



## Wisconsin Chapter | POSITION STATEMENT | CYBERBULLYING

### WIAAP

563 Carter Court, Suite B  
Kimberly, WI 54136  
Phone: 262.490.9075  
E-mail: KLaBracke@wiaap.org

### Chapter Officers

#### President

James A. Meyer, MD, FAAP  
Department of Pediatrics  
Marshfield Clinic  
Adolescent Section  
1000 North Oak Avenue  
Marshfield, WI 54449  
Phone: 715.387.5240  
E-mail:  
meyer.james@marshfieldclinic.org

#### Vice President

Jeffrey W. Britton MD, FAAP  
2414 Kohler Memorial Drive  
Sheboygan, WI 53081-3129  
Phone: 920.457.4461  
E-mail: jeffrey.w.britton@aurora.org

#### Secretary/Treasurer

Mala Mathur, MD, MPH, FAAP  
1321 Redan Drive  
Verona, WI 53593-7820  
Phone: 608.497.0441  
Fax: 000/000-0000  
E-mail: mmathur@charter.net

#### Chapter Executive Director

Kia K. LaBracke  
563 Carter Court, Suite B  
Kimberly, WI 54136  
Phone: 262.490.9075  
E-mail: KLaBracke@wiaap.org

#### Immediate Past President

Jeffrey H. Lamont, MD, FAAP  
Department of Pediatrics  
Marshfield Clinic, Wausau Center  
2727 Plaza Drive  
Wausau, WI 54401  
Phone: 715.847.3575  
E-mail:  
lamont.jeffrey@marshfieldclinic.org

#### Chapter Web Site

[www.wiaap.org](http://www.wiaap.org)

### AAP Headquarters

141 Northwest Point Blvd  
Elk Grove Village, IL 60007-1019  
Phone: 847/434-4000  
Fax: 847/434-8000  
E-mail: [kidsdocs@aap.org](mailto:kidsdocs@aap.org)  
[www.aap.org](http://www.aap.org)

**Background:** **Bullying** is a serious and substantial problem among children and adolescents in our society. It is a form of intimidation and aggression that is characterized by intentional harassment of victims who are generally perceived as unable to defend themselves. While it can take physical form, it is often psychological in nature and can often involve subjecting the victim to public ridicule. [1] The victim can undergo significant distress resulting in withdrawal from society, depression, poor school performance, substance abuse, and in some cases, violence. In an increasing number of widely-publicized cases, bullying can be distressing enough to the victim to result in suicide or homicide, as in recent school shooting incidents.

- In a large study of over fifteen thousand U.S. schoolchildren, almost 30 percent reported involvement in bullying, either as a bully (13%) or a victim of bullying (10.6%) or both (6.3%). [2]

The increasing use of social media and other “connected” technologies such as texting, e-mail, and the like have resulted in new routes for bullying to occur. The nature of these technologies is such that they enable a bully to broaden and quicken the pace at which they are able to harass a victim. [3]

- More recently, a study of 3,767 US schoolchildren revealed 11% had been electronically bullied at least once in the two months prior to the survey. [4] Most common methods included instant messaging, chat rooms, and e-mail. Significantly, almost half of the victims reported not knowing the perpetrator’s identity.

The role of schools in intervening appropriately in bullying situations in and around the school environment is important as part of maintain a safe and reasonable environment within which to learn. The American Academy of Pediatrics notes that that bullying policies should apply to “students of the same school, both on or off campus, or through the use of technology, also known as cyberbullying.” [5]

According to the American Academy of Pediatrics, 49 states (including Wisconsin) have laws requiring schools to address bullying. 40 states require training for school personnel, and 40 states include “cyberbullying” in their laws. Wisconsin *does not* fall into the latter two groups.

**Therefore, the Wisconsin Chapter of the American Academy of Pediatrics supports legislation that would direct school districts to include electronic media as part of their definition of bullying. Additionally, requiring school districts to provide annual data on bullying incidents and the response to these situations would be valuable from a population health perspective.**

**REFERENCES:**

[1] **Role of the Pediatrician in Youth Violence Prevention.** (AAP Policy Statement)  
<http://aappolicy.aappublications.org/cgi/content/full/pediatrics;124/1/393#SEC4>

[2] Nansel TR et al. **Bullying Behaviors Among US Youth.** *Journal of the American Medical Association.* 2001; 285(16): 2094–2100.  
<http://jama.ama-assn.org/content/285/16/2094.abstract>

[3] **The Impact of Social Media on Children, Adolescents and Families.** (AAP Clinical Report)  
<http://aappolicy.aappublications.org/cgi/content/full/pediatrics;127/4/800>

[4] Kowalski RM, Limber SP. **Electronic bullying among middle school students.** *J Adolesc Health.* 2007 Dec; 41 (6 Suppl 1):S22-30  
[http://linkinghub.elsevier.com/retrieve/pii/S1054-139X\(07\)00361-8](http://linkinghub.elsevier.com/retrieve/pii/S1054-139X(07)00361-8)

[5] American Academy of Pediatrics. **2011 State Legislation Report.**  
[http://www.aap.org/en-us/advocacy-and-policy/state-advocacy/Documents/2011\\_State\\_Legislation\\_Report.pdf](http://www.aap.org/en-us/advocacy-and-policy/state-advocacy/Documents/2011_State_Legislation_Report.pdf)

**Connected Kids: Bullying—It’s Not Okay.** (AAP Patient Information)  
<http://www2.aap.org/connectedkids/samples/bullying.htm>