Results reported 62% victims, 11% bullies and 27% expectators. 8% from Teachers demonstrated confusion to identify bullying and the one’s involved on the situation. Bullying happens in private and public schools in similar intensity. It’s more reported in children, than adolescents and the verbal teasing is the frequented form of victimization, followed by physical aggressions. According to gender, girls also reported bullying, but it’s in a hidden form. 4 months post-treatment, changes were seen in resilience acquisition, bullying reduction and differences based on gender.

Bullying is a pervasive, serious problem. These research findings must be disseminated to practitioners, schools and students to help victims coping with bullying. For those who are not naturally resilient, it’s necessary to teach competencies associated with resilience.

Yet not all social media is bad. Professionals are in a key position to sign-post useful information and health advice via social media; promoting a healthy lifestyle, a balanced diet and sexual health screening.

The American Academy of Pediatrics (AAP) has published policy statements highlighting the impact of mass media and calling for media education to be a key goal for paediatricians. Professionals can provide anticipatory guidance to families, promoting wise-media choices as well as discussing the potential hazards. The AAP have developed a ‘Media History form’ to facilitate discussion.

We believe that professionals need to work together to ensure that adolescents can enjoy the benefits offered by social media while minimising the risks - how can we best achieve this?