

Risky Business

Talking with Your Patients About Cyberbullying and Sexting



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KEYWORDS

• Bullying • Cyberbullying • Sexting • Social media

KEY POINTS

- Physicians who treat children and adolescents today are more aware than ever that digital technology use can be associated with several new social problems, notably, cyberbullying (repetitive, deliberate digital cruelty) and sexting (the sending of nude photos to a peer using digital technology).
- This article reviews existing research on both behaviors and presents new research that explores relatively neglected areas of concern: cyberbullying and cell phone ownership among children aged 8 to 11 year old, and outcomes following sexting, including positive and mixed outcomes.
- Two samples are studied, the first consisting of 4584 elementary school-aged children, and the second of 1332 college freshman, both studied between 2014 and 2017.
- Findings were as follows: owning a cell phone significantly increased the risk of becoming involved in cyberbullying, both as a victim and as a perpetrator, among children in grades 3, 4, and 5, but especially among children in grades 3 and 4.
- Among college freshman who engaged in sexting, 61% reported no outcomes of any kind. Of the 39% who did report consequences following sexting, 19% reported negative outcomes only (ie, feeling worse or embarrassed, or being bullied or harassed), 13% reported only positive outcomes (ie, an improved relationship with the picture's recipient or increased self-confidence), and 7% reported both negative and positive outcomes (mixed).

INTRODUCTION

Pediatric practitioners today are more aware than ever of the importance of addressing public health threats with patients and parents. Issues such as weight, automobile safety, and drug and alcohol use are now a standard part of many well-child visits. But newer threats to public health are treated with more trepidation. Most physicians who treat children and adolescents today are aware of certain

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risks posed by digital technology use, notably, cyberbullying (repetitive, deliberate digital cruelty) and sexting (the sending of nude photos to a peer using digital technology). Although awareness of these issues has grown, 2 significant gaps in the research literature still limit a practitioner's ability to successfully treat patients and help them avoid unnecessary risk. First, both cyberbullying and sexting are still viewed as problems of adolescence; therefore, related screening and preventative education are often neglected among younger children. Second, sexting may be viewed as a monolithic activity resulting from emotional difficulties, whereas newer data suggest that different youth sext for different reasons and experience different outcomes. To be effective in discussions with youth, new findings concerning these issues must be taken into account.

This article reviews cyberbullying and sexting separately. Within each section, background research ("Previous research") is briefly reviewed and, when available, new findings ("New research") are presented that can help to fill gaps in the literature and thus guide conversations with patients. The "New research" sections report data from 2 recent studies conducted at the Massachusetts Aggression Reduction Center (MARC). The first study, examining cyberbullying in young children, surveyed 4584 students in grades 3, 4, and 5 between 2014 and 2016.^a This sample was drawn from children in Massachusetts, Virginia, Oregon, New York, and New Jersey. In the second study, examining the phenomenon of sexting, 1332 college freshmen at a medium-sized public university were studied between 2014 and 2017. These subjects were surveyed anonymously about their high school social experiences, including digital interactions, sexting, and coerced or pressured sexting. These 2 new studies provide valuable information that can help practitioners feel confident in their ability to discuss these digital technology risks with patients.

CYBERBULLYING

Cyberbullying is strongly associated with mental health disorders and contributes to negative outcomes such as suicide.

Cyberbullying has no universally accepted definition, but most researchers define it as a form of intentional, repeated aggression, using electronic forms of contact, such as text messaging and social media.¹ Cyberbullying and digital forms of harassment are serious public health issues that have been linked to a variety of mental and physical health problems.^{2,3} Problems caused by cyberbullying include anger, frustration, humiliation, social isolation, and depression. Cyberbullying has also been associated with other affective disorders and with substance abuse.⁴⁻⁸ The data detailing the relationship between cyberbullying and health problems are not only cross-sectional; a few longitudinal studies

^a The electronic survey asked children to self-report regarding their ownership of cell phones and their experiences with bullying and cyberbullying victimization and perpetration. Bullying was defined as cruel acts, words, postings, pictures, or messages between children. Children were asked about the repetitive nature of any related behaviors they reported. Wording was simple, age-appropriate, and piloted to maximize comprehension. After the pilot, minor alterations were made to some questions. Cronbach's alpha for the 7 items measuring involvement in bullying and cyberbullying was $\alpha = .76$ (indicating adequate reliability). Analyses were completed using SPSS (Statistical Package for the Social Sciences), version 23. Chi square tests with Bonferroni corrections were used to compare cell phone owners with nonowners (chi square values using the continuity correction are listed in this report). In addition, binary logistic regression tested a model in which cell phone ownership and traditional bullying involvement predicted cyberbullying behaviors and victimization.

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