Are your young patients threatened by bullying, cyber bullying?

The ISMA tells you how to identify, assist those at-risk

Whether facing traditional bullying in the school yard or cyber bullying online, more and more children and adolescents are at risk and need the understanding and support of physicians who care for them.

The Indiana State Medical Association is providing this information to help you understand bullying and cyber bullying, and to suggest how to identify and assist at-risk children and adolescents in your care. These practical suggestions are a result of ISMA House of Delegates adoption of Resolution 10-21 Reducing Bullying through Education Partnerships.

What is bullying?

Bullying is normally defined as “aggressive behavior that: (a) is intended to cause harm or distress, (b) occurs repeatedly over time, and (c) occurs in a relationship where there is an imbalance of power or strength.”

Hitting, shoving, threatening, teasing, intimidation, name-calling, spreading rumors, or stealing and damaging belongings are common behaviors of traditional bullying.

Cyber bullying refers to bullying that occurs through instant messaging, e-mailing, chat rooms, Web pages, video-gaming, or through images or messages sent via cell phones. The rise of social media is making cyber bullying more common, experts say, particularly as more and more teens acquire cell phones.

In 2009, the National Institutes of Health, using data from the 2005/2006 Health Behavior in School-aged Children Study, determined that 13.6 percent of American students have been bullied electronically. Another study suggests the problem is even more widespread. Data from a 2006 National Crime Prevention Council survey

indicated 43 percent of teens ages 13-17 reported experiencing cyber bullying during the previous year.⁴

While traditional bullying and cyber bullying are distinct phenomena,⁵ the two sometimes overlap. One survey of 3,700 youths in grades 6 through 8 showed that nearly one-quarter of children who are victims of traditional bullying may also experience cyber bullying. The same study indicated that within this group, nearly 10 percent of victims of traditional bullying perpetrated cyber bullying.⁶

Who’s at risk?

Mental health professionals say all adolescents are at risk for bullying and cyber bullying, but certain characteristics make some more vulnerable to such harassment.⁷

Most susceptible patients

- Individuals with mental health issues
- Those with a developmental disability
- Adolescents who are gay or lesbian, or those struggling with their sexuality or gender identity
- Youths who recently moved to a new school
- Children perceived as outsiders by their peers
- Adolescents who spend a lot of time online

Signs that a patient could be a cyber bully victim or perpetrator

- Problems sleeping
- Anxiety
- Sudden disinterest in school
- Increase in somatic complaints, such as stomachache and headache
- Bed-wetting in younger children
- A decrease in social activity

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⁶ Ibid.
How physicians can identify and assist patients

A July 2010 Archives of Suicide Research study showed suicide rates for cyber bullying victims and perpetrators were above those of students not involved in the activity. Since this mounting problem has increased suicides among victims, it is important for physicians to screen young patients to determine if they are victims or perpetrators of either type of bullying. However, it is unlikely that an adolescent will present to a physician with a complaint of being bullied.

Experts advise continuing to ask adolescent patients about traditional bullying but to also ask specific questions regarding cyber bullying.

Most children will be forthcoming when asked the right questions, even if they would not otherwise volunteer the information. It is important to believe children who say they are being bullied, to reassure them they have done the right thing in reporting it—and to tell them it is not their fault. Physicians should determine for all young patients the level of danger from self-harm or acts inflicted by others.8

Parents should be advised to discuss the problem with school personnel. If threats made against a patient seem credible, physicians should urge families to contact the police.9

For patients who admit cyber bullying, physicians should help the individual understand that his or her actions are a problem, and then involve the parent or guardian in the situation.

Wellness exams and patient visits offer a prime opportunity for asking screening questions.

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9 Ibid.
Suggested questions for physicians to ask about bullying

**For children**

Have you ever been teased at school?

What kinds of things do children tease you about? Have you ever been teased because of your illness/disability? Do you have any nicknames?

What do you do when others pick on you?

Do you know of other children who have been teased?

At recess, do you usually play with other children or by yourself?

**For parents**

Are you concerned that your child is having problems with other children at school?

Has your child’s teacher ever mentioned that your child is often by himself or herself at school?

Does your child visit the school nurse frequently?

Has your child ever said that other children were bothering him or her?

Do you suspect for any reason that your child is being harassed or bullied at school, at home or at another setting? If so, why?

Suggested questions for physicians to ask about cyber bullying

Do you use the Internet?

Do you have a cell phone?

What do you do online? Do you use social networking sites?

Do you ever feel that you were harassed?

Do you bully other people?

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Legal implications of bullying

Forty states, including Indiana, have bullying laws. Indiana’s law does not require physicians to report bullying incidents.

It is well to note that bullying may be considered “disability harassment,” which is illegal under Section 504 of the Rehabilitation Act of 1973. It may also violate Title II of the Americans with Disabilities Act of 1990. 12

According to the U.S. Department of Education, “disability harassment is ‘intimidation or abusive behavior toward a student based on disability that creates a hostile environment by interfering with or denying a student’s participation in or receipt of benefits, services, or opportunities in the institution’s program.’”13 Schools are required to investigate such incidents and respond appropriately.

Physicians’ role in the community

Physicians can assist in raising awareness among community groups and law enforcement about the potential impact of bullying and cyber bullying.

Physicians can be a resource to parents, students and schools by supporting appropriate local efforts to engage students in discussion and activities to improve understanding of the problem and learn how to deal with it.

On an individual level, support from a physician for the victim of cyber bullying may be life saving.

More information

Many additional resources are available online. Two highly recommended sites are www.stopbullyingnow.hrsa.gov and www.stopcyberbullying.org.

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