

## COMMENTARY

# Handling Bullying, Cyberbullying in Your Practice

**P**ediatric physicians can play a key role in addressing and preventing bullying and cyberbullying today. Despite the plethora of new research and findings, the current state of knowledge does permit us to make certain generalizations. Here is a handful of useful tips.

## Today's Bullying: Social Cruelty

Many adults conceptualize bullying as physical, sometimes violent behavior, but that is not what is dominating the bullying landscape today. In 2010-2011, researchers at the Massachusetts Aggression Reduction Center found that repetitive, seemingly minor "gateway behaviors" were by far the most frequent in victim reports. These rude, insolent acts (like eye rolling, pointedly whispering in front of others, or snickering) usually do not break any specific rules, so adults often ignore them. But "gateway behaviors" may normalize disrespect or even reward it, and research reveals how toxic they can be. Gateway behaviors can happen online, too, and kids need to hear that it's not okay to join in on bashing and forwarding comments and personal information.



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reported. Be aware that they may, in fact, be describing more commonly occurring social problems, such as fights or one-time cruel remarks. If a situation is clearly not bullying, then you'll have an opportunity for education. (See examples of key questions below.) Regardless, the appropriate action is to focus on resolving the social problem, not to debate the appropriate label.

## Some Situations Require Talking

When upset or in distress, children and teens may be more likely to text others to garner social support. But by repeatedly exposing the texter to his or her emotional cue words, texting can result in a simple conflict's quick escalation, or can even change it into a complex bullying situation. Explain that it is not a good idea to use texting, e-mail, or instant messaging to try to resolve a disagreement or settle an argument. Children are unlikely to realize these facts independently, and they need to be coached to

think about situations in which actual talking – either on the phone or face to face – might be the best way to relate to others.

## Don't Neglect Younger Patients

Both bullying and cyberbullying start at a young age. Although adults tend to neglect these topics until adolescence, the seeds of bullying (including cyberbullying) are actually sown long before that. Bullying typically begins in kindergarten, and in Massachusetts more than 90% of third graders are already online, usually playing games. The good news is that elementary school students are very willing and able to internalize rules about behavior.

## Reinforce Patience, Kindness

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

## Educate Patients' Families

Free educational materials for parents, written in a

practical and concrete style, are available online at the Massachusetts Aggression Reduction Center's website ([www.MARCcenter.org](http://www.MARCcenter.org)). Physicians can direct parents there, or can print the materials and hand them out. (Parent materials are available in English, Spanish, Portuguese, and Haitian Creole.) 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. In addition to materials for parents, the website offers many free downloads, games, tips, and curricula for all schools.

## Contacting the School

Although physicians have no direct control over schools, they can certainly offer to write a note to inform administrators and teachers about the situation, to document concerns, and to document the potentially negative impact on the health of a patient.

## Examples of Key Questions

Some helpful questions to ask patients include the following:

- ▶ "Part of being healthy is talking about friends and how we get along with other kids. Can you tell me how friendly the kids are at your school overall?"
- ▶ "Are there any kids at school that you have a problem with, or are afraid of?"
- ▶ "Do you use text messaging, play games online, or use social networking websites (like Facebook)? Do you ever have a problem with others online, such as someone sending you a mean message, or saying cruel things?"
- ▶ "In some situations, we really should talk instead of texting or going online. What do you think about that?"
- ▶ "Grown-ups are talking a lot about bullying and cyberbullying these days. Are you having a problem being bullied or cyberbullied? If you are, I'd like to try and help you with it."
- ▶ "Sometimes people use the word bullying to describe something that's more like a fight. Bullying happens when a more powerful child deliberately targets someone less powerful, over and over again. What we're discussing is very important, because I can see that you were really hurt by what happened. But it might not be bullying. Let's focus, though, on helping you cope with it."

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## Don't Berate – Instead, Educate

Although young people are comfortable with technology, they are not necessarily knowledgeable about it, according to Nancy Willard, director of the Center for Safe and Responsible Internet Use ([www.csrui.org](http://www.csrui.org)). Avoiding cyberproblems is not just about technical knowledge; it is also about maturity and common sense. Bottom line? Adults need to ask children about their social lives online, according to the Pew Research Center's 2007 Internet & American Life Project. Even if an adult is not proficient in cyberspace communications, he or she 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 Seriously

At times, both children and parents tend to overuse the term "bullying" to refer to a host of interpersonal problems, perhaps because the target is completely innocent in bullying situations. It's important to be aware of these tendencies and to gently ask patients to walk you through bullying or cyberbullying incidents that they have

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Please count me in as one of the "many."

How about you? Do you see the same 20%-30% of lab work, imaging studies, medications, and consultations that we are ordering as unnecessary? I haven't figured out what more I can do to encourage us to trim these excesses. When I used to go to meetings I would speak out from time to time, and I continue to grumble to my colleagues in the hall. After awhile, one begins to feel like a curmudgeonly old-schooler. I am lucky enough to have this column as a soapbox to climb on when the frustration gets too great. But from your responses, I feel that often I am preaching to the choir.

The problem seems to have become woven into the system. The recent responses to the new recommendations about more-rational screening for prostate cancer are just one example. To some extent, the undercurrent of antisense is to blame. But when people who call themselves

"scientists" misbehave badly, we can't be too surprised.

Speaking out about waste can leave one vulnerable to being labeled as an advocate of rationing, a tag that has dogged Dr. Berwick during his short public service career. But, as he wrote in 2009, "The decision is not whether we will ration care – the decision is whether we will ration with our eyes open."

Although Dr. Berwick was often frustrated by the system he hoped to change (more quickly than it was ready for), I suspect he is the same quick learner that he was as an intern. I am sure we will hear from him again, seasoned by the hard knocks of public service. Will we be ready to join him in speaking out against waste? I am interested to hear what waste you see around you, and what you think we can do about it. ■

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## LETTERS

### Common-Sense Discussion

I really enjoyed Dr. William G. Wilkoff's discussion of the football player with one kidney in his Letters From Maine column ("Shades of Gray," November 2011, p. 9). It's nice to see a common-sense discussion of real issues like those that we deal with every day. We have to assume that the people we deal with are reasonable and want what's best (more or less) for their children. We need to present them with alternatives and let them decide, as long as what they decide is reasonable. (I wouldn't let someone risk repeated concussions or a second impact

syndrome event; I wouldn't endorse co-sleeping or putting a child to bed on the stomach.)

I really think that a strict emphasis on legalities and having people sign forms will get you nowhere, and it won't really protect you if someone decides to go after you in terms of a malpractice suit. I work in the pediatric intensive care unit, and while I am not the most experienced person in the world, I don't see a lot of patients coming in with serious sports-related injuries to kidneys, or eyes, or testicles.

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