

CYBERBULLYING -BULLYING IN THE VIRTUAL WORLD: A CAUTIONARY NOTE FOR MEDICAL EDUCATORS.

SADIA MUSHARRAF¹, CHRISTOPHER ALAN LEWIS²

¹National Institute of Psychology, Quaid-i-Azam University, Islamabad, Pakistan.

²Department of Psychology, Glyndwr University, PlasCoch Campus, Wales, UK.

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CORRESPONDENCE: SADIA MUSHARRAF, E-mail: sadia_musharraf@hotmail.com

The aim of the present endeavor was to bring to the attention of medical school communities, psychological service providers, and policy makers the idea of cyber bullying; a relatively new form of bullying that has emerged with the growth of modern IT technology and this phenomenon is especially prevalent within medical training institutions. Moreover, strategies to reduce the prevalence of cyber bullying are noted. Bullying within educational settings is an international problem, especially within medical schools. Data suggests that harassment and bullying exists within most higher education institutions, however the prevalence seems to be higher among students in medical institutions¹. A substantial portion of the literature has focused on harassment and belittlement of students in medical schools all over the world^{2,3} as well as in Pakistan^{4,5,6}. For example, prevalence rate for mistreatment or at least one bullying behavior in the past 12 months was reported by 62.5 % of medical students⁴ and 80% of psychiatry trainees⁶.

Existing research has linked the experience of mistreatment and bullying among medical students with significant psychological and mental health problems such as alcohol abuse, poor career satisfaction, desire to drop out of school, depression, and even suicidality^{7,8}. Bullying is mainly considered as a subset of aggression, distinguished by the criteria of repetition, and imbalance of power⁹. The defining features of traditional bullying (i.e. repetition, power imbalance and intent to harm) have more recently been expanded into cyber space with a new form of bullying called cyber bullying. Thus cyber bullying has been defined as an "...aggressive intentional act carried out by a group or individual, using electronic forms of contact, repeatedly and over time against a victim who cannot easily defend him or herself"¹⁰ and "willful and repeated harm inflicted through computers, cell phones, and other electronic devices"¹¹.

A review of studies revealed that rate of cyber bullying is rising globally¹². It was argued that this rise in the incidence of cyber bullying is evident due to the adoption and dissemination of electronic gadgets and modern communication technologies¹³. According to the estimated statistics provided by the Internet Service Providers Association of Pakistan (ISPAK) there were 25 million internet users up to the month of October 2014 and 15 million of them browse the internet using their mobile phones¹⁴. Moreover, according to the Pakistan Telecommunication Authority (PTA), there are 114.7 million mobile phone users¹⁵. Smartphone penetration has also rapidly increased with the launch of the 3G (Third Generation) and 4G (Fourth Generation) network on 23rd April 2014 from 23% in

January 2014 to 31% by January 2015¹⁶. A study conducted in Pakistan revealed Smartphone ownership of 95.8 % among medical students¹⁷. There is no question that the internet and online technology has transformed lives by providing multiple benefits and has become one of the most popular communication channels among students. Despite numerous benefits, there have also been dangers and risks associated with the expansion of modern online technology. For example, students use computers, smart phones and other electronic devices to intimidate and harass their peers by sending shameful and threatening messages, spreading false rumors, posting private and sensitive information about a person to others and excluding someone out of an online group¹⁸. Thus, cyber space has become a new place for bullying behaviors.

It is clear from the available evidence that the experience of cyber bullying victimization is associated with a broad range of mental health problems e.g., anxiety, emotional distress, depressive symptomatology, use of substances, suicidal thoughts and suicidal attempts¹⁹.

Cyber bullying, as a new extension of bullying, is capturing attention all over the world and a great deal of research has been conducted in recent years. Presently the objective was to bring the attention of medical school communities, psychological service providers, and policy makers towards cyber bullying. In addition, preventive strategies should be introduced that promote awareness for safe use of internet and modern technological devices within such institutions. Such awareness programs should include information about the nature, impact and consequences of cyber bullying e.g., (awareness through posters, brochures and web pages) as well as instructions about how to report experiences of cyberbullying²⁰.

Moreover, medical schools and other higher education institutions should consider designing policies to hold the perpetrator accountable for his or her online actions as well as to protect and support the victim. In addition to policy development, preventive efforts can be implemented with the collaboration of counseling centers, student service departments, and departments of psychology and behavioral sciences.

Because of the wide range of negative consequences of cyber bullying, which in extreme situations can even lead to suicide, counselors should arrange workshops to provide awareness about the psychological consequences of cyber bullying. Moreover,

individual and group sessions may help victims and perpetrator of cyber bullying to raise their self-efficacy and learn better ways to interact and respond to cyber bullying and victimization²¹. Further, campus administrators should make adequate arrangements to stop the misuse of their computer resources. Only through such proactive and diverse approaches to cyber bullying, those responsible for medical education seek to reduce the proliferation of cyber bullying and the potentially serious consequences, it has on the victims. It is suggested that future research should explore cyber bullying and victimization in medical schools and other higher education institutions in Pakistan.

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