



## *National Association of School Nurses*

### ISSUE BRIEF

#### *School Health Nursing Services Role in Health Care*

### SCHOOL VIOLENCE

#### INTRODUCTION

Children have always suffered the effects of violence. Violence may range from bullying to physical or sexual abuse, assault, murder, or war. School violence is "any behavior that violates a school's educational mission or climate of respect or jeopardizes the intent of the school to be free of aggression against persons or property, drugs, weapons, disruptions, and disorder." according to the Center for the Prevention of School Violence (2002). Students and staff need to feel safe in school in order to concentrate on education and learning. Violent acts are varied and have been identified as major barriers to learning (CMHS, 1999).

Parents and the community need to know that students are safe and that the school community is acting to minimize violence. The National Association of School Nurses (NASN) supports the belief that schools and communities must work together to foster safe school environments through the reduction of violence with zero tolerance for weapons, a focus on anger management, peer mediation, and counseling. School nurses can promote an atmosphere of respect through the development of programs to address the need for problem-solving and conflict resolution skills. Schools must provide a "safe zone" for children and adults in which violence is not tolerated. Strong school and community supported programs should be implemented to deal with violence.

#### BACKGROUND

High profile violent incidents in schools make headlines and are sensationalized in news reports. Lawmakers, parents, and community leaders call for action to "make our schools safe again." Yet, violence, among youth, particularly older teens, is much more likely to occur outside of school (DeVoe et al., 2004). In 2002, there were 877,700 young people 10-24 years of age reported as injured by violence (CDC, 2004), and homicide has become the second leading cause of death for young people 10-24 years of age and the leading cause of death among African-American youth (Anderson & Smith, 2003).

In school, violent deaths are most likely to occur at the beginning or end of the day, or at lunch. Between 1994 and 1999, 172 students were killed at school or school-related events (Anderson, Kaufman, et al., 2001). Although the incidence of death by violence in schools has not grown, the incidence of reported bullying in school has increased since 1999, with bullying more common in public schools and in rural communities (DeVoe et al., 2004).

Understanding the risk factors that indicate increased potential for a young person to be harmed by violence, and those protective factors that foster resilience may lead to programs that can prevent violence in and outside of school. Recent research identifies those factors, but has yet to answer how any one individual may be influenced either positively or negatively by any combination of factors, or how those factors interact. (DHHS, 2001).

Risk factors listed in *Youth Violence: A Report of the Surgeon General* (DHHS, 2001) include:

#### Individual risk factors

- Attention deficits/hyperactivity
- Antisocial beliefs and attitudes
- History of early aggressive behavior
- Involvement with drugs, alcohol, or tobacco
- Early involvement in general offenses
- Low IQ
- Poor behavioral control
- Social cognitive or information-processing deficits

#### Family risk factors

- Authoritarian childrearing attitudes
- Exposure to violence and family conflict
- Harsh, lax, or inconsistent disciplinary practices
- Lack of involvement in the child's life
- Low emotional attachment to parents or caregivers
- Low parental education and income
- Parental substance abuse and criminality
- Poor family functioning
- Poor monitoring and supervision of children

#### Peer/School risk factors

- Association with delinquent peers
- Involvement in gangs
- Social rejection by peers
- Lack of involvement in conventional activities
- Poor academic performance
- Low commitment to school and school failure

#### Neighborhood/Community risk factors

- Diminished economic opportunity
- High concentrations of poor residents
- High levels of transiency
- High levels of family disruption
- Low community participation
- Socially disorganized neighborhoods

#### Protective factors listed include:

##### Individual protective factors

- Intolerant attitude toward deviance
- High IQ
- Positive social orientation
- Positive relationship with at least one caring adult

##### Family protective factors

- Warm, nurturing parenting style
- Clear limit setting and respect for growing autonomy of the adolescent

#### Peer/School protective factors

- Commitment to school
- Involvement in social activities

## **POSITION STATEMENT AND RATIONALE**

Schools should be "safe zones" and adopt positions of no tolerance for weapons, crime, violence or bullying. Schools and communities must thoughtfully plan to proactively change behaviors in their quest to create a positive, healthy, and safe environment. School nurses have the unique ability to address problems holistically, from a physical, emotional, and social perspective. School nurses are prepared to deal with the physical and emotional results of violence, to contribute to positive youth development and academic success, and to collaborate with school and community teams toward violence prevention and intervention

It is the position of the National Association of School Nurses that school nurses have expertise to assist students to develop problem-solving and conflict resolution techniques, coping and anger management skills, and positive self-images. Furthermore, it is the position of the NASN that school nurses should be active members of crisis intervention teams and curriculum committees, and be involved in the development and planning of intervention and prevention programs.

## **ROLE OF THE SCHOOL NURSE**

School nurses have expertise to collaborate with school and community members to implement programs that will proactively change behaviors and lead to the creation of a positive, healthy and safe environment.

- School nurses are active members of the crisis intervention teams and as such, assure that their school community has an effective program in place, including periodic evaluation of the program.
- School nurses, as trusted health professionals, identify issues related to poor self-esteem and self-worth, which can lead to isolationism and feeling of rejection among students. Studies indicate that when students have a positive connection with a trusted adult, anti-social acts are reduced significantly (U.S. Department of Education, 1998).
- School nurses address problems holistically, including examining the physical, emotional, and social perspectives. School nurses can contribute insight into developmentally appropriate behaviors.
- School nurses can assess the student and family functioning and ability to cope with changing life stresses. School nurses can provide support and understanding to students whose mental health is threatened by the mental illness of a family member.
- School nurses have the benefit and knowledge of effective treatment and medical issues related to behavioral concerns.
- School nurses are prepared to deal with the physical and emotional results of violence and to contribute to positive youth development and academic success.
- School nurses are uniquely positioned to recognize the early warning signs that may lead to violence, provide education and counseling, identification and referral for services and monitor and follow-up with treatment programs.

School nurses are effective child advocates and can lobby for appropriate interventions and controls to address violence against children, including local and national efforts to establish safe schools and communities. By combining efforts with other professionals who share similar beliefs and goals, a strong coordinated interdisciplinary program for safe schools and communities can be developed. A comprehensive coordinated community model that includes prevention, early recognition, and treatment of mental health issues that may contribute to violent outcomes should be implemented.

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