Resolution #: 2024 Leadership Conference

Title: Increase Education and Use of Screening Tools by Pediatricians to Decrease Bullying Among Youth

Sponsored By: N/A

Date: March 30th, 2024

Disposition:

Whereas, cyberbullying is common and only 23% of students who are cyberbullied have reported it to an adult, which demonstrates many incidents go unreported.

Whereas, children who experience high levels of adverse childhood experiences (ACE), who are being bullied in-person or through social media are at increased risk for mental health disorders such as depression, anxiety, sleeping issues, and lower academic achievement.

Whereas, adverse childhood experiences (ACEs) and being bullied are associated with bullying perpetration and public weapon possession

RESOLVED, for the Academy to collaborate with the pediatricians and health plans to implement routine bullying and ACE screening to identify children and youth at risk for the most severe consequences of bullying such as mental health disorders and bullying perpetration

RESOLVED, that the Academy recommends all pediatricians to educate the youth and their parents about the signs of bullying and trauma-informed methods to prevent and respond to bullying.

FISCAL NOTE:

REFER TO: 2024 Leadership Conference

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BACKGROUND INFORMATION:

Adverse childhood experiences (ACE) have been associated with future bullying behavior (Forster et al. 2017) and growing up in a high-crime, low-resourced neighborhood has been suggested to promote aggressive, self-protecting behavior (Hong et al 2023). In addition, bullying victimization is associated with higher rates of weapon possession in public settings (Silva et al 2023). Nearly 30% of students in the study conducted by Forester (2017) reported experiencing at least one ACE and 40% of those experienced school-based violence. In addition

cyberbullying increases the risk of depression, anxiety, sleeping issues, and lower academic achievement (Centers for Disease Control, 2019). Similar to mental health screening, periodic screening for ACE, bullying exposure and public weapon possession may be incorporated in the routine pediatric visit schedule. Pediatricians can educate the parents about the effects of ACE, cyber, and in-person bullying on bullying perpetration and public weapon possession. Pediatricians will identify the children and youth who are at risk for the consequences of bullying. Implementing routine pediatric clinic strategies to identify and treat children and youth who are at highest risk for the negative consequences of bullying may reduce the risk for suicide, mental health disorders, future bullying perpetration and public weapon possession. Physicians play the key role in child/youth and community mental health.