School Violence, Role of the School Nurse in Prevention

National Association of School Nurses

Issue Brief

INTRODUCTION

Registered professional school nurses (hereinafter referred to as school nurses) advance safe school environments by promoting the prevention and reduction of school violence. School nurses collaborate with school personnel, healthcare providers, parents, and community members to identify and implement evidence-based educational programs. The curriculum used should improve communication, behavior management, and conflict resolution skills. School nurses assess and refer at-risk students in need of evaluation and treatment for symptoms of aggression and victimization.

BACKGROUND

Violence is defined as "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation" (World Health Organization [WHO], 2011, para. 2). School violence occurs on school grounds, on school-supported transportation, and at school-sponsored activities regardless of where the conflict originated. It includes fighting/ assaults (with or without weapons by two or more individuals); bullying; physical, sexual and psychological child abuse; dating violence; and violence against oneself (intentional non-suicidal self-injury) (Selekman, Pelt, Garnier, & Baker 2013). School violence can be reduced by advancing a school environment that supports a zero tolerance for weapons of any kind, a focus on anger management, and counseling for the victim, aggressor and bystanders (Johnson, 2009).

School violence has an impact on the social, psychological, and physical well-being of both students and staff, and disrupts the teaching-learning process through fear, absenteeism, or class disruption; and affects the victim, the aggressor and the bystanders (Johnson, 2009; Selekman et al., 2013). Robers, Zhang, Truman, & Snyder (2010) reported that in the 2008-2009 school year there were 1.2 million victims of crimes at school: 629, 800 violent school crimes and 38 school-associated violent deaths, 22 of whom were students. Five percent of students over age 12 reported that they were afraid of an attack or harm at school, and 7% of students avoided either a school activity or one or more places in the school because of fear of being attacked or harmed. Staff safety is also a concern, with 10% of teachers being threatened with injury.

Male students are at a higher risk of violent incidents resulting in death and non-fatal injuries (Kaya, Bilgin, & Singer, 2011). However, violence involving females has increased significantly; girls now account for 30% of juvenile arrests (Zahn et al., 2010). Dating violence, a pattern of actual or threatened acts of physical, sexual, and/or emotional abuse, perpetrated by an adolescent against a current or former dating partner, frequently occurs on school grounds and may include insults, coercion, social sabotage, and sexual harassment, in addition to threats and/or acts of physical or sexual abuse (A Safe Place, n.d.). Violence against oneself can take many forms, and these behaviors frequently have a psychological basis. Rather than an expression of violence, they are expressions of deep pain and the attempts to control or express that pain (Selekman et al., 2013). School shootings, while rare, are often committed by students or former students who experienced persistent bullying, persecution, threats, or injuries by peers (Reuter-Rice, 2008).The Centers for Disease Control and Prevention (CDC) (2010) found that violence and bullying may have a negative effect on health throughout life. Teens who are victims are more likely to be depressed, do poorly in school, have eating disorders, and engage in other unhealthy

behaviors such as using drugs and alcohol. Lesbian, gay, bisexual and transgender (LGBT) youth who experience high levels of school victimization in middle and high school report impaired physical and mental health in young adulthood, including depression, suicide attempts requiring medical care, sexually transmitted diseases (STDs) and risk of HIV (Russell, Ryan, Toomey, Diaz, & Sanchez 2011).

RATIONALE

School nurses have the expertise to assist students to develop problem-solving and conflict resolution techniques, coping and anger management skills, and positive self-images. School nurses possess the knowledge to be active members of crisis intervention teams to address violent situations in the school setting. School nurses can be involved in curriculum committees that identify and implement evidence-based intervention and prevention programs.

THE ROLE OF THE SCHOOL NURSE

The ultimate goal of the school nurse is the prevention of violence and the prioritization of safety for the students, staff and the school community as a whole. This involves providing education to the school community in problem solving and conflict resolution skills, recognizing early warning signs that lead to violence, and identifying factors outside of the school setting that might predispose a child to violent behavior or threaten student's safety. When violence occurs, school nurses are positioned to intervene, working collaboratively to change the dynamics of the crisis situation (Reuter-Rice, 2008). School nurses are able, individually and through their national association, to assess and address violent behavior (Jacobson, Reisch, Temkin, Kedroski, & Kuba, 2011).

School nurses are able to support the efforts of administration to provide and maintain security; to offer programs to parents that support building skills in the areas of communication, problem-solving, and monitoring of their children; and assist in the development of district and school discipline policy or code of conduct documents. School nurses are able to serve on school safety and curriculum committees, identifying, advocating and implementing prevention programs within the school community.

School nurse interventions to prevent violence include the following:

- Facilitate students' feeling "connected" to the school community (Green, 2008).
- Engage parents in school activities that promote connections with their children, and foster communication, problem-solving, limit setting, and monitoring of children.
- Support activities and strategies to help establish a climate that promotes and practices respect for others and for the property of others.
- Support policies of zero tolerance for weapons on school property, including school buses.
- Advocate for adult monitoring in the hallways between classes and at the beginning and end of the school day (Blosnich & Bossarte, 2011), and the assignment of staff to monitor the playground, cafeteria, and school entrances before and after school.
- Serve as positive role models, developing mentoring programs for at-risk youth and families.
- Educate students and their parents about gun safety (Selekman et al., 2013).

When violence occurs, school nurse interventions to address violent behaviors include:

- Apply crisis intervention strategies that help de-escalate a crisis situation so that solutions can be identified.
- Identify and refer those students who require more in-depth counseling services.
- Participate in crisis intervention teams.

School nurses recognize the multiple factors that may increase or decrease a youth's risk of becoming a perpetrator or victim of school violence and school nurses are able to identify students at risk. The CDC (2011) identified potential risk factors and protective factors that may determine whether or not a student may become a perpetrator or victim, including individual and family characteristic.

Individual risk factors:

- History of violent victimization, emotional problems, and aggressive behavior
- Learning disorders, including ADD/ADHD
- Drug, alcohol or tobacco use
- Involvement in gangs
- Social rejection by peers
- Lack of involvement in conventional activities
- Poor academic performance
- Low commitment to school and school failure
- Exposure to violence and conflict in the family
- Low emotional attachment to parents or caregivers

Family risk factors:

- Harsh, lax or inconsistent disciplinary practices
- Parental substance abuse or criminality
- Poor monitoring and supervision of children

Protective factors:

- Connectedness to family or adults outside the family
- Ability to discuss problems with parents, guardians or adults outside the family
- Frequently sharing activities with parents, guardians or adults outside the family
- Consistent presence of a parent during at least one of the following: when awakening, when arriving home from school, at evening mealtime, or going to bed.
- Commitment to school
- Involvement in social activities

Overall, school nurses promote violence prevention by assisting in the creation of a school environment of safety and trust where students are assured that caring, trained adults are present and equipped to take action on their behalf; engaging in classroom discussions that facilitate respectful communication among students and staff; and advancing education of the school community that builds skills in communication, problem-solving, anger management, coping and conflict resolution (Jacobson et al., 2011). Advancing a peaceful school environment requires time, attention to detail, and community education. The individual, family, and society all have significant roles in successful violence prevention in the school community (Kaya, Bilgin, & Singer, 2011).

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