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## **IDEAS TO CURB SCHOOL SUICIDE AND VIOLENCE**

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## Ideas to Curb School Suicide and Violence

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### **Abstract**

*Violence at schools leads to depression and suicide for those students who are victimized. Likewise, many depressed students take their lives at school rather than at home. School violence and suicide have a strong interrelationship. School social workers and other mental health professionals who work with children and adolescents need to help youth, parents, teachers and school personnel become aware of the warning signs of depression, substance abuse, and suicide. Schools need to adopt and enforce a zero tolerance policy toward violence (verbal, physical, and media violence), and develop supportive services for students who are depressed and suicidal. Schools need a crisis plan to help deal with the threat of violence, and to deal with the aftermath. This paper discusses the warning signs and presents ideas for prevention and crisis management at school.*

## **School Violence and Suicide**

The number of violent acts and suicides that affect youth in or on their way to school has become a national tragedy. American youth currently experience both direct and indirect harm and loss as victims of violence or from hearing about school violence and suicides. The National Crime Victimization Survey (U.S. Department of Justice Bureau of Justice Statistics, 2007) reported that students between the ages of 12 to 18 were victims of 1.5 million non-fatal crimes (theft and violent crime) while they were at school. (Social Work Speaks, 2012).

### **School Violence**

School violence ranges from physical to non-physical and includes both verbal and written aggression. Examples of non-physical aggression include cyber bullying, rumors, threats and harassment. Physical aggression includes stealing and property destruction, pushing, tripping, spitting, and in extreme cases sexual assault, rape, homicide, and school suicide (Social Work Speaks, 2012). Rates of violent crime (26 violent crimes per 1,000 students), were higher than the crime rates outside of school (20 violent crimes per 1,000 students) (Dinkes, Kemp & Baum, 2009). There is a strong interrelationship between drug abuse and violence, as well as between suicide and drug abuse (Elliott, Huizinga, & Menard, 1989; US DHHS, 2011, Garrison, McKeown, Valois & Vincent, 1993).

School social workers and social work professionals can play a role in helping to curb the rise of youth violence and suicide. “The risk factors associated with youth violence include poverty, ethnic-minority group membership, gender (male), age, and living in the inner city. Family factors include weak family bonding, ineffective monitoring and supervision; exposure to and reinforcement for violence; poor impulse control and problem-solving skills of caretakers; and the acquisition of expectations, attitudes, beliefs and emotional responses which support or tolerate the use of violence. Dispositional factors such as antisocial personality, attention deficit

disorder, or poor impulse control” (Botvin, Griffin & Nichols, 2006 p. 403-404). Likewise, poor coping skills, poor anger management and problem solving abilities play a major role in substance abuse and violence (Botvin, Griffin & Nichols, 2006).

Social workers need to become aware of the policy statements made by the National Association of Social Workers (NASW) regarding school violence. A few of the statements from NASW policies include:

- each school should develop a comprehensive violence prevention plan and intervention plan
- approaches to school violence should be primary-prevention, secondary-early intervention, and tertiary-crisis intervention and urgent responses
- interventions should meet individual needs
- All school personnel should be trained regarding the warning signs of violence and suicide
- Children who have experienced losses in health, exposure to violence, deaths of family or friends should be given time to meet with the school counselor or school social workers.

The social work profession is committed to advocate on behalf of young victims who are innocent and yet suffer great impairment and emotional stress from exposure to acts of violence and suicide at school.

### **School Suicide**

School suicide can be precipitated by many factors. A student’s culture may influence the decision about whether or not to seek help because of negative attitudes about mental health

and counseling. In some cultures students may be afraid to seek help because of trying to save face and not hurt the family name. Other factors such as racism and discrimination may play a role in increased use of substances and feeling hopeless. Some youth may feel an obligation to family that will override any personal obligation to self or friends (Balis & Postolache, 2009).

A 2005 study by the Center for Disease Control showed that 14.9% of Hispanic female adolescents attempted suicide compared to 9.3% of Caucasian females and 9.8% of African American females. The increased risk may also be related to traditional gender roles within the Latino culture. Information on Latino teens shows that the average teens who attempt suicide is 14-15 years old, has school performance, early losses, interpersonal conflicts, less likely to be born in the U.S., relies on public assistance, and may have medical problems (Center for Disease Control, 2005).

## **School Solutions**

### **Teach Faculty and Staff about Warning Signs**

Gatekeeper programs are emerging in school prevention. The idea behind these programs is to train staff in order to increase knowledge of risk factors and warning signs of bullying, depression and suicide. (CDC, 1992). Teacher training is an important factor in guaranteeing the sustainability of a program (Smith, 2013).

Faculty and staff should be given extensive training on both how to recognize the warning signs of depression and suicide. They should also be given a plan for how to communicate with students who appear extremely depressed and suicidal, and support in immediate referral to a school mental health professional.

Unlike some mental disorders, suicide victims often exhibit similar patterns of behavior. These behaviors are often the result of depression. The adults who deal with youth who exhibit these behaviors should be aware that the behavior could possibly be warning signs to suicide.

The following is a list of suicide warning signs created by the Yellow Ribbon Suicide Prevention Program include:

- Talks about or is preoccupied with wanting to die
- Trying to find the means to kill oneself
- Change in eating and sleeping habits
- Unusual neglect of personal appearance
- Drug and alcohol use
- Feeling helpless and that he or she is a burden to others
- Violent actions
- Personality change or mood swings
- Frequent complaints about physical symptoms
- Difficulty concentrating, or a decline in schoolwork
- Expression of suicidal ideation/intent
- Giving away prized possessions

Suicidal ideation means that the person is thinking about or planning for suicide.

About 14% of students in grades 9-12 (1 of every 7) reported seriously considering suicide in the past year. About 11% (1 of every 9) reported making a suicide plan. In a study of 229 completed youth suicides: 62% had made a suicidal statement, 45% had consumed alcohol within 12 hours of killing themselves, and 76% had shown a decline in academic performance in the past year (The Center for Disease control, 2011). Nationwide, 15.8% of high school students had seriously considered attempting suicide during the previous 12 months prior to the study (The Center for Disease Control, 2011).

### **Case Example**

A fifteen year old 9<sup>th</sup> grade student committed suicide on a Friday evening by hanging herself at home. The tragedy was discussed on the following Monday at school as her teachers began to discuss the day of death and each teacher mentioned that she had waited at the end of class to tell them good-bye. Because it was a large school no one realized that it was a final good-bye. She also gave away some prized possessions (a bracelet and a teddy bear), to two friends. She knew her parents and sister would be gone for the evening so she waited until the house was empty and she was alone to commit suicide.

She exhibited two of the classic warning signs by giving away prized possessions and by telling others good-bye. No one knew that these signs were indicators of high risk and so no one did any follow-up on the actions. The result was catastrophic because the student died without any intervention.

### **Consistent Enforcement of Policies**

Some of the programs that have been tried in schools such as anti-bullying programs have not been successful (Ferguson, San Miguelo, Kilburn & Sanchez, 2007). Schools need to have a written and publicly available policy against substance abuse, bullying and violence. Schools must also implement the policies effectively and consistently (Smith, 2013). There must be an attitude of openness and accountability throughout the staff and especially with the classroom teachers who are the “front line” personnel to implement the strategies (Smith, 2013).

### **A Public Health Prevention Program**

A prevention program should have focus on: 1) using evidence based methods of counseling and psychological services; 2) reinforcing positive behaviors and not just focusing on negative and problem behaviors; 3) utilizing community collaboration and connecting services;

4) using research effectively to assess outcomes of services (Strein, Hoagwood, & Cohn, 2003).

Along with prevention at the school level, there must be control at home over media exposure such as violent movies and video games. “Research has associated exposure to media violence with a variety of physical and mental health problems for children and adolescents, including aggressive behavior, desensitization to violence, fear, depression, nightmares, and sleep disturbances” (Webb & Martin, 2012, pl 432). To combat the exposure to violence from the media programs have been developed such as “Beyond Blame: Challenging Violence in the Media.” The program was designed for California English/Language Arts and Health Content, but teaches basic skills in critical thinking and making good choices (Webb & Martin, 2012). These programs have a positive impact on students and are most effective when administered by a trained and knowledgeable teacher.

### **Crisis Plan**

Every school should have a crisis plan. Many states have legislation that requires the Department of State Health Services to coordinate with the state board of education to develop intervention and crisis plans across all grade levels. A good crisis plan should include guidelines for staff and faculty explaining how to behave if they know they are dealing with a student who has threatened suicide or a violent act. These guidelines should include how to assess the seriousness of plan; if there is ideation or a plan then immediate referral should be made to a school mental health professional for further assessment; once assessment is complete parents/guardians need to be notified; if threat is serious--utilize school resource officers or parent/guardian to transport the student to a local inpatient psychiatric unit for further evaluation; and when student returns to school there should be follow-up through a school mental health

professional. Also, school mental health professionals should check with the students' friends to see if there is a suicide pact and then intervene when appropriate.

### **Teach Youth Survival Skills**

Preventing Relational Aggression in Schools Everyday (PRAISE) Program was designed to help teach youth how to deal with aggressive relationships, manage anger, learn to use problem solving skills, and process social information correctly (Leff, Waasdorp, Paskewich et. al., 2010). The program has proven to be more successful with girls than boys. There are two types of prevention programs used in schools: one is universal and includes all students and school staff, the second type of intervention is targeted toward youth already identified at-risk and includes family focused interventions (The Multisite Violence Prevention Project, 2009). Both approaches have merit and are currently being researched for long-term effectiveness.

### **Conclusion**

There is extensive research that supports solutions to school violence. It is critical that schools become consistent in educating parents, teachers, and school personnel about the warning signs of suicide and violence. The rates of violence and suicides continues because the problem is not addressed at the core level of teaching and modeling anger management, problem solving, and critical thinking skills in homes. There needs to be consistent policies regarding zero tolerance for substance abuse and violence in schools that remediates rather than punishes the offenders. Spending a semester sitting in an alternative program does not solve the problem. Teaching skills to solve the problem and gaining parental and community support to limit exposure to violent movies video games is critical. School-wide interventions help, but programs

that focus on specific high-risk students and families appear to be the most effective preventive interventions.

### References

- Balis, T. & Postolache, T. (2009) Ethnic Differences in Adolescent Suicide in the United States, *Aggression and Violent Behavior*. 14, (5).
- Botvin, G.J., Griffin, K.W., & Nichols, T.D. (2006). Preventing youth violence and delinquency through a universal school-based prevention approach. *Prevention Science* 7 403-408. doi 10.1007/s1121-006-057-y
- Center for Disease Control & Prevention, (1992. 2005, 2011) *Youth suicide prevention programs: A resource guide*. Atlanta, GA: National Center for Injury Prevention and Control.
- Dinkes, R., Kemp, J., & Baum, K. (2009) *Indicators of school crime and safety: 2009*

- (NCES2010-012/NCJ228478). Washington, DC: National Center for Education Statistics, Institute of Education Sciences, U.S. Department of Education and Bureau of Justice Statistics, Office of Justice Programs, U.S. Department of Justice.
- Elliott, D.S., Huizinga, D., & Menard, S. (1989) *Multiple problem youth: Delinquency substance use and mental health problems*. New York: Springer-Verlag.
- Garrison, C.Z., McKeown, R.E., Valois, R.F., & Vincent, M.L. (1993) Aggression, substance use and suicidal behaviors in high school students. *American Journal of Public Health*, 83, 179-184.
- Leff, S.S., Waasdorp, T.E., Paskewich, B., Gullan, R.L., Jawad, A.F., MacEvoy, J.P., Feinberg, B.E., & Power, T.J. (2010). The Preventing Relational Aggression in Schools Everyday Program: A preliminary evaluation of acceptability and impact. *School Psychology Review* 39 (4) 569-587.
- Smith, P. K. (2013). Why interventions to reduce bullying and violence in schools may (or may not) succeed: Comments on this special section. *International Journal of Behavioral Development* 35 (5) 419-423. doi: 10.1177/0165025411407459.
- Social Work Speaks (9<sup>th</sup> Ed.) National Association of Social Workers Policy Statements (2012-14). School Violence.*(2012). Washington, DC: NASW Press.
- Strein, W., Hoagwood, K., & Cohn, A. (2003). School psychology: A public health perspective II. Prevention, populations and systems change. *Journal of School Psychology*, 41, 23-38.
- The Multistate Violence Prevention Project (2009). The ecological effects of universal and selective violence prevention programs for middle school students: A randomized trial. *Journal of Consulting and Clinical Psychology*.77(3) 526-542. doi:1037-a0014395.

U.S. Department of Health and Human Services (2001) *Youth Violence: A Report of the Surgeon General*, Rockville, MD: U.S. Department of Health and Human Services, Office of the Surgeon General.

U.S. Department of Justice, Bureau of Justice Statistics (2007). *National Crime Victimization Survey*. Washington, DC: Author.

Webb, T., & Martin, K. (2012). Evaluation of US school-based media literacy violence prevention curriculum on changes in knowledge and critical thinking among adolescents. *Journal of Children and Media* 6 (4) 430-449.<http://dx.doi.org/10.1080/17482798.1912.724591>.

Yellow Ribbon Suicide Prevention Program. (2011). Lift for Life Foundation International. <http://www.yellowribbon.org/WarningSigns.html>. Retrieved 8/27/13.

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