School Violence, Role of the School Nurse in Prevention

Position Statement

SUMMARY

It is the position of the National Association of School Nurses (NASN) that 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 promoting violence prevention. The curriculum used should improve students' 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], 2013, para. 2). School violence is youth violence that occurs on school property, on the way to and from school or school-sponsored events, or during a school-sponsored event. A young person can be a victim of, a perpetrator of, or a witness to school violence (CDC, 2013). School violence 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). Violence against oneself, such as cutting and self-mutilation or cutting, can take many forms and often have a psychological basis. Rather than an expression of violence, these are expressions of deep pain and the attempts to control or express that pain (Selekman et al., 2013).

School violence may be reduced by advancing a school environment that supports zero tolerance for weapons of any kind, focusing on anger-management, and counseling for the victim, aggressor and bystanders. School violence has an impact on the social, psychological, and physical well-being of students and staff. It disrupts the teaching-learning process through fear, intimidation, absenteeism, or class disruption and affects the victim, the aggressor and the bystanders (Johnson, 2009; Selekman et al., 2013). In 2009, 4 percent of students age 12-18 reported that they were afraid of an attack or harm at school, and 4 percent of students avoided either a school activity or one or more places in the school because of fear of being attacked or harmed. According to Robers, Zhang, Truman, & Snyder (2010), preliminary data show that there were 33 school-associated violent deaths from July 1, 2009, through June 30, 2010. Of the 33 student, staff, and nonstudent school-associated violent deaths, 25 were homicides; 5 were suicides; and 3 were legal interventions. In 2009-10, about 74 percent of public schools recorded one or more violent incidents of crime; 16 percent recorded one or more serious violent incidents; and 44 percent recorded one or more thefts. In 2010, there were about 828,000 nonfatal victimizations at school, which include 470,000 victims of theft and 359,000 victims of violence (simple assault and serious violence). Staff safety is also a concern with 10 percent of teachers threatened by 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 percent 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.). 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) (2012) found that violence and bullying may have a negative effect on health throughout life. Indicators of School Crime and Safety: 2011 cites that during the 2009-10 school year:

- 23 percent of public schools reported that bullying occurred among students on a daily or weekly basis;
- 8 percent of public schools reported that cyber-bullying had occurred among students daily or at least once a week at school or away from school;

- 9 percent reported student acts of disrespect for teachers other than verbal abuse on a daily or weekly basis;
- 5 percent reported that student verbal abuse of teachers occurred on a daily or weekly basis; and
- 16 percent reported gang activities during the school year (Robers et al., 2012).

Teen victims are more likely to be depressed, do poorly in school, have eating disorders, and engage in other unhealthy behaviors such as drug and alcohol use. Lesbian, gay, bisexual, transgender and questioning (LGBTQ) youth who experience high levels of school victimization in middle and high school report impaired physical and mental health in young adulthood. This includes depression, suicide attempts requiring medical care, sexually transmitted diseases (STDs) and risk of HIV (Russell, Ryan, Toomey, Diaz, & Sanchez, 2011).

RATIONALE

The ultimate goal of the school nurse is prevention of violence and the prioritization of safety for 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 factors outside of the school setting that might predispose a child to violent behavior or threaten students' safety. School nurses have the expertise to assist students in developing problem-solving and conflict resolution techniques, coping and anger management skills, and positive self-images. School nurses are able to serve on school safety and curriculum committees, identifying, advocating and implementing prevention programs within the school community. 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. School nurses are able to support the efforts of administration to provide and maintain security; 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, individually and through their national association, to assess and address violent behavior (Jacobson, Reisch, Temkin, Kedroski, & Kluba, 2011). When violence occurs, school nurses are positioned to intervene, working collaboratively to change the dynamics of the crisis situation (Reuter-Rice, 2008).

School nurse interventions to prevent violence include the following:

- Facilitate student connectedness to the school community (Greene, 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 their ability to:
- Coordinate emergency response until rescue teams arrive;
- Provide nursing care for injured students;
- Apply crisis intervention strategies that help de-escalate a crisis situation and help resolve the conflict;
- Identify and refer those students who require more in-depth counseling services' and
- 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) has 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 characteristics.

CONCLUSION

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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Resource: Please also see NASN's **Violence in Schools** Resource at
http://www.nasn.org/ToolsResources/ViolenceinSchools

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