

Center for School, Health and Education

AT THE
American
Public Health
Association



The Vital Role of School-Based Health Centers in Creating a Violence-Free School Environment

In April 2009, after being constantly taunted and harassed at school, 11-year-old Carl Joseph Walker-Hoover ended his life. That same month, 11-year-old Jaheem Herrera hung himself because he was tired of being bullied. In the fall of 2009 honor roll student Derrion Albert was brutally beaten to death by a group of teens while walking home from school, and 15-year-old Michael Brewer was burned on more than three quarters of his body after a group of five teenagers doused him in rubbing alcohol and set him on fire. And after three months of unremitting verbal assaults and physical threats, 15-year-old Phoebe Prince took her life early in 2010. Have we failed our youth?

Every day 160,000 students in grades K–12 miss school or leave early due to bullying and violence.¹ Half of students responding to the Ethics of American Youth Survey in 2010 admitted that they bullied someone in the past year; nearly half say they were bullied, teased, or taunted in a way that seriously upset them.² Students who are repeatedly bullied receive poorer grades and participate less in class discussions.³ One-third of all high school students say that violence is a big problem at their school, and one in four say they do not feel very safe at school.³

According to the Centers for Disease Control and Prevention (CDC), youth violence is the intentional use of physical force or power by a young person between the ages of 10 and 24 years against another person, group, or community, with the youth's behavior

likely to cause physical and psychological harm. The young person can be a victim, an offender, or a witness to the violence, or a combination of all three. Youth violence includes various behaviors, such as bullying, fighting (e.g., slapping, hitting, kicking), electronic aggression (also referred to as cyber bullying), weapons use, and gang violence.⁴ School violence is a subset of youth violence that occurs on school property, on the way to and from school, during a school-sponsored event, and/or on the way to and from a school-sponsored event.⁴

During the 2005–2006 school year, 38% of public schools reported at least one incident of violence to police, and in the following year, 32% of students reported being bullied during the school year, with 4% being cyberbullied.⁴ Bullying and fear of being bullied impairs the students' ability

to engage in a positive and affirming educational experience. For example, 6% of students aged 12 to 18 years reported that they were afraid of attack or harm at school, and 6% avoided a school activity or certain spaces at school in the previous six months due to fear of harm or attack.⁵

School violence and particularly bullying can result in depression, anxiety, and even suicide. Exposure to violence often causes more emotional harm than physical harm for young people. Whether real or perceived, violence or the threat of it can lead young people to feel tense, anxious, and afraid, and it can breed feelings of hopelessness and despair.

Suicide, or self-directed violence, encompasses a range of violent behaviors, including acts of fatal and nonfatal suicidal behavior, and nonsuicidal intentional self-harm (i.e., behaviors where the intention is not to kill oneself, as in self-mutilation). Though not a behavior, suicidal ideation, for example, thinking about, considering, or planning for suicide, is included.⁶

In a recent study on bullying in one state, the CDC published that, compared with students who were neither bullies nor bullying victims, both middle and high school bullyvictims

(defined as those who were both bullies and have been bullied) were more than three times as likely to report seriously considering suicide as well as intentionally injuring themselves.⁷ Among 15 to 24 year olds, suicide accounts for 12.2% of all deaths annually. In 2009 almost 14% of students in grades 9–12 considered suicide attempt.⁸ Carl Joseph, Jaheem, Derrion, Michael, and Phoebe are some of the faces behind these statistics.

Mental distress can foster unhealthy behaviors, including aggression, substance abuse, eating disorders, and suicide. It can also affect students' ability to succeed in school and contribute to dropout rates. Educational success is compromised when young people feel anxious, unsafe, or depressed. Students who report being victims of violent crime are twice as likely to receive mostly Cs as to receive mostly As or mostly Bs.⁹

Additionally, violence as depicted in war has an adverse impact on young people. In research conducted by the U.S. Department of Defense, six out of 10 military families said that their children have increased levels of fear and anxiety when a parent is sent to war. One-third of these families report that the child's grades and behavior in school have suffered as a result.¹⁰

The Role of School-Based Health Centers in Creating a Safe Environment for School Success

Fear and violence clearly disrupt the learning environment and student success. Fortunately, school-based health centers (SBHCs) can play a catalytic role in averting school violence, mitigating exposure to violence, and facilitating overall school wellness. They are also essential partners in the school and community response to violent events through the provision of early intervention programs and services. They are critical allies in restoring safety and calm for school-aged children who have been victimized or have witnessed violence. However, their contributions as key partners with schools' efforts to create safe environments are often overlooked. In order to change this trend, school-based health care must be re-framed so that educators understand the critical role that SBHCs can play in the prevention of school violence and school dropout. By providing vital health and mental health services in schools, SBHCs help young people mediate violence, manage the emotional impact of violence, and connect troubled youth to the resources needed to help them heal. They can partner with students and school personnel to identify the issues and offer strategies, policies, and programs to resolve them before they adversely impact students and affect learning and school retention. For example, SBHCs could have led the school-wide anti-bullying and anti-violence programs that may have saved the lives of Jaheem, Carl Joseph, Michael, Derrion, and Phoebe by virtue of identifying their suffering early enough to change the ultimate cost of ignoring their plight.



SBHCs are ideally positioned to be a catalyst for creating a healthy school for young people and are much more likely to begin mental health services for adolescents than are any other types of providers. Students with access to an SBHC are more likely to receive mental health and wellness screenings and counseling than are those enrolled in Medicaid or with private insurance, and students report that they trust the confidentiality afforded by SBHCs.

Action Steps for School-Based Health Centers

In addition to providing health services, SBHCs can make a number of valuable contributions toward the goal of making schools violence-free, including:

- Introduce and implement evidence-based programs that have a proven and positive impact on the school climate (see the list of resources in Table 1).
- Partner with school staff to develop and implement a school safety plan, including incorporating safety into school wellness plans, developing safe routes to school, and establishing school discipline policies that affirm students and aren't detrimental to students' education.
- Engage students in improving the physical and emotional school environment and implementing peer-to-peer prevention and intervention programs that help students address school violence and mental distress.
- Provide support services and programs such as mediation and conflict resolution, bullying, gang and suicide intervention and prevention, and afterschool programs and activities that provide students with safe places to play.
- Advocate for safe school legislation at the school district, tribal, state, and federal levels.

SBHCs *must* be the catalysts for healthy and safe schools. Through their school-wide programs, physical and mental health services and policy advocacy, SBHCs can enhance the safety, school success, and overall well-being of all students. Let's not have another Jaheem, Carl Joseph, Derrion, Michael, or Phoebe. ■



Table 1: Resources for School-Based Health Centers

The following resources are available to support school-based health centers in addressing youth violence and creating healthy school environments:

Centers for Disease Control and Prevention, Preventing Youth Violence: Program Activities Guide	Strategies for prevention and early intervention.	www.cdc.gov/violenceprevention
Center for Effective Collaboration and Practice, Early Warning, Timely Response: A Guide to Safe Schools	A guide to violence prevention and intervention and crisis response in schools.	cecp.air.org/guide
Safe Schools Ambassadors Program	A national program to reduce bullying, improve student-adult engagement at school and improve the school climate.	www.community-matters.org/safe-school-ambassadors
Stop Bullying Now Campaign (Health Resources Services Administration)	Resources to help children and adults address bullying.	www.stopbullyingnow.hrsa.gov
Safe Schools/Healthy Students Initiative	A discretionary grant program from the U.S. Departments of Education, Justice, and Health and Human Services that provides students, schools, and communities with federal funding to implement an enhanced, coordinated, comprehensive plan of activities, programs, and services that focus on promoting healthy childhood development and preventing violence and alcohol and other drug abuse.	www.sshs.samhsa.gov/initiative/default.aspx
National School Safety Center	Information and resources highlighting school safety research, practice, strategies and trends.	www.schoolsafety.us
After School.gov	Connects afterschool providers to federal resources that support children and youth during out-of-school hours.	www.afterschool.gov
Be Safe and Sound in School, National Crime Prevention Council	A program model that addresses school safety problems by evaluating physical conditions as well as cultural and social variables such as bullying, violence, and vandalism that may promote an unsafe environment.	www.ncpc.org/programs/be-safe-and-sound-campaign
National Youth Violence Prevention Resource Center	A central source of information on prevention and intervention programs, publications, research, and statistics on youth violence.	www.safeyouth.org
National Youth Gang Center	Provides resources for addressing community gang problems.	www.iir.com/nygc

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About the Center

The Center for School, Health and Education at the American Public Health Association advances school-based health care as a proven strategy for preventing school dropout. School-based health centers have the capacity to benefit all students in a school by addressing barriers to learning such as bullying, hunger and distress. They keep students healthy and in school.

Through partnerships, policies and advocacy, the Center links the educational and public health communities to ensure that all students—particularly those facing social inequities—are supported to graduate. For more information, please visit www.schoolbasedhealthcare.org.

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