

VIOLENCE & BULLYING

For 2011 through 2015, the North Dakota Department of Health’s Maternal and Child Health (MCH) programs have placed priority on reducing violence and bullying within the MCH population. During the 2011 Title V MCH Needs Assessment, the priority needs statement and performance measure for North Dakota were identified as follows:



Priority Needs Statement: Reduce violent behavior committed by or against children, youth and women.¹

State Performance Measure: Reduce the percentage of students who were bullied on school property during the past 12 months.¹

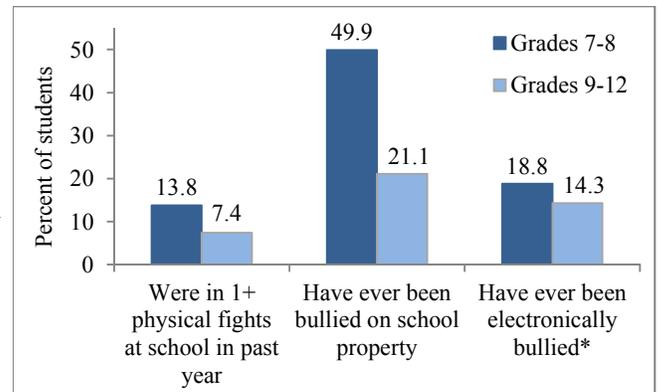
North Dakota’s Title V MCH performance measures are consistent with applicable national Healthy People 2020 objectives.

VIOLENCE & BULLYING
IN NORTH DAKOTA SCHOOLS

North Dakota youth experience violence and bullying in school. Younger adolescents appear to be at greater risk. In 2009, North Dakota students in grades 7 and 8 were more likely to have been in at least one physical fight at school in the past year than students in grades 9 through 12 (13.8% compared to 7.4%), and more than twice as likely to have ever been bullied at school (49.9% compared to 21.1%); North Dakota’s goal is to reduce bullying in high school to 18.5%. Electronic bullying (i.e., cyberbullying) occurs at similar rates in both age groups (see Figure 1).²

In 2009, males in grades 7 and 8 were four times as likely to have been in a physical fight at school than females (21.6% compared to 5.6%), and half as likely to have ever been electronically bullied (12.3% compared to 25.7%).²

Figure 1. Percentage of North Dakota students experiencing violence and bullying, 2009



*Via e-mail, chat rooms, social networking websites, text messages, etc. Source: 2009 Youth Risk Behavior Survey²

Bullying reflects an imbalance of power in which one individual repeatedly targets with the intent to harm or disturb another who is considered weaker, smaller or more vulnerable.¹ Bullying at school occurs in places where there is minimal adult supervision, such as bathrooms or playgrounds. Electronic bullying can be especially difficult to control. Other students play a strong role in deterring bullying because “the bystander actually has more power than the bully and can impede or hinder bully behavior with even subtle unsupportive actions.”³



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References:

¹ North Dakota Five-Year Needs Assessment (2011-2015) for the Maternal and Child Health Services Title V Block Grant Program; www.ndhealth.gov/familyhealth/publications/NDNeedsAssessment2011-2015.pdf

² 2009 Youth Risk Behavior Survey; www.dpi.state.nd.us/health/YRBS

³ North Dakota Department of Public Instruction; www.dpi.state.nd.us/health/factsheets/bullying.pdf

⁴ North Dakota Council on Abused Women’s Services; www.ndcaws.org; note: 20 of 21 centers reported data in 2010

⁵ North Dakota Office of the Governor; governor.nd.gov/media-center/news/dalrymple-signs-bullying-concussion-management-legislation

VIOLENCE AWAY FROM SCHOOL

Intimate partner violence affects individuals of all social, economic and racial/ethnic groups. In 2010, there were at least 4,671 new victims who received services from the 21 crisis intervention centers across North Dakota. Most victims were women (94%), 26 percent were younger than 25, and 3 percent were pregnant at the time they were assaulted. At least 4,739 children were impacted by these incidents of intimate partner violence.⁴ Among students in grades 9 through 12 in North Dakota, 8.5 percent indicated they had been hit, slapped or physically hurt on purpose by their boyfriend or girlfriend in the past year.²

MOVING NORTH DAKOTA FORWARD

Adolescence is a time when youth learn how to make decisions about their relationships with friends, family, and girlfriends and boyfriends. They need adults (e.g., parents, teachers and coaches) to help them understand and participate in healthy, respectful relationships. Individuals in healthy relationships respect, trust and support each other, talk honestly and freely, share in decisions, and use healthy conflict resolution skills when issues arise. Healthy conflict resolution skills are vital to healthy relationships and can be strengthened or learned. Healthy conflict resolution skills include:

- Participating in active listening.
- Seeking a solution to conflict.
- Being respectful of differences.
- Controlling emotions and behavior, and staying calm and alert during discussion.
- Paying attention to feelings.
- Participating in assertive (not aggressive) communication.
- Deciding on and implementing a mutual solution.
- Knowing when it’s not working, and being willing to revise the original decision if needed.

In 2011, the North Dakota Legislature passed House Bill 1465 regarding bullying prevention in public schools. The legislation requires school districts to implement a bullying prevention policy before July 1, 2012.⁵ In addition to the legislation, the reduction of violence and bullying among the MCH population in North Dakota is promoted by:

- Partnering with school and local domestic violence/rape crisis agencies that are implementing bystander education, anti-bullying and/or healthy relationship programs.¹
- Analyzing and distributing the results of the Youth Risk Behavior Survey related to violence.¹
- Continuing collaboration with various groups to address violence in the MCH population.¹
- Providing risk assessment and counseling on sexual coercion to all Family Planning Program clients.¹
- Ensuring the Title V staff participates on the North Dakota Youth Alliance to share program activities and bring information back to the MCH programs.¹