Help-seeking behavior in Norwegian adolescents: the role of bullying and cyberbullying victimization in a cross-sectional study

Sabine Kaiser*, Henriette Kyrrestad, Sturla Fossum

Regional Center for Child and Youth Mental Health - North, Faculty of Health Sciences, UiT The Arctic University of Norway, Tromsø, Norway

*Corresponding author: sabine.kaiser@uit.no

Abstract

Background: Help-seeking is considered a constructive coping style. However, the threshold at which many adolescents seek help is relatively high, and the outcomes are not necessarily always positive.

Objective: The main aim of this study was to examine if bullying and cyberbullying victimization predicted help-seeking behavior among Norwegian adolescents.

Method: Help-seeking behavior was predicted using three different Generalized Linear Mixed Models. In addition to demographic characteristics and mental health, these models controlled for bullying and cyberbullying, respectively.

Results: 2054 adolescents answered questions on help-seeking behavior and if they had felt the need to seek outside help with their problems, feelings, behavior, or emotional troubles within the past 6 months. Two hundred (9.7%) reported seeking outside help. Being exposed to bullying increased the likelihood of help-seeking behavior, while being exposed to cyberbullying did not. Only when forms of bullying or cyberbullying, respectively, were added to the models, did the threat of having rumors spread, both in real life and online, increase the likelihood for seeking help.

Conclusions: Many factors affect whether adolescents seek help for a problem. The fact that adolescents exposed to bullying seek help more often than those not exposed may be considered a success, as this behavior is encouraged by many adults, mental health professionals, and anti-bullying interventions. However, adolescents exposed to cyberbullying did not seem to seek help. Future studies should identify factors that lead to more and successful help-seeking among bullied and cyberbullied adolescents.

Keywords: help-seeking; bullying; cyberbullying; adolescents

Introduction

Adolescence represents the transition from childhood to adulthood and is a vulnerable period, as young people need to make choices regarding important aspects of their life, such as education, work, and relationships. Adolescents are often confronted with psychosocial challenges and risk factors, such as bullying and cyberbullying. Articulating the need for help can be difficult for adolescents, who may not perceive the necessity for help in spite of their worries. Help-seeking behavior can be defined as “Any action or activity carried out by an adolescent who perceives himself/herself as needing personal, psychological, affective assistance or health or social services, with the purpose of meeting this need in a positive way” (1). This includes seeking help from informal sources, such as friends or parents, or from formal sources, such as adults at school (e.g., principal or counsellor) or mental health professionals (e.g., psychiatrist, psychologist, or social worker) (1).

The resolution of a problem depends largely on how one copes with it. Help-seeking is considered a healthy coping strategy to deal with a problem in a constructive way. Therefore, increasing help-seeking behavior is generally desired. This is also the case for adolescents who are exposed to bullying or cyberbullying, as mental health professionals and anti-bullying interventions usually encourage victims to seek help (2). Research has suggested that maladaptive coping styles to deal with bullying or cyberbullying are related to mental health symptoms and distress (3, 4). A study conducted in Thailand indicated that adolescents used different coping
styles to deal with bullying and cyberbullying. While the coping strategy most often recommended by adolescents for bullying was to tell a teacher or parent, the most recommended coping strategies to deal with cyberbullying included blocking messages, changing phone numbers, or changing email addresses (5). In a study by McLoughlin (3), adolescents reported they would most often use active coping styles, like seeking help, if they were hypothetically exposed to cyberbullying.

However, few adolescents exposed to bullying or cyberbullying actually seek help. Smith and Shu (6) reported that about one-third of adolescents did not tell anyone about being bullied. In their longitudinal study, Blomqvist et al. (7) reported that about half of bullied students had told someone about their situation. The preferred manner of help-seeking was to tell someone at home, a teacher, or another adult. Moreover, girls and adolescents in lower grades were more likely to seek help than boys and adolescents in higher grades. On the other hand, in their longitudinal study, Shaw et al. (8) showed that boys and adolescents in lower grades were more likely to seek help than girls and adolescents in higher grades.

Teaching adolescents about effective, healthy coping styles might not be enough. A review on coping with cyberbullying stated that even if adolescents know the best ways to cope, they might not use those strategies (9). The review suggested that more research is needed on the reasons why adolescents exposed to cyberbullying sometimes choose rather ineffective or unhealthy coping strategies. Oliver and Candappa (10) reported that the reluctance to tell adults, and especially teachers, about bullying was related to perceived ineffective, excessive, or insensitive responses, in addition to a general culture among adolescents that discourages help-seeking. Norwegian students participating in a qualitative study reported that seeking help for bullying was generally difficult, and that if they told a teacher, little or nothing would be done. Other barriers to seeking help were embarrassment, feelings of insecurity, and worries that the bullying might worsen (11). Help-seeking might not lead to better outcomes in as straightforward a manner as one thinks, especially when it comes to bullying victimization. Studies on this topic have shown that the help-seeking approach of adolescents often does not change the situation, and in some cases it makes the bullying even worse. The most concerning findings were reported in a cross-sectional study by Mendez et al. (12), which showed that, among adolescents exposed to racially-focused bullying, telling an adult at home or at school made things worse in some cases. They also found that telling an adult at home or at school increased the severity of the emotional impact of the bullying. In their cross-sectional study, Smith and Shu (6) found that telling someone like a teacher, family member, or classmate was related to positive outcomes in about half of cases. When adolescents told teachers, there was a risk of things getting worse, and nothing changed for the victim in approximately one-third of cases. In Norway, Wendelborg (13) found that no adult at school knew about the bullying in about 41% of cases, which means that adolescents did not inform the school staff. In 16% of cases, the school knew about the bullying but did not do anything about it. A similar proportion of adolescents stated that the school knew about the bullying and did something, but that it did not help. In 20% of cases, the school did something that helped a little, and in only 7% of cases did the school do something that stopped the bullying (13). In their longitudinal study, Shaw et al. (8) described a more complex relationship between bullying victimization, help-seeking, and outcome. Adolescents who were severely bullied and sought help experienced negative outcomes in the form of prolonged victimization compared to adolescents who were less severely victimized and sought help or adolescents that did not seek help at all. On the other hand, those who were least severely victimized and sought help were less likely to be a victim of bullying one year later compared to those who did not seek help. Furthermore, adolescents who were severely bullied and told an adult had fewer internalizing problems compared to those who did not seek help, indicating an ultimate protective function of help-seeking (8).

Shaw et al. (8) concluded, “Our findings and those of other studies which point to the negative outcomes for students following disclosure, indicate it may be time to review actions schools take when responding to telling for this recommended strategy to be effective” (p. 2602). Mendez et al. (12) concluded that, given that telling adults “...is one of the most common recommendations made in bullying prevention programs, it is critical that we prepare educators to utilize evidence-based and effective practices when victimization occurs so that students perceive the adults as trustworthy and effective advocates for students who are victimized” (p. 109). Interestingly, Bradshaw et al. (14) found that most school staff rated their strategies to handle bullying situations as effective, and less than 7% of school staff believed that things got worse after they intervened in a bullying situation.

When it comes to cyberbullying and help-seeking, Machackova et al. (15) found that telling someone was perceived as emotionally helpful by most adolescents and as a useful strategy that helped to stop cyberbullying. Price and Dalgleish (16) found that more than half of those who sought help rated this strategy as helpful to some degree. Another study
found that adolescents exposed to cyberbullying had more negative attitudes towards help-seeking than those who were not exposed (17). Compared to adolescents who had not been exposed to cyberbullying, those who had rated it as more wrong and useless to report a cyberbullying incident. Moreover, adolescents exposed to cyberbullying said that it was part of normal online behavior, and that nobody can stop it (17). Price and Dalgleish (16) wrote, “…a critical response to effectively addressing cyberbullying relies on both increasing the help-seeking behaviour of victimized young people and improving the efficacy of those they speak to” (p. 58).

The main aim of the current analysis was to examine if bullying and cyberbullying victimization predicted help-seeking behavior among Norwegian adolescents after controlling for the other type of bullying and variables like demographic characteristics and mental health. Unlike other studies (7, 8), we did not ask if adolescents had sought help because of bullying; instead we focused on whether adolescents had felt the need to ask for outside help with their problems, feelings, behaviors, or emotional troubles. A secondary aim was to examine if specific forms of bullying and cyberbullying were associated with help-seeking behavior when controlled for other variables. The final aim of the study was to describe where adolescents actually sought help in the past or where they would seek help in the future in case of a problem.

Method

Participants and procedure

Norway is divided into four health regions: Northern Norway, Central Norway, Western Norway, and Southern and Eastern Norway. The Regional Centre for Child and Youth Mental Health and Welfare (RKBU North) is responsible for Northern Norway (i.e., the three most northern counties of Norway). The present analysis is based on data from the PIN-study, which is a project of the RKBU North that examines the relationship between mental health, bullying, cyberbullying, and several other variables in junior high school students in Northern Norway. Study details have been reported previously (18). The PIN-study is part of an international collaboration consisting of 13 different countries (China, Finland, Greece, India, Indonesia, Iran, Israel, Japan, Lithuania, Norway, Russia, Singapore, and Vietnam) (19).

Of the 220 junior high schools in Northern Norway that were invited to participate in the PIN-study, 72 agreed, and in 2017, 5192 students whose parents gave consent were invited to answer the PIN-study electronic questionnaire during school hours, using Qualtrics. Of those, 2117 students (response rate 41%) completed the questionnaire. All participation was voluntary and anonymous, and the Regional Committee for Medical Research Ethics approved the study (REK No: 2016/998).

Measures

Demographic characteristics

The questionnaire collected demographic information, including sex (girl or boy), school grade (8th, 9th, or 10th grade), and nationality (coded as foreign background with the answer categories “yes” and “no”).

Help-seeking behavior

Help-seeking behavior was assessed with two questions. The first question was: “Within the past six months, have you at any point felt a need for outside help (someone outside your immediate family) with your problems, feelings, behaviors or emotional troubles?”. Response categories were: “No I have not felt the need”, “I have considered getting outside help”, and “I have sought outside help”. If the participants answered that they had sought help, they were asked where they sought this help. Response categories included: “Relative”, “Teacher”, “School nurse”, “Medical doctor”, “Psychologist”, “School counsellor”, and an open field where they could write in another person not already listed.

Experiences with difficulties

Two questions measuring experiences with difficulties were used in the analysis. The first question was: “Are you worried about your own problems in relation to feeling, concentration, behavior, or getting along with others?” The second was: “Do the difficulties make it harder for those around you (family, friends, teachers, etc.)?” Students replied to both questions using a 4-point scale: “Not at all” (1), “Only a little” (2), “Quite a lot” (3), and “A great deal” (4).

Mental health

Mental health was assessed with the self-report version of the Strengths and Difficulties Questionnaire for 11-to-16-year-olds (20). It consists of 25 items divided into five scales (emotional symptoms, conduct problems, hyperactivity, peer relationship problems, and prosocial behavior). In the current analysis, only the scales emotional symptoms, conduct problems, hyperactivity, and peer relationship problems were used. Items are rated on a three-point scale: “Not true” (0), “Somewhat true” (1), and “Certainly true” (2), and scores can range from 0 to 10. Cronbach’s alpha was .75 for the emotional symptoms scale, .54 for
conduct problems, .70 for hyperactivity, and .61 for peer relationship problems.

Bully victim
Bullying was defined in accordance with Olweus (21) and Nansel et al. (22): “A student is being bullied when he or she is exposed repeatedly over time to negative and hurtful actions on the part of one or more students. It is difficult for the student being bullied to defend himself or herself. Bullying may take place frequently or infrequently. Bullying can be verbal (e.g. name-calling, threats), physical (e.g. hitting) or psychological (e.g. rumors, shunning/exclusion). It is bullying when someone is teasing repeatedly in a mean or hurtful way”.

Then two questions measuring bullying were asked: “How often have you been bullied in school in the past six months?” and “How often have you been bullied away from school in the past six months?” Response categories were “Never” (1), “Less than once a week” (2), “More than once a week” (3), and “Almost daily” (4). Adolescents who responded they had been bullied less than once a week or more often were categorized as bully victims.

Forms of bullying
Adolescents were also asked about specific forms of bullying, i.e., how often someone had bullied them in specific ways. Twenty different forms of bullying were presented, including: “Made fun of you because of religion or race” and “Hit, slapped, pushed, or punched you” (Table 2). Response categories were “Not at all” (1), “Less than once a week” (2), “More than once a week” (3), and “Almost daily” (4). Adolescents who responded not at all were considered to have replied no and those who responded less than once a week or more often were considered to have replied yes.

Cyberbully victim
Cyberbullying was defined in accordance with Hinduja and Patchin (23): “Cyberbullying is when someone repeatedly makes fun of another person online or repeatedly picks another person through email or text messages or when someone posts something online about another person that they don’t like”. One question measuring cyberbullying was asked: “How often have you been bullied online the last six months?” Response options were “Never” (1), “Less than once a week” (2), “More than once a week” (3), and “Almost daily” (4). Adolescents who replied that they had been cyberbullied less than once a week or more often were categorized as cyberbully victims.

Forms of cyberbullying
In addition to the aforementioned question about cyberbullying, adolescents were asked about specific forms of cyberbullying, i.e., how often someone had cyberbullied them in specific ways. Nine different forms of cyberbullying were presented, including: “Called names by others” and “Been e-mail bombed by others” (Table 3). Response categories ranged from “Never” (1), “Less than once a week” (2), “More than once a week” (3), to “Almost daily” (4). Adolescents who responded not at all were considered to have replied no and those who responded less than once a week or more often were considered to have replied yes.

Future problems
Adolescents were asked: “If you should experience problems in the future related to behavior, emotional life, or relationships, who would you turn to?” There were 16 different responses, as well as an open comment field. Among the answer categories were informal sources such as mother, father, grandparent, sibling, and friends (from school, from a recreational activity, the internet, or other friend); formal sources such as teachers, school nurse, school psychologist, medical doctor; and online resources such as internet community or helpline. Adolescents were asked to rate each category on a 4-point scale: “Not” (1), “Probably not” (2), “Possibly” (3), and “Certainly” (4).

Statistical analyses
SPSS version 25 was used to conduct the statistical analyses. Generalized Linear Mixed Models analyses were conducted with a multinomial dependent variable (i.e., help-seeking behavior) using a logit link without random effects. In Model 1 the predictors were sex (boy or girl), grade (8th, 9th, 10th), foreign background (yes/no), the two questions measuring experiences with difficulties (not at all, only a little, quite a lot, a great deal), the four SDQ scales (emotional symptoms, conduct problems, hyperactivity, and peer relationship problems), bullying victim (yes/no), and cyberbullying victim (yes/no). Model 2 was based on Model 1, except that the predictor bully victim (yes/no) was deleted, and the 20 different forms of bullying were added. Model 3 was also based on was based on Model 1, but the predictor cyberbully victim (yes/no) was deleted, and the nine different forms of cyberbullying were added.

Results
Help-seeking behavior
Of the 2117 students who answered the questionnaire, 2054 answered the question about help-seeking behavior within the past six months. Of those 2054 adolescents, 1551 (75.5%) answered “No
I have not felt the need”, 303 (14.8%) answered “I have considered getting outside help”, and 200 (9.7%) answered “I have sought outside help”. In Model 1, all variables were significant, except for three out of the four SDQ scales (conduct problems, hyperactivity, and peer-problems) and the cyberbully victim variable (Table 1). Girls were more likely to seek help than boys, and adolescents in 10th grade were more likely to seek help than those in 8th grade. Norwegian background was positively associated with help-seeking. Furthermore, both questions on experiences with difficulties increased the odds of help-seeking. The SDQ scale emotional symptoms and having been a bully victim were also positive predictors of help-seeking behavior.

| TABLE 1. Model 1: Generalized Linear Mixed Models predicting help-seeking behavior (N = 1924) |
|-----|-----|-----|
| **Variable** | **n (%)** | **B (SE)** | **Odds Ratio [95% CI]** |
| **Sex** | | | |
| Female | 963 (50.05) | 0.66 (0.15) | 1.93 [1.43, 2.60]*** |
| Male | 961 (49.95) | | |
| **Grade** | | | |
| 10th | 597 (31.03) | 0.32 (0.15) | 1.37 [1.01, 1.86]*** |
| 9th | 585 (30.41) | 0.10 (0.16) | 1.11 [0.81, 1.52] |
| 8th | 742 (38.57) | | |
| **Foreign background** | | | |
| No | 1826 (94.91) | 1.06 (0.35) | 2.87 [1.45, 5.69]** |
| Yes | 98 (5.09) | | |
| **Do the difficulties worry you?** | | | |
| A great deal | 53 (2.75) | 1.45 (0.34) | 4.25 [2.20, 8.22]*** |
| Quite a lot | 239 (12.42) | 1.54 (0.20) | 4.64 [3.14, 6.87]*** |
| Only a little | 531 (27.60) | 0.94 (0.16) | 2.57 [1.88, 3.52]*** |
| Not at all | 1101 (57.22) | | |
| **Do the difficulties make it harder for those around you (e.g., family, friends)?** | | | |
| A great deal | 29 (1.51) | 2.24 (0.42) | 9.36 [4.10, 21.35]*** |
| Quite a lot | 179 (9.30) | 1.30 (0.20) | 3.68 [2.48, 5.46]*** |
| Only a little | 417 (21.67) | 0.71 (0.15) | 2.04 [1.51, 2.75]*** |
| Not at all | 1299 (67.52) | | |
| **Mental health (SDQ)** | | | |
| Emotional symptoms | 1924 (100) | 0.18 (0.03) | 1.20 [1.12, 1.28]*** |
| Conduct problems | 1924 (100) | 0.05 (0.05) | 1.04 [0.96, 1.15] |
| Hyperactivity | 1924 (100) | 0.00 (0.03) | 1.00 [0.94, 1.07] |
| Peer-problems | 1924 (100) | 0.07 (0.04) | 1.07 [0.99, 1.16] |
| **Traditional bully victim** | | | |
| Yes | 262 (13.62) | 0.40 (0.17) | 1.49 [1.06, 2.09]*** |
| No | 1662 (86.38) | | |
| **Cyberbully victim** | | | |
| Yes | 229 (11.90) | 0.08 (0.18) | 1.08 [0.76, 1.54] |
| No | 1695 (88.90) | | |

Notes: * p < .05, ** p < .01, *** p < .001  
SDQ: Strengths and Difficulties Questionnaire

In Models 2 (Table 2) and 3 (Table 3), grade was no longer a significant predictor of help-seeking behavior. Furthermore, out of the 20 different forms of bullying in Model 2, only two were significant: “Spreading rumors or mean lies” was positively associated with help-seeking, while “A student you wanted to be with would not sit near to you at lunch or in class” was negatively related to help-seeking. In Model 3, only one of the nine different forms of cyberbullying was significant: “Spreading rumors” adolescents reported seeking help from someone else, with the answer usually specified as being a friend or a parent.

Where did adolescents seek help?
Of the 200 adolescents who had actually sought help in the past six months, 61 (30.5%) had turned to a psychologist, 59 (29.9%) to a school nurse, 36 (18.0%) to a relative, 32 (16.0%) to a teacher, 28 (14.0%) to a medical doctor, and 20 (10.0%) to a school counsellor. In addition, 88 (44.0%) increased the odds of seeking help among adolescents.
### TABLE 2. Model 2: Generalized Linear Mixed Models predicting help-seeking behavior with different forms of bullying \((N = 1845)\)

| Variable                           | n (%) | B (SE)  | Odds Ratio [95% CI] |
|------------------------------------|-------|---------|---------------------|
| **Sex**                            |       |         |                     |
| Female                             | 923 (50.03) | 0.69 (0.17) | 1.99 [1.43, 2.77]*** |
| Male                               | 922 (49.97) |          |                     |
| **Grade**                          |       |         |                     |
| 10th                               | 573 (31.06) | 0.21 (0.16) | 1.24 [0.99, 1.70]    |
| 9th                                | 561 (30.41) | -0.06 (0.17) | 0.94 [0.67, 1.31]    |
| 8th                                | 711 (38.54) |          |                     |
| **Foreign background**             |       |         |                     |
| No                                 | 1756 (95.18) | 0.88 (0.37) | 2.41 [1.17, 4.99]*   |
| Yes                                | 89 (4.82) |          |                     |
| **Do the difficulties worry you?** |       |         |                     |
| A great deal                       | 48 (2.60) | 1.63 (0.35) | 5.10 [2.56, 10.16]*** |
| Quite a lot                        | 228 (12.36) | 1.59 (0.21) | 4.91 [3.25, 7.42]*** |
| Only a little                      | 396 (21.46) | 0.95 (0.17) | 2.57 [1.85, 3.58]*** |
| Not at all                         | 1256 (68.08) |          |                     |
| **Mental health (SDQ)**            |       |         |                     |
| Emotional symptoms                 | 1845 (100) | 0.18 (0.03) | 1.19 [1.11, 1.28]*** |
| Conduct problems                   | 1845 (100) | 0.04 (0.05) | 1.04 [0.94, 1.14]    |
| Hyperactivity                       | 1845 (100) | -0.01 (0.03) | 0.99 [0.92, 1.06]    |
| Peer-problems                      | 1845 (100) | 0.09 (0.04) | 1.09 [1.00, 1.18]    |
| **Cyberbully victim**              |       |         |                     |
| Yes                                | 214 (11.60) | -0.03 (0.20) | 0.98 [0.65, 1.46]    |
| No                                 | 1631 (88.40) |          |                     |
| **Has someone bullied you in these ways:** | | | |
| Made fun of you because of religion or race (1=yes) | 58 (3.14) | -0.67 (0.37) | 0.51 [0.25, 1.06]    |
| Made fun of you because of your looks or way you talk 1=yes) | 370 (20.05) | 0.27 (0.18) | 1.31 [0.93, 1.84]    |
| Hit, slapped, pushed, or punched you (1=yes) | 409 (22.17) | 0.24 (0.19) | 1.26 [0.88, 1.82]    |
| Spread rumors or mean lies about you (1=yes) | 630 (34.15) | 0.38 (0.18) | 1.46 [1.03, 2.06]*   |
| Directed sexual jokes, comments, or gestures at you (1=yes) | 261 (14.15) | 0.18 (0.19) | 1.20 [0.83, 1.72]    |
| Left you out during recess or lunch time (1=yes) | 358 (19.40) | 0.13 (0.19) | 1.14 [0.79, 1.65]    |
| Not talking or answering to you (1=yes) | 682 (36.96) | 0.01 (0.18) | 1.01 [0.71, 1.44]    |
| Called you names (1=yes)            | 713 (38.64) | 0.01 (0.18) | 1.01 [0.71, 1.43]    |
| Spoke ill of you (1=yes)            | 822 (44.55) | -0.11 (0.20) | 0.90 [0.61, 1.33]    |
| Took your money (1=yes)             | 212 (11.49) | 0.01 (0.22) | 1.01 [0.66, 1.55]    |
| Made you work for other students, such as homework or carrying bags for them (1=yes) | 65 (3.52) | 0.36 (0.33) | 1.44 [0.76, 2.73]    |
| Took away your school supplies and snacks (1=yes) | 251 (13.60) | -0.10 (0.21) | 0.90 [0.60, 1.37]    |
| Threatened to hurt you or beat you up (1=yes) | 241 (13.06) | 0.16 (0.22) | 1.17 [0.75, 1.82]    |
| Chased you like he or she was really trying to hurt you (1=yes) | 131 (7.10) | 0.04 (0.27) | 1.04 [0.62, 1.76]    |
| Pulled your hair (1=yes)            | 384 (20.81) | -0.28 (0.18) | 0.76 [0.53, 1.08]    |
| Left you out of what he or she was doing (1=yes) | 664 (35.99) | -0.05 (0.18) | 0.95 [0.67, 1.35]    |
| Left you out of an activity or conversation that you really wanted to be included in (1=yes) | 529 (28.67) | 0.16 (0.19) | 1.17 [0.82, 1.69]    |
| Did not invite you at a party or other social event even though he or she knew that you wanted to go (1=yes) | 530 (28.73) | 0.06 (0.17) | 1.07 [0.77, 1.49]    |
| A student you wanted to be with would not sit near to you at lunch or in class (1=yes) | 246 (13.33) | -0.41 (0.20) | 0.67 [0.45, 0.99]*   |
| A student told you he or she won’t like you unless you do what they say (1=yes) | 171 (9.27) | -0.36 (0.23) | 0.70 [0.44, 1.10]    |

Notes: *p < .05, **p < .01, ***p < .001
Strengths and Difficulties Questionnaire
Help-seeking behavior

TABLE 3. Model 3: Generalized Linear Mixed Models predicting help-seeking behavior with different forms of cyberbullying (N = 1887)

| Variable                      | n (%)       | B (SE)   | Odds Ratio [95% CI] |
|-------------------------------|-------------|----------|---------------------|
| Sex                           |             |          |                     |
| Female                        | 943 (49.97) | 0.65 (0.16) | 1.92 [1.41, 2.61]** |
| Male                          | 944 (50.03) |          |                     |
| Grade                         |             |          |                     |
| 10th                          | 587 (31.11) | 0.29 (0.16) | 1.33 [0.98, 1.81] **|
| 9th                           | 571 (30.26) | 0.07 (0.16) | 1.08 [0.78, 1.48] **|
| 8th                           | 729 (38.63) |          |                     |
| Foreign background            |             |          |                     |
| No                            | 1796 (95.18)| 0.91 (0.35) | 2.47 [1.25, 4.90] **|
| Yes                           | 91 (4.82)   |          |                     |
| Do the difficulties worry you?|             |          |                     |
| A great deal                  | 52 (2.76)   | 1.52 (0.34) | 4.57 [2.34, 8.95]** |
| Quite a lot                   | 234 (12.40) | 1.59 (0.20) | 4.88 [3.28, 7.28]** |
| Only a little                 | 517 (27.40) | 0.98 (0.16) | 2.66 [1.93, 3.67]** |
| Not at all                    | 1084 (57.45)|          |                     |
| Do the difficulties make it harder for those around you? (e.g., family, friends)? | | | |
| A great deal                  | 27 (1.43)   | 2.14 (0.44) | 8.53 [3.62, 20.07]**|
| Quite a lot                   | 176 (9.33)  | 1.26 (0.20) | 3.53 [2.37, 5.26]**|
| Only a little                 | 409 (21.67) | 0.68 (0.15) | 1.97 [1.45, 2.67]** |
| Not at all                    | 1275 (67.57)|          |                     |
| Mental health (SDQ)           |             |          |                     |
| Emotional symptoms            | 1887 (100)  | 0.18 (0.03) | 1.19 [1.12, 1.27]** |
| Conduct problems              | 1887 (100)  | 0.05 (0.05) | 1.05 [0.95, 1.15] **|
| Hyperactivity                 | 1887 (100)  | -0.00 (0.03)| 1.00 [0.94, 1.07] **|
| Peer-problems                 | 1887 (100)  | 0.07 (0.04) | 1.07 [0.99, 1.16] **|
| Traditional bully victim      |             |          |                     |
| Yes                           | 255 (13.51) | 0.46 (0.18) | 1.58 [1.11, 2.26]*  |
| No                            | 1632 (86.49)|          |                     |
| Have you been cyberbullied in these ways: | | | |
| Ignored (1=yes)               | 440 (23.32) | 0.09 (0.17) | 1.09 [0.78, 1.53] **|
| Disrespected (1=yes)          | 354 (18.76) | 0.29 (0.20) | 1.34 [0.91, 1.98] **|
| Called names (1=yes)          | 340 (18.02) | -0.29 (0.19) | 0.75 [0.51, 1.10] **|
| Rumors spread (1=yes)         | 333 (17.65) | 0.47 (0.18) | 1.60 [1.11, 2.29]** |
| Been threatened (1=yes)       | 129 (6.84)  | -0.01 (0.27) | 0.99 [0.58, 1.68] **|
| Been e-mail bombed (1=yes)    | 245 (12.98) | 0.27 (0.19) | 1.31 [0.90, 1.90] **|
| Picked on (1=yes)             | 255 (13.51) | -0.17 (0.21) | 0.84 [0.55, 1.28] **|
| Been ridiculed (1=yes)        | 328 (17.38) | -0.35 (0.20) | 0.70 [0.47, 1.05] **|
| Been scared for safety (1=yes)| 112 (5.94)  | -0.32 (0.26) | 0.72 [0.43, 1.22] **|

Notes. *p < .05, **p < .01, ***p < .001
SDQ: Strengths and Difficulties Questionnaire

Who would adolescents seek help in the future?
Most adolescents reported that they would certainly contact informal sources, such as their mother (n = 911, 45.9%), father (n = 627, 32.2%), a friend from school (n = 531, 27.4%), or a sibling (n = 409, 21.3%) in case of future problems. The most relevant formal sources were the school nurse (n = 119, 6.3%) followed by teachers (n = 112, 5.9%), and medical doctors (n = 99, 5.3%). A total of 51 (2.7%) adolescents reported that they were certain they would turn to a helpline, and 38 (2.0%) said they would turn to social media.

Discussion
The main aim of the current study was to examine if bullying and cyberbullying victimization predicted help-seeking behavior in Norwegian adolescents after controlling for the other type of bullying, demographic characteristics, and mental health. The current study had a wider focus on help-seeking, as it investigated general help-seeking behaviors that were not specific to any type of bullying, i.e., if adolescents felt the need for outside help with their problems, feelings, behaviors, or emotional troubles. Other studies (7, 8) asked if adolescents sought help because of bullying or cyberbullying. An interesting finding of the current study was that, although adolescents did seek help when they were worried about the difficulties they were experiencing, they sought help even more when others around them, like family or friends, were affected by these difficulties. This was the most important predictor of help-seeking behavior; adolescents who said that the difficulties made it ‘a great deal’ harder for those around them had nine times higher odds of seeking help.

Bully victims were more likely to seek help than those not being bullied, even after controlling for the
other variables like cyberbullying, mental health, and demographic characteristics. This is a positive finding, because adults, mental health professionals, and anti-bullying interventions usually encourage victims to seek help (2). There are internal factors (knowledge about sources of help, sex, previous experiences with help-seeking, and the ability to articulate needs) and external factors (availability of help and costs of services) that affect help-seeking (1). Factors that have been identified that increase help-seeking behavior among adolescents for mental health problems include knowledge about mental health, knowledge about sources of help, and an established relationship with a potential help provider (24). The findings of the current study indicate that Norwegian adolescents do have knowledge about sources of help, and that they trust those sources enough to use them when they are being bullied. Even though some studies have reported no change in the bullying, and in some cases even a worsening of the bullying after the adolescent sought help (6, 12, 13), it is not the help-seeking itself that is the problem. Some studies have criticized the response of adults, and especially of teachers, as something that needs to be improved (8, 12, 16). In Norway, the principal has to ensure that all school staff, including custodial staff, know how to intervene and that it is their duty to do so (25). Schools should inform their students about what should happen when seeking help from school staff. This would also be of help for the school staff, especially teachers who might feel insecure about how to deal with bullying incidents, and might help prevent negative outcomes of help-seeking. Furthermore, students should be encouraged to tell another adult if they find that those they told initially do not act as expected.

Adolescents who were exposed to bullying were more likely to seek help; however, this was not the case for those being cyberbullied. Smith et al. (26) found that traditional bully victims were more likely to seek help than cyberbully victims, and Dooley et al. (27) found that being a cyberbully victim was not related to help-seeking in two samples of adolescents. A cross-national study among adolescents aged 11, 13, and 15 years from the Nordic countries (N = 32,210) showed that being exposed to cyberbullying was linked to lower life satisfaction (28). Cyberbully victimization has also been found to be related to worse mental health outcomes for adolescents generally, but especially for girls (18, 29), indicating the need for victims to receive help. Studies that examined the helpfulness of different coping strategies to deal with cyberbullying found that help-seeking is perceived as helpful by most adolescents (15, 16). Machackova et al. (15) found that some form of reframing the situation and cognitive avoidance were among the most frequently used strategies by cyberbullied adolescents; telling someone about the cyberbullying came in at third place followed by deleting the person from one’s contact list. This could suggest that seeking help is a coping strategy used by some adolescents that have been cyberbullied. However, the findings of the current study show that efforts meant to increase the help-seeking behavior of cyberbully victims needs to be improved. Studies show that about half of teachers might not feel skilled enough to deal with cyberbullying (30). It might also be important to focus on training teachers on how to support cyberbullying victims. Guidelines that schools establish for how to deal with cyberbullying incidents could help teachers know what to do, and students know what to expect when they seek help.

The findings of the current study underline the importance of the role that all school staff and informal sources, especially parents, play when it comes to adolescents’ help-seeking behavior. When adolescents were asked where they actually sought help in the past six months, most reported turning to school staff (the school nurse, a teacher, or the school counsellor), making them the most important supporters of adolescents in need of help. Some adolescents sought help from a relative, and informal sources were most often cited in the open comment field of the questionnaire. Almost half of the adolescents stated that they had sought help with someone else and that person was most often a friend or a parent. This impression is underlined by the fact that, when adolescents were asked to whom they would turn in the future if they experienced a problem, most replied that they would certainly contact informal sources, such as their mother, father, a friend from school, or a sibling. Similar results have been found by Spears et al. (31), who examined adolescents’ intention to seek help because they were cyberbullied. A meta-analysis by Heerde and Hemphill (32) found that help-seeking from informal sources was associated with better psychosocial outcomes. Unfortunately, none of the studies included in the meta-analysis analyzed bullying or cyberbullying and its relation to help-seeking behavior. On the other hand, a review of successful responses to cyberbullying found that adolescents were rather reluctant to tell parents about cyberbullying events because they were afraid that they would lose internet and mobile phone access (33). The findings of the current study underline the important role parents play for adolescents who need help.

When examining which forms of bullying or cyberbullying were related to help-seeking behavior, spreading rumors, both in real life and online, increased the likelihood of seeking help, suggesting
that this type of harassment is particularly influential for adolescents. On the other hand, physical aggression (hitting, slapping, pushing, or punching) did not significantly increase the odds of help-seeking behavior in the current study. This is unlike findings reported in other studies (8, 34). A study conducted by Bauman and Del Rio (35) let preservice teachers rate different types of bullying by seriousness, empathy for the victim, and need for intervention. Overall, relational bullying was perceived as the least serious type of bullying; participants had least empathy for these victims and the need for intervention was rated lowest compared to physical bullying, which got the highest ratings, and verbal bullying, which was in the middle. However, studies found that all types of bullying victimization bother students equally and should be taken seriously by adults (36).

In the current study, very few adolescents were certain to turn to a helpline or to social media. However, helplines might be of importance. Price and Dalgleish (16) found that using a kids helpline was perceived as helpful to some degree by over half of those who called it. A study that examined self-reliance behavior and mental health symptoms found that adolescents with high self-reliance (i.e., adolescents who preferred to solve their own problems) were more willing to turn to anonymous electronic sources than to informal sources (37). Furthermore, adolescents with high self-reliance had higher depression scores and suicidal ideation scores, underlining the need for online resources and phone helplines. In a study by Spears et al. (31) almost half of adolescents who were cyberbullied said they would use online resources such as apps or phone helplines. These online resources might become more important in the future, and focus should be placed on developing and disseminating them so that they are known and can be used by those who need them the most (38). Still, steps need to be taken to increase adolescents’ use of helplines.

Limitations
The limitations of the current study include its cross-sectional nature, its reliance on self-reported measures, and its study sample, which comprises only students from Northern Norway, meaning that the findings might not be representative of all of Norway. A strong point of the study is that it was conducted anonymously, which might have reduced self-reporting bias or the tendency to over-report inappropriate behavior and under-report inappropriate behavior (39). Another limitation of the current study is that it did not examine whether adolescents who sought help actually received the help they needed. This would be an interesting and important question to answer, because some articles have pointed out that adults’ reaction to adolescents seeking help could be improved (8, 16).

Clinical significance
In order for adolescents to receive the help they need and thus prevent negative health outcomes, it is important that they seek and receive customized and effective help. This study adds to the existing literature by examining both traditional bullying and cyberbullying victimization and its relationship to the help-seeking behavior of adolescents after controlling for demographic characteristics and mental health. Being exposed to bullying increased the likelihood of help-seeking behavior, while being exposed to cyberbullying did not. It is therefore important to increase the help-seeking behavior of adolescents who are cyberbullied. Furthermore, the form of bullying or cyberbullying contributed to actual help-seeking behavior among adolescents. Spreading rumors in real life and online increased the likelihood of seeking help. Future studies should focus on the actual helpfulness of help-seeking from the perspective of adolescents who have been bullied or cyberbullied and identify factors that contribute to its helpfulness.

Acknowledgements
The study was funded by UiT The Arctic University of Norway and the Norwegian Directorate of Health.

Disclosures
The authors declare no conflicts of interest.

References
1. Barker G. Adolescents, social support and help-seeking behaviour. An international literature review and programme consultation with recommendations for action. Geneva, Switzerland; 2007.
2. Hunter SC, Boyle JME, Warden D. Help seeking amongst child and adolescent victims of peer-aggression and bullying: the influence of school-stage, gender, victimisation, appraisal, and emotion. Br J Educ Psychol 2004;74(3):375-90.
3. McLoughlin LT. Understanding and measuring coping with cyberbullying in adolescents: exploratory factor analysis of the brief coping orientation to problems experienced inventory. Curr Psychol 2019. https://doi.org/10.1007/s12144-019-00378-8
4. Undheim AM, Wallander J, Sund AM. Coping strategies and associations with depression among 12- to 15-year-old Norwegian Adolescents involved in bullying. J Nerv Ment Dis 2016;204(4):274-9.
5. Sittichai R, Smith P. Bullying and cyberbullying in Thailand: coping strategies and relation to age, gender, religion and victim status. J New Approaches Educ Res 2018;7(1):24-30.
6. Smith PK, Shu S. What good schools can do about bullying - Findings from a survey in English schools after a decade of research and action. Childhood 2000;7(2):193-212.
7. Blomqvist K, Saaresento-Zaprudin S, Salimivalli C. Telling adults about one’s plight as a victim of bullying: Student- and context-related factors predicting disclosure. Scand J Psychol 2019;61(1):131–9.

8. Shaw T, Campbell MA, Fustahl JM, Runions KC, Salimivalli C, Cross D. Telling an adult at school about bullying: subsequent victimization and internalizing problems. J Child Fam Stud 2019;28(9):2594-605.

9. Raskauskas J, Huynh A. The process of coping with cyberbullying: a systematic review. Aggress Violent Behav 2015;23:118-25.

10. Oliver C, Candappa M. Bullying and the politics of ‘telling’. Oxf Rev Educ 2007;33(1):71-86.

11. Kvarme LG, Misvar N, Valla I, Myhr MC, Holen S, Sagatun A. Bullying in school: Importance of and challenges involved in talking to the school nurse. J Sch Nurs 2019;1:7.

12. Mender J, Baum, S, Salkowski ML, Davis S, Nixon C. Racially-focused peer victimization: prevalence, psychosocial impacts, and the influence of coping strategies. Psychol Violence 2016;6(1):103-11.

13. Wendelborg C. Mobbing og arbeidshv i skolen. Analyse av Elevundersøkelsen. [The Investigation of the Pupils 2017/18, bullying in school in Norwegian]. NTNU; 2018.

14. Bradshaw CP, Sawyer AL, O’Brennan LM. Bullying and peer victimization at school: perceptual differences between students and school staff. School Psych Rev 2007;36(3):361-82.

15. Machackova H, Cerna A, Sevcikova A, Dedkova I, Daneback K. Effectiveness of coping strategies for victims of cyberbullying. Cyberpsychology 2013;7(5).

16. Price M, Dalgleish J. Cyberbullying-experiences, impacts and coping strategies as described by Australian young people. Youth Stud Aust 2019;20(2):51-6.

17. Gustainiene I, Valiune D. Comparison of attitudes towards help seeking between schoolchildren with and without experience of cyberbullying. Procedia Soc Behav Sci 2015;205:391-5.

18. Kaiser S, Kyrrestad H, Fossun S. Cyberbullying status and mental health in Norwegian adolescents. Scand J Psychol 2020. https://doi.org/10.1111/sjop.12656

19. Chudal R, Tiri E, Brunstein Klomke A, Ony Say H, Fossun S, Kaneko H, et al. Victimization by traditional bullying, cyberbullying and both among adolescents in 13 European and Asian countries and their associations with the country’s development level and presence of anti-bullying interventions. [Submitted for publication; 2019]

20. Goodman R. The strengths and difficulties questionnaire: a research note. J Child Psychol Psyche 1997;38(5):581-6.

21. Olweus D. Bullying at school: what we know and what we can do. Malden: Blackwell Publishing; 1993.

22. Nansel TR, O’Neel Nour, Pilla RS, Ruan WJ, Simon-Morton B, Scheck P. Bullying behaviors among US youth: prevalence and association with psychosocial adjustment. J Am Med Assoc 2001;285(16):2094–100.

23. Hindsh S, Pachin JW. Bullying beyond the schoolyard: preventing and responding to cyberbullying. Thousand Oaks, CA: Corwin Press; 2009.

24. Rickwood DJ, Deane FP, Wilson CJ. When and how do young people seek professional help for mental health problems? Med J Aust 2007;187(5):S35-89.

25. Norwegian Directorate for Education and Training. Mobbing og mistrivsel - hva skal skolen gjøre? [Bullying and distrust - what should the school do?] 2019. Retrieved at: https://www.udir.no/laring-og-trivsel/skolemiljo/aktivitetsplikt/

26. Smith PK, Mahdavi J, Carvalho M, Fisher S, Russell S, Tippett N. Cyberbullying: its nature and impact in secondary school pupils. J Child Psychol Psyche 2008;49(4):376-83.

27. Dooley JJ, Gradinger P, Strohmeier D, Cross D, Spiel C. Cyber-Victimisation: The association between help-seeking behaviours and self-reported emotional symptoms in Australia and Austria. Aust J Guid Couns 2010;20(2):194-209.

28. Armasron A, Nygren J, Nyholm M, Torsheim T, Augustin I, Bjereld Y, et al. Cyberbullying and traditional bullying among Nordic adolescents and their impact on life satisfaction. Scand J Public Health 2019;47(1):1-9.

29. Kim S, Kimber M, Boyle MH, Georgiades K. Sex Differences in the association between cyberbullying victimization and mental health, substance use, and suicidal ideation in adolescents. Can J Psychiatry 2019;64(2):126-35.

30. Barnes A, Cross D, Lester I, Hearn I, Epstein M, Monks H. The Invisibility of covert bullying among students: challenges for school intervention. Aust J Guid Couns 2012;22(2):206-26.

31. Spears BA, Taddeo CM, Daly AI, Streton A, Karklins I.T. Cyberbullying, help-seeking and mental health in young Australiane implications for public health. Int J Public Health 2015;60(2):219-26.

32. Heerde JA, Hemphill SA. Examination of associations between informal help-seeking behavior, social support, and adolescent psychosocial outcomes: A meta-analysis. Dev Rev 2018;47:44-62.

33. Peroen S, Corecoran L, Cowie H, Dehne F, Garcia D, Mc Guclain C, et al. Tackling Cyberbullying: Review of empirical evidence regarding successful responses by students, parents, and schools. Int J Confl Violence 2012;6(2):283-92.

34. Boulton MJ. High school pupils’ understanding of peer counselling and willingness to use it for different types of bullying. Pastor Care Educ 2014;32(2):95-103.

35. Bauman S, Del Rio A. Preservice teachers’ responses to bullying scenarios: comparing physical, verbal, and relational bullying. J Educ Psychol 2006;98(1):219-31.

36. Nishina A, Juvonen J. Daily reports of witnessing and experiencing peer harassment in middle school. Child Dev 2005;76(2):435-50.

37. Labouliere CD, Kleinman M, Gould MS. When self-reliance is not safe: associations between reduced help-seeking and subsequent mental health symptoms in suicidal adolescents. Int J Environ Res Public Health 2015;12(4):3741-55.

38. Kaur S, Mangan C, Sanci L. Do online mental health services improve help-seeking for young people? A systematic review. J Med Internet Res 2014;16(3):e66.

39. Donaldson SJ, Grant-Vallone EJ. Understanding self-report bias in organizational behavior research. J Bus Psychol 2002;17(2):245-60.