

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/primary-care-today/confronting-the-behavioral-impacts-of-cyberbullying/10407/>

ReachMD

www.reachmd.com
info@reachmd.com
(866) 423-7849

Confronting the Behavioral Impacts of Cyberbullying

Dr. McDonough:

Children can have difficulty, in fact more difficulty than adults, in navigating the ever-changing styles of communication, and certainly, social media and all of its forms plays a big part in their lives. One of the concerns that probably children have been facing for ages is rearing its ugly head in this world and that's bullying. In professional, modern terms it's called cyberbullying. It's something that is unacceptable and yet it is a major problem.

Hi, I'm Dr. Brian McDonough, and welcome to Primary Care Today on ReachMD, where my guest is Dr. Elizabeth Dowdell. She is Professor at the Villanova University M. Louise Fitzpatrick College of Nursing, and she actually does research focusing on risky online behaviors in children and adolescents and the impact of such behaviors.

Thank you so much for taking the time to join me.

Dr. Dowdell:

A true pleasure. Thank you for having me.

Dr. McDonough:

My first question, just to start out: For those who maybe don't think about it, maybe aren't as aware, they don't have children or their children may be suffering in silence, or hopefully not suffering, how bad is this problem?

Dr. Dowdell:

Well, there are estimates that state, statistically, we've got an adolescent group that 1 in 3 has experienced some form of cyberbullying, so it's pretty big.

Dr. McDonough:

And when you talk about that, how would you define it? I mean, is it somebody says something nasty, or what are the ways it's done?

Dr. Dowdell:

Well, bullying certainly is defined by the individual who experiences it, much like trauma. What we see with the bullying is it can be within a context of a text or written word: mean, nasty, demeaning, demoralizing, racial, sexual innuendos. It can be in terms of photos, so the sexting piece. It oftentimes is both. It can also be embarrassing photos. It can be photos taken and then tagged with words. It

can be a lot. Think about everything we do online and right there on our phones; think of everything our phone can do.

Dr. McDonough:

Well, working in the media as I do, one of the things I stay active with is Twitter because you can stay up on health information, you can provide information about stories you're doing, but when you're there you obviously read a lot. And because I'm a sports fan, I follow a lot of people who contribute to sports conversations, but I see some horrific things, attacks on people from adults. And what about the anonymity of it, because people can say things and there really doesn't seem to be any repercussions?

Dr. Dowdell:

Well, and that's very true. That's very true. In an adolescent, so if we're looking at a middle school or we're looking at a high school, and we are also starting to see certainly into the elementary. Mostly, parents do a better job kind of monitoring and watching their elementary school children. Middle school and high school, in those kids there is a lot of anonymous. Absolutely, they can hide behind a username. They can hide behind that sort of sense of "no one can find out who I am, so I can say everything mean that I want to" or give a "like" to a really mean comment and make it seem like it's absolutely everywhere.

Dr. McDonough:

So, your research. What is it focusing on? I guess you could go in so many directions. What's the primary, the few things that you're looking at that you want to focus on?

Dr. Dowdell:

So, when I started my research, it was really looking at health risk behaviors, and then the internet imploded, and we were like, "Oh my gosh, this is fantastic." And it is, the internet is a wonderful place, but it's also a place where children should be cautious—and so looking at internet risk behaviors and how they also go hand-in-hand with health risk behaviors and then, of course, one of the things when we talk about internet behaviors... And when we talk risky behaviors online for children, we're talking about sharing personal information, sharing personal contact information, aggressive, i.e. the cyberbullying, either being a bully or experiencing the victimization of cyberbullying, and that's the path that I'm on now. What we're starting to see is that there are a few profiles of cyberbullies, but we also know that there are a few profiles of cyber victims, and oftentimes there is an experience of traditional bullying or being a traditional bully, like the "in" person. Remember the days of the schoolyard bully? That aggression is still there, so there may be a cyberbully who's been bullied on the schoolyard and now has the anonymity of the internet to be aggressive in a way that that individual can't be at school, or we'll see someone who's been aggressive in person and now aggressive online, or someone who's been victimized the traditional way and now is also victimized on the cyberworld.

Dr. McDonough:

When you do this and you look at it and you're learning from it, what advice do you have for primary care providers? We obviously have a lot of physicians, healthcare providers who are listening to this program who have pediatric patients, have patients in general who come in and it may not be the first thing they talk about. What do you suggest for the exam room to try to maybe get an inkling of what's going on?

Dr. Dowdell:

Communication. That is the number 1, and we know that. We know that when we take our histories, when we're listening to our chief complaints, what brought you in today, listen and ask. The internet, our cellphones, our data devices—that's a better term probably—our data devices are so important to who we are and how we work. Of course they're going to be important to children also, and adolescents. So, think about how much time as a practitioner, how much time you spend online, on your phone, on a tablet, on the internet, Google, YouTube, whatever, and then understand that kids, adolescents, spend as much if not more time—in a different way, in a very different way than adults do online. We have to ask about it. And it can't just be, "Oh, well, how much time are you spending

online?” It has to also be if there are some red flags: changes in behavior, changes in health, changes in school. If there are some red flags of concern, then we have to ask, “What’s going on? Where are you? When you’re on, where are you? Are you on Twitter? Are you on Instagram? Are you Snapchatting? Who you Snapchatting with? What kind of pictures are you seeing? What are people saying about you? What are you saying about other people?”—really engaging in that technology conversation. It’s easy to do. It’s sometimes scary to get those answers and disclosure about aggression that’s been happening online, because there’s that need to fix things, but there are systems and resources available, but it all starts with communication and asking. Technology is part of life nowadays, and we really need to think about it. We ask about foods, how many green vegetables, how many hours of sleep. If there’s a kid who comes in and that child shares, “Oh, I haven’t been getting a lot of sleep lately,” or the parent says, “The sleep pattern seems really odd,” ask about it. What is going on that’s affecting that sleep? Again, those red flags of those behaviors that all practitioners hear, we’ve got to act on it, we’ve got to ask about it.

Dr. McDonough:

You’re listening to Primary Care Today on ReachMD. I’m your host, Dr. Brian McDonough, and my guest is Dr. Elizabeth Dowdell. She’s from the Villanova University School of Nursing where she’s a professor. We’re talking about cyberbullying. And one of the quotes you have, which I think is very interesting, is you say, “Role modeling, social interpersonal behaviors, is not the same as online etiquette, and children do not have the cognitive abilities to fully understand how the online world is different from offline. Educational programs about safe internet behaviors and risky behaviors in conjunction with resources available must target all children and adolescents as well as their parents and families.” You say something that I think is very telling, “It’s unrealistic to expect parents to be able to identify at-risk or vulnerable children who are posting.” What are the reasons why you say that?

Dr. Dowdell:

Because parents use the internet very differently than their children, and parents see their children very differently than the internet does. It’s hard to be a parent. There’s a lot you’ve got to juggle to be a parent, and that’s why parents need systems and professionals who can help them identify risk-taking behaviors. We don’t ask parents to diagnose pneumonia. We don’t ask parents to diagnose asthma. We do ask them to participate in the care of, but we don’t ask them to do that. We give them the skills where they can manage their children who are having an asthma or a reactive airway issue. And so for parents, I think we need to be inclusive, but also to help them understand that the internet is very different for their children developmentally but also experientially.

Dr. McDonough:

It’s something also that I think came up... My children are now in their 20s, and I was talking to my oldest who just got married, and I said, “One thing that really would worry me as someone who is going to be having children and having young children in today’s world is even when they grew up, yeah, we had to worry about cellphones to an extent, we had to worry about a television in a room or guard the computer, which was the big thing, but beyond that, there wasn’t all, basically, the computer in a phone. I mean, everything is accessible now, everything good and everything bad. What do you suggest for parents as far as child safety? I know there are some things you can do with Comcast and with Verizon and others to have kids safe, but how do you monitor that when there are so many ways to have access?

Dr. Dowdell:

Start young. Start young and remember who’s in charge of that phone. Who’s paying the bills? Who purchased the phone? The parent did. We don’t give an 8-year-old car keys and say, “Okay, honey, have a good time, take the car out.” We don’t do that. And the phone, I mean, it’s not a car, but we can—as parents and adults, we can control that and start young. Put in household rules. Just like there are rules around setting the table and where you do your homework, set rules. Where’s the charger? The chargers are in the kitchen or in the family room. They are not in the rooms, in the bedrooms that is. And start early and teach children how to understand that they control that cellphone, that data device, it does not control them, and provide them with healthy behaviors. And if you’re going to put screening devices and blocks on, which is great... There are lots of blocks that you can program phones to only receive calls from certain hours or go into an airplane mode. There are wonderful things out there to help parents. Research, find the one that is going to work for you and your child and your family and then be consistent. Look at pictures, look at postings, stay involved, stay connected to your kid, communication, and watch. If there’s a real change in behavior, if there is something like if the child is starting to talk about

drama at school, doesn't want to go to school or, "Oh, I'm not friends with them anymore," or starts avoidance behavior or seems anxious or depressed, or there are sleep pattern behaviors, the parents should go, "Okay, something's cooking," and reach out. Reach out to the primary practitioner, reach out to school support services, find out what's going on. It's no different than if a child were to start coughing or wheezing. We would want to know, "My gosh, what is making my child wheeze?" Paying attention and looking for those signs.

Dr. McDonough:

I'm Dr. Brian McDonough. We only have a few minutes left on Primary Care Today here on ReachMD. Dr. Dowdell, anything that I didn't ask you that you think is really important that we should bring up or should touch on?

Dr. Dowdell:

We have to be sensitive about the bullying experience, and I think that there is a generation of, "Well, just tough it out and get through it," and "Oh, my goodness, everybody gets a little bullied here and there." That may or may not be true, but we need to have a sensitivity, certainly as adults, to the fact that cyberbullying is very different than anything we have experienced, for those of us who were born and raised and went to school in the 20th Century. The 21st Century is a very new world. It is to our benefit and to help our children, our future, to have a sensitivity for what they are going through and to do the very best that we can or the best that we can with the services that we can identify and get access to, to help kids through this. Oftentimes, because developmentally children are in a phase where they think this is never going to end, that what they see online is real, they feel worthless, they feel helpless, they feel hopeless. We, as adults, know that each day brings a new day, and we have to help children understand and move forward and realize that they have a support system, they have people who believe in them and people who care about them.

Dr. McDonough:

Elizabeth Dowdell, I want to thank you for joining us on Primary Care Today on ReachMD. The topic has been cyberbullying. This is Dr. Brian McDonough. If you missed any of this discussion, please visit ReachMD.com/PrimaryCareToday. You can download the podcast. You can learn more about the series. Thank you for listening and Being a Part of the Knowledge.