



## Tips For Pediatricians: Addressing Bullying And Cyberbullying In Your Practice

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Pediatric physicians can play a key role in preventing and addressing bullying and cyberbullying today. Despite the plethora of new research and findings, the current state of knowledge does permit us to make certain generalizations. Here are a handful of useful tips.

**1. Bullying today is about minor, repetitive social cruelty – so don't expect to hear about dramatic violence.** Many adults conceptualize bullying as a largely physical behavior, but that is not what is dominating the bullying landscape today (Englander, 2010). In 2010 and 2011, MARC researchers found that it was the “gateway behaviors” that were by far the most frequent in victim reports. These rude, insolent acts—like eye rolling, pointedly whispering in front of others, or snickering—usually do not break any specific rules, so adults often ignore them. But “gateway behaviors” may normalize disrespect or even reward it, and research reveals how toxic they can be. Gateway behaviors can happen online too: kids need to hear that it's not ok to join in on bashing and forwarding comments and personal information.

**2. Cyber-Stuff: Don't Berate – Instead, Educate.** Although young people are comfortable with technology, they are not necessarily knowledgeable about it (Willard, 2006). Avoiding cyber-problems is not just about technical knowledge; it is also about maturity and common sense (Englander, Mills, & McCoy, 2009). Bottom line? Adults need to ask children about their social lives online (Pew Internet & American Life Project, 2007). Even if an adult is not proficient in cyberspace communications, he or she can be loud and clear about the absolute necessity to watch what one says, whatever the format, and to remain civil to others at all times.

**3. Take parental reports of bullying problems seriously.** At times, both children and parents tend to overuse the term “bullying” to refer to a host of different interpersonal problems. They may prefer to view social problems as

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bullying, since in bullying situations the target is completely innocent. It's important to be aware of these tendencies and to gently ask patients to walk you through bullying or cyberbullying incidents that they have reported. Be aware that they may, in fact, be describing more commonly occurring social problems, such as fights or one-time cruel remarks. If a situation is clearly not bullying, that is an opportunity for education. (See Examples Of Key Questions below). Regardless, the appropriate action is to focus on resolving the social problem – not to debate the appropriate label.

**4. Plant the idea that some situations require verbal talking, either on the phone or face-to-face.** When in distress or upset, children and teens may be more likely to text others to garner social support. Texting, by repeatedly exposing the texter to his or her emotional cue words, can result in a simple conflict escalating quickly, or even changing into a complex bullying situation. Explain that it is not a good idea to use texting, email or instant messaging to try to resolve a disagreement or settle an argument. Children are unlikely to realize these facts independently, and they need to be coached to think about situations where talking might be the best way to relate to others.

**5. Do Not Neglect School Age and Pre-Teen Patients.** Both bullying and cyberbullying start at a young age. Although adults tend to neglect these topics until adolescence, the seeds of bullying—and that includes cyberbullying—are actually sown long before that. Bullying typically begins in kindergarten. In Massachusetts, over 90 percent of third graders are online (usually playing games). The good news is that elementary students are very willing and able to internalize rules about behavior.

**6. Take a Moment to Reinforce Patient, Kind, and Friendly Behaviors.** One unfortunate effect of the increase in bullying and cyberbullying is the tendency of adults to focus on negative student behaviors. But how one reinforces good behavior is even more important than how one responds to poor behavior. If a patient mentions positive social behaviors (e.g., having good friends), be sure to note and praise these.

**7. Educate your patients' families about these issues.** Free educational materials for parents, written in a very practical and concrete style, are available online at the Massachusetts Aggression Reduction Center's website ([www.MARCcenter.org](http://www.MARCcenter.org)). Physicians can direct parents there or print the materials and hand them out. (Parent materials are available in English, Spanish, Portuguese, and Haitian Creole.)

**8. Consider contacting the school to advocate for your patient.** While physician have no direct control over schools, they can certainly offer to write the

school a note to inform them about the situation, to document concerns, and to also document the potentially negative impact on the health of a patient.

**9. A few examples of key questions to ask.**

- “Part of being healthy is talking about friends and how we get along with other kids. Can you tell me overall how friendly the kids are at your school?”
- “Are there any kids at school that you have a problem with, or are afraid of?”
- “Do you use text messaging, play games online, or use social networking websites (like Facebook)? Do you ever have a problem with others online, such as people sending you a mean message, or saying cruel things?”
- “There are some situations where we really should talk, instead of texting or going online. What do you think about that?”
- “Grownups are talking a lot about bullying and cyberbullying these days. Are you having a problem being bullied or cyberbullied? If you are, I’d like to try and help you with it.”
- “Sometimes people use the word *bullying* to describe something that’s more like a fight. Bullying happens when a more powerful child targets someone less powerful, deliberately, over and over again. What we’re discussing is very important, because I can see that you were really hurt by it. But it might not be bullying. Let’s focus, though, on helping you cope with it.”

The Massachusetts Aggression Reduction Center is an academic Center at Bridgewater State University in Massachusetts. By running a training program for graduate and undergraduate students in higher education, MARC offers free programs and services to K-12 schools in Massachusetts. Everyone benefits: future educators receive unique field training, and K-12 schools receive high-quality, no-cost programs and services. The website ([www.MARCcenter.org](http://www.MARCcenter.org)) offers many free downloads, games, tips, and curricula for all schools, as well as parent downloads, available in English, Spanish, and Portuguese.