THE CYBERBULLYING OF CHILDREN WITH SPECIAL NEEDS:
Understanding the Scope of the Problem

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In the six years since we began the Bullying and Cyberbullying Prevention and Advocacy Collaborative (BACPAC) at Boston Children's Hospital, we have listened to families describe many sad stories of peer victimization happening in the schools of New England. As a child neurologist here at Children's Hospital, it was my goal to establish a program where children with neurodevelopmental disorders and their families, faced with bullying and cyberbullying, could come to be heard, to learn their rights under federal and state laws, and to learn evidence-based strategies that might help end the abuse from which they and their families were suffering. BACPAC also serves as a resource of information on bullying and cyberbullying to our pediatric colleagues and to the community.

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In the BACPAC clinic, we see examples of both traditional bullying and cyberbullying. By far, we see more victims than perpetrators, but we also see the bullies. Some kids "wear both hats," the so-called "bully/victim."[1,2] Cyberbullying strategies vary considerably, in our experience. We, of course, see the common strategy of insulting or harassing and even threatening the victim. Rumor spreading is a common tactic. Surprisingly, in these situations, the perpetrator may not even try to hide his or her identity. This is likely because the perpetrator does not see him/herself as a bully, per se. When confronted with copies of their mean-spirited messages, we find that they often feel justified in that they were simply retaliating for something they feel was an injustice done to them. Also, it has been pointed out that the Internet often gives a false sense of security and anonymity.[1]

Some cyberbullies, however, take a stealthier approach to causing their victims distress. A common strategy we see in the clinic is what I call "pediatric identity theft," colloquially known as "catfishing." The perpetrator will go onto a social network and assume the identity of his or her victim. This, as it turns out, is not hard to do. An account is made in the victim's name, complete with a profile picture of the victim. The bully will then "friend" various people who know the victim and then make statements that insult or otherwise upset the friends. The goal, of course, is that the friends will become angry with the victim, who is unaware that his/her identity is being exploited. We have even seen cases where the parents of the victim fell for the counterfeit account and punished their own child, the victim of the scam, for things the parents thought their child wrote.

Cases of pediatric identity theft can become quite convoluted. In one specific case, a young boy with intellectual disability was the target of a peer at school who made a false social network account in the boy's name. What was particularly interesting in this instance was the bystander response. As it turned out, the child with intellectual disability was well known and very well liked by peers in school. The bystanders who were recipients of some of the counterfeit messages on the social network recognized right away that the tone of the messages was not at all in keeping with their chum at school. Furthermore, they were also aware that, given his intellectual disability, he could not read or write anywhere nearly as well as the version of him that they were encountering on the Internet! In fact, they not only didn't fall for the ruse, they became *incensed* that someone was doing this to a boy at school with special needs who they all knew to be a sweet kid. The peer community at the school began threatening the anonymous perpetrator via the same network account. While they did not know yet who the perpetrator was, they made it clear that they were coming for him or her. Fortunately, the family of the special needs student did pursue a police investigation and the false account was traced – right back to the personal cell phone of the perpetrator.

Now, in case you think the story ends there, it does not. I was told that the perpetrator, upon discovery, became extremely distressed and remorseful to the point of tears. This leads to yet another lesson to be learned from this case--specifically that the bullies themselves also need our help. Motives for bullying vary from case to case. Some kids experiment with bullying and, upon getting caught, are appropriately remorseful and never do it again. On the other end of the spectrum is the bully who has his or her own stress going on, often at home, and is more refractory to intervention. Some may be outright oppositional-defiant or even have antisocial personality tendencies. We know that studies show that bullies are

themselves also at higher risk for later-life problems, including psychological and legal trouble.[1-4] Thus, our efforts need to be more therapeutic than punitive.

Another important consideration is that children with neurodevelopmental disorders often have limited friendship groups. They often have significant difficulty interpreting social cues and predicting other people's responses. They often are shunned or excluded by their peers. This social isolation is confusing to the child at the very least, and often frankly distressing. Many children with neurodevelopmental disorders have baseline anxiety. Sometimes their behaviors are seen as strange or bizarre to their peers, some of whom will find these children "annoying" and use this as justification for picking on them. We have seen even teachers and school principals engage in this type of blaming the victim. Thus, I always make sure to explain to the patient and his or her family that bullying is never the victim's fault. No matter how "annoying" another person may find you, that can never justify abuse. With technology now literally at most kids' fingertips, the Internet has become their soapbox for anything and everything that is on their minds, including kids at school they don't like. Disparaging remarks, rumors, and even threats abound, and, sadly enough, are becoming "normal" occurrences in the minds of our young people. I have seen the statement "You should kill yourself" on multiple occasions when reviewing the email or Facebook messages received by a child in the BACPAC clinic. It is interesting to me that, despite the permanent tracks left by Internet communication, people in general--not just kids--feel so anonymous and private online. We seem to exhibit less fear of detection and repercussion when we are behind a computer screen, even though our actions are so much more transparent and traceable than if we were to confront someone in person. We also see kids becoming desensitized to the use of disparaging, hurtful labels such as "gay" and "faggot" to the point where, when asked, they will laugh and say, "Everyone says it." And sadly they are right.

In 2001, the American Medical Association officially recognized bullying as a public health problem.[2,5] Both the medical and legal literatures recognize bullying as abuse. It follows logically, then, that unchecked bullying can become toxic stress. According to The Center on the Developing Child at Harvard University, a stress becomes toxic when there is prolonged activation of the body's stress response system in the absence of supportive/protective relationships, such as in cases of abuse (http://developingchild.harvard.edu/key_concepts/toxic_stress_response).[6,7] Victims of bullying, like victims of other types of abuse, tend not to report the abuse, keeping it to themselves for fear of making it worse. In our experience, this reluctance to report on the part of the victim is just as much if not more true for cyber-victims as for victims of more traditional bullying. Thus, their parents may be unaware. A strong friendship group has been shown to be an insulating or protective factor against being bullied,[8] but, to reiterate, the child with neurodevelopmental difficulties often doesn't have a solid friendship group.[9] Also, bullying, by its covert nature, inherently means making sure adults are not around to witness the harassment, which in turn means that the victim often lacks a supportive or protective adult. The victim is then left with a situation of ongoing stress with no supportive or responsive relationship to stave off the toxic effects. Toxic stress is known to lead to long-term adverse effects on brain, cardiovascular, endocrine, and immune functions.[6,7] Children with neurodevelopmental disorders have deficits in theory of mind and in social skills that leave them particularly vulnerable to the toxic effects of recurrent bullying.[9,10] In the new millennium, the Internet has become the Stealth Bomber of the bully, and its impact on our children is increasing exponentially. While traditional bullying and cyberbullying are not exactly the same in form, they are interrelated and are very similar in their devastating effects. Also, to the victim, cyberbullying, more often than not, is an extension of his or her school relationships.[1] More research is needed on cyberbullying specifically and its effects on health as well as ways to combat it.

In summary, peer victimization (i.e., bullying and cyberbullying), is a prevalent and important public health problem with potentially serious consequences to health and wellbeing. Pediatric health providers play an important role in screening for bullying/cyberbullying in their practices and in advocating for the victims. The bullies themselves are also developing children who need our help, since they too are at risk for more serious psychological and perhaps legal problems later in life. We at BACPAC are hopeful that our initiative here at Boston Children's Hospital will lead others to start similar programs to support these children and also to advance research into the causes of bullying and cyberbullying, their effect on our developing children, and also the possible solutions to the problem.

Take Home Summary

Bullying and cyberbullying are forms of abuse. As such, bullying and cyberbullying, unchecked, carry the potential for significant morbidity, both short- term and long-term. The special needs population is at particularly increased risk. It is important to screen for the possibility of bullying, in all its possible forms, as part of the pediatric assessment, and to advocate for the victims vigorously.

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