

MARC/BACPAC Pediatric Questionnaire:

BULLYING & CYBERBULLYING

Date of Office Visit: _____

Gender: Male Female

Child's age: years : months

Child's grade: _____ IEP? Yes No

Neurodev / Psych Dx (if established): _____

Parent Present during interview?

Yes No

Subjective complaints
(eg, H/A, tics, sleep):

SECTION 1: SOCIAL SKILLS ASSESSMENT.

1. Are the kids in your school friendly?
2. Tell me about one child at your school who you like.
3. Who is your best friend in school? Do you ever play or see each other when you're NOT in school?

Note if the child states or suggests that he or she has no friends.

SECTION 2: Cell Phone Use

4. Some kids your age have cell phones but some use their parents' or friends'. That's normal. Do you have your own cell phone?
 - IF YES: Do you carry it with you every day, to school?
 - Do you keep it in your room at night?
 - IF NO: How often do you take your parents' cell phone to school?

Make a note if the child has frequent or daily access to a cell phone.

Assess for sleep deprivation:

SECTION 3: Social Media Use (Note: minimum age by FTC Regulation is 13 years old)

5. Do you use Instagram, SnapChat, Musica.ly, AskFM, or other social media with your friends?
 - IF YES: Do you use it every day? Do you post messages / pictures?

Make a note if the child uses social media, and which app they use.

SECTION 4: ASSESSMENT OF BULLYING OR CYBERBULLYING INVOLVEMENT

****BEGIN BY STATING:** “You probably know that grownups today are very worried about bullying. I’d like to ask you a little bit about that, but I want to make sure you understand what I mean. When I ask about bullying, I mean another kid (or group of kids) who picks on someone or is mean to them *on purpose, over and over again* – not just one time.”

1. Do you ever see bullying happen between kids? It could be at your school, on an app, OR online (like in a game)?

YES NO **NOTE:** It is unusual for a child to respond “no” to this question.

2. Is there any one kid or a bunch of kids that pick on you or make you feel bad over and over again?

Pr

Yes (**inquire as to the frequency**): (___x daily; ___ times a week; ___times a month; ___times a year).

IF NO, SKIP TO END

IF YES....

Where does this happen? (**check all that apply**):

- | | | |
|-------------------------------------|--------------------------------------|-----------------------------------------|
| <input type="checkbox"/> classroom | <input type="checkbox"/> lunchroom | <input type="checkbox"/> hallways |
| <input type="checkbox"/> stairwell | <input type="checkbox"/> bathroom | <input type="checkbox"/> locker-room |
| <input type="checkbox"/> playground | <input type="checkbox"/> bus | <input type="checkbox"/> Website: _____ |
| <input type="checkbox"/> App: _____ | <input type="checkbox"/> Game: _____ | <input type="checkbox"/> other: _____ |
| | | <input type="checkbox"/> |

What did he or she do to you? (**check all that apply**):

- | | | |
|--------------------------------------------------------|-------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> MADE FUN OF ME | <input type="checkbox"/> KIDS LAUGHED | <input type="checkbox"/> NAME-CALLING |
| <input type="checkbox"/> RUMORS | <input type="checkbox"/> MADE UP LIES | <input type="checkbox"/> GOT ME IN TROUBLE |
| <input type="checkbox"/> PUSHED,SHOVED,HIT,THREW STUFF | <input type="checkbox"/> POSTED A PICTURE OF ME | |
| | <input type="checkbox"/> OTHER: | |

RECORD ALL DETAILS OF BULLYING HERE:

3. It's very important that you understand that if you are being bullied that it is *never* your fault. Bullying is wrong and people should *never* bully others. Have you told anybody about the kids that are bothering you?

Pr

Yes (Who have you told? Circle: Peer / Friend / Parent / Teacher / Other) :

IF Yes.....Were the adults able to stop the bullying?

No. (How did they try to help?)	Yes. (What actions did they take that were helpful?)
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Did talking about it make you feel better?

No ("That's ok. Sometimes talking does help though.")

Yes

4. "Sometimes it feels good just to talk about things. I wish you and I had more time to talk about it today. Would you like to have a chance to talk about it sometime soon?"

Pr

Yes (If "Yes," refer to:)

IF NO.....

... "Would you like me to try to help? As your doctor, I can talk with the school officials and try to make sure that the bullying stops. While I cannot promise that everything will be better, I know that *if we do nothing* the bullying will likely continue and probably get worse. I want you to be happy and safe at school – is it okay with you if I talk to your school about this?"

Yes (Who would you like me to talk to? Principal / Nurse / Counselor / Teacher / Other:

REVIEW WITH PARENTS/CAREGIVERS

Factors that may increase this child's risk of being involved in cyberbullying or bullying:

- Delayed or challenged social skills (see answers to SECTION 1)
- Cell phone ownership (see answers to SECTION 2)
- Is a device interrupting the child's sleep? (see answers to SECTION 3)
- Use of social media prior to age 13 (see answers to SECTION 3)

Has the child disclosed being a victim of bullying or cyberbullying? (see answers to SECTION 4)

- If YES, has the child spoken to a peer or friend?
- If YES, has the child spoken to an adult?
- What actions have peers or adults taken that were helpful?

Actions going forward:

- Encourage attention to social skills development if warranted (school programs; independent practitioners; extracurricular activities)
- Encourage parental discussions about social media, cell phone use, bullying and cyberbullying
 - Encourage consideration of parental control software (parents can check their child's cell phone provider for this)
 - Distribute materials to help with these discussions (parent downloads from WWW.MARCCENTER.ORG)
- Discussion actions to be taken if bullying or cyberbullying were disclosed
 - Contact school?
 - Encourage / facilitate social skills, friendships?
 - Refer for psychological counseling or support?
- Plan follow-up if bullying or cyberbullying were disclosed

GUIDE TO THE BULLYING/CYBERBULLYING CHECKLIST/INTERVIEW

WHEN A CHILD IS BEING BULLIED

THERE ARE THREE VENUES THROUGH WHICH YOU CAN HELP THIS CHILD:

- **BY GIVING THEM A “SAFE ADULT” AT SCHOOL THEY CAN ALWAYS SPEAK WITH (EG, THE SCHOOL NURSE, THE SCHOOL ADJUSTMENT COUNSELOR);**
- **BY GIVING THEIR PARENTS GUIDANCE ABOUT HOW TO COPE (THROUGH HANDOUTS, WEBSITES); AND**
- **BY OFFERING THEM SUPPORT FROM YOURSELF.**

**If child consents to your involvement, seek written parental consent to share information with the school in writing. The more details the child can provide as to who, what, where, how, the more power the school will have to act. Explain this to the child/parent and do your best to gently get details for your letter to the school. If child or parent will not consent to communication with school, provide advice / handouts (www.MARCcenter.org) to help the parent advocate themselves for their child with the school. Always document in your note the conversation in the office.

WEBSITES FOR PARENTS/TEACHERS/STUDENTS:

1. The **Massachusetts Aggression Reduction Center (MARC)**: www.MARCcenter.org
2. Bullying And Cyberbullying Prevention and Advocacy Collaborative (**BACPAC**) at Children's Hospital Boston: www.childrenshospital.org/BACPAC
3. Stop Bullying Now from the U.S. government: <http://stopbullying.gov>

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