CYBERBULLYING: A CLINICIAN'S PERSPECTIVE

Isheeta Zalpuri, MD

Traditionally bullying is referred to as repeated aggressive behavior, including physical acts such as hitting, shoving, verbal abuse, such as name-calling, as well as more subtle actions, such as social exclusion and rumor-spreading.[1,2] In recent years, social media has been a dominant platform for communication amongst teens in our communities. By 2010, the proportion of American teens using social media had risen to 73% from 65% in 2008.[3] A report from 2012 indicated that at least 77% of American teens (12–17 years old) had cell phones, and 23% owned smart phones.[4]

With the propagation of information and communication technologies, bullying has made its way into cyberspace. It can occur via text messaging (SMS), emails, social media (such as Twitter, Facebook, Instagram, or Snapchat), and even, at times, through the creation of web pages designed to defame or to post derogatory comments about other teens. "Cyberbullying" has been defined in various terms in the literature, with most definitions stating that the behavior is harmful, intentional, and inflicted through the means of electronics.[5,6] As with traditional bullying, many teens may experience occasional cyberbullying, but those who are repeatedly targeted are the ones who are likely to suffer more. This article considers the author's experience as a physician providing psychiatric care to teens who are victims and bullies in the digital age. It concludes by outlining how clinicians' experiences delineate areas where more research is needed.

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Ybarra and Mitchell[7] interviewed 1,501 regular Internet users, 10–17 years of age, to compare characteristics of aggressors, targets, and aggressor/targets. They found that 19% of the sample was involved in online aggression, 4% as online victims only, 12% as online aggressors only, and 3% as aggressor/targets. In a study of 1,915 girls and 1,852 boys in grades 6, 7, and 8 who attended elementary and middle schools, Kowalski et al.[5] found that 11% had been electronically bullied at least once in the last couple of months; 7% were bully/victims; and 4% had electronically bullied someone else at least once in the previous 2 months.

The impact of cyberbullying can range from minor distress and frustration to severe psychosocial distress. Victims of both traditional and cyberbullying report feeling depressed, anxious, and vulnerable.[8] Gamez-Guadix et al.[9] found that cyberbullying victimization leads to an increase in depressive symptoms, and depressive symptoms, in turn, increase the probability of cyberbullying. Adolescents who experience cyberbullying have been found to have more suicidal thoughts and are more likely to attempt suicide.[10] Given the faceless aspect of cyberbullying and the potential threat of anonymity, which reduces accountability and its far-reaching aspects, patients (or their parents) may challenge recommendations to attend therapy sessions or take medications when "cyberbullying can't be stopped" and "there is no escape." Exploring ways to stop the cyberbullying and to promote social support (such as in school) can therefore be a critical component to treatment. At the same time, work on fortifying internal resilience should be explored as well.

While restricting or eliminating online access may reduce stress secondary to cyberbullying for some adolescents who have been the victims of cyberbullying, it may cause further isolation for others. It also may be functionally impossible or very difficult, as access to multiple devices in many locations is readily available. Some patients whose online access is restricted report feeling punished for disclosing the cyberbullying. Discouraging reporting should be avoided and, for that reason, restricting or eliminating online access is frequently not the first strategy utilized.

The nature of digital communications can make online bullying feel more severe than bullying in person.[11] For example, adolescents may create web pages or profiles specifically to post derogatory comments about a certain individual, which can lead to feelings of "being ganged up on." Apps such as *Streetchat* can pin a user's location and enable teens from nearby schools to track the user's location; other apps can permit peers to post anonymous photos and messages. Apps that permit anonymous commentary lead more quickly to cruel interactions.[12] In addition, anonymity makes it difficult to identify bullies, and online identities can be easily changed. Victims may

express concerns that potentially every person they meet can be the bully, which can lead to greater emotional distress and can cause them to restrict their social interactions and isolate themselves. Given that whatever is posted online may persist "forever" and potentially be accessible from a connected device anywhere in the world, adolescents may feel insecure, not knowing how many people have access to the content online and knowing that there are no boundaries of time and place.

Complications Associated With Cyberbullying: Victims of cyberbullying often present to outpatient clinics with general symptoms of depression, anxiety, and refusal to attend school. Since most pediatricians and child psychiatrists do not routinely screen specifically for bullying or cyberbullying, the primary cause or trigger for the teenager's presenting symptoms may be missed. It is common to find that adolescents have been harassed for a long time before disclosing it to their parents or physicians.[13] Teenagers often lack awareness about how cyberbullying impacts their psychological functioning and what to do if someone they know is being victimized. They may refrain from reporting cyberbullying to adults due to concerns over loss of Internet privileges, or traditional worries regarding bullying: feeling "weak" or "making things worse," fear of retaliation, and fear of their parents' reaction.

Many victims of cyberbullying are victims of traditional bullying, as well.[14] One illustrative case involved a 13-year-old female who was in treatment for depression secondary to bullying. She was able to make some progress and gradually returned to school. However, within a few days of returning to school, she started receiving derogatory texts suggesting that she kill herself. Her depressive symptoms resurfaced, followed by a suicide attempt. It was only then that she disclosed the cruel digital messages she had been receiving. Unless asked directly, many adolescents may never report that they are being bullied or cyberbullied.[13] A thorough psychiatric evaluation of youth must include questions about bullying and cyberbullying, and these questions should be repeated at follow-up visits if concerns arise.

Directions for Future Research: Unfortunately, psychometrically validated questionnaires or checklists that can be used by clinicians to guide these interviews on bullying and cyberbullying are scarce and largely untested; new assessment tools for electronic media use and cyberbullying are needed. One such checklist designed for clinicians to assess cyberbullying in adolescents has been developed by Children's Hospital Boston (Harvard Medical School) and the Massachusetts Aggression Reduction Center at Bridgewater State University. It can be downloaded from their website (http://marccenter.webs.com/physicians-nurses).

Further research focusing on characteristics of both victims and perpetrators of cyberbullying can help clinicians identify these adolescents to be able to intervene early, hence preventing unfortunate outcomes of cyberbullying. It is also important to note that the long-term impact of cyberbullying is relatively unknown. Research in this area could help clinicians understand the prognosis of these patients.

An important area that research has not explored sufficiently is the assessment of how culture and ethnicity influence behaviors linked to cyberbullying. One study showed that Hispanic students may be more likely to suffer from cyberbullying than Caucasians.[14] Findings such as this suggest that clinicians may need more information to be appropriately sensitive to the influence of culture and ethnicity on cyberbullying.

Given cyberbullying's growing prevalence, it is essential to explore further the use of media in spreading awareness and educating teenagers about cyberbullying and its impact on victims.

Conclusion

With the ever-growing use of technology, bullying now exists in cyberspace and can lurk where it cannot be seen by anyone. Despite its wide prevalence, research in the field of cyberbullying is still in its preliminary stages. To be able to help their patients and address the aforementioned issues effectively, pediatricians and mental health providers need further research and resources regarding cyberbullying that they can utilize in their practice.

Take Home Summary

Cyberbullying can lead to the development of signs and symptoms of mental illness. Further research to understand its impact and prevent adverse outcomes is essential.

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About the Author
Isheeta Zalpuri, MD, is a Child and Adolescent Psychiatry Fellow at Lucile Packard Children's Hospital Stanford. Her interests include medical student and resident education, professionalism and social media, cultural psychiatry, and suicide prevention. She can be reached at izalpuri@stanford.edu.

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