Bullying Prevention: Strategies to Support Statewide Collaboration Webinar

Monday, December 6, 2010
1:00-2:30pm EST

Featured Speakers:
Susan P. Limber, PhD
Janice Seigle, MPM
Matthew Masiello, MD, MPH

Moderator:
CAPT Stephanie Bryn, MPH

On your telephone please dial: 1-866-835-7973
Welcome

Kathryn Santoro
National Institute for Health Care Management

Ellen Schmidt
Children’s Safety Network National Injury and Violence Prevention Resource Center
Webinar Goals

- To raise the awareness among the participants and their partners about the topic of bullying prevention and to show a successful example of a non-traditional partnership to achieve mutual goals.

- To encourage participants to take the lessons learned here and your own experiences and contacts and develop your own partnerships to address bullying in your community.
Maximizing Partnerships

CAPT Stephanie Bryn, MPH
Director, Injury and Violence Prevention
HRSA, MCHB
Stop Bullying Now! Campaign
Speakers

➢ Susan P. Limber, PhD
  ● Sue Limber is a developmental psychologist and professor at Clemson University, whose research focuses on the nature and prevalence of bullying among children and youth and effective strategies for prevention and intervention. She has provided consultation to the Stop Bullying Now! Campaign since its inception.

➢ Janice Seigle, MPM
  ● As strategic corporate initiatives director, Janice Seigle manages the partner relationships and projects that comprise the Highmark Foundation’s bullying prevention initiative.

➢ Matthew Masiello, MD, MPH
  ● Dr. Masiello is a pediatrician and public health professional. He is the director at the Center for Health Promotion and Disease Prevention, Windber Research Institute, Windber, PA.
Begin where you are

- and build, build, build

- If they own the problem and are part of the solution then projects and programs grow.
Stop Bullying Now! Campaign

- 80 active partners such as:
  - American Camp Association
  - FBI Community Outreach Specialists
  - Police Athletic League-Sheriffs
  - AMA Alliance
  - American Academy of Pediatrics, Psychiatry
  - Home Extension Services
  - Media-Cartoon Network

- [www.stopbullyingnow.hrsa.gov](http://www.stopbullyingnow.hrsa.gov)
Your Task Force or Work Group

- Governor, Mayor, State Rep., Health Officer
- Police, School Resource Officer, Youth, PTA, School Board, and health, safety, education, mental health & faith professionals
- Youth organizations-Boys & Girls Clubs, Boy & Girl Scouts, NOYS, school & community clubs
- Champions, First Ladies, Junior League
- Industry, Businesses, Hospitals, Foundations, Chamber of Commerce
What We Know About Bullying Among Children & Youth

Susan P. Limber, PhD
Clemson University
Bullying...

- Is aggressive behavior that intends to cause harm or distress.
- Usually is repeated over time.
- Occurs in a relationship where there is an imbalance of power or strength.
What Is/Isn’t Bullying?

Myth: Bullying is the same thing as conflict.

Reality: Conflict involves antagonism among 2+ people. Any two people can have a conflict. Bullying only occurs where there is a power imbalance.
Direct Bullying

- Hitting, kicking, shoving, spitting...
- Taunting, teasing, racial slurs, verbal harassment
- Threatening, obscene gestures
Indirect Bullying

- Getting another person to bully someone for you
- Spreading rumors
- Deliberately excluding someone from a group or activity
- Cyber Bullying
Percentage of Students Bullied
2-3 times/month or more  (Olweus & Limber, 2010)

Students in grades 3-12; N = 524,054
Percentage of Students Who Bully Others 2-3 times/month or more (Olweus & Limber, 2010)

Students in grades 3-12; N = 524,054
Bullied Students: Grade Trends
2-3 times/month or more (Olweus & Limber, 2010)
Students Bullying Others: Grade Trends 2-3 times/month or more (Olweus & Limber, 2010)
How are Boys and Girls Bullied? (Olweus & Limber, 2010)
Where the Bullying Has Occurred
(if bullied once or more)

- On playground/ath fields
- In halls/stairwells
- In class
- In class (no teacher)
- In the bathroom
- In PE or locker room
- In lunchroom
- On way to/from school
- At bus stop
- On school bus
- Somewhere else

0% 10% 20% 30% 40%

[Bar chart showing the percentage of girls and boys who were bullied in different locations.]

- Girls
- Boys
Short-Term Effects of Bullying on Victims

- Lower self-esteem
- Higher anxiety and depression
- More suicidal ideation
- Higher rates of illness
Health Consequences of Bullying
(Fekkes et al., 2003)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Bullied</th>
<th>Not bullied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headache</td>
<td>16%</td>
<td>6%</td>
</tr>
<tr>
<td>Sleep problems</td>
<td>42%</td>
<td>23%</td>
</tr>
<tr>
<td>Abdominal pain</td>
<td>17%</td>
<td>9%</td>
</tr>
<tr>
<td>Feeling tense</td>
<td>20%</td>
<td>9%</td>
</tr>
<tr>
<td>Anxiety</td>
<td>28%</td>
<td>10%</td>
</tr>
<tr>
<td>Feeling unhappy</td>
<td>23%</td>
<td>5%</td>
</tr>
<tr>
<td>Depression scale</td>
<td></td>
<td></td>
</tr>
<tr>
<td>moderate indication</td>
<td>49%</td>
<td>16%</td>
</tr>
<tr>
<td>strong indication</td>
<td>16%</td>
<td>2%</td>
</tr>
</tbody>
</table>
Bullying, School Engagement & Academic Achievement

- Bullied children are more likely to:
  - Want to avoid going to school
  - Have higher absenteeism rates
  - Say they dislike school; receive lower grades
Long-Term Effects of Bullying

- Lower self-esteem
- Higher rates of depression
Children Who Bully are More Likely to:

- Get into frequent fights
- Be injured in a fight
- Steal, vandalize property
- Drink alcohol
- Smoke
- Be truant, drop out of school
- Report poorer academic achievement
- Perceive a negative climate at school
- Carry a weapon
60% of boys who were bullies in middle school had 1+ conviction by age 24.

40% had 3+ convictions.

Children who bullied were 4 times as likely as peers to have multiple convictions.
Best Practices in School-Based Bullying Prevention & Intervention

1. Focus on the school’s social environment
2. Assess bullying
3. Garner staff and parent support
4. Have a representative team coordinate efforts
5. Train all staff
6. Establish and enforce rules and policies
7. Increase adult supervision in “hot spots”
8. Intervene consistently and appropriately
9. Focus some class time on prevention
10. Continue efforts over time
Misdirections in Bullying Prevention & Intervention

- Zero tolerance (student exclusion) policies
- Conflict resolution/peer mediation
- Group treatment for children who bully
- Simple, short-term solutions
Evaluation of Bullying Prevention Programs

- Ttofi & Farrington (2008, 2009) meta-analysis:
  - Rigorous study (included 30 programs, 59 studies, 200+ participants in each)
  - Conclusions:
    - School-based programs can be effective (20-23% reduction of bullying).
    - There are variations in the effects of different programs.
    - Those “inspired by the work of Dan Olweus worked best.”
The Olweus Bullying Prevention Program: Components

- School
- Classroom
- Parents
- Individual
- Community
The Olweus Bullying Prevention Program Is...

- Designed for all students
- Preventive and responsive
- Focused on changing norms and restructuring the school setting
- Research-based
- Not time-limited: Requires systematic efforts over time
Recognition of the Olweus Bullying Prevention Program

- Blueprint Model Program (Center for the Study & Prevention of Violence)
- Effective Program (OJJDP)
- Level 2 Program (US Dept. of Education)
Highmark Foundation
Leading a Large Population-Based Bullying Prevention Initiative

Janice E. Seigle, MPM
Strategic Corporation Initiatives Director
Highmark
janice.seigle@highmark.com
Today’s Presentation

- Background: Highmark/Highmark Foundation
- Bullying Prevention initiative components
- Forming a coalition to expedite process
- Observations and lessons learned
- Future role for Highmark Foundation in PA bullying prevention and beyond
About Highmark Inc.

- Pittsburgh based
- Serving 32 million nationwide through health care, dental, vision and customized supplemental health products businesses
- $13.9 billion total 2009 revenues
- Insuring health care for approximately 4.4 million within PA
- $143 million in support of corporate mission
- Supporting community programming in 49, PA counties served by Highmark
About Highmark Foundation

• Founded in 2000 and solely funded by Highmark Inc.
• 2006 launch of Highmark Healthy High 5, a $100 million, five-year initiative to support 5 critical areas: nutrition, physical activity, grieving, self esteem and bullying prevention.
• Pursuing the following goals:
  – Raising Awareness – Changing Behavior – Creating Supportive Environments
Initial Rationale and Strategies to Reduce Bullying Behavior

- Bullying, a serious public health issue, ultimately impeding ability of children to learn and to succeed.
- Dedicated to reducing incidents of bullying in 49-county service area through evidence-based solutions that help engender healthy behaviors in children.
- Convening and supporting leading experts and community leaders to:
  - Raise awareness of bullying prevalence and impact
  - Develop and implement strategies to support bullying prevention efforts
Refining the Approach

• **Changing Behavior:** Grant making to improve school climate through funding wide-scale OBPP adoption

• **Raising Awareness:** Media Campaign & Parent Engagement

• **Creating Supportive Environments:**
  – Increasing capacity through the Highmark Healthy High 5 Bullying Prevention Institute
  – Coalition building
Windber Research Institute 3-year Grant

_District-wide_ adoption of OBPP & evaluation – HALT!

Districts _invited_ on regional basis: Erie, Pittsburgh, Cambria, Harrisburg

Center for Safe Schools 3-year Grant

_School-wide_ adoption of OBPP & evaluation – PA CARES

_All schools that qualify are accepted_ based on completion of Readiness Assessment and on-line application
Highmark Healthy High 5
Bullying Prevention Institute

Educational forums
Expert Panel
Support for Adopters
Document Impact

Website: www.bullyingpreventioninstitute.org
Bullying Prevention Institute Elements

Educational Forums
- Hershey PA Inaugural Event
- BP 101 and 201
- Coordinating Committee Workshops

Website
- Resources
- Hyper Links
- On-line Registration
- Webinar Capability
- Outcomes data dissemination

Expert Panel
- Comment and Insight on proposed strategies
- Create linkages to emerging best practice
- Recommendations on strategy development

Document Impact
- Statewide Study
- Abstracts and Publication
- Case development for future funding and engaging stakeholders

Support Adopters
- Resources for OBPP implementation
- Continuing Ed credit sessions
- Grant Opportunities (PA CARES)
- Welcome Kits
Bullying Prevention Institute: Building Capacity

1,800 attendees Since 2007 Summit Launch, Hershey Lodge, Hershey PA

- 2008-2009 School Year:
  » BP 101 Regional Sessions
  » Coordinating Committee Workshops
  » OBPP Trainer Recertification Program

- 2009-2010 School Year:
  » BP 101 & 201
  » Coordinating Committee Workshops
  » Membership Benefits
Current Year BPI Focus

• **Current School Year:**
  
  – School Certification Program
  
  – Implementing a hybrid approach
  
  – Documenting/publishing success
Raising Awareness

• Parent Engagement
  – Awareness Study
  – Parent Advisory Group

• Media Partnerships
  – TV Town Hall Meetings
  – Media Campaigns
Research Results on Awareness

- In 2009, 45.2% of school teachers and professional staff thought bullying was a serious issue (*very serious or serious*) in their school.

- Only 16.8% of parents thought it was serious.

(This pattern has occurred in earlier surveys as well.)
Parent Advisory Group Input

From a survey following the final session:

• On average, parents were 20% more aware of programs being offered by their child/children’s school that address bullying.

• Parents were at least twice as likely to have reported talking to their children about bullying.

• Bullying was discussed more often with younger children than older/high school-aged children since these parents consider bullying more prevalent in the younger ages.
• Parents wanted specific ways in which to address bullying with younger children and older children.

• Most felt schools were not doing enough about bullying.

• When parents talked with children, they learned that bullying was much more prevalent.
Further Resources

- [www.highmarkhealthyhigh5.org](http://www.highmarkhealthyhigh5.org)
- [www.bullyingpreventioninstitute.org](http://www.bullyingpreventioninstitute.org)
  - Resources: “Companion Bibliography (for OBPP), Grades K-12,” and “Bullying Prevention: A Statewide Collaborative That Works”
  - About: “PA CARES Schools,” and “HALT! Schools”
- [www.safeschools.info/pacares](http://www.safeschools.info/pacares)
- [www.wriwindber.org](http://www.wriwindber.org)
Key Partnerships

- **Windber Research Institute Center for Health Promotion and Disease Prevention**
  - 4-year funding to implement HALT!
  - BPI content development and execution
  - Public Health Model overlay: documenting progress

- **Center for Safe Schools**
  - 4-year funding to implement PA CARES
  - Capacity building:
    - BP Trainer Network;
    - Program fidelity
    - Parent support strategy development
...and Critical Partners

- Dr. Susan Limber, Clemson University: Innovations as part of the Olweus Model
  - OBPP Quality Assurance
  - Trainer Recertification
  - Expert Panel participation

- Dr. Dan Olweus, OBPP founder, University of Bergen, Bergen Norway
  - Expert Panel participation
  - Validation, endorsement

- Dr. Jerry Zahorchak, former PA Secretary of Education
  - Expert Panel participation
  - School Climate Standards
Coalition Building: Brick by Brick, Face to Face

- Differences: federal agencies, health promotion hospital, private foundation, academia
  - Tugboats vs. freighters
  - Time lines and time warps
  - Networks
  - Consistency/commitments

- Importance of passionate change agents
# Collaborating With Success

<table>
<thead>
<tr>
<th>Consensus on Vision</th>
<th>Expertise or Know How</th>
<th>Resources and Assets</th>
<th>Evidence-based Solutions</th>
<th>Desired Outcomes</th>
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<td>x</td>
<td>Resources &amp; Assets</td>
<td>Evidence-based Solution</td>
<td>Disorder Lost Interest</td>
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<td>Consensus on Vision</td>
<td>x</td>
<td>Resources &amp; Assets</td>
<td>Evidence-based Solution</td>
<td>Disagreement Poor Implementation</td>
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<tr>
<td>Consensus on Vision</td>
<td>Expertise or Know How</td>
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<td>Evidence-based Solution</td>
<td>False Starts Lost Impetus</td>
</tr>
<tr>
<td>Consensus on Vision</td>
<td>Expertise or Know How</td>
<td>Resources &amp; Assets</td>
<td>x</td>
<td>Slow Progress Minimal Results</td>
</tr>
</tbody>
</table>
Lessons Learned

- Agree on long-term Vision while achieving short-term wins
- Be flexible as partnerships shift and timelines wander
- Allow for autonomy and different views from different perspectives
- Lean on the content experts
- Earn buy in from senior management
- Narrow the focus to afford high impact
- Build relationships all along the food chain
- Demonstrate impact to engender sustainability
Exploring Future Roles: Intersecting Gateways

Highmark Foundation
- Grant making, BPI Support
- Thought Leader – Public Health Model

Growing the PA Coalition
- (Sustainability)
- Engaging Funders
- Deeper OBPP Penetration
- Continuing Evaluation

National Effort Integration
- Promoting PA Successes
- Replicating the PA Model

Continuing Evaluation
Matthew Masiello, MD, MPH

Director
Center for Health Promotion & Disease Prevention
Windber Research Institute
Windber, PA
A Public Health Approach to Bullying Prevention
The Pennsylvania Initiative
Todays' Objectives

- Endorsement of the public health model as the foundation to the successful implementation of large population based bullying prevention initiatives

- Historical review of the Pennsylvania Bullying Prevention initiative
Goal of the HHH5 bullying prevention effort

*Produce a positive change in school climate*

- Reduce bullying behavior
- Improve student perception of teacher effectiveness in preventing and intervening in bullying situations
- Increase rate at which students actively intervene in support of their peers
Bullying rates ↑

“It is interesting to note that in the first year of baseline data accumulation, 24% of students reported being bullied, whereas 0% of the students reported bullying anyone.”
Cambria County Data– The early years

- After three years - elementary school students, there was:
  - 73% increase in telling a friend or relative
  - 44% increase in telling a parent
  - 29% increase in telling a school official.

- For middle school students
  - 66% increase in telling a friend or relative,
  - 99% increase in telling a parent
  - 22% increase in telling a school official.
Cambria County Data– The early years

- Increase in the number of students that would try to help someone being bullied after two years of the program
  - 68% elementary school and 48% increase for middle school.

- Increase in student perception regarding teacher responsibility to stop bullying.
  - Elementary school - increase of 16%
  - Middle school - increase of 8%.

- After three years - a decrease in the number of students with 0 or 1 friend
  - elementary school (28%) and middle school (30%).
Highmark Foundation Healthy High 5
Bullying Prevention Initiatives
Project Timeline

Year 1
2007 – 2008

HALT!
9 Schools
3,907 Students

Bullying Prevention Institute
Bullying Prevention Summit

Year 2
2008 – 2009

HALT!
48 Schools
25,224 Students

Bullying Prevention Institute
Bullying Prevention 101
Trainer Recertification
Coordinating Committee Workshops
Evaluation / Data Analysis
State of Bullying Prevention in PA

Year 3
2009 – 2010

HALT!
68 Schools
38,807 Students

Bullying Prevention Institute
Bullying Prevention 101
Bullying Prevention 201
State of Bullying Prevention Update
“LTA” Schools
High School Component
Certified Olweus Schools

PA CARES
42 Schools
44,805 Students

PACARES
47 Schools
44,805 Students
HALT! Outcome Data 2007-2009

• Almost universally across age groups and cohorts students were *less* likely to feel that their teacher had done little to address bullying.

• Changes ranged from 11% to 53%.
HALT! Outcome Data
2007-2009

- Reductions in self-reports of bullying others were seen in almost all age groups and cohorts.
  - There were particularly promising results seen in high schools, where reductions ranged from 15-39%.
HALT! Outcome Data 2007-2009

Students’ attitudes about bullying:

• Across most groups—positive changes were reported in the % of students who say they would try to help a bullied student. Also, decreases were seen in the number of students who reported that they would just passively observe the bullying and not help.
After 2 years, 27% of elementary school students in HALT! schools said they’d try to help.
“Using a systematic, theory based planning model distinguishes the health behavior change professional from the technician.”

- Health Behavior and Health Education, 3rd edition
The Behavioral Ecological Model as a Framework for School-Based Anti-Bullying Health Promotion Interventions

Emma Dressler-Hawke, PhD
Dean Whitehead, PhD, RN

The Journal of School Nursing June 2009 vol. 25 no. 3 195-204
Sick of Bullying
Or
Sick Because of Bullying?

Children’s Health Impact from Bullying

Diana Schroeder, MSN, RN
Core principles of a public health & the PA Initiative

Richard Windsor, PhD, GWU SPHHS

Commenting on the decade long PA initiative:

– Systematic assessment (of the student population)
– Defined population and local problems
– Worked with an array of stakeholders
– Considered broader social issues
– Evaluate a more comprehensive plan beyond the evidence based program
What is the Public Health Model? (CDC)

1. Needs assessment - Define the problem
2. Identify risk and protective factors
3. Develop, use and test prevention strategies
4. Assure widespread adoption
5. Monitor, Evaluate, Sustain
**PRECEDE evaluation tasks:** Specifying measurable objectives and baselines

**PHASE 1 Social Assessment**

**PHASE 2 Epidemiological assessment**

**PHASE 3 Educational & ecological assessment**

**PHASE 4 Administrative and policy assessment and intervention alignment**

**PHASE 5 Implementation**

**PHASE 6 Process evaluation**

**PHASE 7 Impact evaluation**

**PHASE 8 Outcome evaluation**

**PROCEED evaluation tasks:** Monitoring & Continuous Quality Improvement

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**HEALTH PROGRAM**

- Educational Strategies
- Policy Regulation Organization

- Predisposing
- Reinforcing
- Enabling
- Environment

- Genetics
- Behavior
- Health
- Quality of Life

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**HIGHMARK Foundation**
Cambria County, Pennsylvania and the public health model

1. Needs assessment - Define the problem
2. Identify risk and protective factors
3. Develop, use and test prevention strategies
4. Assure widespread adoption
5. Monitor, Evaluate, Sustain
So what was happening in Pennsylvania?  
1998 – 2006

SW PA County ↔ Pennsylvania / USA

- SW PA hospital develops a public health initiative
- RN/ Community / school / BRFSS surveys/meetings
- BP research → OBPP
- Implementation/Funding/Media
- PCCD funding – York, Jane Riese/ Clemson U.
- Columbine
- PA begins OBPP TOT for SW PA
Pennsylvania
2006

Contact by the Highmark Foundation → → →

Highmark Healthy High 5 Bullying Prevention Initiative
Pennsylvania & BP
A public health model – 2006-2009

PA Cares ↓ HALT! ↓ BPI

“Bullying Prevention: A Statewide Collaborative That Works: A Report to Stakeholders”
Highmark Foundation BP Initiative - 2010

- Enhanced collaboration - “Hybrid” program model
- Cost effect analysis study
- Publications
- Sustainability
IMPACT

Quantitative and Qualitative
Public Health Impact - Quantitative

- Large(st) population implementation of the OBPP
- Development of numerous strategic and collaborative enhancements
- Landmark public health initiative by the Highmark Foundation
  - $9 million
  - 49 county service area of PA
  - 200,000+ students, nearly 400 buildings by 2012
  - 25% of PA school population
Public Health Impact - Qualitative

- Importance of the Public Health approach to social/health issues (school climate)
- Development of a formative state wide BP coalition and expert panel
- Development of strategically designed statewide BP “enhancements”
- Documentation of positive behavioral changes in students, parents, teachers
Issues necessitating a public health approach

- “School health” monitoring should include parameters that measure physical symptoms associated with bullying.
- Departments of Education need to develop policies to identify specific, evidence based strategies that effectively capture bullying data in schools.
- Support development of the CSHC standards and utilization of CDC School Health Safety Index for self-assessment of school’s health needs.
Issues demanding a public health approach

- The development of school climate standards bullying is more than “social” or “educational” (Zahorchak)
- Healthcare providers need to approach bullying as peer abuse and employ screening methodologies similar to spousal abuse, elder abuse, or child abuse
- Need for the development and study of a simple assessment tool for healthcare providers
Conclusion

• Use of a public health model to address the public health epidemic of bullying will allow for maximum behavior and health impact, sustainability and coalition development.

• This will allow for a sustainable positive change in school climate as well as the ability to appropriately address singular activities of bullying (cyber, gender, etc.) and the consequences they have on vulnerable populations.
Contact Information

Matthew Masiello, MD, MPH

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814-619-6168

www.bullyingpreventioninstitute.org
The National Context: Other State Interest in Bullying Prevention

Susan P. Limber, PhD
Clemson University
Number of State Laws Related to Bullying

[Bar chart showing the trend of state laws related to bullying from 1999 to 2010.]
State Laws on Bullying
Elements of State Laws

- Almost all require public school districts to develop policies about bullying.
- Definitions and elements of policies vary:
  - Reporting of bullying
  - Investigation of incidents
  - Notification of parents
  - Consequences/disciplinary actions
  - Guidelines for employee training
  - Prevention/intervention
What Are Schools Doing To Address Bullying?

- Nothing
- Awareness-raising efforts
- Reporting, tracking
- Zero tolerance (student exclusion)
- Social skills training for victims
- Individual & group treatment
- Mediation, conflict resolution programs
- Curricular approaches
- Comprehensive approaches
Another Example of a State-Level Initiative: Bully Free Virginia

- Led by Katie Moffett, PhD, VCU Center for School-Community Collaboration, with the VA Department of Health Division for Injury and Violence Prevention
  - 2004: Received a needs assessment grant from the CDC
  - 2005-2006: 7 regional workshops sponsored by VA Department of Education and VCU
  - 2005-2006: Training of Trainers in the OBPP
  - 2006: Received funding from the CDC to Enhance State Capacity to address Child and Adolescent Health through Violence Prevention
  - Between 2006 and 2010 have served 90 schools and 3 after-school programs (94,452 students)

Moffett, 2010
Focus of Bully Free Virginia Efforts

- Schools received all necessary materials to implement OBPP
- Training of Coordinating Committee by OBPP Certified Trainer
- Monthly Consultation for 18 months
- Statewide and Regional Conferences—6 Statewide Networking Conferences and 5 Regional Conferences
- Focus on Dating Violence for Middle and High Schools 2009-10
- *Stop Bullying Now, Virginia!* In the Fall of 2008, the conference was opened to all schools in Virginia—360 participants from all over the commonwealth
- Technical Assistance and Site Visits
- Provision of Additional Program Resources
  - *Peaceful School Bus, Safe Dates, Class Meetings*

Moffett, 2010
Preliminary Findings (Moffett, 2010): Relative Change (Y0-Y1 and Y0-Y2)

% Increase

-20.0 -15.0 -10.0 -5.0 0.0 5.0 10.0 15.0 20.0 25.0

% Decrease

-20.0 -15.0 -10.0 -5.0 0.0 5.0 10.0 15.0 20.0

Frequently bullied at school
Frequently bullies others at school
Frequently talked to by a teacher about bullying others
Teacher frequently counteracts classroom bullying

-1.2 0.1 -11.7 -15.5 20.1

*Among students that said they had bullied another student

Y0-Y1

Y0-Y2

Frequently is defined as 2 or 3 times per month or more, or on a regular basis
Preliminary Findings (Moffett, 2010): Y0-Y2 Changes

- 63% of schools reported decreases in the frequency of children being bullied.
- 75% of schools reported decreases in the frequency of children bullying others.
- 31% of schools reported increases in teachers speaking to students about bullying behaviors.
- 81% of schools reported increases in teachers actively trying to counteract bullying in the classroom.

Based on 16 schools
Selected Bullying Prevention Resources

www.bullyfreevirginia.org

www.olweus.org

American Academy of Pediatrics Policy Statement: Role of the Pediatrician in Youth Violence Prevention*
http://aappolicy.aappublications.org/cgi/content/full/pediatrics;124/1/393

Association of State and Territorial Health Officials (ASTHO),* National Association of County and City Health Officials (NACCHO),* and Safe States Alliance Webinar: Policies to Prevent Bullying in Schools
http://www.safestates.org/displaycommon.cfm?an=1&subarticlenbr=218#Bullying

Cartoon Network Stop Bullying Speak Up Campaign

Children’s Safety Network Bullying Prevention Resources
http://www.childrenssafetynetwork.org/topics/showtopic.asp?pkTopicID=15

CNN Stop Bullying Speak Up Special Coverage
Selected Bullying Prevention Resources

C-SPAN Coverage of the Federal Bullying Prevention Summit
http://www.c-spanvideo.org/program/295021-1

Highmark Healthy High 5 Bullying Prevention Institute
http://www.bullyingpreventioninstitute.org/

Highmark Foundation Report - Bullying Prevention: A Statewide Collaborative that Works – Report
http://www.bullyingpreventioninstitute.org/LinkClick.aspx?fileticket=bwBwDQLRCao%3d&tabid=39

Health Resources and Services Administration Stop Bullying Now! Campaign
http://stopbullyingnow.hrsa.gov/kids/

The National Conference of State Legislatures School Bullying and Cyberbullying Resources*

* Denotes an Alliance for Information on Maternal and Child Health (AIM) Partner. AIM is a collaborative of national membership organizations and the Maternal and Child Health Bureau.
Send any additional questions or comments to:

Kathryn Santoro at the NIHCM Foundation  
ksantoro@nihcm.org

Ellen Schmidt  
eschmidt@edc.org

or Zoe Baptista at the Children’s Safety Network  
zbaptista@edc.org

More resources from CSN can be found at  
www.ChildrensSafetyNetwork.org