What Pediatricians Should Know and Do about Cyberbullying

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When bullying occurs through technology it is called *electronic bullying* or *cyberbullying*, which first appeared at the beginning of the 21st century and has become an issue of great concern to pediatricians, parents, educators, and youths themselves. Although cyberbullying includes aspects of traditional, in-person bullying, it also differs in important respects. The Centers for Disease Control and Prevention (CDC) defines bullying as any unwanted aggressive behavior(s) by another youth or group of youths who are not siblings or current dating partners that involves an observed or perceived power imbalance and is repeated multiple times or is highly likely to be repeated. Bullying, whether in-person or through technology, can inflict distress on the targeted youth, as well as physical, psychological, social, or educational harm.

Cyberbullying should be considered in the context of traditional bullying rather than as a separate entity: it shares characteristics with traditional forms of bullying, such as its risk factors, its negative consequences, and the effectiveness of interventions that work on both types bullying. But there are also important differences between the 2: cyberbullying does not always have a clearly defined power differential, and 1 negative post can have significant effects without being repeated by its perpetrator.

Estimates of the frequency of cyberbullying vary. The CDC indicates that more than 15% of high school students report being cyberbullied in the past year. Other estimates include a range from 4% to 90%, with many studies reporting 20% to 40%. Rates of cyberbullying perpetration range from 3% to 36%. In 1 study, when parents were asked about their child's cyberbullying experiences, 80% of parents claimed that they were knowledgeable about their child's online behavior, but 89% did not know that their child had reported being cyberbullied. Many youths (approximately one-third) who are cyberbullied have also been victims of traditional bullying. Of concern is the estimate that only approximately half of youth who are cyberbullied seek help by reporting the occurrence to anyone.

Although some studies report that girls are more likely than boys to be targets of cyberbullying, others suggest that boys and girls are targeted at equal rates. Sexual and gender minority youths are targeted more frequently than their peers, as are racial and ethnic minority youths.

Well-designed studies have identified many harmful effects of cyberbullying. Being a victim of cyberbullying has been shown to increase the likelihood of psychological distress, including depression. Compared with nonvictims, youths who were victims of cyberbullying and/or traditional bullying reported 4 times the depressive symptoms and 5 times greater likelihood to make a suicide attempt. Unfortunately, one of the frequent causes of cyberbullying, relationship problems or a breakup, is further exacerbated by the bullying: youths who are victims of cyberbullying report increased social isolation and difficulty trusting others, especially peers.

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One of the things that may distinguish cyberbullies from those who bully in-person is the belief that they can post anonymously with impunity, that offensive material cannot be traced back to them. What they might not realize is that they are creating digital footprints each time they go online. Although some forms of social media are more difficult to trace than others, cyber posts are not, in fact, anonymous. The Library of Congress, for example, is archiving everything posted on Twitter. Increasingly, Transportation Safety Administration agents seize cell phones at ports of entry. Sharing the reality that online behavior is not reliably anonymous is potentially a means to discourage inappropriate posts: the possibility of being identified as the author of a hurtful bullying message may provide an incentive to inhibit such posts.

In 2011, the American Academy of Pediatrics (AAP) released a clinical report on "The Impact of Social Media on Children, Adolescents, and Families." The report reviewed the benefits as well as the risks of social media use, concluding that cyberbullying is one of the biggest risks. The AAP recommends 4 courses of action for pediatricians: 1) advise parents to talk with their children about online use; 2) advise parents to learn about technology use so that they are comfortable and knowledgeable about social media when talking with their children; 3) discuss the creation of a family online use plan and institute family meetings to review it; and 4) advise parents to supervise their children's online activities actively and personally rather than just relying on computer-based programs to monitor.

At office visits, pediatricians should attend to the warning signs that a child is the victim of cyberbullying: increased somatic complaints, social withdrawal, school absenteeism, declining grades, behavioral outbursts, and suicidal ideation. If there is concern about the child's safety, a concern the child is in imminent danger, has been or might become the victim of physical or sexual abuse, or a concern about suicide, the pediatrician must contact the appropriate law enforcement authorities, the school, or an appropriate mental health professional; the child may need to be transported to the emergency department. Of course, screening for all of these issues is time-consuming and beyond the scope of many pediatric health supervision visits. Tools such as the HEEADDSSS (Home, Education, Eating, Activities, Drugs and Alcohol, Suicide and Depression, Sexuality and Safety) may be useful; the important thing is for the pediatrician to gather more information about the context and importance of possible symptoms. A brief screening instrument, the Ask Suicide-Screening Questions, has recently been developed and validated by the National Institute of Mental Health. The instrument, available without charge, takes less than 2 minutes to administer. If a youth screens positively, the Brief Suicide Safety Assessment can be administered by a physician or an assistant trained to use the protocol. A range of interventions, if needed, can be initiated in the pediatric office; referrals to other providers, such as psychologists or social workers, may be needed to continue in-depth assessment and to address the effects of cyberbullying.

If the child is a victim of cyberbullying, the pediatrician can recommend the following:

1. Don't forward, respond to, or "like" content that is harmful to others.
2. Keep evidence of cyberbullying, such as dates, times, descriptions, screen shots, e-mails, and texts.
3. Block the cyberbully.
4. Talk to a trusted adult.
5. Report bullying to the school and law enforcement as appropriate.

At a more general level, the pediatrician should incorporate how to be a good digital citizen into age-appropriate education. Parents should be encouraged to be aware of what their children are doing online and to talk with their children about how text and other online content can be perceived and the very real-world consequences of it. Parents need to remind children that digital content can spread quickly and explain what to do if they or someone else is being victimized by a cyberbully.

Most young people have access to digital media beginning in elementary school, and the trend is likely to increase. Although this access can be an important social and educational tool, it can also expose children to cyberbullying. Active parental supervision is needed, which can be reinforced by the pediatrician.

COMMENTS: Not infrequently, my wife and I, sitting in a restaurant, have noticed a couple (usually younger than we are) deeply engaged in their separate smartphones, making no eye contact with each other. Social media are overtaking social intimacy. Like drone warfare distancing the attacker from the attacked, cyberbullying is made easier by isolating the bully from the victim—no risk of eye contact. Once children played board games, sitting across from each other at a table; now the more usual is to interact through a screen—a word that is ironically apt. Time spent with video games is

replacing outdoor activity, and well-developed thumbs are becoming more common than well-exercised bodies. Technology is radically changing the ways we relate (or don't) to each other; and, as yet, we are only slowly learning the implications. Akin to the invention of the printing press or the steam engine, we are moving into a (brave?) new world: *"And what rough beast, its hour come round at last, Slouches toward Bethlehem to be born?" (W.B. Yeats)*

—Henry M. Adam, MD
Associate Editor, *In Brief*

PS: On July 29, 2019, the front page of the *New York Times* Sports Section featured an article about Arthur Ashe Tennis Stadium being taken over the past weekend by thousands of fans paying to watch on huge screens 100 competitors vying for a $3 million first prize at the video game Fortnite. Brave new world indeed!

ANSWER KEY FOR JULY 2020 PEDIATRICS IN REVIEW

Acute Transverse Myelitis and Acute Disseminated Encephalomyelitis: 1. A; 2. C; 3. C; 4. C; 5. B.

Seizures in Children: 1. D; 2. E; 3. E; 4. B; 5. B.

Summer Buzz: All You Need to Know about Insect Sting Allergies: 1. C; 2. A; 3. E; 4. C; 5. B.

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