

Chapter 2

Costs of Lethal School Violence

Overview

On Wednesday October 1, 1997, Luke Woodham opened fire on a prayer group prior to classes at his Pearl, Mississippi high school. In the aftermath, the culture of the school and the community were forever changed. Reflecting about the events of that fateful day, school counselor Becky Rowan described the after effects: “The next days, weeks, and months were filled with sketches. Rumors of cults, hit-lists, bomb threats – all kinds of things that caused fright” (Rowan, 2001, p. 124).

In Chap. 1, we briefly described some of the impacts of lethal school violence (LSV) on survivors. The obvious effects of LSV are to the victims: injuries, a shattering of a sense of normalcy, and loss of life. Although the effects also go beyond victims to encompass all of society [in 2001, the US Surgeon General labeled youth violence a national public health concern (Koplan, Autry, & Hyman, 2001)], we focus in this chapter on the social and mental health costs of LSV to students and the faculty/staff of the school. We begin with a discussion of fear and anxiety reactions among students, including the development of psychiatric symptomology. We then examine the effects of LSV on school attendance and academic performance among some students. Our focus then turns to the effects on faculty and staff, including fear and anxiety, health-related concerns, and work performance.

Research Findings

Effects of Lethal School Violence on Students

As we explore the effects of LSV we must consider different reactions over time from the onset of the violent act through the days immediately following the event and into the longer-term future of 6 months and beyond. Although the consequences we describe have been documented in the literature, we feel the need to caution the reader with the caveat that not all individuals will respond similarly. It is imperative

that interventions not be forced on anyone and that people who do not respond in a predictable manner be pathologized. Rather, each person needs to be taken as an individual, and any interventions be tailored to their particular needs.

Fear and anxiety. In the opening moments of an act of lethal violence at school, students and faculty will experience the fight or flight response. This is a normal reaction to a stressful incident and represents the body's physiological reaction; preparing the body to fight or flee from the danger. Emotionally, this response is translated into fear and anxiety. In this section, we first define and distinguish between fear and anxiety and then describe the typical reaction to extreme trauma exposure. Again, a caveat is warranted: not all people will experience this reaction. Rather, what follows is a general discussion of documented reactions.

Anxiety and fear are thought to be different constructs, but are frequently considered together (Foa et al., 2005). Foa et al. offered a concise definition of anxiety. "*Anxiety* refers to multiple mental and physiological phenomena, including a person's conscious state of worry over a future unwanted event, or fear of an actual situation" (p. 162, italics in original). Some scholars believe that fear is innate in all animals, but anxiety is unique to humans. Furthermore, Foa et al. point out that fear is an adaptive response to a threat, whereas anxiety is more diffuse and can become excessive. Keeping these distinctions in mind, we will address fear and anxiety concurrently as similar, even parallel, emotions.

Until recently, most of the research on responses to trauma has been conducted on adults. It was assumed that children's reactions were similar. However, more recent research has shown that although children do have many reactions that are similar to adults, they also have some responses that are unique. There are both physical and psychological reactions to traumatic events (Shen & Sink, 2002). Among children physical reactions may include loss of appetite, enuresis, nausea, headaches, and stomach aches. Psychologically, children may experience withdrawal, feelings of helplessness, grief, thoughts of suicide, isolation, and school avoidance (Shen & Sink, 2002). Younger children may not recognize their reactions to trauma, so it is important that parents and professionals remain alert to their status following exposure.

The extent to which an individual experiences adverse reactions to trauma is influenced by several different considerations. In a recent speaker series conducted by the *National Child Traumatic Stress Network Terrorism and Disaster Network Committee*, Melissa Bymer (2009) described factors that increase the risk of negative outcomes following exposure to school violence. These include whether an individual was exposed directly to the violence and if he or she was injured. Moreover, it is important to know if the person was a family member or friend of the deceased or of the aggressor. Does the exposed individual have a history of depression, suicidal thoughts, or has he/she previously attempted suicide? Does she or he have a history of risk-taking, shyness, anxiety, or self-consciousness? Does the individual have a known disability or has an Individualized Education Program (IEP)? Finally, has the person experienced previous loss or trauma? Answering yes to any of these questions increases the risk for negative outcomes following school violence.

After an act of LSV, victims have experienced a wide array of psychological difficulties. In the aftermath of a shooting at Heritage High School in Georgia,

victims and their families underwent counseling for as long as 2 years after the incident (Sullivan & Guerette, 2003). These victims and their families were treated for anxiety, depression, and family problems. Some adolescents developed an indifferent outlook toward life following the shooting, not seeming to care about anything. Some parents became overprotective, while others loosened the reins and became overindulgent. Both of these parental responses added tension in the family. One survivor became socially detached and turned to drugs.

In addition to these difficulties, following the shooting at Westside Middle School in Jonesboro, Arkansas, Fox, Roth, and Newman (2003) reported feelings of “shock, grief, frustration, lack of privacy, and for the families of Mitchell Johnson and Andrew Goldman [the shooters], shame, remorse, and the sense that they had been judged in the court of public opinion as parental failures” (p. 125). This highlights an important consideration, which is that the families of the perpetrators of LSV are often blamed and ostracized, which adds to the grief they, too, experience. In his book, *Comprehending Columbine*, Ralph Larkin describes these negative reactions from the community to the Harris and Klebold families (Larkin, 2007), as well.

With regard to diagnosable psychological disorders, victims of LSV and other members of the school community may develop acute stress disorder (ASD), and ultimately, posttraumatic stress disorder (PTSD). ASD is an anxiety disorder with symptoms including psychological numbing, feeling dazed, derealization, depersonalization, and dissociative amnesia. There may also be a reexperiencing of the event through recurrent images, flashbacks, thoughts, dreams, or other symptoms. Consequently, the victim may avoid events or situations that remind him or her of the traumatic situation. These symptoms occur within 1 month of the trauma (American Psychiatric Association, 2004). As we shall discuss later in this chapter, ASD may result in increased absenteeism.

Some individuals exposed to acts of LSV may develop PTSD. PTSD is characterized by four clusters of symptoms following exposure to trauma (American Psychiatric Association, 2004). The first cluster includes intense fear, a sense of helplessness, or horror. All of these symptoms are typical reactions to LSV (Ardis, 2004; Nims, 2000). The second cluster of symptoms is a persistent reexperiencing of the event through dreams or invasive memories (flashbacks) in which the event is reexperienced both physiologically and cognitively. The third cluster involves persistently avoiding stimuli associated with the traumatic event. The individual also may feel a general psychological numbness. The fourth cluster includes persistently amplified arousal (including sleep disturbance, irritability, difficulty concentrating, hyper-vigilance, or exaggerated startle response). Symptoms may represent an acute reaction (development within 3 months of the trauma) or a chronic condition (persisting for longer than 3 months). Symptoms of PTSD may be delayed in their onset, sometimes not surfacing until 6 months or more after the violence at school occurred (American Psychiatric Association, 2004; Flouri, 2005).

To summarize this section, people exposed to LSV, whether directly as victims or indirectly as members of the school and local community, encounter multiple psychological effects. These effects include fear and anxiety as well as depression, social withdrawal, and family problems. Symptomology may develop for ASD or

PTSD among some individuals. In a later section of this chapter, we will focus on the specific impact of LSV on teachers, administrators, and other school personnel. We now turn our attention to two additional consequences of LSV: school attendance and academic achievement.

Attendance. After a shooting the school will be closed for a period of time. During this time, the police will collect forensic evidence, students will be offered counseling services [we would add that counseling also be offered to school personnel (Daniels, Bradley, & Hays, 2007)], and the community will attempt to come to some understanding of the event and its impact. A question for administrators is for how long the school should remain closed. Principals feel the need to reopen and reestablish a sense of normalcy as soon as possible (Newman, Fox, Harding, Mehta, & Roth, 2004). There needs to be some flexibility for surviving victims as they begin to deal with the violence; following an attack on their school, the attendance of some students may diminish.

There are several possible reasons why a student may be hesitant to attend school following LSV. These include anxiety, social withdrawal, difficulties trusting that they will be protected, and avoidance. Moreover, students may experience reminders of their losses and the trauma while in the school. These are all important considerations when deciding on how and at what pace to proceed following an act of LSV.

In a widely cited report, roughly 16,000 students missed school each day in the 1990s because of fears of violence (National Center for Education Statistics, 1997; as cited in Nims, 2000). While these were not necessarily the victims of LSV, it speaks to the scope of the problem of fear of violence. Too many students do not feel safe in school; that feeling is only compounded after the media attention given to a lethal school shooting. Following the shootings at Virginia Tech and Northern Illinois University, Kaminski, Koons-Witt, Thompson, and Weiss (2010) found modest increases in fear for safety among college students at the University of South Carolina.

Newman et al. (2004) found that student attendance was negatively impacted in schools where a shooting took place, specifically in Paducah, Kentucky and Jonesboro, Arkansas. For many students, this is a temporary situation and attendance will improve as they continue to adjust. For others, however, decreased attendance may ultimately lead to dropping out of school. It is imperative that educators reestablish bonds with survivors so they can begin to feel connected with and safe at school.

Academic performance. It should come as no surprise that academic performance decreases for some students following LSV. Because the students are working through the trauma and its accompanying sequelae, academics may take on less importance in their lives. Abraham Maslow (1954) developed a hierarchy of needs that can be used to conceptualize this issue. The base of the hierarchy is the physiological or survival needs, followed by safety needs. If these basics are not met, then the higher needs (such as self-actualization, which includes seeking fulfillment of one's potential) will not be a priority. Students who have had their sense of safety shattered must come to realize they are once again safe at school before they can concentrate on their academics.

Research has shown a positive correlation between students' perceptions of safety at school and academic achievement (see, for example, Osher, Dwyer, &

Jimerson, 2006). The converse can also be stated: students who do not feel safe at school will have lower academic achievement. This relationship may partially be explained by the increased absenteeism noted for students who feel unsafe, and those who have experienced LSV. It may also be partially explained through an understanding of Maslow's (1954) hierarchy, as noted above.

To summarize, there are multiple social and emotional effects of LSV on students. We have examined psychological consequences of LSV, including fear and anxiety, depression, and a host of additional problems. Perhaps as a result of these psychological issues, students are also at greater risk for poor attendance and lower academic achievement. In the remainder of this chapter, we turn our attention to the impact of LSV on teachers and other school personnel.

Effects of Lethal School Violence on Faculty/Staff

Schools have done a terrific job of developing crisis response plans and responding to LSV by providing support and mental health services to students (Telleen, Kim, Stewart-Nava, Pesce, & Maher, 2006). However, in our studies of school captive-taking situations, we found that this same support was not always provided to teachers who themselves had been taken captive (Daniels, Bradley, & Hays, 2007). In the remaining pages of this chapter, we will address some of the consequences of LSV on teachers, administrators, and others employed at the school. For the sake of brevity, we refer to any adult who works in the school simply as school personnel. We begin our discussion by turning again to fear and anxiety, followed by health-related concerns and end with the impact on work performance.

Fear and anxiety. Teachers and other school personnel are not immune from violence in schools. Each year the US Departments of Education and Justice release a report on school crime statistics. In a recent issue, DeVoe et al. (2004) reported that annually, from 1998 to 2002 "teachers were the victims of approximately 234,000 total nonfatal crimes at school, including 144,000 thefts and 90,000 violent crimes (rape or sexual assault, robbery, aggravated assault, and simple assault)" (p. 32). This represents an annual average rate of "32 thefts, 20 violent crimes, and two serious violent crimes per 1,000 teachers" (p. 32). These data suggest that "*teachers may be three times more likely to be victims of violent crimes at schools than are students*" (Kondrasuk, Greene, Waggoner, Edwards, & Nayak-Rhodes, 2005, p. 640, italics in original).

Research has examined teachers' (Binns & Markow, 1999; Fisher & Kettl, 2003) and school social workers' (Astor, Behre, Fravil, & Wallace, 1997) perceptions of school violence. Fisher and Kettl found that 52% of teachers have feared a student, with 26% fearing a student within the past year. One consequence of teacher victimization is that the adults' authority is undermined (National Research Council and Institute of Medicine, 2004). When this occurs, discipline problems are likely to arise. Ultimately, students' safety also is compromised when school personnel are victimized. Astor et al. (1997) surveyed school social workers about their perceptions of school violence. They found that over 20% believed violence in their

schools was a big or very big problem, while 37% believed it was a moderate problem. Thus, social workers believe, as does the American public (Rose & Gallup, 1998), that school violence is a problem.

The victimization data support these negative perceptions of school safety. Astor et al. (1997) also asked school social workers about their personal experiences with violence and found that 35% had been assaulted or threatened during the past year. Most (77%) of these assaults or threats were carried out by students, but 49% reported that the assaulter or person making the threat was a parent. School personnel feel unsafe for good reason: They are more likely to be victimized at school than their students.

As we discussed earlier in this chapter, the immediate response to a school shooting or other act of LSV varies. Collison et al. (1987) described the immediate reactions of school personnel to a school shooting. These included caring for the wounded, controlling students, clearing the halls, locking down the school, and restoring order. Newman et al. (2004) reported that as students and teachers were being shot at by Andrew Goldman and Mitchell Johnson at their middle school in Arkansas, teachers were dragging students to safety. Others began searching children for wounds and administering CPR where needed.

In the days following LSV, school personnel are faced with the difficulty of being supportive and serving as role models to the students, while themselves dealing with an array of emotions. These emotions may include fear, worry and anxiety, insecurity, depression, and anger. In our study of school captive-taking situations (Daniels, Bradley, Cramer et al., 2007), one teacher who had been held captive in her classroom felt traumatized. She described how counselors were provided to the students in the hours after the event ended, but instead of counseling, she was invited to go home. Making matters worse, when she arrived the next morning, she was asked to call the parents of her students who had also been held captive to describe the event to them. In consequence, she felt repeatedly victimized, with no professional support ever offered.

A similar finding was reported by National Research Council and Institute of Medicine, 2003 in schools at which a shooting occurred. Specifically, teachers at Westside Middle School in Jonesboro, Arkansas “were deeply affected by the shooting, but some felt ill prepared to deal with their own suffering because so much emphasis was put on preparing them to deal with their own students’ reactions” (National Research Council and Institute of Medicine, 2003, p. 126). Similarly, when asked about their biggest regrets in the handling of the shooting in Paducah, Kentucky, administrators said “they did not give enough support to the teachers and other school staff” (National Research Council and Institute of Medicine, 2004, p. 160). Although it is critical that students receive help and support following an act of LSV, that support cannot be given by traumatized or impaired school personnel. Careful screening must be conducted by mental health experts to assure that all members of the school are cared for and that only school personnel who are coping effectively are asked to be involved with supporting students.

In considering the long-term impact of LSV on school personnel, we need to understand how they were functioning prior to the attack. Preexisting mental health concerns, family problems, substance abuse, and poor coping strategies may all

compound the effects of the event. Some studies have shown that family and marital problems came about after the LSV (e.g., Newman et al., 2004). Without background information, it is difficult to determine if these problems, and subsequent divorces, would have occurred even if a shooting had not taken place. However, we do know that external stressors and job stress, in particular, have a negative impact on some relationships (Perrone & Worthington, 2001). Job–family role strain has been shown to negatively impact relationship quality. It seems intuitively reasonable that school personnel who are struggling with the aftermath of LSV will experience strains in their relationships and that in some cases this added strain may lead to divorce.

Some individuals may have preexisting mental health concerns that are exacerbated by the trauma. People who were previously traumatized and may be experiencing PTSD may feel retraumatized. Their subsequent reaction to, and ability to cope following LSV may be limited. School personnel suffering from depression may have their feelings of helplessness intensified as a result of the unpredictability of LSV. Research has also found that some individuals turn to alcohol or drugs to cope with the trauma of LSV (e.g., Newman et al., 2004). Again, if these were people with preexisting substance use disorders, or who have been in recovery, the event may trigger a relapse or intensification of the substance use. Thus, although the above negative outcomes have been documented following LSV, we need to consider the individuals' preexisting conditions.

In addition to prior functioning, the severity of a person's reaction to LSV may be related to factors reviewed earlier in this chapter. For example, if the person was a direct victim versus an indirect victim, the reaction may be stronger. If the person was close to fatally wounded victims (such as a fellow teacher or administrator or one's student), we again would expect a more intensified reaction.

In many states, youth who are charged with planning a school shooting are convicted of making terroristic threats. The parallels between school shootings and terrorism are many. Likewise, the psychological impact of being in a school during a rampage shooting is similar to what we see among survivors of terrorist attacks. Alexander and Klein (2005) reviewed the psychological aspects of terrorism. Because the aim of terrorism is to inflict terror on the populace, Alexander and Klein suggest that the psychological impact of a terrorist attack is greater than the impact from natural disasters. The most common disorders observed in samples who have been traumatized by terrorism are PTSD and depression. Following such incidents as the Oklahoma City and Nairobi bombings, as many as 35% of the survivors report PTSD (North et al., 2005).

The research on psychological reactions of school personnel to LSV is virtually nonexistent. Newman et al. (2004) documented the effects on teachers of the rampage shooting at Jonesboro, Arkansas. "[E]ven the simplest acts force them to relive painful memories. Watching movies with guns, violence, or death reminds them of what they went through...Some teachers find themselves becoming hysterical during routine fire drills" (p. 212). Although it cannot be determined from this description if these teachers have developed PTSD, there are symptoms present – reliving of the event, reexperiencing the trauma as a result of similar stimuli (fire drills), and an overall negative impact on one's daily functioning. This latter finding is particularly

salient to the incident in Jonesboro: The shooters pulled the fire alarm, and as people exited the building they were fired upon.

For some teachers at Westside Middle School in Jonesboro, Arkansas, their emotional problems did not emerge until later. Because they were so focused on helping their students cope, many of these teachers did not attend to their own reactions until sometime later (National Research Council and Institute of Medicine, 2004). There were some teachers and administrators suffering from PTSD 3 years after the attack. Early intervention may have lowered the number of PTSD cases.

The psychological sequelae of LSV that we have examined are intrapersonal in nature. However, there are also documented negative outcomes on relationships. For example, research has shown that combat soldiers' trauma symptoms negatively effect marital/relationship satisfaction for both the soldiers and their partners (Goff, Crow, Reisbig, & Hamilton, 2007). Some school personnel at Jonesboro's Westside Middle School experienced relationship difficulties after the attack (Newman et al., 2004). "Some marriages broke up, and other people rushed to marry for emotional support, only to divorce shortly afterward" (p. 213). Thus, the strain of having a partner deal with the range of emotions affiliated with an extreme trauma such as a rampage school shooting can lead to irreparable relationship problems. Unless the relationship is strong or counseling is obtained, the result could be divorce or ending of the relationship. These data point out that an act of LSV has far-reaching consequences for the victims and their families.

As we have seen in this section, school personnel are not immune from symptoms of ASD or PTSD, depression, and other mental health concerns following LSV. Moreover, for some individuals an incident of LSV can cause or exacerbate intimate relationship problems. In the weeks and months following LSV, some individuals may experience symptoms of these and other disorders or the full-blown syndromes. These disorders may require professional intervention, sometimes entailing extensive psychotherapy to overcome. We have argued elsewhere (Daniels, Bradley, & Hays, 2007) for the psychological needs of school personnel who have been direct or indirect victims of school violence.

Health-related concerns. The effects of stress on physical health have long been known. For example, in a study of average working adults, Ng and Jeffery (2003) found that higher levels of stress were associated with poorer diet, less exercising, and increased reliance on cigarettes. The authors suggest that these unhealthy behaviors may moderate the effects of stress on disease. That is, stress may take a greater toll on one's health when it is accompanied by engagement in unhealthy behaviors. Other research has linked stress to heart disease and cancer (Baum & Posluszny, 1999; Pandya, 1998; Tennant, 2000), such that higher levels of stress are related to a greater incidence of these diseases.

In his seminal work on stress, Hans Selye identified the stages through which the body responds to stress (Selye, 1976). His theory, termed the general adaptation syndrome (GAS), posits that the initial reaction to a stressor is Alarm. This is the body's preparation for fight or flight and includes a surge of adrenaline. The second and third stages of the GAS are Resistance and Exhaustion, respectively. In the exhaustion stage, the body begins to wear down and becomes subject to a number

of health-related concerns. Selye saw that “disease is not only suffering (*pathos*) but also toil (*ponos*) that is, the fight of the body to restore itself toward normal” (Selye, 1956, quoted in Pfaff, Martin, & Ribeiro, 2007, p. 316).

Exposure to long-term stress thus leads to disease. More acute stress may also lead to complications, although not the extreme illnesses affiliated with chronic stress. If that acute stressor impacts every facet of the individual’s life, it is likely to lead to declines of overall health. Trauma is an extreme stressor and we expect to see a decline in overall health among trauma survivors. Research on trauma has generally focused on soldiers (Goff, Crow, Reisbig, & Hamilton, 2007), domestic violence and/or abuse (Margolin & Vickerman, 2007; Vickerman & Margolin, 2007), sexual assault (Nishith, Mechanic, & Resick, 2000), natural disasters (Osofsky, Osofsky, Kronenberg, Brennan, & Hansel, 2009), and terrorism (Alexander & Klein, 2005). The literature indeed reveals a host of negative health outcomes following trauma exposure, such as those mentioned above. Additional negative outcomes on health include fatigue, headaches, gastrointestinal difficulties, sleep disturbances, hypertension, and relationship problems.

As we previously discussed, teachers and other school personnel do not need to be directly victimized by LSV to experience negative impacts. According to Donald Nims (2000), “teachers who have witnessed violent incidents, fear violence, or cope daily with disruptive students often exhibit symptoms of stress akin to combat soldiers; they can suffer from fatigue, headaches, stomach pains, and hypertension” (p. 4). These secondary victims of LSV may, therefore, experience similar symptoms following the trauma as the direct or primary victims.

The health problems reported by school personnel after the Jonesboro, Arkansas shooting included insomnia, facial ticks, significant weight gains or losses, and stress-induced epilepsy (National Research Council and Institute of Medicine, 2004). Newman et al. (2004) documented additional health problems among the staff in Jonesboro. Young school personnel became sick or died. “[O]ne person had an aneurysm; another – only 40-years-old – was diagnosed with cancer” (p. 213). As we discussed above, some of these health concerns may have been preexistent, but in this study teachers believed it was the stress of the shooting that contributed. And we know from Selye’s (1976) work that these health problems may be stress induced.

Although sparse, the existent literature indicates that school personnel experience a range of health-related problems in the aftermath of LSV. As we have previously indicated, it is, therefore, imperative that the school and community come together after an act of LSV to assure that affected school personnel obtain mental health interventions and treatment as soon as possible. We now turn our attention to a final set of problems that may arise; those we term work performance difficulties.

Work performance. So far we have discussed both the personal and interpersonal tolls that school violence takes on school personnel. Not all teachers live in fear, and not all teachers are victims of violence. However, the research supports that a high number of teachers are victimized and that many are fearful. In this section, we turn to the research on the impact of school violence on teachers’ work performance. Again, this is an area that is lacking in research, and interestingly, none of the studies examine the impact of school violence on administrators.

One study of urban teachers in Pennsylvania (Fisher & Kettl, 2003) found that 56% of the respondents believed violence or threats of violence negatively impacted the quality of education they provide. Unfortunately, the authors did not expand upon this point, so the extent to which their work quality suffered is unknown. Future research needs to explore this finding to provide greater specificity of the impact fear has on teachers' performance.

An interesting study was conducted in France that explored school violence and teacher disengagement (Galand, Lecocq, & Philippot, 2007). They found that student misbehavior, verbal victimization, and perceptions of violence in the schools correlated with teacher anxiety, depressive, and somatic symptoms. Importantly, Galand et al. (2007) found that the impact of school violence on teacher disengagement was moderated by teachers' reports of well-being. According to the participants in this study, well-being was related to supportive colleagues and strong administrative leadership. Therefore, teachers who experienced violence in their schools were less likely to disengage from their work when they had a supportive work environment. This last finding has important implications for cultivating a safe school culture, which is a topic we will expand upon in Chap. 6.

In a related study, Dworkin, Haney, and Telschow (1988) surveyed urban teachers in the USA who had been victimized at school. It was found that the highest rates of victimization were among Caucasian elementary school teachers. Not surprisingly, the greatest levels of stress were also reported by elementary teachers. With respect to the impact of fear on work, Dworkin et al. reported that fear exacerbates work stress. In their words, "Fear or victimization events may serve as "last strain events" which exaggerate other stressors" (p. 169).

Finally, Smith and Smith (2006) conducted a qualitative study of 12 high school teachers who left their jobs in Detroit. Specifically, the authors were interested in teachers' perceptions of violence and the role that played in their decision to quit. Teachers reported that fear of violence significantly increased their stress level. The types of violence they reported included both violence within the school and violence within the surrounding community. Of the 12 participants, ten cited fear of violence as the reason for their attrition. They believed that this violence had become "a tangible threat to their safety" (Smith & Smith, 2006, p. 40), and either quit or moved out of the inner city to a less violent community.

In summary, fear of violence has been shown to increase teachers' stress, which is related to several negative outcomes. First, we have seen that teachers report a decrease in the quality of their work (Fisher & Kettl, 2003) when they fear for their safety. Second, school violence is related to teacher professional disengagement, if the teachers do not have adequate support systems at work (Galand et al., 2007). In addition, teachers' fears of violence seem to exacerbate their experiences of everyday stressors (Dworkin et al., 1988). Finally, perceptions of school (and community) violence were cited as a frequent reason for teachers' attrition away from urban schools (Smith & Smith, 2006).

Summary

In this chapter, we have examined the social and psychological effects of LSV on students and school personnel. We focused on students' development of ASD and PTSD, school attendance, and academic performance. We also highlighted the development of ASD and PTSD among school personnel who have experienced LSV, health-related problems, and work-performance difficulties. In Chap. 3, we now turn our attention to a potential precursor to LSV, bullying. We will define different types of bullying behavior, relate bullying to LSV, and address methods to curb bullying.

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