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A QUALITATIVE STUDY OF PENNSYLVANIA PUBLIC
EDUCATION PROFESSIONALS' PERCEPTIONS OF
EFFECTIVE ANTI-BULLYING INTERVENTIONS FOR
STUDENTS WITH SPECIAL EDUCATION SERVICES

A Dissertation

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Requirements for the Degree

Doctor of Education

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While school districts in the United States are mandated by law to develop and adhere to state-wide anti-bullying laws and policies as a framework to reduce bullying of students, there is limited empirical research that identifies effective anti-bullying interventions for students with special needs. This qualitative study examined effective anti-bullying interventions for students with special needs through the lens of the Center for Disease Control's Socio-Ecological Model of Violence Prevention. Data were collected from 23 K-12 public school principals, counselors, social workers and regular and special education teachers in five varied Pennsylvania districts. The researcher carefully selected the districts to ensure that participants would provide rich data based on experiences from districts with varying student groups. The researcher used typological and interpretive analysis and NVivo to code focus group transcripts. Findings suggest teachers use of classroom rules, individualized instruction, proximity seating and peers as effective anti-bullying interventions. Principals, school counselors and social workers discussed the use of school wide interventions such as Positive School Wide Behavior Intervention and Supports. Recommendations for educational professionals include explicit social skills instruction in the classroom within the context of an anti-bullying framework similar to the Multi-Tiered System of Supports (MTSS) that is used in school districts.

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TABLE OF CONTENTS

Chapter		Page
ONE	THE PROBLEM.....	1
	Background of the Study and Statement of the Problem	2
	Purpose of the Study	4
	Theoretical Foundation: Ecological Model.....	5
	Microsystem	6
	Mesosystem	8
	Exosystem.....	8
	Macrosystem.....	9
	Chronosystem	10
	The Socio-Ecological Model.....	11
	Research Questions.....	14
	Significance of the Study	14
	Limitations	15
	Delimitations	16
	Definition of Key Terms	17
	Summary	21
TWO	REVIEW OF RELATED LITERATURE	23
	Reports of Youth Violence.....	23
	Reports of Youth Violence in Schools	24
	Types of Violence	26
	School Environment.....	27
	Discipline problems reported by public schools	27
	Students’ reports of being called hate related words and seeing hate related graffiti	30
	Bullying at school and cyberbullying anywhere.....	30
	Fights, Weapons and Illegal Substances.....	32
	Physical fights on school property and anywhere	33
	Students carrying weapons on school property and anywhere and students’ access to firearms	33
	Students’ use of alcohol and alcohol-related discipline incidents	34
	Impact of School Violence on Students	35
	Responses to Bullying in Schools.....	36
	Disciplinary Actions	37
	Security Measures	37
	State Legislation.....	38
	Schoolwide Positive Behavior Interventions and Supports.....	40
	Bullying Prevention Programs	41
	Bullying of Students Receiving Special Education Services	45

Chapter	Page
Overview of Conceptual and Empirical Research	46
Conceptual Models of Violence Prevention.....	48
The CDC’s Socio-Ecological Model	49
The Public Health Model.....	52
The World Health Organization Interventions.....	53
Summary.....	57
THREE METHODOLOGY	58
Research Design.....	58
Purpose of the Study	60
Research Questions	60
Setting and Sampling Procedure	61
District Selection	61
Participant Selection.....	66
Data Collection	68
Traditional Focus Groups	68
Online Focus Groups.....	69
Site Approval and Data Collection Procedures.....	70
Site Approval Process	70
Data Collection Procedures	71
Instrumentation	73
Validation Process	74
Validation of Online Protocol.....	74
Validation of Focus Group Questions.....	76
Data Analysis Procedures.....	82
Phase One: Preliminary Data Analysis	82
Phase Two: Analysis After Data Collection	84
Data Quality	87
Summary.....	89
FOUR ANALYSIS OF DATA	91
Research Design.....	91
Synopsis of School Districts	92
Geographic Size.....	92
Student Groups	93
Student Enrollment and Ethnicities.....	94
Financial and Staffing Information	95
Special Education Data	97
Composition of Online Focus Groups	100
Analysis of Data.....	103
Research Question One	103
Interventions described by teachers.....	105

Chapter	Page
Classroom rules	106
Individualized instruction	107
Proximity seating	108
Use of peer	110
Interventions described by principals and counselors	111
Other interventions used minimally	111
Research Question Two	112
Interventions should vary	112
Interventions should remain consistent	117
Research Question Three	118
Integration of new students receiving special supports	119
Use of a peer	120
Individualized education plan (IEP) process	121
Mentoring programs	122
Traditional methods.....	122
The investigative process	123
Engaging parents of students receiving special services	124
Research Question Four	126
Community improvements	129
Violence in communities	130
Levels of the CDC model in need of interventions	132
Levels of the CDC model providing the most interventions.....	134
Theoretical Analysis	136
Individual Level.....	136
Relationship Level.....	139
Community Level.....	140
Societal Level	142
Summary.....	142
FIVE CONCLUSIONS AND RECOMMENDATIONS	144
Overview of the Study	145
Findings	146
Teacher Perceptions of Anti-Bullying Interventions	146
Principal, School Counselor and/or Social Worker	
Perceptions	147
Common Perceptions of Educational Professionals.....	148
Discussion of Findings	149
Teacher Perceptions	149
Principal, School Counselor and/or Social Worker Perceptions	155
Common Perceptions of Educational Professionals.....	157
Recommendations for Educational Professionals.....	159
Recommendations for Future Researchers.....	163

Chapter	Page
Conclusions	163
REFERENCES.....	166
APPENDICES	186
Appendix A - Site Approval Email to Superintendent After Initial Phone Conversation	186
Appendix B - Online Focus Group Participants Informed Consent Form	187
Appendix C - Email to Online Focus Group Participants	188
Appendix D - Confirmation Email to Focus Group	189
Appendix E - Voluntary Consent Form.....	190
Appendix F - Online Focus Group Protocol: Principals, School Counselors, Social Workers.....	191
Appendix G - Online Focus Group Protocol: Regular and Special Education Teachers.....	193
Appendix H -Directions for Online Focus Group	195
Appendix I- Online Focus Group Schedules	196
Appendix J - Researcher Online Focus Group Protocol: Principals, School Counselors/Social Workers	197
Appendix K - Researcher Online Focus Group Protocol: Regular and Special Education Teachers.....	200
Appendix L - Codebook	202

LIST OF TABLES

Table	Page
1	Description of Each of the Levels of the Socio-Ecological Model..... 12
2	Indicators of School Crime and Safety, 2014..... 25
3	Classification of Pennsylvania School Districts by Population 62
4	Selection of School Districts in Pennsylvania 66
5	Feedback on Focus Group Protocol 77
6	Alignment of Focus Group Questions With Research Questions 79
7	Geographic Size and Population Classification for Participating Districts 92
8	Student Groups and Gender Percentages of Participating Districts 93
9	Student Enrollment and Ethnicities of Participating Districts 95
10	2015-16 Budget and Staffing for Participating Districts 96
11	District Spending Compared to Overall Special Education Population 97
12	2016-17 Penn Data for Districts 98
13	Outcome of School District Synopsis: Pearson Product-Moment Correlation Coefficients, Means and Standard Deviations..... 100
14	Online Focus Group Composition totals by Districts 101
15	Online Focus Group Participants 102
16	Interventions Used to Reduce Bullying of Students with Special Needs 105
17	Classroom Rules: Illustrative Quotes 106
18	Individualized Instruction by District 108
19	Proximity Seating: Illustrative Quotes 109
20	Names of Interventions 112

Table	Page
21 Interventions: References by Position and District	113
22 Interventions Should Vary: Illustrative Quotes	117
23 Integration of New Special Education Student Processes	119
24 Traditional Methods for Integrating New Students.....	123
25 Investigative Procedures Reported by Public K-12 Principals.....	124
26 Engaging Parents: Illustrative Quotes	125
27 Meaning Units for Participants Perceptions of Violence in Their School Communities	127
28 Persons Responsible for Community Improvements	130
29 Themes Identified by CDC Level	136
30 Factors at the Individual Level of CDC Model	139
31 Factors at the Community Level	141

LIST OF FIGURES

Figure	Page
1 Bronfenbrenner’s ecological model	5
2 Percentage of public schools reporting selected discipline problems as occurring at school at least once a week.	28
3 Percentage of public schools that reported that student bullying occurred at school at least once a week during 2013-14 school year, by school characteristics	29
4 Percentage of students ages 12-18 who reported being bullied at school during the 2015 school year by type of bullying and sex	32
5 Schoolwide positive behavior interventions model	40
6 Center for disease control socio-ecological model for violence prevention.....	49
7 The public health model of violence prevention	52
8 Violence prevention interventions with varying degrees of evidence by the types of violence prevented	56
9 Screen shot of participants’ responses to questions posted on focus group message board.....	72
10 Screen shot of the interactive format viewed by participants.....	83
11 Screen shot of online focus group transcripts.....	84
12 Data analysis process for online focus groups.....	88
13 Principal referenced interventions.....	111
14 Levels of CDC model in greatest need by district.....	129
15 Public K-12 educational professionals’ perceptions of violence in their school communities	132
16 Interventions currently being accessed within schools aligned with CDC level	135
17 Considerations from bullying research and the contributions to this study.....	162

CHAPTER ONE

THE PROBLEM

Ryan Halligan was described by his family as a sweet, kind, and slightly awkward teenager. He dreamed of becoming an actor and comedian. Ryan received special education services from pre-school through fourth grade and exited the program upon reaching fifth grade because he was deemed to be working on grade level. While Ryan had made wonderful progress toward his academic goals, he also knew that he had to work much harder than his peers to be considered by classmates as “normal”. In fifth grade, his peers noticed his differences and they began making fun of him. The bullying increased into middle school, as he was mocked and called names because of his uncertainty of how to “fit in” and make friends. The torment and ridicule from classmates never ended—both at school and through the use of social media. Eventually, the pain and humiliation became too much for Ryan. On October 7, 2003, at the age of 13, he committed suicide (Negley, 2012). Ryan’s story of bullying victimization is a familiar struggle for students receiving special education services throughout schools around the world.

On May 6, 1998, Jared High, a 13-year-old sixth-grade student waiting for his brother to pick him up from middle school, was confronted by another student notoriously known as the school bully. The bully outweighed Jared by almost 80 pounds and was six inches taller. Just three weeks earlier, he had been reported to the police for assaulting another boy about Jared’s size. On a day when most students would be eagerly anticipating the last days of school and thinking about summer vacation as well as the opportunity to participate in extracurricular activities outside of the classroom, Jared endured the physical assault and humiliation of this school bully, who at one point paused to get a drink of water before continuing the assault, for eight minutes. Jared needed repeated visits to the family chiropractor to address the damage done

to his neck, shoulders and spine. After this brutal attack, his self-esteem rapidly deteriorated and he was diagnosed with bi-polar type depression. On September 29, 1998 Jared took his own life. Unfortunately, similar stories of torment and victimization similar to those of Ryan and Jared's are repeated each and every day in schools everywhere.

Tyler Long's story is similar to Ryan and Jared's. Tyler, a 17-year-old high school student from Georgia, was diagnosed with Asperger's Syndrome, a form of autism. In combination with his delay in many basic skills, it negatively affected his ability to communicate and socialize with his peers. Like other students with special needs, Tyler was bullied relentlessly from fifth grade until he took his own life on October 17, 2009. A documentary called "Bully" was made about his life, and his story is also told on a website set up by his parents (<http://esw1.org/>). In spite of the fact that these situations are common and occurring daily within schools across the world, at present there exists little research in the area of bullying of students receiving special education support (Rose, Espelage, Aragon, & Elliot, 2011).

In the following sections of this chapter, the background of the study, purpose of this research, and the corresponding theoretical framework will be explained. The research questions, significance of the study, delimitations, limitations and definition of key terms related to the study will follow.

Background of the Study and Statement of the Problem

A high achieving school depends first and foremost upon a safe and secure learning environment for students. Unfortunately, among students ages 12-18, 28% report being bullied (US Department of Justice), and rates of cyber bullying have more than doubled since 2007, from 3.7 to 9 percent of all students reporting they have been cyber bullied (Clark, 2013). A survey in 2010 conducted by the Johnson Institute of Ethics found that 50% of the more than

43,000 high school students in Los Angeles bullied other student or were victims of being bullied within the previous year.

Although many schools combat bullying with anti-bullying programs, there is limited data on whether these programs consistently reduce victimization. Graham (2010) wrote that, “Even though the empirical base has increased dramatically during these past 10 years, many widespread beliefs about school bullying are more myth than fact” (p. 67). While some programs have shown promise in decreasing bullying behavior, “most approaches have either failed to document positive results or have never been subjected to systematic research evaluation” (Olweus, 2003).

The largest study conducted in the United States was in the Commonwealth of Pennsylvania, on the Olweus Anti-Bullying Program (or OBPP). Breivik and Wang’s (2013) analysis of more than 72,000 students in grades 3-11 revealed positive results concerning students’ reports of being bullied and bullying others in nearly all grades. Bullying Incident Density decreased 45% over the course of 4 years—from 65 incidents at baseline to 36 incidents per 100 student hours (Black & Jackson, 2007). Other states have seen similar results. After seven months of implementation in South Carolina, researchers reported a 16% decrease in the rates of bullying in the intervention schools, (Limber, Nation, Tracy, Melton, & Flerx, 2004) while over a three-year period in California there was a significant reduction in instances of self-reported bullying—from 21% of students self-reporting bullying after one year to 14% of students self-reporting bullying after two years (Pagliocca, Limber, & Hashima, 2007). Similarly, Bauer, Lozano, & Rivara (2007) reported that, in Washington, students began to actively intervene in bullying incidents, in sharp contrast to student perceptions prior to implementation of the OBPP.

The population of our public schools is a heterogeneous mix of children from different social, emotional, and cognitive backgrounds. As a result, it is difficult to assert that one anti-bullying intervention is effective for all students, including those with special needs. Bowman (2011) found that even though all students are targets for bullying, students with disabilities are at greater risk for being victimized. Bowman concluded that students with mild learning difficulties who were included in the classroom with their non-disabled peers faced an increased risk of verbal and physical bullying. Other scholars (Dixon, 2006; Thompson, Whitney, Smith 1994) support the conclusion that students who receive special education services in a mainstreamed setting are more likely to be bullied than their peers. As a result, school principals, counselors and teachers could benefit from learning more about the types of interventions that can be used for students in the different disability categories. Moreover, when examining the bullying of students with special needs, it is imperative that specific consideration be given to the disabilities and educational placement of the child (Rose et al., 2011). School Districts could reduce bullying behavior of special education students by taking into consideration the specific academic, social, and emotional needs pertaining to each student's disability.

Purpose of the Study

This purpose of this study was to identify the individual, relational, community and societal interventions to eliminate bullying victimization and perpetration of special education students that are implemented by public K-12 principals, school counselors/social workers, and regular and special education teachers. This study identified the procedures that public K-12 principals, school counselors/social workers, and regular and special education teachers use to implement the interventions. Additionally, this study explored the limitations of the interventions

used by K-12 principals, school counselors/social workers, and special education teachers in each of the levels described in the CDC model of violence prevention (individual, relational, community, and societal). The research questions that were developed to guide the study will be presented after an overview of the theoretical framework.

Theoretical Foundation: Ecological Model

The Center for Disease Control’s Socioecological Model was used to guide the design of the study and analysis of data. This model adapts the Ecological Model of Human Development by Urie Bronfenbrenner (1979, 1994), and has been used to examine the factors that influence violence. Before examining the bullying dynamic through the CDC model, it is therefore important to understand the theoretical propositions and systems of Ecological Theory.

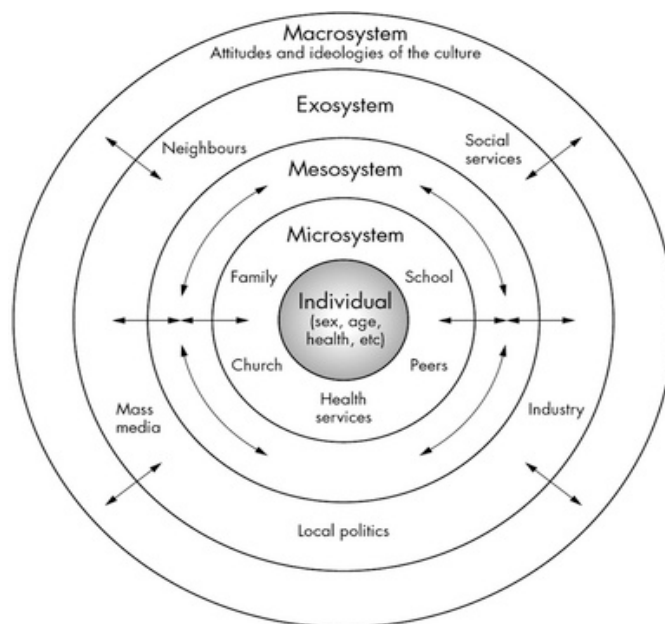


Figure 1. Bronfenbrenner’s ecological model. This model depicts the interaction of each level of the model and the various environmental factors that can influence an individual. Retrieved April 5, 2017 from <http://intascprinciple2.weebly.com/bronfenbrenners-quos-ecological-systems-model.html>

The Ecological Model states that human behavior is based on the complex interplay of five unique systems (see Figure 1) that interact to influence human behavior (Bronfenbrenner

1979, 1994). This theory is based on two distinct propositions relating to human development. The first concerns what Bronfenbrenner (1979, 1994) describes as proximal processes: “human development takes place through processes of progressively more complex reciprocal interaction between an active, evolving biopsychological human organism and the persons, objects, and symbols in its immediate environment” (p. 38).

The second proposition states that the form, power, content, and direction of the proximal processes varies as a joint function of the characteristics of the individual and environment in which the development is taking place (Bronfenbrenner, 1979, 1994). The five layers of the model, beginning with the internal system are described below.

Microsystem

The microsystem is the innermost layer of the system (see Figure 1) and refers to the individual’s interactions with others while engaged in different activities and features throughout the course of their environment (Bronfenbrenner, 1994). Within this system are included such environmental settings as family, school, church, peers and health services. For example, within the varying microsystem an individual would engage in varying levels of complex social interactions, each dependent on the particular environment. The interactions within the family may not be as complex as those one may encounter while attempting to solve a complex problem in the workplace. The level of “success” that the individual experiences in navigating the changes within the systems depends on the proximal development (proximal process) of the individual. Typically, an individual who has had success in varying types of increasingly complex interactions has had practice through parent-child and child-child activities, group or solitary play, reading, learning new skills, studying, athletic activities, and performing complex tasks (Bronfenbrenner, 1994).

The level of parental involvement and the type of relationship that children share with their parents is a key determining factor in how children will interact with others. Bowlby (1969) found that children with an insecure attachment will learn to expect inconsistent and insensitive interactions with others, whereas a child with a secure attachment will expect consistent and sensitive interactions. Additionally, Troy and Sroufe (1987) determined that children at the ages of 4 and 5 years old who had insecure, anxious-avoidant, or anxious resistant attachments at 18 months were more likely to become a victim of bullying by age five.

The lack of a stable and thriving relationship with parents may have a greater impact on students with special needs' victimization and perpetration of bullying acts. Rigby (2002) concluded that because bullies tend to target students who are defenseless, special needs students are exposed to further verbal ridicule than other children. This ridicule is frequently focused on the child's specific disability. Yude, Goodman, and McConachie (1998) conducted a mixed method study related to the challenges faced by 55 mainstreamed fourth and fifth graders with overt medical or physical conditions. They found that those students experienced difficulties with peer relationships and friendships, and often were victimized as a result of their condition. Olweus' study in 1993 determined that bullies (or students who perpetrate bullying acts) tend to have bad tempers and come from family environments where parents are distant, do not exhibit effective discipline techniques, and will resort to physical punishment. Mahoney and Powell (1988) stated that parents of children with special needs have been shown to be less responsive than parents of children without special needs. In this case, these students are increasingly likely to be both a bully and a victim.

Mesosystem

The mesosystem is the link and process taking place between two or more settings in the microsystem—a system of microsystems (Bronfenbrenner, 1994). For example, the most common linkage for school aged children is the relationship between home and school. The relationship between the teacher and the student is also important in preventing and reducing psychological distress from bullying (Barboza, Schiamberg, Oehmke, Korzeniewski, Post, & Heraux, 2009). Special needs students, who often already have difficulty forming positive relationships with adults on account of their disability, may not accurately communicate to teachers that they are being bullied by other students, or may misinterpret the bullying event. The parents of a special needs student, if they have a positive relationship with their child's teachers and school personnel, should be familiar with the school's anti-bullying policies. Finally, general education teachers may lack preservice training in working with special education students to help them effectively communicate and report bullying episodes, and to help them develop appropriate coping and social skills necessary to navigate through difficult peer interactions.

Exosystem

The exosystem refers to the linkage between two or more settings in which the developing individual is not necessarily present, yet which nevertheless shape the individual insofar as the events within that setting indirectly influence the immediate setting in which the individual lives (Bronfenbrenner, 1994). Since the early 1980s, research has focused on three exosystems that are likely to affect the development of children and youth: the parents' workplace, family social networks, and neighborhood-community contexts (Bronfenbrenner, 1994).

Eckenrode and Gore (1990) report that parents frequently carry the stress from work to home, and that this occurs in both men and women regardless of social class. Bromet, Dew and Parkinson (1990) found that over 30% of women felt that their career suffered due to family responsibilities and acknowledged the negative impact that work had on their family. Bolger, DeLongis, Kessler, and Wethington (1989) reported that specific forms of stress carry over from the workplace to home. This dynamic should be of particular concern for families of special needs children.

The exosystem influences in this stage can have a dramatic impact on the lives of children with special needs and their families. Barnett, Clements, Kaplan-Estrin and Fialka (2003) reported on numerous studies that documented the “unique emotional and physical demands that stress and strain parents raising a child with a chronic medical condition or disability” (p. 185). All first-time parenting carries a certain level of stress associated with increased responsibility, but parents of special needs children often experience a greater degree of stress, as they must cope with additional uncertainties concerning how they will balance their career with the health of their child. Often times, these parents will succumb to the stress in ways that negatively affect their mental health, family relationships, and child adjustment (Barakat & Linney, 1992). These stressors can make it very difficult for a parent of student with special needs to provide the necessary skills their children need to effectively cope with bullying during their school-aged years.

Macrosystem

The macrosystem refers to the characteristics of the culture or subculture in which the individual lives (Bronfenbrenner, 1994). Childhood poverty would be considered a factor within

the macrosystem level because it reflects the given material resources, lifestyles, and hazards that comprise such a system (Bronfenbrenner, 1994).

While the number of families living in poverty decreased for all three major age groups between 2014 and 2015, and the number of children living in poverty under the age of 18 has decreased 1.4 percentage points during the same time (Proctor, Semega, Kollar, 2016), poverty is still a real obstacle for millions of families, including those with special needs children. A family living in poverty with a child who has a disability or medical condition would suffer magnified stress and strain on the family unit and would have difficulty accessing services outside of the public-school setting.

Chronosystem

The final system of the Ecological Model is the Chronosystem. This system considers the changes or consistency over time in the characteristics of the individual but also the environment in which those changes take place (Bronfenbrenner, 1994). These changes could take place in family structure, socioeconomic status, employment, or place of residence. For example, the financial crisis of 2008 (a.k.a. the Great Recession) could have had a traumatic impact on many families similar to the Great Depression of the 1930s.

For parents of children with special needs, such chronosystemic life changes can be very difficult. Students with disabilities often struggle to overcome sudden and drastic change such as divorce or environmental changes such as moving to a new home.

Altogether, there are many factors that contribute to special education students being bullied by another student (victimization) and/or committing a bullying act (perpetration). Researchers have documented that students in segregated settings—often referred to as “resource settings” (where students with disabilities are educated separately from their regular education

peers)—are two to three and a half times more likely than their peers to be bullied (Martlew & Hodson, 1991; Morrison, Furlong, & Smith, 1994; O’Moore & Hillery, 1989; Sabornie, 1994). Other factors that influence the victimization of special education students within a given setting are disability type and personal attributes. For example, students with severe disabilities in a segregated setting are victims more often than those who are educated in inclusive settings with peers (Kaukiainen, Salmivalli, Lagerspetz, Tamminen, Vauraus, Maiki, 2002; Morrison, Furlong, Smith, 1994; O’Moore & Huillery, 1989). The reasons why these students are victimized could include insufficient ability to establish and maintain appropriate social relationships and social skills (Rose, Monda-Amaya, & Espelage, 2011), difficulties in reading social cues (Baker & Donnelly, 2001; Doren, Bullis, & Benz, 1996; Kaukiainen et al., 2002; Kuhne & Wiener, 2000; Llewellyn, 2000; Miller, Beane, & Kraus, 1998; Woods & Wolke, 2004), and lack of understanding on the part of peers and teachers as to how their disability impacts their functioning in the school environment. Additionally, these students may also turn into perpetrators of bullying acts for the same reasons that they are victimized. In weighing the various factors and causes in play, this study used the Ecological Model, described in the next section, to determine the effectiveness of different interventions and the levels they target. It also identified that may exist in current methods so that appropriate interventions can be designed to address weaknesses.

The Socio-Ecological Model

The CDC model for violence prevention (see Table 1) identifies four levels to help explain violent behavior and the impact of prevention strategies. The Individual, Relationship, Community and Societal levels describe possible examples that would preclude an individual from engaging in violent behavior. The model was developed by Dahlberg and Krug in 2002.

This study used the Ecological Model to develop and identify strategies that principals, school counselors or social workers, and regular and special education teachers are using in K-12 public schools to reduce cases of victimization and/or perpetration of bullying involving special education students. It identified strategies that have proven to be successful within each disability category as defined by the Department of Education, Chapter 14, Special Education Services and Programs.

Table 1

Description of Each of the Levels of the Socio-Ecological Model

Level of SEM	Examples of Risk Factors	Examples of Strategies Used in Schools
Individual: Personal characteristics, biological and behavioral factors and personal experience	Age/Gender	School-based programs that help students develop social emotional, and behavioral skills.
	Lower levels of education Belief supporting use of violence	After school tutoring programs. Group sessions that increase knowledge and understanding of healthy dating and relationships.
	Being unemployed Substance use History of engaging in violence	Classroom-based health curricula that teach ways to cope with loss and disappointment and learn warning signs of depression.
Relationship: Interaction between two or more people	Fights, tension, or struggles among family members Marital instability, divorce	Mentoring/peer programs and relationship workshops. Education and family support to promote positive child development offered with child-parent centers.
	Poor communication between parents	Relationship workshops where couples work with other couples on respectful communication strategies.
	Poor supervision or monitoring of children, association with aggressive or delinquent peers, emotionally unsupportive family	A mentoring program that pairs youth with caring adults.
Community: Settings or institutions in which social	Level of residents' social connectedness	A school District that creates, implements and monitors a policy to prevent bullying behavior.

relationships take place	Income level of neighborhood	A city that develops safe recreational areas for residents.
	Rate of residents moving in and out of neighborhood	Community associations that work with the mayor's office to develop a series of after-school programs for youth.
Societal: Identifies societal factors that encourage violence to take place	Limited economic opportunities	A city that establishes a business improvement District to increase community employment opportunities and make other improvements in the community.
	Lack of recreational activities, poor physical layout of neighborhood	A citywide policy that changes the planning procedures for the layout of new communities.
	Social norm that it is acceptable to use violence to resolve conflict and that consequences are minimal	Legislation to encourage employers to offer family-leave options and flexible schedules to both men and women.
		Statewide legislation that provides tax incentives to businesses that partner with school Districts to provide learning-based technology and other academic resources in disadvantaged communities.
	Health, economic, and societal educational policies	A state-sponsored media campaign designed to reduce the stigma associated with self-directed violence being considered only a mental health problem.
	Cultural norms	A national media campaign including TV, radio, newspaper, and internet methods of communication to create awareness and change the way people think about violence.

Note. Examples listed are only those that would be applicable within a public-school setting or require involvement from a local school district. Adapted from “World Report on Violence and Health”, by Dahlberg, LL, & Krug, EG., 2002, 1-56. World Health Organization, Geneva, Switzerland.

Research Questions

This qualitative study was guided by the following research questions:

1. What individual, relational, community and societal anti-bullying interventions do public K-12 principals, school counselors/social workers, and regular and special education teachers use to reduce bullying victimization and perpetration among students receiving special services?
2. How do individual, relational, community and societal anti-bullying interventions that public K-12 principals, school counselors/social workers, and regular education and special education teachers implement vary across disability categories?
3. What procedures do K-12 principals, school counselors/social workers, and regular and special educators follow to provide students with access to individual, relational, community and societal programming to reduce instances of victimization and perpetration of bullying involving students receiving special services?
4. Which level(s) of the CDC model for violence prevention—namely individual, relational, community and societal—have been used most frequently by K-12 principals, school counselors/social workers, and regular and special education teachers to reduce bullying victimization and perpetration among students receiving special services?

Significance of the Study

There is an abundance of literature that suggests that by year 10 of schooling approximately 25% of students will have been bullied regularly (Sullivan, Cleary, Sullivan, 2003). While this is a concern for all students, it is of particular concern for special education students who lack the social skills and understanding to cope with these unpredictable situations.

Based off of current practice, individualized education teams review students' achievement and growth data to determine the least restrictive environment for them. Students are then placed in an environment with their peers. They may subsequently display academic and social behavior skills that are subject to ridicule. At the same time, however, placing them in a more restrictive environment (among students with more pronounced needs) might harm their academic development. In order for the school team to provide the best learning environment possible for special education students—in which they are safe but also able to meet their learning goals while accessing specific interventions to prevent and reduce bullying behaviors are essential.

This study contributes to the research-based findings that can be used to improve the classroom and school environments for all students by reducing perpetration and victimization of bullying acts by students. Additionally, it provides principals, school counselors/social workers, and regular and special education teachers with a framework for effective anti-bullying interventions. These two factors have the potential to improve the overall school climate, which is essential to a high performing school. Parents can then be reassured that there are effective strategies in place to increase the safety of their children with special needs. The combination of all of these factors will ultimately reduce the potential for self-harm that the effects of bullying can incite in students, along with potential litigation between families and school Districts as well as criminal reports of bullying to local authorities.

Limitations

There are several potential limitations to this qualitative study. First, each state is governed by different laws pertaining to identifying and supporting special education students. Therefore, the population that a District reports may be significantly higher or lower based on

how students are educated. Additionally, the use of online focus groups may have been challenging for some participants to become accustomed to and could therefore negatively affect data collection because of unanswered questions by participants. Finally, bias may be present, due to the researcher's position as a public-school principal and the experiences he has had in working with special education students as victims and perpetrators of bullying.

Each of the Districts selected for inclusion in the study have different budgets, which may affect how much money they are able to spend on anti-bullying prevention programs and interventions. The programming related to each District within the special education department may have been different. In some cases, the services offered varied from one District to the next, impacted the educational experiences of the special needs students and could have exposed them to bullying and perpetration or caused them to be protected from it.

Delimitations

This research was delimited to include the perceptions of a small number of educational professionals from five school Districts across western Pennsylvania. Rather than using an approach such as surveying, the researcher created an online forum where selected educational professionals relayed their experiences in the development of anti-bullying interventions for students receiving special needs in greater detail. Through this interactive format with the researcher, they expressed their thoughts, feelings and beliefs which may have encouraged a greater depth of interaction with the researcher—rather than a less nuanced survey of a greater number of educational professionals. A second delimitation was the educational experiences of the professionals. The researcher chose professionals in Districts that are above the state average percentage of special education student enrollment, to increase the likelihood of identifying what may have contributed to a reduction of bullying targeted at students with special needs. School

Districts with less than the 2016-17 state average percentage of special education population were excluded.

Everyone is vulnerable to be a victim of some form of violence, some more so than others. A related delimitation to the study is the level of violence that occurs within the surrounding school communities that were selected. However, the researcher chose to focus solely on the factors within the control of the public school setting rather than attempting to identify Districts that have a higher incidence of violence.

Definition of Key Terms

Listed below are the operational definitions of terms used in this study:

Bullying (or victimization). Refers to exposing a student, repeatedly and over time, to negative actions on the part of one or more other students (Olweus, 1991, 1993). Also noteworthy is that there is an “imbalance of power” between the individual that is more powerful (intellectually and/or physically) than the victim (Olweus, 1991, 1993).

Perpetrator. The student(s) who demonstrates the observable behavior that could be classified as “bullying.”

Special Education.

In accordance with the Side by Side regulations of PA Chapter 14 and The Individuals With Disabilities Act of 2004, (2009), Part 300: (1) Child with a disability means a child evaluated in accordance with §§ 300.304 through 300.311 as having mental retardation, a hearing impairment (including deafness), a speech or language impairment, a visual impairment (including blindness), a serious emotional disturbance (referred to in this part as ‘emotional disturbance’), an orthopedic impairment, autism, traumatic brain injury, other health impairment, a specific learning disability, deaf-blindness, or multiple

disabilities, and who, by reason thereof, needs special education and related services.

(The Individuals with Disabilities Education Act of 2004, 2009, p. 1).

Autism.

A developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before the age of three, that adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. It should be noted that autism does not apply if a child's educational performance is adversely affected primarily because the child has an emotional disturbance, as defined in paragraph (c)(4) of this section. A child who manifests the characteristics of autism after age three could be identified as having autism if the criteria in paragraph (c)(1)(i) of this section are satisfied. (The Individuals with Disabilities Education Act of 2004, 2009, p. 2)

Emotional Disturbance (ED).

A condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance: (A) An inability to learn that cannot be explained by intellectual, sensory, or health factors. (B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers. (C). Inappropriate types of behavior or feelings under normal circumstances. (D) A general pervasive mood of unhappiness or depression. (E) A tendency to develop physical symptoms or fears associated with personal or school problems. (ii) Emotional disturbance includes schizophrenia. The term does not apply to

children who are socially maladjusted, unless it is determined that they have an emotional disturbance under paragraph (c)(4)(i) of this section. (The Individuals with Disabilities Education Act of 2004, 2009, p. 2)

Hearing Impairment. “An impairment in hearing, whether permanent or fluctuating, that adversely affects a child’s educational performance but that is not included under the definition of deafness in this section” (The Individuals with Disabilities Education Act of 2004, 2009, p. 2).

Mentally Retarded (MR)/Intellectually Disabled (ID). “Significantly sub-average general intellectual functioning, existing with deficits in adaptive behavior and manifested during the developmental period, that adversely affects a child’s educational performance” (The Individuals with Disabilities Education Act of 2004, 2009, p. 2).

Multiple Disabilities.

Concomitant impairments (such as mental retardation-blindness or mental retardation-orthopedic impairment), the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. Multiple disabilities do not include deaf-blindness. (The Individuals with Disabilities Education Act of 2004, 2009, p. 2)

Orthopedic Impairment.

A severe orthopedic impairment that adversely affects a child’s educational performance. The term includes impairments caused by a congenital anomaly, impairments caused by a disease (e.g., poliomyelitis, bone tuberculosis) and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures). (The Individuals with Disabilities Education Act of 2004, 2009, p. 2)

Other Health Impairment (OHI).

Having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that (i) Is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette syndrome; and (ii) Adversely affects a child's educational performance. (The Individuals with Disabilities Education Act of 2004, 2009, p. 3)

Specific Learning Disability (SLD).

General. Specific learning disability means a disorder in one or more of the basic psychological process involved in understanding or in using language, spoken or written, that may manifest itself in the imperfect ability to listen, think speak, read, write, spell or to do mathematical calculation, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia and developmental aphasia. (The Individuals with Disabilities Education Act of 2004, 2009, p, 3)

Speech or Language Impairment. "A communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment, that adversely affects a child's educational performance" (The Individuals with Disabilities Education Act of 2004, 2009, p. 3).

Traumatic Brain Injury (TBI).

An acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational performance. Traumatic brain injury applies to open or closed head

injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual and motor abilities; psychosocial behavior; physical functions; information processing; and speech. Traumatic brain injury does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma. (The Individuals with Disabilities Education Act of 2004, 2009, p. 3)

Visual Impairment Including Blindness. “An impairment in vision that, even with correction, adversely affects a child’s educational performance. The term includes both partial sight and blindness” (The Individuals with Disabilities Education Act of 2004, 2009, p. 3).

Individualized Education Plan (IEP). “A written statement for a child with a disability that is developed, reviewed and revised in accordance with §§ 300.320 through 300.324” (The Individuals with Disabilities Education Act of 2004, 2009, p. 7-8).

Summary

Public school students around the world encounter the violence of bullying every day throughout their K-12 education. Bullying can take the form of verbal harassment, physical punishment and intimidation. Scholars have attempted to identify a portrait of the typical victim of bullying and found that special need students are particularly at risk. Typically, these students receive special education services throughout the school day for academic, social, physical, or emotional delays. These students lack the skills necessary to build solid relationships with peers and are singled out and ridiculed because of their differences. This study examined how administrators and educators respond to this ongoing crisis. It uses qualitative research methods and the Center for Disease Control’s (CDC) Socio-Ecological Model, based on Urie Bronfenbrenner’s Ecological Model of Human Development (1979, 1994) to explore the

individual, relational, community and societal interventions that public K-12 principals, school counselors/social workers, and regular and special education teachers implement to eliminate bullying victimization and perpetration among special education students. It identified the procedures that public K-12 principals, school counselors/social workers, regular and special education teachers use to implement the interventions. The limitations of these interventions in each of the levels described in the CDC model was also examined.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

This study identified effective anti-bullying interventions specifically targeted to meeting the needs of students receiving special services. Through online focus groups, the researcher elicited the observations and experiences of K-12 public school principals, school counselors, social workers, and regular and special education teachers concerning their attempts (beyond the implementation of school anti-bullying programs) to end the vicious cycle of bullying. Bullying is defined as a form of youth violence that can be physical, verbal, relational, or directed towards a young person's property (Gladden, Vivolo-Kanter, Hamburger, Lumpkin, 2014). The researcher identified similarities and differences of the procedures and interventions that school professionals implemented according to a student's disability category. The researcher identified gaps that required more fully developed interventions and will consider how such interventions may be accomplished. This chapter begins with a review of the research related to youth violence and violence prevention in schools. It then presents three violence prevention models used by different organizations. Finally, it reviews the literature of anti-bullying programs, specifically concerning the bullying of special education students.

Reports of Youth Violence

According to the Center for Disease Control, youth violence occurs "When young people from aged 10-24 years intentionally use physical force or power to threaten or harm others" (Ferdon & Simon, 2014, p. 6). Reports of youth violence have become increasingly common in many countries throughout the world, including the United States (David-Ferdon & Simon, 2014; Mercy, Butchart, Farrington, Cerda 2002). In a report completed for the World Health Organization, Mercy et. al. (2002) reported that data from around the world indicates that homicide

and fatal assaults of young people have consequences including premature death, injury and disability. Furthermore, youth homicides account for 565 deaths worldwide per day. While there are variations between the youth homicide rates of countries, available data for this report indicate that Latin America, the Caribbean, and the Russian Federation all have among the highest youth homicide rates in the world. The United States of America reports a homicide rate 11 per 100,000—a startling number, considering that the other countries reporting high levels of youth violence are either developing countries or undergoing rapid social and economic changes (Mercy et al., 2002).

As David-Ferdon and Simon (2014) observe, youth violence in the U.S. is a significant public health problem. In 2011, 4,708 youth aged 10-24 years were victims of homicide. Each day, approximately 13 young people in the U.S. are victims of homicides, and an additional 1,642 visit hospital emergency department because of physical assault-related injuries. Given the severity of the problem, it may be reasonable to suggest that violence between youth permeates not just communities but also schools.

Reports of Youth Violence in Schools

The National Center for Education Statistics (NCES), the Institute for Education Science (IES), the U.S. Department of Education and the Bureau of Justice Statistics in the U.S. Department of Justice publish a report annually to inform the public on school crime and student safety. In this report, Robers, Zhang, Morgan and Musu-Gillete (2015) described only the most serious school-related offenses or violent crimes. They reported on national surveys of students, teachers, principals, and postsecondary institutions from 2009-2013, and organized the data into seven categories comprised of twenty-three indicators of crime and safety in public and non-public schools and secondary institutions (see Table 2). This section will describe the format of the report,

the types of violence reported in U.S. schools, and the most potentially serious forms of violence. It will explain the forms of violence that may be associated with bullying in schools, and present data on the frequency of bullying in U.S. schools.

Table 2

Indicators of School Crime and Safety, 2014

Overall Category	Indicator	Measurement
Violent Deaths	1	Violent Deaths at School and Away from School.
Non-Fatal Student and Teacher Victimization	2	Incidence of Victimization at School and Away from School.
	3	Prevalence of Victimization at School.
	4	Threats and Injuries with Weapons on School Property.
	5	Teachers Threatened with Injury or Physically Attacked by Students.
School Environment	6	Violent and Other Crime Incidents at Public Schools, and Those Reported to the Police.
	7	Discipline Problems Reported by Public Schools.
	8	Students' Reports of Gangs at School.
	9	Students' Reports of Illegal Drug Availability on School Property.
	10	Students Reports of Being Called Hate-Related Words and Seeing Hate-related Graffiti.
	11	Bullying at School and Cyber Bullying Anywhere.
	12	Teachers' Reports on School Conditions

Fights, Weapons, and Illegal Substances	13	Physical Fights on School Property and Anywhere.
	14	Students Carrying Weapons on School Property and Anywhere and Student's Access to Firearms.
	15	Students' Use of Alcohol on School Property and Anywhere.
	16	Students' Use of Marijuana on School Property and Anywhere
Fear and Avoidance	17	Students' Perceptions of Personal Safety at School and Away from School.
	18	Students' Reports of Avoiding School Activities or Classes or Specific Places in School
Discipline, Safety and Security Measures	19	Serious Disciplinary Actions Taken by Public Schools.
	20	Safety and Security Measures Taken by Schools.
	21	Students' Reports of Safety and Security Measures Observed at School.

Types of Violence

Students display various behaviors in schools that can be classified based on level of severity. While some instances of problem behavior in schools could be considered minor, others are aggressive, violent and negatively impact the educational process for all students (Brookmeyer, Fanti, & Henrich, 2006; Goldstein, Young & Boyd, 2008). The U.S. Department of Education and U.S. Department of Justice publish a yearly report on the current state of school crime and safety. This report summarizes data from various sources within schools, including surveys of students, teachers, and principals. The survey data is distributed into seven categories (see Table 2)

encompassing 21 indicators of violence and criminality in public education (the final two indicators refer to postsecondary education). The left column is the category in which the indicator is placed, while right column is a description of the violent or criminal action indicated. The next sections will describe indicators in the category of the school environment that could be related to school bullying as a form of violence. They will also report evidence of indicators that could be a result of school bullying, which includes Fights, Weapons and Illegal Substances (Category 4) and Fear and Avoidance (Category 5).

School Environment

This category of the report encompasses more indicators of violence and crime than any of the other categories (Indicators 6, 7, 8, 9, 10, 11, and 12) (see Table 2). It describes the frequency of the type of crime reported in schools (violent, serious violent, theft and other), Discipline Problems Reported by Public Schools, Students' Reports of Gangs at School, Students' Reports of Illegal Drug Availability on School Property, Students' Reports of Being Called Hate-Related Words and Seeing Hate-Related Graffiti, Bullying at School and Cyber-Bullying Anywhere, and Teachers' Reports on School Conditions. Within this category, indicators 7, 10, and 11 relate directly to bullying behavior, including bullying of others based on individual factors and cyber bullying.

Discipline problems reported by public schools. Research conducted by Robers et. al (2015) discovered that during the 2009-10 school year, 23% of public schools reported that bullying occurred among students on a daily or weekly basis. When comparing city, suburban, town, and rural schools, bullying was the second highest discipline problem reported in city schools (trailing only gang activities) and second highest among town schools too, comprising 26.2% of reported discipline problems. Bullying accounted for 21.2% of the discipline problems

in rural areas, 19.9% in suburban areas (Robers et al., 2015). These reports on bullying account for a greater percentage of discipline problems occurring at school than student racial/ethnic tensions, sexual harassment of other students, student harassment of other students based on sexual orientation or gender identity, student verbal abuse of teachers, disorder in classrooms, acts of disrespect other than verbal abuse, and cult or extremist group activities.

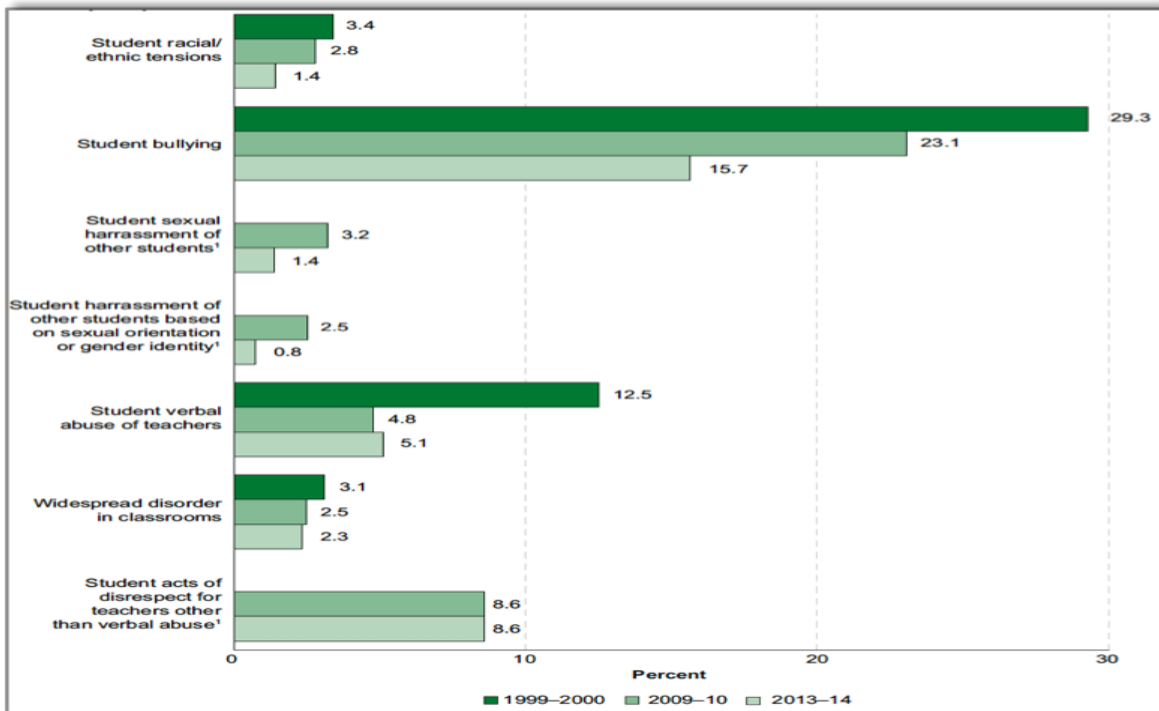


Figure 2. Percentage of public schools reporting selected discipline problems as occurring at school at least once a week. School Years 1999-2000, 2009-10, and 2013-14. Adapted from Indicators of School Crime and Safety: 2016, by Misu-Gilete et. al, 2017, National Center for Education Statistics, U.S. Department of Education and Bureau of Justice Statistics, U.S. Department of Justice, Washington, D.C., p. 61.

In 2016, student bullying was reported to be the primary discipline problem in U.S. public schools (see Figure 2). Figure 2 displays the percentage of discipline problems reported as occurring at least once a week, in three intervals going back to the 1999-2000 school year. As the graph shows, student bullying increased from 15.7% in 1999-2000 to 23.1% in 2009-10 and to 29.3% in 2013-14 (Musu-Gillette, et. al, 2017). The increase of bullying over the three surveyed

years surpasses all of the other discipline problems, with an increase from 15.7% to 29.3% over a 15-year time span. The disparity of volume between bullying and other infractions in a school requires further investigation. Figure 3 examines the numbers on bullying according to school characteristics such as school level, enrollment size, locale, percentage of minority students, and economic composition (Musu-Gillette, et. al., 2017). During the 2013-14 school year, middle schools reported higher percentages of bullying weekly, as did schools with an enrollment size of over 1,000 located in towns with a range of 20-50% minority population. Schools in which economically disadvantaged students comprised between 76-100% of the student body reported a higher percentage of weekly bullying reports than did schools with a lower percentage of economically disadvantaged students.

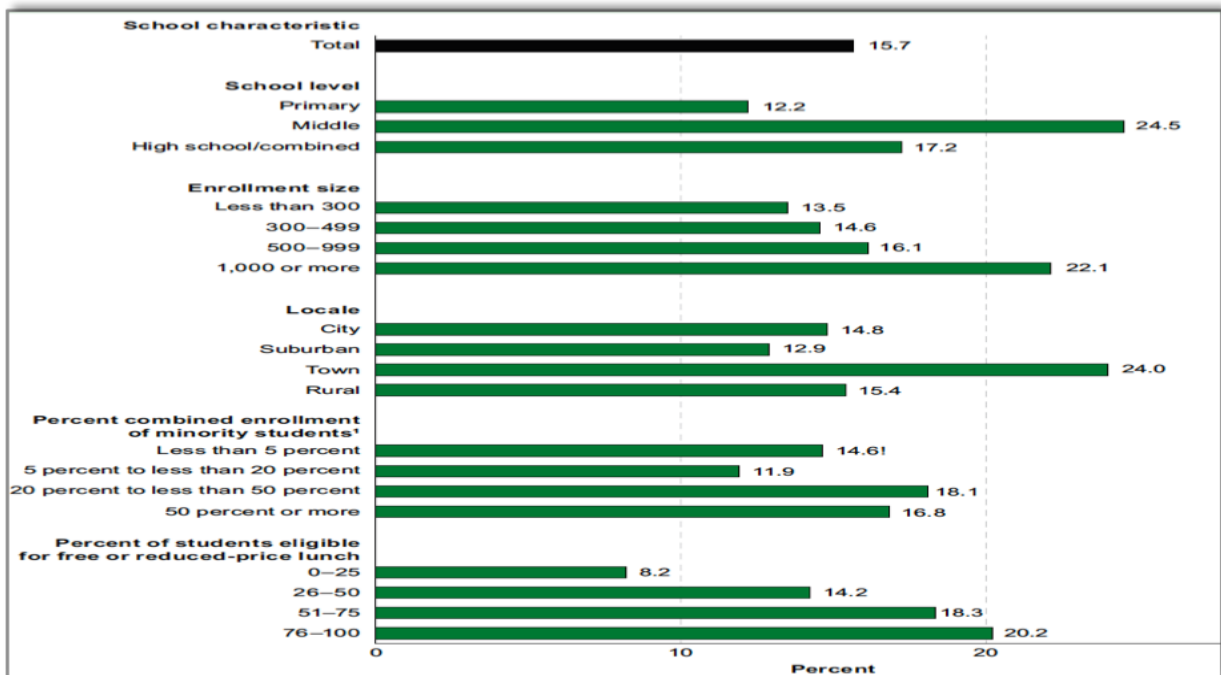


Figure 3. Percentage of public schools that reported that student bullying occurred at school at least once a week during 2013-14 school year, by school characteristics. Adapted from Indicators of School Crime and Safety: 2016, by Misu-Gillette et. al, 2017, National Center for Education Statistics, U.S. Department of Education and Bureau of Justice Statistics, U.S. Department of Justice, Washington, D.C., p. 62.

Students' reports of being called hate-related words and seeing hate-related graffiti.

Bullying can take many forms within U.S. public schools. This includes instances in which students are tormented or called a hate-related word based on their race, ethnicity, religion, disability, gender or sexual orientation. In 2013, 7% of students ages 12-18 were called hate-related words at school, which was lower than the 9% reported in 2011. In 2001, 12% of students reported that they were the victim of hate-related words. On the other hand, more than double the number of students who were called hate-related words reported seeing hate-related graffiti (25%). However, this is still a decrease from 1999 (the first year this data had been collected), when 36% of students reported they had been exposed to hate-related graffiti.

In 2015, more students ages 12-18 reported seeing hate-related graffiti around their school during the school year than were called hate-related words. A total of just over 27% of students reported seeing hate-related graffiti, while only just over 7% of students reported hearing hate-related words. An almost equal number of males and females reported seeing hate-related graffiti, while the grade levels 6-12 did not report any substantial variance among the total percentage. Hate-related graffiti and words do appear to be more prevalent in the public-school sector than the private school sector (Musu-Gilete, et. al., 2017).

Bullying at school and cyberbullying anywhere. In 2013, about 7% of students ages 12-18 reported being cyber-bullied (at any location) during the school year. While a higher percentage of female than male students reported this (9% to 5%), 27% of students who reported being cyberbullied indicated that they were targeted at least once or twice a month. Among these students, a higher percentage of students reported the bullying to an adult after being bullied at school than after being cyber bullied anywhere (39% to 23%). Overall, the percentage of students

who reported being bullied was lower in 2013 (22%) than in every year before when the survey was conducted (Robers, et. al, 2015).

Among behaviors that fall under the category of peer victimization and bullying: In 2014, about 15% of third grade students reported that they were frequently teased, had been made fun of, or were called names by other students. Others reported that untrue stories had been told about them (22%) and that they had been the victim of physical aggression (pushing, shoving, slapping, hitting, or kicking) (15%), while 15% of these students reported they were not permitted to play a game with peers on purpose.

In 2015, more female students ages 12-18 reported being bullied than did males (see Figure 4). Bullying between females is more likely to involve being the subject of rumors or being purposely excluded from activities. On the other hand, males are more likely to be pushed, shoved, tripped, or spat on than females. However, males also report being made fun of, called names or insulted, and are more likely than females to be threatened with harm. All students ages 12-18 report they are most likely to be bullied in a hallway or stairwell (41.7%), followed by inside the classroom (33.6%), in the cafeteria (22.2%), and outside on school grounds (19.3%).

In 2015, 15% of fourth graders reported having experienced another student bully them at least once a month (Musu-Gillette, Zhang, Wang, Zhang, & Oudekerk, 2017), while almost 7% of eighth graders reported having been bullied at least once a month. The United States is in the “middle of the pack” compared to other countries, as its reported percentage of bullying is lower than those of 13 countries, higher than 16, and equivalent to 6 countries. Of note, however, is that in 2015, 34% of gay, lesbian, or bisexual students in grades 9-12 reported that they had been bullied—more double the percentage of their heterosexual classmates. These students are inarguably at a greater risk of harassment and victimization than their heterosexual peers

(Williams, Connolly, Pepler, & Craig, 2005). The next area that will be explored is Category 6, which details students' usage and possession of weapons and illegal substances. It also reports on student physical altercations.

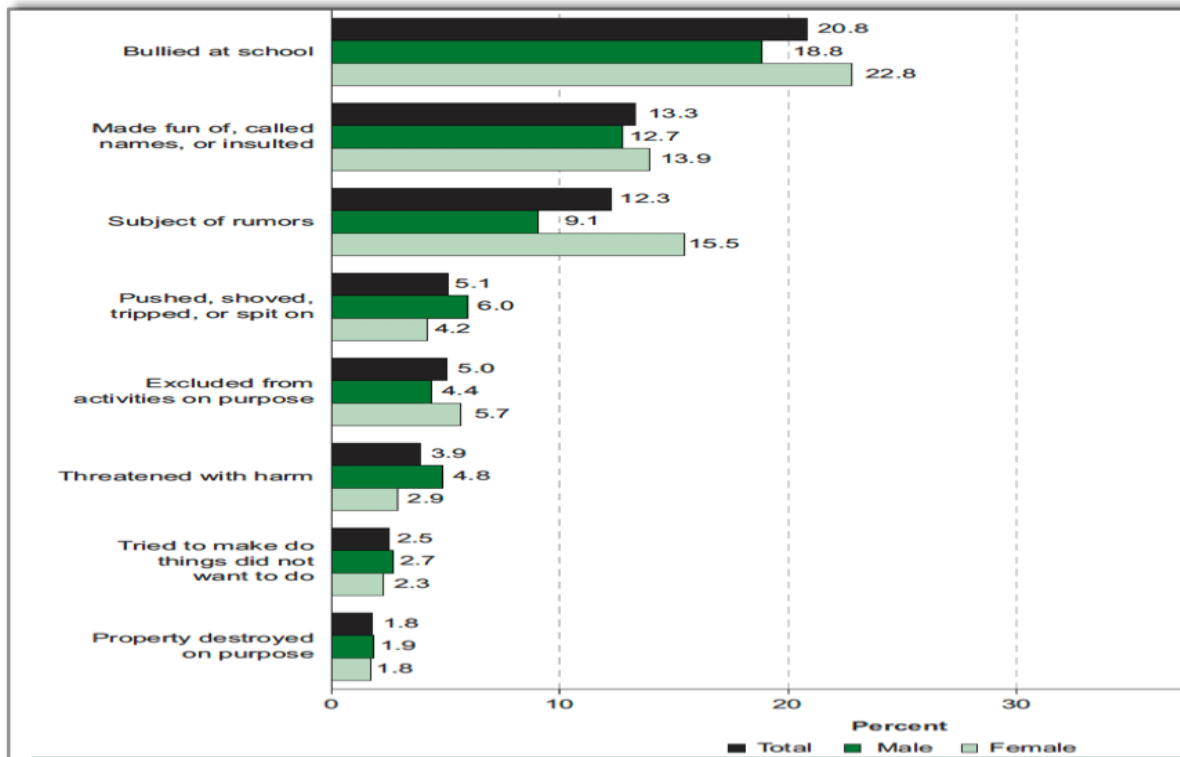


Figure 4. Percentage of students ages 12-18 who reported being bullied at school during the 2015 school year, by type of bullying and sex. Adapted from Indicators of School Crime and Safety: 2016, by Misu-Gilete et. al, 2017, National Center for Education Statistics, U.S. Department of Education and Bureau of Justice Statistics, U.S. Department of Justice, Washington, D.C., p. 75.

Fights, Weapons and Illegal Substances

This category contains indicators 13, 14, 15, and 16. It specifies students' frequency of physical fighting in school and anywhere, whether or not students carry weapons on school property or at other locations, their use of alcohol and alcohol-related incidents, and their use of marijuana. Indicators 13, 14, and 15 in particular could correspond to violent potential outcomes of bullying behavior.

Physical fights on school property and anywhere. In 2013, about 25% of students reported they had been in a “physical fight anywhere during the previous 12 months, with 8% of these students indicating that the fight occurred on school property” (Robers et al., 2014). This percentage decreased significantly between 1993 and 2013, from 42 to 25, as did the percentage of students involved in a fight on school grounds (from 16 to 8). To analyze this data further, students in 12th grade report a lower frequency of being in a physical fight than do students in 9th, 10th, and 11th grade. Higher percentages of black students, and multi-raced students, Hispanic, Pacific Islander students reported being in a fight anywhere or on school grounds more often than White and Asian students.

Robers et al. (2014) observed that the percentage of students who reported carrying a weapon on school grounds decreased from 12% in 1993 to 5% in 2013. They indicated that the percentage also declined in the number of students carrying a weapon anywhere from 22% to 18%. Among White students, 21% reported carrying a weapon anywhere, while 6% reported carrying a weapon school grounds. This percentage was higher than that of Hispanic (16%), Pacific Islander (13%), and Black (13%) students. Four percent of Black students reported carrying a weapon on school grounds in the previous 30 days. The percentage of students ages 12-18 that reported having access to a loaded gun without permission, either at school or away from school during the valid school year, decreased from 7% in 2007 to 4% in 2013.

Students carrying weapons on school property and anywhere and students’ access to firearms. In 2015, slightly more than 16% of students reported that they had carried a weapon anywhere at least one day during the previous 30 school days, while only 4.1% indicated they carried a weapon on school property. More male students reported carrying a weapon anywhere and on school property than did female students. In both instances, students who are Pacific

Islander, American Indian, and mixed race/ethnicity reported carrying a weapon anywhere and/or on school property at a higher percentage than did White, Black, Hispanic, and Asian students. This data is interesting especially when considering the increases in school shootings over the selected time period (1993-2015). It should also be noted that some students may feel reluctant to admit that they have carried a weapon on school grounds.

Students' use of alcohol and alcohol-related discipline incidents. Between the 1993 and 2013 school years, the percentage of students in grades 9-12 reporting to have had at least one alcoholic drink during the previous 30 days decreased from 48 to 35. Among students in this age bracket, 47% of students in 12th grade reported to using alcohol within the last 30 days. This percentage was higher than that which students reported in 9th (24%), 10th (31%), and 11th (39%) grade. While the percentage of students who used alcohol in grades 9-12 decreased, the percentage of students that reported using marijuana at least one time in the previous 30 days increased from 18% in 1993 to 23% in 2013. While this statistic increased from the 1993 survey, it did not increase measurably from what was reported in 2011. In terms of which students used marijuana the most, higher percentages of males than females reported using the drug in both the 1993 and 2011 surveys (25% and 22%). Males were also more likely than females to report having used marijuana on school grounds at least one time in the previous 30 days of completing the survey (6%). Analyzing marijuana use according to the ethnic demographic of students, in 2013 the percentages of Asian and White students who reported using the drug were lower than those of Hispanic (28%), Black (29%), Multi-raced students (29%), and American Indian/Alaska Native students (36%). Having considered factors that might contribute to an unsafe school environment, the next section will present studies that have documented the impact of school violence on students.

Impact of School Violence on Students

Prior to violent incidents that occurred in schools which called attention to student safety and mental health, we had been unable to recognize the full extent of school bullying's damaging impact. However, catastrophic events such as the Columbine High School and other school shootings, have brought attention and awareness of the outcomes caused by bullying including "increased disruptions to learning, absenteeism, dropouts, mental and physical illness and higher health care costs, substance abuse, weapons in schools, violence and crime" (Dayton & Dupree, 2009). In the years since Columbine, people have begun to realize that bullying behavior, when not addressed appropriately, can lead to premature death by way of student violence and suicide.

Crime and violence in schools has many consequences that impact young people differently (David-Ferdon & Simon, 2014). These can include disrupting the educational process, and negatively affecting bystanders, the school climate, and the surrounding community (Brookmeyer, Fanti & Henrich, 2006; Goldstein, Young & Boyd, 2008). David- Ferdon and Simon (2014) synthesized information from an online survey conducted in 2013 and found that violence occurring in schools negatively impacts students' attendance and their ability to be full participants in their education. In addition, some students withdraw when in a violent environment and will not attend school. In 2013, a higher percentage of Black and Hispanic students than White students reported being afraid of attack or harm at school and away from school (Robers et. al, 2015). Such fear also was higher among students in public areas than among students in suburban areas. When examining the patterns in the data, there is a "disproportionate burden" on ethnic, racial, and sexual minority youth, as well as different patterns among males and females.

Similar effects are also seen among teenagers that have been victims of bullying (Robers et. al, 2015). Students ages 12-18 were asked to rate the impact bullying had on four different areas of their lives: school work, relationships with friends or family, feelings about themselves, and physical health. The greatest percentage of students (19.3%) reported that their feeling about themselves was affected somewhat or a lot by bullying, while just over 82% of students reported that their physical health was not affected. Interestingly, almost 22% of students reported that bullying did not impact their school work very much, and that it impacted their relationships with their friends or family more than their school work and physical health.

As a greater recognition grows concerning the extent to which crime and violence in schools hurts students' learning and health, states have taken steps to ensure student safety. This includes the passage of anti-bullying laws and implementing zero-tolerance policies, while increasing the seriousness of the disciplinary actions taken by teachers and principals. Additionally, school Districts have adopted anti-bullying programs, positive school-wide behavior supports, and character education programs to ensure a positive school climate for students. The next section of this chapter will present the research related to school anti-bullying laws, zero tolerance policies, and disciplinary actions. It will review research related to anti-bullying programs, positive school-wide behavior support, and character education programs as interventions to eliminate bullying and harassment.

Responses to Bullying in Schools

This section will list the actions that states and school Districts have taken to combat bullying in schools. It will begin by presenting the disciplinary actions taken against violent behavior in schools, then will summarize the security measures that schools have taken to

improve school safety and describe how state legislation has impacted school bullying. Finally, it will identify interventions that schools have used to reduce bullying victimization.

Disciplinary Actions

In response to the violence occurring in public schools, principals were asked to report the number of disciplinary actions taken against students (Robers et al., 2015). In 2009-10 school year, 39% of public schools, or about 32,300, took at least one serious disciplinary action against a student for physical attacks or fighting; for distribution, possession, or use of alcohol; and for use or possession of a firearm or explosive device and/or use or possession of a weapon other than a firearm or explosive device (Robers et al., 2015). Of the 433,800 disciplinary actions taken during the 2009-10 school year, 74% were suspensions of 5 days or more, 20% of students were transferred to a different school (described as “specialized”), and 6% of students were removed from the school and did not receive formal schooling for the rest of the school year (Robers et al., 2015).

During the 2014-15 school year, school Districts reported 1.3 million discipline incidents in schools that were related to alcohol, drugs, violence or weapons possession (Musu-Gillette, et. al, 2017). Among the four categories, violence (78.4%) was overwhelmingly the most frequently identified reason why students faced severe discipline, followed by illicit drug use (15%), weapons possession (4.8%) and alcohol possession or consumption (1.7) (Musu-Gillette, et. al, 2017).

Security Measures

Between the 2003-04 and 2011-12 school years, the percentage of schools requiring students to wear uniforms increased from 13 to 19%. Additionally, during the same time period, more schools used security cameras and controlled access to buildings and school grounds during school hours. During the 2009-10 school year, 43% of public schools reported using one or more

security staff at least once a week during the school year, while 29% reported having at least one fulltime security guard who was present once a week, while 28% report having an armed security guard in their school every week (Robers et al., 2015).

During the 2013-14 school year, schools reported having used the following to increase safety and security measures: (a) controlling access to buildings during school hours, (b) using security cameras to monitor the school, (c) requiring faculty and staff to wear badges or picture IDs, (d) enforcing a strict dress code, (e) issuing sniffer dogs to randomly check for drugs, (f) requiring students to wear uniforms, (g) requiring students to wear badges or picture IDs, and (h) implementing random metal detector checks ((Musu-Gillette, et. al, 2017). Many of the actions taken to improve school safety and security occurred at the middle and high school levels. Almost 95% of school Districts-controlled access to buildings in both middle and high school, while almost 90% of high schools used security cameras, compared to almost 84% of middle schools. On the other hand, school Districts reported that only 67% of their primary or elementary schools have security cameras. Less than 5% of primary or elementary schools reported random dog sniffing, required students to wear badges or picture IDs, or did random metal detector checks (Musu-Gillette, et. al, 2017).

State Legislation

After the massacre at Columbine High School, states acted to protect students from the impact of bullying (Bloom, 2007) by developing and passing anti-bullying laws. In order to protect students from bullying, 28 states passed “Zero Tolerance” policies and 19 states passed anti-bullying laws. According to the U.S. Department of Health and Human Services (2014), over forty states have both anti-bullying laws and policies, while Montana remains the only state with a singular policy. These laws and policies are the guidelines for how principals and teachers

should respond to bullying behaviors. Unfortunately, the passage of anti-bullying policies and laws has had a questionable impact on the frequency of bullying in schools (Clark, 2013) as violent crime decreases and bullying increases (Kalman, 2013). At present, there are no federal laws that address bullying (stopbullying.gov); however, other legislation that overlaps with bullying laws is covered under civil rights laws.

As with all laws, anti-bullying laws are eventually called to be upheld in court. In the fall of 2001, a Connecticut student reported to the school principal that he was threatened by other students on his way home from school. The principal involved the school resource officer, but since the incident occurred off school grounds, no further action was taken. Months later the student took his own life and his family sued the District, claiming negligence on the part of the school employees (*Jasperon v. Anoka-Hennepin Independent School District*, 2007). The court found “no evidence that a school anti-bullying policy would have prevented the tragedy.” The decision from the court may indicate that the implementation of school policies and anti-bullying laws can only be responsible within a certain context.

Moreover, even though there are state laws and policies to reduce bullying, they do not adequately address the subpopulations of schools (Rose, Espelage, Aragon, & Elliot, 2001)—despite the research suggesting that students with special needs are placed in a bullying dynamic more often than their non-disabled peers (McLaughlin, Byers, & Vaughn, 2010; Rose, Monda-Amaya, & Espelage, 2011). In order to meet the behavioral and academic needs of a diverse population, schools are implementing a multi-tiered approach called Schoolwide Positive Behavior Intervention Supports or, SWPBIS, to improve school climate and teach students appropriate behavior (Bradshaw, 2013).

Schoolwide Positive Behavior Interventions and Supports

School Districts are using Positive Behavior Interventions and Supports integrated with their bullying prevention program to reduce student misbehavior and victimization (Bradshaw, 2013). PBIS is a school-wide intervention that requires all students and staff have a clear understanding of the behavioral expectations in the school. Figure 5 shows the SWPBIS model beginning with supports at the universal (Tier 1-Primary) level. The framework continues to the Tier 2 (or Secondary) level with a fewer number of students receiving these interventions. Next, at the Tertiary level (Tier 3) are students in most need of intensive behavioral interventions.

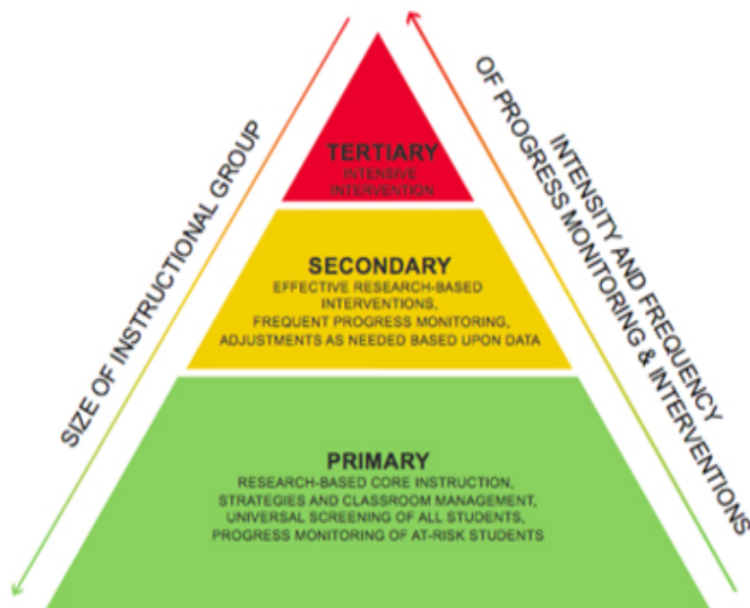


Figure 5. Schoolwide positive behavior interventions model. Downloaded from <http://www.ebrschools.org/activity/academic-programs/exceptional-student-services/exceptional-student-services-programs/positive-behavior-intervention-and-support-pbis>

Within each level, researched-based interventions and frequent monitoring are being used to enhance the behavior and academic skills of students. Additionally, the time, intensity and duration of the interventions may increase or decrease as one moves up or down the model. In a

quantitative randomized controlled study of over 12,000 students in Maryland, the usage of high-quality implementation of SWPBIS resulted in lower rates of teacher-reported bullying and peer rejection than those schools without SWPBIS, and also led to a great impact on teacher reports of student involvement in bullying as victims and perpetrators (Waasdorp, Bradshaw, & Leaf, 2012). Other interventions, like anti-bullying programs, are also implemented as part of a school-wide model. While these programs are used due to state mandates and laws, some studies exist that support their widespread success in schools (Smith, Cousins, Stewart, 2005).

Bullying Prevention Programs

Since the year 2000, research has identified the prevalence of bullying across the world. Researchers in the United States (Beets, Flay, Vuchinich, Snyder, Acock, Li, 2009; Jenson & Dieterich, 2007; Frey, Hirschstein, Snell, Edstrom, MacKenzie, & Broderick, 2005; Fonagy, Twemlow, Vernberg, Sacco, & Little, 2005; DeRosier, 2004; Farrell, Meyer, Kung, & Sullivan, 2001; Farrell, Meyer, & White, 2001) Canada (Craig & Pepler, 2003; Rahey & Craig, 2002), Belgium (Stevens, Van Oost, & De Bourdeaudhuij, 2000), Italy (Menesini, Codecasa, Benelli, & Cowie, 2003), Holland (Fekkes, Pijpers & Verloove-Vanhorick, 2006), and Australia (Berry & Hunt, 2009; Hunt, 2007) have operationalized bullying behavior (Crick & Nelson, 2002). These studies also determined which students are more likely to be victimized or act as perpetrators, assessed the impact of bullying on different student populations (Rigby, 2003; Nansel, Overpeck, Pilla, Ruan, Simons-Morton, & Scheidt, 2001), and described the types of anti-bullying interventions that could be used to decrease its occurrence.

What this research has demonstrated is that anti-bullying programs can play an important role in fostering a safe learning environment for students. A meta-analysis conducted in 2012 found that anti-bullying programs decreased bullying by 20-23% (Hahn, Farrington, & Ttofi).

Perhaps the most widely used anti-bullying program, The Olweus Bullying Prevention Program (or OBPP), has provided Districts with a research-based intervention shown to be effective in intervening in and stop bullying (Olweus & Limber, 2010), as well as in fostering pro-social behavior and reducing aggression and peer harassment (Espelage & Swearer, 2003). Based on the research of Norwegian researcher Dan Olweus, this program was developed and evaluated in Norway and became part of a national effort against bullying in Norway's schools (Olweus & Limber, 2010). The results of the initial implementation reported reduced instances of bullying and an improved school climate. Components of the OBPP program include surveys for students to identify potential areas where bullying occurs, and class meetings to discuss strategies to empower students to intervene on behalf of the victim.

A meta-analysis of 14 studies of school wide anti-bullying programs (Smith, Schneider, Smith, & Ananiadou, 2004) found that only one program was successful in reducing victimization and bullying while other programs produced very few changes or increases in negative behavior. As a result, there is a need for more data on varied perspectives (Smith, Cousins, Stewart, 2005) exploring the types of interventions that work for students. A meta-analysis conducted by Yeager, Fong, Lee and Espelage (2015), found anti-bullying programs were more effective with younger students and that the effectiveness of the programs decreased during the middle school years. Other studies have supported the assertion (Yeager, Fong, Lee, & Espelage, 2015) that as bullying behaviors are on the increase in during the middle school years, particularly in sixth and seventh grade, anti-bullying programs have proven ineffective when they are most needed.

In a meta-analysis of 32 studies from around the world, Barbero, Hernandez, Esteban & Garcia (2012) found evidence supporting certain school interventions related to reducing or

preventing violence. They reported that the most effective interventions are those that improve social and interpersonal skills while modifying attitudes and beliefs. The studies reviewed also indicated that limited evidence exists to support the impact of these interventions based on the gender or age of the participants. Finally, they recommended that future interventions include parents of the children involved, adapting the programs based on the characteristics of the community and school population while considering age and gender, and ensuring that the intervention is maintained with fidelity and continually monitored to determine effectiveness (Barbero et. al, 2012).

Other programs have used the research base and recommendations of the Olweus program to develop new programs. For instance, the Second Step program “emphasizes violence prevention by building social skills such as empathy, emotion management, problem solving and cooperation” (Schoen & Schoen, 2010). The results on the effectiveness of this program yielded promising results. It has been found to increase social competence and decrease anti-social behavior (Taub, 2002) among 87 third to fifth grade students in a rural setting.

The KiVa anti-bullying program, founded in Finland, reduced instances of bullying in primary and secondary schools (Karna, Voeten, Little, Alanen, Poskiparta, & Salmivalli, 2011) by identifying two opposed anti-bullying strategies: The Confronting Approach requires the adult or person responsible for dealing with the bullying situation to confront the bully regarding his/her behavior, the exact opposite of the Non-Confronting Approach. The use of either depends on the context of the type of bullying (repeated) and the grade level of the student (primary or secondary). Both approaches were found to be equally effective at stopping instances of bullying in 78.2% of the cases reported (Garandeanu, Poskiparta & Salmivalli, 2014).

Despite the research demonstrating the effectiveness of anti-bullying programs, there remain questions of whether they offer adequate interventions. The OBPP, for instance, empowers bystanders of bullying victims to intervene by coming to the support of the student being harassed—something that may be difficult for young children because they do not process information in the same way an older child does, due to the fact that areas of their brain that are still developing (Piaget, 1970). Furthermore, young children have difficulty recognizing when their own behavior could be described as bullying and are more likely to identify the bullying behavior yet not provide support for the victim (Ross, 2013).

Another concern is whether anti-bullying programs are appropriate for all students. Special education, low income, and minority students all have a greater likelihood of being bullied by peers and or displaying bullying behaviors. And yet, Raskauskas and Modell (2011) have claimed, “Existing anti-bullying programs have largely ignored students with disabilities as being key stakeholders in the whole school approach” (p. 66). In order for these programs to create a safe and successful learning environment for special education students, modifications in the programs’ needs assessment, components and delivery method are essential (Raskauskas & Modell, 2011).

Other researchers have sought out teachers to identify reasons why anti-bullying programs may have only limited efficacy (Cunningham, Rimas, Mielko, Mapp, Cunningham, Buchanan, Vaillancourt, Chen, Deal & Marcus, 2016). Drawing on the perspectives of over 100 teachers, these researchers identified the factors that influence the effectiveness of anti-bullying programs. Results indicated that the prevalence of off-site incidents, such as cyberbullying, have increased the difficulty of addressing bullying behaviors. Teachers also report that the focus on the core regular education curriculum can limit training and Districts’ ability to follow a program

with fidelity. Finally, teachers indicated that uncooperative parents and principals failing to support their efforts to discipline students both hamstrung the teacher's ability to implement anti-bullying programs with fidelity (Cunningham et al., 2016).

Bullying of Students Receiving Special Education Services

Students with special services are more likely to experience victimization due to bullying, and also have a higher risk of suffering greater harm than general education students (Hartley, Bauman, Nixon, Davis, 2015; Maag, Katsiyannis, 2012; Raskauskas, Modell, 2011; Whitney, Smith, & Thompson, 1994). Hartley et al. (2015) conducted a comparative study of students in general and special education classrooms regarding their experiences with bullying. Students in special education classes reported more physical and emotional harm as well as more psychological distress as a result of bullying. Maag and Katsiyannis (2012) reported that students with disabilities are at greater risk of being bullied, and that students with emotional or behavioral disabilities are at risk of displaying victim characteristics. Raskauskas and Modell's research (2011) also aligned with the findings of the previous researchers. They reported that students with special needs are at a greater risk of being socially isolated due to limited social skills and difficulty interacting with their general education peers.

Although several studies support the moderate success of anti-bullying programs, more comprehensive studies are needed to identify effective individualized interventions for those students who are most at risk of victimization and perpetrating acts of violence (Espelage, 2013; Swearer et al., 2010). Additionally, these interventions need to be aligned with a theoretical framework (Swearer et al., 2010) that identifies specific areas and interventions based on the needs of the individual.

Overview of Conceptual and Empirical Research

Empirical research describes how schools continue to be a violent environment for students (Duplechain, & Morris, 2014; Paz Ribeiro, Ribeiro, Pratesi, & Gandolfi, 2015). Paz Ribeiro et. al (2015) discusses the violence among youth and the impact it has on students. His cross-sectional random sample of children from four public schools located in a predominately low-income area of Brazil estimated the prevalence of violence in the experiences of students ages 11-15 who attend public schools every day. Findings from this study indicated that over 85% of students suffered from some form of physical abuse, an indication of why over half of the students felt unsafe at school. Dupelchain and Morris (2014) aligned with Ribeiro's findings in their documentation of historical data on school shootings that have taken place in the United States: they found that the threat of violence has an impact on students' perception of safety within their school. Moreover, school shootings have increased, from 53 in 1990 to 190 in October of 2014 (Duplechain & Morris, 2014). Additionally, a number of factors are associated with perpetrators of school shootings, including bullying, personal and individual factors such as ADHD, involvement in gangs or drugs, parental attributes, difficulty maintaining relationships, past traumas, and brain development (Dupelchain & Morris, 2014).

Crawford (2002) and Klein (2007) studied the types of students that carry out these massacres and their reasons for doing so, and their research points to a direct link between shootings and instances of school bullying. Crawford reported that of the school shootings he studied, 75% of the students felt bullied by peers over an extended period of time. Klein's findings (2007) indicated that in school shootings boys typically targeted girls who had rejected their advances and other boys who had verbally abused them by questioning their sexuality.

Furthermore, students targeted were often a member of a wealthier social class and enjoyed a higher social status within the school-indicating in turn the social vulnerability of these students.

Dupelchain and Morris' findings supported the work of Mercy, Butchart, Farrington and Cerda (2002), who took a more in-depth approach at analyzing why violence occurs in schools across the world. While confirming the data in Robers et al.'s findings (2015), Mercy et. al (2002) identified specific factors that preclude certain students from engaging in violence. The situational factors of students who are perpetrators of violence play a role in physical aggression, biological, behavioral, relational, community, and peer and family influences as relative factors in determining who is most at risk. They also identified societal factors including demographics, income equality, political structures, and cultural influences as risk factors for identifying who may engage in violent or criminal behavior.

The research demonstrated that bullying is one of the main risk factors for violence in schools (Mercy et al., 2002; Loeber, Wung, Keenan, Giroux, Stouthamer-Loeber, & Van Kammen, 1993). In a report for the World Health Organization, Mercy et al. (2002) stated that among the twenty-seven countries surveyed, 11.9% -60.8% of 13-year olds across the world engaged in bullying behavior. Mercy and his team (2002) also noted that youth violence can develop differently among children while leading to other more aggressive forms of violence. Loeber et al. (1993) also noted that while bullying and fighting are forms of aggressive behavior, they can also be precursors to more serious types of violence.

The next section will explore the characteristics that place students at an increased risk for involvement as perpetrators or victims of bullying. One of these characteristics is being a student with special needs. It will also review the recommendations on violence prevention from the World Health Organization.

Conceptual Models of Violence Prevention

The prevention of violence begins with determining why certain students are more likely to engage in violent acts, which in turn requires understanding children and their history (Hymel, Swearer, 2015; Krug et al., 2002; McGuckin, Minton, 2014). Thus, research on risk factors for students that exhibit violent behavior can be useful in designing interventions. Krug et al. (2002) reported that interventions should be categorized by the age of the student (infancy, early childhood, and middle childhood). These interventions should span over four ecological contexts: Individual, Relationship (family and peers), Community, and Societal.

Violence prevention efforts started globally in January of 2004 when the World Health Organization (WHO) formed the Violence Prevention Alliance (VPA) (Lee, Leckman, & Mbwambo, 2014). The focus of these individuals was on the WHO's World Report on Violence and Health (WRVH), developed in 2002 by Krug, Dahlberg, Mercy, Zwi and Lozano. The purpose of this forum was to unite participants across multiple sectors to identify, study and place violence prevention efforts into practice (Lee et al., 2014). In November of 2013, the WRVH was updated at the WHO Milestones for Global Campaign for Violence Prevention (GCVP) Meeting. This update, prepared by the WHO, the United Nations Office on Drugs and Crime (UNODC), and the United Nations Development Programme (UNDP), occurred in close proximity to the 67th World Health Assembly (WHA) in 2014. As Lee et al. (2014) describe, a monumental resolution was made to address violence, entitled "Strengthening the role of the health system in addressing violence, in particular against women and girls, and against children" (p. 609). In an editorial commentary on perspectives from the World Health Organization's Violence Prevention Alliance (VPA), Lee et al. (2014) review three models of violence prevention: the CDC's Socio-ecological model, the public health approach, and stand-

alone interventions recommended by the World Health Organization (2002). Details about each approach are presented in the following sections.

The CDC's Socio-Ecological Model

The CDC's Socio-Ecological Model is based on the WHO's landmark report (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002) and uses a Socio-Ecological Model (SEM) as a framework for violence prevention to better understand violence (see Figure 6). Since its development, other researchers have examined each level and contributed strategies and example interventions that are not necessarily evidence based. As evident in Figure 6, the four level SEM provides a visual representation of the complex interaction of a multitude of different factors within each level, accounting for factors that place people at risk of committing violent acts and also offering prevention strategies to at each level to address the factors that predispose individuals to violent behavior or victimization.



Figure 6. Center for disease control socio-ecological model for violence prevention. Krug, Dahlberg, Mercy, Zwi, and Lozano, 2002. Downloaded from <http://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html>

Echoing the results of the WHO report (2010), other researchers have noted the need to integrate violence prevention strategies at an early level of childhood development (Knerr, Gardner, Cluver, 2013). Knerr et al.'s (2013) meta-analysis of twelve studies (including 1580 parents over nine countries) reported favorable results on parenting measures. Their findings also

suggested that parenting interventions may be both feasible and effective in “improving parent-child interaction and parental knowledge in relation to child development in LMICs, and therefore may be instrumental in addressing prevention of child maltreatment in these settings” (p. 352). As a result, the Individual level of the SEM identifies biological and personal history factors that increase the likelihood of becoming a victim or perpetrator of violence. Included in these factors are: age, education, income, substance use, or history of abuse. Examples of factors that potentially increase risk factors include: age/gender, lower levels of education, belief supporting use of violence, anger or hostility toward others, being unemployed, substance use, and a history of engaging in violence. The potential strategies to address these factors at this level include school based programs to help students develop social, emotional and behavioral skills to build positive relationships, in-home programs that teach parents skills for age-appropriate infant and toddler care, after school programs to provide tutoring to increase academic performance, group sessions that increase knowledge and understanding of healthy dating relationships, and classroom-based health curriculums that teach ways to cope with loss and disappointment and that teach warning signs for depression.

The next level of the SEM focuses on Relationships within the family and addresses instances of children parented in violent homes with inadequate parental care and family support. These conditions negatively impact child development (Lannen & Ziswiler, 2014; Mercy et al., 2002), and individuals raised in such circumstances are predisposed to committing violent acts early in their lives. In their position paper, Lannen & Ziswiler (2014) advocate for cooperation between the two fields of violence prevention and early child development. They state that although there are limited evidence-based interventions for addressing child maltreatment, there are promising programs available that may assist in reducing such incidences. At this level of the

SEM, potential risk factors include: fights, tension, or struggles among family members; marital instability such as divorce or separations; poor communication; poor supervision or monitoring of children; aggressive or delinquent peers; and an emotionally unsupportive family. The relationship level recommendations include: education and family support, mentoring and peer programs which pair children with caring adults, relationship workshops that focus on successful communication strategies, and an art program that increases emotional support for children by pairing elders from a senior center with children from preschool programs.

The Community level of SEM identifies the settings in which relationships take place (Krug & Dahlberg, 2002). This level lists the following as examples of factors that increase the likelihood of violence: residents' level of social connectedness, income level of the neighborhood, rate of residents moving in and out of the neighborhood, lack of neighborhood organization, limited economic and recreational opportunities, and poor physical layout of a neighborhood. This model addresses the following example strategies: residents organizing and making physical improvements to their neighborhoods; developing safe recreational areas; after school programs for youth; school Districts implementing, creating, monitoring and evaluating a policy to prevent bullying behavior; increasing employment opportunities by establishing a business improvement District; and citywide policy changing the planning for the layout of new communities.

The Society level of the SEM refers to social factors that perpetuate violence as an acceptable form of behavior. Risk factors include the social norm of resolving conflicts violently and believing that consequences are minimal. The cultural norms of a society—along with its health, economic, and educational policies—can all implicitly support this promotion of violence. Examples of strategies at this level include: legislation to encourage employers to offer

family-leave options, media campaigns to change the way people think about violence, and statewide legislation that provides tax incentives to business that partner with schools to provide learning-based technology and other academic resources in disadvantaged communities.

The Public Health Model

The Public Health Model seeks to understand the causes of the various forms of violence and the interrelationship between them (Lee et al., 2014). This model defines violence along three areas that describe the victim-perpetrator relationship;

1. Self-directed violence denotes violence in which the perpetrator and the victim are the same individual, as in suicide and self-abuse;
2. Interpersonal violence describes violence in families, or between partners within the community;
3. Collective violence occurs when large groups of individuals commit acts of violence due to differences or similarities in social, political, or economic reasons (Lee et al., 2014).

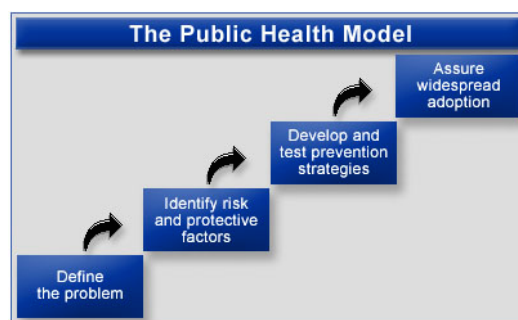


Figure 7. The public health model of violence prevention. Krug, Dahlberg, Mercy, Zwi, Lozano (2002). Downloaded from <http://www.cdc.gov/violenceprevention/overview/publichealthapproach.html>

The Public Health Model of violence prevention views violence as a problem that can be addressed through changing social, economic and other environmental factors, similar to how heart disease and cancer can be prevented (Lee et. al, 2014).

In the Public Health Model, forms of violence are identified and then classified as physical, sexual, psychological deprivation. This approach consists of four steps (see Figure 7). The first consists of determining and defining the problem through the “systematic collection of information about the magnitude, scope, characteristics and consequences of violence” (Lee et al., 2014 p. 611). Second is to determine why the violence occurs and, using research, to determine what causes the violence and what could be changed during interventions. Next, this model requires an application of the aforementioned interventions, along with an evaluation of their effectiveness. Lastly, the promising interventions that were developed would be conducted across multiple settings including different socio-economic and geographical areas. Throughout this process, there is continual monitoring of the interventions on the risk factors and predetermined outcomes, as well as a cost analysis over time. Finally, the Public Health Model expands on the definition of violence by characterizing the relationship between the victim and the aggressor (Lee et al., 2014).

World Health Organization Interventions

In 2010 the World Health Organization presented a series of seven briefings with recommendations on violence prevention. Unlike the two previous two approaches, the seven recommendations do not follow a particular model, but rather provide suggestions for programming options to decrease violence. Each of the briefings are described as being “based on rigorous reviews of the literature which examines scientific evidence for the effectiveness of interventions to prevent interpersonal and self-directed violence” (Mercy, Butchart, Rosenberg, Dahlberg, & Harvey, 2008; Rosenberg, Butchart, Mercy, Narasimhan, Waters, & Marshall, 2006). Figure 8 displays the seven intervention strategies mentioned in this report (World Health Organization, 2010, p. 4). The intervention strategies are listed along the left side of the figure,

and below are examples of specific actions that could be taken to support the recommendation. The recommendations listed are described in the column on the right indicating the level of evidence that exists to support each area. Unfortunately, many of the suggested interventions are not supported by evidence (see key at bottom of Figure 8). It may nevertheless be important to consider all recommendations when attempting to develop a comprehensive violence prevention program. The first two interventions described in the research are based on improving the skills of the family unit. This includes relationships between parents and children and the instruction of necessary life skills. The relationship that children have with their parents has been shown to be a risk factor for those who participate in violent behavior (Duplechain & Morris, 2014; Maalouf & Campello, 2014). While parent trainings have shown promise as an intervention and are well supported by evidence and meta-data, parent-child programs have only demonstrated emerging evidence (see Figure 4). However, Snell and Alexander (2005) reported that the lack of a family structure has been identified as one of the risk factors that could lead to violence in schools. Along similar lines, developing life skills in children and adolescents can help students acquire necessary social skills that can prevent violence (Mercy et al., 2002, p. 11). Children's participation in preschool enrichment programs provide students with an environment to both receive these skills also transfer the skills they were taught. This would help children in every day aspects of their life by improving social skills and thereby reducing instances where they are involved in violence and aggressive acts. Both preschool enrichment programs and social development programs have shown emerging evidence supporting their efficacy.

The next two interventions are aimed at keeping the family unit safe and intact by restricting access to outside influences that may be associated with violence. Reducing the availability and harmful use of alcohol is an intervention to support healthy parents. On the other

hand, interventions for problem drinkers have been shown to be well supported by evidence, while improving drinking environments has only presented emerging evidence as to its effectiveness. The fourth intervention recommended in this report is reducing access to guns, knives, and pesticides. This is important because a greater percentage of weapons violations occur among young males ages 15-29 (Mercy et al., 2002) than among any other demographic. Interventions in this briefing all showed emerging evidence in reducing youth violence and suicide and other forms of self-directed violence. The interventions include: restrictive firearm licensing and purchase policies, enforcing bans on carrying firearms in public, and policies to restrict or ban toxic substances.

Another intervention, promoting gender equality to prevent violence against women, contains three potential interventions to reduce intimate partner violence (IPV) and sexual violence (SV) (Mercy et al., 2002). Life-skills interventions and microfinance combined with gender equity training has shown emerging evidence of reducing instances of IPV. Conversely, school-based programs to address gender norms and attitudes have been well supported by evidence through multiple randomized controlled trials with varying populations.

The next recommended intervention involves changing cultural and social norms that support violence. This intervention is targeted toward youth violence (YV) and IPV and has shown emerging evidence of reducing violence in these areas. The evidence base in this area is described as being “weak” (Mercy et al., 2002), while other interventions such as targeting youth violence and education through entertainment also known as “edutainment” (Mercy et al., 2002 p. 12).

The final intervention described by Mercy et al. (2002) is victim identification, care and support programs. Three out of the four interventions listed in this area are geared specifically toward intimate partner violence, while psychosocial interventions can be used for all types of violence—including child maltreatment, intimate partner violence, sexual violence, youth violence, elder abuse, suicide and other forms of self-directed violence (Mercy et al., 2002). The interventions listed in this area all are supported only by emerging evidence; however, advocacy support programs are more robustly supported by evidence from multiple randomized controlled trials. The main goals of the intervention programs in this area are to 1) Identify victims and 2) Refer them to appropriate services with the hope of breaking the cycle of violence and reducing the impact of trauma on the individual (Mercy et al., 2002).

Intervention	Type of violence					
	CM	IPV	SV	YV	EA	S
1. Developing safe, stable and nurturing relationships between children and their parents and caregivers						
Parent training, including nurse home visitation	●			○		
Parent-child programmes	○			○		
2. Developing life skills in children and adolescents						
Preschool enrichment programmes				○		
Social development programmes				●		
3. Reducing the availability and harmful use of alcohol						
Regulating sales of alcohol				○		
Raising alcohol prices				○		
Interventions for problem drinkers		●				
Improving drinking environments				○		
4. Reducing access to guns, knives and pesticides						
Restrictive firearm licensing and purchase policies				○		○
Enforced bans on carrying firearms in public				○		
Policies to restrict or ban toxic substances						○
5. Promoting gender equality to prevent violence against women						
School-based programmes to address gender norms and attitudes		●	○			
Microfinance combined with gender equity training		○				
Life-skills interventions		○				
6. Changing cultural and social norms that support violence						
Social marketing to modify social norms		○	○			
7. Victim identification, care and support programmes						
Screening and referral		○				
Advocacy support programmes		●				
Psychosocial interventions				○		
Protection orders		○				

KEY

● Well supported by evidence (multiple randomized controlled trials with different populations)

○ Emerging evidence

CM – Child maltreatment; IPV – Intimate partner violence; SV – Sexual violence; YV – Youth violence; EA – Elder Abuse; S – Suicide and other forms of self-directed violence

Figure 8. Violence prevention interventions with varying degrees of evidence by the types of violence prevented Adapted from The World Health Organization & WHO Collaborating Centre for Violence prevention, 2010. Violence prevention: the evidence. World Health Organization, p. 4.

Summary

Youth violence in schools has a tremendously adverse impact on the achievement and well-being of all students. While schools have taken preventative measures, data indicates that violence in schools is a growing concern. As a result of school violence, specifically bullying, school Districts have implemented state bullying laws and policies, taken serious disciplinary action for violent offenders, and implemented school wide interventions such as Schoolwide Positive Behavior Intervention Supports and research based anti-bullying programs. Two models help to shed light on how to prevent youth violence: The Center for Disease Control's SEM framework, and the Public Health Model. Additionally, the World Health Organization's perspective on violent behavior has also shed light on why some violent behavior occurs. These frameworks may determine potential risk factors affecting students who engage in violent behavior and help education professionals planned targeted interventions around the needs of individual students. Such interventions are particularly important for students with special needs, who are disproportionately part of bullying events and at risk for both bullying perpetration and victimization. Research is thus needed to identify specific anti-bullying interventions for students with special needs by disability category, in order to improve the educational experiences and outcomes of students with special needs. The purpose of this study is to determine effective interventions to reduce instances of perpetration and victimization of special education students. In Chapter 3, the researcher will present a description of the design, setting and participants, and data collection procedures. The rationale for selecting online focus groups will also be discussed.

CHAPTER THREE

METHODOLOGY

The educational, emotional, and social journey of special education students from the beginning of their formal education is drastically different than that of their peers. In particular, special education students are more likely victims or perpetrators of bullying (Modell, 2005; Model, Mark & Jackson, 2004; Rose Espelage, Stein, & Elliot, 2009; Sullivan & Knutson, 2000). While anti-bullying programs include explicit strategies to teach students, those students with special needs often lack the social skills necessary to navigate complex interactions with peers. To sustain and improve student achievement for special education students, it is important to identify the individual, relational, community and societal anti-bullying interventions used by K-12 principals, school counselors/social workers, and regular and special education teachers. This chapter describes the methodology that utilized in this research study. It presents the research design, the purpose of the study, and research questions. It also identifies the population, sample and participants; and explains the data collection procedures, instrumentation, and validation process. It concludes with an overview of the procedure used to facilitate asynchronous online focus groups and the steps taken to ensure data quality.

Research Design

This qualitative study used asynchronous online focus groups to identify anti-bullying interventions that are perceived by principals, social workers/school counselors, and regular and special education teachers as being successful in reducing bullying (both perpetration and victimization) among public elementary, middle and high school special education students. Ritchie (2003) identified a key characteristic of qualitative research in that it takes the perspective of the people being studied, known as the emic perspective, and views the social life

of the participants while conducting an authentic inquiry rather than working within experimental or manipulated settings.

The different socioeconomic backgrounds, cognitive levels, and familial structures of students impact the actions of the participants (victim, perpetrator, or bystander) in a bullying event. In a social event such as bullying, where the action of one student shows control or power over another, the victim, perpetrator, and bystander all have various roles that could determine the outcome. Qualitative research gives life to those events and experiences by acknowledging differences in how individuals perceive their social environment. Merriam (2009) stated that “...qualitative researchers are interested in how people interpret their experiences, how they construct their worlds, what meaning they attribute to their experiences” (p. 14). In many cases, the professional educator role in the bullying event occurs after the negative physical or verbal interaction. As a result, the roles of the adults in these events are unique due to their professional and personal experiences. Additionally, Merriam (2009) stated, “The key concern is understanding the phenomenon of interest from the participants’ perspectives, not the researcher’s” (p. 14). A qualitative study provided answers to a “complex problem” from the perspectives of individuals who had different roles in the situation.

A qualitative research design enabled the researcher to use the experiences of school principals, school counselor/social workers, and regular and special education teachers to identify successful anti-bullying interventions for special education students. Quick and Hall (2015) reported that “...qualitative methodologies, through an interpretative approach, are emerging as an alternative method to increase understanding about the ‘lived’ experiences of individuals” (p. 129). The researcher considered a quantitative study—using surveys to describe the perceptions of individuals—but, because of bullying’s inherently social nature, determined

that a qualitative approach would provide richer data related to this phenomenon. The researcher also considered the use of semi-structured individual interviews, but it was determined that focus groups would be more effective at capturing the perspectives of multiple educational professionals in an actual public-school setting.

Purpose of the Study

The purpose of this qualitative study was to apply the CDC model of violence prevention framework to examine and identify the frequency of the individual, relational, community, and societal interventions used by public K-12 principals, school counselors/social workers, and regular and special education teachers. It also studied the procedures they used to provide students with access to programming at each of the CDC levels to reduce bullying victimization and perpetration among students with special needs across disability categories.

Research Questions

This study will be guided by the following research questions:

1. What individual, relational, community, and societal anti-bullying interventions do public K-12 principals, school counselors/social workers, and regular/special education teachers to reduce bullying victimization and perpetration of students with special needs?
2. How do individual, relational, community, and societal anti-bullying interventions that public K-12 principals, school counselors/social workers, and regular/special education teachers implement vary across disability categories?
3. What procedures do public K-12 principals, school counselors/social workers, and regular/special educators follow to provide students with access to individual,

- relational, community, and societal programming to reduce instances of victimization and perpetration of bullying involving students with special needs?
4. Which level(s) of the CDC model for violence prevention—namely individual, relational, community, and societal—have been used most frequently by K-12 principals, school counselors/social workers, and regular/special education teachers to reduce bullying victimization and perpetration of students with special needs?

Setting and Sampling Procedure

This section will explain how five Pennsylvania public school Districts were selected for inclusion into the study. It will provide the criteria for why they were selected and the relevant data that was used to make the determination. Finally, it will discuss participant selection and rationale for the inclusion of public K-12 school principals, counselors and/or social workers, as well as regular and special education teachers.

District Selection

As stated in the previous chapter, there are many factors related to why students may commit acts of bullying or violence against other students. The Center for Disease Control's violence prevention model states that in certain communities, violent behavior is an acceptable form of conflict resolution (Dahlberg & Krug, 2002). Additionally, within these communities, other societal norms can also have an impact on citizens and their response to violent behavior. In order to gain as much insight as possible from educational professionals about their experiences implementing anti-bullying interventions for special education students, it was important to identify the areas that violence is likely to occur and to gain a diverse sampling of professionals employed in more than one school District. Initially, the researcher attempted to locate urban areas identified by each county; however, the classification of school Districts is not

based on their location within a county but rather on an urban-centric system developed by the National Center for Education Statistics. School Districts are identified as city, suburb, town, or rural area based on their distance from an urbanized area (see Table 3). The locale codes described in Table 3 are represented by a two-digit code indicating where the school/District is located and what community they serve (Geverdt, 2015), and are divided into three subtypes based on population, size, and the distance to the urbanized area. The locale codes were determined based on the schools assigned to the LEA and on the school's location. If 50% or more of the students attend schools within the same locale type, that code is assigned to the It was vital that the potential Districts chosen for the study had a diverse sampling of special education students. This sample included not only the overall number of special education students, but also including many of the disability categories identified by the Pennsylvania Department of Education (PDE). Accessing this information in five different school Districts provided the researcher with a diverse sampling of special education students and educational professionals. Likewise, it was important for the researcher to identify school Districts in areas where violence in the form of bullying acts are more likely to occur and to provide a diverse sampling with participants from multiple communities.

Table 3

Classification of Pennsylvania School Districts by Population

Urban-centric locale	Description
City: Large	Territory inside an urbanized area and principal city with population of 250,000 or more.
City: Midsize	Territory inside an urbanized area and principal city with population of less than 250,000 and greater than or equal to 100,000.
City: Small	Territory inside an urbanized area and principal city with population of less than 100,000.
Suburb: Large	Territory outside a principal city and inside an urbanized area with population of 250,000 or more.
Suburb: Midsize	Territory outside a principal city and inside an urbanized area with population of less than 250,000 and greater than or equal to 100,000.
Suburb: Small	Territory outside a principal city and inside an urbanized area with population of less than 100,000
Town: Fringe	Territory inside an urbanized cluster that is less than or equal to 10 miles from an urbanized cluster.
Town: Distant	Territory inside an urbanized cluster that is more than 10 miles and less than or equal to 35 miles from an urbanized area.
Town: Remote	Territory inside an urbanized cluster that is more than 35 miles from an urbanized area.

Rural: Fringe	Census-defined rural territory that is less than or equal to 5 miles from an urbanized area, as well as rural territory that is less than or equal to 2.5 miles from an urbanized cluster.
Rural: Distant	Census-defined rural territory that is more than 5 miles but less than or equal to 25 miles from an urbanized area, as well as rural territory that is more than 2.5 miles but less than or equal to 10 miles from an urbanized cluster.
Rural: Remote	Census-defined rural territory that is more than 25 miles from an urbanized area and is also more than 10 miles from urbanized cluster.

Note. Adapted from NCES Common Core of Data, Local Education Agency Universe Survey: Version 1a 2007-08, National Center for Education Statistics, Institute of Education Sciences, U.S. Department of Education, retrieved from <http://www.education.pa.gov/data-and-statistics/pages/school-locale.aspx>

There were additional criteria for the public-school professionals included in this study.

They:

1. Must be located in Pennsylvania;
2. Must be from a mix of different locales in the state of Pennsylvania (city, suburb, town, and rural);
3. Must have or exceed the 2016-17 state average (16.5%) of special education students;
4. Must have at their schools a percentage of special education students equal to or greater than the overall District average.

Table 4 presents the pool of potential school Districts initially contacted for inclusion in used this study. The Table includes the 2016-17 school year percentage of special education students, schools in the District that are at or above the state and District average percentage of special

education students, and the percentage of special education students in each building. Schools selected in each District represented grade levels from K-12 provided that they meet the criteria of special education students. Alternate school Districts were identified as second and third choices if the first District did not grant site consent, or educational professionals chose not to participate. For example, District one had a high percentage of special education students including three schools that exceeded that level, while the alternate Districts both had a lower percentage of special education students District wide and fewer schools at or above the District and state average.

The school Districts chosen to participate in the study were not chosen based on whether they are following a formal anti-bullying program such as the OBPP (discussed in Chapter 2). A District's decision to purchase and implement a pre-packaged program depends largely on the District budget, vision/mission statement (whether or not it feels as though bullying is a significant problem in the District), and other factors that the researcher seeks to identify in this study. The focus of this study was on perceived effective District practices to prevent bullying violence and perpetration (rather than on one single intervention or strategy), and to determine if the interventions used are effective for special education students.

The next section describes the rationale for selecting K-12 public school employees to participate in the study. It will explain the criteria for possible inclusion in the study and the rationale for why they were chosen.

Table 4

Selection of School Districts in Pennsylvania

2007-08 Urban Centric Locale	Districts	Percentage of Special Education Population District Wide for 2016- 17 School year	Schools in District at or Above District Average for 2016-17 School Year
Suburb: Large	District 1	22.81%	Elementary School A 27.87% Elementary School B 23.57% Middle School A 26.42%
Suburb: Large	(Alternate)	20.76%	Intermediate A 28.52%
Rural: Fringe	(Second Alternate)	21.92%	Elementary School A 26.35% High School A 18.5% Middle School A 17.28%
Rural: Distant	District 2	17.74%	Elementary School A 24.57% Middle School A 20.55% Middle School B 16.69%
City: Small	(Alternate)	20.44%	Elementary School A 17.58% Elementary School A 22.19%
Suburb: Large	District 3	18.45%	Elementary School A 17.58% Elementary School B 22.19%
Suburb: Large	(Alternate)	16.56%	Elementary School A: 18.18% Elementary School B: 18.67% Elementary School C: 17.19%

Note. If Superintendents did not grant permission the alternate districts were contacted in the order listed. Additional districts were added as needed.

Participant Selection

A key component in the construction of focus groups is ensuring that the sample included is the most knowledgeable about the topic (Merriam, 2009). In considering this recommendation, the researcher decided the school principal, school counselors and/or social workers, and regular

and special education teachers in public school settings with a higher than state average number of special education students would have the most detailed experiences working with and understanding the subtle differences needed to resolve instances of bullying among special education students. These educational professionals have specific experiences related to working with the various exceptionalities of special education students and would therefore understand the similarities and differences encountered in each disability. The rationale for using a diverse sampling of administrators, school counselors or social workers, and teachers across more than one District and location is to accurately represent the perceptions of teaching professionals across grade levels and areas of expertise. The selected professionals possess knowledge of District and school demographics as well as programming implementation (anti-bullying programs, trainings that have been provided to the student body, etc.) and school board policies. As a result, it was determined that the sample for this study would include K-12 public school principals, social workers/school counselors, and regular and special education teachers. To be included in this study, the researcher determined that the professionals must meet the following criteria:

- The individual must have worked in the same position for at least three years. This would ensure the researcher that they possess the necessary background information and experiences necessary to provide valuable insights into the bullying phenomenon;
- The individual must have a valid Pennsylvania teaching certificate, meaning he or she is a qualified K-12 public school employee;
- The individual must be currently assigned to a District in one of the geographic areas that will be used for inclusion into the study;

The next section will describe how data was collected from public K-12 educational professionals in Districts selected for participation in the study and how the online focus group data was analyzed.

Data Collection

This section will review the historical use of focus groups for qualitative data collection. It will describe how current advancements in technology such as the internet, message boards, and blogs have changed how traditional focus groups have been used as a method of data collection. Next, it will provide the rationale for using online focus groups as a method for eliciting the perceptions of K-12 principals, school counselors and social workers, and special and regular education teachers on effective anti-bullying interventions for special education students. Finally, it will present the focus group structure used for the current study and outline the steps used to collect the data.

Traditional Focus Groups

The use of focus groups or group interviewing has been traced to the ancient Egyptians (Babbie, 1992). Focus groups became a prominent form of interviewing during the time period from 1920's through the 1950's (Fontana & Frey, 1993), when they were used to develop survey instruments, gain feedback from consumers about preferences, and promote particular products (Merriam, 2009). They were also used by political campaigns to gain feedback from voters on candidates, issues, and policies. Merton, Feske, and Kendall (1956) initially defined the use of the focus groups as a qualitative research method, known then as a "focused group interview."

Over the last twenty years, the use of traditional focus groups has come to be known as an organized format to gain insights around a particular topic of study, moderated by an individual to guide and record the individual and group insights (Stewart & Williams, 2005).

Krueger and Casey provide a more modern-day definition of focus groups (2015): “A focus group study is a carefully planned series of discussions designed to obtain perceptions on a defined area of interest in a permissive, non-threatening environment” (p. 20). While the specific definition of a traditional focus group may vary by individual researcher and the time period in which studies were conducted, in all contexts they are used for the purpose of acquiring descriptive and detailed data (Merriam, 2009) about participants perceptions.

Online Focus Groups

The advancement of technology (and specifically of the internet) has influenced many researchers to conduct focus groups online. The benefits of this approach include; lack of geographic barriers, lower cost, speed at which data could be collected and analyzed, and the change of behavior on the part of the focus group when the pressure of being interviewed does not impact their responses (McDaniel & Gates, 2002). Studies by Robson (1999) and Williams (2003) both represented initial exploration of the online synchronous and asynchronous focus group concept as a qualitative research method. While their studies focused mainly on research in health care, they were able to identify existing issues, such as how the researcher moderates online discussion among groups and how data is analyzed (Stewart & Williams, 2005).

Research studies in the fields of health care and medicine documented some of the benefits and potential drawbacks of the use of online focus groups (Stancanelli, 2010). A study conducted by Kenny (2005) concluded that participants were able to stay engaged in an online focus group discussion for a two-month period of time. As a result, it was reported that a rich amount of data was gathered. Im and Chee (2006) conducted a study in which they examined data collection online. Due to the convenience of asynchronous focus groups, (participants were able to respond without having to travel to an alternate site or location) it is reasonable to suggest

that more individuals may have chosen to take part in the discussion. They also found that more people were able to participate in the online focus group over multiple geographic areas, resulting in a greater depth of participant selection (Im & Chee 2006; Tates, Zwaanswijk, Otten, van Dulmen, Hoogerbrugge, Kamps, & Bensing, 2009).

The use of online focus groups for this particular study had several advantages. First, it allowed the researcher to infuse 21st century technology into the research methodology. In doing so, it eliminated the need to travel to a particular site and reduced the cost of the research. Another advantage is that the researcher was able to gather data from different school Districts across the state of Pennsylvania, providing a more diverse sampling of perspectives to thoroughly answer the research questions. Additionally, online focus group software provided transcripts of the discussion and participants responses within seconds of each question being answered. This made the data available earlier and reduced the field time for the researcher (McDaniel & Gates, 2002). It also provided a more comfortable forum for disagreements and questioning among professionals.

Site Approval and Data Collection Procedures

This section will describe the process that the researcher used to select school Districts to participate in the study. It will also describe in detail the procedures that were used during formal data collection.

Site Approval Process

In order to obtain site approval from the selected school Districts, the researcher contacted the Superintendents and discussed the demographics of their District, the positive impact of how the results of the study could be used to improve anti-bullying programming for all students receiving special services in their District. Next, the researcher requested permission

to contact educational professionals to participate in the study. Before IRB approval, the researcher sent the Superintendents an email requesting site approval after initial phone conversation (see Appendix A), the Participant Informed Consent Form (see Appendix B), and Online Focus Group Protocols (see Appendices F, G). If the Superintendent was unwilling to include his/her District in the research study or did not respond to phone calls or emails, the researcher contacted the next District that met the selection criteria (see Table 3). The researcher contacted 20 school Districts to participate in the study. Site approval and participation from educational professionals was secured from five of the Districts contacted.

Data Collection Procedures

After IRB approval was granted, the researcher contacted the selected educational professionals based on a review of the District's public website or recommendation from the Superintendent. Based on the research that bullying behavior peaks in the middle school years (grades 6-8) (Swearer, Espelage, Vaillancourt, & Hymel, 2010), the researcher first contacted middle school staff members, and then elementary (K-6) and high school (9-12) staff members. Throughout this process the researcher attempted to maintain a mixture of grade levels (K-12) while first attempting to include middle school educational professionals. The researcher emailed the potential online focus group participants—beginning with ten educational professionals from each District—and encouraged them to take part in the study (see Appendix C). When participants respond to the researcher's email indicating they would participate, the following information was sent: a confirmation email to the online focus group participant (see Appendix D); the Voluntary Consent Form (see Appendix E), which was also posted on the focus group site; participant focus group protocols (see Appendices F, G); directions for the focus group (see Appendix H) and the schedule of when the online focus groups were scheduled to begin (see

Appendix I). While the schedule was sent to all participants, the researcher maintained a flexibility according to the best day/time for each group of participants. The researcher attempted to have the District's educational professionals participate in their District's online focus group, however, when low participation numbers from Districts B, C and D were obtained, all three Districts were combined into one online focus group.

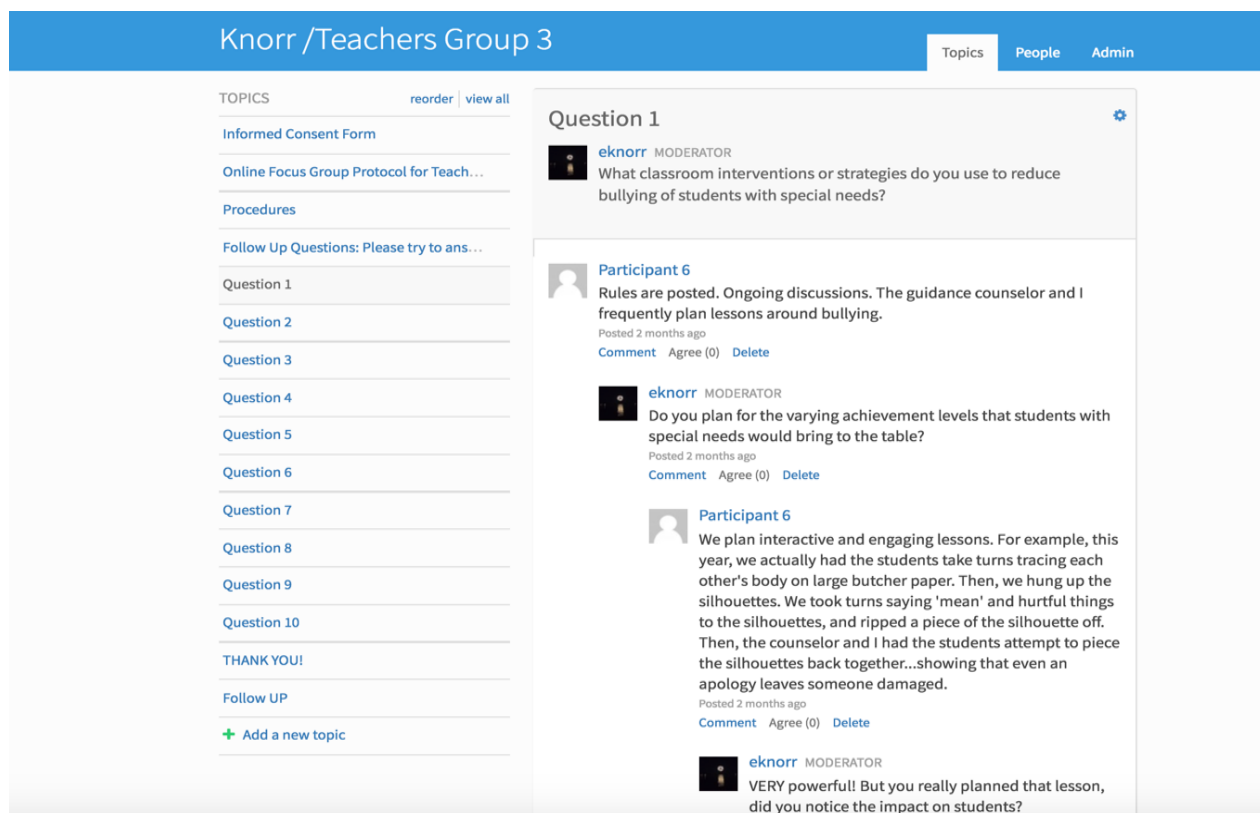


Figure 9. Screen shot of participants responses to questions posted on focus group message board.

Figure nine illustrates how the online asynchronous focus group was presented to focus group participants. The responses included the option for the participants to comment on each posting and to agree or disagree with the posting. The moderator (the researcher) had the option of deleting the posting. The responses to the questions were time stamped to indicate when the participants responded. The researcher (moderator) listed each focus group question as the main topic of the focus group on the right-hand side. Follow up questions posted by the moderator

were below the participant responses. The moderator was able to adjust the settings to encourage interaction between participants, including adding additional prompts (to answer follow up questions) and let them know about the time remaining. For example, the moderator adjusted the settings to enable participants to view the responses of other individuals before they post their response to the question. The researcher used follow up questions to respond to the comments and agreements of the participants to probe for clarity and deeper information.

Instrumentation

Patton (2002) and Krueger (2002) are leading researchers in the use of traditional focus groups. Patton offered suggestions on the types of questions that should be asked in a focus group. He recommends that the moderator of the focus group asks (a) Experience and behavior questions, (b) Opinion and values questions, (c) Feeling questions, (d) Knowledge questions, (e) Sensory questions, and (f) Background/demographic questions. Krueger suggests that the key to conducting an effective focus group is to ask different types of questions that will generate powerful information about the topic (Krueger, 2014). He recommended that researchers use open-ended questions, avoid dichotomous questions, avoid asking ‘why’ questions, use “think back” and clearly focused questions that get participants involved.

Based on the recommendations of Patton (2002) and Krueger (2002), the focus group protocol elicited data related to the level(s) of the Center for Disease Control’s model of violence prevention (see Appendices C 3 & C 4). As described in Chapter 2, the model is based on a Socio-Ecological framework of violence prevention used to understand the factors that precipitate the occurrence of violence. The model identifies Individual, Relationship, Community and Societal factors. This enabled the researcher to elicit data for each area of the model (and causes of violence) while further dissecting needed interventions at each level to

reduce bullying behavior. During initial development of the online focus group questions, the researcher ensured that the question type is supported by Patton's recommendations for effective focus group questioning, and that questions referred to each level of the CDC model for violence prevention. The researcher also categorized the questions based on which professional(s) are most knowledgeable concerning the particular question. These are both represented in Table 5 and explained in greater detail in the validation process section of this chapter.

Validation Process

This section describes the validation processes for the online focus group software and the questions that were asked during the asynchronous focus group session. The validation processes occurred prior to the researcher receiving IRB approval; for them, the researcher used educational professionals that the researcher knows professionally, who were not included in the study. Once both validation processes were conducted, the researcher made recommended changes in each area, described in detail below.

Validation of Online Protocol

The main goals of the online validation process were to determine the ease of use of the focus group software for the participants and moderator, as well as the technological skills that it required. This process enabled the researcher to validate the online instrument for the criteria that would apply to the moderator, such as ease of posting the questions, monitoring the discussion, asking follow up questions, and using the final transcript for data analysis.

To begin with the validation, the researcher tested the selected focus group online software (www.focusgroupit.com) by creating a sample online focus group for one regular education teacher, one special education teacher and two elementary school principals. He logged into the focus group software site, created a new group, and invited the validation group

to answer one question related to anti-bullying interventions. In order to post topics to the message board for the focus group, the following steps were used:

1. Click on the 'Add new topic' link on the left side of the screen.
2. Add the type of topic, selecting from discussion or single and/or multiple-choice poll.
3. Add a title to the topic. The researcher determined that each title will be the phase of questioning listed on the participant protocol.
4. Add the questions for that phase into the content box.
5. Under the 'View topic options' portion, the researcher has the ability to not require a reply to the topic, to not allow the participants to see others' replies until after they reply, to never allow the participants to see each other's responses to the topic, to notify all participants by email when the topic is posted, and to set the topic to publish at a future date. Additionally, the moderator (the researcher) has the option to attach a file to the topic and to enable video questions, video replies and video uploads if the account is upgraded (at an additional cost to the researcher).
6. Click on the create topic button at the bottom of the page.

The educational professionals did not report difficulties in responding to the questions posted, nor did they feel they lacked technological skills necessary for participation. However, the validation process shed light on additional decisions the researcher needed to make regarding the use of this particular software. These included the options listed in step five after creating the topic, and particularly the question of whether it would be beneficial for the researcher to post content using the video options.

It was determined that the researcher would not require a reply to the topics posted; instead participants were able to see other responses from colleagues because this prompted

responses to responses to the protocol questions, thus creating a richer discussion. Notifying participants after a topic is posted would also increase participant engagement. The researcher upgraded the account to include additional services for the online focus group including the ability to download a copy of the transcripts. The next phase of the validation process concerned the questions that will be asked using the online software. ability to download a copy of the transcripts.

Validation of Focus Group Questions

The researcher asked three special education teachers, two school counselors, and one elementary school principal to evaluate the questions being asked of the focus group in order to determine their applicability to the topic, sensitivity to particular individuals, and relevance. Each individual was sent an email with instructions on how to save the file and email it back to the researcher. When feedback was received the researcher categorized the comments based on the frequency and similarity of the comments. It was determined that the feedback given by the group of professionals could be grouped into four areas: question wording, content, order and relevance.

Table 5

Feedback on Focus Group Protocol

K-12 Professional	Comment by K-12 Professional
Special Education Teacher 1	Question 2: Wording (“Does it vary depending on disability category?”) Question 8: Order “Put next to 22 similar” Question 12: Eliminate Question 13: Wording Question 15: Wording Question 19: Eliminate (repeat question) Question 23: Eliminate (similar to another question)
Special Education Teacher 2	Question 3: Content (“Would this refer to an anti-bullying program too?”) Question 6: Content (“Is this still related to intervention?”) Question 12: Wording Question 17: Wording (business or businesses) Question 18: Wording (take into account or takes into account) Question 23: Relevance (same question asked earlier)
Special Education Teacher 3	Question 2: Content (define perpetration) Question 2: Content (follow up question, lists the disability categories) Question 8: Content (if applicable due to age) Question 13: Wording
School Counselor 1 and 2	All questions: Changed wording from guidance counselor to “school” counselor Question 15: Wording Comment: Add a question that deals with administrative support such as “Do you feel your administrator is supportive?” or “Does your faculty/administration support the anti-bullying initiative?”
Principal	Question 1: Content Question 2: Content in follow up Question 4: Wording Question 15: Wording Question 23: Wording

The feedback on the online focus group protocol is displayed in Table 5, along with the action taken by the researcher to correct or modify the question. It should be noted that the following changes were made based on the feedback from the group as a whole. First, only core questions were listed on the participant protocols; separate protocols were provided for principals, school counselors and social workers and regular and special education teachers (see Appendices F, G). Potential follow up questions are noted on the researcher protocol and both phases of questioning are noted along with the corresponding day of data collection (see Appendix J). Next, careful consideration was made to eliminate or reword questions that were too similar.

Once the researcher was able to review the feedback and categorize the comments from the professionals, questions that received feedback that fit into more than one category (such as questions 2, 12, 13, 15) were revised, removed, or replaced. Question 2 was reworded and a third follow up question was added to gain further insight into the interventions for each disability category. Question 12 was eliminated because it was too similar to another question, while Question 13 was adjusted to first ask if all students received mental health services, with follow up questions added about special education students and their eligibility for these services. Question 15 was reworded so participants would be able to understand the question. The questions that both school counselors recommended to be added could be asked as follow up questions under phase 2 core question 12, which deals with the investigative process the school undertakes to determine if bullying has occurred. Finally, two questions were added in phase 4 (22, 23) to elicit information from focus group participants on their overall views of the CDC model for violence prevention and what interventions are needed at each specific level, thereby gathering more detailed data to answer research question four. In all the feedback given, neither applicability to the topic nor sensitivity to particular individuals was noted.

As displayed in Table 6, the researcher aligned the research question, focus group questions, CDC level (individual, relational, community and societal), and type of question related to Patton’s (2002) recommendations.

Table 6

Alignment of Focus Group Questions With Research Questions

Research Question	Focus Group Question	Professional	CDC Level (Dahlberg & Krug, 2002)	Question Types (Patton, 2002)
What individual, relational, community and societal anti-bullying interventions do public K-12 Principals, school counselors/social workers, and special educators use to reduce bullying victimization and perpetration among special education students?	Describe your District’s anti-bullying policy.		Individual	Knowledge
	Does your school have an anti-bullying program? If so, which one?	Principal, social worker, school counselor	Individual	Knowledge, Background, Experience
	What anti-bullying interventions are available for teachers to use in the classroom?		Individual	Knowledge
	What classroom interventions or strategies do you use to reduce bullying of students with special needs?	Regular and special education teachers		
	Are there education and family support programs offered to families experiencing separation or divorce?	Principal, social worker, school counselor	Relationship	Knowledge
	Does your school District incorporate anti-bullying topics and/or themes into the curriculum K-12?	Principal, social worker, school counselor	Individual	Knowledge

	Do you know of any laws that have been passed to encourage tax incentives to businesses within your District to provide academic resources related to bullying?	Principal, social worker, school counselor	Societal, Community	Knowledge, Background
	How have your local elected officials (mayor, council) addressed the increasing occurrence of violence in the community?	Principal, social worker, school counselor	Societal, Community	
	Is using violence as a method to resolve conflict an acceptable social norm within your community?	All	Societal, Community	Knowledge, Background
	Discuss the interventions that are implemented to reduce cyberbullying of students with special needs.	Principal, social worker, school counselor	Individual	Knowledge
How do individual, relational, community, and societal anti-bullying interventions that K-12 principals, school counselors/social workers, and special educators implement vary across disability categories?	How do classroom interventions vary based on the student's disability category?	Regular and special education teachers	Individual	Knowledge, Experience
	How do classroom interventions vary based on the students' disability category?		Individual	Knowledge, Experience
	Explain the resources that are available for students with special needs who are perpetrators of bullying.	All	Individual	Knowledge, Experience, Background
	Is this different based on the student's disability?			
	Is there a group of citizens in your local community that is responsible for making physical improvements to various locations within the neighborhoods?	Regular and special education teachers	Societal, Community	Knowledge

	Is there a safe recreational area within the community where residents can interact?	Principal, social worker, school counselor	Societal, Community	Knowledge, Background
What procedures do principals, school counselors/social workers and special educators follow to provide students with access to individual, relational, community, and societal programming to reduce instances of victimization and perpetration of bullying involving special education students?	Describe the process that would help integrate a new student with special needs into the District.	Principal, social worker, school counselor	Individual	Background
	Describe the process for integrating a new student with special needs into your classroom.	Regular and special education teachers	Individual	Knowledge, Experience, Background
	Describe the investigative process that you undertake to determine if bullying occurred. Is your process for implementing an intervention similar or different for each student depending on disability category?	Principal, social worker, school counselor	Individual	Knowledge, Experience
	How do you engage parents of children with special needs in the topic of bullying prevention?		Individual	Knowledge, Experience, Background
Which level(s) of the CDC model for violence prevention—individual, relational, community, societal—have been	Look at the image below. Are you familiar with the Center for Disease Control’s Violence Prevention Model? Which levels do you think need the most intensive interventions for all students? What about students with special needs?	All	Individual, Relational, Community, Societal	Knowledge, Background, Experience

used most frequently by K-12 principals, school counselors/social workers, and special education teachers to reduce bullying victimization and perpetration?	At which levels of the SEM Model does your District provide the most interventions for students with special needs? Why do you think?	All	Individual, Relational Community, Societal	Knowledge, Background, Experience
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Each focus group question was aligned with the corresponding research question to ensure that sufficient data is collected to answer each research question. The researcher will moderate the discussion between the focus group participants, which will allow for an evaluation of the responses related to the research questions and will help determine whether the researcher should ask additional questions to probe for further data.

The next section of this chapter will explain the data collection and analysis procedures using a two-phase typological and interpretative analytic approach.

Data Analysis Procedures

The researcher analyzed the data using a two-step process, which will be detailed in the following sections. In the first step of this process, the researcher collected data from focus group participants online. During this phase, the researcher posted the main questions on the online focus group, read the participants' responses, facilitated the discussion of questions, and determined appropriate follow up questions. In the second phase, the researcher began data analysis, using the researcher protocol as a guide (see Appendix J).

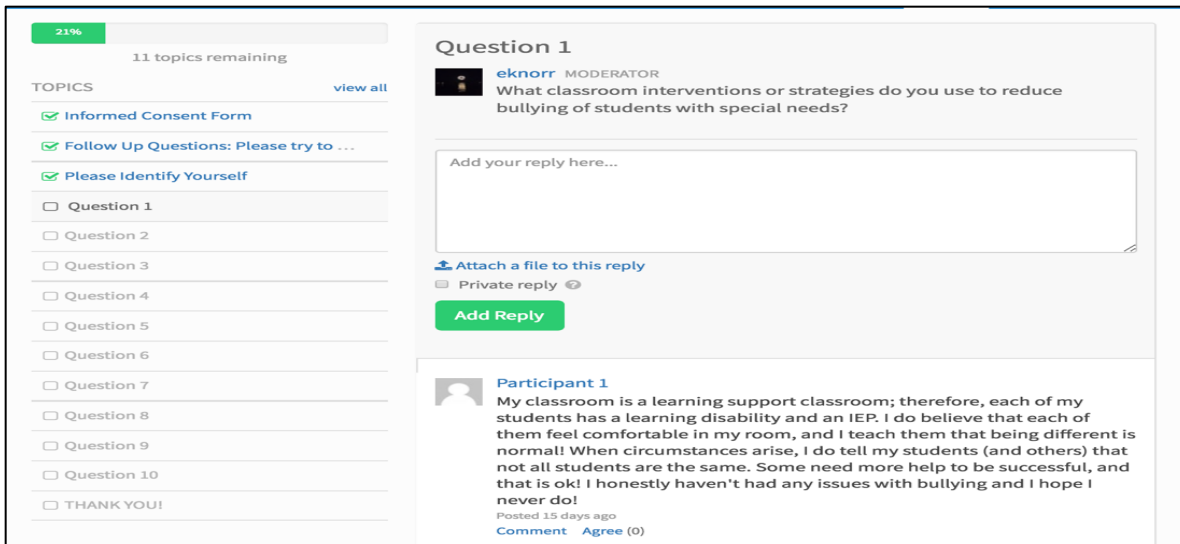


Figure 10. A screenshot of the interactive format viewed by participants.

Phase One: Preliminary Data Analysis

During this phase, the researcher read the responses of the participants and decided which follow up questions should be asked. This continued as the focus group questions were posted and participants responded (see Figure 10). During the first phase of preliminary data analysis, the participants responded to the questions and had the option to add a file to support their replies. The responses of each participant in the online focus group were monitored closely to determine the frequency, length, and content of their answers. This enabled the researcher to probe by asking follow-up questions to participants based on responses from the core questions and an answer to follow up questions that were developed. The participant's responses to each focus group question were automatically saved once submitted (see Figure 11). The responses to each of the questions was filed in the site under their corresponding focus group and participant

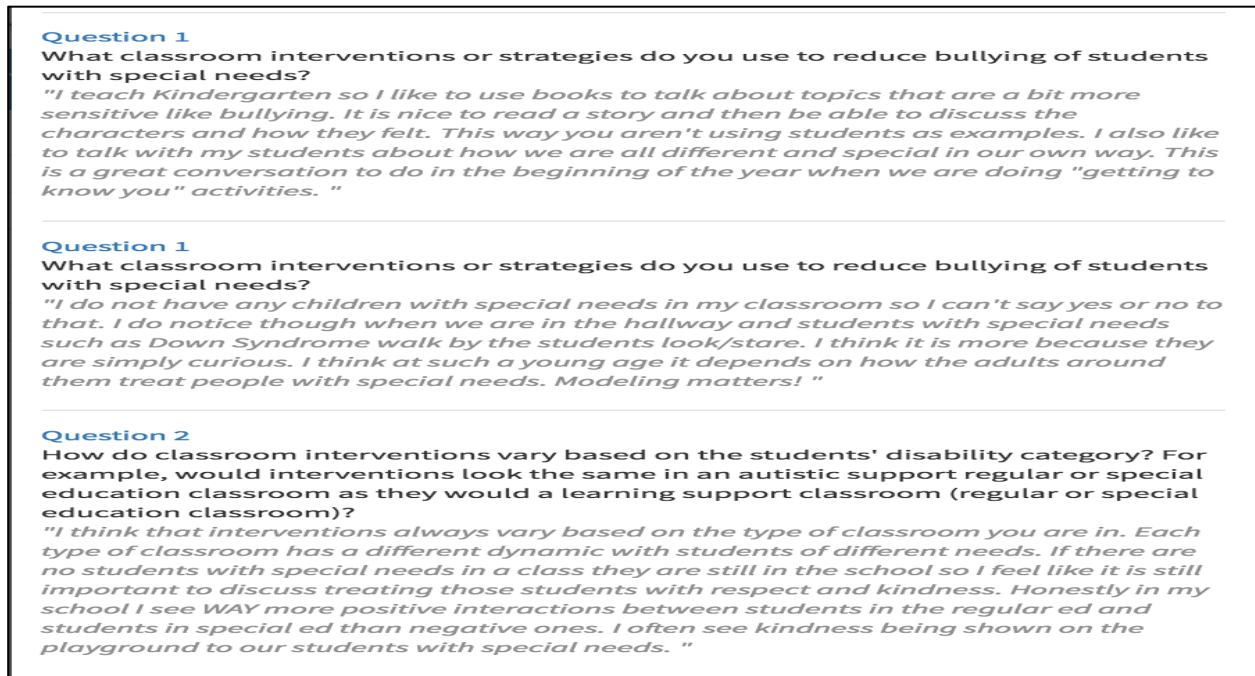


Figure 11. Screen shot of online focus group transcripts.

pseudonym. The responses of the focus group were monitored closely to determine respondents' grade level, the frequency of their responses, and the number of original responses.

Additionally, participant responses were monitored by research question. The focus group participants had a seven-day window of time to verify their posts and make necessary changes to their responses, which provided a rich and convincing set of findings (Hatch, 2002).

Phase Two: Analysis After Data Collection

Phase two of data collection started after the online focus group questions were answered, discussion transpired between participants, and the window for participants to verify their responses ended.

The researcher followed Hatch's (2002) recommendation of following a series of sequential steps during analysis. These steps began when the transcripts were read thoroughly and observational memos and notes were created relating to regularities, links and integrating concepts that symbolized the perceptions of the educational professionals (see Step 1, Figure 13).

This enabled the researcher to determine if follow-up with the participant(s) were needed to clarify responses. Next, the researcher downloaded the participant transcripts (see Step 1, Figure 13) and uploaded them into the Nvivo software. Each meaning data segment was assigned a code and was referred to as a “meaning unit”. The responses by the participants were coded into meaning units, or the number of times an idea was discussed by participants, by identifying frequent word repetitions, concepts, and ideas related to each research question. Next, the open coding process with the raw online focus group data began for all transcripts. The participant responses were aligned to match the corresponding focus group question. Each data segment that was assigned question and a data-driven codebook (see Appendix F) for each of the research questions was created. Throughout this process, the researcher asked two other individuals to review the selected text to determine if they agreed with the code that was chosen for the responses.

Next, the codes were grouped into categories and linked with the predetermined typologies based on the levels of the CDC’s Ecological Framework of Violence Prevention (see step 5, Figure 13) related to the interventions reported by public K-12 principals, school counselors/social workers and regular and special education teachers were coded and categorized into themes based on the answers to the principal, school counselor/social worker and teacher protocols. Each piece of data segment was assigned a code that was referred to as a “meaning unit”. Those levels were then linked to determine potential answers to the research questions (see figure 13). Even though typologies often refer to people, they can also be used to describe phenomena, and can be identified in advance of data collection (Ritchie, Spencer, and O’Connor, 2003). The steps of this process included reading the data with one typology in mind, noting where that specific typology is discovered (Hatch, 2002), recording each of the entries by

typology, and recording the main idea. While completing step 2, the researcher sought to find an answer to an important question: “Does this information relate to the typology?” This allowed large amounts of research to be condensed into a more narrowly defined set of themes (step 4). When coding the data, the researcher used different colors to code each focus group transcript representing the Districts and position to assist with analysis of the participant responses. In this study, the typologies were based on the levels of the CDC’s Ecological Framework of Violence Prevention (Individual, Relationship, Community, Societal) and Bronfenbrenner’s Socio-Ecological Model.

In step six of this process, the researcher determined if the patterns identified in the previous step were supported by the data (Hatch, 2002). For example, within the data that was coded in step four, the researcher ensured that the thoughts presented were not different from what is identified. In the final steps of the process, the researcher looked for relationships in the patterns identified, wrote them as one sentence generalizations, and selected data that supported the generalizations. As the recommended steps of typological analysis were being followed, the researcher incorporated the procedures for interpretive analysis into the study. Hatch (2002) refers to interpretative analysis as “making inferences, developing insights, attaching significance, refining understandings, drawing conclusions, and extrapolating lessons” (p. 180). In order for the researcher to elicit effective anti-bullying interventions for special education students it was important that the experiences of professionals were interpreted correctly and supported by data. The interpretation of a social phenomenon such as bullying, since it involves students and adults with similar and diverse backgrounds, required a comprehensive process described by Hatch (2002, p. 181):

1. Carefully read the data.
2. Review and record all previously documented impressions in memo form.
3. Review data and record ideas in memos.
4. Review memos and identify most important interpretations to research questions.
5. Review data and note where interpretations are verified or unverified.
6. Write a summary of all the information together.
7. Include a member check to review interpretations with participants.
8. Revise summary and identify interpretations that are supported.

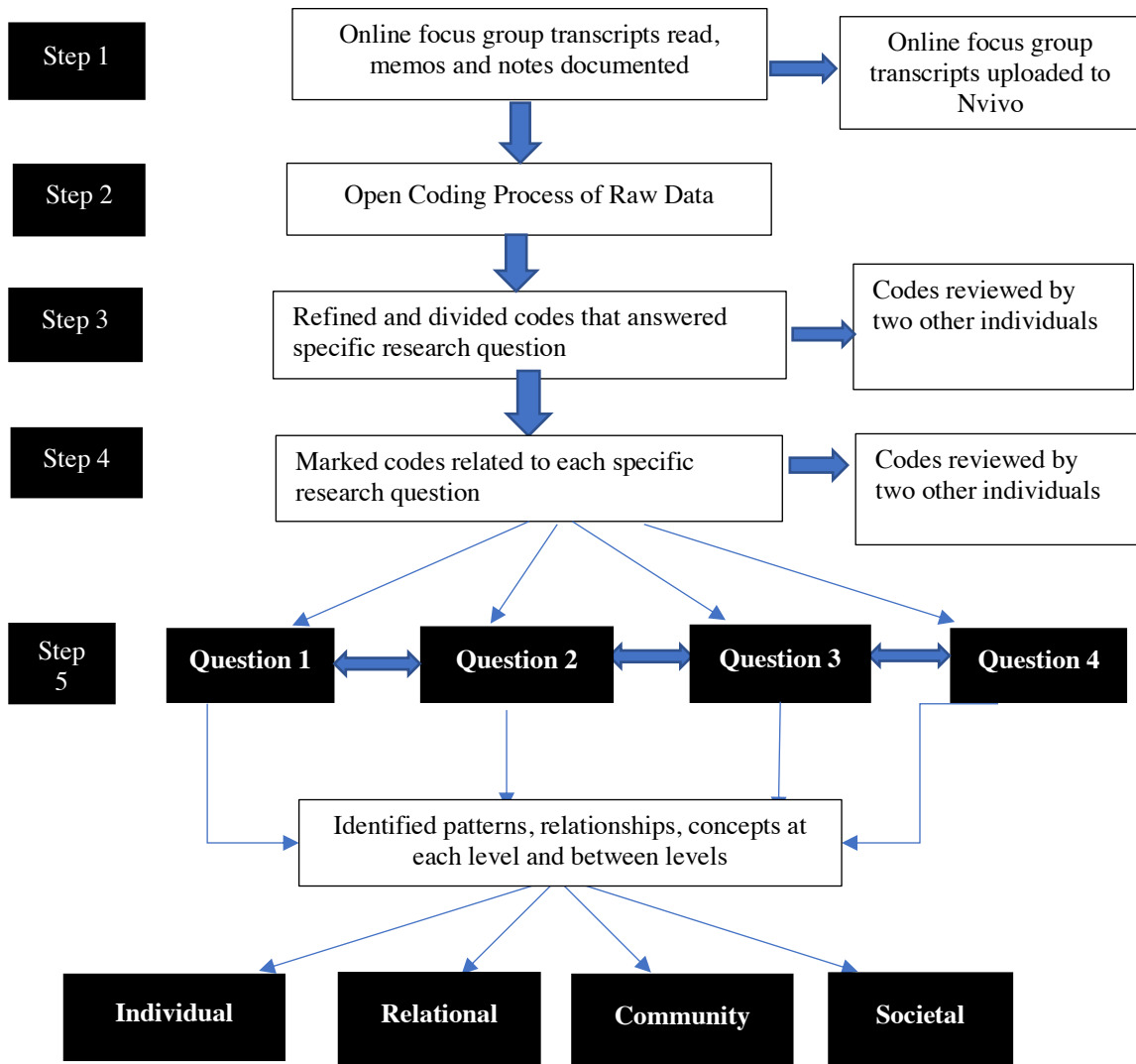


Figure 12. Data analysis process for online focus groups.

The next section will explain how the researcher will ensure the quality of the data that was collected.

Data Quality

Since qualitative data is inherently subject to researcher bias, various methods were used during this study to minimize bias. To ensure data validity for this study, the researcher engaged in self-reflection of thoughts, ideas and assumptions throughout the data collection (LeCompte & Preissle, 1993). Memos were used when the first set of questions asked in the online focus group

and will continue through the second week when the online focus group participants had the opportunity to re-examine their responses. The memos were organized by online focus group question and then by research question as analysis continued. This enabled the researcher to keep track of thoughts or concepts that developed throughout the course of the research, and ultimately assisted the researcher in supporting the final recommendations. Additionally, these processes will also assist the researcher by reducing potential bias or judgment that may exist (Katz, 1987).

The transparent nature of online asynchronous focus groups made respondent validation, or member checks, an effective strategy to ensure correct interpretation of data. Participants were able to provide feedback regarding the researcher's encapsulated collection of their perspectives and suggest modifications to ensure an accurate depiction of their responses (Merriam, 2009). This occurred on an ongoing basis through the participant comments ideas throughout the process of responding to questions and participating in discussions. Using this method to confirm credibility in qualitative research is the only way to eliminate the possibility of misrepresenting the themes and categories that exist in the collection of the data (Maxwell, 2005).

When the focus groups culminated, the researcher used Intercoder Reliability, or ICR, to enhance trustworthiness of the data. Another person, not included in this study, reviewed the focus group transcripts and assessed how the assigned codes matched the text segments (Kuraski, 2000). The individual that reviewed the focus group transcripts were given a copy of the CDC levels of violence prevention, along with the coding rules established prior to data analysis. For example, specific phrases and vocabulary related to each research question will be identified and aligned at each level of the CDC model, which will increase the accuracy of proper coding between the two different researchers. The researcher will then use a consolidated the original

version of codes to code the entire data set. Finally, the researcher provided rich descriptions of the themes that will be identified in the study to determine the transferability of data to different applications and within different contexts (Lincoln & Guba, 1985).

Summary

This chapter describes how asynchronous online focus groups were created to elicit data from public K-12 principals, school counselors/social workers, and regular and special education teachers from public school Districts in Pennsylvania. Data collection for this study used asynchronous online focus groups over the course of two weeks. Questions were developed based on the recommendations of leading qualitative researchers and aligned with the Center for Disease Control's Violence Prevention Model and Bronfenbrenner's Socio-Ecological Model. The researcher used typological-interpretive two-phase approach, beginning with manual coding during the focus groups and continuing with Nvivo software in the second phase. The online focus group participants had access to all the responses of the focus group participants and will be given an additional week to go back and expand, modify, clarify, and/or contradict statements that were made. These procedures—in conjunction with memoing, diagramming, member checks, and identifying specific coding rules—will enhance the validity and trustworthiness of the study while reducing potential bias or judgement which may exist. Chapter 4 presents an analysis of data organized by District and research question. In Chapter 4, the researcher will cite evidence supporting each of the codes related to the research and online focus group questions. The responses between public K-12 principals, guidance counselors, and regular and special education teachers will be presented noting similarities, differences and concepts between principals and teachers, elementary (K-6) and secondary (7-12) teachers, and professionals across Districts.

CHAPTER FOUR

ANALYSIS OF DATA

Bullying victimization impacts the cognitive, emotional and psychological well-being of each individual involved (Beran, 2005). Bullying among school aged children is a long-standing problem that severely impacts the educational environment for all students (Baldry & Farrington, 2004). Students with disabilities have a greater likelihood of being victims of bullying than their regular education classmates (Pivik, McComas, & LaFlamme, 2002). In order to stop bullying, school districts have implemented various approaches including anti-bullying programs and School Wide Positive Behavior Intervention Programs. It is vital that school districts modify and adapt these interventions to meet the needs of students receiving special services. As a result, it is challenging to determine the components of interventions that are effective and consider the unique needs represented within K-12 public schools (Gini, 2004). This chapter begins with a synopsis of the school districts where online focus group educational professionals were employed. It presents geographic size, student groups including ethnic, and demographic information, and student enrollment calculations. It presents the financial and staffing information, and a summary of each district's special education population by disability category. Next, it describes the composition of the three online focus groups that were conducted. Finally, it presents an analysis of the data collected organized by research question.

Research Design

The purpose of this qualitative study was to identify the individual, relational, community and societal interventions implemented by Pennsylvania public school K-12 principals, school counselors/social workers and regular and special education teachers through the use of online focus groups. This study identified the procedures that Pennsylvania public K-12 principals,

school counselors/social workers and regular and special education teachers used to implement the interventions and explore the limitations of the interventions used by K-12 principals, school counselors/social workers, and special education teachers in each of the levels described in the CDC model of violence prevention (individual, relational, community, and societal).

Synopsis of School Districts

In order to properly analyze the findings of this study, it is necessary to identify the distinct characteristics that may have had an impact on the responses of educational professionals. This section will present an overview of the geographic sizes and location of each district, demographic enrollment of student groups, and financial information of each district. It describes the geographic size, total student population, urban centric locale code, ethnicities and student groups encompassing the student populations. The 2015-16 budget and the number of total staff is presented. The data for this section was obtained through the a publicly available website. Finally, the special education populations of each district will be described.

Geographic Size

As evident from Table 7, the sample included districts of varying geographic size and location. The geographic size of the five participating districts ranged from 4.6 (District B) to over 106 (District C) square miles (see Table 7).

Table 7

Geographic Size and Population Classification for Participating Districts

	District A	District B	District C	District D	District E	Average
Geographic Size	15 sq. mi.	4.6 sq. mi.	106.57 sq. mi.	18.62 sq. mi.	98.75 sq. mi.	36.12 sq. mi.
Population Description	Suburb: Large	Not Assigned	Suburb: Large	Town: Fringe	Rural: Distant	N/A

The mean geographic size of the districts was 36.12 square miles. Three of the districts that participated were below the average size of all five Districts (A, B, D). The location of the districts ranged from large suburbs to distant rural areas (see Table 7). Two out of the five districts are located in a large suburb while District D is located on the fringe of a town and District E is located in a distant rural area. District B was not assigned an urban locale code for 2007-08 because the district was reconfigured that year.

Student Groups

The student groups in participating districts was as diverse as their geographic sizes. The average percentage of economically disadvantaged students from the districts was just over 60% and ranged from 41.49% to 99.81%. District B served the highest percentage of economically disadvantaged students (99.81%) followed by E (55.07%) and A (54.71%) (see Table 8). The other two districts served a similar population, District C, (44.68%) and District D, (41.49%).

Table 8

Student Groups and Gender Percentages of Participating Districts

Group	District A	District B	District C	District D	District E	Average
Economically Disadvantaged	54.71%	99.81%	44.68%	41.49%	55.07%	60.17%
English Language Learners (ELL)	0.35%	0.09%	0	0.41%	0	0.2125%
Special Education	17.42%	19.93%	16.65%	18.26%	20.4%	18.065%
Gifted Students	3.84%	1.02%	5.18%	4.29%	8.34%	3.58%
Female	49.54%	49.12%	50.1%	48.69%	47.50%	49.36%
Male	50.46%	50.88%	49.9%	51.31%	52.5%	50.64%

The percentage of English Language Learners (ELL) served by each school was very small when compared with other groups, ranging was from .35% to 0% across the five districts (see Table 8). District E served the highest number of special education students (20.4%) while District C (16.65%) was slightly above the state average. Districts A and C were the only two out of the five that had a lower percentage of special education students than the average of the four districts (18.065%). The percentage of gifted students ranged from over one percent to five percent of the district's population. Districts A (50.46% to 40.54%), B (50.88% to 49.12%), D (51.31% to 48.69%), and E (52.50% to 47.50%) served a higher number of male students than female students (see Table 8).

Student Enrollment and Ethnicities

The student enrollment and ethnicities varied among the districts. Table 9 shows that the total student enrollment ranged from 723 (District D) to 2,842 (District A). While District A is not the largest school district geographically, the enrollment was the greatest among the five districts included in the study. District B educated more Black or African American students (72.29%) than Districts A (24.81%) C (1.06%), D (3.18%) and E (0%), while Districts E (98.33%), C (96.17%) and D (94.88%) educated more Caucasian students. Multi-racial is the next most represented ethnicity among the districts, with Districts A (8.59%) and B (7.97%) reporting enrollment within less than a percent of each other. District A was the only district across the five that educated each of the ethnicities (see Table 9), while District D educated all groups of students except American Indian. Districts B and C educated all ethnicities excluding American Indian and Native Hawaiian. District E was the least diverse out of the five Districts with their population encompassing Hispanic (1.16%), Multi-Racial (0.39%), White (98.33%)

and Native Hawaiian or Pacific Islander (0.13%) The other reported ethnicities from the five districts were below two percent.

Table 9

Student Enrollment and Ethnicities of Participating Districts

	District A	District B	District C	District D	District E	Average
Total Student Enrollment	2,842	1,079	2,066	723	779	1,677.5
American Indian/Alaskan Native (not Hispanic)	0.04%	--	--	.14%	--	0.045%
Black or African American	24.81%	72.29%	1.06%	3.18%	--	25.33%
Hispanic (any race)	1.69%	1.67%	0.73%	.97%	1.16%	1.3%
Multi-Racial (not Hispanic)	8.59%	7.97%	1.11%	.28%	0.39%	4.49%
White (not Hispanic)	64.36%	17.89%	96.71%	94.88%	98.33%	68.46%
Native Hawaiian or other Pacific Islander (not Hispanic)	0.04%	--	--	--	0.13%	.04%
Asian (not Hispanic)	0.49%	.19%	.39%	.55%	--	1.62%

Financial and Staffing Information

Pennsylvania schools receive their funding from three sources: locally raised and distributed funds (in the form of property taxes), and the state and federal government. Unlike many states, Pennsylvania’s revenue comes primarily from local sources rather than state and/or federal levels. One of the many challenges of funding K-12 public education in the state of Pennsylvania is the minimal contribution from the state level.

This lack of funding from the state and federal levels may have contributed to the variability among expenditures across the districts in this study. Table 10 displays the range of school districts budgets from about 76MM (District A) to over 12MM (District D). The average budgetary expenditures among the districts was \$37.23 million. Districts A (75.9MM) and C (39.4MM) had the highest budget and maintained the highest amount of instructional staff (District A, 183.9, District C, 133). Comparatively, Districts B (21MM), E (13.02MM) and D (12.6MM) were all below the total average of the five participating Districts. District D had the lowest budget of the five participating districts, and the lowest number of teaching staff (see Table 11) followed by Districts C (second), B and E.

Table 10

2015-16 Budget and Staffing for Participating Districts

Budget/Staff	District A	District B	District C	District D	District E	Average
Total Budget 15-16	\$75.9MM	\$21MM	\$39.4M M	\$12.6M M	\$13.02M M	\$37.23MM
Total Number of Students	2,842	1,079	2,066	723	779	1,677.5
Total Teaching Staff (2015-16 SY)	183.9	86	133	55	66.64	114.46
Total Administrative Staff (Principals)	9	4	4.5	.50	3	4.5
Total Guidance Counselors	6.5	3	7	2	2	4.5

Table 11 shows that while District A, had the largest budget (75.9MM) it had fewer students with special needs than Districts B (19.93%), D (18.26%) and E (20.4%). Districts B (21MM), E (13.02MM), and D (12.6MM) ranking third, fourth and fifth in terms of spending,

were the opposite when examining their percentage of special education students with District E (20.4%), B (19.93%) and D (18.26%) ranking first, second and third out of the five districts.

Table 11

District Spending Compared to Overall Special Education Population

Budget/Staff	District A	District B	District C	District D	District E	Average
Total Budget 15-16	\$75.9MM	\$21MM	\$39.4MM	\$12.6MM	\$13.02MM	\$37.23MM
Special Education Percentage	17.42%	19.93%	16.65%	18.26%	20.4%	18.065%

Special Education Data

The appropriations that school districts in Pennsylvania receive from the state are determined based on the percentage of student exceptionalities within each of the categories. The disability categories that required the district to provide more services and support to groups of students would equal a greater funding amount disbursed to the district. As a result, districts are required to submit special education data by disability category throughout the school year.

Table 12 shows the average total percentage of all the districts on December 1, 2016, and was obtained from the 2016-17 Penn Data reports. The average total percentage of all of the districts was 18.74% which is above the state average for the 2016-17 school year. All of the districts that participated were at or above the state average, however some were closer to the average (see Table 12). Districts A and D were closest, while District B contained the highest percentage of special education students when comparing all five. When reviewing the specific percentages according to disability, districts did not report enrollment of each exceptionality identified by PDE (see Table 12). In some instances, the lower numbers at the district level reflected in lower

Table 12

2016-17 Penn Data for Districts

District Information	State Average	District A	District B	District C	District D	District E	Mean
District Percentage	16.5%	17.42%	21.0%	18.1%	16.8%	20.4%	18.74%
Autism	10.7%	12.3%	14.5%	6.6%	---	8.8%	8.44%
Deaf-Blindness	0.0%	---	---	---	---	---	---
Emotional Disturbance	8.5%	12.3%	---	5.3%	8.3%	--	5.18%
Hearing Impairment including Deafness	1.0%	---	---	---	---	---	---
Intellectual Disability	6.5%	6.1%	19.8%	5.3%	---	---	6.24%
Multiple Disabilities	1.1%	---	---	---	---	---	---
Orthopedic Impairment	0.2%	---	---	---	---	---	---
Other Health Impairment	14.9%	14.4%	8.8%	15.9%	13.6%	9.4%	12.42%
Specific Learning Disability	41.8%	37.4%	33.5%	35.3%	55.3%	---	32.3%
Speech or Lang. Impairment	14.7%	15.1%	18.9%	28.1%	11.4%	---	14.7%
Traumatic Brain Injury	0.2%	---	---	---	---	---	---
Visual Impairment Incl. Blindness	0.4%	---	---	---	---	---	---

Note. (---) Where this symbol appears, PDE did not display data due to small group sizes (n=10 or less students). Data obtained from school Districts on based on December 1, 2016 child count.

numbers at the state level for students that are deaf-blind, hearing impaired including deafness, multiple disabilities, orthopedic impairment, traumatic brain injury, and visual impairment.

Districts A, B, C and E reported educating students with autism in their special education

population, while only Districts A and B reported above the state average of students with autism, and Districts E (8.8%) and C (6.6%) were below the state average (see Table 12).

District A educated students in 7 of the 12 special education categories, with the specific learning disabilities making up the majority of their population (37.4%) while Districts B, C, educated students in 6 out of the 12 categories. District D reported educating students in 4 of the 12 disability categories. Among those categories include 55.3% of students identified with Specific Learning Disabilities, placing them well above the state average (41.8%). District E reported educating students in 2 of the 12 categories with below state average percentages in both the Autism (8.8%) and Other Health Impairment (OHI) (9.4%) categories. In Pennsylvania, it is possible for students to be identified with a “primary” and “secondary” diagnosis based off of their evaluation report.

Pearson Correlation calculation was run to determine the correlation between school districts budgets, number of students, teaching staff, administrators, students receiving special education services and guidance counselors. Table 13 displays the means, standard deviations and correlations between variables. There was a strong positive relationship between the districts’ budget and the number of students, $r = .979$, $n = 5$, and teaching staff, $r = .983$, $n = 5$. There was a medium correlation (Cohen, 1998) between the district’s budget and the percentage of special education students, $r = .581$, $n = 5$ indicating the relationship between the budget of the districts and percentage of students receiving special education services was not statistically significant (Cohen, 1988). Similarly, there was a strong positive statistically significant correlation between the districts operating budget and total administrators, $r = .960$, $n = 5$, as was the relationship between number of guidance counselors and total students, $r = .955$, $n = 5$, and total teaching staff and total administrative staff, $r = .967$, $n = 5$.

Table 13

Outcome of School District Synopsis: Pearson Product-Moment Correlation Coefficients, Means and Standard Deviations

Variable	1	2	3	4	5	6
1 Budget	1.0	.979**	.983**	.960**	.581	.875
2 Students		1.0	.996**	.941*	.704	.955*
3 Teaching Staff			1.0	.967**	.647	.937*
4 Administrative Staff				1.0	.439	.833
5 Students with Special Services					1.0	.848
6 School Counselors						1.0
Mean	323840000	1497	105	4.4	.1814	4.2
SD	26640350.6	925	53	3	.01526	2.6

Note. **Correlation is significant at the 0.01 level (2-tailed). *Correlation is significant at the 0.05 level (2-tailed).

The next section describes how public K-12 educational professionals from the five districts were organized into online focus groups to explore their perceptions on effective anti-bullying interventions for students receiving special services. It describes the participating education professionals and their teaching or administrative position based on assignment (elementary or secondary), participant pseudonyms, and years of service.

Composition of Online Focus Groups

The total number of focus group participants for this study was 23 (see Table 14). As evident from Table 14, all the types of educational professionals were well represented. Representation across districts is somewhat uneven. The sample includes many more participants from District A, followed by Districts C and E. The researcher contacted the Superintendent from District B to assist with increasing the participation of educational professionals and by

offering a flexible online focus group schedule throughout the day which did not yield additional participants. Even though only one teacher from District B participated in this study, the researcher decided to retain the data collected from the educational professional because the participant provided rich data which can be explored further, with additional research.

Table 14

Online Focus Group Composition Totals By District

Educational Professionals	District A	District B	District C	District D	District E	Total
Principals & Assistant Principals, School Counselors and/or Social Workers	4	--	2	--	--	6
Regular Education Teachers	4	1	1	--	2	8
Special Education Teachers	2	--	2	3	2	9
Total	10	1	5	3	4	23

The first online focus group included of six public K-12 regular and special education teachers from District A (see Table 15). Professionals ranged from three to nineteen years of service. Four of the teachers were regular education teachers and two taught special education. Five of the teachers instructed at the secondary level (7-12), and one at the elementary level (K-5). The second online focus group included three principals from District A (see Table 14) and one secondary school counselor. Two of the principals were at the high school level and one was at the middle school. The third online focus group was comprised of one teacher from District B, and multiple teachers from Districts C and D. Due to poor participation from District B, this elementary special education teacher was added to the focus group with two other districts. Online focus group three was comprised of three high school teachers (one regular education, two special education) from site C (see Table 15), and three elementary special education

teachers from site D (see Table 15). Finally, online focus group four and five included two secondary principals, one each from the high school and middle school and four elementary teachers including two special education and two regular education teachers. The years of service among these two groups ranged from 3-20 years of teaching. The teachers in online focus group five included one kindergarten, one first grade, two learning support (one grades 4-5, one grade 6) teachers.

Table 15

Online Focus Group Participants

Online Focus Group	District	Pseudonym	Position	Type	Years in current position
1	A	Participant 1	Regular Education	Secondary	19
1	A	Participant 2	Regular Education	Elementary	3
1	A	Participant 3	Regular Education	Secondary	3
1	A	Participant 5	Special Education	Secondary	12
Registered but did not participate	A	Participant 4	Regular Education	Secondary	
1	A	Participant 6	Special Education	Secondary	3
1	A	Participant 7	Regular Education	Secondary	10
2	A	Participant 8	School Counselor	Secondary	3
2	A	Participant 9	Principal	Secondary	10
2	A	Participant 10	Principal	Secondary	13
2	A	Participant 11	Principal	Secondary	6
3	B	Participant 12	Regular Education	Elementary	19
3	D	Participant 13	Regular Education	Elementary	19
3	C	Participant 14	Special Education	Secondary	14
3	C	Participant 15	Regular Education	Secondary	15
3	D	Participant 16	Special Education	Elementary	14
3	D	Participant 17	Special Education	Elementary	3
3	C	Participant 18	Special Education	Secondary	3
4	C	Participant 19	Principal	Secondary	3
4	C	Participant 20	Principal	Secondary	3
5	E	Participant 21	Special Education	Elementary	3
5	E	Participant 22	Special Education	Elementary	6
5	E	Participant 23	Regular Education	Elementary	20
5	E	Participant 24	Regular Education	Elementary	5

Analysis of Data

This section presents an analysis of the data collected through the five asynchronous online focus groups that included twenty-three public K-12 educational professionals across five participating districts in Pennsylvania. Data analysis began with the identification of meaning units, or the number of times an idea was discussed during the online focus groups by K-12 educational professionals. Next, key concepts and words based on the online focus group questions, and patterns that were identified were used to create a codebook that classified the themes and sub themes expressed by the K-12 educational professionals or inferred by the researcher.

While the researcher read the online focus group transcripts, concepts or ideas related to the research questions and CDC model were labelled with the corresponding code. Meaning units for each idea that was generated by K-12 educational professionals was categorized and grouped with other similar and/or contrasting ideas. This allowed the researcher to identify the ideas presented by K-12 educational professionals and determine whether they are similar or different based on district and professional position. The next section presents a summary of the online focus group data organized by research question.

Research Question One

Research question one explored successful individual, relational, community, and societal anti-bullying interventions that principals, school counselors/social workers and regular and special education teachers implement to reduce bullying victimization and perpetration of students with special needs. The data generated from this question was used to create a list of interventions used by K-12 educational professionals from the five participating school districts.

The researcher then used the CDC violence prevention framework in order to determine which levels are most and least represented within K-12 public education.

Table 16 shows the 16 identified interventions used by regular and special education teachers and school principals and counselors. They have been organized in descending order based on the number of times they were referenced or discussed across the five online focus groups and the corresponding level of the CDC model. Classroom rules (15 meaning units), Student Assistance Program (SAP) (9 meaning units) and Outside District or School Sponsored Programs (8) were the top three ideas presented by K-12 educational professionals. However, of all the interventions listed, some were mentioned more frequently by teachers and others were mentioned by principals and counselors. When comparing the responses of teachers with principals and counselors, teachers were more likely to mention interventions that occur within the class room such as classroom rules, individualized instruction, proximity and/or preferred seating, and use of a peer. On the other hand, principals referred more to school wide interventions such as Student Assistance Program, Outside District or School Sponsored Programs, Schoolwide Positive Behavior Interventions and Supports, Progressive Discipline, and Empowering Students to Report. Additionally, principals were more likely to mention the use of law enforcement as an intervention such as Act 26 and Crime Watch. The 16 interventions listed (see Table 16) represent the collective interventions given by K-12 educational professionals. Three teachers stated that they had not had a special education student be a victim or perpetrator of bullying, which was not included in Table 16. The next sections will describe the interventions used by teachers, principals and counselors across the five participating districts.

Table 16

Interventions Used to Reduce Bullying of Students with Special Needs

Intervention Used by Public K-12 Educational Professionals	Corresponding CDC Level	Number of Meaning Units
Classroom Rules	Individual, Community (Classroom)	15
Student Assistance Program	Individual	9
Outside District or School Sponsored Program	Societal	8
School Wide Positive Behavior Interventions and Supports	Community (School)	6
Individualized Instruction	Individual	6
Proximity/Preferred Seating	Individual	6
Progressive Discipline	Individual	5
Empowering Students to Report	Individual	5
Standard PA anti-bullying board policy	Community (School)	5
Use of Peer	Individual	4
Peer Mediation	Relational	3
Law Enforcement (Act 26)	Societal	3
Crime Watch	Societal	1
FBA	Individual	1
Restorative Practices	Individual	1
Anti-Bullying Program (pilot)	Individual, Relational, Community, Societal	1
Total		79

Interventions described by teachers. Table 16 displays the meaning units that were generated during online focus groups for research question one and their corresponding level in the CDC model for violence prevention framework. Although 16 interventions were reported to be used by K-12 educational professionals, regular and special education teachers reported to use classroom rules (15 meaning units), individualized instruction (6 meaning units), proximity/preferred seating (6 meaning units) and use of students’ peers as effective anti-bullying interventions for special education students (4 meaning units). Each of these interventions may be identified at the individual level of the CDC model as they all occur during instruction. Additionally, each of these interventions could be considered as preventative

measures, meaning that they are being used in a proactive manner to stop bullying of students before it may occur.

Classroom rules. Teachers from all five districts identified classroom rules as the most common anti-bullying intervention (see Table 16). Fifteen of the 82 meaning units for research question one related to the use of classroom rules as an effective anti-bullying intervention. Illustrative quotes related to this theme are presented in Table 17. Teachers in Districts D and A contributed ten out of 15 meaning units for this question, with District C contributing three. The two secondary principals from District A also identified classroom rules as an effective intervention tool (see Table 18), however as evident from the illustrative quotes in Table 17, it was a recommendation to teachers and not mandatory. While more regular education teachers referenced the usage of classroom rules ($n = 6$), than special education teachers ($n = 4$), it was identified across grade levels (elementary and secondary) as an anti-bullying intervention for special education students (see Table 16).

Table 17

Classroom Rules: Illustrative Quotes

Illustrative Quotes
I set clear expectations, procedures, and rules at the beginning of the year that I expect all students to adhere to all year long (Participant 6, Secondary Special Education Teacher, District A, Online Focus Group 1).
We encourage teachers to utilize anti-bullying topics in their classroom rules. Students are expected to be respectful of themselves and others regardless of the setting (Participant 8, Secondary School Counselor, District A, Online Focus Group 2).
Students behavior is managed within the classroom. When students are in general education classes, they typically follow the rules and behavior management of each teacher. Sometimes this can be confusing, when each teacher uses some different methods. Most behaviors occur in unstructured activities; such as lunch, recess, transitioning in the hallways and bathrooms (Participant 9, Secondary Principal, District A, Online Focus Group 2).

Students are expected to be respectful of themselves and others - regardless of the setting. This expectation is established early on and reinforced consistently. If need be, redirection and a conversation about unacceptable behavior. Students are taught how to "act". There are consequences if necessary (Participant 12, Elementary Regular Education Teacher, District D Online Focus Group 3).

Rules are posted in our room and reviewed the first week of school and sporadically then after. I try to have a very open dialogue with the students that they understand these rules apply to everyone. If I or others see something that violates those rules, we discuss it to ensure everyone knows why the situation was inappropriate in our treatment of others.

Follow Up: They are integrated into the classroom rules and expectations and then proceed like always (Participant 13, Elementary Special Education Teacher, District D, Online Focus Group 3).

As a class we discuss appropriate and inappropriate behavior at the beginning of the year. We talk about how we should treat others and how we should be treated. I have a reward system in place that earns a student a star on a chart at the end of the if behavior is good. So, if a bullying situation would occur they would not receive the star at the end of the day but would get a stern warning to start (Participant 23, Elementary Regular Education Teacher, District E, Online Focus Group 5).

Individualized instruction. Teachers identified the use of individualized instruction as an anti-bullying intervention for special education students. Table 18 shows that only five of the 79 meaning units related to research question one referenced individualized instruction. Teachers from Districts B, D, E indicated that they use this as an effective anti-bullying intervention for students with special needs. Special education teachers described their use of individualized instruction, however only one general education teacher reported to have used it. Two Elementary Regular Education Teachers from District B referenced using individualized instruction as an anti-bullying intervention, while one special education teacher from District D and two Secondary Special Education Teachers used individualized instruction. This may be due to a greater focus on content and whole group instruction at the high school level, and more of a focus on holistic programming including differentiated instruction at the elementary level, particularly in special education classes. For example, at the high school level, student academic

Table 18

Individualized Instruction by District

Districts	Elementary Teacher		Secondary Teacher		Total Meaning Units
	Regular Education	Special Education	Regular Education	Special Education	
District A	--	--	--	--	--
District B	2	--	--	--	2
District C	--	--	--	--	--
District D	--	1	--	--	1
District E	--	--	--	2	2
Total	--	2	--	--	5

paths are specialized. Secondary teachers instruct students in one subject area in a smaller amount of time, while elementary teachers traditionally teach the elementary student in longer instructional “blocks” of time. The use of flexible groupings, or individualized instruction may be a district focus that is supported and encouraged through the teacher observation process and instructional walkthroughs. This may be evident in the lack of responses related to individualized instruction at the secondary level in each of the districts. A teacher elaborated that within small groups, teachers work with students to teach them appropriate behavior: “The guidance counselor and I frequently plan lessons around bullying” (Participant 17, Elementary Special Education Teacher, District D, Online Focus Group 3).

Proximity seating. The next intervention perceived by teachers as being successful at reducing bullying behavior among special education students is proximity seating or arranging the seating of the student so that they can be monitored closely. This intervention is used frequently in the Individualized Education Plans of students receiving special services to enable the teacher to interact with the student in a more convenient manner. Table 19 presents

illustrative quotes related to this intervention. Out of the total of six references to proximity seating, five were from the educational professionals in District A. Teachers reported the use of

Table 19

Proximity Seating: Illustrative Quotes

Illustrative Quotes
Students with special needs usually have preferred seating and a classroom buddy to help them navigate through their day and be their friend (Participant 1, Secondary Regular Education Teacher, District A, Online Focus Group 1).
Classroom interventions for me now as opposed to earlier in my career when I taught high school life skills to students with moderate to severe disabilities are very different. Now, I provide adapted assessments, pullout Math, English, and Reading classes, read directions aloud, and provide other classroom interventions to make learning more successful. Examples of that would include seating at the front of the room, one-on-one instruction, etc. Back in my life skills days, the interventions were much more specialized for each individual student (Participant 22, Elementary Special Education Teacher, District E, Online Focus Group 5)
Students with special needs have preferential seating in my classroom. When asked how to integrate a new special needs student into classroom. I would make sure I attend an IEP meeting and review all paperwork regarding the student. I want to make them feel as comfortable as possible. I would assign a peer buddy to help and make them feel welcome. I would give preferential seating to ensure success in the classroom (Participant 3, Secondary Regular Education Teacher, District A, Online Focus Group 1).
I place my students that are in the most need at the front on the room. I also pair them with partners with a classmate that can assist them as needed. We do a lot in small groups in my Learning Support class (Participant 6, Secondary Special Education Teacher, District A, Online Focus Group 1).

peers in the classroom as an anti-bullying intervention for special education students to support them academically and socially by assisting them with classwork and to build a friendship. On the other hand, only one elementary special education teacher, from District E, stated that she would use the adaptation more so in an elementary setting, however, it depended on the needs of the individual students. She also indicated that when she taught high school students she was less likely to adapt assignments than she was in her current position as an elementary special education teacher. This indicates that teachers at the high school level may be more reluctant to

individualize instruction while providing students with the individual specially designed instruction they require. Additionally, most of the responses for proximity seating at the high school level may be the result of a proactive approach to classroom discipline, where the teacher assigns seats to students with special needs next to a student who they feel may provide positive support. Additionally, more high school teachers from District A participated in this study than in any of the other districts. That, along with the percentage of special education students in the district (17.42%) and a higher percentage of students identified with a specific learning disability (33.4%) may have indicated a greater need to use this intervention than in the other districts that participated in this study.

Use of peer. The next intervention perceived to be used by K-12 teachers is the use of peers to assist students with disabilities. The use of a peer is, as participant one, from District A stated during online focus group one: “A classroom buddy to help them navigate through their day and be their friend” (Participant 1, Secondary Regular Education Teacher, District A, Online Focus Group 1), or as participant six from online focus group one stated, “I place special needs students near a reliable student that can help them. If there are several special needs students in my classroom, I try to keep them near each other because usually they are friends” (Participant 6, Secondary Special Education Teacher, District A, Online Focus Group 1). While the use of a peer is also used in peer mediation, which will be presented below, the function of the peer in this instance is different than bringing two students together to mediate a bullying dynamic that has occurred. Four meaning units related to usage of a peer; two were made by secondary regular education teachers and two were made by secondary special education teachers who were high school teachers that taught in District A.

Interventions described by principals and counselors. Principals had a greater tendency to report school wide interventions such as the student assistance program (n = 9) or (SAP), outside school sponsored programming such as guest speakers (n = 8), positive school wide behavior programming (n = 6), and progressive discipline (n = 5). Principals referenced these four interventions 15 times, while teachers referenced them on six occasions. Districts A and C both discussed these at greater length, which could be a result of some of these interventions being accessed more at the secondary levels, especially the student assistance program and positive school wide behavior intervention and support. Progressive discipline was mentioned by three principals from District A and not mentioned by teachers, even though the majority of teachers referenced the use of classroom rules as anti-bullying strategies.

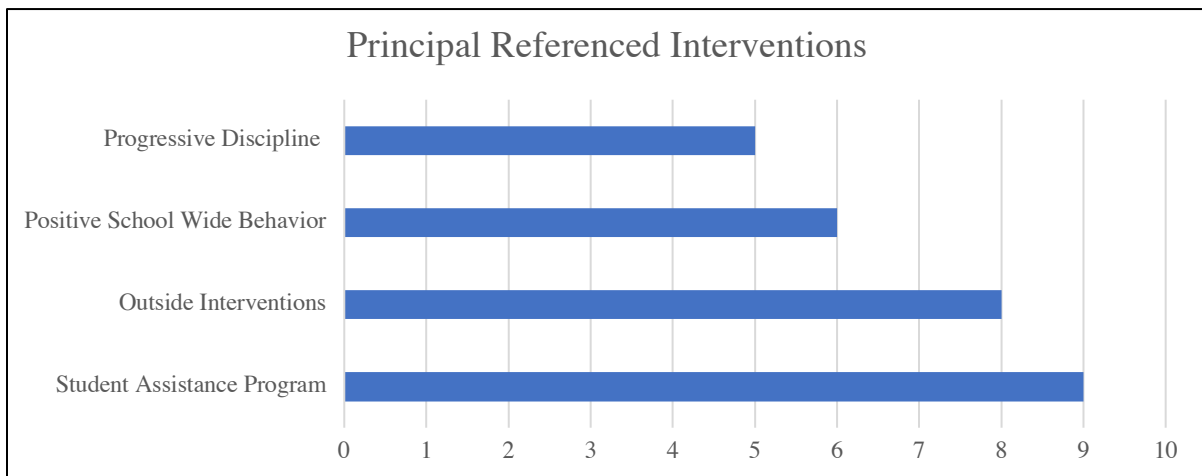


Figure 13. Principal referenced interventions.

Other interventions used minimally. Throughout the course of data collection participants mentioned interventions that were not used as often by K-12 educational professional professionals. These included: peer mediation, use of law enforcement (Act 26), crime watch programs, and restorative practices. An elementary special education teacher stated: “Sometimes I use a restorative practice - where the damaged relationship is 'restored'. Sometimes I use peer mediation” (Participant 17, Elementary Special Education Teacher, District D, Online

Focus Group 3). In this instance, the teacher uses her professional judgment to choose which approach she believes would be best to resolve the bullying. A secondary principal stated: “I always ask the victim if they would like to have a meeting with myself the counselor and the boy to address their concerns as well. Sometimes students will want to have this meeting to express their feelings to the bully in a safe environment” (Participant 10, Secondary Principal, District A, Online Focus Group 2). With this approach, the principal allows the students to decide how they feel the situation should be resolved, giving the student input and control in the situation.

Research Question Two

Research question two explored public K-12 educational professionals’ perceptions on how anti-bullying interventions within each of the Center for Disease Control’s Violence Prevention Framework are similar or different based on the disability categories of students. Table 20 shows the number of times each code was references across the online focus group participants.

Table 20

Names of Interventions

Codes	References
Interventions should vary	21
Interventions Should Remain Consistent	13
Use of Peers for New Student	3
Re-open Individualized Education Plan	3
Meet with Special Education Teacher	2
Total	42

Interventions should vary. In similar practice that academic interventions are varied in K-12 public schools, educational professionals discussed the idea that anti-bullying interventions for students with special needs should also be based on the individual needs of the student. Table

21 shows that twenty-one out of the 42 meaning units for research question two related to the practice that interventions should vary across disability categories for students receiving special services, compared to thirteen out of 42 that believe interventions should remain consistent (see Table 21). The idea that peers would be used for a new student was referred to by teachers (n = 3) as were two ideas discussed related to processes unique to special education students. They include conducting an Individualized Education Plan meeting (n = 3) and meeting with the special education teacher to review the current Individualized Education Plan (n = 2). These responses may indicate a district procedure within schools in Pennsylvania, where all new enrolled special education students are required to have a 30-day intake IEP meeting to transfer the student's records into the new district. Table 21 shows a total of 21 meaning units related to the importance of varying interventions for special education students (see Table 21). Both special and general education secondary teachers (n =8) from District A articulated the

Table 21

Interventions: References by Position and District

District	Elementary Teacher		Secondary Teacher		Total Meaning Units
	Regular Education	Special Education	Regular Education	Special Education	
Varying Interventions					
District A	--	--	4	4	8
District B	1	--	--	--	1
District C	--	--	--	--	0
District D	2	1	--	--	3
District E	5	4	--	--	9
Total Meaning Units	8	5	4	4	21
Consistent Interventions					
District A	--	--	2	2	4
District B	--	--	--	--	--
District C	--	--	2	2	4
District D	--	--	--	--	--
District E	1	1	--	--	2
Total Meaning Units	1	1	4	4	10

importance of varying interventions among student disability categories. On the other hand, elementary teachers from Districts D (n = 3) and E (n = 9) favored this approach. Eight elementary regular education teachers and five elementary special education teachers felt interventions should vary (see Table 21). On the other hand, an equal amount of secondary regular and special education teachers perceived that the interventions should vary based on the needs of the student or disability category (see Table 20) even though 13 out of the 21 meaning units were contributed by elementary teachers rather than secondary (n = 8).

As may be the case with some interventions in K-12 public education, the rationale of implementing the varied interventions differed among the K-12 educational professionals. Educational professionals believed interventions should vary based on different ideas: disability category, type of classroom, or both (see Table 21). Teachers described the idea that interventions should differ based on disability category, but also acknowledged that the student's disability doesn't tell you everything about them as learners: "I think that interventions could vary based upon a student's disability category. However, this may depend on the severity of the need and the setting" (Participant 13, Elementary Special Education Teacher, District D, Online Focus Group 3). This teacher noted the need to vary interventions based on the severity of the disability and the educational setting, which was also described the differences in how interventions may vary: "Students that are learning support have a different understanding of bullying than do autistic students. Interventions would be different in each classroom depending on the needs of the students" (Participant 23, Elementary Regular Education Teacher, District E, Online Focus Group 5). Teachers noted the importance of identifying the specific individual need of the student's disability category and to focus on the needs of the individual student rather than the label: "Classroom interventions are based on each of my student's needs. What works

with one child may be totally different for another student. Reading their IEP's and seeing what worked in years past can be helpful” (Participant 5, Secondary Special Education Teacher, District A, Online Focus Group 1).

Teachers acknowledged other factors related to the implementation of interventions that vary based on disability category: “I think in terms of "best practice" it should be different depending on disability category, however, there are barriers to the implementation, such as: time, class size, resources” (Participant 4, Secondary Special Education Teacher, District A, Online Focus Group 1). Teachers also explained why interventions should vary which may be due to increasing pressure to educate students in the Least Restrictive Environment (LRE), including in regular education or co-taught settings:

Interventions look different in each type of classroom. For the most part, my students are all Specific Learning Disability category. Often times, my para-professional and myself break one group up into two and work in smaller groups based on the student’s needs. At times, I will need to re-teach the lesson to one or more student in a different way until they are able to master it. We also do a behavioral classroom store which works wonders for each of my students, they really enjoy it (Participant 21, Elementary Special Education Teacher, District E, Online Focus Group 5).

Even though students receiving special support may be more likely to be bullied in regular education settings due to academic disparities between regular education peers, teachers described the positive impact that could be the result of successfully integrating students with special needs in a regular education setting:

I think that interventions always vary based on the type of classroom you are in. Each type of classroom has a different dynamic with students of different needs. Honestly in

my school I see WAY more positive interactions between students in the regular education and students in special education than negative ones. I often see kindness being shown on the playground to our students with special needs (Participant 24, Elementary Regular Education Teacher, District E, Online Focus Group 5).

Academic interventions for all students may be different based on their learning profile. In Pennsylvania, students receiving special education services are categorized based on the time throughout the school day that they receive the support. Students that receive support for 20% or less of the school day are classified as itinerant, while students receiving supports more than 20% of the school day but less than 80% are referred to as supplemental. Students receiving full time special education support spend 80% or more of their school day receiving services from special education personnel. Typically, these categories are determined based on the level of support that the student requires and are not predetermined based on disability category. As described in the illustrative quotes (see Table 22), teachers believed educational strategies should be individualized with use of manipulatives, social stories, and learning modalities. In each of the levels of support (itinerant, supplemental or full time), students with severe disabilities may benefit from a one on one approach with repeated practice of targeted skills, while students identified with a specific learning disability, may receive instruction according to the grade level standards.

Table 22

Interventions Should Vary: Illustrative Quotes

Illustrative Quotes

My process will vary depending on disability. When working with lower functioning students, I will do more hands-on interventions or visual. With my learning support students, I use more vocal interventions. They know what is expected of them and they know right from wrong, so it comes down to deciding to behave inappropriately. Skills and behaviors are the same, in terms of expectations, but I do implement in various ways, depending on the students I am working with (Participant 13, Elementary Special Education Teacher, District D, Online Focus Group 3).

A child with an emotional disturbance may have a different intervention than say a child with Autism (Participant 17, Secondary Regular Education Teacher, District D, Online Focus Group 3).

If you are talking more of a life skills class, it might be more effective to have things like social stories done to intervene when behaviors are problematic. In a learning support classroom or something like it, you can have open dialogues with the students. You can include social stories and things like that to enhance their understanding of behaviors that are accepted and why (Participant 14, Elementary Special Education Teacher, District D, Online Focus Group 3).

Interventions should remain consistent. In public K-12 education consistency is crucial to determine the effectiveness of the curriculum and instruction. Table 20 presents a total of 10 meaning units referring to the idea that interventions should remain consistent for students receiving special support. Secondary regular and special education teachers in Districts A (n = 2) and C (n = 2), and a secondary principal (n = 1) all perceived that interventions should remain consistent for every student (see Table 20). Consistency with anti-bullying interventions for students with special needs would enable the teacher to determine the effectiveness of the intervention for a group of students, however sometimes it is difficult: “I feel that interventions should be consistent among all students. I begin the year trying to stay consistent with the interventions” (Participant 1, Secondary Regular Education, District A, Online Focus Group 1). Both elementary and secondary teachers mentioned that interventions should remain consistent.

One participant explained that severe disabilities may impact a student's ability to display appropriate behaviors:

We try to treat our students with special needs exactly the same as the other students.

Unless they have a severe disability such as Down's Syndrome, Autism, etc., they are held to the same standard. Only if their disabilities affect their behavior are they "exempt" from the norm (Participant 2, Elementary Special Education Teacher, District E, Online Focus Group 5).

Teachers emphasized the importance of teaching students how to behave appropriately based on their age and emotional readiness:

We really don't focus on the disability of the student. Probably safe to say we focus on the age group of the students and the maturity level than anything else. Each incident is an opportunity to teach students what is acceptable and what is not (Participant 20, Secondary Principal, District C, Online Focus Group 4).

Research Question Three

Research question three explored public K-12 principals, school counselors/social workers and regular and special education teachers' perceptions regarding the processes or procedures that are in place for students with special needs to reduce the occurrence of victimization and/or perpetration. The researcher identified a total of 52 meaning units related to participant responses to research question three. Table 23, which presents a summary of the processes that may reduce bullying of students with special needs includes: integrating a new student that receives special services to the school community, the investigative process that determined if bullying occurred, and how have parents of children receiving special needs been engaged in bullying prevention.

Table 23

Integration of New Special Education Student Processes

	Number of References by Online Focus Group					Total
	OLFG 1	OLFG 2	OLFG 3	OLFG 4	OLFG 5	
	District A	District A	Districts B, C, D	District C	District E	
Use of a peer	4	-	2	1	2	10
Learn about student's history (review IEP, hold meeting)	5	-	-	1	1	7
Mentoring Program	-	3	-	1	-	4
Introductions to students and staff	-	-	3	-	-	3
Using school staff	1	-	-	-	2	3
Getting to know you activities	-	-	-	-	1	1
Give them a handbook	-	1	-	-	-	1
Assign a seat	1	-	-	-	-	1
Provide class materials	1	-	-	-	-	1
Orient to classroom rules, expectations	-	-	1	-	-	1
Give a tour	-	-	1	-	-	1
Focus Group Totals	12	6	6	3	6	33

For example, is the process for how they would intervene for a regular education student the same or different than it is for a student receiving special services. If it is different, how did they determine how it varied. Is the process for an integrating a new student receiving special services the same as it is for all students. The meaning units for research question four can be broadly classified as human resources management, and use of school resources.

Integration of new students receiving special supports. Thirty-three out of the 52 meaning units related to how districts integrate new students receiving special supports into the

schools (see Table 23). Out of the 33 meaning units, twelve were from online focus group one (District A), six were from online focus groups two (District A), and three (Districts B, C and D) and three were from focus group four (District C). District E, during online focus group five, provided six of the meaning 33 meaning units.

Use of a peer. K-12 educational professionals across the five districts referenced the use of a peer as an intervention that helps students with special needs adjust to new procedures and routines and being in a new school. Teachers report the benefits of using a peer to assist students at the secondary level. One said, “I also pair them with partners with a classmate that can assist them as needed” (Participant 7, Secondary Regular Education Teacher, District A, Online Focus Group 1). A teacher explained her rationale for using peers with their classmates. She said, “I would pair the new student up with a friend or so to help them feel comfortable” (Participant 6, Secondary Special Education Teacher, District A, Online Focus Group 1). The idea of using peers to help students feel comfortable was also noted by other teachers. One said she picked “a student to be the welcome buddy so the student feels comfortable” (Participant 8, Secondary Counselor, District A, Online Focus Group 2). Teachers also described how the use of a peer could help the student learn the physical layout of the building:

I like to use a peer buddy to help the special needs student to adjust to meeting the kids in the classroom. I try to help them develop a friendship with a responsible student that would help them feel comfortable (Participant 1, Secondary Regular Education Teacher, District A, Online Focus Group 1).

This was not mentioned by secondary administrators from online focus group two in the same district. One teacher described how she orients new students in addition to using peers and having a thorough knowledge of the student’s history:

Students are introduced to the class. They are integrated into the classroom rules and expectations and then proceed like always. Normally students are hooked up with a "buddy" who helps them to classes and lunch for the first couple of days. As a special education teacher, I make sure that I am very clear in the student's history, both academically and behaviorally, so that I can anticipate any issues that may appear and be prepared to address them accordingly. The goal has to be to integrate everyone seamlessly (Participant 16, Elementary Special Education Teacher, District D, Online Focus Group 3).

In District E, during online focus group five, one elementary regular education and one elementary special education teacher both perceived using peers is effective at helping new students transition into their school and classroom communities.

Individualized education plan (IEP) process. Students with disabilities are required by law to have an Individualized Education Plan, or IEP. The IEP contains measurable goals and objectives that describe the student's present level of academic and behavioral functioning, measurable goals related to weaknesses in those areas, and strategies to help the student master the goals. The Individualized Education Plan is a legal document that can be updated or revised throughout the school year based the student's progress on the goals and/or objectives. This ensures that the student's strengths and weaknesses are supported with research- based curriculum and instructional strategies. Interpretative analysis of the perceptions of public K-12 educational professionals revealed that following the Individualized Education Plan process was used by teachers of special education to reduce bullying victimization. For example, if a student with special needs is being bullied, teachers can contact the parent and schedule a meeting to revise the IEP. The IEP team, consisting of the parent, special and regular education teachers, in

addition to other related service providers and the Local Education Agency (LEA) representative, may decide to incorporate strategies within the IEP to eliminate bullying. In the five districts that participated in this study, teachers reported reading over the IEP of the new student and scheduling an IEP meeting to review the student's academic, behavioral and social history. Seven of the 33 meaning units related to this as an effective anti-bullying intervention for students with special needs. Teachers in District A contributed five of the seven meaning units related to the IEP process. Regular education teachers explained that this would help them understand the present educational levels of the student. When an IEP meeting is held, the regular education teacher communicated the expectations of the general education classroom to the parents. It was indicated that this is beneficial and assisted special needs transition to a new school.

Mentoring programs. Educational professionals from two districts described the use of specific mentoring programs to assist students with special needs transition to a new school. Secondary principals discussed programs such as Small Seeds and Big Brothers Big Sisters. These programs involve individuals collaborating with the school district by visiting students at the school during a scheduled period in the school day. Educational professionals did not elaborate on how they were implemented or offered the program to students.

Traditional methods. Teachers and principals from all five districts described procedures that were followed for new students that entered the district. Table 24 presents a summary of the 12 meaning units organized by district. This includes introducing the student to staff, utilizing staff to help transition, using 'getting to know you activities', providing the student with a handbook, assigning them a seat, providing class materials, orienting students to the classroom rules and expectations, and to give them a tour of the school. Each of the districts reported using

one or more of these processes to assist the student with special needs as they transition to a new school.

Table 24

Traditional Methods for Integrating New Students

Traditional Methods	OLFG 1 District A	OLFG 2 District A	OLFG 3 Districts B, C, D	OLFG 4 District C	OLFG 5 District E	Total
Introduced to students and staff	--	--	3	--	--	3
Used school staff for support	1	--	--	--	2	3
Engaged students in getting to know you activities	--	--	--	--	1	1
Issued a handbook	--	1	--	--	--	1
Assigned a seat	1	--	--	--	--	1
Provided class materials	1	--	--	--	--	1
Oriented to classroom rules, expectations, classroom	--	--	1	--	--	1
Gave a tour	--	--	1	--	--	1
Total	3	1	5	0	3	12

The investigative process. Research question three also explored the process principals and guidance counselors used to investigate and verify claims of bullying (see Table 25).

Students receiving special education services often have a difficult time reporting instances of bullying due to desire to want to “fit-in” socially, and below average communication skills.

When compared to their regular education peers, students identified as having autism may be unable to communicate in such situations. Public K-12 principals explained that they interviewed witnesses, the victim (seeking input on how they would like to remediate the situation), gathered evidence, and issued consequences to perpetrators. The five principals who participated in the study all indicated they would speak with the victim as one of the first steps, while three

indicated that they would gather evidence and speak with the suspected perpetrator. On the other hand, the four regular education teachers who participated in online focus group one explained that they try to solve the situation on their own in the classroom first in consultation with other professionals, if approved. One teacher stated:

I try to handle the situations on my own if I can. If I would need a resource, I would contact the principal, guidance counselor and the special education teacher. I am in contact with the special education teacher on a daily basis to discuss any issues

(Participant 3, Secondary Regular Education Teacher, District A, Online Focus Group 1).

Another teacher stated, “The first resource that my team uses is the Learning Support Teacher. If we feel that the situation cannot be fixed, we then meet with the counselor. Then, we will involve the principal if needed (Participant 1, Secondary Regular Education Teacher, District A, Online Focus Group 1).”

Table 25

Investigative Procedures Reported by Public K-12 Principals

Investigative Procedures	OLFG 2	OLFG 4	Total
Interview witnesses	1	2	3
Interview victim; seek input from victim on process	2	1	3
Gather evidence	1	1	2
Determine if there is a history of abuse	1	-	1
Assign consequences if necessary	1	-	1
Progressive discipline	-	1	1
Law Enforcement	1	-	1
Student choice on how situation is handled	1	-	1
Students write an incident report	-	1	1
Focus Group Totals	8	6	14

Note. Five principals participated in two different online focus groups.

Engaging parents of students receiving special services. Principals noted the need to engage all parents around the topic of bullying prevention, specifically cyberbullying at the

secondary level. Table 26 presents illustrative quotes by four of the public K-12 principals and guidance counselors stressed the need to communicate with parents regularly and provide educational programming (workshops, parent evenings) to keep them informed on latest trends with social media and technology.

Table 26

Engaging Parents: Illustrative Quotes

We try to keep open lines of communication with families. In a small rural school, we typically know the families and extended families. We engage parents through meetings, phone conversations, walk in meetings, and at community events. We have a collaboration with Penn State Extension (An educational extension organization associated with Pennsylvania State University that provides science-based information to communities) that teaches topics such as good parenting skills a couple times a month. Some of our teachers are trained mentors in this program. (Participant 19, Secondary Principal, District C, Online Focus Group 4).

Developing parent programs to help them learn about all of the different pathways cyber bullying can take. This is not only for special needs students but all students. Bringing speakers/ trainers into to talk about the effects of cyber bullying and the consequences of such behaviors (Participant 8, Secondary Counselor, District A, Online Focus Group 2). I try to keep the lines of communication opened with these families. If the student comes home and tells stories about situations that the parents are concerned about, I want them to communicate this with me. I usually look into it (Participant 20, Secondary Principal, District C, Online Focus Group 4).

Open house, Parent teacher conferences, classroom rules, PTA meeting, Phone Alerts and social media (Participant 9, Secondary Principal, District A, Online Focus Group 2). We engage everyone in the topic of bullying prevention. Our students with special needs parents tend to be more involved in or school overall. They usually attend in express concerns that they hear about or see in the school (Participant 10, Secondary Principal, District A, Online Focus Group 2).

While all principals stated they engaged families, there were differences in how this was accomplished. Two of the four principals stated they used parent meetings, phone conversations, and community events in addition to outside the district programming to engage families. The outside agencies or organizations consisted of partnerships with higher education and speakers or trainers. These interventions are aligned with the Center for Disease Control's Violence

Prevention Framework as effective interventions in the Relationship Level due to their focus on promoting positive relationships at the parent-family level. While districts used outside programming in addition to traditional methods, some districts continue to use school events such as open house, parent teacher conferences, and PTA meetings, while maintaining a presence on social media platforms. One principal stated that parents of students with special needs are more involved in the school than parents of regular education students', this allowed the school to provide them with more information.

Research Question Four

Research question four was designed to examine the levels of the CDC model that are most and least represented in K-12 public schools, the prevalence of violence within each school community, how local elected officials are addressing violence, and how citizens have improved the overall climate of the community. Interpretive analysis was used to understand and describe public K-12 educational professionals' perceptions on the level(s) of the CDC's violence prevention model that are represented by anti-bullying interventions for students receiving special services in schools.

Throughout this process, the perception(s) of one or more participant(s) were contrasted with the views of other participants. As a result, the data revealed the levels of the CDC model that were well represented in the public K-12 participating districts and the areas that would benefit from an infusion of new ideas and strategies. Online focus group participants provided 74 meaning units related to research question four (see Table 27). Table 27 shows the meaning units categorized by their responses to the online focus group question, and their perceptions on violence in their school communities. Responses from educational professionals included the following; violence is accepted, violence is not frequent, there was a lack of knowledge on how

to eliminate violence, and there was a lack of resources on how to end violence. Educational professionals in online focus group one discussed the idea that violence is accepted within their community (n = 5) more than the participants in groups two (n = 2), three (n = 2) and four (n = 1), while group five reported that violence is not a concern. Online focus groups three (n = 2) and four (n = 1) reported violence to be a concern and presented the idea that it is infrequent and the community lacks resources on how to deal with violence. Groups 2, 3, and 4 (n = 1) all expressed the idea that resources are needed to address violence.

Table 27

Meaning Units for Participants Perceptions of Violence in Their School Communities

Theme of Online Focus Group Question		Frequency Count by Online Focus Group					Total References
		1	2	3	4	5	
Awareness of Community Improvements		6	-	1	1	2	10
Attitude towards violence	Violence is accepted	5	2	2	1	-	10
	Violence is not frequent	-	-	2	1	-	3
	Lack Knowledge on how to Eliminate Violence	-	-	2	1	-	3
	Resources to Combat Violence	-	1	1	1	-	3
Levels of CDC model in greatest need of interventions	Relationship (Parent Involvement)	5	2	-	1	1	9
	Community	2	-	1	2	2	7
	Individual, Relationship	-	-	2	2	-	4
	Individual	2	--	-	1	-	3
Levels of CDC model in least need of interventions	Individual	4	-	3	2	-	9
	Individual, Relationship	-	1	1	3	-	5
	Societal	3	-	-	-	1	4
	Community	1	-	-	-	-	1
	Relationship	1	-	-	-	-	1
Total						74	

Research question four also examined the level of the CDC model was in most need of interventions within each district. As evident from Table 27, a total of 25 meaning units were related to this part of Research Question Four. The majority stated that the relationship level needs work (n = 11) due to the lack of a stable family and involvement of the parents. Additionally, participants from four out of five groups stated that interventions are needed at the community level (n = 7). Participants in online focus groups three (n = 2) and four (n = 2) stated both the individual and relationship levels need interventions, while groups one (n = 2) and four (n = 1) acknowledged a need in the Individual level. In short, the majority of public K-12 educational professionals expressed that the most intensive interventions should be aligned to the relational or relationship level (see Figure 15) specifically the need for parent involvement.

Table 27 displays the levels of the CDC framework adequately aligned with interventions described by K-12 educational professionals. A total of 20 meaning units were collected relating to this part of Research Question Four. Online focus groups one (n = 4), three (n = 3) and four (n = 2) discussed that their districts provide the most interventions at the individual level (n = 9). Groups 2 (n = 1), three (n = 1) and four (n = 3) perceived their districts as providing the most interventions at the Individual and Relationship levels. Next, educational professionals from online focus groups one (n = 3) and five (n = 1) reported that interventions at the Societal level needs improvement. One mention of community (n = 1) and relationship (n = 1) was made by professionals in group one. The next section explains the results across the five focus groups. It presents findings based on educational professional position and district.

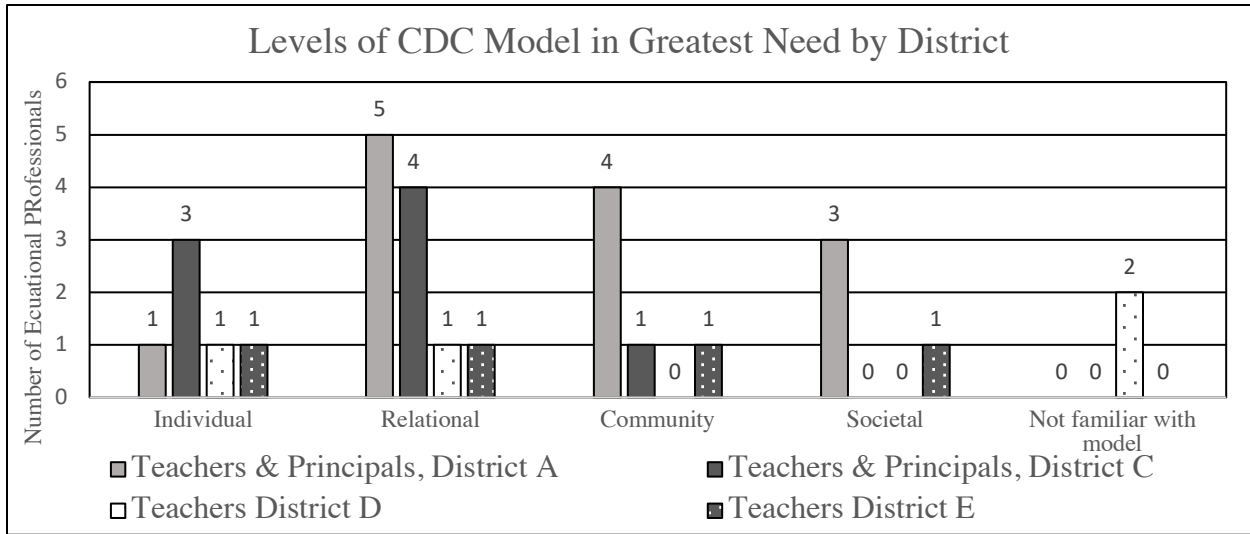


Figure 14. Levels of CDC model in greatest need by district.

Community improvements. The community level of the CDC model for violence prevention framework represents settings or institutions which may increase the likelihood that violence, including bullying, may occur. The Center for Disease Control’s Socio-Ecological Model for Violence Prevention describes characteristics of these settings that increase the risk of an individual becoming a victim of violent behavior. The characteristics include the income level and rate of residents moving in and out of a neighborhood, lack of organization, limited economic and recreational opportunities, and poor physical layout of a neighborhood (Dahlberg & Krug, 2002). Prevention efforts at this level focus on improving the physical layout and climate of communities. Educational professionals in each online focus group were asked who they perceived as being responsible or takes ownership for following through on improvements to the community. Table 28 presents educational professionals’ responses to questions from the online focus group protocol organized by district. The majority of participants (5 out of 7) from District A reported that community improvements are the responsibility of borough council and the major, while participants from Districts C, D, and E all indicated that they were unaware of

who in the community is responsible. Participants reported non-profit organizations such as the YMCA, rotary clubs, church groups, and children.

Table 28

Persons Responsible for Community Improvements

District	Council Members	Non-profit organizations	Mayor	I do not know	Total Sources
District A	4	2	1	-	7
District B	-	1	-	-	1
District C	-	1	-	2	3
District D	-	1	-	2	3
District E	1	1	-	2	4
Total	5	6	1	6	18

Violence in communities. Online focus group participants were asked if using violence as a method to resolve conflict is an acceptable social norm with their community. Figure 15 displays the perceptions of public K-12 professionals on violence in their school communities. While teachers in Districts A, C and D all reported that violence has been accepted within their communities, four teachers out of the 17 in this study in Districts B and E report that it is not frequent in their community. Ten of 17 participants indicated that it is, and in some cases the community leaders and parents have accepted it. Three out of 17 educational professionals indicated that their school community lacks understanding of violence and how to effectively address it. When examining this concept further seven of the 10 participants from District A indicated violence between students and within the greater community has been accepted and community members are uncertain how to put an end to it. This sentiment is reflected in the comment below:

Example: Parents of bullies... not their kid, he/she was ‘just joking’, someone set them up, he/she was provoked. I think that to a certain extent as a community, it is accepted,

‘boys will be boys’, that is just a rite of passage, everyone has gotten picked on one time or another. I think that there is a lack of understanding, even with school violence in the media, that long term bullying and emotional abuse can lead to suicide or group violence (Participant 3, Secondary Regular Education Teacher, District A, Online Focus Group 1).

One educational professional described a conversation she had with a parent from the community. She stated,

I have been in meetings where a mother has asked for her student to attend cyber school because she's afraid her son will be shot getting off the school bus. The student's mom didn't want him to leave the house. She said she saw a student get shot down the street from her house and it happens frequently (Participant 5, Secondary Special Education Teacher, District A, Online Focus Group 1).

Throughout the discussion, educational professionals appeared frustrated with the impact that violence has had on their school community. One said, “I am not sure of this response, we have had shooting, fights, theft and I have yet to see any of the suggested interventions implemented” (Participant 2, Secondary School Principal, District A, Online Focus Group 2). Another educational professional conveyed his frustration by saying:

I think our community tries to eliminate violence. Some of the apartment complexes in our area experience violence frequently. I do not think anyone is numb to it, I just do not think they are aware of how to eliminate it (Participant 8, Secondary School Counselor, District A, Online Focus Group 2).

One of the challenges in trying to eradicate violence from communities is the idea that individuals in the community promote it as a method to resolve conflict. Educational professionals from District A explained: “I think that our community does have areas where

violence is acceptable. The students view this violence as the norm” (Participant 5, Secondary Regular Education Teacher, District A, Online Focus Group 1). Educational professionals from other districts agreed that encouraging violence it is a concern within their communities: “I think that the parents within our community do encourage violence at times to solve problems” (Participant 14, Secondary Special Education Teacher, District C, Online Focus Group 3).

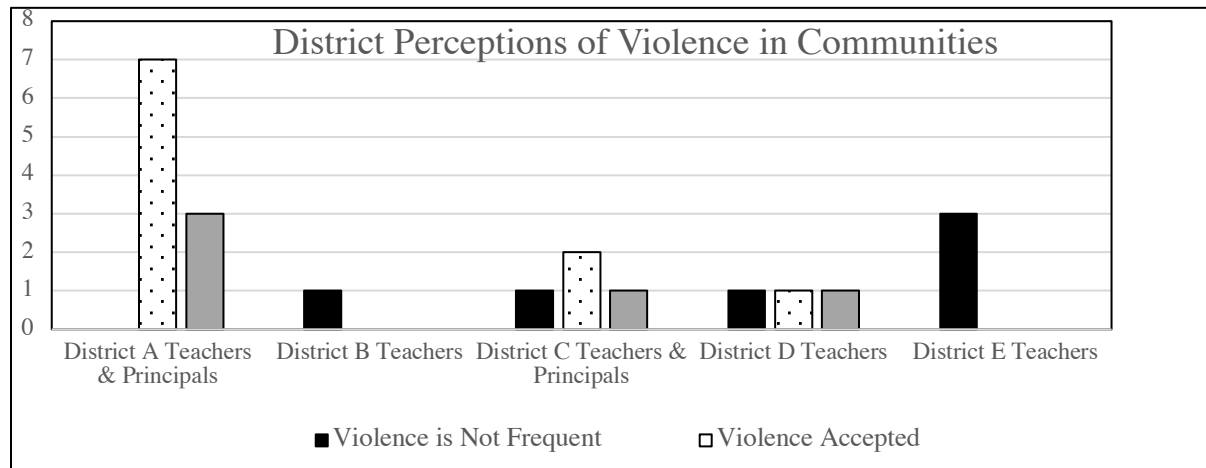


Figure 15. Public K-12 educational professionals’ perceptions of violence in their school communities.

Levels of the CDC model in need of interventions. Eleven out of 25 meaning units referenced the relationship level as needing the most intensive interventions. Five of the eleven from educational professionals were from District A, four from District C, and one each from Districts D and E. The elementary teacher from District B stated he/she was not familiar with the model and could not answer the question. District A educational professionals reported the individual level was least in need of anti-bullying interventions. The teachers and principals from District D, also thought the relational level is most in need of interventions, followed by the individual level, and community level. The educational professionals in District C felt greater

interventions was needed at the societal level. One teacher acknowledged that interventions at each level of the CDC model may change, based on the grade level of the students. She said:

I think that the individual level is the best place to start for intensive intervention. The students home life; including health care, nutrition, hygiene, abuse/neglect and trauma deeply affect how students are perceived and what the students bring to school with them, emotionally, physically and mentally. This is also an area where, through early intervention programs and outreach programs, schools can extend a hand, but is mostly out of our control (Participant 14, Elementary Special Education Teacher, District C, Online Focus Group 3).

Educational professionals in District D, perceived the individual and relational levels as needing the most interventions whereas the community and societal levels were thought to be adequately represented with anti-bullying interventions. Educational professionals explained that interventions are most needed at the relational level:

Interventions are hard to provide to parents when the parents are not involved in their child's education. We hold ESAP (Elementary Student Assistance Program) meetings with our team even if the parents do not attend so that we can develop an effective plan to help the student. We also offer mental health services on site for students and families. Because we know many of the students in our District do not have support at home, the District provides free breakfast (Participant 1, Elementary Special Education Teacher, District D, Online Focus Group 4).

The teachers from District E, also at the elementary level perceived that interventions were equally balanced or distributed in their District to each of the levels.

Levels of the CDC model providing the most interventions. Interpretative analysis of the online focus group data revealed that public K-12 educational professionals perceived their districts as providing the most interventions at the societal and individual levels. This was followed by the individual, relationship, community and relationship levels. This contradicts the findings from the previous section that indicated interventions are needed mostly at the relationship level. Participant responses at that level focused mainly on the relationship between parent(s) and child(ren). A district by district analysis of the responses to this question (Figure 17) indicated that the most interventions provided by Districts A, B, C, and E are at the individual levels. Teachers in District A did not report interventions being accessed by their students at the relational level, while one of the principals in online focus group two reported they are being accessed. Teachers in District A perceived that students have not accessed relational or community level interventions but do access societal interventions. Participant one, from online focus group two, a school counselor in District A stated the following:

Societal because the school provides free breakfast and free lunch to the students that are socio-economically disadvantaged. They also provide a lot of technology (iPads for students in grades 6-8 to take home to use) knowing that many of them do not have access. I think our District is sensitive to the needs of students that are underprivileged (Participant 8, Secondary School Counselor, District A, Online Focus Group 2).

When probed about his initial response he/she continued: “We provide clothing, shoes, coats, hats etc. to students that are in need of these items” (Participant 8, Secondary School Counselor, District A, Online Focus Group 2). Educational professionals explained why they felt societal level offered the most interventions. He said: “I think the District provides societal the most.

They offer free breakfast and lunch for all students, ABCD Mental Health Services, ESAP, and iPad to grades 6-8” (Participant 10, Secondary Principal, District A, Online Focus Group 2). This is in contrast to principals in District A who explained that students have access to relational interventions but agreed with teachers that community interventions were not established. Similarly, teachers in Districts B, C, and D perceived that students have access to interventions at the individual and relational interventions but not at the community and societal levels. This pattern is also similar with Districts C, and E, however, teachers in District E reported community level interventions were offered to students. She said, “I try to do a lot of community-based activities with the kids so we can put what we learn into practice in different settings. I focus on respect regardless of setting” (Participant 21, Elementary Regular Education Teacher, District E, Online Focus Group 3). Teachers providing instruction to students related to community-based activities may be an effective step towards developing community level interventions.

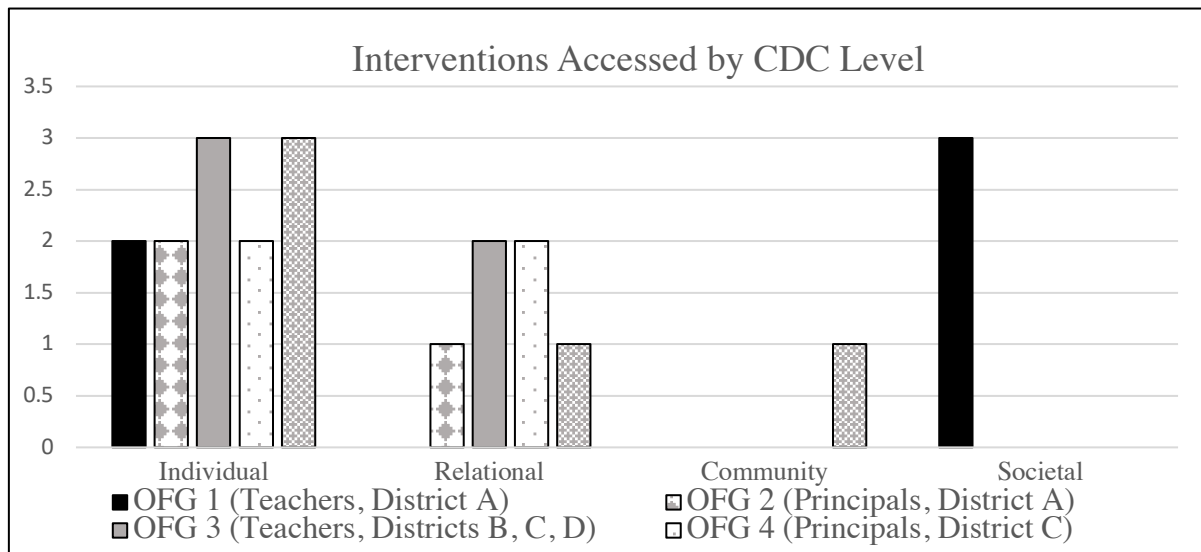


Figure 16. Interventions currently being accessed within schools aligned with CDC level.

Theoretical Analysis

This study examined the interventions perceived by public K-12 educational professionals within the context of the Center for Disease Control’s violence prevention framework. The levels of the framework are: Individual, Relational, Community and Societal. As evident in Table 30, this section presents the themes generated by each of the research questions and places them within the CDC’s model for violence prevention framework.

Table 29

Themes Identified by CDC Level

CDC level	Themes Identified by Focus Group Participants
Individual	<ol style="list-style-type: none"> 1. General classroom-based strategies are used as anti-bullying interventions by regular and special education teachers 2. Educational professionals perceive that interventions could differ and/or be consistent based on the needs of the students. 3. Public K-12 schools provide the most interventions at this level.
Relationship	<ol style="list-style-type: none"> 1. School wide interventions strategies are used to support students at this level. 2. Educational professionals perceive a need to improve services and interventions at this level, specifically related to parent-student relationships and involvement.
Community	<ol style="list-style-type: none"> 1. The use of a peer, IEP process, and traditional methods as procedures for integrating new students with special needs into the community.
Societal	<ol style="list-style-type: none"> 1. Violence is accepted within some communities. 2. Parents, students and school personnel are unsure of how to successfully change a culture of violence.

Individual Level

The innermost level of the Center for Disease Control’s Socio-Ecological Model for Violence prevention represents personal history factors (see Table 31) that may increase the chances for an individual to be a victim or perpetrator of violence including age, substance

abuse, education, income or a history of abuse (Dahlberg & Krug, 2002). Within the age factor, interventions such as classroom rules, small group/individualized instruction, use of peers and SWPBIS could all be developed based on the age level of the student (see Table 31). While these interventions may indicate a reduction at the prevention of observable bullying behavior, often times students, especially at the secondary school levels (middle and high school) engage in anti-bullying behavior towards peers during unstructured times such as hallways, playgrounds, bus stops, sporting events etc.

Strategies to reduce the occurrence of violence at this level include promoting positive attitudes, beliefs and behaviors through programming such as education and life skills trainings as methods. K-12 educational professionals reported the interventions they used, not the likelihood that their students meet the risk factors (see Table 31). However, it is reasonable to suggest that parents of participating districts may exhibit these risk factors, thus increasing the likelihood that the students may engage in violent behavior such as bullying. Additionally, for the purposes of this study, education may be identified as a primary risk factor for students receiving special education services due to factors related to the student's academic and social levels of functioning.

The themes that emerged through the analysis and comparison of data across the online focus group questions are: (a) teachers perceived general classroom-based strategies are used as anti-bullying interventions for all students, while principals, school counselors and social workers perceived school wide interventions; (b) educational professionals perceive that interventions should differ based on the needs of the students; and (c) public K-12 schools provide the most interventions at this level.

Classroom rules and general classroom-based strategies such as individualized instruction and use of a peer was perceived as the most common anti-bullying intervention for students, including students receiving special education services. These interventions fit the description of individual level interventions because they are focused on a smaller group of the school community and intervention often occurs at the individual level. Among primary and secondary teachers, participants used the words positive behavior, high expectations, clear expectations, rules posted in the classroom, student expectations, and reviewing classroom rules throughout the school year to ensure that students understand the teacher's expectations. Teachers reinforced the notion that this process applied with all students regardless of whether or not they are identified as a student receiving special services.

Educational professionals also indicated that small group instructional practices centered around planning lessons around bullying and teaching students how to behave appropriately through the use of small groups or individualized instruction. Elementary regular and special education teachers perceived the use of small group instruction more often when compared to secondary regular and special education teachers. The use of a peer "buddy" is also used as a classroom anti-bullying intervention strategy among teachers. Teachers often used the terms peer, classroom buddy, or another student, and typically used this in reference to having a peer assist the student with special needs when describing this practice.

The second theme that developed from public K-12 educational professionals from online focus groups is that interventions should vary based on the individual needs of the student. The majority of educational professionals felt that interventions should vary based on the needs of the student. Educational professionals used the terms such as *vary*, *different*, *based on a student's*

disability category, and provided concrete examples of how this may occur such as using visual or tactile strategies in a learning support setting and social stories in a life skill setting.

The final theme that was formulated from participants is that the individual level provides the most interventions within public K-12 schools. Participants in each district reported that the students access the individual level interventions the most when compared to other levels.

Table 30

Factors at the Individual Level of CDC Model

Individual: Identifies biological and personal history factors	School interventions/ programming stated in this study	School interventions/programming available
Age	Classroom rules, small group/individualized instruction, use of peers, SWPBIS	Grade level curriculum
Education	Individualized Education Plans, classroom	System of identification of students who need support (MTSS, RtII)
Income	Not reported	Free and reduced meal options
Substance use	Not reported	Preventative measures included in curriculum, DARE programming
History of abuse	SAP, school-based counseling	

Relationship Level

The second level of the CDC model for violence prevention framework is the relationship level. This level analyzes the relationships that may increase the risk of an individual to experience violence as the victim or perpetrator (Krug & Dahlberg, 2002). This includes a person’s relationship with parents, family members, and peers and includes prevention strategies such as parenting classes or family focused prevention programs aimed at reducing conflict and improving problem solving skills among family members (Krug & Dahlberg, 2002). The themes

that emerged at this level include: (a) school-wide interventions and strategies; and (b) educational professionals perceive a need to improve services and interventions at this level, specifically related to parent-student relationships and involvement.

School wide interventions such as the use of the Student Assistance Program (SAP), positive school wide behavior intervention and supports (PSWBIS) and outside District or school sponsored programs were perceived as effective interventions at the relational level. These programs were reported to be used by public K-12 principals, school counselors and social workers. The use of PSWBIS (Positive School Wide Behavior Intervention and Supports) is used most often within the participating schools as a method to improve the interaction between students and the overall climate of the school. Principals indicated that during the investigative process, if it is determined that one student is bullying the other, the SAP (Student Assistance Program) team is notified so that a referral for services can be completed. As part of this process, that perpetrator and/or victim may have the option to participate in school-based counseling.

Community Level

The third level of the CDC model is the community level. This level relates to the settings in which social relationships take place and tries to understand the characteristics of settings in which violence occurs (see Table 32). These settings include schools, workplaces and neighborhoods (Dahlberg & Krug, 2002). Prevention strategies at this level include the improvement of the physical environment, processes, and policies within schools and other locations. The researcher attempted to discern which school processes or policies are different for students receiving special services. This included how students receiving special needs are integrated into a new school community, the investigative process to determine if a student receiving special services is a victim or perpetrator of bullying.

K-12 educational professionals are responsible for the development and sustaining a positive climate in schools. The lone intervention strategy reported was the use of School Wide Positive Behavior Interventions and Supports that impacts the school community. Interventions for the workplace or in neighborhoods outside of school were not reported by educational professionals, which may be one of the challenges associated with the implementation of anti-bullying interventions. Studies conducted by other researchers have noted this constraint. In 2016, a team of researchers from various organizations in Canada studied the views of teachers on factors that may limit the effectiveness of anti-bullying programs (Cunningham, Rimas, Mielko, Mapp, Cunningham, Buchanan, Vaillancourt, Chen, Deal, & Marcus, 2016). One of the factors identified in this study, is that teachers perceive bullying to be increasingly more difficult and complex to detect. Teachers indicated that due to the various social media platforms, bullying that occurs within the community (off of school grounds), it is quite challenging to address interventions for each of the areas where it occurs. The results of the current study also determined the difficulty to link interventions provided within the school into the surrounding community.

Table 31

Factors at the Community Level

Community	School Interventions/ Programming
Schools	SWPBIS (school community)
Workplaces	Not indicated in responses
Neighborhoods	Not indicated in responses

Societal Level

The fourth and outermost level of the CDC model is the societal level. This level identifies social factors that create a climate in which violence is encouraged and cultural norms are in place to support violence to solve problems (Dahlberg & Krug, 2002). Based on participant responses, the theme aligned to the societal level was that violence is accepted within some communities and that parents, students, and school personnel are unsure of how to successfully change a culture of violence. Public K-12 educational professionals indicated that violence is frequent in Districts A, C, and D and that the school community lacks the resources and knowledge about how to change the culture of violence. Participants indicated that various forms of violence are present within the community, however none of the interventions recommended at the societal level have been implemented. Furthermore, participants report that the community struggles with how to control the violence and parents are unsure of what resources are available. Educational professional responses indicate that there are areas within the community where the violence occurs most frequently and that because parents are unsure of how to address it, they often times end up encouraging it.

Summary

This chapter presents a summary of the data collected in five online line asynchronous focus groups from 23 educational professionals who work at five public K-12 school districts in Pennsylvania. The educational professionals included public K-12 principals, school counselors/social workers, and regular and special education teachers. They described effective anti-bullying interventions for students receiving special services. The chapter presented extant data related to the geographic size, student groups, student enrollment and ethnicities, financial and staffing information, and special education data for each of the five districts. The data were

presented by research question indicating similarities and differences between districts and professional position in each district were described. Finally, the Center for Disease Control's Violence Prevention Model, was used to analyze the data as per the levels of the model: Individual, Relational, Community and Societal. The use of this theoretical framework in the context of bullying prevention, helped identify themes at each level. This information can be used to identify additional interventions in the public K-12 education framework. In Chapter 5, the researcher provides an overview of the study, a list of findings, a discussion of findings and recommendations for practitioners and researchers.

CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

The No Child Left Behind Act, signed into law by President George W. Bush in January of 2002, required that all students in the United States demonstrate proficiency in reading and mathematics by the end of the 2013-14 school year. At about the same time, the Pennsylvania Department of Education (PDE) was involved in a monumental class action suit, *Gaskin v. Pennsylvania Department of Education* (2005). This litigation resulted in comprehensive special education reform efforts to ensure students with special needs are educated in their least restrictive environment.

In order to improve the achievement of students receiving special services and to comply with federal legislation as a result of the Gaskin's settlement, education for students with exceptionalities was forced to evolve from when students with disabilities were educated in separate schools or different classes. The movement to educate students in regular education classes and the least restrictive environment, while lacking the ability to develop and sustain positive peer relationships interactions may have resulted in the increase of bullying victimization and perpetration of students with special needs.

In response to bullying, districts have implemented policies, resorted to zero-tolerance measures, and purchased anti-bullying programs. However, bullying continues to be an epidemic that has befuddled researchers and educators (Carter & Spencer, 2006). This chapter begins with a brief overview of the study, followed by a list of findings organized by teacher, principal, school counselor and social worker. A discussion of the findings follows the list of findings by educational professional category. After the findings are presented and discussed, the

recommendations for educational professionals, future researchers and conclusion will be presented.

Overview of the Study

The purpose of this qualitative study was to apply the CDC model of violence prevention framework to examine and identify the frequency of the individual, relational, community, and societal interventions used by public K-12 principals, school counselors/social workers, and regular and special education teachers. The following research questions guided this study:

1. What individual, relational, community and societal anti-bullying interventions do public K-12 principals, school counselors/social workers and regular and special education teachers use to reduce bullying victimization and perpetration among special education students?
2. How do individual, relational, community and societal anti-bullying interventions that public K-12 principals, school counselors/social workers, regular education and special education teachers implement vary across disability categories?
3. What procedures do public K-12 principals and school counselors/social workers, regular and special educators follow to provide students with access to individual, relational, community and societal programming to reduce instances of victimization and perpetration of bullying involving special education students?
4. Which level(s) of the CDC model for violence prevention, namely individual, relational, community and societal, have been used most frequently by public K-12 principals, school counselors/social workers and regular and special education teachers to reduce bullying victimization and perpetration of students with special needs?

Data were collected from 23 educational professionals employed in five public K-12 Western Pennsylvania schools using online asynchronous focus groups. The researcher considered the inclusion of rural and urban school districts in Pennsylvania; however, it was determined that the inclusion of urban would provide the researcher with a richer selection of participants from schools with varying demographics and student populations. The researcher used two different protocols in online focus groups to collect data from districts in online focus groups lasting from 45 to 60 minutes. Principals, school counselors/social workers participated together and regular and special education teachers participated in a separate group session.

Upon completion of the online focus groups the researcher began a two-phased data analysis procedure including the identification of meaning units and development of codes and themes for each research question. The next section will present a list of findings that emerged.

Findings

This section will provide findings related to Research Questions 1-4. The findings are organized into three sections: teacher perceptions of anti-bullying interventions; principal, school counselor/social worker perceptions of anti-bullying interventions; and common perceptions of anti-bullying interventions among districts and educational professionals.

Teacher Perceptions of Anti-Bullying Interventions

1. Online focus group data indicated that teachers used classroom interventions such as classroom rules, individualized instruction, proximity seating, and use of peers as effective anti-bullying interventions. Teachers did not mention strategic planning for bullying prevention or school-wide committees where planning may take place, school wide anti-bullying programs, character education, integrating anti-bullying themes into

the curriculum, school wide positive behavior intervention supports, and how they determine if the interventions are effective (Research Question 1).

2. Teachers report the use of the Individualized Education Plan process as a tool to reduce bullying of students with special needs, but did not suggest the addition of an anti-bullying plan based on the identified strengths and weaknesses in the student's IEP (Research Question 3).
3. Thirteen of fifteen elementary teachers discussed the need for anti-bullying interventions to vary based on disability category of the student, while secondary teachers preferred that interventions remain consistent. The only example of varying anti-bullying interventions provided by teachers was related to academic interventions (Research Question 2).
4. Teachers expressed frustration with the impact that violence may have on their school community and the lack of interventions on how to teach students who come from violent backgrounds (Research Question 4).

Principal, School Counselor and/or Social Worker Perceptions

5. Principals referenced school wide interventions such as Student Assistance Program (SAP), Positive School Wide Behavior Intervention Supports (SWPBIS), and the use of outside district or school sponsored programs such as guest speakers as effective anti-bullying interventions for students with special needs. Only one principal mentioned that their district was piloting an anti-bullying program (Research Question 1).
6. Principals identified their district wide anti-bullying policy, however most did not mention the use of a character education program, incorporating anti-bullying themes into

the curriculum, and how they determine if their anti-bullying interventions are effective. (Research Question 1).

7. The investigative process used by principals, school counselors and/or social workers for determining if a student receiving special services was a victim or perpetrator of bullying included; interviewing witnesses and the victim, gathering evidence, determining if there is a history of abuse, assigning consequences if necessary, applying progressive discipline to repeat offenders, the use of law enforcement (Act 26), providing student choice on how the situation is handled and having students write an incident report. This process was the same as the process to determine if a regular education student was victimized or perpetrated bullying behavior. Principals, school counselors and/or social workers did not include following up with the victim to determine if the bullying had stopped, providing services to the perpetrator, contacting families, or intervention at the classroom level by school counselors. Principals also did not mention if there is a and strategic planning process for bullying prevention established in their district (Research Question 3).

Common Perceptions of Educational Professionals

8. Nine educational professionals out of 23 stated that the relationship level, specifically parental involvement, is most in need of anti-bullying interventions for students. Fourteen stated that the individual and the relationship levels of the CDC model for violence prevention are least in need of interventions. Educational professionals provided marginal evidence that interventions occurred at the societal level (Research Question 4).
9. Students receiving special education services are integrated into a new district using the similar methods as regular education students. These include: use of a peer, mentoring

programs and traditional methods such as introducing the new student to peers and teachers, using school staff for support, classroom “getting to know you” activities, issuing a student handbook, assigning a seat, providing class materials, orienting students to classroom rules and expectations and giving a tour. The utilization of the Individualized Education Plan was described as a process for integrating students with special needs into a new school (Research Question 3).

10. Parents of students with special services are engaged in the topic of bullying prevention through the use of parent meetings, phone conversations, community events and district wide technological applications (Research Question 3).

Discussion of Findings

School violence has a negative impact on student learning. As the violence in schools has increased, so have the occurrence of catastrophic events such as school shootings and the rate of student suicide. Bullying is a form of violence occurring in K-12 public schools that requires students to navigate through the complexities of social interaction. While all students encounter the challenges associated with bullying, students with special needs are at a greater risk for experiencing victimization. Other factors such as legislation and litigation have led to a greater occurrence of bullying for students with special needs.

The findings presented earlier have been organized into three sections: Teacher Perceptions, Principal, School Counselor, and Social Worker Perceptions, and Common Perceptions and are discussed in the following section.

Teacher Perceptions

Bullying behavior may manifest in different forms across multiple environments; including classroom disciplinary problems due to mistreatment among peers, verbal aggression,

humiliation, social exclusion, physical harm and the destruction of property (Allen, 2009; Benbenishty & Astor, 2005). The literature supports the practice of teachers establishing a highly structured classroom that includes clear expectations and procedures is a fundamental approach for reducing bullying behaviors (Sugai & Horner, 2002). The establishment of classrooms rules are important because adults depend on students to report bullying that occurs within the classroom, therefore it is imperative that students are aware of the rules prohibiting bullying (Hymel & Swearer, 2015). Within the context of classroom rules, the research suggests the recommendations of how classroom rules may be used as a deterrent to bullying behavior:

- A definition of bullying behavior;
- Clear expectations for all students;
- Procedures for how students will report bullying;
- Reinforcement for appropriate behavior;
- Procedures for how bullying behavior will be addressed (Meadan & Monda-Amaya, 2008).

This study supports the literature as the use of classroom rules as an initial anti-bullying intervention. Teachers reported that encouraging students to be respectful of themselves and others, continually reinforcing the classroom rules, rewarding for positive behavior, and teaching students how to behave appropriately were effective at reducing bullying behavior.

While the establishment of a clear and concise set of classroom rules is important to reduce the onset of bullying behavior, students with special needs need more intensive interventions. Research has shown the use of social skills instruction imbedded into the curriculum as well as the use of role-playing, social stories and conflict resolution to provide students with the opportunity to practice skills in a risk-free environment (Baker & Donnelly,

2001; Llewellyn, 2000). In this study, teachers did not report the use of social skills instruction into the general curriculum. This may be due to more instructional time spent on reading and math in order to maximize student achievement and growth, or that districts did not perceive bullying to be severe enough in their district to implement a social skills program.

A “peer led” approach, sometimes known as befriending, has shown the development of pro social skills such as active listening, empathy, problem solving, and supportiveness that students may lack if involved in repeated bullying incidents (Smith, Cousins, Stewart, 2005). The literature suggests this intervention may be particularly effective for secondary students who prefer social interaction with peers over direction from adults (Salmivalli, 2001). Additionally, students with special needs may benefit from an environment that allows them to practice age-appropriate social skills in a non-threatening environment through peer modelling (Rose & Monda-Amaya, 2012). An instructional strategy that may be beneficial for students with special needs is the use of cooperative learning. Teachers group a student with social skills weaknesses with a student that has stronger social skills hoping that the skills would be learned by the student (Rose & Monda-Amaya, 2012). In this study, teachers described the use of a peer to assist the student with academic demands rather than as a model for appropriate social skills and providing a format to systematically practice social skills. This may be the result of teachers not being trained on how to use cooperative learning strategies to improve the social skills of students, or teachers using cooperative learning for an academic purpose such as teaching a peer a skill they are struggling to learn. It is important to note that some studies revealed that using a peer too often for students with learning disabilities in inclusive settings, may result in other students perceiving that they need more support and adult dependence leading to increased

victimization due social or academic skill deficits (Kuhne & Wiener, 2000; Llewelyn, 2000; Marini, Koruna, & Dane, 2006; Rose, Espelage, Monda-Amaya, Shogren, & Aragon, 2015).

The development of the Individualized Education Plan is a process recommended by PACER's National Bullying Prevention Center (2016) to support anti-bullying programming for students with special needs. Students with disabilities are eligible to receive special services under the Individuals with Disabilities Education Improvement Act (IDEIA) and are entitled to a Free and Appropriate Public Education (FAPE). The impact of bullying may cause a student with special needs to be adversely impacted and not make academic progress. The IEP could be a helpful tool (PACER, "National Bullying Center", 2012), to develop a bullying prevention plan. In order for this to be effective, the IEP team should identify strategies to integrate into the Individualized Education Plan (IEP) to help stop the bullying. The plan could include:

- Identifying the "go-to" adult when the student needs assistance;
- Determining how school staff will document and report instances;
- Allowing the child to leave class early to avoid confusion;
- Holding separate in-service training for teachers and students to help increase understanding of the student's disability;
- Continual review of district policy on anti-bullying behavior;
- Providing social skills instruction related to student advocating for their own needs ("The Individualized Education Program (IEP) and Bullying", PACER, 2016, pg. 1).

This study supports the recommendations of the National Bullying Prevention Center. Teachers referred to the use of the IEP process as being effective at reducing the bullying victimization of students with special needs. Teachers stated they would review the IEP of a student with special

needs to learn more about their academic, social and emotional needs, however they did not specifically mention the suggested recommendations, but stated that they would read the IEP or conduct a meeting to identify strategies that were successful in the past. It is reasonable to suggest that if the student was identified as a frequent victim or perpetrator, interventions that similar to those recommended would be implemented if they are available for the teacher. Teachers also reported using the IEP process to become familiar with the needs of a new student to improve the transition process to a new school.

There are many discrepancies among characteristics of students in each disability category indicating that students with certain disabilities are more likely to be involved in the bullying dynamic (Rose & Espelage, 2012). A qualitative study conducted by Rose and Espelage (2012) found that students with emotional and behavior disorders are more likely to engage in higher levels of bullying perpetration than students with and without disabilities, which is consistent with the findings of other studies (Swearer, Wang, Maag, Siebecker, & Frerichs, 2012). It is understandable that students in need of learning appropriate social skills would have higher rates of bullying perpetration and that interventions should be varied based on the individual needs of the student rather than the specific characteristics of their disability. This suggests that anti-bullying interventions should be modified to meet the needs of students with disabilities. This is consistent with the findings of Raskauskas & Modell (2011) who argued that for school anti-bullying programs to be successful, teachers and administrators may need to modify programming. Other researchers have indicated the need to differentiate the needs assessment, program content and delivery method of anti-bullying programs in order to include the needs of all students within the school community, including students with moderate and severe disabilities (Raskauskas & Modell, 2011). Elementary regular and special education

teachers in this study stated that anti-bullying interventions should be varied based on the individual needs of the student. The rationale as to why teachers may feel this way corroborate the findings in Cunningham et al. (2016), that teachers are concerned that anti-bullying programs do not adapt to the developmental level of students or across grade levels, supporting the theory that they need to be modified to meet the needs of all students. While elementary regular and special education teachers in this study felt that interventions should vary, secondary teachers reported that interventions should be consistent. The different viewpoint from secondary teachers could be attributed to the higher enrollment at the secondary levels and the challenge of establishing a varied set of interventions for each disability category. This may be easier to implement in middle and high schools with high enrollment and more teachers; it would not diminish the need for the individualization of anti-bullying interventions. However, as Cunningham et al. (2016) discovered in his research, if teachers feel the task is too challenging and are not supported by school administration, it would be difficult for them to be fully committed to following through with an initiative.

The need to vary anti-bully interventions is similar to the practice of differentiating academic interventions based on the learning profile of the student. Students with special needs learn differently, often times at a slower pace. It is necessary to offer modifications to existing interventions and creatively develop others using the available resources. While the modification of anti-bullying interventions may be a challenging endeavor for school districts, the plethora of research on characteristics of disabilities could be used to develop a Multi-Tiered Prevention Framework suggested by researchers (Institute of Medicine, 1994; National Research Council and Institute of Medicine, 2009; Weisz, Sandler, Durlak, & Anton, 2005). The establishment of

an intervention database based on the needs of the school community, that increases interventions based on levels of support may be an effective method for school districts.

The prevalence of violence in low socioeconomic or impoverished neighborhoods has been found to be higher than upper- or middle-class neighborhoods (Cunningham & Henggeler, 2001; Qi & Kaiser, 2003; Talbott, Celinska, Simpson & Coe, 2002), and if the surrounding community has accepted violence it may be difficult for the district to change this culture and to provide interventions that would change student behavior. Teachers in this study echoed this concern and voiced their frustrations with how to change the behavior of students that are accustomed to violence. Educational professionals from three out of five districts in this study reported that violence is accepted in their community. In some of these instances, the districts are located in impoverished areas.

Principal, School Counselor and/or Social Worker Perceptions

School wide interventions have shown promise at reducing anti-bullying behavior. In a meta-analysis conducted by Vreeman and Carroll (2007), seven of eight studies showed positive outcomes. The use of School Wide Positive Behavior Interventions Systems (SWPBIS) framework that has shown promise at reducing bullying behavior among students (Rose & Monda-Amaya, 2012). This framework allows for all students to access programming at different levels based on need. All students have access to interventions at the tier one level, which may include reinforcement throughout the school day and positive rewards for demonstrating appropriate behavior. As the need of the student increases, individualized interventions would take place for those students in tiers two and three. The literature suggests that the usage of SWPBIS has had significant effects on bullying and peer rejection at the Tier 1 level (Bradshaw, 2015; Waasdorp et al., 2008; Horner et al., 2009). The findings of this study,

support Bradshaw's (2013) findings that the use of a SWPBIS framework to reduce victimization and perpetration of bullying among students with special needs is an effective school-wide system for the promotion of positive behavior. Secondary principals in two of the five districts that participated in this study reported the use of SWPBIS as an anti-bullying intervention for students receiving special support.

Another school wide anti-bullying intervention is the use of anti-bullying programs. In general, there is inconsistent evidence that supports the use of anti-bullying programs as an effective intervention to reduce bullying of special education students especially in North American schools (Ttofi & Farrington, 2011). One principal in this study reported that his district was in the process of piloting an anti-bullying program. The reason for this may be that districts that participated in this study do not believe that bullying is a challenge in their districts, therefore they are unwilling to commit financially when the outcomes of program implementation are not as promising. In 2012, New Jersey school districts reported that implementation of new state anti-bullying laws and regulations cost districts more than two million dollars including the purchase of new software for anti-bullying programs and teacher trainings ("Researchers unsure of success of anti-bullying programs", 2014).

Students with learning disabilities are a frequent target of bullying. In 2012, it is estimated that as much as 38% of the total population of students with disabilities were represented by students with Specific Learning Disability (Aud, Hussar, Johnson, Kena, Roth, Manning & Yohn, 2012). Evidence suggests that the higher rates of victimization of students with disabilities could be a result of the *individual* characteristics of their disability rather than an oversimplification of the label (Rose & Espelage, 2012). For example, assuming that the characteristics of all students with Specific Learning Disability (SLD) are the same would be

ignoring the individual characteristics of that student. If this was not the case, school districts would meet federal and state requirements by developing *one* IEP for all students identified with a specific learning disability, or a “cookie cutter” approach. Principals that participated in this study agreed with teachers on the need to develop individualized interventions for students receiving special supports and suggest that it may be successful. The idea that anti-bullying interventions offered to public K-12 students should vary based on the needs of the students is aligned with the recommendations of the individual level of the CDC model of violence prevention. Inherent in this level of the SEM, is that each student with special needs has a different personal history related to the factors at the individual level: age, education, income of family, and risk factors for related health challenges such as substance abuse and history of abuse.

Common Perceptions of Educational Professionals

Researchers have argued that to completely understand bullying it needs to be viewed through the context of a theoretical framework such as Bronfenbrenner’s socio-ecological framework (Swearer & Hymel, 2015). This would enable researchers and educational professionals to view the complex dynamic of bullying through the personal history and environment of the individuals, which helps to understand why an individual or group may engage in violent behavior. On the other hand, researchers also propose that trying to understand the bullying dynamic through the socio-ecological lens may lead to preconceived bias’ toward individuals that display certain characteristics and that a more sociocultural and multicultural approach is needed (Viala, 2015; Schott, 2013). This study analyzed the bullying dynamic through the lens of the Center for Disease Control’s Socio-Ecological Model of Violence Prevention Framework.

In this study, eighteen out of twenty-three educational professionals discussed that the majority of school wide and classroom anti-bullying interventions at the individual and community (school) levels of the CDC model. This includes programming for students related to age, education, income; additionally, the curriculum contains components to address substance use. Whole school community intervention programs are effective because they are able to reach all students that are part of the school community (Farrell, Meyer, Kung, & Sullivan, 2001). Hong (2009) recommends that school wide anti-bullying programs would include programming at the individual, classroom and school levels, while engaging parents and members of the community at the societal level. The reason for these results, could be due to the perception by educational professionals that interventions from the classroom such as rules, individualized instruction, use of a peer, and the IEP process could all be applied to the individual level, while Positive School Wide Behavior Intervention and Supports aim to increase positive behavior within the whole school community. Finally, nine of the twenty-three K-12 educational professionals stated that the relationship level is most in need of intensive interventions. They stated the importance of parental involvement in anti-bullying programming and described their focus on the relationships between parents and other members within the student's home.

This study revealed that participants focused on some levels of the model more than others. Ten interventions were categorized at the Individual Level, two at the Relational, and four at the Community and Societal Levels. These results are cause for concern. First, they indicate an imbalance of anti-bullying interventions at the Relational, Community and Societal levels. Second, interventions at the Individual level are mostly reactive rather than proactive, including classroom rules, Student Assistance Program (SAP), individualized instruction, and

proximity seating. This could be due to the lack of control that districts have in planning societal level interventions and the difficulty with changing a culture of violence within a community.

Somewhat surprising to the researcher, educational professionals did not discuss the use of anti-bullying programs and strategic plan for bullying prevention. Even though the use of anti-bullying interventions has shown mixed results, some studies have documented a decrease in anti-bullying behaviors. The Olweus Anti-Bullying Program (OBPP) has shown promise at reducing violence (Espelage & Swearer, 2003), certainly more than a piecemeal approach. The potential legal ramifications for a district that is unable to show a comprehensive action plan, including an Anti-Bullying Program, measurable goals, responsibilities for professionals, and systematic steps to ensure the anti-bullying programming is being attempted could be devastating, especially if student with a disability is harassed (Schoen & Schoen, 2010).

Recommendations for Educational Professionals

This study has implications for educational professionals. Listed below are some recommendations:

- Bullying prevention efforts begin in the classroom with the teacher's establishment of classroom rules and procedures. Expand on this use of time in the classroom by providing all students with basic social skills instruction while providing students with special needs opportunities to learn and practice appropriate social skills in a risk-free setting (Rose & Monda-Amaya, 2012; DeRosier, 2004). Through the supervision and evaluation process, principals need to ensure that teachers maintain a safe and supportive learning environment.

- Superintendents and principals should implement School Wide Positive Behavior Interventions and Supports as part of a multi-tiered approach toward bullying prevention at the universal level (Bradshaw, 2013; Rose & Monda-Amaya, 2012).
- Special education teachers should include bullying prevention plans in the Individualized Education Plan. This may include goals and/or objectives on specific and targeted instruction on coping skills and socioemotional learning.
- Human resources departments should provide professional development opportunities for school staff to learn the characteristics of students with special needs that may make them vulnerable to being victims or perpetrators of bullying behavior (Rose & Monda-Amaya, 2012).
- Transformational leadership is the process of changing and transforming people to influence them to accomplish more than what is traditionally expected (Northouse, 2010). Throughout history, school districts have provided the impetus for transformational change when local communities and society lack resources or are uncertain of how to do so. Superintendents, teachers, and all school staff must work collaboratively to change community perceptions of violence by providing students with incentives to continue anti-violence themes outside of school walls.

Figure 19 shows how a framework similar to the Multi-Tiered System of Supports (MTSS) that is used in schools for academic and behavior interventions for a continuum of anti-bullying interventions could be integrated with a theoretical framework. The application of this model would enable districts to prescribe interventions based on the level of student need, and identify individual risk factors of specific students, and would be based on interventions included at each of the MTSS levels in addition to the

theoretical framework. This approach has shown evidence at reducing victimization and perpetration rather than only one single approach (Silva, Oliveira, Mello, Andrade, Bazon & Silva, 2017; Vreeman & Carroll, 2007).

- Professors of pre-service teachers should include theory aligned with anti-bullying interventions in the coursework. This theory could be speculative in nature; however, integration of the theory and anti-bullying literature will help novice teachers identify characteristics of students that are likely to be victimized.
- Pre-service teachers should ensure that they have a classroom management plan that is highly structured and allows for students to learn through exploration, however clear, consistent guidelines are present.

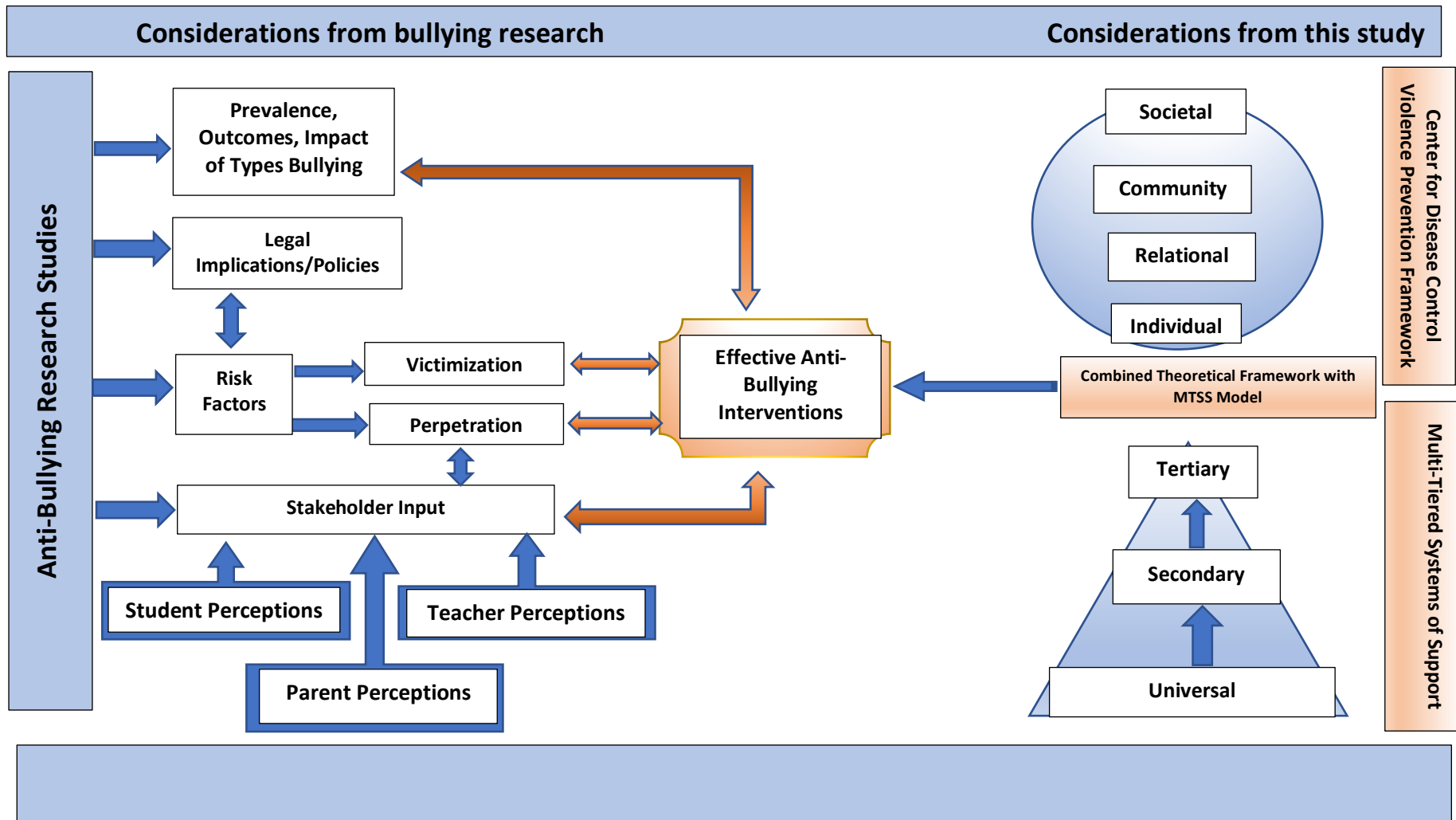


Figure 17. Considerations from bullying research and the contributions of this study.

Recommendations for Future Researchers

Based on the results of this study, the following considerations for future research are offered:

- While current research has suggested the prevalence, outcomes, types, identification, risk factors, legal implications, and perceptions from students and parents of bullying, there lacks a connection between what we know about how to prevent violence and developing strategies and interventions to address it. This should begin the development of a clear definition of bullying.
- Future quantitative and mixed method studies should continue to investigate the link between the prevalence of victimization and perpetration and disability categories across each of the levels of the Socio-Ecological Model.
- Researchers should investigate the link between specific characteristics of risk factors among disability categories, anti-bullying interventions, and a theoretical framework such as the Center for Disease Control's Socio-Ecological Framework of Violence Prevention.
- Future studies need to focus on the integration of the Multi-Tiered System of Supports and a theoretical framework for understanding bullying, such as the CDC model for violence prevention, as a guide at the universal, targeted and intensive levels.
- In regard to methodological design of this study: future researchers using online focus groups should consider the amount of questions that are asked the participants' level of comfort with technology, and the number of participants in each focus group.

Conclusions

Bullying is a form of violence that negatively impacts student achievement and child development (National Center for Education Statistics, 2016; Chester, Callaghan, Cosma,

Donnelly, Walsh, Molcho, 2015; Center for Disease Control, 2015). While bullying affects all children, students with special needs including specific learning disabilities, autism spectrum disorder, emotional and behavior disorders, other health impairments, and speech and or language impairments are more likely to be victimized than their regular education peers (Rose & Gage, 2017).

The results of this study provided perceptions on effective anti-bullying interventions for special education students used by regular and special education teachers, principals, school counselors, and social workers, how interventions and procedures vary between regular education and students receiving special services, and the levels of the CDC's Socio-Ecological Model of Violence Prevention framework are most and least represented in K-12 public schools. Findings included regular and special education teachers use of classroom interventions such as classroom rules, individualized instruction, proximity seating, peers, and the Individualized Education Plan process as anti-bullying interventions. Elementary regular and special education teachers were more likely to believe that anti-bullying interventions for students with disabilities should vary based on individual need, while secondary teachers believed that they should remain consistent. Principals discussed use of school wide interventions such as Positive School Wide Behavior Supports, investigative procedures to determine if bullying had occurred and procedures for integrating new students receiving special needs into the school. The majority of educational professionals believed that most anti-bullying interventions are at the individual and relational levels of the Center for Disease Control's Socio-Ecological Model of Violence prevention framework.

As the frequency of bullying increases, teachers should include explicit social skills instruction in a risk-free environment in collaboration with peers to practice these skills. Special

education teachers should consider anti-bullying intervention strategies in the Individualized Education Plan that specifically addresses the socio-emotional needs of the student.

Superintendents, principals and teachers should develop an anti-bullying intervention framework similar to the Multi-Tiered System of Supports (MTSS) that may be used by schools for academic and behavioral interventions. As part of the framework, principals could include School-Wide Positive Behavior Interventions and Supports as a universal level intervention for all students. All school staff needs professional development opportunities to learn the characteristics of students who may be vulnerable to victimization as the result of bullying.

Future studies should continue to examine the connections between what we know about bullying behavior and developing strategies and interventions to address it for all subgroups of the school population. Additionally, the link between the prevalence of bullying and disability categories should be investigated from the perspective of an integrated theoretical framework such as the MTSS and CDC models. The pressure to ensure that all students meet achievement targets in reading, math and science has never been greater, however it should never be more than the commitment to ensure a safe, supportive and successful learning environment for all students.

References

- Allen, K. P. (2009). A bullying intervention system: Reducing risk and creating support for aggressive students. *Preventing School Failure: Alternative Education for Children and Youth*, 54(3), 199-209. doi: 10.1080/10459880903496289
- Atlas, R. S., & Pepler, D. J. (1998). Observations of bullying in the classroom. *The Journal of Educational Research*, 92(2), 86-99. doi: 10.1080/00220679809597580
- Aud, S., Hussar, W., Johnson, F., Kena, G., Roth, E., Manning, E., & Zhang, J. (2012). *The Condition of Education 2012*. (NCES 2012-045). U.S. Department of Education, National Center for Education Statistics. Washington, D.C. Retrieved from <http://nces.ed.gov/pubsearch>.
- Austin, S., & Joseph, S. (1996). Assessment of bully/victim problems in 8 to 11-year-olds. *British Journal of Educational Psychology*, 66(4), 447-456. doi:10.1111/j.2044-8279.1996.tb01211.x
- Babbie, E. (1992). *The practice of social research*. California: Wadsworth.
- Baker, K., & Donnelly, M. (2001). The social experiences of children with disability and the influence of environment: A framework for intervention. *Disability & Society*, 16(1), 71-85. doi:10.1080/713662029
- Barakat, L. P., & Linney, J. A. (1992). Children with physical handicaps and their mothers: The interrelation of social support, maternal adjustment, and child adjustment. *Journal of Pediatric Psychology*, 17(6), 725-739. doi:10.1093/jpepsy/17.6.725
- Barbour, R. (2007). Doing focus groups (book 4 of the SAGE qualitative research kit). doi:10.4135/9781849208956

- Barboza, G. E., Schiamberg, L.B., Oehmke, J., Korzeniewski, S. J., Post, L. A., & Heraux, C. G. (2009). Individual characteristics and the multiple contexts of adolescent bullying: An ecological perspective. *Journal of Youth and Adolescence*, *38*(1), 101-121. doi:10.1007/s10964-008-9271-1
- Barnett, D., Clements, M., Kaplan-Estrin, M., & Fialka, J. (2003). Building new dreams: Supporting parents' adaptation to their child with special needs. *Infants & Young Children*, *16*(3), 184-200. doi:10.1097/00001163-200307000-00002
- Bauer, N., Lozano, P., & Rivara, F.P. (2007). The effectiveness of the Olweus Bullying Prevention Program in public middle schools: A controlled trial. *Journal of Adolescent Health*, *40*, 266-274. doi:10.1016/j.jadohealth.2006.10.005
- Beaty, L.A., & Alexeyev, E.B. (2008). The problem of school bullies: What the research tells us. *Adolescence*, *43*(169), 1. Retrieved from <http://njbullying.org/documents/beaty-adolesc-research3-08.pdf>
- Benbenishty, R., & Astor, R. A. (2005). *School violence in context: Culture, neighborhood, family, school, and gender*. Oxford University Press.
- Berkowitz, R. (2014). Student and teacher responses to violence in school: The divergent views of bullies, victims, and bully-victims. *School Psychology International*, *35*(5), 485–503. doi: 10.1177/0143034313511012
- Black, S.A. & Jackson, E. (2007). Using bullying incident density to evaluate the Olweus Bullying Prevention Programme. *School Psychology International*, *28*, 623-638. doi:10.1177/0143034307085662

- Blank, L., Baxter, S., Goyder, E., Naylor, P., Guillaume, L., Wilkinson, A., & Hummel, S., (2010). Promoting well-being by changing behavior: A systematic review and narrative synthesis of the effectiveness of whole secondary school behavioral interventions. *Mental Health Review Journal*, 15(2), 43-53. doi:10.5042/mhrj.2010.0371
- Bloom, L. (2007). School Bullying in Connecticut: Can the Statehouse and the Courthouse Fix the Schoolhouse-An Analysis of Connecticut's Anti-Bullying Statute. *Conn. Pub. Int. LJ*, 7, 105. Retrieved from <https://cpilj.law.uconn.edu/wp-content/uploads/sites/2515/2018/10/7.1-School-Bullying-in-Connecticut-Can-the-Statehouse-and-the-Courthouse-Fix-the-Schoolhouse-An-Analysis-of-Connecticut%E2%80%99s-Anti-Bullying-Statute-by-Laurie-Bloom.pdf>
- Bolger, N., DeLongis, A., Kessler, R. C., & Wethington, E. (1989). The contagion of stress across multiple roles. *Journal of Marriage and the Family*, 175-183. doi:10.2307/352378
- Bowlby, J. (1969). *Attachment and loss: Attachment* (Vol. 1). New York, NY: Basic Books.
- Bradshaw, C. P. (2015). Translating research to practice in bullying prevention. *American Psychologist*, 70(4), 322. doi:10.1037/a0039114
- Bradshaw, C. P. (2013). Preventing bullying through positive behavioral interventions and supports (PBIS): A multitiered approach to prevention and integration. *Theory Into Practice*, 52(4), 288-295. doi:10.1080/00405841.2013.829732
- Bradshaw, C. P., Koth, C. W., Bevans, K. B., Ialongo, N., & Leaf, P. J. (2008). The impact of school-wide Positive Behavioral Interventions and Supports (PBIS) on the organizational health of elementary schools. *School Psychology Quarterly*, 23, 462- 473. doi:10.1037/a0012883

- Bradshaw, C. P., Mitchell, M. M., & Leaf, P. J. (2010). Examining the effects of school-wide Positive Behavioral Interventions and Supports on student outcomes: Results from a randomized controlled effectiveness trial in elementary schools. *Journal of Positive Behavior Interventions, 12*, 133–148. doi:10.1177/1098300709334798
- Bromet, E. J., Dew, M. A., & Parkinson, D. K. (1990). Spillover between work and family. In stress between work and family (pp. 133-151). Springer US.
- Bronfenbrenner, U. (1979). Contexts of child rearing: Problems and prospects. *American Psychologist, 34*, 844-850. doi:10.1037//0003-066x.34.10.844
- Bronfenbrenner, U. (1994). Ecological models of human development. In T. Husen & T.N Postlethwaite (Eds.), *The international encyclopedia of education*, 2nd ed., pp. 1643-1647). New York, NY: Elsevier Science.
- Brookmeyer, K. A., Fanti, K. A., & Henrich, C. C. (2006). Schools, parents, and youth violence: A multilevel, ecological analysis. *Journal of Clinical Child and Adolescent Psychology, 35*(4), 504-514. doi:10.1207/s15374424jccp3504_2
- Carter, B. B., & Spencer, V. G. (2006). The fear factor: Bullying and students with disabilities. *International Journal of Special Education, 21*(1), 11-23. Retrieved from <http://www.internationalsped.com/documents/02%20CarterSpencer.doc>
- Chester, K. L., Callaghan, M., Cosma, A., Donnelly, P., Craig, W., Walsh, S., & Molcho, M. (2015). Cross-national time trends in bullying victimization in 33 countries among children aged 11, 13 and 15 from 2002 to 2010. *The European Journal of Public Health, 25*(2), 61-64. doi:10.1093/eurpub/ckv029

- Clark, M. (2013). 49 states now have anti-bullying laws. How's that working out? Retrieved from <http://www.governing.com/news/headlines/49-States-Now-Have-Anti-Bullying-Laws-Hows-that-Working-Out.html>
- Crawford, N. (2002). New ways to stop bullying. *Monitor on Psychology*, 33(9), 64. Retrieved from <file:///Users/eknorr/Downloads/newwaystostopbullying.pdf>
- Cunningham, P. B., & Henggeler, S. W. (2001). Implementation of an empirically based drug and violence prevention and intervention program in public school settings. *Journal of Clinical Child Psychology*, 30(1), 221-232. doi:10.1207/s15374424jccp3002_9
- Cunningham, T., Hoy, K., & Shannon, C. (2016). Does childhood bullying lead to the development of psychotic symptoms? A meta-analysis and review of prospective studies. *Psychosis*, 8(1), 48-59. doi:10.1080/17522439.2015.1053969
- Dayton, J., & Proffitt, D. A. (2009). A child's right to human dignity: reforming anti-bullying laws in the United States. *Irish Educational Studies*, 28(3), 333-350. doi:10.1080/03323310903335435
- David-Ferdon, C., & Simon, T. R. (2014). Taking action to prevent youth violence: A companion guide to preventing youth violence: Opportunities for action. doi:10.1057/9781137365699.0008
- DeRosier, M. E. (2004). Building relationships and combating bullying: Effectiveness of a school-based social skills group intervention. *Journal of Clinical Child and Adolescent Psychology*, 33(1), 196-201. doi:10.1207/s15374424jccp3301_18
- Doren, B., Bullis, M., & Benz, M.R. (1996). Predictors of victimization experiences of adolescents with disabilities in transition. *Exceptional Children*, 63, 7-18. doi:10.1177/001440299606300101

- Duplechain, R., & Morris, R. (2014). School violence: Reported school shootings and making schools safer. *Education, 135*(2), 145–150. Retrieved from <http://web.a.ebscohost.com.proxy-iup.klnpa.org/ehost/pdfviewer/pdfviewer?vid=1&sid=cc676d2d-c375-45d6-9c44-44e1ddc64d43%40sessionmgr4006>
- Eckenrode, J., & Gore, S. (1990). Stress between work and family. In: Eckenrode J., Gore S. (eds). *Stress between work and family* (pp. 205-218). Springer, Boston, MA.
doi:10.1007/978-1-4899-2097-3_10
- Elliot, J. (1991). *Action research for educational change*. McGraw-Hill Education (UK).
- Espelage, D. (2012). Bullying prevention: A research dialogue with Dorothy Espelage. *The Prevention Researcher, 19*(3), 17-20. doi:10.1037/e534992013-006
- Espelage, D. L., & Swearer, S.M. (2003). Research on school bullying and victimization: What have we learned and where do we go from here? *School Psychology Review, 32*(3), 365-383.
- Farrell, A.D., Meyer, A. L., Kung, E. M., & Sullivan, T. N. (2001). Development and evaluation of school-based violence prevention programs. *Journal of Clinical Child Psychology, 30*(1), 207-220.
- Flygare, E., Gill, P.E., & Johansson, B. (2013). Lessons from a convalid evaluation of eight antibullying programs used in Sweden. *American Journal of Evaluation, 34*(2), 170-189.
doi:10.1177.1098214012471886.
- Fontana, A., & Frey, J. (1994). *The art of science. The handbook of qualitative research*, 361-376.

- Fox, B.H., Farrington, D.P., & Ttofi, M.M. (2012). Successful bullying prevention programs: Influence of research design, implementation features, and program components. *International Journal of Conflict and Violence* 6(2), 274-282. doi:10.1037/e554382012-034
- Frisen, A., Hasselblad, T. & Holmqvist K. (2012). What actually makes bullying stop? Reports from former victims. *Journal of Adolescence*, 35, 981-990.
doi:10.1016/j.adolescence.2012.02.001
- Garandeau, C.F., Poskiparta, E., & Salmivalli, C. (2014). Tackling acute cases of school bullying in the KiVa anti-bullying program: A comparison of two approaches. *Journal of Abnormal Child Psychology*, 1-11. doi:10.1007/s/0802-014-9861-1
- Gaskin v. Commonwealth. (n.d). Retrieved October 5, 2018, from The Public Interest Law Center: <https://www.pubintl.org/cases-and-projects/gaskin-v-commonwealth/>
- Goldstein, S. E., Young, A., & Boyd, C. (2008). Relational aggression at school: Associations with school safety and social climate. *Journal of Youth and Adolescence*, 37(6), 641-654.
doi:10.1007/s10964-007-9192-4
- Gladden, R. M., Vivolo-Kantor, A. M., Hamburger, M. E., & Lumpkin, C. D. (2014). Bullying surveillance among youths: uniform definitions for public health and recommended data elements, version 1.0. Centers for Disease Control and Prevention Web site.
- Graham, S. (2010). What educators need to know about bullying behaviors. *Phi Delta Kappan*, 92(1), 66-69. doi:10.1177/003172171009200112
- Grossman, D.C., Neckerman, H.J., Koepsell, P.Y., Liu, K.N., Asher, K.N., Beland, K., Frey, K., & Rivara F. (1997). Effectiveness of a violence prevention curriculum among children in

- elementary school: A randomized controlled trial. *Journal of the American Medical Association* 277(20), 1605-1611. doi:10.1001/jama.1997.03540440039030
- Hanish, L. D., & Guerra, N. G. (2000). Children who get victimized at school: What is known? What can be done? *Professional School Counseling*, 4(2), 113.
- Hatch, J. A. (2002). *Doing qualitative research in education settings*. Albany: State University of New York Press.
- Hartley, M.T., Bauman, S., Nixon, C.L, Davis, S. (2015). Comparative study of bullying victimization among students in general and special education. *Exceptional Children*, 81, (2), pg. 176. doi:10.1177/0014402914551741
- Hazlerr, R. J., Carney, J. V., Green, S., Powell, R., & Jolly, L. S. (1997). Areas of expert agreement on identification of school bullies and victims. *School Psychology International*, 18(1), 5-14. doi:10.1177/0143034397181001
- Hong, J. S., & Espelage, D. L. (2012). A review of research on bullying and peer victimization in school: An ecological system analysis. *Aggression and violent behavior*, 17(4), 311-322. doi:10.1016/j.avb.2012.03.003
- Horner, R. H., Sugai, G., Smolkowski, K., Eber, L., Nakasato, J., Todd, A. W., & Esperanza, J. (2009). A randomized, wait-list controlled effectiveness trial assessing school-wide positive behavior support in elementary schools. *Journal of Positive Behavior Interventions*, 11, 133–144. doi:10.1177/1098300709332067
- Hymel, S., & Swearer, S. M. (2015). Four decades of research on school bullying: An introduction. *American Psychologist*, 70(4), 293–299. <http://doi.org/10.1037/a0038928>
- Im, E. O., & Chee, W. (2006). An online forum as a qualitative method: Practical issues. *Nursing Research*, 55(4), 267-273. doi:10.1097/00006199-200607000-00007

Individuals With Disabilities Education Act (IDEA) of 2004, 20 U.S.C., § 300.8, (Pennsylvania Department of Education, 2009).

Deverell, W., Hise, G., (2010). In Johnson Institute of Ethics (pp. 327-345), Los Angeles, CA
doi:10.1002/9781444390964.ch18

Kalman, I. C. (2013). A quick, fun method for teaching kids how to stop being victims. *School Rampage Shootings and Other Youth Disturbances: Early Preventative Interventions*, 41, 221.

Karna, A., Voeten, M., Little, T., Alanen, E., Poskiparta, E., & Salmivalli, C., (2011a). Going to scale: A nonrandomized trial of the KiVa antibullying program for grades 1-9. *Journal of Consulting and Clinical Psychology*, 79(6), 796-805. doi:10.1111/j.1467-8624.2010.01557.x

Kaukiainen, A., Salmivalli, C., Lagerspetz, K., Tammien, M., Vauras, M., Mäki, H. (2002). Learning difficulties, social intelligence and self-concept: Connections to bully-victim problems. *Scandinavian Journal of Psychology*, 43, 269-278. doi:10.1111/1467-9450.00295

Kenny, A. (2005). Interaction in cyberspace: An online focus group. *Journal of Advanced Nursing*, 49(4), 414-422. <https://doi.org/10.1111/j.1365-2648.2004.03305.x>

Klein, J. (2007). Bully rage: common school-shooter misery. From The Huffington Post
http://www.huffingtonpost.com/174essie-klein/bully-rage-common-schools_b_46548.html

Knerr, W., Gardner, F., & Cluver, L. (2013). Improving Positive Parenting Skills and Reducing Harsh and Abusive Parenting in Low- and Middle-Income Countries: A Systematic Review. *Prevention Science*, (4), 352. doi:10.1007/s11121-012-0314-1

- Kochenderfer, B. J., & Ladd, G. W. (1996). Peer victimization: Cause or consequence of school maladjustment? *Child Development*, *67*(4), 1305-1317. doi:10.2307/1131701
- Krug, E. G., Dahlberg, L. L., Mercy, J. A., Zwi, A. B., & Lozano, R. (2002). World health report on violence and health. Geneva: World Health Organization. doi.org/10.1071/nb02075
- Krueger, R. A., & Casey, M. A. (2014). *Focus groups: A practical guide for applied research*. Washington, DC: Sage publications.
- Kuhne, M., & Wiener, J. (2000). Stability of social status of children with and without learning disabilities. *Learning Disability Quarterly*, *23*, 64–75. doi:10.2307/1511100
- Lannen, P., & Ziswiler, M. (2014). Potential and perils of the early years: The need to integrate violence prevention and early child development. *Aggression and Violent Behavior*, *19*(6), 625–628. doi:10.1016/j.avb.2014.09.014
- LeCompte, M. D., & Preissle, J. (1993). With Tesch, R. (1993). *Ethnography and qualitative design in educational research*, 2.
- Lee, B. X., Leckman, J. F., & Mbwambo, J. K. K. (2014). Violence and health: Valid perspectives from the WHO Violence Prevention Alliance. *Aggression and Violent Behavior*, *19*(6), 609–615. doi:10.1016/j.avb.2014.09.007
- Llewellyn, A. (2000). Perceptions of mainstreaming: A systems approach. *Developmental Medicine & Child Neurology*, *42*, 106–115. doi:10.1017/S0012162200000219
- Loeber R., Wung, P., Keenan, K., Giroux, B., Stouthamer-Loeber, M., & Van Kammen, W. B. (1993) Developmental pathways in disruptive child behavior. *Development and Psychopathology*, *5*, (1-2), 103-133. doi: 10.1017/S0954579400004296.
- Maag, J. W., & Katsiyannis, A. (2012). Bullying and students with disabilities: Legal and practice considerations. *Behavioral Disorders*, 78-86. doi:10.1177/019874291203700202

- Mahoney, G., & Powell, A. (1988). Modifying parent-child interaction: Enhancing the development of handicapped children. *The Journal of Special Education*, 22(1), 82-96. doi:10.1177/002246698802200110
- Marini, Z. A., Koruna, B., & Dane, A. V. (2006). Individualized interventions for ESL students involved in bullying and victimization. *Contact*, 32(2), 22-41.
- Martlew, M. & Hodson, J. (1991). Children with mild learning difficulties in an integrated and in a special school. Comparisons of behaviour, teasing, and teachers' attitudes. *British Journal of Educational Psychology*, 61, 355-372. doi:10.1111/j.2044-8279.1991.tb00992.x
- Maxwell, J. A. (2005). *Qualitative research design: An interactive approach* (2nd ed.). Thousand Oaks, CA: Sage.
- McLaughlin, C., Byers, R., & Vaughn, R. P. (2010). Responding to bullying among children with special needs and/or disabilities. London, England: Anti-Bullying Alliance. Retrieved from http://www.anti-bullyingalliance.org.uk/send_bullying_project.aspx
- McGuckin, C. & Minton, S.J. (2014). From theory to practice: Two ecosystemic approaches and their applications to understanding school bullying. *Australian Journal of School and Counselling*, 24, (1), 36-48. doi:10.1017/jgc.2013.10
- Meadan, H., & Monda-Amaya, L. (2008). Collaboration to promote social competence for students with mild disabilities in the general classroom: A structure for providing social support. *Intervention in School and Clinic*, 43(3), 158-167. doi:10.1177/1053451207311617
- Mercy, J. A., Butchart, A., Rosenberg, M. L., Dahlberg, L., & Harvey, A. (2008). Preventing violence in developing countries: a framework for action. *International Journal of Injury*

Control & Safety Promotion, 15(4), 197–208. doi:10.1080/17457300802406955

Mercy, J. A., Butchart, A., Farrington, D. & Cerda', M. (2002). Youth violence. In: World report on violence and health. Geneva, Switzerland, World Health Organization, 23-56.

Retrieved from <http://www.popline.org/node/233495>.

Merriam, S. B. (2009). *Qualitative Research: A guide to design and implementation*. San Francisco, CA: Jossey-Bass.

Miller, T.W., Beane, A., & Kraus, R.F. (1998). Clinical and cultural issues in diagnosing and treating child victims of peer abuse. *Child Psychiatry and Human Development*, 29, 21-32.

Modell, S. (2005, February-March). Disability abuse: Rape, sexual and physical assault-What can be done? Paper presented at the 21st Annual Pacific Rim Conference, Honolulu, HI.

Modell, S., Mak, S., & Jackson, I. (2004, March). My greatest fears: Rape, physical abuse, and neglect. What every parent needs to know. Perspectives from the parent, District attorney, and educator. Paper presented at the 20th Annual Pacific Rim 2004 Conference, Honolulu, HI

Morris, R. T. (1957). *American Sociological Review* [Review of the focused interview by

Merton, R.K, Fiske, M., & Kendall, P. L.], 22 (2), 239-240. Retrieved from

<http://www.jstor.org/stable/2088873>

Morrison, G.M., Furlong, M. J., & Smith, G. (1994). Factors associated with the experience of school violence among general education, leadership class, opportunity class and special day class pupils [Electronic version]. *Education & Treatment of Children*, 17, 356-369.

- Olweus, D. & Limber, S.P. (2010). Bullying in school: Evaluation and dissemination of the Olweus bullying prevention program. *American Journal of Orthopsychiatry*, 80(1), 124-134. doi: 10.1111/j.1939-0025.2010.0105.x
- Musu-Gillette, L., Zhang, A., Wang, K., Zhang, J., & Oudekerk, B.A. (2017). Indicators of school crime and safety: 2016. National Center for Education Statistics, U.S. Department of Education and Bureau of Justice Statistics, Office of Justice Programs, U.S. Department of Justice. Washington, D.C.
- Nabuzoka, D., & Smith, P. K. (1993). Sociometric status and social behaviour of children with and without learning difficulties. *Journal of Child Psychology and Psychiatry*, 34(8), 1435-1448. doi:10.1111/j.1469-7610.1993.tb02101.x
- National Research Council. (1994). *Understanding and preventing violence, volume 3: social influences* (Vol. 3). National Academies Press.
- National Research Council. (2009). Institute of Medicine. (2009). Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities. *Board on Children, Youth, and Families, Division of Behavioral and Social Sciences and Education. The National Academies Press, Washington, DC.*
- Oglesby, A. (2014, March 20). Researchers unsure of success of anti-bullying programs. *USA Today*. Retrieved from <https://www.usatoday.com/story/news/nation/2014/03/20/anti-bullying-programs-may-give-boost-to-bullies/6653995/>
- Olweus, D. (1994). Bullying at school. In *Aggressive Behavior* (pp. 97-130). Springer, Boston, MA.
- Olweus, D. (1993). *Bullying at school: What we know and what can we do*. Cambridge, MA: Blackwell.

- Olweus, D. (1991). Bully/victim problems among schoolchildren: Basic facts and effects of a school-based intervention program. *The Development and Treatment of Childhood Aggression, 17*, 411-448. doi:10.1201/9780203164662.ch3
- O'Moore, A. M., & Hillery, B. (1989). Bullying in Dublin schools. *Irish Journal of Psychology, 10*, 426-441.
- PACER, "National Bullying Center" (2012). Bullying Statistics. Retrieved from <https://www.pacer.org/bullying/resources/stats.asp>
- Patton, M. Q. (2002). *Qualitative interviewing. Qualitative research and evaluation methods, 3*, 344-347.
- Pagliocca, P.M., Limber, S. P., & Hashima, P. (2007). Evaluation report for the Chula Vista Olweus Bullying Prevention Program. Final report prepared for the Chula Vista, CA, Police Department.
- Paz Ribeiro, I. M., Teixeira Ribeiro, Á. S., Pratesi, R., & Gandolfi, L. (2015). Prevalence of various forms of violence among school students. *Acta Paulista de Enfermagem, 28*(1), 54–59 6p. doi:10.1590/1982-0194201500010
- Piaget, J. (1970). *Sciences of education and the psychology of the child*. Orion, N.Y.
- Proctor, B. D., Semega, J. L., & Kollar, M. A. (2016). Income and poverty in the United States: 2015. Washington, DC: United States Census Bureau, September.
- Qi, C. H., & Kaiser, A. P. (2003). Behavior problems of preschool children from low-income families: Review of literature. *Topics in Early Childhood Special Education 23*(4), 188-216. doi:10.1177/02711214030230040201

- Raskauskas, J., & Modell, S. (2011). Modifying anti-bullying programs to include students with disabilities. *Teaching Exceptional Children, 44*(1), 60-67.
doi:10.1177/004005991104400107
- Rigby, K. (2002). *New perspectives on bullying*. Philadelphia, PA: Kingsley Publishers.
- Ritchie, J., Lewis, J., Nicholls, C. M., & Ormston, R. (Eds.). (2013). *Qualitative Research Practice: A guide for social science students and researchers*. SAGE.
- Ritchie, J., Spencer, L., & O'Connor, W. (2003). *Carrying out qualitative analysis. Qualitative Research Practice: A guide for social science students and researchers*, (219-262). Thousand Oaks, CA.
- Robers, S., Zhang, A., & Morgan, R. E. (2015). Indicators of School Crime and Safety: 2014. NCES 2015-072/NCJ 248036. National Center for Education Statistics. Retrieved from <http://eric.ed.gov/?q=Most+recent+NCES+reports+on+school+violence+&id=ED557756>
- Rose, C. A., & Gage, N. A. (2017). Exploring the involvement of bullying among students with disabilities over time. *Exceptional Children, 83*(3), 298-314.
doi:10.1177/0014402916667587
- Rose, C. A., & Espelage, D. L. (2012). Risk and protective factors associated with the bullying involvement of students with emotional and behavioral disorders. *Behavioral Disorders, 37*(3), 133-148. doi:10.1177/019874291203700302
- Rose, C. A., Espelage, D. L., Stein, N. D., & Elliot, J. M. (2009). Bullying and victimization among students in special education and general education curricula. Paper presented at American Educational Research Association annual meeting, San Diego, CA.

- Rose, C. A., & Monda-Amaya, L. E. (2012). Bullying and victimization among students with disabilities: Effective strategies for classroom teachers. *Intervention in School and Clinic, 48*(2), 99-107. doi:10.1177/1053451211430119
- Rose, C.A., Monda-Amaya, L.E., Espelage, D. L. (2011). Bullying perpetration and victimization in special education: A review of the literature. *Remedial and Special Education, 32*, (2), 114-130. doi:10.1177/0741932510361247
- Rose, C. A., Espelage, D. L., Monda-Amaya, L. E., Shogren, K. A., & Aragon, S. R. (2015). Bullying and middle school students with and without specific learning disabilities: An examination of social-ecological predictors. *Journal for Learning Disabilities, 48*, 239–254. doi:10.1177/0022219413496279
- Rosenberg, M. L., Butchart, A., Mercy, J., Narasimhan, V., Waters, H., & Marshall, M. S. (2006). Interpersonal Violence. Retrieved from <http://www.ncbi.nlm.nih.gov/books/NBK11721/>
- Ross, D. M. (2003). *Childhood bullying, teasing, and violence: What school personnel, other professionals, and parents can do*. American Counseling Association, Alexandria, VA 22304.
- Ross, P. (2013). A review of valid bully etiology and why school bully interventions don't work. *Review of Higher Education and Self Learning, 5*(17), 48-54.
- Sabornie, E. J. (1994). Social-affective characteristics in early adolescents identified as learning disabled and nondisabled. *Learning Disability Quarterly, 17*, 268-279. doi:10.2307/1511124

- Salmivalli, C., Kaukiainen, A., & Voeten, M. (2005). Anti-bullying intervention: implementation and outcome. *British Journal of Educational Psychology*, 75, 465-487.
doi:10.1348/000709905x26011
- Salmivalli, C. (2001). Feeling good about oneself, being bad to others? Remarks on self-esteem, hostility, and aggressive behavior. *Aggression and violent behavior*, 6(4), 375-393.
doi:10.1016/s1359-1789(00)00012-4
- Schoen, S., & Schoen, A. (2010). Bullying and harassment in the United States. *The Clearing House*, 83(2), 68-72. doi: 10.1080/00098650903386444
- Schott, R. M. (2013). Bullying. *International Encyclopedia of Ethics*, 1-6.
- Silva, J.L.D., Oliveira, W.A.D., Mello, F.C.M.D., Andrade, L.S.D., Bazon, M. R., & Silva, M.A.I. (2017). Systematic review of the literature on antibullying interventions in schools. *Science & Collective Health*, 22, 2329-2340. doi:10.1590/1413-81232017227.16242015
- Siyahhan, S., Aricak, O.T., & Acar, N.C. (2012). The relation between bullying, victimization, and adolescents' level of hopelessness. *Journal of Adolescence*, 35, 1053-1059. doi: 10.1016/j.adolescence.2012.02.011
- Smith, J. D., Cousins, J. B., & Stewart, R. (2005). Antibullying interventions in schools: Ingredients of effective programs. *Canadian Journal of Education/Revue Canadienne de l'éducation*, 739-762. doi:10.2307/4126453
- Smith, P. K., Salmivalli, C., & Cowie, H. (2012). Effectiveness of school-based programs to reduce bullying: A commentary. *Journal of Experimental Criminology*, 8(4), 433-441. doi:10.1007/s11292-012-9142-3

- Smith, J.D., Schneider, B.H., Smith, P.K., & Ananiadou, K. (2004). The effectiveness of whole school antibullying programs: A synthesis of evaluation research. *School Psychology Review, 33*(4), 547-560.
- Smith, P. K., & Shu, S. (2000). What good schools can do about bullying: Findings from a survey in English schools after a decade of research and action. *Childhood, 7*, 193-212. doi:10.1177/0907568200007002005.
- Snape D., & Spencer, L. (2003). *The foundations of qualitative research*. In Richie & Lewis (Eds.), *Qualitative research practice: A guide for social science students and researchers* (pp. 1-23). London: SAGE
- Stancanelli, J. (2010). Conducting an online focus group. *The Qualitative Report, 15*(3), 761-765. Retrieved from <http://www.nova.edu/ssss/QR/QR15-3/ofg2.pdf>
- Stein, N. (2007). Bullying, harassment and violence among students. *Radical Teacher, (80)* 48, 30-35. Retrieved from https://search-proquest-com.proxy-iup.klnpa.org/docview/218829735?accountid=11652&rfr_id=info%3Axri%2Fsid%3Aprimomo
- Stevens, V., Bourdeaudhuij, I., & Oost, P. (2000). Bullying in Flemish schools: An evaluation of anti-bullying intervention in primary and secondary schools. *British Journal of Educational Psychology, 70*(2), 195-210. doi:10.1348/000709900158056
- Strickland, O., Moloney, M., Dietrich, A., Myerburg, S., Cotsonis, G., & Johnson, R. (2003). Measurement issues related to data collection on the world wide web. *Advances in Nursing Science, 26*(4), 246-256. doi:10.1097/00012272-200310000-00003

- Sugai, G., & Horner, R. (2002). The evolution of discipline practices: School-wide positive behavior supports. *Child & Family Behavior Therapy, 24*(1-2), 23-50.
doi:10.1300/j019v24n01_03
- Sullivan, K., Cleary, M., & Sullivan, G. (2004). *Bullying in secondary schools: What it looks like and how to manage it*. London: Thousand Oaks, CA. Paul Chapman; Corwin.
- Sullivan, P. M., & Knutson, J. F. (2000). Maltreatment and disabilities: A population-based epidemiological study. *Child Abuse & Neglect, 24*(10), 1257-1273.
- Swearer, S. M., Espelage, D. L., Vaillancourt, T., & Hymel, S. (2010). What can be done about school bullying? Linking research to educational practice. *Educational Research, 29*, 38-47. doi:10.3102/0013189X09357622
- Swearer, S. M., Peugh, J., Espelage, D. L., Siebecker, A. B., Kingsbury, W. L., & Bevins, K. S. (2006). A socioecological model for bullying prevention and intervention in early adolescence: An exploratory examination. *Handbook of school violence and school safety: From research to practice, 257-273*.
- Swearer, S. M., Wang, C., Maag, J. W., Siebecker, A. B., & Frerichs, L. J. (2012). Understanding the bullying dynamic among students in special and general education. *Journal of School Psychology, 50*(4), 503-520. doi:10.1016/j.jsp.2012.04.001
- Talbott, E., Celinska, D., Simpson, J., & Coe, M. C. (2002). "Somebody else making somebody else fight": Aggression and the social context among urban adolescent girls. *Exceptionality, 10*(3), 203-220. doi:10.1207/s15327035ex1003_4
- Taub, J. (2002). Evaluation of the second step violence prevention program at a rural school. *School Psychology Review 31*(2), 186-200.

- Troy, M., & Sroufe, L. A. (1987). Victimization among preschoolers: Role of attachment relationship history. *Journal of the American Academy of Child & Adolescent Psychiatry*, 26(2), 166-172. doi:10.1097/00004583-198703000-00007
- Unnever, J. D., & Cornell, D. G. (2003). Bullying, self-control, and ADHD. *Journal of Interpersonal Violence*, 18(2), 129-147. doi:10.1177/0886260502238731
- Viala, E. S. (2015). The fighter, the punk and the clown: How to overcome the position of victim of bullying? *Childhood*, 22(2), 217-230. doi:10.1177/0907568214521845
- Vreeman, R. C., & Carroll, A. E. (2007). A systematic review of school-based interventions to prevent bullying. *Archives of Pediatrics & Adolescent Medicine*, 161(1), 78-88. doi:10.1016/s0084-3970(08)70648-0
- Waasdorp, T. E., Bradshaw, C. P., & Leaf, P. J. (2012). The impact of schoolwide positive behavioral interventions and supports on bullying and peer rejection: A randomized controlled effectiveness trial. *Archives of Pediatrics & Adolescent Medicine*, 166(2), 149-156. doi:10.1001/archpediatrics.2011.755
- Weisz, J. R., Sandler, I. N., Durlak, J. A., & Anton, B. S. (2005). Promoting and protecting youth mental health through evidence-based prevention and treatment. *American psychologist*, 60(6), 628. doi:10.1037/0003-066x.60.6.628
- Whitney, I., Smith, P. K., & Thompson, D. (1994). Bullying and children with special educational needs. *School bullying: Insights and perspectives*, 213-240.
- Yude, C., Goodman, R., & McConachie, H. (1998). Problems of children with hemiplegia in mainstream primary schools. *Journal of Child Psychology and Psychiatry*, 39(4), 533-541. doi:10.1111/1469-7610.00349

Appendix A

Site Approval Email to Superintendent After Initial Phone Conversation

Dear _____,

Thank you for taking the time to speak with me yesterday. It is rewarding to find someone who believes that the topic I am studying is very relevant and can make a positive impact on the lives of students with special education services. As we discussed, I believe that your District staff would provide great insights to effective anti-bullying interventions for students with special education services.

As an administrator from a District that has an above state average percentage of students with special education services, I am well aware of the challenges that are associated with a diverse student population. This new and innovative focus group procedure will provide your staff with the opportunity to engage in asynchronous dialogue with principals, school counselors, social workers, and regular and special education teachers throughout their District. Your staff will become energized when discussing the new strategies and interventions they use to enhance K-12 anti-bullying programming across disability categories in your District.

Please read the attached informed consent forms and focus group questions and grant me permission to contact principals, school counselors, social workers and regular and special education teachers directly. All online focus groups will occur outside of normal working hours. I will save your email response and include it with my IRB application.

Researcher: Eric Knorr
364 Tara Drive
Pittsburgh, PA
E.C.Knorr@iup.edu
412.977.1829 (home)

Advisor: Dr. Crystal Machado, Associate Professor
Professional Studies in Education
Indiana University of Pennsylvania
307 Davis Hall, Indiana, PA 15705-1087
cmachado@iup.edu 724.357.2405

Appendix B

Online Focus Group Participants Informed Consent Form

A Qualitative Study of Western Pennsylvania Public Educational Professionals Perceptions of Effective Anti-Bullying Interventions for Students with Special Education Services

This letter invites your participation in a study of effective anti-bullying interventions for students with special education services. You are eligible to participate because you are employed as a Pennsylvania public K-12 school principal, social worker/school counselor, or regular/special education teacher with at least three years of experience in your valid position and a valid PA teaching certificate. The following information is provided to assist you in deciding to participate.

The purpose of this study is to identify effective anti-bullying interventions for K-12 students with special needs. The research will use a new and innovative online focus group procedure to engage you in an asynchronous dialogue with colleagues in your own school District about effective anti-bullying interventions for students with special needs. The focus groups will be conducted online in one session lasting approximately one hour outside of normal work day hours. The findings of this study may be used to enhance K-12 anti-bullying programming for students with special needs in public education settings across Pennsylvania.

Your participation in this study is voluntary. There are no direct benefits to you if you participate. You are free to decide not to participate in this study or to withdraw at any time during the project by notifying the researcher via telephone or email. If you withdraw during the project, all information regarding your participation will be destroyed and not used in the study. There are no risks involved with your participation in the study.

If you choose to participate, it is expected that you agree to keep the participation of everyone in the group confidential by not sharing the identities or details of the conversations to anyone outside the focus group. Your confidence will be protected by assigning you an identity that makes you anonymous to other focus group attendees. I cannot guarantee that the focus groups will maintain the confidentiality of all focus group members. When the study is finished, the study results may be presented at conferences and/or published in academic journals. Your personal identity and school District will not be available to anyone except the researcher. The information from this study may be useful for the development of anti-bullying interventions for students with special needs.

Thank you for your consideration. Those that participate will be entered into a raffle for a \$50.00 gift card. You will be notified by email that you have been selected to receive the gift card and it will be mailed to you. Copies of this consent form and screening survey will be available for you to approve upon logging into the online focus group website. Please do not hesitate to contact us if you have questions.

Researcher: Eric Knorr
364 Tara Drive
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Advisor: Dr. Crystal Machado, Associate Professor
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Appendix C

Email to Online Focus Group Participants

Dear: _____

As you know, bullying in schools is a very important issue that all public-school Districts are taking very seriously. Beginning in 1999 with the Columbine High School shooting and continuing to the tragedy in Sandy Hook, as well as daily reports of students as young as middle school taking their own life the phenomenon of bullying has encompassed our profession like never before.

Students with special needs are impacted by the constant bullying from peers (<http://www.ryanpatrickhalligan.org/about-us.htm>). Daily reports of mistreatment have been documented on the nightly news and social media. Often times this is due to their disability or their desire to try and “fit in” to a particular peer group.

My name is Eric Knorr, and as a doctoral student in the Administration and Leadership Studies program at Indiana University of Pennsylvania, I am currently conducting research on how we can eliminate the bullying of students with special needs from our schools. As a former special education teacher and current middle school principal, I am confident that we have the influence and knowledge to put an end to this vicious cycle and drastically improve the public-school experience for all of our students with special needs.

In order to help you make an informed decision on whether to participate, I have included additional information related to the project. This study will use online focus groups through www.focusgroupit.com. Should you decide to participate, you will be sent the focus group questions, the schedule of when the group will “meet” online, directions on how to log into the site, the informed consent form (also posted on the focus group site), and voluntary consent form (also posted on the focus group site). The participation in the online focus group will be about 60 minutes. With your participation in the study, I anticipate that the focus group(s) will begin within a couple weeks during non-working hours. All focus group transcripts will be kept confidential and will be secure at all times in a locked filing cabinet for three years as mandated by federal law. The information gathered from this study may be published or presented at conferences. Your name, District’s name and any recognizable District related information will not be identified or disclosed in the study. Participation in this study is voluntary.

If you are interested in participating, please respond to this email so that I may follow up with you.

Researcher: Eric Knorr
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Advisor: Dr. Crystal Machado, Associate Professor
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Appendix D

Confirmation Email to Focus Group

Dear _____,

Thank you for deciding to participate in my study! With this research, we will contribute to the educational field and help put an end to the bullying of students with special needs.

As a general reminder this study will use online focus groups through www.focusgroupit.com. Attached to this email are: the focus group questions, the schedule of when the group will “meet” online, directions on how to log into the site, and the voluntary consent form. All of this information will be posted onto the site when you log in so that you can reference it at your leisure.

As you will notice on the schedule, participation in the online focus group will be about 60 minutes. With your participation in the study, I anticipate that the focus group(s) will begin within a couple weeks. All focus group transcripts will be kept confidential and will be secure at all times in a locked filing cabinet for three years as mandated by federal law. The information gathered from this study may be published or presented at conferences. Your name, District’s name and any recognizable District related information will not be identified or disclosed in the study. Participation in this study is voluntary.

When you register on the site you will receive your anonymous Participant Number. In order to ensure your confidentiality, please do not share this with anyone.

Thank you again for your participation!

Researcher: Eric Knorr
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Appendix E

Voluntary Consent Form

A Study of Pennsylvania Public Educational Professionals Perceptions of Effective Anti-Bullying Interventions for Students with Special Needs

I have read and understand the information on the informed consent form and by completing the information below I consent to volunteer to be a participant in this study. I understand that my responses are completely confidential and that I have the right to withdraw at any time. I agree to visit this site on my scheduled time to participate in the online focus group.

Name: _____ Position: _____

Date: _____

Phone number: _____ Best days and times to reach you: _____

I consent to use email to correspond with the researcher (please initial) _____

Please check one:

Yes, I would like my name added to the drawing for a \$50 gift card. If yes, please list your address: _____

No, I do not want my name added to the drawing for a \$50 gift card.

Would you prefer a reminder to join the focus group at your schedule time? If so, please indicate how you would like to be contacted. Please contact me by (select one):

Phone Call

Email

Text Message

May I contact you after the focus group if I need clarification: Yes No

Signature: _____

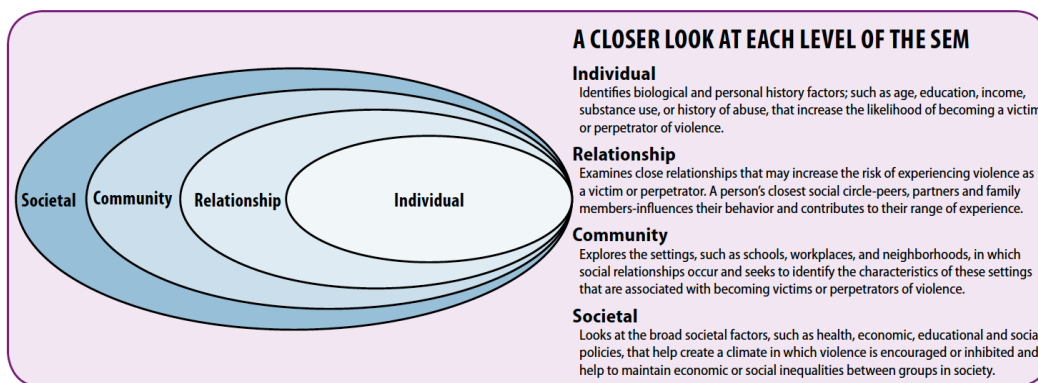
Appendix F

Online Focus Group Protocol: Principals, School Counselors, Social Workers

Focus Group Guidelines: It is expected that by participating in this project you agree to keep the confidence of everyone in the focus group. This means you will not share identities or details of the conversation to anyone outside the focus group. I cannot guarantee that all focus groups will maintain the confidence of all focus group members.

1. Describe your District's anti-bullying policy.
2. Does your school have an anti-bullying program? If so, which one?
3. What other anti-bullying interventions are available for all teachers to use in the classroom?
4. Does your District incorporate anti-bullying topics and/or themes into the curriculum K-12?
5. Discuss the interventions that are implemented to reduce cyberbullying of students with special education services.
6. How do you engage parents of children with special needs in the topic of bullying prevention?
7. Describe the investigative process that you undertake to determine if bullying occurred.
8. Look at the image below. Which levels do you think need the most intensive interventions?

Why?



9. What types of support programs offered to families experiencing separation or divorce?
10. Describe ways you integrate students with special education services into the District.
11. Is there a safe recreational area within the community where residents can interact?

12. Is using violence as a method to resolve conflict an acceptable social norm within your community?

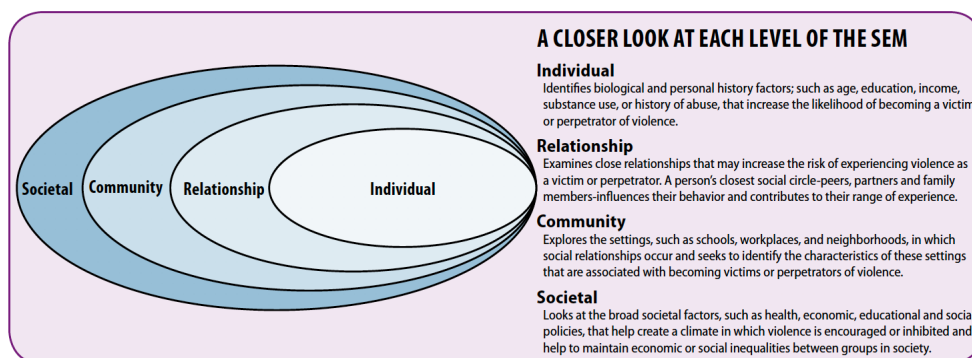
13. How have your local elected officials (mayor, council) addressed (For example: implementing curfew restrictions for kids under the age of 12, adding additional community programs, participation in community wide sporting activities), increasing the occurrence of violence in the community?

Appendix G

Online Focus Group Protocol: Regular and Special Education Teachers

Focus Group Guidelines: It is expected that by participating in this project you agree to keep the confidence of everyone in the focus group. This means you will not share identities or details of the conversation to anyone outside the focus group. I cannot guarantee that all focus groups will maintain the confidence of all focus group members.

1. What classroom interventions or strategies do you use to reduce bullying of students with special education services?
2. How do classroom interventions vary based on the students' disability category?
3. Is your process for implementing an intervention similar or different for each student depending on disability category?
4. Explain the resources that are available for those students who are perpetrators of bullying?
5. Describe your process for integrating a new special education student into your classroom.
6. Do you know of any laws that have been passed to encourage tax incentives to businesses within your District to provide academic resources related to bullying?
7. Look at the image below. Are you familiar with the Center for Disease Control's Violence Prevention Model? Which levels do you think need the most intensive interventions? Why?



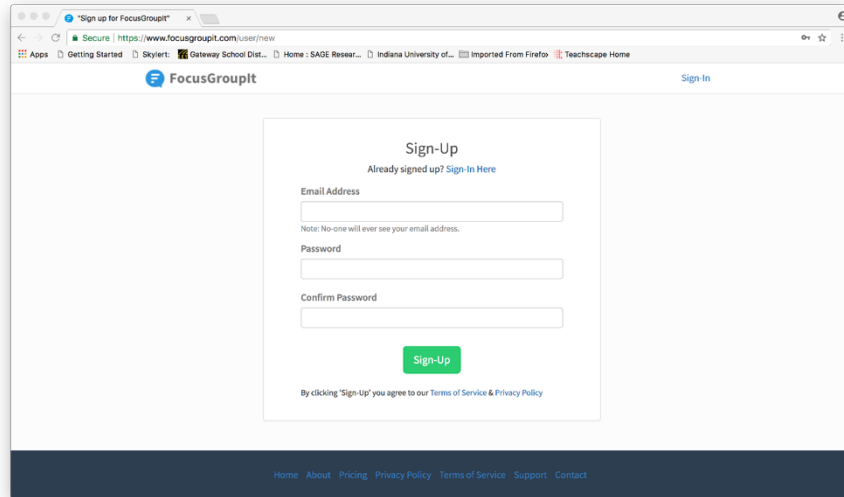
8. What levels of the SEM Model does your District provide the most interventions? Why?
9. Do you think your local community has a level of acceptance or tolerance for violence? Why?

10. Is there a group of citizens in the community that are responsible for making physical improvements to various locations within the neighborhoods?

Appendix H

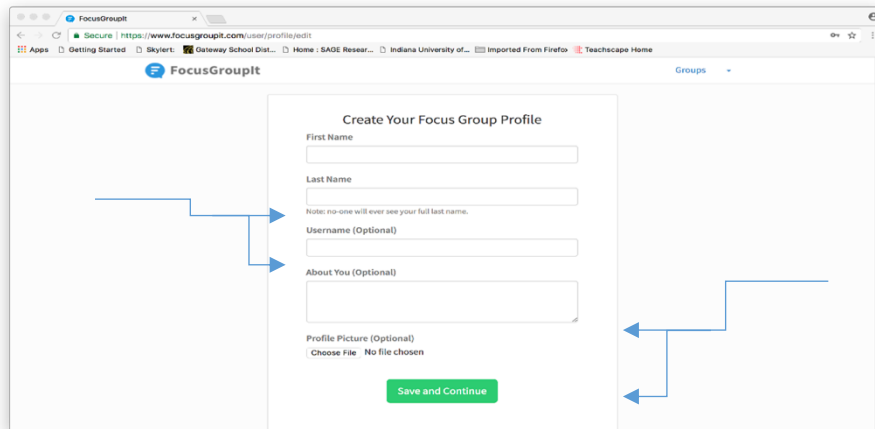
Directions for Online Focus Group

Step 1: Open your internet browser. Go to the focus group site:
<https://www.focusgroupit.com/user/new>



A screenshot of a web browser showing the FocusGroupit sign-up page. The page has a white background with a dark blue footer. At the top, there is a navigation bar with the FocusGroupit logo and a "Sign In" link. The main content area features a "Sign-Up" form with the following fields: "Email Address", "Password", and "Confirm Password". A green "Sign-Up" button is located below the form. A note states: "Note: No one will ever see your email address." At the bottom of the form, it says: "By clicking 'Sign-Up' you agree to our Terms of Service & Privacy Policy". The footer contains links for Home, About, Pricing, Privacy Policy, Terms of Service, Support, and Contact.

Step 2: Enter a valid email address. Create your own personal password and confirm it by entering it in the box below. Click Sign-Up.



A screenshot of a web browser showing the FocusGroupit "Create Your Focus Group Profile" page. The page has a white background with a dark blue footer. At the top, there is a navigation bar with the FocusGroupit logo and a "Groups" dropdown menu. The main content area features a "Create Your Focus Group Profile" form with the following fields: "First Name", "Last Name", "Username (Optional)", "About You (Optional)", and "Profile Picture (Optional)". A green "Save and Continue" button is located below the form. A note states: "Note: no one will ever see your full last name." Blue arrows point to the "First Name" and "Last Name" fields, and another blue arrow points to the "Save and Continue" button. The footer contains links for Home, About, Pricing, Privacy Policy, Terms of Service, Support, and Contact.

Appendix I

Online Focus Group Schedules

	Month, Day, Year	Time	Educational Professionals	Online Focus Group
Week 1	March 21, 2018	7:00-8:00PM	Regular and Special Education Teachers	1
Week 2				

	Month, Day, Year	Time	Educational Professionals	Online Focus Group
Week 1	March 29, 2018	7:00-8:00PM	Principals, School Counselors, Social Workers	2
Week 2				

	Month, Day, Year	Time	Educational Professionals	Online Focus Group
Week 1	April 9, 2018	7:00-8:00PM	Regular and Special Education Teachers	3
Week 2				

	Month, Day, Year	Time	Educational Professionals	Online Focus Group
Week 1	May 18, 2018	7:00-8:00PM	Principals, School Counselors, Social Workers	4
Week 2				

	Month, Day, Year	Time	Educational Professionals	Online Focus Group
Week 1	May 24, 2018	7:00-8:00PM	Regular and Special Education Teachers	5
Week 2				

Appendix J

Researcher Online Focus Group Protocol: Principals, School Counselors/Social Workers

Core Question 1: Describe your District's anti-bullying policy.

Follow Up Question: How do you ensure it is being upheld at the building level?

Core Question 2: Does your school have an anti-bullying program?

Follow Up Question: Which anti-bullying program are you implementing?

Follow Up Question: Based on your experiences, is your anti-bullying program being implemented with fidelity?

Follow Up Question: What additional interventions are available in your school for those students who have been victimized and/or are perpetrators of bullying?

Follow Up Question: Does this include mental health services?

Core Question 3: What anti-bullying interventions are available for all teachers to use in the classroom?

Follow Up Question: How might this be similar or different for a special education student? Does it vary on their exceptionalities?

Core Question 4: Does your District incorporate anti-bullying topics and/or themes into the curriculum K-12?

Follow Up Question: If so, how? In what subjects?

Follow Up Question: Are you teaching responsible technology and social media usage?

Core Question 5: Discuss the interventions that are implemented to reduce cyberbullying of students with special education services.

Follow Up Question: Would the interventions be similar or different for special education students that are perpetrators of cyberbullying?

Core Question: 6. How do you engage parents of children with special needs in the topic of bullying prevention?

Core Question: 7. Describe the investigative process that you undertake to determine if bullying occurred.

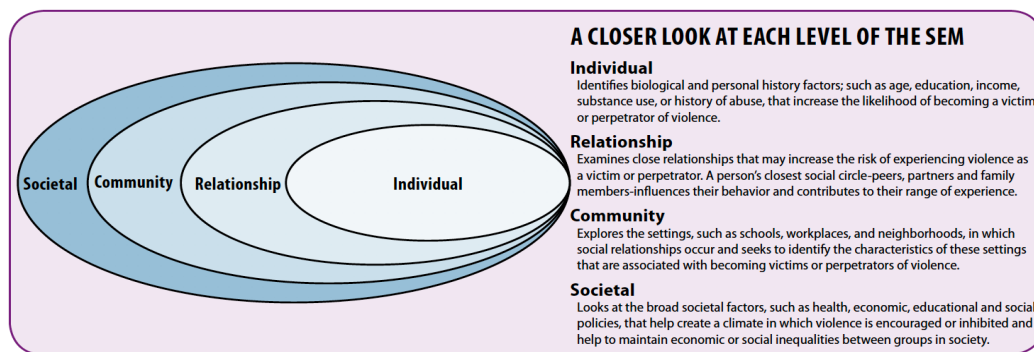
Follow Up Question: Who is involved with the investigation?

Follow Up Question: How might this be similar or different for a student with special needs?

Follow Up Question: Is the building administrator and/or guidance counselor involved in the investigation of all reports of bullying?

Follow Up Question: What if a student with special needs is unable to communicate that he/she is being bullied?

Core Question 8. Look at the image below. Which levels do you think need the most intensive interventions all students? What about students with special education services? Why?



Follow Up Question: Based on this model, which level(s) do you think require more interventions?

Core Question: 9. What types of support programs are offered to families experiencing separation or divorce?

Core Question 10: Describe ways you integrate students with special education services into the District.

Follow Up Question: Is this the same or different for a special education student?

Core Question 11. Is there a safe recreational area within the community where residents can interact?

Core Question 12. Is using violence as a method to resolve conflict an acceptable social norm within your community?

Core Question 13. How have your local elected officials (mayor, council) addressed (For example: implementing curfew restrictions for kids under the age of 12, adding additional community programs, participation in community wide sporting activities), increasing the occurrence of violence in the community?

Appendix K

Researcher Online Focus Group Protocol: Regular and Special Education Teachers

Core Question 1. What classroom interventions or strategies do you use to reduce bullying of students with special education services?

Follow Up Question: Based on your experiences, are students with special education services likely to be victims or perpetrators of bullying? Why do you think?

Follow Up Question: Does this vary based on the students' disability category?

Core Question: 2. How do classroom interventions vary based on the students' disability category?

Follow Up Question: For example, would interventions look the same in an autistic support classroom as they would a learning support classroom?

Core Question: 3. Is your process for implementing an intervention similar or different for each student depending on disability category?

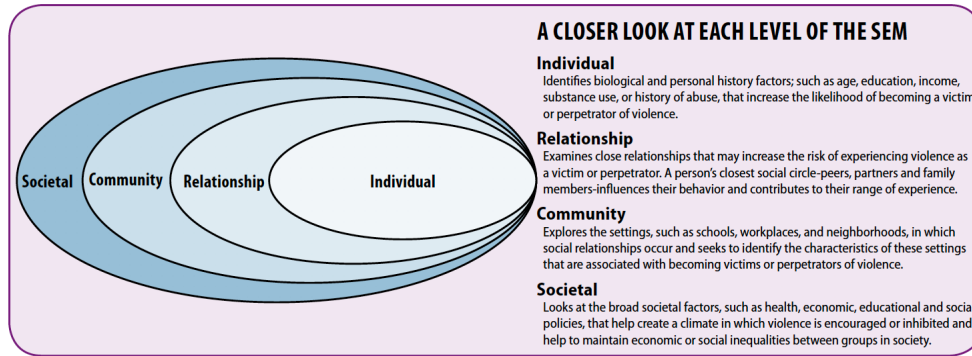
Core Question 4: Explain the resources that are available for students with special education services that are perpetrators of bullying.

Follow Up Question: Is this different based on the student's disability?

Core Question: 5. Describe your process for integrating a new student with special needs into your classroom.

Core Question: 6. Do you know of any laws that have been passed to encourage tax incentives to businesses within your District to provide academic resources related to bullying?

Core Question 7. Look at the image below. Are you familiar with the Center for Disease Control's Violence Prevention Model? Which levels do you think need the most intensive interventions? Why?



Follow Up Question: Based on this model, which level(s) do you think require more interventions?

Core Question 8. What levels of the SEM Model does your District provide the most interventions? Why?

Core Question 9. Do you think your local community has a level of acceptance or tolerance for violence? Why?

Core Question 10. Is there a group of citizens in the community that are responsible for making physical improvements to various locations within the neighborhoods?

Appendix L

Codebook

Code Names	Description of Code
	Research Question One Codes
ABInterSpS	Anti-Bullying Interventions for Special Education Students
Id-Abi	Inside District Programming as anti-bullying intervention
Id-Abi-CI-Tcher	Inside District Programming as anti-bullying intervention within classrooms used by Teachers
Id-Abi-CIRules-Tcher	Classroom Rules as anti-bullying intervention within classrooms used by Teachers
Id-Abi-PrefSeat-Tcher	Preferred Seating used within district as anti-bullying intervention within classrooms used by Teachers
Id-Abi-IndivIns-Tcher	Individualized Instruction used within district as anti-bullying intervention within classrooms used by Teachers
Id-Abi-PeerTcher	Use of Peer used within district as anti-bullying intervention within classrooms used by Teachers
Id-Abi-SAP-Tcher	Student Assistance Program as anti-bullying intervention used by Teachers
Id-Abi-SWPBIS-Tcher	School Wide Positive Behavior Intervention Supports used within district as anti-bullying intervention
Od-Abi	Outside District Programming as anti-bullying intervention
Od-Abi-Prin	Outside District Programming as anti-bullying intervention by Principals
Od-Abi-LawEnf-Prin	Law Enforcement (Act 26)
Od-Abi-CWatch-Prin	Crime Watch
Id-ProgDis-Prin	Progressive Discipline used within district as an anti-bullying intervention within districts by Principals.
Id-StPAABP-Prin	Standard Pennsylvania Anti-Bullying Policy used within district as an anti-bullying intervention within districts by Principals.
Id-PeerMed-Prin	Peer Mediation used within district as anti-bullying intervention
Id-FBA	Functional Behavior Assessment used within district as anti-bullying intervention
Wd-Rest-Prac	Restorative Practices used within district as anti-bullying intervention
Wd-AB-ProgramP	Anti-Bullying Program-Pilot used within district as anti-bullying intervention
Int-Vary-AD-Categories	Interventions Vary Across Disability Categories
	Research Question Two Codes
Var-Int	Interventions Vary
Consis-Int	Interventions are Consistent

UseofPeersNS	Peers are used for New Special Education Students
RevIEP	Revised Individualized Education Plan
MentProg	Mentoring Programs for New Students
MSpEdTcher	Meet with Special Education Teacher
	Research Question Three Codes
ProFollForAccess	Procedures Followed to Provide Special Education Students Access to Interventions
EngPar	Engaging Parents
ProNewSt	Procedures for New Special Education Student
TPIEPMeet	Conduct Individualized Education Plan Meeting as a traditional procedure
TPASeat	Assign Seat as a traditional procedure
TPProClassMat	Provide Class Materials as a traditional procedure
TPClassRE	Explain Class Rules and Expectations as a traditional procedure
TPSHandbk	Provide Student with Handbook as a traditional procedure
TPMeetTchrs	Meet Teachers as a traditional procedure
TPStTour	Give Students a Tour as a traditional procedure
ProInvestP	Investigative Procedures by Principals to determine if bullying occurred
IntwitP	Interview Witnesses as investigative procedure used by Principals
IntvicP	Interview Victim as investigative procedure by Principals
GathEvidP	Gather Evidence as investigative procedure by Principals
StWIncRep	Students write an incident report as an investigative procedure used by principals
DetHistAbP	Determine if there is a history of abuse as investigative procedure used by Principals
StChoiceP	Give Student Choice as investigative procedure used by Principals
IntwitP	Interview Witnesses as investigative procedure used by Principals
ProgDisPC	Progressive Discipline as an investigative procedure used by Principals for issuing consequences
LawEnfPC	Law Enforcement (Act 26) as an investigative procedure used by Principals for issuing consequences
	Research Question Four Codes
FLevUsed	Levels of Center for Disease Control Model frequently used
MostIndivLev	Most Individual Level Interventions
MostSocLev	Most Societal Level Interventions
NeedIndivLev	Need Individual Level Interventions
NFLevUsed	Levels of Center for Disease Control Model Not frequently used
NeedRelLev	Relational Level interventions as not frequently used

NeedComLev	Community Level Interventions as not frequently used
NeedRelLev	Relationship Interventions as not frequently used
NeedIndivARel	Individual and Relationship Interventions as not frequently used
CATViol	Community Attitudes toward Violence
CAViolAccept	Violence is Accepted as Community Attitude
CANoStratViol	Strategies for Violence not apparent as community attitude
CAViolNF	Violence not Frequent as Community Attitude
ACommImp	Community Improvement as awareness