

Schools Need Guidance and Support to Prevent Youth Violence and Associated Risks Like Suicide

Testimony to Senate Select Committee on Violence in Schools & School Security

Students in Texas face a wide range of challenges that threaten their health, safety, and education including things like: a lack of connection to their schools and caring adults; a history of physical or emotional trauma; untreated depression; and a lack of skills in managing emotions, coping with stress, and making responsible decisions. These challenges increase the likelihood that students will harm themselves or others. The Texas Legislature should provide school districts with guidance, resources, and technical assistance to implement school-wide prevention and intervention strategies that address common underlying factors associated with violence in schools, including suicide.

The U.S. Secret Service notes that targeted school violence represents “the tip of the iceberg” of pain, despair, and isolation that many students deal with on a daily basis. School shootings are horrific, but thankfully rare. Much more common are bullying, substance abuse, and suicide, which can be equally as devastating to families and communities. School violence is associated with these All of the public health and education concerns are interconnected. The U.S. Secret Service calls for strategies that “create cultures and climates of safety, respect, and emotional support within schools.”

Recently released data confirm that many high school students in Texas experience significant threats to their health, safety, and education:¹

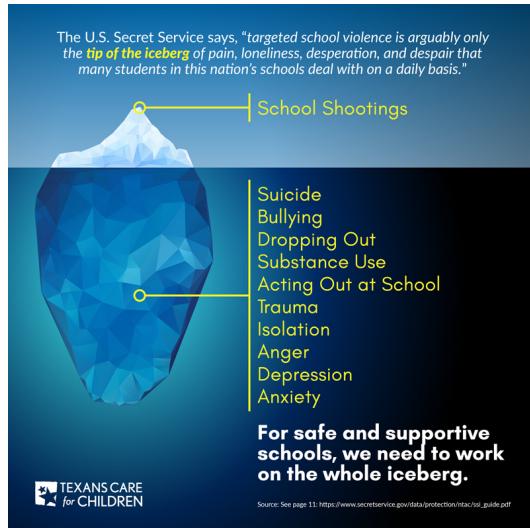
- 12 percent – one out of eight – attempted suicide in the last year.
- 34 percent – one out of three - felt sad/hopeless for 2 weeks to the point where they stopped doing some of their regular activities.
- 19 percent – one out of five - were bullied at school during the last year; 15 percent – one out of seven - were bullied electronically.
- 20 percent – one out of five – were in a physical fight on school property in the last year.

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- 12 percent – one out of eight – reported **binge drinking** in past month.
- 10 percent – one out of ten – reported having experienced **sexual violence** in the last year.

A study by the U.S. Secret Service found that most perpetrators of targeted/mass school violence had experienced anger and loss and did not have the coping skills to deal with adversity in healthy ways:²

- 61 percent were motivated by revenge.
- 71 percent felt bullied, persecuted or injured by others prior to the attack.
- 78 percent had considered or attempted suicide.
- 81 percent held some sort of grievance at the time of the attack, either against their target or someone else.
- 83 percent had difficulty coping with significant losses or personal failures.
- Nearly all – 98 percent – experienced a major loss prior to the attack.



Preventing Youth Violence and Associated Risk Factors

The best way to protect youth from violence is to prevent youth from considering violence as solution to their problems. Based on the best research and evidence to date on what works in preventing youth violence, the Centers for Disease Control and Prevention (CDC) echoes the Secret Service and Dept. of Education when it calls for broad youth prevention strategies that:³

1. Foster social connectedness and a positive school climate.
2. Build student skills and competencies to chose nonviolent, safe behaviors.
3. Build positive relationships between students and caring adults in their school and community.

Strategies to Improve School Climates and Prevent School Violence

School-wide Positive Behavior Strategies

Positive behavior interventions and school-wide strategies establish a social culture within a school that promotes social, emotional, and academic success. The three-tiered model starts with universal supports for all students, increased support for at-risk students, and intensive, highly individualized interventions for students needing wraparound services. The U.S. Secret Service's National Threat Assessment Center recommends schools implement school-wide PBIS to support positive school climates and reduce the rates of school bullying.⁴

- ✓ Schools that implement school-wide PBIS successfully see significant improvements in school climate and reductions in bullying, peer rejection, emotional concerns, and discipline referrals and suspensions.⁵

Building Youth Social Emotional Skills

Social and emotional skills, such as the ability to manage emotions and behavior, resolve conflicts in healthy ways, and make responsible decisions, are critical for success in school and later adulthood. They are also strongly linked to reductions in violence. Teachers can incorporate social emotional learning opportunities into their existing curriculum, but they need guidance and support from their administrators and the state do so.

- ✓ School-wide social and emotional learning interventions, from kindergarten to high school students, show significant short and long-term improvements in academic performance, positive social behaviors, and school attendance as well as reductions in emotional distress, conduct problems, and drug use.

Trauma-Informed Instruction

Most youth who have committed mass gun violence in school had difficulty coping with significant losses or personal failures. Many had felt bullied, persecuted, or injured by others prior to the attack.⁶ It's estimated that 24 percent of children in Texas have a history of multiple traumas (reported prior to Hurricane Harvey in 2017); 20 percent of high school student in Texas report having been bullied in 2017. The overwhelming majority of students who have experienced trauma and loss will not turn to violence. However, it is critical that all educators be trained to recognize potential symptoms of trauma and know how to respond in ways that help students heal and be successful in school, instead of being further harmed, which can happen when traditional behavior management and disciplinary responses are used.⁷ It is important for teachers to have a mindset not of "what's wrong with you?" but instead "what happened to you?"

- ✓ School-wide trauma-informed interventions have been shown to improve students' coping skills and their sense of emotional and physical safety.⁸
- ✓ Trauma-informed interventions are associated with decreased office discipline referrals, physical aggression incidents, and out-of-school suspensions.⁹

School-Based and Community-Connected Prevention and Intervention Services

Prevention and early intervention programs that mitigate risk factors associated with violence reduce the likelihood a youth will engage in violence. Risk factors include things like family conflict, experiencing violence directly, associating with delinquent peers, lacking skills to cope with problems in healthy ways, and problems with substance abuse.¹⁰ Many activities designed to prevent youth violence, bullying, and substance abuse can also reduce suicide risk among students.¹¹ Schools should have access to a mental health professional, either on staff or in the community, who has been trained to assess suicide risk using a validated process.¹²

- ✓ **School counselors** can be used to provide a range of prevention and intervention services to students - if they are given the time and support to do so.
- ✓ Schools can partner with community-based programs to help address youth challenges that interfere with students' health, safety, and education – and reduce the likelihood youth will engage in or be victimized by violence. Programs that can be leveraged include Health and Human Services Commission (HHSC)-funded **school-based substance abuse prevention and intervention programs**, Department of Family and Protective Services (DFPS)-funded **Services to At-Risk Youth (STAR)**, and Texas Education Agency (TEA)-funded **Communities in Schools (CIS)**.

School-Based Mental Health Services

Some students require services that are best provided by mental health professionals. Mental health providers, such as school social workers, licensed professional counselors, or psychologists can be employed directly by the district or through a school partnership with a community provider to help address the mental health needs of students through prevention, early intervention, treatment, and referral services.

- ✓ Students are more likely to seek mental health supports when they are available on their school campus.¹³
- ✓ Students who receive school-based mental health services report greater connection to school and more caring relationships with adults at school.¹⁴

Policy Recommendations

School districts in Texas need guidance and support from the state in order to implement school-wide and targeted practices known to prevent youth violence and associated risk factors. The Texas Legislature should provide school districts with training, technical assistance, and resources to put effective strategies into practice.

- 1. Establish a state center focused on student mental health, behavior, and school climate, similar to the current Texas School Safety Center.** The School Safety Center, housed at Texas State University and funded by the state, is a central location that school districts can turn to for research, training, and technical assistance on school safety and security. Texas schools should have a similar reliable resource of information on campus-wide and youth-targeted practices that support student mental health, behavior, and school climate. A university-affiliated center can serve as a hub to connect ESCs and districts throughout the state with other university- or community-based experts and resources that can be leveraged to help schools create safe and supportive school climates. It can also help the state track, monitor, and evaluate the effectiveness of school-based practices to address student mental health, behavior, and climate.
- 2. Provide HHSC with funding to support suicide prevention efforts.** There is only one FTE at the state level for suicide prevention. One FTE to lead state efforts and assist communities in addressing the 2nd leading cause of death for youth in Texas is inadequate. Suicide prevention strategies and practices are available. Schools need training and technical assistance to put them into practice. Mental Health First Aid Training alone is not sufficient to prevent death by suicide of children and youth.
- 3. Expand the use of prevention programs, practices, and policies that REDUCE risk factors and INCREASE protective factors in students.** Violence is interconnected with other public health and education concerns, such as bullying and suicide. Youth violence shares common risk and protective factors with things like substance abuse, delinquency, and school dropout, including lacking social and emotional skills. HHSC provides funding for schools to access youth substance abuse prevention and intervention programs that increase healthy coping and social skills in students, give kids tools to resolve conflicts or manage anxiety, and help students develop strong self-esteem and make healthy decisions - all competencies that protect students from violence and a broad range of problems. Yet these prevention programs only reach about half of the school districts in Texas. Many other prevention programs that target bullying, delinquency, dating violence, or suicide use similar skill building strategies and target a common set of risk and protective factors.
- 4. Require and support the use of threat risk assessment protocols that are proven and properly implemented.** The majority of threats made by students are not serious. Schools should conduct an evidence-based threat assessment to distinguish credible threats from non-credible ones and to make the

appropriate referrals when necessary. Threat risk assessment protocols should include **clear referral pathways** that connect identified students with services and supports they need to keep them and those around them healthy and safe. Students should be provided necessary services or treatment in the **least restrictive setting** that is safe and appropriate.

5. Increase student access to school counselors and school-based mental health professionals.

Districts need funding and guidance on how to increase student access to professionals who can support their social-emotional development and mental health. School counselors must be given time to address student's social emotional development and not be overburdened with non-counseling administrative tasks. Mental health providers, such as school social workers, licensed professional counselors, or psychologists, can be employed directly by the district or through a partnership with a community provider to help address the needs of students with more significant mental health concerns. The Health and Human Services Commission (HHSC) and the Texas Education Agencies (TEA) should provide districts and community-based mental health providers with guidance on forming effective partnerships to increase student access to mental health services.

6. Do not roll back the smart discipline policies that have been put in place in Texas. Research tells us that zero tolerance policies and disciplinary practices that remove a student from their classrooms are ineffective at making schools safer or changing student behavior; these policies and practices can actually make school climate and student behavior worse.¹⁵ Any disciplinary response that is taken should work to rebuild relationships and repair the harm that has been done while also holding students accountable.

7. Improve the effectiveness of school police officers and minimize unintended consequences of their presence on campus.. When the role of school police officers is vague or not clearly limited to school security and law enforcement, they wind up getting called to address code of conduct and other minor misbehavior issues. An overreliance on school police results in arrests and youth becoming involved in the justice system for minor misbehavior and code of conduct violations that should be handled in the classroom. All police officers working in our schools should be trained in working with youth. Under current state law, only school resource officers and school police serving in school districts with at least 30,000 students are required to take 16 of hours of training specific to the population they come in contact with daily - youth. The Legislature should limit the role of school police officers to school security; require officers at small and medium-sized school districts to undergo training similar to their counterparts in large districts; and collect the data necessary to better understand school policing in Texas.

¹ Centers for Disease Control and Prevention. *Texas High School Youth Risk Behavior Survey 2017*. <https://nccd.cdc.gov/Youthonline/App/Results.aspx?LID=TX>

² U.S. Secret Service and U.S. Dept. of Education. (2002) *The Final Report and Findings of the Safe School Initiative: Implications for the Prevention of School Attacks in the United States*.

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- ³ Centers for Disease Control and Prevention. (2014). *Preventing Youth Violence: Opportunities for Action*.
- ⁴ National Threat Assessment Center, U.S. Secret Service. (2018) *Enhancing School Safety Using a Threat Assessment Model*.
- ⁵ See Horner, R. H., Sugai, G., & Anderson, C. M. (2010). "Examining the evidence base for school-wide positive behavior support". *Focus on Exceptional Children*, 42, 1–14.; Sawka-Miller, K. D., & Miller, D. N. (2007). "The Third Pillar: Linking Positive Psychology and School-Wide Positive Behavior Support." *School Psychology Forum: Research in Practice*, 2, 26–38.; Horner, R. H., Sugai, G., Smolkowski, K., Eber, L., Nakasato, J., Todd, A. W., & Esperanza, J. (2009). "A randomized, wait-list controlled effectiveness trial assessing School-Wide Positive Behavior Support in elementary schools." *Journal of Positive Behavior Interventions*, 11, 133–144.
- ⁶ U.S. Secret Service and U.S. Dept. of Education. (2002) *The Final Report and Findings of the Safe School Initiative: Implications for the Prevention of School Attacks in the United States*.
- ⁷ Porche, M.V., Fortuna, L.R., Lin, J., & Alegria, M. (2011). "Childhood trauma and psychiatric disorders as correlates of school dropout in a national sample of young adults." *Child Development*, 82(3), 982–998.
- ⁸ Walkley M, Cox TL. (2013) "Building trauma-informed schools and communities." *Children & Schools*. 35(2):123-126.
- ⁹ Dorado, J., Martinez, M., McArthur, L., & Leibovitz, T. (2016). "Healthy Environments and Response to Trauma in Schools (HEARTS): A whole-school, multi-level, prevention and intervention program for creating trauma-informed, safe and supportive schools." *School Mental Health*, 8, 163-176.
- ¹⁰ Centers for Disease Control and Prevention. (2014). *Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence*. https://www.cdc.gov/violenceprevention/pdf/connecting_the_dots-a.pdf
- ¹¹ SAMSHA. (2012) *Preventing Suicide: A High School Toolkit*.
- ¹² SAMSHA. (2012) *Preventing Suicide: A High School Toolkit*.
- ¹³ Slade, E. (2002). "Effects of school-based mental health programs on mental health services use by adolescents at school and in the community." *Mental Health Service Research*. (4) 151:166.
- ¹⁴ Susan Stone et. al. (2013) "The Relationship Between Use of School-Based Health Centers and Student-Reported School Assets," *Journal of Adolescent Health*. 53(4):526-32.
- ¹⁵ American Psychological Association. (2006). *Zero Tolerance Policies Are Not as Effective as Thought in Reducing Violence and Promoting Learning in School, Says APA Task Force*. <http://www.apa.org/news/press/releases/2006/08/zero-tolerance.aspx>