School Violence – The Role of the School Nurse

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 and encourage safe school environments by promoting the prevention and reduction of school violence. School nurses serve on the front line and are readily able to identify potential violence and intervene to diminish the effects of violence on both school children as individuals and populations in schools and the community (King, 2014). School nurses collaborate with school personnel, healthcare providers, parents, and community members to identify and implement evidence-based programs promoting violence prevention. These evidence-based programs promote violence prevention through early intervention, communication, positive behavior management and conflict resolution. As identified in the *Framework for the 21st Century School Nurse Practice™* (NASN, 2015), the school nurse supports evidence-based practices and care coordination to provide an environment where students can be healthy, safe, and ready to learn.

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, 2017, 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 (Centers for Disease Control and Prevention [CDC], 2016). Selekman, Pelt, Garnier, and Baker, (2013) describe school violence as including 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. 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. The CDC (2016) found that violence and bullying may have a negative effect on health throughout life.

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 may be able to identify students at risk. The CDC (2017) has identified potential risk factors and protective factors that may be considered when assessing student characteristics that are common among others that become a perpetrator or victim, including individual and family characteristics. These factors include a history of victimization, disabilities, emotional problems, substance abuse, low IQ, authoritarian parenting, low family involvement, low-income family functioning, gang involvement, school failure, transient lifestyle and diminished economic opportunities. By recognizing these social determinants and assessing the child, the school nurse may be able to identify those at greatest risk of being involved in violence as the victim or the perpetrator. Once identified, these students can be supported by school staff and encouraged to be involved in school activities and social engagements. If students feel connected and supported by their non-deviant peers and school staff, they are less likely to commit a violent act or be in a setting where they can be victimized.

The authors of *Indicators of School Crime Safety: 2016* state:

> In 2015, three percent of students ages 12-18 reported that they were afraid of an attack or harm at school, and five percent of students avoided either a school activity or one or more places in school because of fear of being attacked or harmed by someone. From July of 2013 to June of 2014, there were 48 school-associated violent deaths including 26 homicides, 20 suicides, 1 legal intervention death, and

one undetermined violent death (of those 48 violent deaths, 12 homicides and 8 suicides were school-age children). In the 2013-2014 school year, 65 percent of public schools reported one or more incidents of violence translating to around 15 crimes per 1000 students. In 2015, there were about 84,100 nonfatal victimizations at school (Musu-Gillette, Zhang, Wang, Zhang, & Oudekerk, 2017, pp. iii-iv).

The CDC (2016, para. 2) reports the following:
- Approximately 9% of teachers report that they have been threatened with injury by a student from their school.
- Five percent of school teachers reported that they had been physically attacked by a student from their school.
- In 2013, 12% of students ages 12–18 reported that gangs were present at their school during the school year.
- In a 2015 nationally representative sample of youth in grades 9-12
  - 7.8% reported being in a physical fight on school property in the 12 months before the survey.
  - 5.6% reported that they did not go to school on one or more days in the 30 days before the survey because they felt unsafe at school or on their way to or from school.
  - 4.1% reported carrying a weapon (gun, knife, or club) on school property in one or more days in the 30 days before the survey.
  - 6.0% reported being threatened or injured with a weapon on school property one or more times in the 12 months before the survey.
  - 20.2% reported being bullied on school property, and 15.5% reported being bullied electronically during the 12 months before the survey.

Musu-Gillette et al., 2017 in *Indicators of School Crime and Safety: 2016* cites that in public schools
- sixteen percent during the 2013-2014 school year reported that bullying occurred among students on a daily or weekly basis (p. vi).
- seven percent of students in 2013 reported cyberbullying anywhere during the school year (p. 80).
- in the 2013-2014 school year, five percent reported student verbal abuse of teachers occurred on a daily or weekly basis, and 9 percent reported student acts of disrespect for teachers other than verbal abuse on a daily or weekly basis (p. vi).
- eleven percent reported gang activities during the 2015 school year (p. 64).

Less visible statistically are the effects of witnessed violence and increased prevalence of violence as a coping mechanism in schools and the community. Children who witnessed violence, even as infants, have been shown to experience mental health distress, resulting in behavior and mental health issues during the school day (Selekman et al., 2013). Violence has become a significant health risk and is not limited to violent acts committed in the school setting but also in homes, neighborhoods, and communities which affect the learning and behaviors of children at school (Selekman et al., 2013).

RATIONALE

School nurses also play a vital role in violence intervention. Hassey and Gormley (2017) identified eight types of violence and the role of the school nurse in each type. The eight types of violence include bullying, mental health crisis, physical assault, sexual assault, student on student, student on staff, staff on the student, and escalating violence/violent intruder. Each type may begin with the school nurse assessing the situation, followed by appropriate actions and referrals deemed necessary for the situation. The school nurse works with students, families, and the school community to implement a multi-strategy approach to school violence (David-Ferdon et al., 2016). For individual students and families, 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:
- Identify behaviors that could be purposeful misbehavior--such as bullying, outbursts, sleeping in class or running away--and physical symptoms--such as headaches, stomachaches, and frequent trips to the clinic as possible effects of violence (King, 2014).

- Facilitate programs that engage parents in school activities that promote connections with their children and foster communication, problem-solving, limit setting, and monitoring of children.
- 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).

Creating protective community environments is necessary for a multi-strategy, multi-disciplinary approach to violence prevention (David-Ferdon et al., 2016). School nurses contribute expertise in creating a protective environment in schools by
- serving on school safety and curriculum committees, identifying, advocating, and implementing universal school-based prevention programs within the school community (David-Ferdon et al., 2016).
- supporting the efforts of administration by collaborating with a multi-disciplinary team of colleagues in the areas of social work, counseling, school discipline, and law enforcement to provide and maintain security.
- assisting in the development of district and school discipline policy, including zero tolerance for weapons on school property and buses, and code of conduct documents.
- supporting activities and strategies to help establish a climate that promotes and encourages respect for others and the property of others.
- advocating for adult presence in high-risk areas and times, such as in hallways during class changes and before and after school and outside of the building before and after school.
- facilitating partnerships between the school and local healthcare agencies.

When violence occurs, school nurse interventions to address violent behaviors include their ability to
- coordinate emergency response until rescue teams arrive.
- provide nursing care to 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.
- participate in crisis intervention teams.

CONCLUSION

School nurses promote violence prevention by facilitating a school environment that values connecting students, families and the community in positive engagement and creating a school environment of safety and trust where students are aware that caring, trained adults are present and equipped to take action on their behalf. They engage in classroom discussions that facilitate respectful communication among students and staff and advance the education of the school community to build skills in communication, problem-solving, anger management, coping and conflict resolution. The expertise of school nurses in evidence-based practice of health care in the school setting is beneficial in violence prevention in schools.

School nurses advance and encourage safe school environments by promoting the prevention and reduction of school violence through evidence-based practice methods. The school nurse recognizes potential threats and collaborates with the appropriate personnel to get students the resources and supports they need to be healthy, safe and ready to learn.

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