



Military Family Lifestyle Survey



Health Care Access and Quality

2022 Comprehensive Report

Children's Mental Health

In collaboration with



Syracuse University

D'Aniello Institute for
Veterans & Military Families

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Funding for the 2022 Military Family Lifestyle Survey is provided through the generosity of our presenting sponsor The USAA Foundation, Inc. Supporting sponsors include JP Morgan Chase & Co., Lockheed Martin, CSX, AARP, Craig Newmark Philanthropies, Macy's Inc., BAE Systems, Northrop Grumman, American Council of Life Insurers, and Pratt & Whitney.

One in three (32%) active-duty family respondents with at least one child enrolled in grades K-12 for the 2021-2022 school year had a child (20 years or younger) experience bullying on school property in the 12 months prior to survey fielding.

While overall rates of bullying have decreased over the last 10 years, in 2019, 22% of youth ages 12-18 in the United States reported being bullied at school in the past year.¹ Previous reports found that military-connected students reported higher rates of bullying than civilian students.^{2,3} In this year's survey, 1 in 3 (32%) of active-duty family respondents with at least one child enrolled in grades K-12 for the 2021-2022 school year had a child (20 years or younger) experience bullying on *school property* in the 12 months prior to survey fielding, and 8% experienced bullying *online* in the preceding 12 months.^a When asked to describe the experiences of bullying in an open-ended question, all incidents described included some degree of verbal bullying (e.g., name-calling, put-downs), 28% involved a physical altercation (e.g., pushing, hitting, unwanted sexual contact), 8% included threats of violence, and 7% involved exclusion of the child.

Bias-Based Bullying

Bullying that is motivated by hate or bias toward one or more of the protected classes, such as race, color, sex, age, national origin, disability, religion, or sexual orientation, is a concern within the school environment. In a 2019 study, 7% of students ages 12-18 reported being called hate-related words at school, and 23% of students reported seeing hate-related graffiti at school.⁴ Of these incidents, 3 out of 4 were directed toward the student's race or ethnicity (75%), and more than one-third were related to their gender or sexual orientation (39%).⁵

Military-connected youth also experience racially-motivated incidents, as was recently highlighted when the Department of Justice partnered with Hill Air Force Base to address systemic racial harassment and discrimination found in a Utah school district.^{6,7} In this survey, nearly one quarter (24%) of active-duty family

"Moving to a non-diverse area, my kids have been harassed for being Hispanic and told 'colored people should suffer.'"

Active-Duty Navy Spouse

respondents with at least one child enrolled in grades K-12 reported that they had a child who experienced racially/ethnically-motivated bullying in their *civilian* community at least once in the

12 months prior to survey fielding, and 14% reported that they had a child who experienced racially/ethnically-motivated bullying in their *military* community at least once in the 12 months prior.^b

^a It is important to note that this survey asked respondents with at least one child enrolled in K-12 "In the past 12 months, has your child or children (20 years or younger) experienced bullying on school property?" and "In the past 12 months, has your child or children (20 years or younger) experienced online bullying?". Therefore, the intent was for respondents to refer to their child or children between the ages of 5 and 20 years. However, the civilian comparison data included self-reports from children ages 12-18.

^b Respondents were asked about both their current civilian and military/Veteran communities, "...how often have you experienced each of the following at your current location: My child experienced racially/ethnically motivated-bullying" on a scale which included the options "Never, Once or twice a year, 3-4 times a year, Monthly, Weekly, Daily, I don't know, Does not apply." Responses were collapsed into a dichotomous variable with having ever experienced (selecting at least 'once or twice a year') or never. Respondents who selected "does not apply" or "I don't know" were excluded from analyses.

High school students who identify as lesbian, gay, or bisexual have reported higher rates of both in-school and online bullying than their straight peers.^{8,9} One study found that military-connected LGBTQ youth had an increased risk of both violent and nonviolent victimization.¹⁰ In this survey, 8% of active-duty family respondents with at least one child enrolled in grades K-12 stated they had a child or children (20 years old or younger) who identified as lesbian, gay, or bisexual, and 6% were “unsure” if their child identified as lesbian, gay, or bisexual; in addition, 2% stated they had a child who identifies as transgender, and 3% were “unsure.” Respondents who had a child who experienced bullying on school property and/or online in the 12 months prior to survey fielding were asked to share more in response to an open-ended question, and 6% said their child’s experience related to their perceived gender identity or sexual orientation.

“My daughter was hit, laughed at, tripped, and teased **because she was celebrating Pride month.**”

Active-Duty Air Force Spouse

Bullying and Mental Health

Research has shown that youth with depression, anxiety, or low self-esteem may be at a greater risk for being bullied due to being perceived as vulnerable or weak.¹¹ Nearly one-quarter (23%) of active-duty family respondents with at least one child enrolled in grades K-12 had a child (20 years or younger) receiving mental health care at the time of survey fielding. One in five (20%) active-duty family respondents with at least one child enrolled in grades K-12 indicated

Table 1: Top Reasons for Child(ren) Not Receiving Mental Health Care

Active-duty family respondents with at least one child in grades K-12 who report their child(ren) do not currently receive mental health care, but they would like them to (n=245)

Could not find an available provider who will treat their child	44%
It is difficult to find time for an appointment	35%
They do not believe that telehealth would be effective for their child	26%
It is difficult to find child care for their other child(ren)	22%
Currently on a waitlist for a provider	18%

Question Text: If your child/children does not currently receive mental health care, but you would like them to, what are the reasons they do not receive mental health care? Please select all that apply.

they have a child (20 years or younger) with a current anxiety disorder diagnosis and 8% had a depressive disorder diagnosis at the time of survey fielding. Seven percent of respondents with at least one child in grades K-12 reported they had a child or children (20 years or younger) express thoughts of suicide in the 12 months prior to survey fielding.

In addition, several studies have found that children who are bullied are more likely to experience mental health conditions such as depression, anxiety, and suicidal ideation, among other negative health and academic outcomes.^{12,13,14} Of those active-duty family respondents who reported they had a child experience bullying on school property and/or online, 32% reported at least one of their children was receiving mental health care, compared with 18% of those who did not report bullying.^c Regardless if bullying is the cause or the result of a youth’s mental health concerns, active-duty military children may be at risk of these outcomes.

^c It is not known whether the child who experienced bullying is the same child who is receiving mental health care.

Experiences of bullying may also be related to an individual's sense of belonging. Children who are perceived as less popular than others or socially-isolated are at a greater risk of being bullied.¹⁵ This impacts active-duty families in particular, as their frequent relocations and transitions can create challenges for building connections with and adapting to new local communities.¹⁶ This survey did not inquire about the social connectedness of respondents' children, however, a lower proportion (27%) of active-duty family respondents who reported having a child who has experienced bullying in the past year (on school property and/or online) also reported feeling a sense of belonging to their local civilian community compared with active-duty family respondents who did not report their child or children experienced bullying (39%). One study found that youth who experienced bullying also report negative impacts on their friendships,¹⁷ potentially creating a cycle of social isolation and bullying with additional impacts to their mental health and resilience to stress.^{18,19,20}

Of active-duty family respondents with at least one child enrolled in grades K-12 who reported their child (20 years or younger) is receiving mental health care, **1 in 4 rated the quality of their care as "excellent" (25%).**

Addressing Bullying

Given the incidence of bullying experienced by military-connected children, and the potential impacts on their mental health, prevention and intervention efforts are critical. This includes, but is not limited to, access to mental health care. Sixteen percent of active-duty family respondents with at least one child enrolled in grades K-12 reported that their child(ren) did not currently receive, but they would like them to receive mental health care. In a follow-up question, these respondents were asked to select the reasons their child was not currently receiving mental health care, found in Table 1.

In addition, school districts and military families must partner together to learn how to identify and appropriately respond to incidents of bullying, and racial and sexual discrimination. To learn more about bullying and what you can do to intervene visit stopbullying.gov.

Limitations

The data on children experiencing bullying is parent-reported. Studies have indicated that only about one-half of children will report a bullying incident to an adult,^{21,22} suggesting that the rates of bullying may be even higher than reported in this finding. This may be especially true for digital/online bullying. In addition, parents were not given a definition for bullying so these results depended on respondents' interpretation of whether or not their child's experience was bullying. The data presented in this finding are for active-duty family respondents who had at least one child enrolled in grades K-12, and excluded respondents who do not have children or those who have children but none in K-12 education. However, it is possible that respondents who have a child both enrolled in grades K-12

and not in grades K-12 (e.g., a toddler) could have been considering either child when answering the questions which asked them to consider their child(ren) ages 20 or younger. Respondents were asked to report if their child had experienced bullying in the past 12 months, however, children who were bullied prior to this timeframe may still be experiencing long-term impacts of bullying. The civilian data used to compare rates of bullying only included reports from children ages 12-18, while the survey data are from respondents who reported they had at least one child enrolled in grades K-12 and asked respondents (parents) to consider their child or children aged 20 or younger. It is not possible to determine whether the child who experienced bullying is the same child who is receiving mental health care, the same child who is LGBTQ, etc., in the reported data.

Recommendations



For Congress

- Explore options for continuity of mental health care for children of service members during PCS moves.
- Continue to bring light to anti-bullying programs and policies to ensure public awareness and support for military families.



For the Department of Defense

- Conduct a communications and awareness campaign to educate military families on the availability of mental health resources and available programs that support military teens. Education for families should include warning signs and red flags associated with depression, anxiety, and other mental health concerns in children and young people.
- Encourage military family support programs and positions to include programs on bystander intervention training for military families, helping parents identify when their child(ren) may be bullied, and preparing to have difficult conversations.



For Community Organizations and Providers

- **Actively recruit military families to participate in existing social and community programs to increase their connectedness and sense of belonging to the community.***
- Licensing agencies and organizations should require providers who serve military-connected children to take continuing education courses related to military-cultural competency. See the Support Circles finding for more recommendations regarding mental health care access and resource expansion.
- Incorporate culturally responsive programming and education about having difficult conversations about bias-based bullying.



For Military Families

- Use available anti-bullying resources, including stopbullying.gov, Military OneSource, and Military Kids Connect, to help you identify warning signs and unexpected behaviors associated with bullying.
- Explore resources in preparation for engaging in difficult conversations with your child about bullying.

*More information in Recommendations Chapter of Comprehensive Report

Endnotes

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