GRANT MAKERS IN HEALTH

Paying (Overdue) Attention to Bullying Prevention

"We have to make it clear that no matter who you are, no matter what your race, ethnicity, gender or gender identity, sexual orientation, income or disability, you deserve to be respected and treated fairly."

– Kathleen Sebelius, Secretary of the U.S. Department of Health and Human Services, 2011 White House Conference on Bullying Prevention

Bullying is not a natural part of growing up; it is a painful and preventable experience in the lives of many children and youth. Although all kids fight with others at some point, bullying is defined as intentionally harmful aggressive behavior, usually repeated over time, which occurs in a relationship where there is an imbalance of power or strength (Children's Safety Network and NIHCM Foundation 2010). No child is immune from bullying, but those who are viewed as "different" are often targeted. To this point, the 2009 National School Climate Survey found that 80 percent of lesbian, gay, bisexual, or transgender youth had been verbally harassed and 40 percent had been physically harassed (StopBullying.gov 2011).

Approximately 30 percent of children and youth have bullied or have been bullied (NCSL 2011). The victim may feel unsafe and experience low self-esteem, anxiety, depression, increased suicidal ideation (and in rare cases, suicide), and higher rates of illness (Children's Safety Network and NIHCM Foundation 2010). Many of these symptoms may stretch well past the years of actual bullying. Because bullying commonly happens in school, victims may avoid school (or have a hindered learning experience while in school) and receive lower grades, putting them at a disadvantage as they move toward adulthood (Cook et al. 2010).

The negative consequences of bullying extend beyond the victim. Bystanders may have difficulty learning, feel unsafe, and over time experience a decreased sense of empathy (Highmark Foundation 2009). The bully is also at risk; he or she is more likely to become involved with crime later in life, have relationship problems, drink alcohol, and smoke (Cook et al. 2010).

Over the past few years, physical and verbal bullying have been joined by cyberbullying, or bullying that occurs via technology such as text messaging or on-line social networks. While boys are more likely to engage in physical or verbal bullying, girls are almost twice as likely to be both victims and perpetrators of cyberbullying (NCSL 2011). Cyberbullying poses unique challenges: it can occur anytime, the bully can remain anonymous, and destructive messages and images can be quickly and widely distributed. Interestingly, while the media and policymakers have often overlooked physical and verbal bullying as "kids being kids," cyberbullying seems to have propelled all bullying onto the national agenda.

In March 2011 the White House hosted a conference on bullying prevention in partnership with the U.S. Department of Health and Human Services and the U.S. Department of Education. It built on previous efforts by the Administration: in 2009 a federal taskforce on bullying was formed, and in 2010 the first National Summit on Bullying was held. At the summit, bullying prevention leaders, researchers, and youth identified the need for (Temkin 2010):

- additional research and guidance on best strategies,
- stronger anti-bullying policies and policy implementation, and
- increased public recognition of the issue.

Schools are a major player in bullying prevention. The Department of Education has taken a leadership role, awarding Safe and Supportive School grants, reminding school officials that they are required to take action against bullying, and providing examples of effective state anti-bullying laws (Rudolph 2011). (Although most states have laws to address bullying, many do not include cyberbullying.)

FOUNDATION INVOLVEMENT

Even with the best federal and state policies, effective bullying prevention happens at the local level. A strong evidence base supports school-based anti-bullying programs, and a handful of foundations have focused on this area.

➤ ***In Pennsylvania*** – Pennsylvania's efforts to prevent bullying go back to the mid-1990s when the Pennsylvania Commission on Crime and Delinquency, in partnership with multiple federal agencies and the Center for the Study and Prevention of Violence, identified 11 effective violence prevention and intervention programs. One was the Olweus Bullying Prevention Program (OBPP), which involves

change at four levels – school, individual, classroom, and community – and has a long history of success (OBPP 2011).

In 2001 the OBPP was implemented in a select group of schools across the state. The results were positive, and in 2007 the Highmark Foundation decided to address bullying as part of its $100-million Healthy High 5 Initiative, which aims to promote lifelong healthy behaviors in children and adolescents (Highmark Foundation 2009).

Two main tactics were adopted: supporting widescale adoption of the OBPP in Pennsylvania schools and establishing the Highmark Healthy High 5 Bullying Prevention Institute to provide technical assistance and training. After two years, decreases in reports of bullying, positive changes in students' perceptions of adult responsiveness to bullying, increases in the percentage of students willing to help a bullied student, and improved teacher awareness of bullying and actions to address bullying were observed. Based on these evaluation results, the foundation identified several key takeaways (Highmark Foundation 2009):

- Strategic partnerships are essential. Without community partners, schools may be unable to sustain bullying prevention efforts.
- A certification system and continuing education for school personnel are needed to ensure program fidelity.
- Implementation needs to be ongoing as improvement in bullying prevention outcomes increases over time.

➤ ***In Colorado*** – Launched in 2005, The Colorado Trust's Bullying Prevention Initiative experienced widespread success. Through $9 million in grants to 45 schools and community-based organizations in 40 Colorado counties, an estimated 50,000 young people and adults were reached (The Colorado Trust 2011). Grantees were not required to implement the same program; rather, the foundation only specified that each must be "evidence-based or promising" (many chose OBPP) (Csuti 2011).

An evaluation of the initiative tracked changes in school climate and the related effect on bullying behavior. This marked the first time that school climate was linked to bullying behavior, as most studies have measured changes in individual behavior related to bullying. Results showed that bullying was prevalent during the first year of the initiative (particularly in middle schools) but declined over the next two years. The evaluation included surveys of over 3,000 students and 1,500 adults; case studies of four school programs; focus groups with staff and students; and analysis of demographic and school achievement data (The Colorado Trust 2011).

Less bullying was reported when students felt a sense of belonging, trusted teachers and other adults, and saw the school responding to their needs. Schools where bullying decreased also reported improved scores on state assessments in reading, writing, and math. Although the initiative has ended, the trust created an on-line Bullying Prevention Resource Guide (www.bullyingprevention.org) to help other communities take advantage of what they learned (The Partnership for Families and Children 2011).

CONCLUSION

By considering the success of these school-level examples, and the policy and public recognition needs identified at the 2010 National Summit on Bullying, it is clear that foundations interested in bullying prevention have many opportunities for action, and that action can produce positive results.

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