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.

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

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

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

<table>
<thead>
<tr>
<th></th>
<th>Grades 7-8</th>
<th>Grades 9-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Were in 1+ physical fights at school in past year</td>
<td>13.8</td>
<td>7.4</td>
</tr>
<tr>
<td>Have ever been bullied on school property</td>
<td>49.9</td>
<td>21.1</td>
</tr>
<tr>
<td>Have ever been electronically bullied*</td>
<td>18.8</td>
<td>14.3</td>
</tr>
</tbody>
</table>

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

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. 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.
- Analyzing and distributing the results of the Youth Risk Behavior Survey related to violence.
- Continuing collaboration with various groups to address violence in the MCH population.
- Providing risk assessment and counseling on sexual coercion to all Family Planning Program clients.
- Ensuring the Title V staff participates on the North Dakota Youth Alliance to share program activities and bring information back to the MCH programs.