

School Health Centers

A Resource for Addressing School Bullying

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[California anti-bullying laws](#) prohibit discrimination, harassment, intimidation, and bullying at school. Despite this mandate, schools struggle with preventing the problem and helping affected students. We examined whether bullied and victimized students were accessing [school health center](#) (SHC) services, and found they were more likely to have accessed SHC services than students who were not bullied or victimized. In [this study](#), our findings suggest SHCs are an important place for identifying and supporting bullied and victimized youth.

California schools are increasingly investing in SHCs, typically located on the school campus and offering preventive, routine, and acute care. According to the [California School-Based Health Alliance](#), at least 231 California schools have a health center, and this number continues to grow. To look at use of SHCs by bullied and victimized youth, we did a quantitative analysis of [California Healthy Kids Survey](#) data from 2,063 high school students in 14 urban public schools with health centers. Key findings included:

- SHC use was common among the general population. Overall, 30% of Asian and Pacific Islander students, 41% of all Hispanic/Latino students, 52% of African American students, and 42% of white students reported they had used their SHC at least once.
- Bullying and victimization were also relatively common. Over 25% of all students had experienced some type of bullying or victimization at school.
- Youth who reported being victimized, bullied for their sexual orientation, and/or sexually harassed at school were more likely to have accessed the SHC than their peers without these experiences.
- Confidentiality concerns were still a barrier for some students. Despite that bullied and victimized students were more likely than their peers to use the health center, they were also more likely to report not using the SHC due to the fear that someone would find out.

SHCs are uniquely situated to address bullying through multiple pathways including primary prevention, early identification of problems, and intervention with affected youth. SHCs can partner with school and community members to form a team that assesses the school environment and develops and implements a plan to reduce and prevent bullying and improve the overall school climate. SHCs can implement standardized school-wide screenings to identify bullied/victimized students earlier, and SHCs can provide outreach to youth on what is available to them if they are experiencing bullying or victimization. Finally, SHCs can provide a range of support services to bullied and victimized youth including mental health counseling, and youth development groups.

Existing research has shown SHCs can reduce students' barriers to accessing needed health and mental health services. However, to address remaining confidentiality concerns it is important for SHCs to clearly articulate that health information is

confidential. Resources to inform students of their health care rights and responsibilities are provided by California SHC organizations and local adolescents groups such as the [Adolescent Health Working Group](#), and can help make SHCs accessible to additional at-risk youth.

The *full study* is in Catherine Lewis, Julianna Deardorff, Maureen Lahiff, Samira Soleimanpour, Kimi Sakashita and Claire D. Brindis, "High school students' experiences of bullying and victimization and the association with school health center use", *Journal of School Health*, Volume 85, Issue 5, Pages 318-326, May 2015

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