Mental Health's Role in School Violence

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ABSTRACT

School violence is an increasing problem that has come to be extremely common making it very difficult to keep students and schools safe. Current studies focus on whether or not a relationship exists between the outcome of school violence and mental health conditions among high school adolescents. Though, they only address individual acts of school violence or singular aspects of their mental health . The problem with this type of view is that it needs to be looked in a more comprehensive and dynamic way. It is believed that if more mental health conditions were assessed and addressed at school then there would be less school violence overall as a result. Given that mental health conditions serve as potential risk factors for various forms of school violence and other violent outcomes. This study presents three main forms of school violence that focus on the experiences of students that were bullied, engaged in physical fighting, and carried weapons all on school property. Utilizing student's responses from statewide data on the 2017 National Youth Risk and Behavior Survey, that assesses 9th through 12th grade high school students based on specific health-related behaviors. This was selected because it includes variables that relate to mental health conditions and school violence as the current study will explore whether a relationship exists between the two among high school adolescents. Of the varying results, gender difference revealed the greatest significance in identifying that boys were more likely than girls to engage in school violence which brings about its own additional implications in the process. Whereby, indicating that a different, more comprehensive view is needed in screening mental health outcomes which could very likely change outcomes of school violence that currently exist today.

INTRODUCTION

Significance of Study

o Throughout the 2017 to 2018 school year, a total of 3,659 threats and incidents of violence took place across American K-12 schools (Klinger & Klinger, 2018).

o Another survey including middle and high school students revealed 48% were sexually harassed at least once, typically by their peers, during the 2010-2011 school year with 56% being girls and 40% boys (Koebler, 2011). This impact is greater after realizing that not only those committing these acts are affected, but other students, parents, teachers, staff, etc. are too

o The media coverage surrounding school violence causes the public to fear the reality of school violence in a very real way.

o The study's significance is relevant to the field of social work because the results will help in understanding what safety measures are needed and how school social workers can effectively intervene within school settings to alleviate the outcome of violence.

Purpose of Research

o The purpose of this study is to examine the relationship between the outcome of school violence and mental health conditions among high-school adolescents.

Research Questions

o What is the relationship between mental health conditions and the outcome of school violence among adolescent high-school students.

Hypotheses

o It is hypothesized that a higher rate of mental health barriers will lead to a higher rate and outcome of school violence among high-school students.

LITERATURE REVIEW

Bullying at school

o Bullies tend to exhibit certain characteristics including anger and difficulty in emotional regulation (Hobson, Espelage, & Connell, 2018).

Physical Fighting at school

o Adolescents who reported being bullied were more likely to engage in physical fighting in comparison to subjects who were not bullied (Muula, Herring, Siziya, & Rudatsikira, 2009).

Weapon-carrying at school

o It is known that students bring weapons to school for a variety of reasons, but they all come with serious implications.

o Gordon (2019) states that some students bring weapons into classrooms and on school busses to show them off to friends while others bring them for protection.

METHODS

Research Design and Data Collection Procedures

o This study is a secondary data analysis of quantitative data obtained from the National 2017 Youth Risk Behavior Survey. (YRBS) The Center for Disease Control and Prevention conducted the 2017 National Youth Risk Behavior Survey which is a subset of the Youth Risk Behavior Surveillance System (YRBSS) addressing and assessing 9th through 12th grade high school students specifically targeting six main health-related behaviors (Center for Disease Control and Prevention [CDC], 2018a).

o The YRBS sample consisted of high school students in public and private schools from national, state, territorial, and local school-based surveys (Center for Disease Control and Prevention [CDC],2018b). The sampling frame included all regular public (including charter schools), Catholic, and other non-public schools with students in grades 9-12 in the 50 states as well as the District of Columbia which included 14,956 completed questionnaires overall with a total of 144 schools; 191 failed quality control and were excluded from analysis, resulting in 14,765 usable questionnaires (CDC, 2018a).

o A three-stage cluster sample design was utilized to produce a nationally representative sample of the population as a whole (CDC, 2018a). The methods involved coordinated sampling: multiple-school sampling and multiple-class sampling where students were ultimately able to complete the self-administered questionnaire by trained data collectors (Center for Disease Control and Prevention [CDC], 2013).

Sample:

Table I: Sample Demographics (n=14765)	f	%
Race / Ethnicity		
American Indian/ Alaska Native	137	0.9
Asian	648	4.5
Black or African American	2796	19.4
Native Hawaiian	116	0.8
White	6261	43.4
Hispanic / Latino	1543	10.7
Multiple- Hispanic	2104	14.6
Multiple-Non-Hispanic	853	5.7
Gender / Sex		
Male	7112	48.6
Female	7526	51.4
Grade level		
9th grade	3921	26.8
10th grade	3715	25.4
11th grade	3602	24.6
12th grade	3383	22.9
Ungraded or other grade	30	0.2
Sexual Identity		
Heterosexual	12012	85.1
Gay or lesbian	357	2.5
Bisexual	1137	8.1
Not sure	602	4.3
Hours of sleep on school nights		
4 or less	1052	8.9
5 hours	1553	13.1
6 hours	2961	25.1
7 hours	3322	28.1
8 hours	2235	18.9
9 hours	516	4.4
10 or more hours	172	1.5
How well speak English language		
Very well	8913	83.2
Well	1577	14.7
Not well	138	1.3
Not at all	83	0.8

Measures:

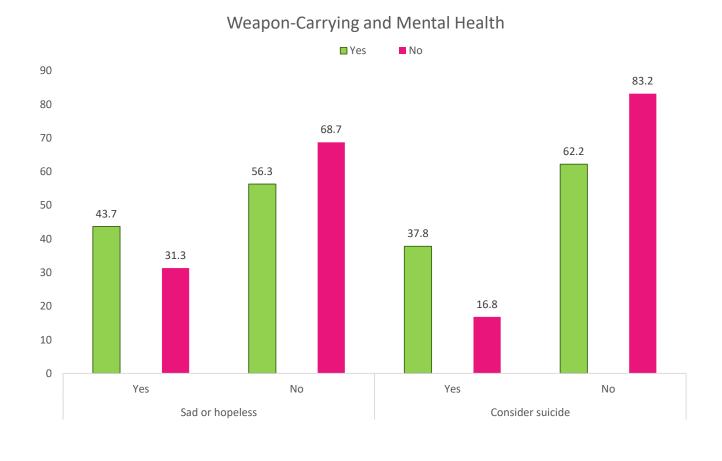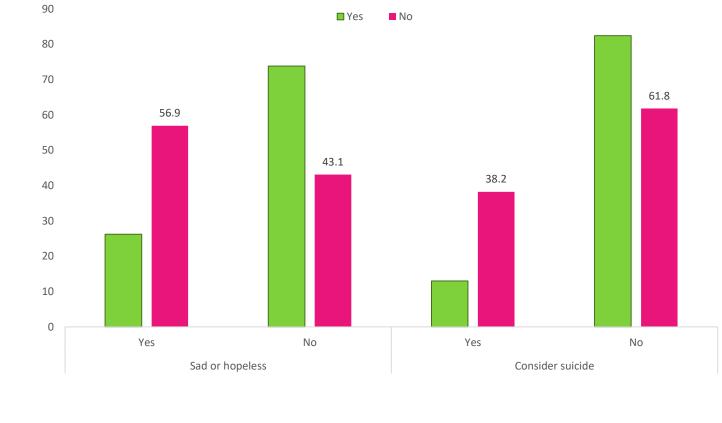| Table 2 – Study Variables Table	f	%
Independent Variables:		
Weapon carrying at school		
Yes	604	4.2
No	1390	95.8
Physical fighting at school		
Yes	1301	8.8
No	13177	89.2
Bullying at school		
Yes	2665	18.2
No	11941	81.8
Dependent Variables		
Sad or hopeless		
Yes	4631	31.9
No	9896	68.1
Consider suicide		
Yes	2571	17.7
No	11982	82.3
Grades in school		
Mostly A's	4260	36.5
Mostly B's	4384	37.6
Mostly C's	2062	17.7
Mostly D's	377	3.2
Mostly F's	149	1.3
None of these	50	0.4
Not sure	392	3.4
Difficulty concentrating		
Yes	3445	32.3
No	7223	67.7

RESULTS

Chi-Square Test(s)

o Essentially, chi-square tests comparing mental health symptoms to the independent variables resulted in a number of significant associations for all three of these independent variables which include bullying, weapon-carrying, and physical fighting while on school property. In running a test comparing being bullied and having considered suicide, a significant correlation was found (x2(1) = 944.65, p < 0.05), while a Cramer's V statistic suggested a moderate relationship (0.26).

o Another test examined weapon carrying and having considered suicide. A significant correlation was found ($x^2(1)$ = 167.19, p < 0.05), while a Cramer's V statistic suggested a weak relationship (0.11). The majority of those to identify as having brought a weapon to school did not identity as being sad or hopeless (62.2%) compared to the 37.8% that brought a weapon to school and considered suicide.
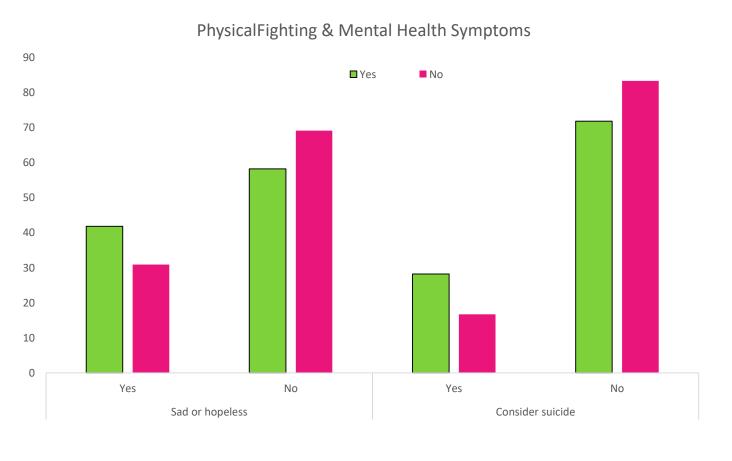
o In a chi-square test examining psychical fighting and having considered suicide, a significant correlation was found (x2(1) = 106.22, p < 0.05), while a Cramer's V statistic suggested a weak relationship (0.09). The majority of those to identify as having been involved in physical fighting at school did not identity to have considered suicide (71.8%) compared to the 28.2% that did engage in fighting and considered suicide.
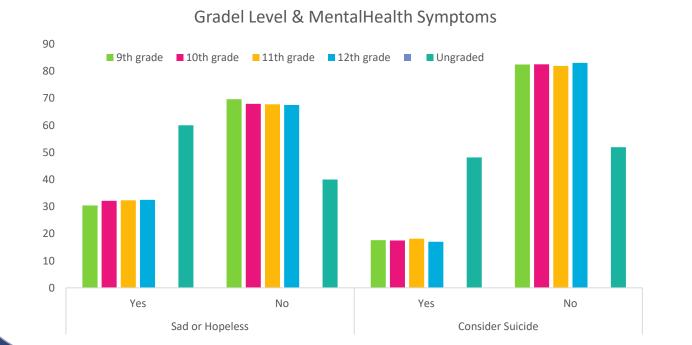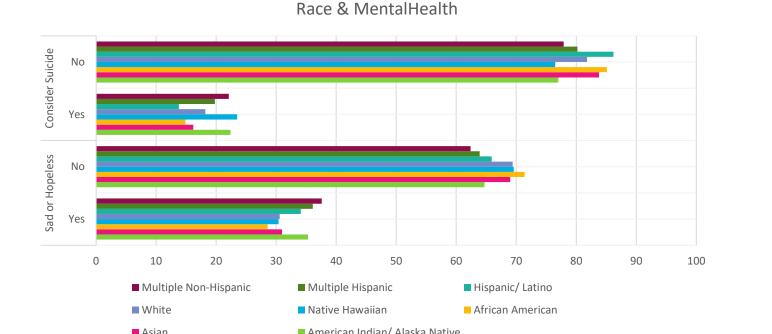
o Among the various chi-square tests calculated comparing sample demographics to mental health symptoms, the frequency comparing sad or hopeless across gender, indicated a significant association (x2(1) = 630.45, p < 0.05), while a Cramer's V statistic suggested a moderate relationship (0.21). Females were significantly more likely to identify as feeling sad or hopeless (41.2%) versus 21.7% of males.
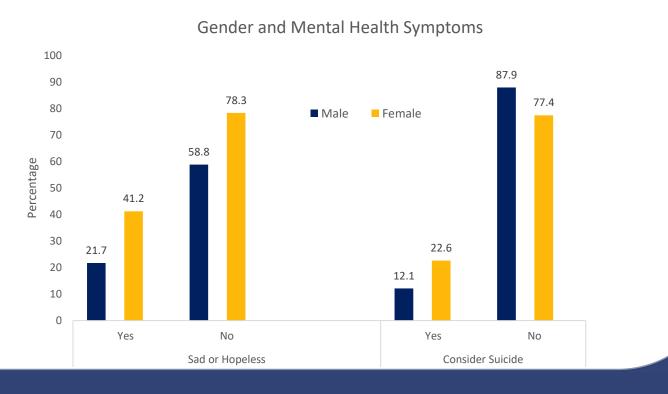

Weapon-Carrying and Mental Health

Being Bullied & Mental Health Effects

PhysicalFighting & Mental Health Symptoms

Grade1 Level & MentalHealth Symptoms

Race & MentalHealth

Gender and Mental Health Symptoms

DISCUSSION

Summary of Findings

o Students with higher grades were also more likely to have been bullied while students with lower grades were more likely to engage in physical fighting.

o Students that were more likely to carry a weapon on school property were also those who were less likely to report being sad or hopeless or to have considered suicide, but given the significant results that suggest a moderate relationship exists, it further supports the idea that a relationship does in fact exist.

o The same is also true of bullying and physical fighting. Though, the only difference for fighting is that a weak relationship exists which obviously does not provide as much support, but still indicates significance overall.

Practice and Policy Implications

o Implications for practice further support the overall idea that a different, more comprehensive view and universal screening-tool for mental health symptoms/ conditions which would help in shifting a change in outcomes of school violence that currently exist today.

o If these suggested practice implications are implemented, then it will thereby also affect policy implications in the process as well. Because, having a more standardized approach would mean that other important and more business-type and/or government-based entities would also become involved as a result.

Strengths and Limitations

o One of the greatest strengths of this study is that it recognizes a number of mental health symptoms or behaviors in addition to several areas of school violence

O As for the limitations, it is believed that another design or at the very least fine tuning this one could be done to improve the study which would also belikely to improve the results all the while further supporting and strengthening the study.

ACKNOWLEDGEMENTS

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