

PEDIATRICS

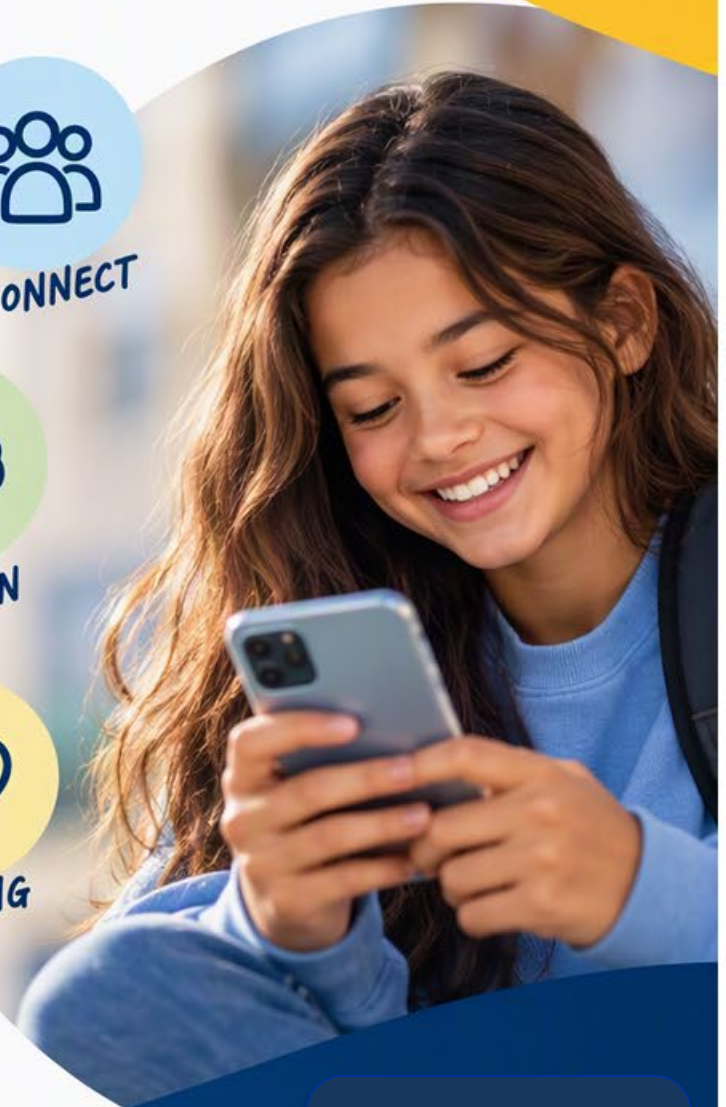
KIDS, SOCIAL MEDIA & BULLYING

A developmentally informed guide
for pediatric practice

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Disclosures

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Objectives and Aims:

1. SOCIAL MEDIA & YOUTH

Use, benefits, potential impacts, development, device readiness and attention.

2. BULLYING

Distance, anonymity, online disinhibition and developmental vulnerability.

3. PEDIATRIC TAKEAWAYS

Brief screening, parent communication, red flags, safety planning and age-based handouts.

1

Social media use and its impact on youth

What pediatricians need to know before giving advice

KIDS, SOCIAL MEDIA & BULLYING



Why this belongs in routine pediatrics

Digital life is part of developmental history

95%

of youth ages 13–17 report
using a social-media
platform

16%

of U.S. high-school
students reported
electronic bullying in 2023

40%

of 2-year-old own their own
tablet or device

25%

of 8-year-olds own their
own cell phone

Ask about function and impact, not only time.

A balanced clinical stance



TECHNOLOGY CAN SUPPORT

Friendship maintenance, shared play, creativity, learning, identity-safe communities and access to support.

TECHNOLOGY CAN ALSO HARM

Sleep, emotion regulation, attention, privacy and peer safety, especially when use is compulsive, public or developmentally mismatched.

A developmental lens

The same device/platform creates different opportunities and vulnerabilities

YOUNG CHILDREN

Co-use and caregiver interaction matter. Protect language-rich play, sleep, movement and co-regulation.

ELEMENTARY / MIDDLE

Scaffolding is essential. Self-concept, peer belonging and inhibitory control are still actively developing.

HIGH SCHOOL

Increase autonomy gradually. Collaborate on privacy, coping, relationships and digital citizenship.

When should a child get a personal device?

Separate communication needs from readiness for an unrestricted smartphone

WHAT THE 2025 STUDY FOUND

10,588 Adolescent Brain Cognitive Development (ABCD) Study participants:

Participants who owned a cell phone before age 12, were more likely to develop:

- Depression
- obesity
- insufficient sleep.

Earlier acquisition was associated with higher odds of obesity and insufficient sleep by age 12 vs. peers who did not have a phone at age 13.

- True after accounting for factors of race, ethnicity, household income, and ownership of other devices.

1 START WITH THE NEED

Could a shared device, basic phone, or other device meet the family's communication or safety need?

2 ASSESS READINESS

Can the child follow limits, protect privacy, ask for help if needed?

3 ADD CAPABILITY GRADUALLY

Begin with the least-capable device that meets the need. A personal device does not mean unrestricted access to digital or social media.

Clinical interpretation: Correlation vs. causation. these findings guide counseling, but do not prove that smartphone ownership caused the outcomes.

Short-form video: what do we know about attention?

TikTok, Instagram Reels, YouTube Shorts and endlessly scrolling video feeds

“Our synthesis of 71 studies revealed that greater engagement with these platforms is associated with poorer cognitive and mental health in both youths and adults.”

98,299 participants • 71 studies

**LAN NGUYEN,
PSYCHOLOGIST & LEAD AUTHOR**

ATTENTION

Greater short-form video use was associated with poorer attention: $r = -.38$.

INHIBITORY CONTROL

The strongest pooled cognitive association was with inhibitory control: $r = -.41$.

KEY POINTS:

- Short-form video platforms are designed for constant engagement that make it hard to stop scrolling.
- Greater time spent watching short-form videos is related to poorer mental health and cognition.
- Reducing short-form video use may lead to improvements in youth mental health, even over a short period.

A 60-second media screen

“I ask every family about digital life because it can affect sleep, mood, learning and relationships.”

USE

Which devices, apps, games or group chats are part of daily life?

FUNCTION

What is helpful or fun? What is hard to stop?

IMPACT

Any change in sleep, mood, school, family conflict or friendships?

SAFETY

Any humiliation, exclusion, threats, pressure or unwanted contact?

2

Bullying in digital environments

Why distance, design and development can magnify peer harm

KIDS, SOCIAL MEDIA & BULLYING



Why online behavior can become harsher

An evidence bridge from driving (road-rage) research to digital environments

1 PHYSICAL SEPARATION

Cars and screens reduce face-to-face cues and immediate feedback from the target.

2 PERCEIVED ANONYMITY

Road-rage driving research found more aggressive behavior under anonymous conditions.

3 ONLINE DISINHIBITION

Digital environments add invisibility, asynchrony and reduced accountability.



What the screen removes

Mechanisms pediatricians can explain to families

- 1 FACE: fewer visible cues of pain, fear and repair
- 2 PAUSE: fast, impulsive responding becomes easy
- 3 CONTEXT: tone and intent are flattened or misread
- 4 AUDIENCE: peer attention can reward escalation
- 5 BOUNDARY: content persists, spreads and follows the child home

Why cyberbullying can feel inescapable

Social-media design can magnify ordinary peer aggression

24/7 REACH

No reliable time or place boundary

AUDIENCE

Humiliation can be public and rapidly amplified

PERSISTENCE

Screenshots and reposts can prolong exposure

ANONYMITY

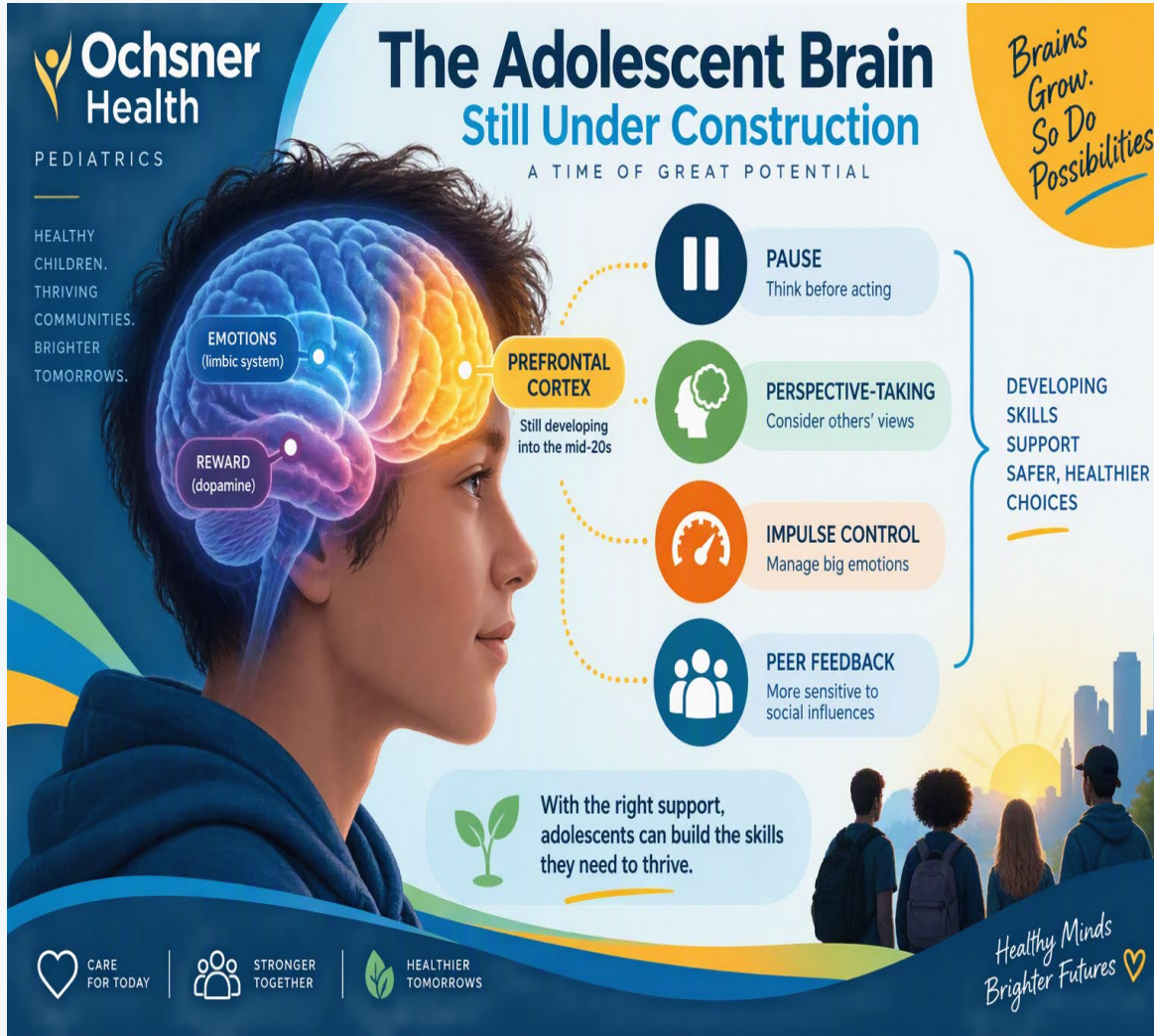
Uncertainty can reduce accountability

VISIBILITY GAP

Private chats and disappearing content are easy to miss

The adolescent brain: developing, not defective

Aggression is multicausal; development changes the context



PREFRONTAL DEVELOPMENT

Cognitive control and affect regulation continue maturing across adolescence.

PEER SALIENCE

Peer attention and opportunities can amplify aggressive or risky behavior.

AGGRESSION IS MULTICAUSAL

Impulsivity, regulation, family, peers, reinforcement and context all matter.

IMPACT OF BULLYING: Why earlier victimization can cut deeply

Self-concept is being built in early development through relationships

ELEMENTARY YEARS

In a longitudinal study of children ages 8–12, bullied students had weaker self-concepts than controls.

EARLY ADOLESCENCE

Peer evaluation becomes highly salient while identity, belonging and regulation are developing.

CUMULATIVE EXPOSURE

Persistent victimization is associated with depression, anxiety, self-harm and suicidality.

IS IT A PROBLEM? : Name the peer problem accurately :

Response depends on power, repetition and safety

PEER CONFLICT

Similar power. Focus on regulation, perspective-taking, boundaries and repair.

NOT always bad.

BULLYING

Power imbalance plus **repetition or potential repetition**. Focus on safety and coordination.

URGENT THREAT / HARASSMENT

Threats, stalking, extortion, exploitation or severe violence require immediate safety response.

Extreme caution: Threats or contact by unknown peers or non-peers.

When a child reports bullying

Validate, assess, preserve, coordinate and follow

- 1 VALIDATE: “I’m glad you told me. This is not your fault.”
- 2 ASSESS immediate danger, self-harm, threats, coercion and functional change
- 3 PRESERVE dates, platforms, accounts and screenshots
- 4 COORDINATE caregiver, school, platform and emergency response as indicated
- 5 FOLLOW UP on safety, sleep, mood, school attendance and the plan

3

Take-away advice for pediatricians

Brief screening, family conversations, safety decisions and age-based guidance

KIDS, SOCIAL MEDIA & BULLYING



A 60-second media screen

“I ask every family about digital life because it can affect sleep, mood, learning and relationships.”

USE

Which devices, apps, games or group chats are part of daily life?

FUNCTION

What is helpful or fun? What is hard to stop?

IMPACT

Any change in sleep, mood, school, family conflict or friendships?

SAFETY

Any humiliation, exclusion, threats, pressure or unwanted contact?

Talk with parents about impact, not just “harm”

Curiosity produces better information than a risk-only lecture

ALIGN

“You know your child best.”

“Technology is complicated.”

“Let’s focus on what would help this week.”

ASK ABOUT IMPACT

What does the child enjoy or gain?

What is crowded out?

What changes around sleep, mood, school or relationships?

AVOID THE TRAPS

Avoid blame and catastrophizing.

Do not make disclosure automatically cost all device access.

Model the rules adults expect.

Red flags: when to escalate

Do not let the technology question obscure the safety question

POSSIBLE HARM

- Suicidal thoughts or self-harm
- Credible threats or severe violence
- Extortion, stalking or exploitation
- Doxxing or Unsafe location sharing
- Rapid functional decline
- School refusal
- Severe sleep loss, panic or depressive symptoms

CLINICAL RESPONSE

Assess immediate safety and access to means.

Create a supervision and crisis plan.

Address injuries, sleep and acute psychiatric symptoms.

Use emergency services for imminent danger.

Apply mandated reporting procedures when indicated.

Arrange follow-up and verify the handoff.

Family technology safety plan: Specific beats strict

- 1 WHEN: protected sleep window and predictable routines
- 2 WHERE: phones and tablets charge outside bedrooms
- 3 WHAT: age-appropriate content, platforms, privacy and purchasing rules
- 4 WHO: known contacts and a plan for uncomfortable messages
- 5 HOW: open weekly check-ins and on-going communication rather than surprise surveillance
- 6 IF: clear response for bullying, mistakes and unsafe contact

Nonnegotiable in this talk: phones and tablets do not sleep in bedrooms.

Case application

12-year-old with headaches, poor sleep and school avoidance

THE STORY

Caregiver reports “too much phone.”

Child reports a group chat where peers exclude, ridicule and repost screenshots.

No direct threat disclosed yet.

PAIR DISCUSSION

1. First validating statement?
2. Safety and impairment questions?
3. Conflict, bullying or urgent threat?
4. One realistic family action?
5. Follow-up interval and ownership?

A defensible middle-school position: Delay Social Media Until High School

THE DEVELOPMENTAL ARGUMENT

- Self-concept and peer belonging are active developmental tasks.
- Distance and anonymity remove inhibitory social feedback.
- Public, persistent peer evaluation can magnify conflict.
- Executive control and perspective-taking remain under construction.
- “Likes” (and lack thereof) are perceived as liking of the person, not the post.

PRESENTER RECOMMENDATION

No social-media accounts before high school.

Use limited messaging, gaming and video chat with known contacts and caregiver scaffolding.

Once in high school, reassess readiness, not just birthday.

Don't be afraid to make the hard recommendation or decision.

FAMILY HANDOUT: YOUNG CHILDREN

Birth through early elementary

RELATIONSHIP FIRST

Co-view when possible and connect around media.

PROTECT DEVELOPMENT

Prioritize sleep, movement, play and reading.

BUILD ROUTINES

Use predictable times and shared spaces.

CALM

Do not make screens the only coping tool.

CONTENT

Choose age-appropriate, high-quality content.

SOCIAL MEDIA

No social-media accounts.

SHARED SAFETY RULES

- No devices in bedrooms
- Calm, open conversations
- Asking for help should not automatically cost all access
- Escalate threats, exploitation, self-harm or major functional decline

FAMILY HANDOUT: ELEMENTARY & MIDDLE SCHOOL

Growing independence with active scaffolding

SLEEP

Charge devices outside bedrooms.

SOCIAL MEDIA

No social-media accounts until high school.

CONNECTION

Limited gaming, messaging and video chat with known peers can support friendship.

COACH

Teach privacy, kindness, blocking, reporting and help-seeking.

CHECK IN

Use open weekly conversations.

WATCH

School avoidance, sleep loss, secrecy, panic, threats or coercion.

SHARED SAFETY RULES

- No devices in bedrooms
- Calm, open conversations
- Asking for help should not automatically cost all access
- Escalate threats, exploitation, self-harm or major functional decline

FAMILY HANDOUT: HIGH SCHOOL

Collaborative autonomy with clear safety expectations

READINESS

Consider judgment, coping, privacy and help-seeking.

SLEEP

Phones and tablets still charge outside bedrooms.

COLLABORATE

Agree on boundaries, location sharing and consequences.

COMMUNICATE

Ask about friendships, pressure and unwanted contact.

BALANCE

Protect sleep, school, movement and offline relationships.

RED FLAGS

Self-harm, threats, exploitation, stalking or major functional decline.

SHARED SAFETY RULES

- No devices in bedrooms
- Calm, open conversations
- Asking for help should not automatically cost all access
- Escalate threats, exploitation, self-harm or major functional decline

Social-media access should increase with demonstrated judgment, not simply age.

Take-home framework

Curious, specific, collaborative and safety-first



ASK

Function and context



SCREEN

Sleep, mood, school,
relationships and safety



EXPLAIN

Development + design +
social distance



COACH

One family change



FOLLOW

Verify safety and effect

Ask about function and impact, not just screen time.

Keep the door open for the next disclosure.

SIGNS YOUR CHILD'S SCREEN TIME MAY BE TOO MUCH

A helpful guide for parents to notice key behavioral changes.

EMOTIONAL OUTBURSTS



Increased irritability or tantrums when screens end.

DIFFICULTY TRANSITIONING



Trouble moving to homework, outdoor play, or conversations.

DECLINING INTERESTS



Less enthusiasm for hobbies and activities they used to enjoy.

SLEEP PROBLEMS



Trouble falling asleep, waking up tired, or bedtime resistance.

SNEAKING SCREEN TIME



Engaging in usage secretly or lying about screen time.

SOCIAL WITHDRAWAL



Preferring online interaction over in-person friendships.

FALLING GRADES



Reduced attention span and declining performance at school.

PHYSICAL COMPLAINTS



Frequent headaches, eye strain, or neck and back pain.

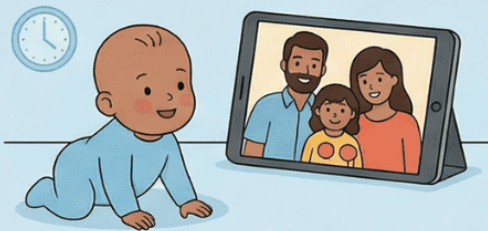
NOTICING SEVERAL CONSISTENTLY IS A SIGNAL. START SMALL. ADJUST ONE THING AT A TIME. YOU DON'T NEED TO OVERHAUL OVERNIGHT.

SCREEN TIME BY AGE: WHAT'S APPROPRIATE AT EVERY STAGE

A developmentally appropriate framework based on AAP guidance and child development research.

UNDER 18 MONTHS

AVOID SCREENS (With One Exception)



Live video calls with family
(social interaction)



Brain wires through real-world
interaction, sensory play.

AGES 2–5

ONE HOUR OF HIGH-QUALITY CONTENT



Up to one hour per day of
high-quality, age-appropriate
content.

 Slow-paced, educational
programming (e.g.,
educational apps, PBS kids).

 Key is co-viewing
(watch & talk together).

AGES 6–12

IT'S ABOUT BALANCE, NOT A MAGIC NUMBER



No single “right” number.
Prevent displacement of essentials.



Write down rules,
give kids ownership,
reduce negotiation.

AGES 13–18

TEACHING SELF-REGULATION



Shift from setting limits to
teaching self-regulation.

 Social lives are digital, brains
seek independence.

 Focus on time management,
critical thinking, media literacy,
digital citizenship.

 Focus Tools, Reminders,
and App Timers
Develop their own tools
& boundaries.

Empower your children on their digital journey.

HOW TO MANAGE SCREEN TIME FOR KIDS: 8 STRATEGIES THAT ACTUALLY WORK

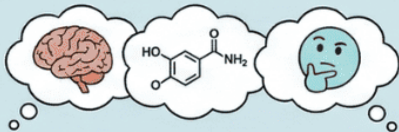
Here's the part you came for. Practical, doable strategies that don't require you to become the screen-time police or throw every device in the trash.

1. Create a Family Screen Time Agreement



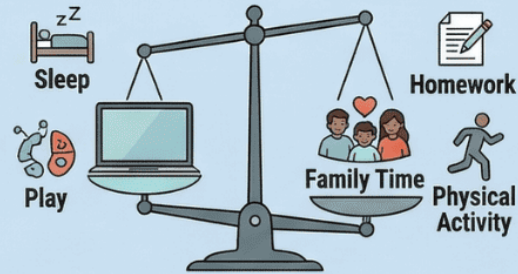
Sit down together and put it in writing. What's allowed on school nights? What happens during meals? What's the charging station routine? When kids help create the rules, they're more likely to follow them.

2. Teach the "Why" Behind the Rules



Don't just say "no phones at dinner." Explain why. Talk about dopamine. Talk about how their brain works. When kids understand the system, they gain agency instead of just compliance.

3. Prioritize What Screen Time Replaces



Instead of obsessing over minutes, ask: is screen time crowding out these essentials? If those are in place, the screen time conversation gets a lot simpler.

4. Use Tech-Free Zones and Times



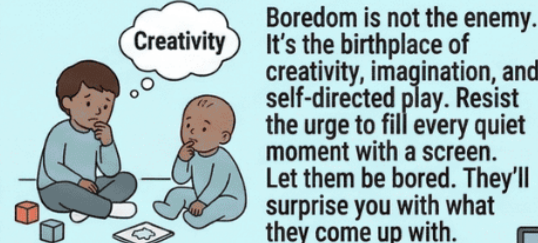
Bedrooms, mealtimes, and the first hour after school are powerful places to create screen-free boundaries. These aren't punishments—they're protections.

5. Co-View and Co-Play When Possible



Especially for younger kids, watching together and talking about what you see transforms passive consumption into active learning. For older kids, ask about the games they play or the creators they follow. Stay curious, not suspicious.

7. Build In "Bored Time"



Boredom is not the enemy. It's the birthplace of creativity, imagination, and self-directed play. Resist the urge to fill every quiet moment with a screen. Let them be bored. They'll surprise you with what they come up with.

6. Model the Behavior You Want to See



This is the hard one. Kids notice when we tell them to put down the phone while we're scrolling ourselves. You don't have to be perfect—just honest. "I'm working on this too" goes further than "Do as I say."

8. Have a Recovery Plan for When Things Go Sideways



Kids will make mistakes online. They'll see things they shouldn't. Having a plan for those moments—before they happen—means you respond with connection instead of panic. That's what keeps the conversation open.

Empower your family on your digital journey together.

Helping Families Build Health Digital Habits

Simple family guidance for different developmental stages

YOUNG CHILDREN

Birth through early elementary

- Watch and play together when possible. Talk about what your child sees.
- Protect sleep, active play, reading, conversation and family time.
- Use screens at predictable times and in shared spaces.
- Practice several ways to calm down, not only using a screen.
- Choose age-appropriate content; do not create social-media accounts.

ELEMENTARY & MIDDLE SCHOOL

Growing independence with active support

- Charge phones and tablets outside bedrooms overnight.
- Delay social-media accounts until high school.
- Limit messaging, gaming and video chat to known friends and family.
- Teach privacy, kindness, blocking, reporting and asking for help.
- Watch for school avoidance, sleep loss, secrecy, panic, threats or pressure.

HIGH SCHOOL

Collaborative independence with clear safety rules

- Increase access as judgment, coping, privacy and help-seeking skills grow.
- Keep phones and tablets outside bedrooms overnight.
- Agree together on boundaries, location sharing and consequences.
- Ask about friendships, pressure, unwanted contact and online conflict.
- Act quickly for self-harm, threats, exploitation, stalking or major decline.

A FAMILY PLAN THAT WORKS AT EVERY AGE

1. PROTECT SLEEP

Choose a device-free bedtime and charging location outside bedrooms. Keep the routine consistent on school nights and weekends.

2. TALK REGULARLY

Ask what is fun, helpful, stressful or hard to stop. Use calm weekly check-ins instead of waiting for a crisis.

3. MAKE HELP-SEEKING SAFE

A child who reports a mistake, bullying or unwanted contact should not automatically lose all device access. Thank the child for telling you.

4. AGREE ON PRIVACY & CONTACTS

Decide who can contact your child, which information stays private, and when location sharing is appropriate.

5. KNOW WHEN TO ACT

Get urgent help for self-harm, credible threats, exploitation, stalking, extortion, severe violence or immediate danger.

6. REASSESS AS SKILLS GROW

Increase independence as judgment, coping, privacy and help-seeking improve, not simply because a birthday has passed.

Full references (1 of 3)

Complete citations for studies, guidelines and internal resources

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