

## Bullying at school: Agreement between caregivers' and children's perception

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### ABSTRACT

**Introduction.** Bullying at school is usually kept secret from adults, making them unaware of the situation.

**Objective.** To describe caregivers' and children's perception and assess their agreement in terms of bullying situations.

**Methods.** Cross-sectional study in children aged 8-12 years old attending public schools and their caregivers. The questionnaire on preconceptions of intimidation and bullying among peers (PRECONCIMEI) (child/caregiver version) was used.

**Studied outcome measures:** Scale of bullying, causes of bullying, child involvement in bullying, communication in bullying situations. Univariate and bivariate analyses were done and agreement was estimated using the Kappa index.

**Results.** A total of 529 child/caregiver dyads participated. Among caregivers, 35% stated that bullying occurred in their children's schools. Among children, 133 (25%) admitted to being involved: 70 (13%) were victims of bullying, 40 (8%) were bullies, and 23 (4%) were bullied and perpetrated bullying. Among the 63 caregivers of children who admitted to be bullies, 78% did not consider their children capable of perpetrating bullying. Among children who were bullied or who both suffered bullying and bullied others, 69.9% (65/93) indicated that "if they were the victims of bullying, they would tell their family." However, 89.2% (83/93) of caregivers considered that their children would tell them if they were ever involved in these situations. Agreement was observed in terms of a positive communication (Kappa = -0.04) between 62.6% (57/91) of the child/caregiver dyads.

**Conclusions.** Disagreement was observed between children and their caregivers in relation to the frequency and communication of bullying situations. Few caregivers whose children admitted to being involved in these situations believed it was a possibility.

**Key words:** school bullying, parents, surveys and questionnaires, child, parent-child relationship.

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### INTRODUCTION

Peer-peer bullying is defined as a specific type of aggressive behavior that meets three conditions:<sup>1</sup> 1. it is aimed at causing harm; 2. it is repeated over time; 3. it occurs in situations of power imbalance, either physical or emotional, where a child or group of children attacks another child. Unlike other types of violence, there is no incitement from the victim's side.<sup>2</sup>

In recent years, peer-peer bullying in the school setting has become increasingly prominent due to its escalation and negative impact on the health status of affected children,<sup>3-8</sup> and has transcended the school sphere to become a major public health problem.<sup>3,4</sup>

One of the factors that contributes to its importance is that referred to as "code of silence" by Ortega.<sup>1</sup> Based on such code, those who should become involved (teachers, administrative staff, caregivers) do not because they are not aware of the true scale of the problem or because of miscommunication between affected children and caregivers. Such lack of knowledge and communication results in a lower level of support to the child, therefore perpetuating the situation.<sup>9</sup>

In spite of the importance of the role played by caregivers in the prevention and support provided to children affected by these situations, only a few studies have been conducted to assess caregivers' knowledge, perceptions, and beliefs in relation to this problem.<sup>10</sup>

The objective of this study was to describe caregivers' and children's perception and assess their agreement in bullying situations.

## POPULATION AND METHODS

**Design:** Cross-sectional study conducted between May and June of 2014 in 5 public schools located in Bahía Blanca. These schools were selected by convenience among the 71 public primary schools in the city in agreement with the heads of the district. Sampling was done at the beginning of the research project in 2012. Each school had different characteristics in terms of location, enrollment and desired education profile.

*School 1:* This was located downtown, with a high enrollment fee and middle and high socioeconomic level students. It focused on high-quality education and the student-teacher relationship.

*School 2:* This was located in an area near downtown, with a heterogeneous enrollment level (students came from different neighborhoods). It focused on diversity, an approach to current curricular contents, and rules of coexistence.

*School 3:* This was located on the outskirts of the city, and students enrolled here were locals. It focused on community work and high-quality education.

*School 4:* This was located in the university district, with a varied enrollment level; many students here were the children of professionals who attended the nearby Universidad Nacional del Sur. It focused on individual work based on each child's possibilities, high-quality education, and the student-teacher relationship.

*School 5:* This was located in an outlying neighborhood; students enrolled here were locals and had a middle and low socioeconomic level. It focused on community and cooperative work.

All children aged 8 to 12 years old attending the second cycle of primary education in these schools and their caregivers (father, mother, legal tutor) were eligible. Only children authorized to participate by their caregivers (signed informed consent) were included; in addition, children had to give their assent to participate and be present on the day of the survey. Children with an intellectual disability that prevented them from understanding the questions were excluded, even if they had been authorized by their caregivers and had given their assent.

**Data collection instruments:** The self-administered questionnaire on preconceptions of intimidation and bullying among peers (PRECONCIMEI), child and caregiver version, was used. The child version is made up of 14 questions on different dimensions (role, causes of bullying, and situation-related aspects of

bullying) (*see Annex 1*). The caregiver version is made up of 17 statements that have to be answered using a five-option Likert scale, from "strongly disagree" to "strongly agree." Answers with a 1 or 2 score were considered to "disagree" with the statement, those with a score of 3 were "neutral," and those with a 4 or 5 score were considered to "agree" with the statement (*see Annex 2*).

The PRECONCIMEI was administered to children at school during class, in a classroom provided to this end by school authorities. Two members of the research team, different for each school, were present during questionnaire administration to explain the nature of the study to children, ensure questionnaire confidentiality, and answer any question they had. The date for the questionnaire administration was strategically selected for each school so that it did not coincide with school events and group activities that would have resulted in absenteeism.

The PRECONCIMEI questionnaire for caregivers was sent to each family in an envelope together with instructions on how to complete it. Questionnaires were returned in sealed envelopes to ensure their privacy. One month after having sent the questionnaires to caregivers, the members of the research team obtained the questionnaires collected by teachers in each class.

### Outcome measure definition

- **Scale of bullying:** This was assessed based on caregivers' answers to item 1 of the caregiver version.
- **Importance of the problem:** This was assessed based on the answers to item 17 of the caregiver version. Caregivers were considered to acknowledge bullying as a significant problem if they gave as much relevance to it as to academic performance problems.
- **Causes of bullying:** The causes were categorized into external (family environment, social environment, video games and television shows) based on caregivers' answers to items 9, 11, 12, 13, and 15, and internal (school environment) based on caregivers' answers to item 10 of the caregiver version.
- **Role of parties involved:** For this, we considered caregivers' perception of their own role in bullying prevention (items 5 and 16 of the caregiver version), the role of teachers and the school staff (items 2 and 3), and the role of the school (item 4).
- **Child involvement in bullying situations:** Caregivers' perception of their children

participation was assessed based on the answers to item 7 of the caregiver version. The "victim of bullying" role was established based on children's affirmative answers to items 2, 3, 5, and 8 of the child version; the "bully" role, based on affirmative answers to items 7 and 9; and the "victim of bullying and bully" role, based on affirmative answers to the six questions; lastly, children were considered "not involved" if they answered no to all questions.

- **Communication in bullying situations:** Caregivers' perception of communication with their children in relation to bullying situations was assessed based on the answers to item 8 of the caregiver version. Children's perception of communication with their caregivers in relation to these situations was assessed based on the answers to item 3 of the child version. Communication was considered positive when both child and caregiver agreed that they would communicate these situations if they ever occurred.

**Ethical considerations:** This research was approved by the Institutional Research Bioethics Committee of Hospital Municipal de Agudos "Dr. Leónidas Lucero" from Bahía Blanca, certified by the Central Ethics Committee of the Ministry of Health of the Province of Buenos Aires under no. 017/2010.

### Statistical analysis

Questionnaires were coded using consecutive numbers, which guaranteed anonymity and information confidentiality. Children and their caregivers were identified using the same code for data crossing.

A univariate analysis was done to estimate response percentages to each item; a bivariate analysis was done using cross classification tables to estimate agreement and disagreement percentages.

The Kappa index was estimated to establish agreement; the neither agree nor disagree answer was eliminated. A value of  $p < 0.05$  was considered significant. Analysis was done using the SPSS 17 software (Windows).

## RESULTS

### Description of the population

Out of a total of 1188 eligible child/caregiver dyads, 553 dyads were included; finally, 529 dyads were analyzed in terms of perception of the situation and 516 dyads, in terms of

communication agreement because the item on communication was not completed by all caregivers, so they were left out of the analysis (Figure 1). Mothers accounted for 86% (454/529) of caregivers. Only in 1% of cases answers were provided by a different family member. Among surveyed students, 49% were girls (259/529). Students' average age (standard deviation [SD]) was 10 years old (0.91 years old).

### Scale, importance of the problem, and causes of bullying as per caregivers

A total of 35.5% (189/533) of caregivers referred that bullying occurred in their children's schools. Bullying was considered to be a problem as important as academic performance by 92.9%.

Also, 68.1% (363/533) agreed that bullying was caused by external factors. Bullying situations were attributed to the family environment (75%), the social environment (74%), television shows (65%), and video games (58%). Only 35.6% (190/533) of caregivers considered that the school environment was the cause (Table 1).

### Role of parties involved in the prevention and control of this problem

A total of 82.2% (438/533) of caregivers indicated that they were willing to participate in interventions aimed at controlling bullying situations. In addition, 79.1% (422/533) stated that if they identified a bullying situation at school, they would communicate it to teachers. Most caregivers indicated that they believed that teachers attempted to solve this problem (73%), that they trusted teachers' ability to manage it (63.1%) and that they were content with the level of communication they had with teachers (67.3%).

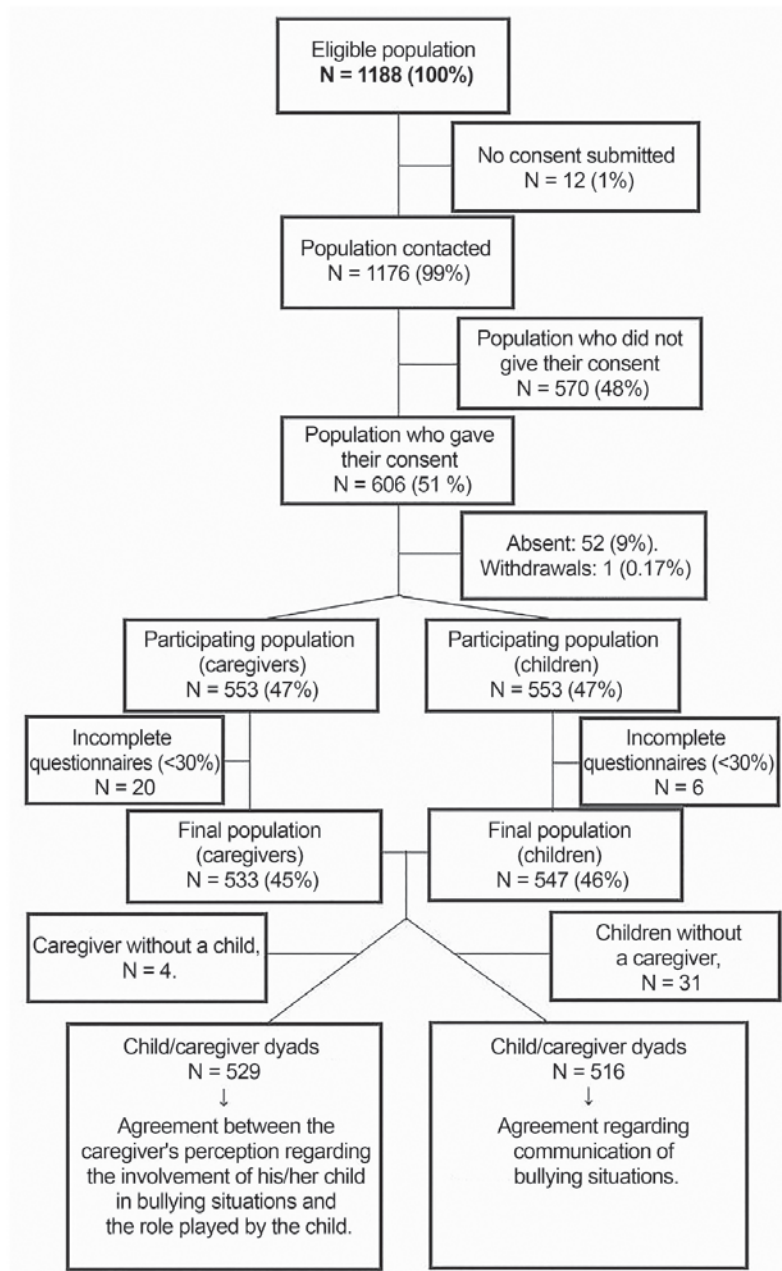
### Child involvement in bullying situations

A total of 25.1% (133/529) of children admitted to being involved in bullying situations: 13.2% (70/529) were the "victim of bullying," 7.6% (40/529) played the "bully" role, and 4.3% (23/529) were both the "victim of bullying and the bully."

When this was asked to caregivers, 79% (417/529) stated that their children would never perpetrate bullying against other children.

In terms of agreement between caregivers' perception and what children reported, in the "bully" or "victim of bullying and bully" groups, it was observed that only 12.6% (8/63) of caregivers of these children had considered them capable of perpetrating bullying (Table 2).

FIGURE 1. Flow chart



### Communication between caregivers and children regarding bullying situations

Out of all the children who were “victims of bullying” or were “victims of bullying and bullies,” 69.9% (65/93) stated that “if they suffered bullying, they would tell their family.” When this was asked to caregivers, 89.2% (83/93) considered that their children would tell them if they were ever involved in these situations.

Once data is crossed, it shows that 62.6% (57/91) of child/caregiver dyads agreed in a positive communication regarding bullying. However, in 28.5% (26/91) of the cases, caregivers believed that their children would tell them but the children stated otherwise (Table 3).

Leaving out the neither agree nor disagree answers, the Kappa coefficient was -0.04, which indicates an agreement level lower than that randomly expected.

TABLE 1: Percentage of response to the questionnaire on preconceptions of intimidation and bullying among peers

	Disagree			Agree	
	1	2	3	4	5
<b>Scale of bullying</b>					
1. Bullying occurs at my child's school.	26.7	15.2	22.7	8.3	27.1
<b>Role of parties involved</b>					
2. I trust school teachers' ability to manage these situations.	6.9	9.7	20.2	16.2	46.9
3. School teachers attempt to solve bullying situations.	4.7	6.4	15.9	17.9	55.1
4. I am content with the level of communication between parents and teachers.	8.6	8.2	16.0	12.8	54.5
5. I am willing to participate in a school program aimed at controlling bullying among children.	5.5	3.3	9.0	8.2	74.0
16. If I become aware of a bullying case, I tell school teachers about it.	5.6	4.2	11.1	6.9	72.2
<b>Relationship with the child</b>					
6. I trust my child.	1.0	0.2	1.7	5.7	91.4
14. Within my family, I have sometimes been in a position where I had to hit my child to solve a behavior problem.	53.3	14.0	10.7	6.3	15.7
<b>Child involvement in bullying situations</b>					
7. I believe my child would never perpetrate bullying against other children.	7.5	2.3	11.3	14.0	65.0
<b>Communication of bullying situations</b>					
8. If my child was bullied at school, he/she would tell me.	2.7	1.3	5.7	7.6	82.6
<b>Causes of bullying</b>					
9. The cause of bullying lies in the family environment.	10.2	3.5	11.0	12.3	63.0
10. The cause of bullying lies in the school environment.	22.1	14.1	28.2	12.6	23.0
11. The cause of bullying lies in the society where we live.	4.8	3.6	17.4	12.4	61.8
12. Children's television shows favor the occurrence of bullying.	10.5	4.9	19.4	15.4	49.8
13. Children's video games favor the occurrence of bullying.	15.1	8.8	18.5	13.2	44.5
15. Internet use and social media favor the occurrence of bullying.	9.3	4.6	18.9	12.0	55.2
<b>Importance of this problem</b>					
17. I believe bullying problems are as important as academic performance problems.	2.5	0.8	3.9	8.1	84.8

**DISCUSSION**

This study is one of the few investigations conducted in Argentina to establish caregivers' perception of peer-peer bullying, and agreement between these perceptions and those of their children.

In general, caregivers share the perception that peer-peer bullying is common in school. Previous studies reported similar results among children. A survey administered in 2008 in the towns of Puan and Benito Juárez revealed a bullying prevalence of 20% among adolescents,<sup>11</sup> whereas a study conducted in the city of Bahía Blanca showed that 35.6% of children reported being

involved in these situations.<sup>12</sup>

In relation to the causes and determinants of bullying, caregivers consider that the social environment, the family environment and the use of information and communications technology favor these events. On the contrary, caregivers have a positive perception of the school environment, which is not perceived as a prevalent determining factor. Also, in relation to the role of parties involved, the parent-teacher communication and the role of teachers in the prevention and control of these situations are perceived in a positive manner.

TABLE 2: Caregiver response based on their child's role

		CAREGIVER'S PERCEPTION "I believe my child would never perpetrate bullying"			Total
		Agree	Neither agree nor disagree	Disagree	
Child's role	Victim of bullying	55 78.6%	4 5.7%	11 15.7%	70 100.0%
	Bully	32 80.0%	3 7.5%	5 12.5%	40 100.0%
	Victim of bullying and bully	17 73.9%	3 13.0%	3 13.0%	23 100.0%
	Not involved	313 79.0%	49 12.4%	34 8.6%	396 100.0%
<b>Total</b>		417 78.8%	59 11.2%	53 10.0%	529 100.0%

TABLE 3: Caregiver's perception versus child's perception in terms of communication of bullying situations

		CAREGIVER'S PERCEPTION "If my child was bullied at school..."			Total
		He/she would tell me	Neither agree nor disagree	He/she would not tell me	
CHILD'S PERCEPTION Who would you tell?	I would tell my family	57 (62.6%)	1	7 (7.7%)	65
	I would not tell anybody	26 (28.5%)	1	1 (1%)	28
	<b>TOTAL</b>	83	2	8	93

These results have important implications for the design of interventions aimed at bullying prevention. Farrington et al.<sup>9</sup> concluded that parental training is a key element in the design of prevention programs because it would improve some of the aspects they perceive as determinants of bullying situations.

One of the most significant –and worrisome– results is the disagreement between caregivers' and children's perceptions in relation to children involvement in bullying situations. In this regard, a study has evidenced that the scale of bullying perceived by caregivers tends to be lower than that reported by children.<sup>4</sup> On their side, Shetgiri et al.<sup>3,5,13,14</sup> concluded that caregivers are often unaware of the fact that their children are the victims of bullying.

In terms of communication of bullying situations, most caregivers believe that, if their children were bullied, they would tell them whereas most children who suffer bullying referred that they would not tell their parents. Disagreement between caregivers' and children's perceptions has been reported previously by Rajmil et al.,<sup>15</sup> who assessed agreement between reports made by children and their caregivers in relation to health-related quality of life. This study shows a low agreement between both statements, especially in terms of psychosocial dimensions, which are usually less visible for adults. In a previous study conducted in the same schools,<sup>12</sup> teachers had mentioned such lack of agreement.

These communication gaps have a serious impact on the possibility of making interventions aimed at preventing and controlling bullying situations and, as suggested by Farrington et al.,<sup>9</sup> reinforce the importance of having caregivers become involved in planning interventions to this effect. In spite of their apparent unawareness of these situations, caregivers consider them as important as their children's academic performance and claim to be willing to participate in a strategy aimed at controlling bullying.

The results of this study are useful to make reports to caregivers and make them aware of the situation, and also to facilitate the channels to improve communication with their children, teachers, and school staff.

A concrete example of an intervention in this regard is a teacher-mediated communication strategy aimed at parents implemented by our research group after this study. We provided a leaflet, which served as a catalyst for parents to talk to their children and teachers, who were the

ones in charge of delivering them.

A limitation of this research study is its cross-sectional nature, which hinders the possibility of establishing bullying dynamics and the variation in the roles played by the children involved in these situations. Our study also poses a selection bias because it included the perceptions of only those caregivers who agreed to complete the survey.

## CONCLUSION

Although caregivers have an adequate perception of their relationship with their children, disagreement was observed between children and caregivers in terms of the frequency and communication of bullying situations. Caregivers have a more positive point of view; they believe their children would tell them what was going on more often than what their own children actually report. In turn, most caregivers of children involved in these situations believe that their children would never behave that way. ■

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**ANNEX 1**

**QUESTIONNAIRE ON PRECONCEPTIONS OF INTIMIDATION AND BULLYING  
AMONG PEERS, CHILD VERSION**

**1. In your opinion, what are the most common bullying or intimidation situations among classmates?**  
(You may select more than one answer).

1	Insulting, nicknaming.	
2	Laughing at and mocking someone.	
3	Physically harming someone (pushing, kicking, punching).	
4	Talking rubbish about someone.	
5	Threatening and forcing someone to do things.	
6	Rejecting, isolating, leaving someone aside.	
7	Other forms of bullying.	
8	There is no bullying among classmates in my school.	

**2. This year, how many times have you been bullied by one or more of your classmates?**  
(Select **ONLY ONE** answer).

1	Never.	
2	Few times.	
3	Many times.	
4	Almost every day, most of the time.	

**3. If you have been bullied by your classmates, when did it start happening?**

1	I have never been bullied.	
2	Some time ago, a few weeks ago.	
3	A few months ago.	
4	Since the start of the school year.	
5	It has always happened.	

**4. Where or how do these bullying situations usually occur?** (You may select more than one answer).

1	During class, in the presence of the teacher.	
2	During class, in the absence of the teacher.	
3	In the school halls.	
4	In the restrooms.	
5	In the school yard, when there is a teacher supervising the place.	
6	In the school yard, when there is no teacher supervising the place.	
7	Near the school, on the way from school.	
8	On the street.	
9	On the Internet (Facebook, Twitter, e-mails).	
10	On the telephone or mobile phone (texts, calls).	
11	Nowhere.	

**5. If someone bullies you, do you tell anyone about it?** (You may select more than one answer).

1	I am not bullied.	
2	I do not tell anyone.	
3	I tell the teachers.	
4	I tell my family.	
5	I tell my classmates.	

**11. How many times have bullying situations occurred in your school in the past three months? (Select ONLY ONE answer).**

1	Never.	
2	Less than 5 times.	
3	Between 5 and 10 times.	
4	Between 10 and 20 times.	
5	More than 20 times	
6	Every day.	

**12. Who does usually bully your classmates?**

1	Nobody, there are no bullying situations in my class.	
2	I do not know because I have never witnessed a bullying situation.	
3	A male classmate.	
4	A group of male classmates.	
5	A female classmate.	
6	A group of female classmates.	
7	A group of male and female classmates.	

**13. If you ever witnessed a bullying situation, what did you do?**

1	I have never witnessed a bullying situation.	
2	I did nothing.	
3	I tried to stop the bullies.	
4	I told other classmates so that they knew what was happening.	
5	I told the teacher or an adult.	
6	I tried to help the bullied child so that bullying would stop.	
7	I encouraged the bullies.	
8	I did something else: .....	

**14. What do you think might solve this problem? (You may select more than one answer).**

1	It cannot be solved.	
2	I do not know.	
3	Teachers should solve it.	
4	Families should solve it.	
5	Classmates should solve it.	

**ANNEX 2**

**QUESTIONNAIRE ON PRECONCEPTIONS OF INTIMIDATION AND BULLYING  
AMONG PEERS, CAREGIVER VERSION**

	Strongly DISAGREE			Strongly AGREE	
	1	2	3	4	5
1. Bullying occurs at my child's school.					
2. I trust school teachers' ability to manage these situations.					
3. School teachers attempt to solve bullying situations.					
4. I am content with the level of communication between parents and teachers.					
5. I am willing to participate in a school program aimed at controlling bullying among children.					
6. I trust my child.					
7. I believe my child would never perpetrate bullying against other children.					
8. If my child was bullied at school, he/she would tell me.					
9. The cause of bullying lies in the family environment.					
10. The cause of bullying lies in the school environment.					
11. The cause of bullying lies in the society where we live.					
12. Children's television shows favor the occurrence of bullying.					
13. Children's video games favor the occurrence of bullying.					
14. Within my family, I have sometimes been in a position where I had to hit my child to solve a behavior problem.					
15. Internet use and social media favor the occurrence of bullying.					
16. If I become aware of a bullying case, I tell school teachers about it.					
17. I believe bullying problems are as important as academic performance problems.					