hele tatt ○ Bare litt ○ En god del ○ Mye

27) Her kan du skrive ned dine tanker og følelser (hvis, for eksempel, et av spørsmålene eller områdene/temaene vakte spørsmål eller tanker). Hvordan opplevde du dette spørreskjemaet?

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