Chapter 2
School-Related Violence: Definition, Scope, and Prevention Goals

Thomas W. Miller and Robert F. Kraus

The purpose of this book is to provide a compendium of papers addressing school violence and the critical ingredients in prevention interventions that contribute to reducing and/or eliminating various forms of violence in the school setting. The Center for the Prevention of School Violence developed a research-based definition of "school violence" in 1997. The definition, which emerged from a detailed microanalysis, suggests that 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 (Center for Prevention of School Violence, 2004). School violence involves a spectrum of crimes taking place within educational institutions. Ensuring safer schools requires establishing valid and reliable indicators of the current state of school crime and safety across the nation and periodically monitoring and updating such indicators. Two decades ago, the term "school violence" itself was widely used to describe violent and aggressive acts on school campuses. Today, the definition is much broader in scope.

Definition

School violence includes but is not limited to such behaviors as child and teacher victimization, child and/or teacher perpetration, physical and psychological exploitation, cyber victimization, cyber threats and bullying, fights, bullying, classroom disorder, physical and psychological injury to teacher and student, cult-related behavior and activities, sexual and other boundary violations, and use of weapons in the school environment. As resources, there are a number of state and federal agencies that include but are not limited to the U.S. Department of Education (2005), the National School Safety Center (2007), the US Department of Health and Human Services (2001), the National Center for Education Statistics (NCES), the Federal Bureau of Investigation (FBI), the Centers for Disease Control and Prevention (CDC, 2004), the Office of Juvenile Justice and Violence Prevention (2004), the U.S. Preventative Services task Force (1996), and the National Consortium of School Violence Prevention Researchers and Practitioners (2006) that provide important data in monitoring school-related violence and greater specificity to the definition of violence in schools.

T. W. Miller (ed.), *School Violence and Primary Prevention.*

Scope

Violence in American society generally and on children and adolescents specifically, who are the victims of more crimes than any other age group in the USA (Steinberg, 2000; Rennison, 2000), has become an increasingly difficult factor to control. When we speak of the scope of the problem, we realize that this problem is not uniquely our own but crosses national and international boundaries (Denmark et al., 2006). Globalization and technology and its availability to students and adults have influenced the growth of such behavior in the school environment. Suicide and homicide in the school setting is responsible for about 25% of deaths among persons aged 10–24 years in the USA (Arias et al., 2003). Epidemiological data on violence are derived from three primary sources: (1) hospital, emergency medical service, and medical examiner records; (2) police reports and arrest records (and other agency records, such as child protective services for reports of child abuse); and (3) self-report surveys and interviews. In addition, specialized studies that address the particular dynamics and contexts of violence have proven to be important to the understanding and prevention of violence. One of the more accurate markers for violence in the USA is homicide data. In our country, the overall homicide victimization rate has fluctuated during the twentieth century from fewer than 2 homicides per 100,000 in 1900 to a high of nearly 11 homicides per 100,000 in 1980. In 1998, 17,893 individuals were murdered in the USA, which translates into an average daily death toll of 49 people. The worldwide 1998 homicide rate was 12.5 per 100,000, significantly higher than the U.S. homicide rate of 6.2 per 100,000. Nevertheless, data from the 1980s reveal that among the 41 most developed countries, the USA has the third highest homicide rate (Elliott, 2001). While one does not always consider homicide as a part of school violence, it contributes to the total picture involving the scope of the problem (Blum et al., 2000; Brener et al., 2004; Thornton et al., 2000).

Risk Factors in Violence

Noteworthy in estimating the scope of violence perpetration among youth are efforts to identify *risk factors*—the characteristics that when present increase the probability that a young person will subsequently engage in violent acts. There are five important aspects of risk factors. First, risk factors tend to be additive—the more risk factors that are present, the more elevated the risk of violence. One risk factor generally has low predictive power. Even among those children and adolescents with multiple risk factors, few will become violent. Second, risk factors occur, and need to be addressed, at multiple levels, including individual, family, peer group, school, and neighborhood or community levels. Third, different risk factors pertain to different points in the lifespan, with family-level factors playing a greater role for younger children, and peer group and neighborhood factors playing a greater role for older children. Fourth,

some risk factors are specific to certain types of violent behavior (e.g., risk factors for sexual violence may be quite different than those for robbery). Finally, the severity of risk-factor exposure is likely to increase or decrease risk proportionately (e.g., extreme and chronic child abuse is likely to have a more profound effect than lesser forms of child maltreatment) (Howell, 2000; Murphy, 2000).

Evidence-based information on risk factors that increase the probability that children and young teens will subsequently engage in violent behavior is emerging. These reviews have sorted out risk factors into two categories: risk factors during the childhood years and risk factors during the early adolescent years. Risk factors during infancy, and even perinatally, have also been identified, (e.g., child abuse and neglect). This entire body of research, however, is relatively new and far from exhaustive. Therefore, some factors that may in reality increase subsequent risk for violence perpetration may not have been identified in the extant literature because they have been inadequately researched or because of their complexity—the potency of a risk factor may be significantly affected by specific contextualized circumstances like neighborhood norms and personal history. Similarly, one factor may become a risk factor only, or may become a more potent risk factor, when it occurs in tandem with another factor. During childhood, the two most powerful predictors of subsequent violence perpetration are substance use and delinquency. Additional, less potent risk factors include aggressive behavior; family violence; inconsistent, overly lax, and harsh disciplinary practices; association with antisocial peers; and poor attitudes toward schooling. Media violence has been shown to increase aggression in the short term, but such exposure has not been linked directly to violent adolescent behavior. Conversely, attempts to reduce violence through media advocacy have not been shown to reduce rates of violence significantly.

During the early adolescent years, three major and interrelated risk factors have been identified: weak associational ties with nondelinquent peers; strong associational ties with antisocial and delinquent peers; and gang membership. Gang membership, in particular, appears to fulfill important psychological needs with regard to peer acceptance and belonging, as well as the need for enhanced social status, particularly for unpopular youth and for those youth who feel socially powerless. Because gangs serve these fundamental needs, efforts to dissuade young people from joining youth gangs is a more efficient strategy than trying to entice them out of the gang after they have joined, particularly since gangs typically promise to provide valued incentives such as money, power and status, excitement, and, for males, promises of sexual "favors." On the other hand, to ignore current gang members, or rely exclusively on punitive law enforcement efforts, is an inefficient and ineffective violence reduction strategy.

Community-based outreach efforts in association with community policing operations are required. Such efforts need to address the psychological, interpersonal, and economic needs of gang members; they should be based upon multiple sources of information about local gang activity and they should include collaborative efforts involving the police, schools, social service agencies, former gang members, and grassroots organizations. Other risk factors during the early adolescent years include antisocial behavior, attending a school in which gangs are prevalent, having

been a victim of a violent crime, and residing in a high-crime neighborhood and/or in neighborhoods that have high levels of social disorganization. Because violence is not evenly distributed throughout the population, these overall homicide rates provide only a partial picture of homicide's toll. Most notably, homicide victimization in the USA is most prevalent among youth. In 2002, homicide was the second leading cause of death among 15- to 24-year-olds.

Prevention Goals

Healthy People 2000 and its successor Healthy People 2010 have, through a national health care policy agenda, set the goal of reducing the prevalence of physical fighting among adolescents to ≤32% and to reduce the prevalence of carrying a weapon by adolescents on school property to ≤4.9% (objective nos. 15–38 and 15–39) (U.S. Department of Health and Human Services, 2001). Schools and communities should continue efforts to establish physical and social environments that prevent violence and promote actual and perceived safety in schools. While the decline in school violence-related behaviors is encouraging, prevention efforts must be sustained if the nation is to achieve its 2010 national health objectives. In 2003, one in three high school students reported involvement in a physical fight and approximately 1 in 16 high school students reported carrying a weapon on school property. To further reduce violence-related behaviors among young persons and to have an impact on behaviors that are more resistant to change, continued efforts are needed to monitor these behaviors and to develop, evaluate, and disseminate effective prevention strategies.

As administrators, clinicians, researchers, educators, legislators, and justice department personnel continue efforts to reduce the incidence and prevalence of violence, it has generally gone unnoticed that the use and meaning of the term school violence have evolved over the past ten years. School violence is conceptualized as a multifaceted construct that involves both criminal acts and aggression in schools, which inhibits development and learning as well as harms the school's climate. School climate is important as the role of schools as a culture and as an organization has not always received attention because of different disciplinary approaches to studying the problem. Researchers have brought divergent orientations to their work, and these interests have not always been well coordinated with the primary educational mission of schools. An understanding of the multidisciplinary basis of school violence research is necessary in order to critically evaluate the potential use of programs that purport to reduce "school" violence.

Prevention scientists and practitioners hold a unique responsibility in the realm of school-based violence. Contained in this volume are a series of articles which address the spectrum of issues related to preventing the perpetration of school-related violence. They offer an understanding of theory, incidence, and prevalence and provide a forum for discussion of the need of understanding the multiple variables that must be considered in addressing prevention-based approaches to school violence as we enter the twenty-first century.

School Violence as a Public Health Initiative

The public health approach to prevention strategies for violence in the school setting and the larger community was given formal recognition in 1984 when Surgeon General C. Everett Koop stated: "Violence is every bit as much a public health issue for me and my successors in this century as smallpox, tuberculosis, and syphilis were for my predecessors in the last century." As the injury and death toll from violent behavior have become increasingly evident, multidisciplinary scholarship in the study of violence has emerged and expanded at an unprecedented pace. The most widely accepted definition of violence—sometimes termed "intentional interpersonal injury"—is: "behavior by persons against persons that intentionally threatens, attempts, or actually inflicts physical harm" (Reiss & Roth, 1993). The closely related terms "aggression" and "antisocial behavior" are generally applied to lesser forms of violence and include, but are not limited to, behaviors that are intended to inflict psychological harm as well as physical harm.

In approaching the prevention of violence, the Public Health Model advocates a four-step process: (1) data collection of violence-related problems, assets, and resources; (2) assessment of the possible causes of violence through risk-factor identification; (3) the establishment and evaluation of violence-prevention strategies; and (4) the dissemination and implementation of effective strategies. Public health, then, is inherently a research-driven and prevention-oriented science. This approach complements and overlaps with the narrower focus of criminology, which is primarily concerned with forms of violence that constitute crimes and with policies and practices that deter and punish perpetrators.

Levels of Prevention

Prevention must be considered on three levels, Primary, Secondary, and Tertiary. The U.S. Preventative Services Task Forces' Guide to Clinical Preventive Services (2nd edition, 1996) defines primary prevention measures as "those provided to individuals provided to prevent the onset of a targeted condition" (pp. xli). Primary prevention measures include activities that help avoid a given health care problem. Examples include passive and active immunization against disease as well as health protecting education and counseling promoting the use of automobile passenger restraints and bicycle helmets. Since successful primary prevention helps avoid the suffering, cost, and burden associated with disease, it is typically considered the most cost-effective form of health care.

The U.S. Preventative Services Task Forces' Guide to Clinical Preventive Services (2nd edition, 1996) describes secondary prevention measures as those that "identify and treat asymptomatic persons who have already developed risk factors or preclinical disease but in whom the condition is not clinically apparent" (pp. xli). These activities are focused on early case finding of asymptomatic conditions that occur commonly and has significant risk for negative outcome without treatment or

some form of intervention. Screening tests are examples of secondary prevention activities, as these are done on those without clinical presentation of condition that has a significant latency period such as hypertension, breast, and prostate cancer. With early case finding, the natural history of disease or condition, or how the course of an illness or condition unfolds over time without treatment, can often be altered to maximize well-being and minimize the severity of the condition.

Tertiary prevention involves the care of established disease or condition, with attempts made to restore it to its highest function, minimize the negative effects of disease or condition, and prevent condition-related complications. Since the disease is now established, primary prevention activities may have been unsuccessful. Early detection through secondary prevention may have minimized the impact of the disease disorder or condition.

Major Goals and Approaches to Prevention

Prevention-oriented programs have several key goals. These include that (1) students understand their own peer culture, (2) students provide a typically untapped human resource; (3) the program is a network of involved youth; and (4) the involvement by students in implementing such programs provides an alternative for antisocial, violent, and delinquent behavior. School-based peer mediation, in which a trained student mediates a dispute between two other students with the goal of establishing a mutually agreed-upon peaceful solution, is considered to be an essential ingredient (Thompson & Kyle, 2005; Miller et al., 2005; McCord et al., 2001; Herrenkohl et al., 2000).

There are several major approaches to the prevention of school-related and other forms of violence that have been articulated: (1) the inculcation or enhancement of protective factors (factors that reduce the probability of violence perpetration among individuals exposed to known risk factors) and/or a corresponding reduction in the number or severity of risk factors, (2) the adoption of self-contained violence-prevention programs, (3) the specification of generic strategies (e.g., social skills training) derived by grouping effective and promising programs according to the approach they adopt and the specific program characteristics they utilize, and (4) the elucidation of framing principles that guide the establishment and implementation of programs.

The study of protective factors has been spurred by the long-standing observation that some children who are exposed to several known risk factors do not become violent or otherwise seriously impaired. The task, then, is to identify common characteristics or circumstances that buffer these resilient children from the ill effects of exposure to known risk factors. The scientific study of protective factors, however, is in its infancy and the evidence from this small body of literature is suggestive rather than conclusive. A well-documented protective factor is maintaining conventional values, including the rejection of aggressive or violent behavior as an appropriate means to resolve conflict. This characteristic is associated with the peer-level protective factor of associating with peers who hold prosocial values. At the family level, a warm and supportive relationship with one's parents or guardians

and engagement in familial bonding activities have been associated with reduced levels of aggression (Boxer et al., 2005; Garbarino, 1999; Rodney et al., 2005).

Transitioning into the more high-risk adolescent years, family factors alone do not continue to exert a powerful protective effect. The inoculation effects of protective factors appear to require developmentally appropriate exposures at each stage of development with a firm foundation in the preschool and preadolescent phases of the life cycle. An extremely important factor involves school bonding. This is discussed in more detail in our chapter focusing on character development in this volume.

Assessments of the effectiveness of prevention programs such as these have been studied through a variety of methods. The use of scientific models of study has been recognized in the last two decades. Such scientific evaluations are costly and only a small proportion of programs now in use at schools and in communities have been evaluated using such scientific models. Those programs that have been evaluated are generally highly structured, implemented by professionals, and developed at academic institutions. While this body of research has revealed that some programs do indeed reduce rates of aggression and violence in the schools, several programs have not been studied but have realized some observable positive changes in students' behavior. It may also be wrong to conclude that programs that have been shown to be effective will necessarily work equally well in all settings, with both genders and in other contexts. There is a dearth of data on this and this must be explored in greater details so that models that are found to be effective show generalizability.

What Works Best in School-Related Violence Prevention?

During the last quarter of the twentieth century, several approaches on prevention of school violence have been documented (Edwards et al., 2005). Results of the most effective models for violence-prevention programs utilize social skills training. Social skills training programs generally utilize structured and interactive curricula (e.g., role playing) and are usually classroom based. In addition to social skills training, these programs focus on parent training, family interaction, and family dynamics. A third component involves teacher–student bonding and healthy interaction with peers in the school environment. Critical components to social skills training include emotional literacy, self-control, social competence, positive peer relations, and interpersonal problem solving. A second model involves psychoeducational strategies to reduce the likelihood of engaging in violent types of behavior. Some well-established community-based mentoring programs have been shown to be effective violence-prevention strategies. A third model offers programs involving counseling and supportive services for youth who have been exposed to violence, either as victims or as witnesses—both of which are risk factors for subsequent perpetration. Finally, a hybrid program that either combines two or more of the strategies or not fits neatly into any of the three approaches has been documented. Such a "hybrid" model is that developed by Olweus entitled Bullying-Prevention

Program (Olweus, 1993). This program has several key features, including skills-based classroom training, parent involvement, policy development, "hot spot" analysis, and counseling. Evaluations of this program suggest that it is effective in reducing levels of bullying and harassment. Indeed, multicomponent programs are generally viewed as preferable, particularly for high-risk youth.

A Pathway to Safer Schools

Prevention educators and scientists can be very helpful in consulting with school administrators, teachers, psychologists, nurses, social workers, and counselors in playing an effective role in limiting and mitigating the influence of problematic behavior, including violence in the school setting. The National School Safety Center (2007) suggests the following actions to limit violence in the schools: acknowledge the student's problem immediately and seek help from local health or mental health care professionals, police, and community resources; educate all school personnel about risk factors for both individuals and groups; establish an informed communication network with students; institute a strict visitor/trespassers policy in the schools; monitor and control points of access to the school; work closely with local police and establish procedures to share information with them. Examined in this special edition are clinical issues and case analyses of a spectrum of cases involving school violence situations in the Unites States involving lethal peer victimization by the perpetrator(s). Escape theory suggests that peer victimization is driven by the desire of the perpetrator to escape a state of painful self-awareness characterized by inadequacy, negative affect, and low self-esteem. And so in the volume, the reader will find chapters that will address critical issues and essential components of the task of preventing school-related violence and a potential pathway to safer schools.

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