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Review article

Cyberbullying: Review of an Old Problem Gone Viral



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ABSTRACT

Purpose: Despite being relatively new, cyberbullying is now well recognized as a serious public health problem affecting children and adolescents. Scientific exploration has lagged media attention, but a synthesis of studies across several disciplines permits an understanding of its epidemiology, phenomenology, mental health dimensions, and management tools.

Methods: To assess current knowledge of cyberbullying, we searched the MEDLINE, PubMed and PsycINFO databases for articles on “cyberbullying” and related designations. The Google search engine was used to capture otherwise unpublished legislative, governmental, and community response data and to help identify relevant books and book chapters.

Results: A significant proportion of children and adolescents (20%–40%) have been victims of cyberbullying, with females and sexual minorities seemingly at higher risk. Perpetrators are more likely to be male. By nature of the electronic platform, there seems to be an easier path to the bully-victim phenomenon (victims who become bullies or vice versa) than that in traditional bullying. A nonlinear relationship with age is suggested, but demographic data overall are preliminary. Accompanying psychopathology, including an increasingly well-established link to suicidality, is common. Several prevention and management approaches have been proposed to help prevent cyberbullying or mitigate its effects.

Discussion: Cyberbullying’s seeming ubiquity, its disproportionate toll on vulnerable populations (e.g., children and sexual minorities), the link with suicidality, and the expected continued rise in Internet penetrance and connectivity make confronting it an urgent matter. A multipronged approach is most likely to succeed and would include: educational media campaigns; school-based programs; parental oversight and involvement; legislative action; and screening and evidence-based interventions by health care providers, especially pediatricians and mental health professionals.

Conclusions: More research is needed into cyberbullying, but available data suggest a serious problem whose consequences are real and should not be dismissed as a “virtual” by-product of an increasingly digitalized childhood and adolescence.

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IMPLICATIONS AND CONTRIBUTION

This article provides an up-to-date assessment of cyberbullying, including its epidemiology, phenomenology, associated suicidality, differential impact on sexual minorities, manifestations in adults, and management on the legal, school, and family fronts. Cyberbullies, cyberbullies, and bully-victims are discussed as is the complicating role of mobile technologies, social media, and “anonymous social” networks.

Conflicts of Interest: The authors report no relationships with commercial entities and professional activities that may bias their views.

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Despite its relatively brief history, cyberbullying has already been designated as a serious public health threat and elicited warnings to the general public from the Centers for Disease Control and Prevention (CDC) [1]. The term appears to have been coined in 2000 in Canada by the owner of a Web site dedicated to

preventing traditional (face-to-face) bullying [2,3], although cyberbullying-like behavior precedes the adoption of specific nomenclature. One of the earliest cases dates to 1998 and involved a 14-year-old student who was expelled from school for uploading threatening content about school members online. A 4-year court battle ensued, eventually reaching the Supreme Court of Pennsylvania, which upheld the expulsion [4]. Media attention to such cases gradually increased, becoming more intense in recent years after several suicides were linked to cyberbullying [5–7].

Like other problems at the intersection of technology and mental health, however, technology and media interest have moved far more rapidly than the pace of research. Nevertheless, a body of scientific literature on cyberbullying started accumulating in the mid-2000s, with marked acceleration in research noted in recent years. Other reviews have been conducted with various goals and for various audiences. For example, Kiriakidis and Kavoura [8] took a public health approach, and Tokunaga [9] provided a meta-synthesis and outlined research recommendations. More recently, Kowalski et al. [10] advanced a general theory and conducted a meta-analysis. The present review updates and extends these contributions to offer background data and evidence-based suggestions for health care providers. The aim was to provide a comprehensive, integrative, and non-theory-driven review of cyberbullying, including its history, phenomenology, epidemiological aspects, associated psychopathology, and prevention and control.

Methods

Research articles were identified by searches of MEDLINE, PubMed, and PsycINFO, using the search terms “bullying,” “cyberbullying,” “online bullying,” “Internet bullying,” “cyber harassment,” “online harassment,” “Internet harassment,” “cyber aggression,” “online aggression,” “Internet aggression,” “electronic aggression,” “cyber victimization,” and “cyberstalking.” The literature search was conducted in December 2014 and January 2015. Only English-language articles were evaluated, with no date or country restriction. The Google search engine was used to capture other relevant theoretical knowledge pertaining to cyberbullying and help identify otherwise unpublished legislative, governmental, and community response data, as well as material published in books and book chapters.

Articles that focused more on traditional bullying than on cyberbullying (despite their titles suggesting otherwise) were excluded, as were articles that briefly mentioned cyberbullying as an example of misuse of Internet-related technologies and articles that described general aggressive behavior in the context of the modern society. Duplicate publications were another exclusion criterion. To the extent allowed by the literature, larger, more representative surveys, reviews, meta-analyses, and randomized controlled trials with clear outcome measures and inclusion and exclusion criteria were highlighted.

Results

Definition and nomenclature

What most scholars now call “cyberbullying” has been given several designations, including “cyberstalking” [11], “online aggression” [12,13], “cyber harassment” [14,15], “Internet harassment” [16], “Internet bullying” [17,18], and “cyber victimization”

[19]. “Electronic aggression” appears to be favored by the CDC, perhaps because it deemphasizes “traditional” notions of cyberspace and better captures newer forms of technology-enabled aggression, such as via mobile platforms.

The various designations essentially refer to the same phenomenon, defined by Tokunaga as “any behavior performed through electronic or digital media by individuals or groups that repeatedly communicates hostile or aggressive messages intended to inflict harm or discomfort on others” [9]. This definition seems to be the most integrative as it highlights several important cyberbullying features: the technology component; the hostile nature of the act; the intent to cause suffering, considered by most scholars to be crucial to the definition [20]; and repetitiveness. Among those, the relevance of repetition has been questioned because a single aggressive act can be “repeated” online by being shared and forwarded by new “aggressors”—the “negative bystander effect” [21]—so that what started as one attack can ultimately feel like a group lynching [21,22]. (Embarrassing videos that achieve “virality” are an extreme example.) A single attack can also have an outsize effect because of the almost permanent nature of online postings, where defamatory content cannot be easily erased. For these reasons, other definitions of cyberbullying have downplayed repetitiveness. The CDC definition, for example, describes electronic aggression as “any type of harassment or bullying that occurs via e-mail, a chat room, instant messaging, a Web site (including blogs), or text messaging” [1]. This lack of an established definition and the vagueness of the terminology used to describe cyberbullying have contributed to the inconsistency in research data.

Prevalence

The prevalence of cyberbullying is difficult to estimate. Considering studies that assessed rates or perpetration, victimization or both, between 4% [23] and 72% [24] of children and adolescents are affected (see Table 1). Several factors contribute to this variation: the lack of an established definition; the heterogeneity of study samples; and differences in study methodologies. An important methodological variable with direct impact on prevalence rates is the period that subjects are asked about in studies (e.g., the month before the study, the current semester, or lifetime), because longer periods often yield higher rates. In-depth criticism of other operationalization inconsistencies is beyond the scope of this review, and these have been discussed elsewhere (e.g., [9,10]).

Another reason for the rate variation is the difference between perpetrators and victims in their willingness to report cyberbullying. Because perpetrators likely underreport the frowned upon behavior and because cyberbullying is often easier to hide, studies that focus on cyberbullies likely underestimate the problem. Victimization figures may be more reliable due to social desirability bias or the tendency to respond to research questions in a manner that will be favorably viewed by investigators [45]. However, cyberbullying victims may underreport, too, for fear of losing access to technology or punishment by the bully or for embarrassment about being perceived as weak.

Most cyberbullying victimization rates have ranged between 20% and 40% [9,21] although some well-designed studies have yielded lower rates. For example, the 2011 School Crime Supplement to the National Crime Victimization Survey (NCVS),

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