

BULLYING

National Performance Measure 9: Percent of adolescents, ages 12-17 years, who are bullied.

Goal: To reduce the number of adolescents who are bullied.

Definition: Numerator: Parent report on adolescents (in NSCH), and adolescent report (in YRBSS), for adolescents ages 12-17 years, who were bullied / Denominator: Number of adolescents, ages 12-17 years.

Healthy People 2020 Objectives:

Injury and Violence Prevention (IVP) Objective 35: Reduce bullying among adolescents. (Baseline: 19.9%, Target: 17.9%)

Data Sources: Youth Risk Behavior Surveillance System (YRBSS), and the National Survey of Children's Health (NSCH). States can use data from the 2013 YRBSS and/or from the 2011-2012 NSCH as a baseline. (The state will be able to use both data sources as the YRBSS is reported by the adolescents and the NSCH is reported by the parents. The YRBSS is available every other year, and the NSCH will be available annually)

Policy Context:

Bullying is aggressive behavior that is intentional (not accidental or done in fun) and that involves an imbalance of power or strength. (<http://www.nlm.nih.gov/medlineplus/bullying.html>) Current estimates indicate that among American adolescents 13% reported being a bully, 11% reported being a victim of bullying, and 6% reported being both. Bullying is associated with a number of behavioral, emotional, and physical adjustment problems and can have lasting consequences. Adolescents who bully others tend to: exhibit other defiant and delinquent behaviors, have poor school performance, be more likely to drop-out of school, and be more likely to bring weapons to school. Victims of bullying tend to report feelings of depression, anxiety, low self-esteem, and isolation; poor school performance; suicidal ideation; and suicide attempts. (<http://jama.jamanetwork.com/article.aspx?articleid=1892227> ; <http://www.ncbi.nlm.nih.gov/pubmed/24768228> ; <http://www.ncbi.nlm.nih.gov/pubmed/24615300>) Moreover, evidence shows that bullying can begin in preschool or primary grades. (<http://www.ncbi.nlm.nih.gov/pubmed/25157018>) Children and youth with special health care needs, those overweight or obese, and those who live neighborhoods of concentrated poverty have higher risks. (<http://www.pacer.org/bullying/about/>)

President Obama and other federal offices and agencies have strongly stated a commitment to prevention and a message of hope for children and youth who have experienced bullying. (<http://www.girlshealth.gov/bullying/whybullied/index.html>).

Over the 15 years, the federal Maternal and Child Health Bureau has invested bullying prevention through research, technical assistance, and a Stop Bullying campaign. The campaign (www.stopbullying.gov) has more than 80 active public and private partners and provides resources to states, communities, families, and youth.

Public policy is an important tool in bullying prevention. Virtually all (49) states have anti-bullying legislation (<http://www.stopbullying.gov/laws/index.html>), with most defining bullying, many identifying protected groups, and some requiring specific action by local education agencies (e.g., AZ, DE, FL, GA, IA, MD, NJ, NC, OR, SC, WV). Policies and action plans at the community and school level (<http://www.cde.ca.gov/ls/ss/se/samplepolicy.asp>) are equally important.

Action Agenda for State Title V MCH Block Grant Programs:

- Use and adapt the federal Stop Bullying campaign materials in your state.
- Evaluate state policy development to identify gaps and assess the potential impact of current policies.
- Educate policymakers about bullying as a public health problem.
- If your state does not have one, educate policymakers about the value of a law that defines bullying, prohibited conduct, states individual right to legal recourse, enumerates protected groups, training, and actions to be taken by local education agencies.
- Adopt procedures and materials for public health agencies to educate clients about bullying and to support efforts of local education agencies.
- Support creation of community-level, public-private partnerships (e.g., representing parents, youth, sports groups, after-school staff, faith-based organizations, business, and education) to promote awareness, establish a shared vision, adopt promising practices, and other steps that can prevent bullying among children.
- Assist schools, youth programs, and others in identifying effective, evidence-based interventions. (<http://www.ncbi.nlm.nih.gov/pubmed/17199071>).
- Collect and review local education agency policies and make recommendations for improvement or uniformity.
- Develop a partnership among juvenile justice, public health and law enforcement to identify unique opportunities to reduce bullying among higher risk adolescents and youth. (<http://www.ojjdp.gov/mpg/>).
- Develop partnerships and program strategies to address the elevated risk of bullying among children and adolescents with special health care needs and disabilities.
- Promote use of responsible online resources for parents, youth, and professionals (e.g., http://kidshealth.org/kid/grow/school_stuff/bullies.html ; <http://www.healthychildren.org/English/ages-stages/teen/school/Pages/Teen-Safety-Putting-An-End-to-Bullying.aspx> ; <http://community.pflag.org/Page.aspx?pid=194&srcid=-2>).
- Use opinion surveys, interviews, and focus groups to understand better the problem of bullying.