

# Understanding

# School Violence

**Fact Sheet**

**2010**

In the United States (U.S.), an estimated 55.5 million students are enrolled in pre-kindergarten through 12th grade.<sup>1</sup> Another 15 million students attend colleges and universities across the country.<sup>2</sup> While U.S. schools remain relatively safe, any amount of violence is unacceptable. Parents, teachers, and administrators expect schools to be safe havens of learning. Acts of violence disrupt the learning process and have a negative effect on students, the school itself, and the broader community.

School violence is a subset of youth violence, a broader public health problem. Youth violence refers to harmful behaviors that may start early and continue into young adulthood. It includes a variety of behaviors such as bullying, slapping, punching, and weapon use. Victims can suffer serious injury, significant social and emotional damage, or even death. The young person can be a victim, an offender, or a witness to the violence—or a combination of these. Detailed information about youth violence is available online at [www.cdc.gov/violenceprevention](http://www.cdc.gov/violenceprevention).



## What is the extent of school violence in the United States?

The first step in preventing school violence is to understand the extent and nature of the problem. The Centers for Disease Control and Prevention (CDC), the U.S. Department of Education, and the U.S. Department of Justice gather and analyze data from a variety of sources to gain a more complete understanding of school violence.

### *School Environment*

- Approximately 38% of public schools reported at least one incident of violence to police during 2005-2006.<sup>1</sup>
- In 2007, 23% of students reported gangs at their schools.<sup>1</sup>
- From 2003-2004, 10% of teachers in city schools reported that they were threatened with injury by students, compared with 6% of teachers in suburban schools, and 5% in rural schools.<sup>1</sup>

### *Risk Behaviors*

In 2007, a nationwide survey of students in grades 9-12 reported the following risk behaviors:

- 5.9% of students carried a weapon (e.g., a gun, knife, or club) on school property during the 30 days before the survey.<sup>3</sup>
- 7.8% of students were threatened or injured with a weapon on school property during the 12 months before the survey.<sup>3</sup>
- 12.4% of students were in a physical fight on school property during the 12 months before the survey.<sup>3</sup>
- 22.3% of students were offered, sold, or given an illegal drug by someone on school property during the 12 months before the survey.<sup>3</sup>



[www.cdc.gov/violenceprevention](http://www.cdc.gov/violenceprevention)



# Understanding School Violence

## *Nonfatal Victimization*

- In 2006, there were 29 violent crimes at school per 1,000 students.<sup>1</sup> This included rape, both sexual and aggravated assault, and robbery.
- In 2007, about 32% of students reported being bullied during the school year.<sup>1</sup>
- About 4% of students reported being cyber-bullied in 2007.<sup>1</sup>
- Children who bully are more likely to get into fights, vandalize property, skip school, and drop out of school.<sup>4</sup>

## *Violent Deaths*

- Violent deaths at schools accounted for less than 1% of the homicides and suicides among children ages 5-18.<sup>6,7</sup>
- During the past seven years, 116 students were killed in 109 separate incidents—an average of 16.5 student homicides each year.<sup>7</sup>
- Rates of school-associated student homicides decreased between 1992 and 2006. However, they have remained relatively stable in recent years. Rates were significantly higher for males, students in secondary schools, and students in central cities.<sup>7</sup>
- Most school-associated violent deaths occur during transition times—before and after the school day and during lunch.<sup>5</sup>
- Violent deaths are more likely to occur at the start of each semester.<sup>8</sup>
- Nearly 50% of homicide perpetrators gave some type of warning signal, including making a threat or leaving a note, prior to the event.<sup>5</sup>



## What are the short- and long-term consequences?

School-associated violent deaths are only part of the problem. A number of students seek medical care for nonfatal, violence-related injuries. Some of these injuries are relatively minor and include cuts, bruises, and broken bones. Other injuries, like gunshot wounds and head trauma, are more serious and can lead to permanent disability.

Not all injuries are visible. Exposure to youth violence and school violence can lead to a wide array of negative health outcomes. Depression, anxiety, and many other psychological problems, including fear, can result from school violence. In 2007, 5.5% of high school nationwide did not go to school on one or more of the 30 days before the survey because they felt unsafe at school or on their way to or from school.<sup>3</sup> Missing school for that reason increased between 1993 and 2005, but have not changed significantly since 2005.<sup>3</sup> Another study found that as many as 160,000 students go home early on any given day because they are afraid of being bullied.<sup>9</sup>



## What are the risk factors for perpetrating youth violence?

Research on youth violence has increased our understanding of the factors that make some individuals more likely to commit violent acts. Having such risk factors increases the likelihood that a young person will become violent, but these factors are not necessarily direct causes of youth violence or school violence.<sup>10,11</sup> Such risk factors include:

### *Individual Risk Factors*

- History of violent victimization
- Attention deficits, hyperactivity, or learning disorders
- History of early aggressive behavior
- Association with delinquent peers

- Involvement in gangs
- Involvement with drugs, alcohol, or tobacco
- Low IQ
- Poor academic performance
- Low commitment to school or school failure
- Poor behavioral control
- Deficits in social, cognitive, or information-processing abilities
- High emotional distress
- Antisocial beliefs and attitudes
- Social rejection by peers
- Exposure to violence and conflict in the family
- Lack of involvement in conventional activities

### ***Relationship Risk Factors***

- Harsh, lax, or inconsistent disciplinary practices
- Low parental involvement
- Low emotional attachment to parents or caregivers
- Low parental education and income
- Parental substance abuse or criminality
- Poor family functioning (e.g., communication)
- Poor monitoring and supervision of children

### ***Community/Societal Risk Factors***

- Diminished economic opportunities
- High concentrations of poor residents
- High level of transiency
- High level of family disruption
- Low levels of community participation
- Socially disorganized neighborhoods<sup>11, 12, 13</sup>



## **How can we prevent school violence?**

The goal for school violence is simply to stop it from happening in the first place. Prevention efforts should ultimately reduce risk factors and promote protective factors at multiple levels of influence, including the individual, relationship, community, and societal levels.

### ***Individual Level Strategies***

Universal, school-based prevention programs have been found to reduce rates of aggression and violent behavior among students.<sup>14</sup> These programs are delivered to all students in a school or a particular grade and focus on many areas, including emotional self-awareness, emotional control, self-esteem, positive social skills, social problem solving, conflict resolution, and teamwork. Many of these programs help children learn social skills by having them observe and interact with others. Some programs incorporate didactic teaching, modeling, and role-playing to enhance social interaction, teach nonviolent methods for resolving conflict, and strengthen nonviolent beliefs among young people.

### ***Relationship Level Strategies***

Parent- and family-based interventions are designed to improve family relations. There is growing evidence that these interventions, especially those that start early and recognize the diverse factors that influence a family, can have substantial, long-term effects in reducing violent behavior.<sup>15</sup>

Mentoring is the pairing of a young person with a volunteer who acts as a supportive, nonjudgmental role model. This strategy may provide children and adolescents with positive adult influences when they do not otherwise exist.<sup>15</sup> The quality of mentoring programs can vary and success depends, in part, on properly training mentors and equal participation by all parties. Research has shown that mentoring, when implemented correctly, can significantly improve school attendance and performance, reduce violent behavior, decrease the likelihood of drug use, and improve relationships with parents and friends.<sup>15</sup>

### ***Community Level Strategies***

Strategies at this level focus on modifying community characteristics, including school settings that either promote or inhibit violence. Schools have made

# Understanding School Violence

numerous efforts to improve the overall environment and to reduce negative outcomes, such as violence. These include improved classroom management practices, promoting cooperative learning techniques, teacher/staffing practices, student monitoring and supervision, and reducing bullying by involving parents/caregivers.<sup>16</sup>

In addition to the social environment of a school, research suggests that proper environmental design can reduce crime and fear.<sup>17</sup> An effectively-designed environment can improve the overall quality of life. Environmental design considers many factors including natural surveillance, access management, territoriality, physical maintenance, and order maintenance. For more information on environmental design, see [www.cdc.gov/ViolencePrevention/youthviolence/cpted.html](http://www.cdc.gov/ViolencePrevention/youthviolence/cpted.html).

Schools are imbedded within a larger community environment by which they are influenced. As a result, broader efforts to change the physical and social environment of communities can also benefit schools. Strategies to change the broader community environment include increasing community participation; providing more formal and informal supervision for youth through afterschool programs and recreational opportunities; reducing youth access to alcohol and drugs; and improving financial, housing, and employment opportunities in impoverished areas.

## ***Societal Level Strategies***

Strategies to change the social and cultural climate to reduce youth violence are often difficult and infrequently used. Examples of strategies that may facilitate lasting change include addressing social norms via public information campaigns; reducing media violence; and reforming educational systems at the institutional level.<sup>10</sup>



## **What does CDC do to prevent school violence?**

CDC uses a four-step approach to address public health problems like school violence:

### ***Step 1: Describe the Problem***

The first step in preventing school violence is to understand it. Grasping the magnitude of the problem involves analyzing data such as the number of violence-related behaviors, injuries, and deaths. Data can demonstrate the frequency of school violence, where it occurs, and trends. When describing the problem of school violence, it is also important to understand available programs and policies at the district level.

### ***Step 2: Identify Risk and Protective Factors***

It is not enough to know the magnitude of a public health problem. It is important to understand what factors protect people or put them at risk for experiencing or perpetrating school violence so that prevention efforts can be focused on these factors.

### ***Step 3: Develop and Test Prevention Strategies***

Research data and findings from needs assessments, stakeholder interviews, and studies of risk and protective factors are useful for designing prevention programs, policies, and strategies. Once programs are developed, they are evaluated rigorously to determine their effectiveness.

### ***Step 4: Ensure Widespread Use of Evidence-Based Prevention Strategies***

Once prevention programs and strategies have been proven effective, they must be disseminated and properly implemented. Techniques to promote widespread use include synthesis and translation of research findings; communication and networking; and capacity building to ensure quality implementation (e.g., training, technical assistance, and coaching). Process and outcome evaluation ensure that strategies in the field are being implemented as planned and continue to achieve their desired impact.



## Additional Resources

### **Best Practices of Youth Violence Prevention: Sourcebook for Community Action**

This CDC sourcebook is the first of its kind to look at the effectiveness of specific violence prevention practices in four key areas: parents and families; home visiting; social and conflict resolution skills; and mentoring.

[www.cdc.gov/violenceprevention/pub/YV\\_bestpractices.html](http://www.cdc.gov/violenceprevention/pub/YV_bestpractices.html)

### **Blueprints for Violence Prevention**

The Blueprints for Violence Prevention identifies 11 model prevention programs that meet a strict scientific standard of program effectiveness. The 11 model programs, called “Blueprints,” have been effective in reducing adolescent violent crime, aggression, delinquency, and substance abuse. To date, more than 800 programs have been reviewed.

[www.colorado.edu/cspv/blueprints](http://www.colorado.edu/cspv/blueprints)

### **Health Curriculum Analysis Tool**

The Health Education Curriculum Analysis Tool (HECAT) can help school districts, schools, and others conduct a clear, complete, and consistent analysis of health education curricula based on the National Health Education Standards and CDC’s Characteristics of Effective Health Education Curricula. The HECAT results can help schools select or develop appropriate and effective health education curricula and improve the delivery of health education. The HECAT modules address nine topics, including violence prevention as well as mental and emotional health.

[www.cdc.gov/healthyyouth/HECAT/index.htm](http://www.cdc.gov/healthyyouth/HECAT/index.htm)

### **Indicators of School Crime and Safety**

The Department of Education’s annual report on school crime and student safety. This report provides the most recent data available from a variety of independent sources.

<http://nces.ed.gov/programs/crimeindicators>

### **School-Associated Violent Death Study**

CDC leads a collaboration with the Departments of Education and Justice to monitor school-associated violent deaths at the national level. Information is collected from media databases, police, and school officials. Only violent deaths associated with U.S. elementary and secondary schools are included.

[www.cdc.gov/violenceprevention/youthviolence/schoolviolence](http://www.cdc.gov/violenceprevention/youthviolence/schoolviolence)

### **School Health Guidelines to Prevent Unintentional Injuries and Violence**

CDC’s School Health Guidelines to Prevent Unintentional Injuries and Violence include information about preventing adolescent violence, suicide, and unintentional injury; why it is important to focus on schools; and what schools can do to prevent injuries and violence.

[www.cdc.gov/HealthyYouth/injury/guidelines](http://www.cdc.gov/HealthyYouth/injury/guidelines)

### **School Health Index**

CDC’s School Health Index (SHI) is a self-assessment and planning guide that enables schools to identify the strengths and weaknesses of their health promotion policies and programs; helps them develop an action plan for improving student health; and involves teachers, parents, students, and the community in improving school policies, programs, and services. The SHI covers five health topic areas, including violence.

<http://apps.nccd.cdc.gov/shi/default.aspx>

### **School Health Policies and Programs Study**

The School Health Policies and Programs Study (SHPPS) is a national survey periodically conducted to assess school health policies and programs at the state, district, school, and classroom levels. SHPPS describes key school health policies and practices across eight school health program components and includes an assessment of policies and practices related to both keeping the school environment safe and secure and to violence prevention.

[www.cdc.gov/healthyyouth/shpps/index.htm](http://www.cdc.gov/healthyyouth/shpps/index.htm)



# Understanding School Violence

## School Health Profiles

The School Health Profiles (Profiles) is a system of surveys assessing school health policies and programs in states, large urban school districts, territories, and tribal governments. Profiles are conducted every two years by education and health agencies among middle and high school principals and lead health education teachers.

Violence-related questions include the presence of mentoring, bullying prevention, and dating violence prevention programs at the school level.

[www.cdc.gov/healthyyouth/profiles](http://www.cdc.gov/healthyyouth/profiles)

## The Effectiveness of Universal School-Based Programs for Preventing Violence

During 2004-2006, the Task Force on Community Preventive Services reviewed published scientific evidence on the effectiveness of universal school-based programs to reduce or prevent violent behavior. These programs have been shown to decrease rates of violence and aggressive behavior among school-age children. All grade levels demonstrated the effectiveness of the programs, and an independent meta-analysis confirmed and supplemented these findings.

[www.thecommunityguide.org](http://www.thecommunityguide.org)

## Youth Risk Behavior Surveillance System

CDC's national Youth Risk Behavior Survey (YRBS) monitors six categories of priority health-risk behaviors among youth and young adults that contribute markedly to the leading causes of death, disability, and social problems among youth and adults in the United States. The national YRBS is conducted every two years and provides data representative of 9th through 12th grade students in public and private schools in the United States. The YRBS examines several types of violence-related behaviors including physical fighting, weapon carrying, dating and sexual violence, and suicide.

[www.cdc.gov/HealthyYouth/yrbs](http://www.cdc.gov/HealthyYouth/yrbs)



## Where can I learn more?

### Centers for Disease Control and Prevention

Division of Adolescent and School Health

[www.cdc.gov/healthyyouth](http://www.cdc.gov/healthyyouth)

Division of Violence Prevention

[www.cdc.gov/violenceprevention](http://www.cdc.gov/violenceprevention)

### Department of Education

[www.ed.gov](http://www.ed.gov)

### National Youth Violence Prevention Resource Center

[www.safeyouth.org](http://www.safeyouth.org)

### Stop Bullying Now Campaign

[www.stopbullyingnow.hrsa.gov](http://www.stopbullyingnow.hrsa.gov)



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**For more information, please contact:**

**Centers for Disease Control and Prevention  
National Center for Injury Prevention and Control  
1-800-CDC-INFO • [www.cdc.gov/violenceprevention](http://www.cdc.gov/violenceprevention) • [cdcinfo@cdc.gov](mailto:cdcinfo@cdc.gov)**