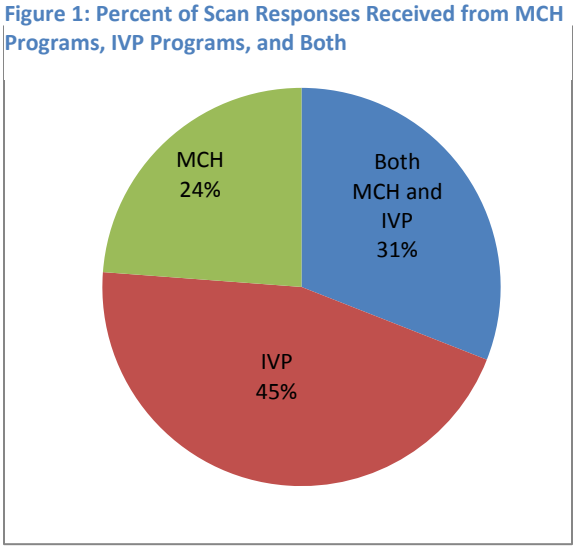
Summary of Findings: 2014 CSN Bullying Prevention Environmental Scan

Bullying is a major public health concern. According to the 2013 Youth Risk Behavior Survey, a biennial survey of students in grades 9-12 that is conducted by the Centers for Disease Control and Prevention (CDC), 20% of students reported being bullied on school property and 15% reported being electronically bullied in the 12 months preceding the survey.

Victimized youth are at increased risk for depression, anxiety, sleep difficulties, and poor school adjustment. Youth who bully others are at increased risk for substance use, academic problems, and violence later in adolescence and adulthood. Compared to youth who only bully, or who are only victims, bully-victims suffer the most serious consequences and are at greater risk for both mental health and behavior problems.

State public health agencies can and do play an important role in bullying prevention. The new Maternal and Child Health National Performance Measure on reducing the percentage of adolescents, ages 12 through 17, who are bullied provides a critical opportunity for state public health agencies to expand their role in bullying prevention efforts and implement evidence-based anti-bullying practices and policies.

Figure 1: Percent of Scan Responses Received from MCH Programs, IVP Programs, and Both



In December 2014, the Children's Safety Network National Injury and Violence Prevention Resource Center (CSN) sent a bullying prevention environmental scan to the state Maternal and Child Health (MCH) program director and the state Injury and Violence Prevention (IVP) program director in all 50 states and the District of Columbia. The scan was designed to inform CSN's development of new technical assistance information and resources for bullying prevention, and it consisted of 13 to 26 questions on state public health agency involvement in bullying prevention efforts.

Forty-two states completed the scan. In 19 of these states (45%), the respondent represented the Injury and Violence Prevention program, in 10 states (24%) the Maternal and Child Health program, and in 13 states (31%) both the Injury and Violence Prevention and Maternal and Child Health programs (see Figure 1).

State Public Health Agency Involvement in Bullying Prevention

Twenty-four states (57%) reported that their state public health agency is involved in bullying prevention. When asked which programs within their state public health agency are involved in bullying prevention, 19 respondents said Injury and Violence Prevention, 15 said School Health, 14 said Rape Prevention and Education, 13 said Adolescent Health, 13 said Maternal and Child Health, five said Children with Special Health Care Needs, two said Mental Health Promotion and Substance Abuse Prevention, and two said Suicide Prevention (see Table 1). Twenty-two of the 24 states said that more than one program within their state public health agency is involved in bullying prevention.

Table 1: State Public Health Agency Programs Involved in Bullying Prevention

State Public Health Agency Programs Involved in Bullying Prevention	Number of States
Injury and Violence Prevention	19
School Health	15
Rape Prevention and Education	14
Adolescent Health	13
Maternal and Child Health	13
Children with Special Health Care Needs	5
Mental Health Promotion and Substance Abuse Prevention	2
Suicide Prevention	2

Kansas: Steps to Respect Implementation

Through combined funding from the CDC Rape Prevention and Education Cooperative Agreement and the CDC Preventive Health Block Grant, the Kansas Department of Health and Environment, Bureau of Health Promotion implemented and evaluated the Committee for Children's Steps to Respect program in 15 schools across Kansas. This program included a component that addressed sexual harassment and involved in-depth data collection and analysis about experiences with and impressions of bullying by both students and school staff.

Leadership of State Bullying Prevention Efforts

Fifty-two percent of the states that responded (22 states) said that their state department of education leads bullying prevention efforts. Eight states (19%) reported that their state has co-leads or multiple leads for bullying prevention, with all eight of those involving the state department of education and five of them (12%) involving the state public health agency . The Attorney General's office leads bullying prevention efforts in two states (5%), and one state's (2.5%) bullying prevention efforts are led by the state department of mental health. Many other state agencies, institutions, and organizations were identified as participants in bullying prevention efforts, including hospitals, public safety and criminal justice agencies, Safe Kids chapters, and state departments of human services and social services. Respondents in nine states (21%) did not identify a lead for their state's bullying prevention efforts.

Strategies Utilized by State Public Health Agencies to Prevent Bullying

In 16 states (66% of the 24 states that said they are involved in bullying prevention), scan respondents said that the state public health agency provides information and education about prevention and response to bullying (see Table 2). Fifteen states (62.5%) provide training and technical assistance to public health professionals, other professionals, and the general public. Thirteen states (54%) collect and disseminate data, most frequently through the Youth Risk Behavior Survey (YRBS). Thirteen states participate in the design and implementation of prevention and response efforts, 12 states (50%) facilitate collaboration between relevant organizations and professionals, 12 states provide funding for local program implementation, nine states (38%) participate in the evaluation of prevention and response efforts, eight states (33%) provide education about state laws and policies, and three states (12.5%) participate in the implementation and enforcement of relevant state laws and policies. Responses total more than 100% since states were asked to check all that apply.

Healthy Oklahoma 2020: Oklahoma Health Improvement Plan

In 2008, The Oklahoma State Board of Health began a strategic planning process to improve the state's ranking on important health status indicators. This process continues its second iteration with Healthy Oklahoma 2020. The workgroup in charge of this process for the children's health priority area identified many pressing issues to address, including bullying. The current health improvement plan, Healthy Oklahoma 2020, released in March 2015, includes the reduction of bullying as a key objective for Oklahoma children.

Table 2: Strategies State Public Health Agencies Utilize to Prevent Bullying

Strategies State Public Health Agencies Utilize to Prevent Bullying (states checked all that apply)	Number of States
Provide information and education about prevention and response	16
Provide training and technical assistance to public health professionals, other professionals, and the general public	15
Collect and disseminate data	13
Participate in the design and implementation of prevention and response efforts	13
Facilitate collaboration between relevant organizations and professionals	12
Provide funding for local program implementation	12
Participate in the evaluation of prevention and response efforts	9
Provide education about state laws and policies	8
Participate in the implementation and enforcement of relevant state laws and policies	3

Types of Bullying Addressed by State Public Health Agencies

When asked about the types of bullying that their state's bullying prevention efforts address, e.g., physical bullying (hitting, kicking, tripping, punching, and pushing), verbal bullying (taunting, name calling, making threats through words or gestures), relational bullying (social isolation, spreading rumors), and/or cyberbullying (taunts, name calling, threats, or embarrassing images transmitted via cell phone or computer), respondents said that their state public health agency's bullying prevention efforts do not focus on one particular form of bullying. Instead, they described efforts to prevent bullying in all its forms, with occasional references to sexual assault prevention and to specific cyberbullying resources.

Systems and Populations Addressed by State Public Health Agency Bullying Prevention Efforts

When asked which systems and populations their state public health agency works with to prevent bullying, 19 states (79% of those involved in bullying prevention) said middle schools; 17 states (71%) said high schools; 15 states (62.5%) said elementary schools; six states each (25%) said afterschool programs, parents, and youth leaders; five states each (21%) said colleges and coaches; and four states (17%) said they do not know (see Table 3). Responses total more than 100% since states were asked to check all that apply.

Table 3: Systems and Populations Addressed by State Public Health Agency Bullying Prevention Efforts

Systems and Populations Addressed by State Public Health Agency Bullying Prevention Efforts (states checked all that apply)	Number of States
Middle schools	19
High schools	17
Elementary schools	15
Afterschool programs	6
Parents	6
Youth leaders	6
College	5
Coaches	5
Do not know	4

Funding for Bullying Prevention

Overall, 13 (54%) of the 24 states whose state public health agency is involved in bullying prevention said they have funds to support bullying prevention efforts, although in nine of these 13 states, the respondents said that more funding is needed. Five states mentioned the Title V MCH Block Grant as a source of funding. Other funding sources included Rape Prevention and Education and state appropriations. Eleven states (46% of the 24 who reported they were involved in bullying prevention) said they do not have funds to support bullying prevention efforts.

Massachusetts Department of Elementary and Secondary Education Model Bullying Prevention and Intervention Plan

To provide schools and school districts with a framework for developing local strategic bullying prevention plans, the Massachusetts Department of Elementary and Secondary Education developed a model prevention and intervention plan in consultation with other state agencies.

When asked how their state public health agency would utilize additional funding for bullying prevention, respondents said they would expand the bullying prevention work that is currently underway. In particular, they mentioned the expansion of school-based bullying prevention activities, including educating teachers and other school personnel (2 states), implementing evidence-based interventions (2 states), educating parents (1 state), peer education and positive youth prevention activities (1 state), and strengthening and supporting an annual bullying prevention summit (1 state), as well as evaluating current laws and programs (1 state) (see Table 4).

Table 4: How State Public Health Agencies Would Utilize Additional Funding for Bullying Prevention

How State Public Health Agencies Would Utilize Additional Funding for Bullying Prevention	Number of States
Educating teachers and other school personnel	2
Implementing evidence-based interventions	2
Educating parents	1
Peer education and positive youth prevention activities	1
Strengthening and supporting an annual bullying prevention summit	1
Evaluating current laws and programs	1

Strategic Plans for Bullying Prevention

Four states (10%) reported that their state public health agency has a strategic plan which includes bullying prevention. These plans are not focused exclusively on bullying prevention, but rather incorporate bullying as part of another public health issue, such as rape prevention or suicide prevention. Respondents from 23 states (55%) said their state does not have a strategic plan for

bullying prevention, while respondents from 14 states (33%) said they were uncertain whether their state has a strategic plan for bullying prevention. One state (2%) left this question blank.

Measuring Progress in Bullying Prevention

Six states (25% of those whose state public health agency is involved in bullying prevention) reported that they are currently measuring their progress in bullying prevention. The most frequently mentioned data source for measuring progress -- and for data on bullying in general -- is the Youth Risk Behavior Survey or a local version of a similar survey. All 42 states that responded to the scan said they have access to some kind of bullying-related data.

Multi-Agency Bullying Prevention Task Forces/Committees

Seven of the 42 responding states (17%) said that their state has a multi-agency bullying prevention task force and/or committee. Of those, three said their state department of health is represented on the task force/committee (see Table 5).

Governor's Task Force on the Prevention of Bullying: Minnesota

Since February 2012, Minnesota has had a Prevention of School Bullying Task Force, at the request of the Governor. This multi-agency task force called on experts, including those from the Minnesota Department of Health, to examine bullying, harassment and intimidation incidents and policies in Minnesota schools. Based on those findings, the task force developed recommendations for policy initiatives for the Governor and Legislature.

Table 5: State Agencies and/or Organizations Represented on State Multi-Agency Bullying Prevention Task Forces/Committees

Agencies/Organizations Represented on State Multi-Agency Bullying Prevention Task Forces/Committees (states checked all that applied)	Number of States
State Department of Education	5
State Department of Health	3
Other (which included Homeland Security and Emergency Management, State Fire Marshal Division, Department of Early Education and Care, and Department of Children and Families)	3
State Department of Mental Health	2
State Department of Justice	2

The bullying prevention task forces/committees are responsible for action planning (5 states), strategic planning (5 states), policy development (4 states), advisory role (3 states), public education (3 states), and data collection and dissemination (2 states) (see Table 6).

Table 6: Duties of State Bullying Prevention Task Forces/Committees

Duties of State Bullying Prevention Task Forces/Committees (states checked all that applied)	Number of States
Action planning	5
Strategic planning	5
Policy development	4
Advisory role	3
Public education	3
Data collection and dissemination	2

Strengths, Challenges, and Opportunities

The most frequently cited strength of current bullying prevention efforts is the involvement of many different agencies in these efforts. However, this strength goes hand-in-hand with a frequently cited challenge and technical assistance need: coordinating programs across agencies.

States listed the following key **strengths** of current bullying prevention efforts:

- Local work, especially school policies and coalitions
- Legislation
- Dedicated staff and commitment to bullying prevention at a high level
- Availability of data (especially YRBS data)
- Ability to reach a wide audience, especially in schools

In addition, respondents in 26 states (62%) reported that they are familiar with the resources and trainings available on the www.StopBullying.gov website.

States listed the following key **challenges** of current bullying prevention efforts:

- The need for funding
- The need for more coordination, collaboration, and information sharing
- The need for more educational and evidence-based resources
- The need to address program implementation challenges in schools
- Prioritizing bullying prevention in the midst of so many other important and pressing issues
- Enforcement of state laws and policies related to bullying prevention

The types of technical assistance and training that states said would be most helpful to them in improving their bullying prevention efforts are:

- Identifying funding opportunities
- Coordinating state efforts and developing/maintaining bullying prevention coalitions

- Resources, referrals, and evidence-based information that is age-appropriate, easy to find, and that includes information about evaluating interventions and measuring outcomes
- Information on what other states are doing to address bullying (including evidence-based programs, policies, and strategic plans)
- Information on overlapping risk factors, especially those for bullying and sexual assault

Conclusion

Just over half (24 states) of the 42 states who responded to the scan said their state public health agency is involved in bullying prevention. All 24 of these states said that both Maternal and Child Health programs and Injury and Violence Prevention programs participate in bullying prevention efforts. All 42 states responding to the scan said they have access to some kind of bullying data, mostly through the Youth Risk Behavior Survey.

These results indicate significant engagement of public health in bullying prevention, but they also show that more can be done to ensure that all state public health agencies play an active role in reducing bullying and that they capitalize on public health's expertise in surveillance, primary prevention, and the development of partnerships with key stakeholders. Improved coordination and collaboration among agencies is needed given the diversity of stakeholders involved in bullying prevention. Information about funding resources is also important since 9 of the 13 states with funding for bullying prevention said that more funding is needed. Finally, the new MCH National Performance Measure on the reduction of bullying among adolescents, ages 12 through 17, offers a significant opportunity for state public health agencies to renew their focus on this important injury issue and to both enhance and expand their bullying prevention efforts.

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