

HRSA's *Stop Bullying Now!* An Overview



Campaign Overview

- Bullying 101
- State Laws on Bullying
- Development of *Stop Bullying Now!*
- *Stop Bullying Now!* Resources Overview

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.

Prevalence of Bullying

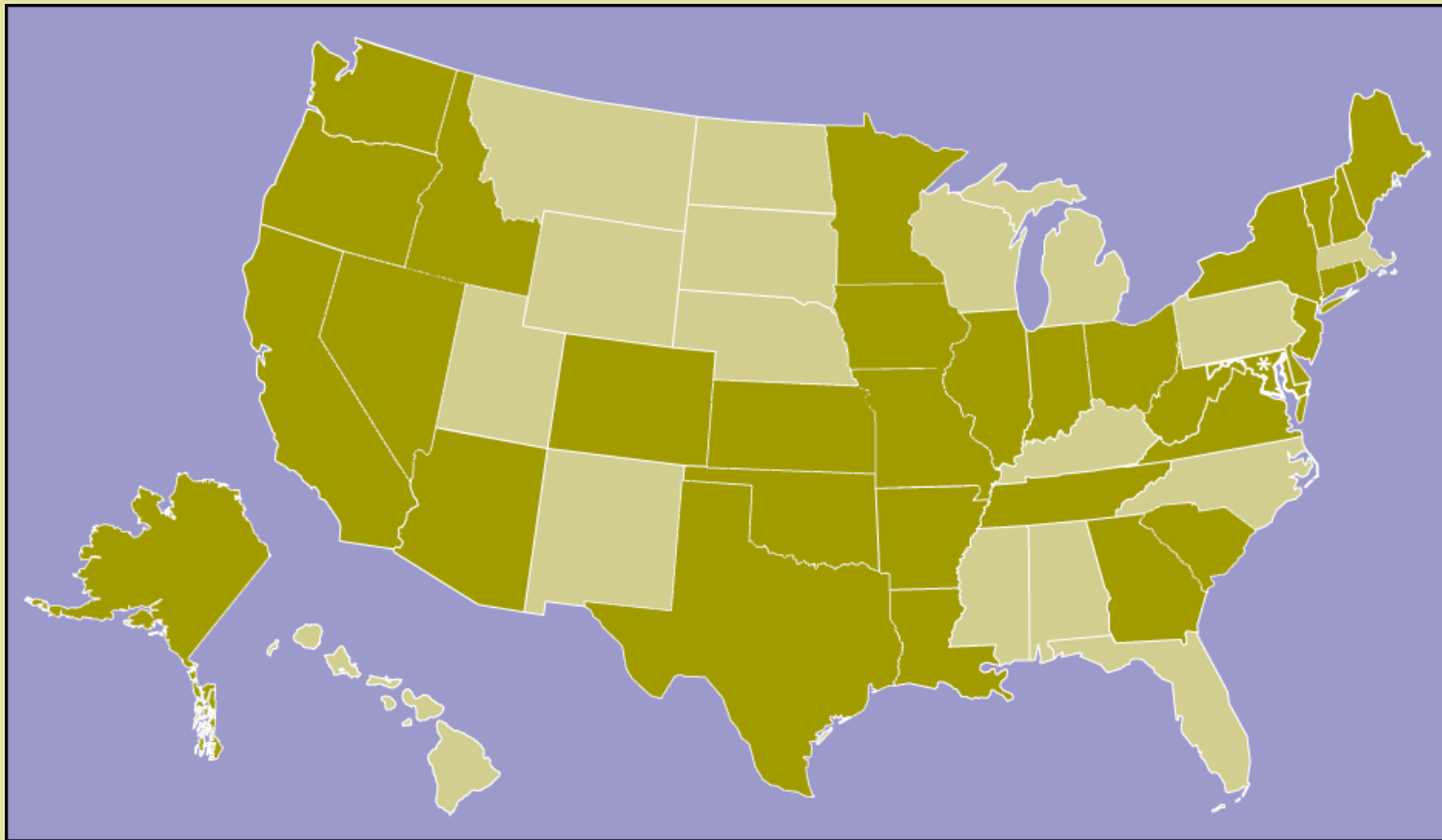
- *Nansel et al. (2001): students in grades 6-10*
 - 19% bullied others “sometimes” or more often
 - 9% bullied others weekly
 - 17% were bullied “sometimes” or more often
 - 8% were bullied weekly
 - 6% reported bullying *and* being bullied “sometimes” or more often

Health Consequences of Bullying

(Fekkes et al., 2003)

	<u>Bullied</u>	<u>Not bullied</u>
Headache	16%	6%
Sleep problems	42%	23%
Abdominal pain	17%	9%
Feeling tense	20%	9%
Anxiety	28%	10%
Feeling unhappy	23%	5%
Depression scale		
moderate indication	49%	16%
strong indication	16%	2%

State Laws on Bullying



■ States with laws on bullying

■ States with no laws on bullying

Common Elements of State Laws on Bullying

- Definition of bullying (22 of 33)
- Listing of policy requirements (23)

Common Policy Requirements:

- Reporting of bullying incidents (18)
- Investigation of incidents (11)
- Disciplinary actions for children who bully (17)
- Guidelines for employee training (15)
- Parental notification (7)

Bullying State Laws

- Journal of Adolescent Health

Vol.42 (2008) pages 11-20

Anti Bullying Legislation:

A Public Health Perspective

Jorge C. Srabstein, MD

Children's National Medical Center

Buildup to *Stop Bullying Now!*

- Columbine High School – Littleton, CO
 - April 20, 1999
 - Massacre sparked debate over school violence, explicit content in movies and video games, and bullying.
 - Following the events, many schools instituted anti-bullying policies and “zero tolerance” approaches to weapons and threatening behavior.

Buildup to *Stop Bullying Now!*

- “Bullying Behaviors Among US Youth” – Dr. Tonja R. Nansel , *Journal of the American Medical Association*, 2001
 - First major article to examine the prevalence and consequences of bullying among US youth
 - Report found a total of 29.9 percent of the 15,686 student sample (grades 6-10) reported moderate or frequent involvement in bullying
 - Report concluded that “the issue of bullying merits serious attention, both for future research and preventive intervention.”

Buildup to *Stop Bullying Now!*

- **U. S. Secret Service Report on School Shootings (2002)**

The U.S. Secret Service studied 41 school shooters involved in 37 school attacks since 1974

- Key Findings:

- “School shooters don't just snap. They plan.”
- Schools must break down the barriers that inhibit kids from telling an adult about a troubled classmate.
- In **two-thirds** of the cases, the attacker had felt persecuted, bullied, threatened, attacked, or injured before the incident.
 - Many had experienced longstanding and severe bullying and harassment, which some attackers describe as torment.

Campaign Goals

- Raise awareness about bullying
- Prevent and reduce bullying behaviors
- Identify appropriate interventions for “tweens” (youth ages 9 through 13) and those who influence them
- Foster and enhance linkages among partners

Resources Used for the Campaign's Development

- Review of existing research on bullying
- Focus groups & in-depth interviews with tweens, teens, adults
- Input from Youth Expert Panel
- Input from Steering Committee of Partner Organizations

Stop Bullying Now! Launch

- Campaign Launch: March 1, 2004 – Washington, DC
- Launch event featured
 - Dr. Richard Carmona, Surgeon General of the United States
 - HRSA Administrator Dr. Betty James Duke
 - Youth Expert Panel



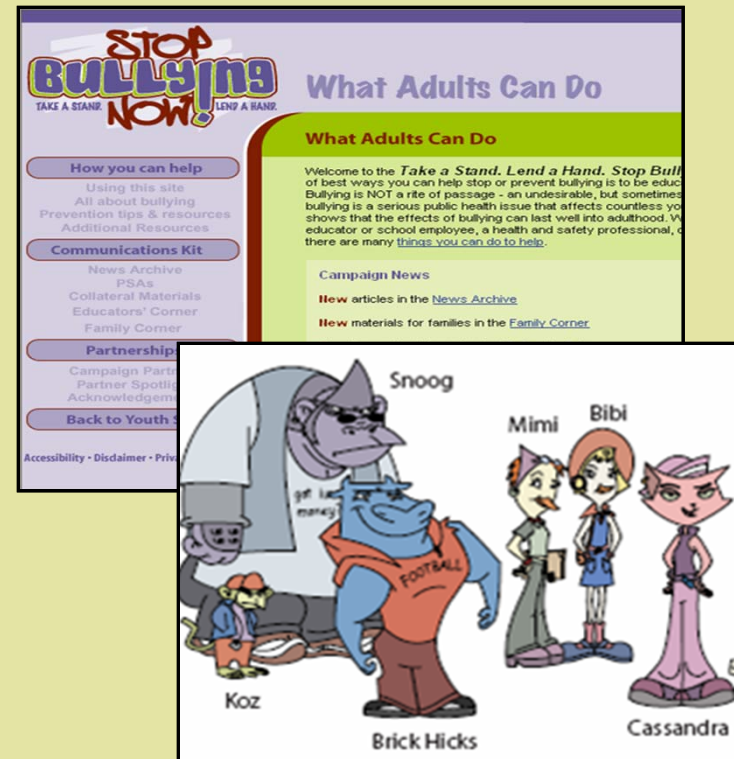
Dr. Richard Carmona, Surgeon General of the United States, speaks with members of the KIPP DC: KEY Academy in Washington, D.C. for the *Stop Bullying Now!* launch event.

SBN! Resources Overview

- Resources for youth
- Resources for adults
 - Educators
 - Health, safety & mental health professionals
 - Law enforcement and juvenile justice officials
 - Youth development leaders
 - Parents
- Promotional tools

StopBullyingNow.hrsa.gov (Campaign “HQ”)

- Every campaign product/activity housed here
- Specially designated youth and adult sections
- Updated every 60 days since launch in March, 2004
- Employs latest Web technology and online communication tools
- *Sitio Web en español* – Web site content available in Spanish



For Youth: Age-appropriate tips

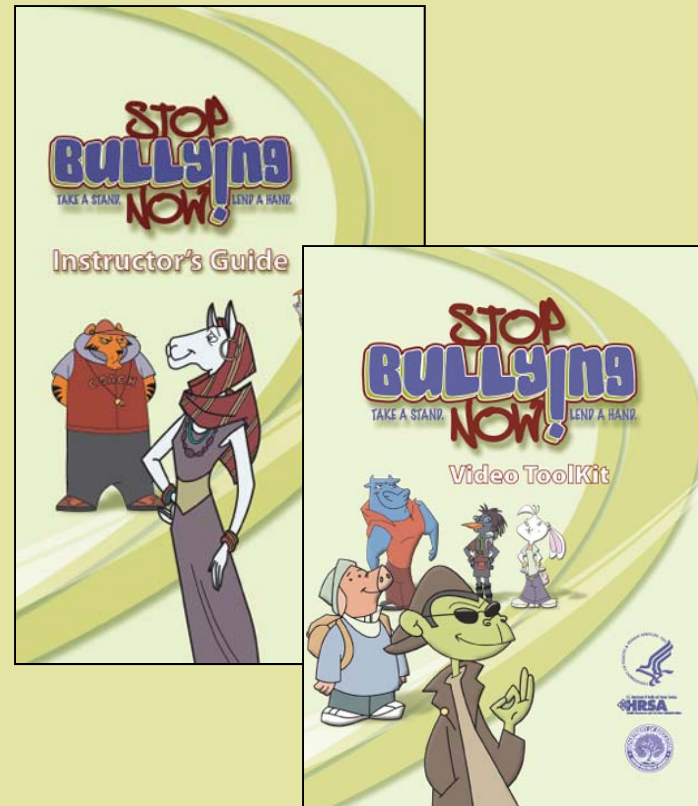
- “What You Can Do”
 - Tips on what to do if you are being bullied, witness bullying, or bully others
- “Ask the Expert”
 - Common bullying situations addressed by Webisode characters Mr. Bittner and Senorita Ortega
- “Profile of the Month”
 - Webisode characters facing new and different bullying situations

For Adults:

- Facts and figures on bullying and bullying prevention
- Prevention and intervention tips
 - More than 40 tip sheets available for downloading and printing.
- Professional development tools

DVD Video Toolkit

- Produced in partnership with U.S. Dept. of Education
- Webisodes
- PSAs
- Video Workshops
- Facilitators' guide



Coming Soon ...

- New tip sheets
- Updated Spanish translation
- Brand-new *Stop Bullying Now!* Webcast:
April 16, 2008

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Overview of State Bullying Prevention Activities

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A young child with light-colored hair is shown in profile, blowing bubbles. The background is a soft, greenish-yellow color with many bubbles floating around. The child's face is lit up, and they appear to be smiling. The overall mood is happy and carefree.

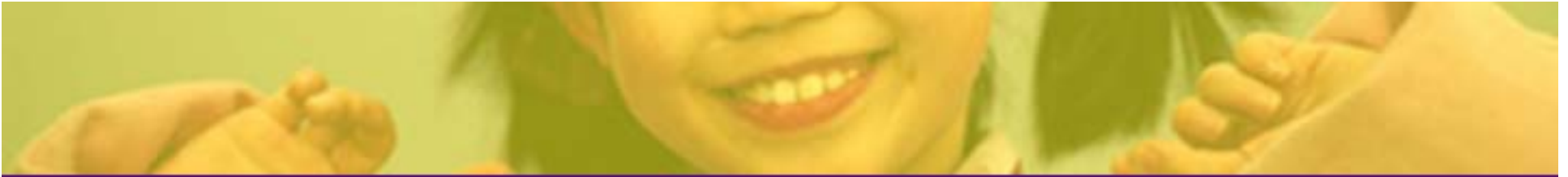
Health Department's Role in Bullying Prevention in Virginia

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Health Department Involvement in Bullying Prevention in Virginia

- Community project grants
- Identified Olweus as research based bullying prevention program to support
- MCH Block Grant support to existing Olweus efforts in Virginia
 - increased trainers and supplied start-up resources (videos, manuals, books, training tools)
- Obtained a 3 year \$290,000/year CDC ESCAPE grant, beginning in October 2006 to expand Olweus programs in Virginia.



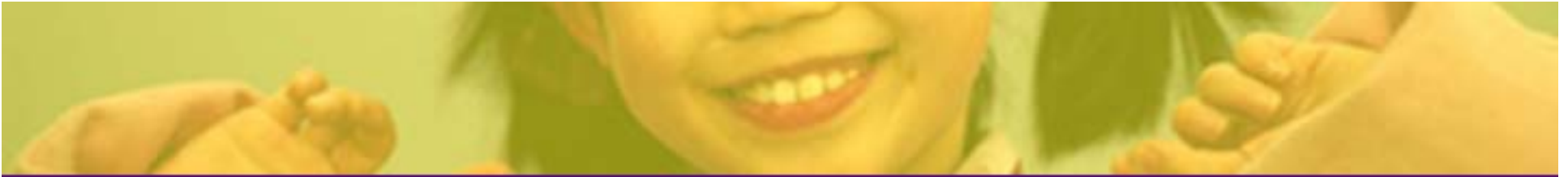
Health Department Coordinates Statewide Olweus Bullying Prevention Project

- Year 1 - 26 schools (within 19 of Virginia's school divisions) began implementation
- Year 2 - 45 schools in 17 school divisions
- 6 of 17 school divisions - in process of expanding to all schools
- 4 of 6 school divisions – in place in all elementary and middle schools.
- 40,000 students (primarily elementary)
- Year 3 - Olweus trainer workshops and a showcase conference



Health Department's Partners

- Department of Education, Safe & Drug Free Schools Program and other student assistance programs
- Center for School Community Collaboration, Virginia Commonwealth University
- Department of Mental Health, Substance Abuse Prevention
- Local Community Services Boards
- School Safety and Juvenile Justice Programs out of Department of Criminal Justice Services
- Governor's Office of Substance Abuse Prevention
- Suicide Crisis and Prevention Programs



What Public Health Brings to this Issue

- Education and Criminal Justice - bullying as more of an isolated disciplinary or behavior management issue;
- The broader individual and societal health impacts are concerns of Public Health
- Public Health providers influence individuals, families, communities, other health and human service providers outside of school settings
- Contribute health and mental health data, information, research, grants and resources more readily accessed by public health providers.

A young child with light-colored hair is shown in profile, blowing bubbles. The background is a soft, greenish-yellow color with many bubbles floating around. The child is wearing a blue and orange striped shirt.

There is much that still needs to be done to prevent youth violence in general and bullying in particular

A good knowledge base exists

Many free educational resources are available

Even with limited financial resources, health departments can be significantly involved in prevention:

- educating, promoting resources, providing training and technical assistance.



Division of Family Health Services Maternal, Child and Community Health (MCCH) Program

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MCCH Strategies to Address Bullying

- A. Build state-level capacity through partnership
 1. DOE
 - a. Anti-bullying law effective since September 1, 2003
 - b. Safe and Drug Free Schools (Title IV)
Requires evidence-based or promising programs
 - c. MOA with Rutgers University
Social-Emotional Learning and Character Education (Title IV)
 - d. MOU with Violence Institute of New Jersey @ UMDNJ
Positive Student Discipline Reform Demo. Project

MCCH Strategies to Address Bullying (cont')

2. NJ After 3 - provides after-school site locations
3. NJ State Bar Foundation - conducts free, state-wide trainings
for educators/administrators
based on Olweus program
4. Potential collaborative opportunities in 2008
Adolescent Health Network (December 2007)
Department of Children and Families
NJ Coalition for Bullying Awareness & Prevention (2004)

MCCH Strategies to Address Bullying (cont')

- B. Build community-level capacity through partnership
 - 1. Community Partnership for Healthy Adolescents initiative
 - a. PHHS Block Grant funds 8 communities
 - b. One FTE Coordinator
 - c. Adolescent Health Plan
 - 1. Community partners jointly address issue

Community-based Strategies to Address Bullying

2. Varies community to community

- a. Olweus Bullying Prevention Program
- b. 5-day Suspension Alternative Program (SAP)
- c. Gang Awareness and Prevention Task Force
- d. Annual Bullying Summit with middle schoolers
- e. Rachel's Challenge assembly
- f. Peer-to-peer conflict mediation
- g. Meaningful youth engagement:
 - 1. Youth focus and advisory groups
 - 2. "For youth, By youth" mini-grant projects

Why is MCCH Involved in Bullying Prevention?

Impacts on achieving Healthy People 2010 Goals and the 21 Critical Health Objectives for Adolescent Health

Focuses on prevention:

- less on individual youth behavior

- more on social/environmental context of behavior

Views youth in the context of “whole” person:

- developmentally appropriate

- inter-relationship of factors contributing to at-risk behaviors

- build skills and competencies thru PYD strategies

Shares resources: state and national