

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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HOUSTON — 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 people, 30 people, or 300 people, said Richard Sarles, M.D., at the annual meeting of the American Society for Adolescent Psychiatry.

In addition, the insult 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 meeting, 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 physical 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, malicious teasing, and obnoxious gestures.

Girls who bully tend to use more passive approaches. They are more likely to employ rumor spreading, malicious gossip, and sexual innuendo. In addition, girls are less likely to use physical bullying. Instead, 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 peer group acceptance 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 satisfaction from inflicting harm and intimidating others," Dr. Sarles said. They tend to be nonempathetic and domineering. These children or teens may have conduct disorder and antisocial personality disorder as well.

In some cases, parents encourage bullying behavior and model it for the children at home, Dr. Sarles noted.

The victims of bullies tend to be shy, quiet, socially awkward, 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 noted. Bullies are more likely to pick on socially awkward children than those with obvious physical abnormalities or disabilities, 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-

How Do You Stop a Bully?

Most 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 encouraging parents to go to their children's schools and advocate for a no-tolerance policy, Dr. Sarles said.

School-based strategies include:

- Increasing adult supervision of children 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 reported.
- Use of a "bully box" near the school counselor's office that allows children to anonymously report bullying episodes.

► Role playing and assertiveness training.

► Use of video cameras on school buses, on school property, and in buildings to record instances of bullying and to act as a deterrent.

► Establishment and enforcement of a zero-tolerance bullying policy that includes 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>, provides guidance for parents and children.

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.

ed for anything from a clinical psychiatrist's point of view.

However, they are extremely important in discussions of intervention, because they provide an audience and tacit approval for the behavior to continue. "Bullies like a crowd," Dr. Sarles said. The onlookers 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 involves 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 common time for bullying behavior is in middle 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 foster bullying behavior.

The ecologic 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 unsupervised spaces where children and adolescents are vulnerable to bullies, and that inaction on the part of parents, teachers, principals, and other school personnel and members of the community allow bullying to continue.

"If you can't change community attitudes and the school environment, you won't be able to prevent bullying," Dr. Sarles said. A successful intervention involves parents and school personnel recognizing that bullying exists and developing a consensus on prevention programs. (See sidebar.)

Physicians may recognize bullying before 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.

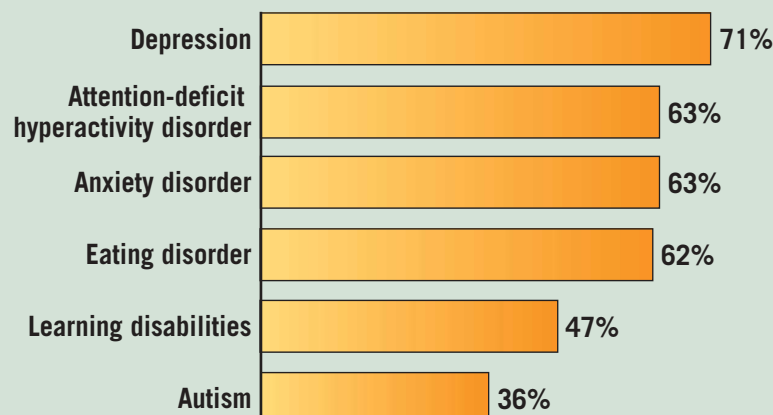
However, there are clear links between bullying and other antisocial behaviors later in life. Dr. Sarles cited one study in which 40% of people who reported being bullies as children or adolescents had been convicted of a crime by the age of 24 years.

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

After the bullying stops, the symptoms tend to disappear in the absence of a genuine comorbid condition, Dr. Sarles explained. ■

DATA WATCH

Percentage of Adults Who Perceive Selected Disorders as 'More Common' in Children, Teens Than 10 Years Ago



Note: Based on a nationwide survey of 2,102 adults conducted on April 26-28, 2005.
Sources: Wall Street Journal Online, Harris Interactive