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Addressing Bullying and Cyberbullying

By Elizabeth Englander, Ph.D.
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Those in clinical practice today can play a significant role in preventing and addressing bullying and cyberbullying. However, it's important to keep in mind a few key points when dealing with these behaviors.

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Bullying today is about minor, repetitive social cruelty – so don't expect to hear about dramatic violence. Many adults conceptualize bullying as a largely physical behavior, but that is not what is dominating the bullying landscape today.

In 2010 and 2011, researchers at the Massachusetts Aggression Reduction Center (MARC) found that it was the "gateway behaviors" that were by far the most frequent in victim reports. These rude, insolent acts – such as eye rolling, pointedly whispering in front of others, or snickering – usually do not break any specific rules and in isolation may have limited impact. But their repeated use normalizes disrespect or even rewards it and may be cumulatively devastating for targets.

You can still talk with young patients about cyber-issues that you may not feel you fully understand. Avoiding cyber-problems is not just about technical knowledge; it is also about maturity and common sense. Adults need to ask children about their social experiences online. Allow your patients to explain their experiences to you. Even if you feel less proficient in cyberspace, you can be loud and clear about the absolute necessity to watch what one says, whatever the format, and to remain civil to others at all times.

Take parental reports of bullying problems seriously and ask detailed questions. A report of bullying can mean many things. Parents sometimes view incidents as bullying even when the child in question does not. At other times, children may misinterpret accidents or unintentional behaviors as deliberate bullying.

Both children and adults may be motivated to view social problems as bullying, since in bullying situations the target is completely innocent. Sometimes bullies themselves are targets or portray themselves as targets. It's important to be aware of these tendencies and to consider asking patients to walk you through reported incidents. If a situation is clearly not bullying, then it is an opportunity for education.

Regardless, the appropriate action is to focus on resolving the social problem – not to debate the appropriate label. Plant the idea that some situations require verbal talking, either on the phone or face-to-face.

Children today tend to assume that using digital communications is always appropriate, and their lack of life experience means that they often fail to consider if there are times when face-to-face contact is more appropriate. Not only does texting lack the nonverbal cues so important in some conversations, but it may actually escalate emotional situations. Children are unlikely to realize these facts independently and they need to be coached to think about situations where talking might be the best way to relate to others.

Do not neglect school age and pre-teen patients. Both bullying and cyberbullying start at a young age. Although adults tend to neglect these topics until adolescence, the seeds of bullying – and that includes cyber-bullying – are actually sewn long before that. In Massachusetts, over 90 percent of third graders are already interacting online (usually playing games). The good news is that elementary students are very willing and able to internalize rules about behavior.

Take a moment to reinforce patient, kind and friendly behaviors.

One unfortunate effect of the increase in bullying and cyberbullying is the tendency of adults to focus only on negative behaviors. But reinforcing good behavior is even more important than how one responds to poor behavior. If a patient mentions positive social behaviors (e.g., having good friends), be sure to note and praise these.

Educate your patients' families about these issues.

Free educational materials for parents, written in a very practical and concrete style, are available online at the Massachusetts Aggression Reduction Center's website (www.MARCcenter.org). You can direct parents there or print the materials and hand them out. (Parent materials are available in English, Spanish, Portuguese, and Haitian Creole.)

More information is available

MARC is an academic center at Bridgewater State University in Massachusetts. By running a training program for graduate and undergraduate students in higher education, MARC offers free programs and services to K-12 schools in Massachusetts. Everyone benefits: future psychologists and educators receive unique field training and K-12 schools receive high-quality, no-cost programs and services. The website offers many free downloads, games, tips and curricula for all schools, as well as parent downloads. CE

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