Technology Can Extend the Reach of a Bully

Cyber bullying by girls, who ‘share so much … when they are friends,’ can be particularly devastating.

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Senior Writer

HOU.TON — In the age of 24-hour technology, bullying no longer stops at the edge of the playground.

Cyber bullying is a form of harassment using text messages, e-mail, and Web sites. This high-technology approach allows children and adolescents to engage in bullying not only at school, but at home, at all hours of the day and night. A bully can post a disparaging comment on the Internet or in an e-mail message and send it to 3 to 100, 300, or 400 people, said Richard Sarles, M.D., at the annual meeting of the American Society for Adolescent Psychiatry.

In addition, the in-

sult is there for the victim and recipients of the message to read over and over again—which makes this kind of aggression even more insidious, said Dr. Sarles, professor of psychiatry and pediatrics at the University of Maryland, Baltimore.

The anonymous nature of cyberspace creates additional problems, because the bully need not face the victim and may be unknown.

Any sort of bullying is a significant clinical problem, Dr. Sarles said at the meet-

ing, cosponsored by the University of Texas Southwestern Medical Center at Dallas. In fact, bullying, the most common form of aggression experienced by children and teens, is more problematic for this population than is racism or pressure to use drugs or alcohol or to have sex, he said.

Traditional bullying can be either physi-

cal or verbal. Dr. Sarles said boys tend to be more direct—and aggressive—than girls.

Boys are more likely to intimidate their victims by engaging in name-calling, mal-

icious teasing, and obnoxious gestures. Girls who bully tend to use more passive approaches. They are more likely to em-

ploy rumor spreading, malicious gossip, and sexual innuendo. In addition, girls are less likely to use physical bullying. In-

stead, they are more drawn to relational bullying, which is meant to cause social isolation. Their goals are to damage reputations and relationships.

Cyber bullying in the hands of girls can be particularly devastating. After all, they are coming at a time when peers group ac-

ceptance and the need for belonging are highly sought, Dr. Sarles said.

“Girls share so much information when they are friends that they never run out of ammunition if they turn on one another,” he noted.

Several theories exist about the etiology of bullying, Dr. Sarles said.

The person-centered theory involves the characteristics of the bully, victim, and onlookers, and the way in which they predispose children to bullying or being bullied.

“We know that bullies are impulsive; they often have characteristics of oppositional defiant disorder; often have a hard time following school rules, and derive sat-

isfaction from inflicting harm and intimi-

dating others,” Dr. Sarles said. They tend to be nonempathic and domineering. These children or teens may have conduct disorder and antisocial personality disorder as well.

In some cases, parents encourage bull-

lying behavior and model it for the chil-

dren at home, Dr. Sarles noted.

The victims of bul-

lies tend to be shy, quiet, socially awk-

ward, and sometimes labeled “nerds,” or “weirdos.” They tend to be nonassertive and have few friends and low self-esteem, and have poor social skills.

In other words, victims tend “not to fit in,” which is a stronger predictor of being the victim of a bully than other physical characteristics such as height and weight, Dr. Sarles not-

ed.

Bullies are more likely to pick on so-

cially awkward children than those with obvious physical abnormalities or disabil-

ities, he said.

“Bully-victims are a group that we don’t know much about,” Dr. Sarles said. These children or adolescents are usually victims first, and then they become bullies, and they are overrepresented as perpetrators in instances of school shootings.

The onlookers represent the largest group of adolescents. This group doesn’t present with symptoms, so are not treat-
ed for anything from a clinical psychia-

try’s point of view.

However, they are extremely important in discussions of intervention, because they provide an audience and tacit ap-

proval for the behavior to continue. “Bul-

lies like a crowd,” Dr. Sarles said. The on-

lookers could stop the bullying, but they may fear retaliation from the bully if they interfere, or they fear being labeled a snitch or tattletale.

The dominance theory of bullying in-

volves a hierarchy based on access to and control of resources.

When transitioning from elementary school to middle school, children need to reassert their dominance. Research has shown that the most com-

mon time for bullying behavior is in mid-

dle school, when children both redefine their identities and adjust to the onset of puberty, Dr. Sarles said.

Their surging hormones allow for vari-

ation in size and development that can fos-
ter bully behavior.

The ecological theory goes beyond the bully-victim dyad. This theory includes all factors that allow bullying to develop and persist, with interplay among the family, victim, bully, onlookers, school personnel, and community.

This theory suggests that school and playground designs may foster unsuper-

vised spaces where children and adoles-
cents are vulnerable to bullies, and that in-

action on the part of parents, teachers, principals, and other school personnel prevents these members of the community allowing bullying to continue.

“If you can’t change community atti-
dudes and the school environment, you won’t be able to prevent bullying,” Dr. Sarles said. A successful intervention in-

volves parents and school personnel rec-

ognizing that bullying exists and developing a consensus on prevention programs. (See sidebar.)

Physicians may recognize bullying be-

fore the parents do.

“As clinicians, you know that someone doesn’t walk into your office and say, ‘I need help; I’m a bully,’” Dr. Sarles said.

However, there are clear links between bullying and other antisocial behaviors later in life. Dr. Sarles cited one study in which 40% of people who reported being bullied as children or adolescents had been convicted of a crime by the age of 24 years.

Children and adolescents who are vic-
tims, on the other hand, may present to clinicians with symptoms of anxiety. These children often do not want to go to school, feel inefficient, and have unexplained cuts and bruises. Belongings, such as hats, jackets, books, or backpacks, often end up missing for bullying victims.

After the bullying, the symptoms tend to disappear in the absence of a gen-
tuine comorbid condition, Dr. Sarles explained.

How Do You Stop a Bully?

M any bullying, even cyber bullying, begins at school—where children meet and spend much of their time. Many interventions against bullying start at school as well.

“You have to get people to agree that bullying is not for kids,” by en-

couraging parents to go to their chil-

dren’s schools and advocate for a no-
tolerance policy, Dr. Sarles said.

School-based strategies include:

► Increasing adult supervision of chil-

dren in public spaces during lunch and recess.

► Elimination of unsupervised places where children might be bullied.

► Use of classroom-based antibullying programs in an effort to teach that bullying is wrong and should be re-

ported.

► Use of a “bully box” near the school counselor’s office that allows children to anonymously report bullying episodes.

Use of video cameras on school

buses, on school property, and in buildings to record instances of bull-
ying and to act as a deterrent.

Establishment and enforcement of a zero-tolerance bullying policy that in-
cludes all school personnel, from teachers to cafeteria workers, coaches, and janitors.

Switching schools. If the school and community fail to cooperate, the child must simply change schools to get out of an abusive environment.

The federal government has jumped on the bully bandwagon. Its Web site, http://stopbullyingnow.hrsa.gov, pro-

vides guidance for parents and chil-

dren.

The bottom line is to create a safe environment for the child, because children who feel intimidated in school can’t learn, Dr. Sarles said.

Note: Based on a nationwide survey of 2,102 adults conducted on April 26-28, 2005.

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