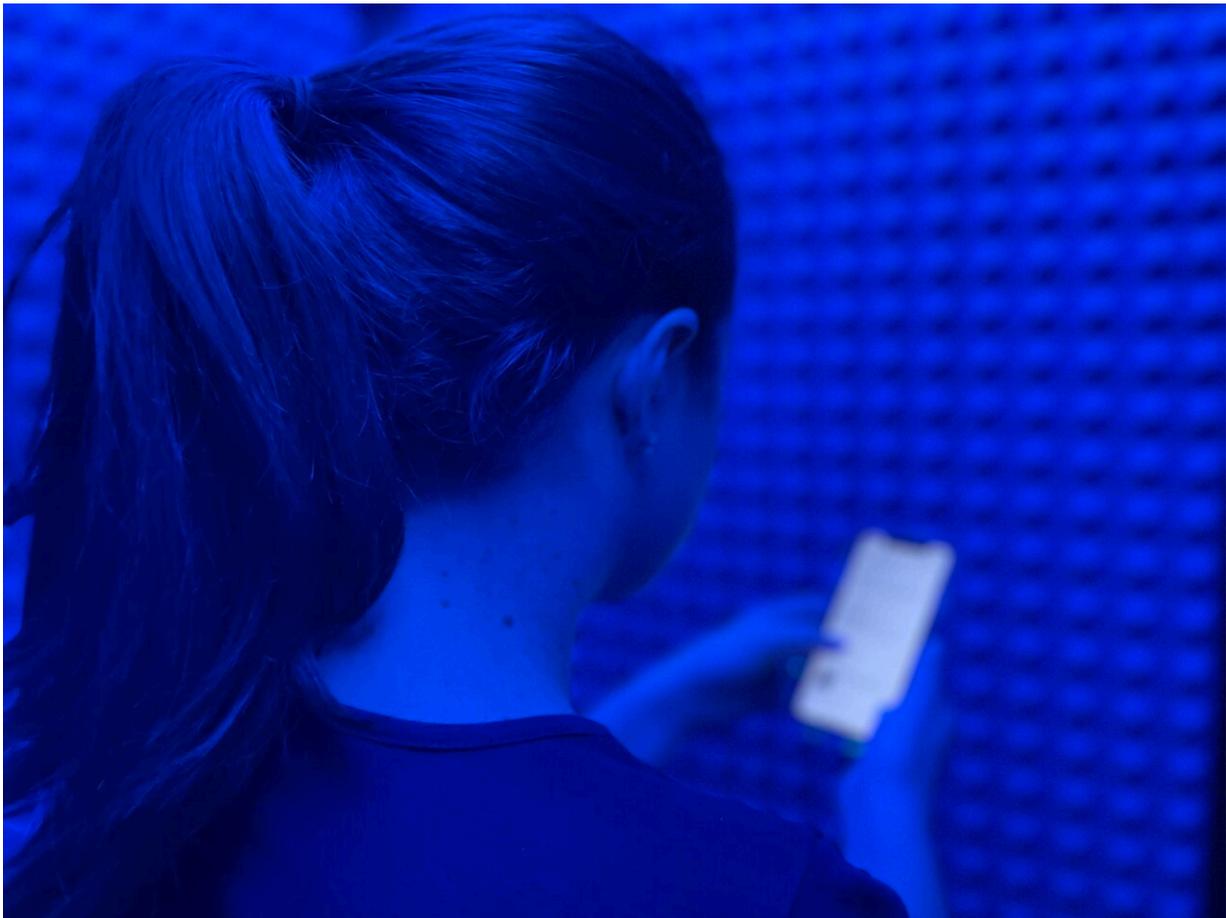


Physicians should screen youth for cyberbullying, social media use: Report

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Only 23 percent of students who were cyberbullied reported it to an adult at their school, which shows that many incidences go unreported. Credit: Florida Atlantic University

Most adolescents and young adults have experienced bullying in some form, with about one-third of them experiencing cyberbullying, contributing to mental health concerns. Cyberbullying involves electronic communication such as texts, emails, online videos and social media, which has become increasingly problematic over the last few decades. Several reasons include the anonymity it allows, the fact that it is not as easily monitored, and that adolescents and young adults have easier access to devices.

In an article published in the journal *Primary Care Clinical Office Practice*, physicians from Florida Atlantic University's Schmidt College of Medicine recommend primary care physicians screen adolescents and [young adults](#) for inappropriate or misuse of social media and cyberbullying utilizing screening tools developed for use in the health care setting.

"As [primary-care physicians](#), it is our job to screen and evaluate things that can harm our patients," said Jennifer Caceres, M.D., first author, senior associate dean for student affairs and admissions and an associate professor of medicine in FAU's Schmidt College of Medicine. "Among these responsibilities includes screening for social media use, bullying, cyberbullying, mental health issues, as well as countless others."

Caceres and Allison M. Holley, M.D., corresponding author and an assistant professor of family medicine in FAU's Schmidt College of Medicine, point out that only half of health care providers who see [pediatric patients](#) were found to be consistently screening for bullying.

They say this is partially because there aren't many screening tools specifically designed for health care settings. Among the screening tools they recommend that are available for health care providers include the Revised Olweus Bully/Victim Questionnaire (R-OBVQ), the California Bullying Victimization Scale (CBVS), the Child Adolescent Bullying

Scale (CABS) and the Massachusetts Aggression Reduction Center (MARC).

"It is staggering that only 23 percent of students who were cyberbullied reported it to an adult at their school, which shows that many incidences go unreported. This is another crucial reason why we need to screen patients as well as educate parents," said Holley. "A screening tool of the providers' choice should be worked into the work-flow of pediatric visits to ensure that screening is consistently done and results are addressed in a timely manner."

Among resources available "Cyberbullying: Top Ten Tips for Health Care Providers," developed by the Cyberbullying Research Center, which is co-directed by Sameer Hinduja, Ph.D., professor, FAU School of Criminology and Criminal Justice within the College of Social Work and Criminal Justice, and a faculty associate at the Berkman Klein Center at Harvard University.

"Physicians who work with children and teenagers must consider in their provision of care the significant emotional and psychological impact that mobile devices, social media platforms, and gaming environments can have," said Hinduja. "Given that youth move seamlessly between their online and offline experiences—indeed, there is no longer a clear distinction—it is essential to assess health risks from not only the home, school and community, but from their electronic interactions as well."

Caceres and Holley suggest that to screen for technology and [social media](#) use, physicians can easily ask parents or the patient themselves the following questions: "How many hours per day are spent on screens of any kind?" and "Is there a television or other device with Internet access in the bedroom?" To screen for cyberbullying or bullying of any kind, they say physicians also can ask patients if they feel safe at school, home and online, and if they have ever experienced bullying or cyberbullying

either themselves or someone they know.

"In addition, physicians can ask about the many symptoms that could be warning signs of cyberbullying such as [sleep disorders](#), mood disorders, eating disorders, suicidal thoughts, self-harm behaviors, academic problems, fatigue and headaches," said Caceres. "Physicians can undergo training to detect bullying and ensure that their staff is trained appropriately."

Caceres and Holley encourage establishing community contacts with groups and organizations such as local schools, law enforcement, mental health counselors specializing in trauma care, suicide prevention groups, as well as patient and family support groups that can provide services for prevention, screening, and victim support services, which also are crucial to helping patients.

In addition, posters in the waiting room or exam rooms or helpline numbers can help to educate patients and their families on how to prevent and deal with cyberbullying.

"Parents also must teach their children about appropriate online behavior, set boundaries, and give clear guidelines with appropriate consequences for rule-breaking," said Holley.

The authors suggest setting boundaries that include not posting [personal information](#), not sharing login information such as usernames and passwords, not responding to inappropriate messages, turning off technology if these type of messages are received, and immediately reporting an incident to an adult.

"Cyberbullying, sextortion, digital dating abuse, digital self-harm, and other forms of victimization are occurring to a nontrivial degree among youth, and initiating nonjudgmental conversation among their

experiences online will help to further positive adolescent development and functioning," said Hinduja.

More information: Jennifer Caceres et al, Perils and Pitfalls of Social Media Use, *Primary Care: Clinics in Office Practice* (2023). [DOI: 10.1016/j.pop.2022.10.008](https://doi.org/10.1016/j.pop.2022.10.008)

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