



**Testimony of  
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**House Education and Labor Committee  
Subcommittee on Healthy Families and Communities**

**Ensuring Student Cyber Safety**

June 24, 2010

10:00 am

Chairwoman McCarthy, Ranking Member Platts and distinguished members of this Subcommittee, thank you for your leadership to ensure students' cyber-safety. I am very honored by your invitation to render testimony to support raising awareness about cyber-bullying and its toxicity and to provide recommendations for addressing this important issue through the "Elementary and Secondary Education Reauthorization Act (ESEA)."

I am testifying on my behalf and that of Children's National Medical Center, which provides leadership in clinical, research and advocacy efforts to prevent health problems linked to bullying. In the interest of time, I will keep my remarks brief; please see my written testimony for more expanded remarks and further information about the programs with which I am involved at Children's National.

There is an evolving understanding that cyber-bullying is a very serious public health problem, prevalent around the world and linked to serious health problems, including suicide<sup>5,7,10,26</sup>. Cyber-bullying is manifested by victimization, mistreatment or abuse through electronic forms of contact, primarily the Internet and/or mobile phones. It can include harassment, threats, insults, teasing, calling names and spreading rumors. Moreover, it may consist of sharing embarrassing pictures or videos, incitement to hurt somebody, password theft, privacy violation ("cut and pasting") or spreading viruses<sup>1,10,12,15</sup>.

It has been estimated that 14 percent of US adolescents in grades 6-10 have been electronically bullied in school at least once in the previous two months<sup>7</sup>. Cyber-bullying can occur in and/or out of school premises, with the identity of the perpetrator being known by at least 70 percent of the students being victimized<sup>65</sup>. Fifty percent of the known perpetrators are schoolmates<sup>65</sup>. Ninety percent of victims do not report cyber-bullying to their parents because they feel that they need to deal with this problem by themselves and/or they worry that their Internet privileges may be curtailed<sup>65</sup>.

Cyber-bullying can occur simultaneously with other forms of mistreatment happening in schools and/or other community settings<sup>3,7</sup>. Victims, perpetrators or bystanders are at significant risk of suffering from an array of health, safety and educational problems, including depression, frequent absenteeism, eating disorders and, above all, suicidal attempts<sup>4,5,16,18,21,22,25,30,32-34,36,45,66</sup>.

Traditionally, US schools have been at the forefront of helping to safeguard the health and safety of their students by contributing to the prevention and detection of public health hazards such as communicable diseases and psycho-social risk factors. In this context, schools are now being challenged to prevent the safety and health risks linked to bullying and cyber-bullying with the support of health professionals and the whole community<sup>26, 49</sup>.

Since 1994, state legislatures have been addressing the issue of school bullying<sup>45</sup>. As of June 2010, 42 states have enacted legislation designed to reduce or prevent bullying and/or harassment among public school students<sup>46, 47</sup>. Half of these statutes include language pertaining to harassment through electronic communication<sup>46</sup>. These laws have a wide scope of legal coverage and jurisdiction, varying in the definition of bullying, the recognition of its link to health/safety risks, and the support and strategies to create an infrastructure for bullying prevention<sup>45</sup>.

In order to preserve the physical and emotional well-being of children and adolescents living and studying in the United States of America, it is critical that the United States Congress should enact Bullying and Cyber-Bullying Prevention Legislation. Towards this end, we respectfully recommend that ESEA reauthorization address:

- Promotion of public awareness about the nature, toxicity and prevention of bullying and cyber-bullying;
- Development of safe schools through programs that enhance mutual respect, sensitivity and support of others, tolerance to diversity and disapproval of bullying and cyber-bullying;
- Implementation of research-based, school-wide bullying prevention programs for all students attending elementary and secondary education;
- Fostering the necessity and obligation to report incidents of bullying, as a conscientious community public health attitude, with safeguards against any threat of retaliation or liability for those who report, and support or guidance in reporting bullying/cyber-bullying incidents through a hotline;

- Monitoring and detecting ongoing bullying incidents;
- Providing school intervention through school counselors or nurses to protect and support students who are being bullied. Perpetrators should be counseled or sensitized about the harm inflicted, while helped to develop respect, empathy, tolerance and sensitivity to others;
- Consideration of referral for medical evaluation and treatment for victims and perpetrators who experience physical and psychological symptoms linked to bullying

Thank you for the opportunity to testify. I would be happy to answer any questions you may have.

## **BACKGROUND**

### *Cyber-bullying: Challenges to its prevention*

The evolving expansion of modern communication technologies have exposed young people to the risk of being mistreated in an infinite number of social settings, unknown to mankind until few years ago<sup>1-15</sup>. The frequent occurrence of cyber-bullying outside school premises as well as the occasional anonymity of cyber-perpetrators may interfere with strategies for its prevention. Furthermore, educational policymakers may encounter a delicate balance between the authority to establish formal discipline to a student's right of free speech and the responsibility of preserving student's safety<sup>11</sup>.

Cyber-bullying, in spite of its unique aspects, occurs simultaneously with other forms of bullying, and shares with them a significant link to serious health problems. It is therefore important that strategies and policies to prevent cyber-bullying should be developed both within the framework of its distinct nature and its similarities and association with other forms of victimization or mistreatment<sup>3-5, 7, 8</sup>.

### *Bullying-Related Public Health Risks*

Over the past few years, a series of reports have highlighted the serious public health and safety risks associated with bullying. Numerous scientific studies have shown that bullying adversely affects the health and development of both victims and perpetrators of the bullying, as well as other children in the environment<sup>16-35</sup>.

There is an urgent need to address longstanding cultural perceptions that bullying is a normative part of child development that is mostly associated with modest physical pestering among children and adolescents. Indeed, many parents, teachers and others see bullying as "just a part of growing up." This is a dangerous and erroneous assumption. Instead, it is quite clear that bullying is a multi-faceted and toxic form of abuse, prevalent on a global scale and across the lifespan<sup>17, 18</sup>.

Bullying is a serious form of mistreatment manifested by the repeated exposure of one person to either physical aggression by one or more people, and/or being hurt with teasing, name-calling, mockery, threats, harassment, taunting, social exclusion or rumors. It can be simultaneously prevalent in different social settings, widening the scope of prevention efforts, beyond the school milieu. We need to be alerted to its occurrence in “after-school” programs; in the neighborhood; over the Internet and cellular phones; at home between siblings; in dating relationships; summer camps and organized athletic activities. In short, when tolerated, bullying takes place everywhere in our communities.

The developmental link between school bullying and its occurrence in adulthood challenged us to extend the range of our responsibility to prevent bullying through college and into the workplace<sup>20, 23, 24, 37</sup>. It is estimated that some thirty percent of US students (higher in some other countries) are involved in bullying, as victims and/or bullies, with others being adversely affected as passive participants (witnesses or encouragers)<sup>38, 39</sup>. All those involved in bullying have now been shown to be at significantly increased risk for multiple problems when compared to their uninvolved peers. Children involved in bullying suffer from a wide spectrum of physical and emotional symptoms, including depression, irritability, anxiety, sleeping difficulties, headaches and/or stomachaches<sup>16-33</sup>. Furthermore, there is an evolving array of reports documenting that bullying-related illnesses increasingly include such serious problems as eating disorders, school absenteeism, running away, alcohol and drug abuse and, above all, self-inflicted or accidental injuries and suicidal behavior<sup>18, 19, 22, 29, 36</sup>.

Students who are in the dual roles of both being bullies and victims (victim-perpetrators) have been found to be the most vulnerable among those who participate in bullying and appear to experience a wide display of problems. They are especially at risk in attempting or completing suicide before age 25, as well as to committing repeated criminal offenses between ages 16 and twenty-five<sup>21, 22, 25</sup>. Moreover, they are usually misunderstood and less protected when they are judged to be responsible for their victimization as they also mistreat others.

New studies indicate that those students who are bystanders and/or witness episodes of bullying are also at higher risk for mental health problems than are their peers<sup>23</sup>. Most of all, bullying is linked to premature mortality, due to suicide, homicide or accidental injuries<sup>26</sup>.

The responsibility to prevent the consequences of bullying extends into adulthood as there is evidence of a significant association between childhood bullying behavior and later psychiatric illness<sup>24</sup>. Moreover, adults bullied in the workplace are prone to suffer from a variety of problems, including depression, cardiovascular problems, fibromyalgia, absenteeism and Post-Traumatic Stress Disorder<sup>41-43</sup>.

A systematic review<sup>44</sup> of school-based interventions to prevent bullying has determined that “the chance of success is greater if the intervention incorporates a whole school-based approach, involving multiple disciplines and the entire school community.”

Preventative interventions should include whole community awareness campaigns about the nature of bullying and its dangers<sup>26, 49</sup>. Efforts should also be made to enhance the emotional and organizational environments in school settings by promoting sensitivity, mutual respect and tolerance to diversity while prohibiting bullying<sup>26, 49</sup>. Bullying incidents should be reported to ensure a consistent and organized response, including support of the victim and counseling for the perpetrator by sensitizing him/her to the harm they have inflicted<sup>26, 49</sup>. Referral to appropriate health services will be required to alleviate the physical and emotional consequences of bullying, as well as to help those who continue bullying behavior in spite of organizational counseling<sup>26, 49</sup>. The efficacy of this public health approach should be monitored by a periodic assessment of the prevalence of bullying-related morbidity and mortality<sup>26, 49</sup>.

*Children's National and its anti-bullying prevention efforts*

Children's National Medical Center, a 283 bed not-for-profit academic medical center in Washington, DC, has provided hope to sick children and their families throughout the metropolitan region for nearly 140 years. The mission of Children's National is to improve health outcomes for children regionally, nationally and internationally; to be a leader in creating innovative solutions to pediatric healthcare problems; and to excel in care, advocacy, research and education to meet the unique needs of children, adolescents and their families. Children's National is ranked among the best pediatric hospitals in America by *U.S. News & World Report* and the Leapfrog Group. It is a Magnet recognized pediatric hospital, one of a handful of elite healthcare facilities nationwide.

For the past several years, Children's National has supported efforts to prevent bullying and its related health risks, through clinical, research and advocacy activities. This work has led to the development of a Coalition for the Prevention of Bullying<sup>50</sup>, which was conceived as a volunteer partnership of representatives of different community sectors. The main objectives of this initiative were to 1) promote awareness about the nature and toxicity of bullying; and 2) advocate for the implementation of strategies and policies for a whole-community approach to the prevention of bullying.

The Clinic for Health Problems Related to Bullying<sup>51</sup> at Children's National Medical Center provides psychiatric evaluation and treatment of children and adolescents who participate in bullying as bullies and/or victims, and who experience frequent physical and emotional symptoms or educational problems. The goal of this clinic is to provide a stabilization of impulsivity and mood difficulties that may lead to bullying others, as well as provide treatment for physical and emotional consequences of being bullied.

In 2008, Dr. Srabstein testified<sup>52</sup> before the Maryland General Assembly in support of House Bill 199, which added terms "bullying" and "cyber-bullying" into statute concerning policies to report harassment. The bill also required schools to establish policies for the prevention of bullying. The bill was enacted into law in 2008.



In addition to his legislative advocacy, Dr. Srabstein participated in an ad-hoc working group providing support to the Maryland State Department of Education in the development of a Model Bullying Prevention Policy<sup>53</sup>.

Children's National has supported the development of symposiums<sup>54-64</sup> and the publication of research studies<sup>16,18,25,26,27,45,49</sup> to raise international awareness about the significant health problems associated with bullying along the lifespan. In a recent editorial published by the World Health Organization Bulletin, Drs. Srabstein<sup>67</sup> and Leventhal<sup>68</sup> have highlighted the global public health significance of bullying with an international call for the development of public health policies<sup>26</sup>.

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