



## Bullying Trends among Youth in Oklahoma Public Schools: Data from the Oklahoma Youth Risk Behavior Survey 2003 to 2017

### INTRODUCTION

The Centers for Disease Control and Prevention (CDC) defines bullying 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 likely to be repeated.<sup>1</sup> Though there are many variations of this definition, the basic themes of power imbalance, intentionality, and repetition remain the same.

Though bullying is evident as early as preschool, peaks in middle, and plateaus in high schools, its consequences are lifelong; not only for youths who are bullied, but also for youths who bully, and the witnesses of such behaviors. These consequences include depression, anxiety, low self-esteem, poor academic performance and future delinquent and aggressive behaviors.<sup>2,3</sup>

These behaviors, though long tolerated as being a 'normal' part of childhood, are now recognized as a major public health problem that can be addressed and prevented. Studies show that despite the slight decrease in bullying and victimization trends since the 1990s, about 2 in 10 children continue to be involved in said activities.<sup>4</sup> Contrary to popular opinion, bullying is not random acts of aggression, single episodes of rejection, or mutual disagreements. It is in fact, systemic and often times indicative of underlying personal and/or social problems.<sup>2,3</sup> These behaviors occur in diverse settings on and off school premises, such as in classrooms, hallways, restrooms, on field trips, cafeterias, and online (known as cyber-bullying).<sup>4</sup>

The Youth Risk Behavior Survey (YRBS) data show that while most other risk behaviors have decreased over time, bullying has not improved.

Data from the 2017 YRBS show components of four of the six

### RESULTS

categories of behaviors monitored have improved over time, yet not for having been bullied on school property or bullied electronically.

From 2003 to 2017 the following risk behaviors have decreased: having been in a physical fight; current cigarette smoking; current alcohol use; current marijuana use; and currently sexually active. The prevalence of having been bullied on school property during the 12 months before the survey was 21.3% in 2017, a statistically significant increase from 17.5% in 2009 (Table 1). The prevalence of having been bullied electronically during the 12 months before the survey was 16.1% in 2017, which has seen no statistical change from 15.6% in 2011.

Females were more than twice as likely as males to have been bullied on school property at 29.7% and 13.1%, respectively. Females were four times more likely than males to have been bullied electronically at 27.2% and 5.6%, respectively. No differences were observed by grade or race/ethnicity.

Data from the YRBS 2017 show that students who were bullied on school property or bullied electronically were

*One in five public high school students in Oklahoma were bullied on school property and one in seven were bullied electronically, which included through texting, Instagram, Facebook, or other social media.*

more likely than students who had not been bullied to report signs of depression, suicidal ideation, and current use of alcohol.

**Table 1. Trends in the Prevalence of Selected Health Risk Behaviors: Oklahoma YRBS 2003-2017**

Health Risk Behavior	Survey Year								Statistically Significant Change?*
	2003	2005	2007	2009	2011	2013	2015	2017	
Bullied on school property				17.5	16.7	18.6	20.4	21.3	Yes
Bullied electronically					15.6	14.3	14.5	16.1	No
Were in a physical fight	28.4	31.1	29.2	30.8	28.5	25.1	21.0	22.5	Yes
Experienced depression	27.1	27.9	25.7	28.2	28.6	27.3	28.9	31.8	No
Currently smoked cigarettes	26.5	28.6	23.2	22.6	22.7	18.5	13.1	12.5	Yes
Currently drank alcohol	47.8	40.5	43.1	39.0	38.3	33.4	27.3	31.6	Yes
Currently used marijuana	22.0	18.7	15.9	17.2	19.1	16.3	17.5	15.9	Yes
Currently sexually active	37.2	36.3	36.5	39.8	37.8	36.2	31.0	28.4	Yes
Ate fruit or drank fruit juice three or more times per day	13.9	15.8	15.3	15.0	17.9	14.8	17.3	12.0	No
Ate vegetables three or more times per day	10.2	10.7	10.7	10.1	14.1	11.2	12.1	9.3	No
Active for 60 minutes on 5 of the past 7 days					50.8	56.6	54.0	48.1	No

\*Based on trend analysis using a logistic regression model controlling for sex, race/ethnicity, and grade, p<0.05

## DISCUSSION

Five of the six categories of health risk behaviors have improved over time: physical violence; tobacco use; alcohol use; drug use; and sexual behaviors. Although dietary behaviors and physical inactivity have not improved over time, they have not worsened. The percentage of students that were bullied on school property increased significantly from 17.5% in 2009 to 21.3% in 2017. The percent of students who were bullied electronically saw no change.

Bullying exists across multiple socio-ecological domains for students of all ages. Experiences at school, in the community, or in digital space may lead one to believe they have been bullied. Students will arrive at this conclusion based on personal experience and input from other sources including parents, peers, and the schools they attend.

As the largest conveners of youth in Oklahoma, schools have a unique legislative mandate to prevent and intervene in bullying situations pre-kindergarten-12. The Safe and Drug Free Annual Report provided by the Oklahoma State Department of Education (OSDE) contains the number of all “documented” and “verified”

incidents of bullying with or without harm collected from Oklahoma schools as a result of bullying investigations. It is important to identify the contrast between the annual OSDE report and findings within the YRBS. The OSDE report contains school obtained data, and the YRBS contains youth obtained data. The OSDE finding reveals a significant decrease in bullying over time from 3,034 bullying incidents (without harm) in 2009-2010 to only 858 bullying incidents (without harm) in 2016-2017 among students in grades 9-12. Comparatively, according to youth surveyed in the YRBS, being bullied on school property has significantly increased since 2003 and being bullied electronically has seen no change since 2011.

*It is important for parents and school staff to be aware of warning signs such as a sudden drop in grades, fear of going to school, having more nightmares, blaming themselves for everything, scratches/bruising on their body, or becoming overly aggressive in or out of the classroom. -Beane, 2008*

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## RECOMMENDATIONS

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Stay tuned-in to your child or student's need to be safe and remain safe.

- ◆ Do not assume bullying is not happening because, as an adult, you don't witness it. Older students know better than to abuse their peers in the presence of an adult.<sup>5</sup>
- ◆ Children and youth are developmentally wired for positive adult relationships via mentors, role-models, coaches, teachers, and parental involvement. Be that person a child is looking for.<sup>6</sup>
- ◆ Teenagers need engaged parents throughout adolescence. Having bigger bodies does not guarantee mature decision-making or effective problem-solving skills.<sup>7</sup>
- ◆ Navigating middle and high school is a complicated social activity. Relational and interpersonal skills must be developed, with adult assistance, to nurture positive youth development.<sup>8</sup>
- ◆ Bullying is abusive behavior that must be prevented by adults.<sup>9</sup>
- ◆ Trust is built by taking action and advocating on behalf of children and youth.<sup>10</sup>
- ◆ Do not advise your student or child to fight if they are being bullied. This is mostly viewed as useless feedback from youth who seek adult intervention.<sup>11</sup>
- ◆ Feelings of safety and well-being are connected to positive youth development, gains in academic performance, increased school attendance, and emotional safety.<sup>8</sup>



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## METHODS

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The YRBS monitors six categories of health-risk behaviors, an assessment of obesity prevalence, and other health-related topics. Health-risk behaviors included behaviors that contribute to unintentional injuries and violence, tobacco use, alcohol and other drug use, sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, unhealthy dietary behaviors, and physical inactivity.

For the 2017 Youth Risk Behavior Survey (YRBS), 1,649 questionnaires were completed in 45 out of 50 public high schools for a school participation rate of 90.0%, a student participation rate of 82.1%, and an overall response rate of 74%. The statewide, randomized YRBS is conducted biennially on odd-

numbered years. The 2017 sample was selected using a two-stage sampling design. Schools were first selected for participation based on probability proportional to enrollment. Classes were then selected from each school using systematic equal probability sampling with a random start. The sample was weighted to be representative of Oklahoma public high school students in grades 9 through 12 based on the demographic distribution of the enrolled student population provided by the Oklahoma State Department of Education.

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## LIMITATIONS

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The YRBS is a cross-sectional study and reflects only a snapshot in time. The YRBS data were weighted to be representative of Oklahoma public high school students from 9th to 12th grade. Students who were home-schooled, attended private schools, or did not attend any school are not represented in these data. Because the survey data are self-reported data, some behaviors may be under-reported, whereas others may be over-reported. While a definition of bullying is provided in the questionnaire before the two bullying

questions, the definition of bullying is not universal; therefore students answer questions about bullying based on their culture's definition of the term and their personal understanding and beliefs about bullying.

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