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## Effects of Mental Health Programs on School Violence

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# EFFECTS OF MENTAL HEALTH PROGRAMS ON SCHOOL VIOLENCE

by

LILLIAN GRAY

(Under the Direction of Laura E. Agnich)

## ABSTRACT

Bullying, defined as any unwanted aggressive behavior(s) by another youth or group of youths who are not siblings or current dating partners that involves an observed or perceived power imbalance and is repeated multiple times or is highly likely to be repeated, is becoming an epidemic in our schools, with rates of victimization rising (Donegan, 2012). This thesis examines mental health programs already established within schools, as well as schools where students do not have access to mental health resources and compares the amount of violence that is perpetrated within these schools. Next, this study explores the relationship between bullying, victimization and perpetration, and mental health, which is often very stigmatized in our society. This research utilizes linear regression models in order to explore this relationship while hypothesizing that student and community involvement as well as teacher training to recognize signs of bullying will be associated with lower levels of bullying. This research should therefore help to combat the issue of bullying in the future. The utilization of both social bond and labeling theory help to explain some reasoning behind perpetration of these issues. Results of this study show that while the presence of acceptance groups, such as LGBTQ+ support groups may not necessarily stifle the issues of bullying or cyberbullying, community involvement and smaller school and class sizes do have an impact of this issue within our schools.

INDEX WORDS: School violence, Mental health, Bullying, Cyberbullying, Sexual harassment, Labeling theory, Social bond theory

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## DEDICATION

To my family, for their constant love and support. Without you, none of this would've ever been possible. To my people, thank you for all of the late nights, pep talks, more wings than I could ever imagine, and the love that you all show me every day. Without you, my days would be pointless and boring. I love you all endlessly

HG CG WH CH AG GJ KH CR KN

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## CHAPTER 1

### INTRODUCTION

School violence is most commonly defined as “intentional use of physical force or power, against another person, group, or community, with the behavior likely to cause physical or psychological harm” (Centers for Disease Control and Prevention (CDC), 2016, p.1), occurring on school grounds or during a school sponsored event. Although, there is a definitional issue that arises when trying to differentiate school violence and violence that happens at school. This is an important differentiation to make, especially when referring to policy. School violence is unique because it is violence that happens simply for the fact that it is at a school. It is violence that may not happen outside of a school. For example, a school shooting is school violence because of the fact that it happened on school grounds and would not have happened without the “school” aspect. Violence that happens at school, is violence that could happen anywhere, and just happens to be at school.

The most common form of school violence reported is that of bullying, along with the consequences that stem from torment. Reports show as much as 15% of students who experienced bullying in school have attempted suicide with about 38% reporting self-harm (Kessel-Schneider et al., 2012). Policy makers always differ on the creation of policy, mostly because of the difference in opinion of what constitutes bullying (Rocque, 2012). Because there is no real “profile” of those who perpetrate school violence, this becomes harder and harder to study. Only a few common characteristics are shared, which makes the creation of policy to hinder these acts even more difficult. Experiencing mental health issues within their lifetimes, especially during school age, is something that is shared by both victims and perpetrators of school violence. Many of these mental health crises

happen during adolescence, yet many schools throughout America are not equipped to handle mental health issues. This is why it is important to examine what is being done about school violence, and what can be done in the future in order to make schools a safe learning environment. In order to learn how to fix the issue of school violence, we must learn what the extent of the violence is, as well as the perception of school violence by students that are experiencing this violence.

School violence is becoming an epidemic of its own, with reports of bullying and cyberbullying within schools higher than ever (Donegan, 2012). The goal of this research is to examine and determine how mental health supports within schools are associated with levels of violence. The present study examines variables such as student involvement, community and mental health professional involvement, teacher training, and various demographics such as size and grade level of schools in order to determine the effect these had on the level of bullying, sexual harassment, and cyberbullying reported within the school. Finally, it is important to examine the overall stigmatization of mental health within the community. This helps to paint a broader picture of what students may be dealing with at a community level, which may be spilling into their school and home lives. This is measured by the community involvement within schools, as well as mental health involvement from professionals outside of the school. The goal of this research is to discover if there is a link between mental health resources and the level of school violence, conceptualized as bullying, sexual harassment, and cyberbullying, in order to inform policies and practices to ameliorate the level of violence in schools nationwide. For the purposes of this study, the CDC definition of bullying will be used. Bullying therefore is defined as “any unwanted aggressive behavior(s) by another youth or group of youths who are not siblings or current dating partners that involves an observed or perceived power

imbalance and is repeated multiple times or is highly likely to be repeated” (Jackson et al, 2018, p.3).

## CHAPTER 2

### LITERATURE REVIEW

Dr. Michael Rocque discussed the idea of a “media-initiated moral panic” that is seen after school shootings (Cohen, 1972; Burns & Crawford, 1999; Goode & Ben-Yehuda, 2009; Rocque, 2012 p. 304). This is evident in many of the high-profile school shootings that have taken place over the past 25 years. For example, because of the media at Columbine right after the massacre, there were multiple false reports including death toll, motives of perpetrators, and even who the perpetrators were. Some suggest that since the involvement of middle-class shooters in middle class areas is high, media attention is also heightened, which in turn makes these events seem more prevalent (Goode & Ben-Yehuda, 2009; Luke, 2008; Rocque, 2012). Risk factors for these shooters try to explain who school shooters are, not really focusing on why or how they perpetrated their crimes (Rocque, 2012). What is known about school shooters however, is that there are several similar characteristics in the majority of them; they are disproportionately male, victims of some sort of harassment, and may have a history of mental illness (Farrington, 2007; Rocque 2012). Research has shown that the targets are generally symbolic, so what becomes important is making a statement with horrendous violence, not demanding revenge on a particular person or persons (Rocque, 2012).

It is important to remember that while violent crime in schools have fallen from 13 per 1000 students in 1994 to 4 per 1000 students in 2007, a decrease of 70%, according to the National Center for Education Statistics report, reports of bullying and cyberbullying in schools has increased (Dinkes, Kemp, & Baum, 2009; Rocque, 2012) (Donegan, 2012). According to the Centers for Disease Control and Prevention (CDC), deaths from school violence decreased from 1992 to 2006, when it stabilized (CDC, 2008; Rocque, 2012).

## **Mental Health Resources in Schools**

Considering the media attention that has been paid to the mental health of perpetrators of school shootings, it is important to examine mental health resources deployed in schools. This is particularly important because reports of mental illnesses are increasing among youth in the United States. Within the last year, youth aged 13-17 have reported a 40% rise in anxiety, mood and behavioral disorders, and substance abuse (Demissie & Brener, 2017). Almost half of all mental health conditions start in adolescence (Demissie & Brener, 2017). Even though these issues are on the rise, studies report that only about 45% of youth seek treatment for mental health issues (Demissie & Brener, 2017). Contributing factors to this include a shortage of specialized care providers insurance coverage issues, lack of access, and lack of coordinated care. Lack of stable living conditions, confidentiality issues, and fear of stigmatization also contribute to the fear of youths not seeking treatment (Demissie & Brener, 2017). Often times, teachers or school staff are the first to notice signs of mental health issues, because of the age of first emergencies. This fact makes schools ideal candidates for the introduction of mental health programs and assistance. Studies suggest that only about half of schools nationwide have a school psychologist or social worker on staff, suggesting that many schools do not have adequate staff available to provide the mental health and social services students may need (Demissie & Brener, 2017).

The American Academy of Pediatrics (2003) outlines several recommendations that schools should take into consideration while trying to build their mental health programs. It is recommended that these programs be used in conjunction with educational programs and school-based health services. School social workers, guidance counselors, school psychologists, school nurses, and all mental health therapists should plan preventive

and intervention strategies together with school administrators and teachers, as well as with families and community members (Committee on School Health, 2003). Preventive mental health programs show the overall success of students and speak to how important they are. The authors note how mental health programs and schools in general should be developed to include a healthy social environment, clear rules, and expectations that are well publicized. Proper staff training is also crucial in order to recognize the signs and symptoms of mental health problems as they are developing (Committee on School Health, 2003). It is also recommended that students be provided with a safe, confidential, and private area within the school grounds; this is crucial in the event of the sudden onset of a mental health emergency. Finally, confidentiality should be the school's number one priority. (Committee on School Health, 2003).

### **Mental Health and Bullying among Students**

School violence can include many different actions. Typically, when thinking of school violence, many people's minds go to two places, either straight to extremely violent and deadly crimes, such as school shootings, or to "less harmful" crimes such as bullying. While bullying is typically thought to be less harmful and deadly than other acts of school violence, Kessel-Schneider et al. (2015) discussed how cyberbullying has led to many high-profile suicides as well as just the decline of the overall well-being of students at school (Kessel-Schneider et al, 2015). These researchers defined cyber-bullying as "acts of intentional and repeated harm that occur through online communications of text and images via computers, mobile phones, and other electronic devices" (Kessel-Schneider et al, 2015 p.12). Studies have shown that between 11% and 18% of high-school aged children are victims of cyberbullying (Kessel Schneider et al, 2015). Girls are more likely to be victims of the type of violence, with the 2011 national Youth Risk Behavior Survey

finding twice as many girls (22%) were electronically bullied compared with boys (11%) (Kessel-Schneider et al, 2015). This kind of violence is also about twice as likely to be perpetrated against sexual minorities (Kessel-Schneider et al, 2015). School violence is extremely prevalent in Europe, forcing the problem into the spotlight where much legislation has been written to help the problem that has even begun to affect the teachers in school (Agnich & Miyazaki, 2013). It is often found that faculty and staff either over or under report acts of violence, depending mainly on the nature of the crime (Agnich & Miyazaki, 2013). Academic achievement is often stressed in competitive school environments, leading to school violence being explained with the argument that lower levels of academic success can lower self-esteem, which in turn leads students to exhibit violent behavior (Agnich & Miyazaki, 2013).

There is still a stigmatization of mental health in the United States, with many places just now accepting mental health issues as a disability. Furthermore, Fishbein (1998, pp. 105-106) stated that if the school is ill equipped to deal with a child who is neuropsychologically different or has learning disabilities and places the child in a special-needs category or removes him or her from the classroom, this can further alienate the child and inculcate the view that he or she is “different” and inadequate, resulting in a dramatic decline in self-esteem. This decline in self-esteem and the “label” they receive for getting placed into the category of mental health can lead to a breakdown of opportunities, which then in turn leads to the student relaying on violence, if for nothing else, then as a way to get attention. Matsueda (1992) argues that youths' reflected appraisals of themselves from the standpoint of parents, teachers, and friends form their personalities and actions most. This holds for reflected appraisals as rule violators, distressed, sociable, and likely to succeed. This becomes important when teachers and other adults who have

large impacts on the youth's life outcomes are the ones who label the individual. Akiba et al (2002) showed that poor achievers in school are often labeled as failures. This label can result in negative student attitudes toward school and eventually rebellion against school. Many students then show rebellion by acting on urges of violence. All evidence has pointed to parents having the largest influence on youths. Evidence showed that poor achievers in school are often labeled as failures. This label can result in negative student attitudes toward school and eventually rebellion against school. Many students then show rebellion by acting on urges of violence. All evidence has pointed to parents having the largest influence on youths. Matsueda (1992) noted that parental labels of youths, as rule violators, are more likely among delinquents, nonwhites, and urban dwellers. Most of these effects operate indirectly through prior delinquency.

The above information sets up the importance of the following study. Mental health stigmatization is a serious problem and can exacerbate the issue of school violence. While it is important to not blame or label mental health itself as the cause of this violence, it is crucial to investigate a possible link between the two. This study attempts to do this. The following study will examine the relationships between student involvement, community and mental health professional involvement, teacher training, and demographics as a whole in order to determine if such a link does exist.

## CHAPTER 3

### THEORETICAL PERSPECTIVE

#### *Labeling Theory*

Labeling theory is the focus on the formal and informal stigmatization of deviance by applying labels to those who defy social norms (Akers et al, 2017). The theory looks at labels as both causes and effects of deviance. When looking at labels as effects, they attempt to explain why a certain behavior is socially defined as wrong and certain persons are selected for stigmatization and criminalization. Labels are viewed as causes when discrediting labels cause continuation and escalation of the criminal and delinquent behavior (Akers et al, 2017). Labeling theorists contend that the deviant behavior of labeled individuals is secondary to the label itself. It does become important who labels a deviant youth, and this affects how this label will affect their behavior. Typically, agents of control impose the labels, and these are the people who decide what behavior will be banned or discredited as deviant or illegal. Finally, the theory states that those who are labeled or dramatically stigmatized as deviant are likely to take on a deviant self-identity and become more deviant than if they had not been so labeled (Akers et al, 2017).

When discussing labeling theory, the term *agents of control* become crucial. Agents of control, those who function on behalf of the powerful in society and impose the labels on the less powerful are important propositions in labeling theory (Akers et al, 2017). An important proposition in labeling theory is the idea of symbolic interactionism. Symbolic interactionism is the way an individual's identity and self-concept, cognitive processes, values, and attitudes exist within in the context of society acting, reacting, and changing in social interaction with others. One major concept within symbolic interactionism is the idea of the looking-glass self. This is when our own self-concepts are

reflections of other's conceptions of us. Basically, we become what we think others think we are. If significant others interact with someone as if he or she were a certain type of person with certain characteristics, then a sort of self-fulfilling prophecy may happen, so the person comes to take on the same characteristics (Akers et al, 2017). We determine what others think we are by the labels that are applied onto us by them. While there may be a lack of empirical conformation for labeling theory, this does not necessarily mean that the validity is not there, and that labels and sanctions never have unintended consequences. It does however mean that the consequences happen infrequently due only to labels, and no other outside factors (Akers et al, 2017).

Early critiques of labeling theory include the theorist's choice to disregard actual deviant behavior. Critics say that even the powerless do not always accept deviant behaviors after those with more power label them as such. Critics also believe other factors push those into deviant behavior that should be considered. The major policy that was born out of this theory is the juvenile diversion movement. The main form of diversion is deinstitutionalization, which strives to remove juveniles from jails and detention centers and put them into other programs that doesn't effectively label them as deviants (Akers et al, 2017). A 1974 law changed the fact that "status offenses" were criminalized, rather than choosing to assist families of those who committed these offenses. The major status offenses that were being committed were running away from home, truancy, curfew violations, and incorrigibility. Instead, these offenses were decriminalized, and all juveniles currently being held for these offences were released. While this was an encouraging step in helping labels effect juveniles, many theorists believe this may have happened too late in the process to avoid the deviant label. Because

of this, there has been a major push to set up local programs so there was no further movement into the criminal justice system (Akers et al, 2017).

Mental illness is very rarely identified in a perpetrator or perpetrators before an incident, and many of the perpetrators are diagnosed after the attack (Newman et al., 2004; Rocque, 2012). According to a study conducted in 2013, fewer than half of youth surveyed reported using mental health resources in the previous year. As expected, those with more prominent behavior disorders are more likely to receive treatment than are those with underlying disorders such as depression or anxiety (Green et al, 2013). This study has found that schools are more likely to make an impact on the students' overall mental health if the issues are discovered and treatment is started at an earlier age, rather than delaying treatment until adulthood. School culture is very important when dealing with mental health issues, so a school that is more likely to identify a mental health issue earlier on, most likely has a culture that is aware of mental health, thus lowering the stigmas surrounded by it (Green et al, 2013). Youth that have exhibited serious emotional disturbance disorders are more likely to both have access to as well as utilize access to mental health resources such as counseling (Green et al, 2013). This is reflective upon monetary resources, or lack thereof. According to the National Association of School Psychologists students who receive both socio-emotional and mental health support both at home and at school tend to perform better academically, have improved learning, have better behavior, and tend to feel more connected with others (Demissie & Brener, 2017). To further this point, studies have found that poor mental health can often be associated with discrimination, social exclusion, unhealthy behaviors, violence, delinquency, school dropout, and physical illness (Demissie & Brener, 2017).

Intervention for juvenile delinquency must be handled very delicately, as official intervention through the criminal justice system may negatively affect educational attainment by triggering stigma and exclusion in school (Bernburg and Krohn, 2003). Bodwitch (1993) has shown that those labeled as having delinquent behavior by school officials are subject to harsher disciplinary procedures, such as temporary suspension, transfer to another school, or even expulsion. The negative social label a teacher may put on a student leads to alienation by other students, thus furthering the deviant behavior of the youth in the first place. Educational attainment, in turn, shapes employment opportunities in adulthood. The labels may follow the students around forever, even affecting employment opportunities far into adulthood. Not only has it been shown that employers shy away from hiring those with delinquent pasts, individuals may fear and possibly even expect rejection from others, including employers thus being less likely to apply for jobs. Over time, it has been shown that social isolation caused by the stigmatizing label attached to the deviant behavior raises the likelihood of subsequent involvement in deviant activity (Bernburg and Krohn, 2003). The measures in the following study, specifically teacher training and student and community involvement speak to and rely heavily on the labeling perspective. With the proper training, as well as the lessening of stigmatizing behaviors, the act of labeling those with mental health issues, even if unintentional, begin to fade away.

### *Social Bond Theory*

Social control and social bond theories propose that relationships, commitments, values, norms, and beliefs are the main driving factor to what encourages people not to break the law (Akers et al, 2017). Because of this, it is theorized that if moral codes are internalized and individuals hold a stake in their community, this will help to limit their

tendency to commit a deviant act. Furthermore, one of social bond theory's main goals is to reach an understanding of the ways that it is possible to reduce the likelihood of criminality developing in individuals (Akers et al, 2017). This theory does not consider peoples motivations, rather believing that human beings may choose to engage in a wide range of activities, unless the range is limited by the processes of socialization and social learning (Akers et al, 2017). Finally, the theory states that choices are constrained by implicit social contracts, agreements and arrangements among people. Because of this belief, morality is created in the construction of social order, assigning costs and consequences to certain choices and defining some as evil, immoral and/or illegal (Akers et al, 2017).

Social bond and control theories have morphed a great deal overtime. While the underlying premise of the theories are similar, with new research, new forms of the theory have been fashioned (Akers et al, 2017). Many people say that control theories are different because rather than looking why some people are deviant, it looks at why people conform and are not deviant. This differs from most existing theories of crime. Control theory posits that we conform because social controls prevent us from committing crimes, so when these controls breakdown, we see deviance. Early control theories include those of Reiss's and Nye's theories of internal and external controls, Reckless's containment theory, and Sykes and Matza's techniques of neutralization and drift (Akers et al, 2017). Through these theories, we are introduced to the ideas of direct controls (punishment is imposed for misconduct and compliance is rewarded), indirect controls (delinquency is refrained from because of potential of disappointment) and internal controls (ones conscious or sense of guilt stops them from engaging in a delinquent act) (Akers et al, 2017). We also see the idea of outer and inner containment introduced by Reckless which

includes the idea of outside sources restricting delinquency (outer containment) and the idea of a self-conscious restricting delinquency (inner containment) (Akers et al, 2017). More recent forms of control theories come from Hirschi's research, as he is now considered the leading control theorist. In his social bond theory, Hirschi's general proposition is that delinquent acts result when an individual's bond to society are weak or broken (Akers et al, 2017) Four elements make up this theory; attachment, commitment, involvement, and belief (Akers et al, 2017).

Since Hirschi's social bonding theory is the main control theory of modern criminology, it seems fitting that the key propositions he brings up are discussed here. Attachment to others is the extent to which one has close ties to others (Hart & Mueller, 2013). This includes affectional ties, admiration, and the extent to which they identify with others. The theory says that this shows how much we care about their expectations, thus keeping one from committing crime. This theory says that even if a child has strong bonds to other delinquents, the less likely they are to be delinquent. Next, there is commitment (Hart & Mueller, 2013). This refers to the extent to which individuals have an investment in conventionality or a "stake in conformity." Involvement is one's attachment to or engrossment in conventional activities, such as spending time with the family. The idea here is that one is simply too busy to participate in delinquent behavior. Finally, there is belief. The idea here is that one's beliefs are so strong in conventional values and norms, including the belief that laws and society's rules are morally correct. Hirschi argues that if deviant beliefs are present, there is nothing to else to explain (Hart & Mueller, 2013).

While some empirical research has shown that there is validity to social bond theory, overall, the empirical validity has been low to moderate at best (Akers et al, 2017).

While the overall thoughts and propositions behind this theory still stand with high empirical validity, more research has shown the reasoning behind the original propositions may not have very much empirical validity. One major criticism of this theory is that it doesn't really tell us why people commit crimes, only why they don't, which often makes research and the creation of policy difficult (Akers et al, 2017). The original theory is often also criticized for data collection and methods used (Akers et al, 2017).

Social bond theory speaks to involvement of students and teachers within schools. A main proposition of social bond and control theories is that involvement may help to stifle deviant acts of potential perpetrators. This researcher examines student involvement in things such as LGBTQ+ groups, as well as with other clubs and finally involvement in peer mediation groups. These speak to the bonds that students and teachers are able to form with each other and the school community as a whole. As social bond theory hypothesizes, those who have ties to the community and to each other are less likely to partake in deviant behavior because of those ties. While this theory may not be able to speak to why students commit the acts of bullying, sexual harassment, and cyberbullying, it is able to give some insight as to why they may not commit such acts. With the goal of the researcher being to discover if mental health programs work within schools, social bond theory is able provide insight as to why they may work, and if they don't, what one can do to alter the program to make it a better fit to help stifle these delinquent acts.

## CHAPTER 4

### METHODS

#### *Data and Sample*

Data utilized in this study is from the School Survey on Crime and Safety (SSOCS) from 2015-2016. This data was acquired for The National Center for Education Statistics. The School Survey on Crime and Safety is nationally representative survey of 3,553 primary, middle, high, and combined public schools. This survey yielded a weighted response rate of 62.9%, with a total sample size of 2092 public schools. The majority of the surveys completed were completed by principals or vice principals. Data was collected through mailed out surveys by the Census Bureau. One week prior to the initial questionnaire mailout, an advance letter was sent to the principals of sampled schools, along with a brochure providing additional information about the survey (Jackson, 2018). Questionnaires were sent via FedEx directly to the principals of the sampled schools along with a cover letter describing the importance of the survey, a promotional SSOCS pen, and a preaddressed, postage-paid return envelope (Jackson, 2018).

The focus of this specific project is the relationship between school level demographics, as well as well as mental health characteristics and programs, and bullying and violence within schools. The data collection for this study's base year took place in the 2015-2016 school year.

#### *Dependent Variables*

The dependent variables analyzed in the present study will consist mainly of bullying and violence, which are operationalized in several ways within the raw data. First, the question "To the best of your knowledge, how often do the following types of problems occur at your school?" will be examined. The measures will be *student bullying*

*and student harassment based on sexual orientation.* Responses were coded as 1=on occasion, 2=at least once a month, 3=at least once a week, and 4=happens daily.

Next, cyberbullying will be examined based on the question, “to the best of your knowledge, thinking about problems that can occur anywhere (both at your school and away from school), how often do the following occur?”. The measure is how often is *school environment is affected by cyberbullying*. This will be operationalized as; 1=on occasion, 2=at least once a month, 3=at least once a week, and 4=happens daily. For the purposes of this study, cyberbullying is defined as “when willful and repeated harm is inflicted through the use of computers, cell phones, or other electronic devices” (Jackson et al, 2018).

### *Independent Variables*

The independent variables analyzed in the present study will consist of mental health programs, location of school (urbanicity), student and community involvement, diagnostic assessment and treatment, and teacher training. These are operationalized in several ways, including *student involvement, community and mental health professional involvement, teacher training, and demographics*. Variables were recoded into binary dummy variables for analysis.

*Student Involvement* The first set of variables will look at student level variables. These will include the following questions; During the 2015-16 school year, did your school have any formal programs intended to prevent or reduce violence that included the following components for students? Student involvement in peer mediation, During the 2015-16 school year, did your school have any recognized student groups with the following purposes? Acceptance of sexual orientation and gender identity of students

(e.g., Gay-Straight Alliance). All of the previous variables were operationalized with 0=no and 1=yes.

*Community and Mental Health Professional Involvement* An important aspect of mental health intervention, especially when it comes to violence is the involvement of the community. Community involvement is measured based on the school administrators' responses to "During the 2015-16 school year, were any of the following community and outside groups involved in your school's efforts to promote safe, disciplined, and drug-free schools?" The specific variable included is mental health intervention. Diagnostics assessments were also included in the measurement with the question; During the 2015-16 school year, were the following mental health services available to students under the official responsibilities of a licensed mental health professional? was asked to measure this, with Diagnostic assessment for mental health disorders at school by a mental health professional employed by the school. Finally, treatment was measured by asking During the 2015-16 school year, were the following mental health services available to students under the official responsibilities of a licensed mental health professional? with the following variables Treatment for mental health disorders at school by a mental health professional employed by the school or district. The above were operationalized as 0=no and 1=yes.

*Teacher Training* The fourth group of variables measure the amount of training teacher received in policies relating to policies and warning signs to both violence and mental health. This is measured by asking During the 2015-16 school year, did your school or school district provide any of the following for classroom teachers or aides? And uses the following variables; training in school-wide discipline policies and practices related to cyberbullying, training in recognizing early warning signs of students likely to

exhibit violent and bullying behaviors, training in recognizing physical, social, and verbal bullying behaviors, and training in crisis prevention and intervention. The above are all operationalized as 0=no and 1=yes.

*Demographics* The final group of variables will examine school level demographics. First, urbanicity will be measured and operationalized 1=City, 2=Suburb, 3=Town, 4=Rural. Grade level will be measured next with 1=primary, 2=middle, 3=high, 4=combined. Size of school is next and operationalized as 0=< 300, 1=300 – 499, 2=500 – 999, 3=1,000 +. Finally, the percentage of non-Hispanic white enrollment will be explored and operationalized as 0=50 percent or less, 1=More than 50 but less than or equal to 80 percent, 2=More than 80 but less than or equal to 95 percent, and 3=More than 95 percent.

#### *Analysis*

Data will be analyzed using linear OLS linear regression models in order to gather the significance of the variables. Four models will be run for each dependent variable. OLS linear regression will allow for the account of the distribution of the dependent variables. Since the independent variables will act individually on the dependent variable, this method allows for the determination of the individual impact of the independent variables within the models the dependent variables. Finally, descriptive statistics will also be gathered in order to get a succinct picture and a better understanding of the individual characteristics of each variable.

#### *Hypotheses*

Student involvement, such as LGBTQ+ acceptance groups, will reduce the amount of bullying, cyberbullying, and sexual harassment reported within schools. The author also hypothesizes that community involvement and teacher training will also help to reduce the amount of bullying, cyberbullying, and sexual harassment. Next, it is posited

that suburban schools and high schools will have a positive relationship with the amount of bullying, cyberbullying, and sexual harassment seen in schools. Finally, the size of the school will also have a positive relationship with these dependent variables.

## CHAPTER 5

### RESULTS

Descriptive statistics were run to gain an understanding of the characteristics of both the independent and dependent variables. As shown in table 1, there were a total of 2092 schools participating in the survey. Approximately 17% of students (n=2039) report being bullied at least once a week. Approximately 2.7% of students (n=1448) report being victims of sexual harassment at least once a week. And finally, approximately 15.1% of students (n=1700) report being victims of cyberbullying at least once a week. Results are also broken into certain demographics such as grade of the school, urbanicity, and percentage of white students. 26.7% of schools were urban schools, 37.3% were suburban, and 36% were rural (n=2092). For grade level breakdown, 37% were high schools, 34.4% were middle schools, 24.7% were elementary schools, and finally, 4% were combined grade levels (n=2092). Finally, 31.2% of schools report having at least an 80.1% enrollment of white students. Four OLS linear regression models were run on each of the dependent variables; bullying, cyberbullying, and sexual harassment.

A series of OLS linear regressions examine the relationships between demographics, mental health programs, and bullying. The first model in tables 2-4 examine the effects that peer mediation and LGBTQ+ acceptance groups have on the dependent variables. The second model furthers this examination by adding variables for community mental health intervention, diagnostic assessment by a school mental health professional, and treatment by a mental health professional. The third model adds the variables for teacher training in cyberbullying, bullying, violence intervention, and recognizing the signs of bullying. And finally, the last model includes demographic information, including suburban or rural school location, size of school, grade level

including primary, high school, or combined school, and the percentage of white students within the school. Urban schools and middle schools were excluded as means of control.

Table 2 is the OLS linear regression model but the frequency of reported bullying among students. In this table, model one shows that schools having LGBTQ+ acceptance groups ( $b=.089$ ) has a positive relationship with the amount of bullying within the school and is significant with a  $p$  value of  $<.05$ . In model two table 2, when community mental health intervention ( $b=.072$ ) is introduced within schools, this variable is significant with a  $p$  value of  $<.1$ . This shows that community mental health intervention may actually be associated with an increased amount of bullying within schools. In model three in table 2, community mental health intervention is once again significant with a  $p$  value of  $<.05$  ( $b=.085$ ). In model four table 2, many variables become significant, especially when controlling for urban and middle schools. Community mental health intervention is once again significant with a  $p$  value of  $<.10$  ( $b=.069$ ), teacher training on the recognition of bullying is significant with a  $p$  value of  $<.05$  ( $b=.007$ ), the size of the school ( $b=.118$ ) and whether the school was a high school ( $b=-.356$ ) or a primary school ( $b=-.304$ ) were also all significant at  $p$  value of  $<.05$ .

Table 3 is the OLS linear regression model but the frequency of reported cyberbullying among students. In this table, model one shows that LGBTQ+ acceptance groups is significant with a  $p$  value of  $<.01$  ( $b=.207$ ). In model two table 3, LGBTQ+ acceptance groups ( $b=.186$ ) and community mental health intervention ( $b=.140$ ) are both significant with a  $p$  value of  $<.01$ . In model three in table 3, LGBTQ+ acceptance groups ( $b=.180$ ) and community mental health intervention ( $b=.148$ ) are again, both significant with a  $p$  value of  $<.01$ . In model four table 3, many variables become significant, especially when controlling for urban and middle schools. Community mental health

intervention is once again significant with a  $p$  value of  $<.05$  ( $b=.127$ ), rural schools ( $b=-.019$ ) and size of school ( $b=.090$ ) are significant at a  $p$  value of  $<.01$ . Finally, both primary ( $b=-.450$ ) and high ( $b=-.084$ ) schools are significant at a  $p$  value of  $<.10$ . Table 4 is the OLS linear regression model but the frequency of reported sexual harassment among students. There was much less significance in this model, due possibly to the missing data, or more likely, the smaller amount of reported sexual harassment. The OLS linear regression model 1 shows that neither peer mediation nor LGBTQ+ acceptance groups held significance in reducing the amount of sexual harassment within schools. In model 2, having a diagnostic assessment done at school, by a school mental health professional ( $b=-.048$ ) was significant at a  $p$  value of  $<.10$ . Again, nothing was held to significance in model three. In model four, however, both suburban schools ( $b=-.067$ ) and primary schools ( $b=-.105$ ) were significant variables, with a  $p$  value of  $<.05$ .

## CHAPTER 6

### DISCUSSION AND IMPLICATIONS

While some of the results may be surprising and the hypothesis is rejected, others fail to reject the null hypothesis altogether. While it was predicated that student involvement, specifically involvement in LGBTQ+ acceptance groups would reduce the amount of bullying, cyberbullying, and sexual harassment reported within schools, the opposite of that is seen within the results. While this may be surprising, it is not completely abnormal. Because of the quantitative nature of the study, one is not able to fully explain this result in specific detail, however, one is able to hypothesize. Higher rates of bullying, cyberbullying, and sexual harassment may be reported within schools with greater student involvement in acceptance groups simply because more attention is brought to those who may be bullied or harassed because of their gender identity. Students may also be more comfortable because of their support system, and may be more willing to report bullying, cyberbullying, and sexual harassment to teachers and administration. Next, it is seen that with greater community mental health intervention and teacher training on the signs of bullying is again, positively associated with a higher amount of bullying, cyberbullying, and sexual harassment reported within schools. While this result again rejects the hypothesis, one may postulate as to why.

Community mental health intervention and teacher training may be significant because with this training and intervention, teachers and administrators may now be able to recognize the signs of bullying, cyberbullying, and sexual harassment within schools. Put in other words, bullying, cyberbullying, and sexual harassment may have always been present and even prevalent within the school, but teachers and administrators now know what to look for and how to look for it, so the number of cases being reported may now be

higher. While this is a good thing, communities want their teachers and administrators to know how to recognize these behaviors, it may appear as if there is a bullying issue because of this. Future research would have to be conducted, with the benefit of time order, to see if community mental health intervention and teacher training has a positive benefit on the amount of bullying, cyberbullying, and sexual harassment reported within schools. One may have been able to predict that the size of the school, the location of the school, and the grade level of the school will have an impact on the amount of bullying, cyberbullying, and sexual harassment reported within schools. Previous research and literature has shown us that larger schools and high schools may report larger amounts of bullying, cyberbullying, and sexual harassment. This may be for a variety of reasons. When a large number of children are gathered together for the majority of the week, it is likely that there may be disagreements and issues that will arise from this. Students, especially those in middle and high school, are also going through puberty and their brains are rapidly developing, all of which may lead to higher amounts of bullying, cyberbullying, and sexual harassment reported within schools. While this is not meant to excuse antisocial behaviors, it may offer an explanation.

Further research should be done to support these conclusions. With the benefit of an ethnographic research study, one may be able to gather reasoning behind the higher amount of bullying, cyberbullying, and sexual harassment being reported when LGBTQ+ acceptance groups are present, and community mental health interventions and teacher trainings are introduced. This research has shown surprising results which have great implications for future research. School size, teacher training, community support, and student involvement are all significant to the amount of bullying, cyberbullying, and sexual harassment being reported. These should be closely examined, and it should be

questioned on what can be done in order to reduce bullying, cyberbullying, and sexual harassment. This data can have implications as to policies written on school size, class size, and even where to build schools throughout cities and towns.

## CHAPTER 7

### CONCLUSION AND LIMITATIONS

Bullying, cyberbullying, and sexual harassment have existed as far back as literature can report, and there doesn't seem to be any "quick fix". Anytime a large amount of people are gathered anywhere, these issues are bound to arise. With this research, we are able to see how independent variables effect the likelihood and severity of these issues. With the limitation of a quantitative dataset, conclusions are often difficult to draw as to the reasonings behind the behaviors seen. While this may be frustrating at times, these implications of the data should not be dismissed. Future research could combine data such as that seen in this study, with qualitative data gathered on reasonings behind behaviors. Overall, this data and results have had great implications for bullying, cyberbullying, and sexual harassment behaviors. As discussed earlier, with the results of this research, one is able to help to form policy both on an individual and federal level.

Results show that the size of a school has a significant relationship with the amount of both bullying and cyberbullying that takes place within the school. Knowing this information, education department around the country may be able to do something about this. While more schools aren't necessarily the answer, making class sizes and student to teacher rations smaller may have a greater impact of lowering the amount of bullying and cyberbullying that is present and seen within schools. Without knowing time order, the fact that results show that greater student involvement has led to more bullying could be misleading. This is a severe limitation of this research and should definitely be adjusted and controlled for in the future.

**Table 1.** Characteristics of Sample (N=2092)

	<i>n</i>	%
Student Involvement in peer mediation	2092	
Yes		40.5
No		59.5
LGBTQ+ acceptance groups	2092	
Yes		27.6
No		72.4
Community Involvement	2092	
Yes		62.0
No		38.0
Diagnostic Assessment by school employed MH professional	2092	
Yes		48.2
No		51.8
Treatment by a school employed MH professional	2092	
Yes		35.9
No		64.1
Teacher Training related to cyberbullying	2092	
Yes		71.5
No		28.5
Teacher Training related to bullying	2092	
Yes		80.4
No		19.6
Teacher Training in intervention	2092	
Yes		55.3
No		44.7
Teacher Training in recognizing bullying behavior	2092	
Yes		76.1
No		23.9
Urban School	2092	
Yes		26.7
No		73.3
Suburban School	2092	
Yes		37.3
No		62.7
Rural School	2092	
Yes		36.0
No		64.0
Elementary School	2092	
Yes		24.7
No		75.3
Middle School	2092	
Yes		34.4
No		65.6
High School	2092	
Yes		37.0
No		63.0
Combined School	2092	

Yes		4.0
No		96.0
How often student Bullying occurs	2039	
Happens on Occasion		61.6
Happens at least once a month		21.3
Happens at least once a week		13.1
Happens daily		3.9
How often student sexual harassment occurs	1448	
Happens on Occasion		88.1
Happens at least once a month		9.1
Happens at least once a week		2.4
Happens daily		0.3
How often cyberbullying occurs	1700	
Happens on occasion		62.6
Happens at least once a month		22.2
Happens at least once a week		12.2
Happens daily		2.9
Percent of white student enrollment	2092	
50 percent or less		39.3
More than 50 percent but less than or equal to 80 percent		29.0
More than 80 percent but less than or equal to 95 percent		26.0
More than 95 percent		5.2

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MH=Mental Health

**Table 2.** OLS linear regression: Bullying Frequency

Variables	Model 1		Model 2		Model 3		Model 4	
	b	s.e.	b	s.e.	b	s.e.	b	s.e.
Peer Mediation	.101	.039	.000	.039	.012	.040	-.005	.039
LGBTQ+ acceptance groups	.089*	.043	.070	.044	.065	.044	.053	.052
Community Mental Health intervention	-	-	.072†	.040	.085*	.040	.069†	.040
DA School MH Professional	-	-	.004	.047	.014	.047	-.001	.047
Treatment by a MH Professional	-	-	.058	.049	.061	.049	.063	.048
Teacher Training: Cyber Bullying	-	-	-	-	-.002	.058	-.032	.057
Teacher Training: Bullying	-	-	-	-	-.099	.070	-.110	.069
Teacher Training: Intervention	-	-	-	-	-.060	.042	-.050	.042
Teacher Training: Recognizing Bullying	-	-	-	-	.011	.056	.007*	.055
Suburban	-	-	-	-	-	-	-.154	.049
Rural	-	-	-	-	-	-	-.010	.055
Size	-	-	-	-	-	-	.118*	.023
Primary	-	-	-	-	-	-	-.356*	.051
High School	-	-	-	-	-	-	-.304*	.051
Combination School	-	-	-	-	-	-	-.119	.100
Percentage of White student	-	-	-	-	-	-	-.008	.023
Constant	1.564**	.026	1.505**	.037	1.594**	.053	1.588**	.103

† $p < 0.10$ \*  $p < 0.05$ \*\*  $p < 0.01$

**Table 3.** OLS linear regression: Cyber Bullying Frequency

Variables	Model 1		Model 2		Model 3		Model 4	
	b	s.e.	b	s.e.	b	s.e.	b	s.e.
Peer Mediation	.015	.040	.006	.041	.014	.041	.002	.040
LGBTQ+ acceptance groups	.207**	.043	.186**	.044	.180**	.044	.058	.052
Community Mental Health intervention	-	-	.140**	.042	.148**	.042	.127*	.042
DA School MH Professional	-	-	-.024	.049	-.017	.049	-.038	.048
Treatment by a MH Professional	-	-	.018	.050	.018	.050	.041	.049
Teacher Training: Cyber Bullying	-	-	-	-	.003	.062	-.013	.061
Teacher Training: Bullying	-	-	-	-	-.066	.073	-.075	.072
Teacher Training: Intervention	-	-	-	-	-.020	.044	-.020	.043
Teacher Training: Recognizing Bullying	-	-	-	-	-.031	.058	-.026	.056
Suburban	-	-	-	-	-	-	-.067	.051
Rural	-	-	-	-	-	-	-.019	.058
Size	-	-	-	-	-	-	.090**	.024
Primary	-	-	-	-	-	-	-.450**	.058
High School	-	-	-	-	-	-	-.084†	.050
Combination School	-	-	-	-	-	-	-.198†	.102
Percentage of White student	-	-	-	-	-	-	-.008	.023
Constant	1.485**	.028	1.410**	.039	1.485**	.056	1.457**	.108

† $p < 0.10$ \*  $p < 0.05$ \*\*  $p < 0.01$

**Table 4.** OLS linear regression: Sexual Harassment Frequency

Variables	Model 1		Model 2		Model 3		Model 4	
	b	s.e.	b	s.e.	b	s.e.	b	s.e.
Peer Mediation	.014	.024	.017	.024	.020	.024	.017	.024
LGBTQ+ acceptance groups	.029	.025	.033	.025	.031	.025	.025	.031
Community Mental Health intervention	-	-	.006	.025	.010	.025	.003	.026
DA School MH Professional	-	-	-.048†	.029	-.046	.029	-.046	.029
Treatment by a MH Professional	-	-	.013	.029	.011	.029	.018	.029
Teacher Training: Cyber Bullying	-	-	-	-	.046	.037	.040	.037
Teacher Training: Bullying	-	-	-	-	-.070	.043	-.066	.043
Teacher Training: Intervention	-	-	-	-	-.012	.026	-.014	.026
Teacher Training: Recognizing Bullying	-	-	-	-	-.002	.034	.000	.034
Suburban	-	-	-	-	-	-	-.067*	.030
Rural	-	-	-	-	-	-	.002	.035
Size	-	-	-	-	-	-	.014	.015
Primary	-	-	-	-	-	-	-.105*	.038
High School	-	-	-	-	-	-	-.026	.030
Combination School	-	-	-	-	-	-	.068	.066
Percentage of White student	-	-	-	-	-	-	-.010	.014
Constant	1.134**	.017	1.148**	.024	1.175**	.034	1.206**	.066

† $p < 0.10$ \*  $p < 0.05$ \*\* $p < 0.01$

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