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Terri Erbacher, PhD, Philadelphia College of Osteopathic Medicine

Bullying in the digital age
Remember school-yard bullying? Those targeted children would go home and leave their bullies behind. Now, we live in a cyberworld where there is NO escape for these victims. According to a study by the Pew Research Center, 93% of teens between ages 12 and 17 go online, 75% of them own a cell phone, and 66% say they text (Lenhart, Purcell, Smith & Zickuhr, 2010). Further, 73% of teens use social networking sites, most commonly Facebook (Lenhart et al., 2010). With so many users online, the audience is vast, so the humiliation resulting from a hurtful Facebook post can feel unending.

Cyberbullying can be defined as “an individual or a group willfully using information and communication involving electronic technologies to facilitate deliberate and repeated harassment or threat to another individual or group, using technological means” (Mason, 2008). An estimated 20% – 35% of children and adolescents experience cyberbullying (Diamanduros, Downs & Jenkins, 2008; Kowalski & Limber, 2007). Cyberbullying can take many forms: posting embarrassing pictures or harmful comments, spreading rumors, recording conversations, pretending to be someone else online to elicit gossip, sending harassing texts or e-mails, outing someone’s sexual preference online, or creating Internet polls (e.g., “Who is the ugliest girl in school?”).

Experts encourage parents to monitor their children’s online behavior (Ybarra & Mitchell, 2007), though this is a challenge as computer usage is often done out of parents’ view – either behind closed doors in children’s bedrooms or on smartphones from wherever they are. Approximately a fourth of students involved in cyberbullying report logging onto the Internet from school, libraries, or a friend’s house (Hertz & David-Ferdon, 2008). Further, 56% of teens report hiding their online activities from their parents (McAfee, 2010). However, warning signs exist that a child may be the victim of cyberbullying: long hours on the computer; visible distress or anger during or after Internet or cell phone use; always claiming to be doing homework on the Internet, yet getting behind in school work; or refusing to say whom they are talking to (Hinduja & Patchin, 2009).

Cyberbullying & suicide risk
High-profile cases of teens taking their lives after being bullied online have captured the attention of the media and the general public. Research in this area indicates a direct relationship between the frequency of cyberbullying and negative psychosocial characteristics and behavioral problems (Ybarra et al., 2007). While cyberbullying may not cause suicidal behaviors in an otherwise emotionally healthy youngster, such harassment may increase the risk for a teen who is already struggling; cyberbullying exacerbates instability and hopelessness in those already dealing with stress (Hinduja and Patchin, 2010).

Research by Klomek et al. (2011) found that victims of cyberbullying consistently exhibit more depressive symptoms and suicidal ideation, and female cyber-victims are more likely to attempt suicide than non-victims. Interestingly, bullies are not safe from emotional harm, either. A recent study conducted by Hinduja & Patchin (2010) found that cyberbullying victims were 1.9 times more likely and offenders were 1.5 times more likely to have attempted suicide than those who were neither victims nor offenders.

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Factors include lack of social connections, lack of resiliency and cognitive flexibility to consider more appropriate options or to ask for help, and suffering acute disappointments, embarrassment, humiliation or threat to status (Berman, Jobes & Silverman, 2006).

Children and adolescents need to be educated about the importance of sharing secrets when they are concerned about a peer. Children learn early not to “tattle,” but this can be a deadly secret. Only 50% of cyberbullying victims report it at all: only 8.9% tell their parents, while 35.7% tell a friend (Slonje & Smith, 2008). Further, students often feel adult intervention is infrequent and/or unhelpful, and fear that telling adults will only bring more harassment from bullies (Mullin-Rindler, 2003).

What is the role of the school psychologist?
As consultants to our schools, psychologists can work with administrators to help...
ensure online filters are in place and to develop policies regarding cyberbullying. Because case law is only now being written regarding this topic, staying on top of new research will be integral in understanding a school’s role, when much cyberbullying occurs off school grounds. Diamanduros et al. (2008) encourage schools to be clear that an anti-cyberbullying policy is being implemented for the protection of students and school staff, cyberbullying behavior is not allowed, and that those who cyberbully will face consequences if the behavior causes a disturbance at school even if the incident occurred outside of school. More information on how educators can effectively intervene can be found at www.stopbullyingnow.hrsa.gov.

School psychologists are in a perfect role to educate parents regarding cyberbullying, including the importance of monitoring their child’s online interactions, how to report harassment online, how to spot warning signs that their children are being cyberbullied (Kowalski et al., 2007), and how to set parental controls on home computers and cell phones. Tips for parents on monitoring their child’s online behaviors, written by a parent who lost his own son to cyberbullying and suicide, can be found at www.ryanpatrickhalligan.org/cyber_bullying/cyber_bullying.htm.

It is important that we educate our students on how to protect themselves online, where to go for help, how to document bullying behavior, and how to safeguard passwords. Information on what to do for a child who feels bullied online can be found at www.cyberbullyhelp.com.

Finally, it is integral to educate school staff, parents, and students on the warning signs of suicide. Implementing a screening program will further ensure that students are monitored for suicidal behavior. Information on evidence-based programs, such as Columbia University Teen Screen and Signs of Suicide (SOS) can be found online at www2.sprc.org/bpr/

References are available on the PPA website, www.PaPsy.org, or upon request from the author at terbacher@dciu.org