



Student Violence: Recognition, Intervention, and Prevention

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Mass media tends to focus on
dramatic events of youth
violence such as mass murder
school shootings

In fact, most adolescent homicides are committed in inner cities and outside of school. They most frequently involve an interpersonal dispute and a single victim.

On average eight youths
are murdered in this
country each day. Most
of these are inner-city
minority youths.

From the
National Youth
Violence
Resource Center:

1 in 5 victims of serious
violent crime are
between the ages of 12
and 17

Youth aged 12-17
are three times as likely as
adults to be victims of simple
assault and twice as likely to be
victims of serious violent crimes

About 1 in 20 high school seniors say they have been injured with a weapon in the past year,

and almost 1 in 7 say someone has injured them on purpose without a weapon.

More than 1 in 3 high-school students say they have been in a physical fight in the past year, and about 1 in 9 of those students required medical attention for their injuries.

More than 1 in 6 sixth
to tenth graders say
they are bullied
sometimes, and more
than 1 in 12
say they are bullied
once a week or more.

Violence takes the
lives of more than
1.6 million people
annually

Approximately 50% due to suicide, 35% due to homicide, and the remainder as a direct result of war or some other form of conflict

The United States
leads the world—in
the rate at which its
children die from
firearms.

Violence has a broad range of outcomes – including psychological harm, deprivation and maldevelopment.

Child Abuse:

Approximately 20% of women and 5–10% of men report being sexually abused as children, while 25–50% of all children report being physically abused

Worldwide some 250,000
homicides occur among
individuals 10–29 years of
age each year

For each young person killed,
20-40 more sustain injuries
requiring hospital treatment

More than 1 in 13
students said they had
been threatened or
injured with a weapon
such as a
gun, knife, or club on
school property in the
past year

However, less than 1% of all violent deaths of school-aged children and teens occur in or around school grounds or on the way to and from school

Youth ages 12-18
were twice as likely to
become victims of
serious violent crimes
when they were away
from school

Statistics from Sandy Hook Promise

**EACH DAY 8 children die from
gun violence in America. Another
32 are shot and injured.**

Firearms are the second leading
cause of death among American
children and adolescents,
after car crashes

Firearm deaths occur at a
rate more than 3 times higher than
drownings

The U.S. has had 1,316 school shootings since 1970 and these numbers are increasing. 18% of school shootings have taken place since the tragedy at Sandy Hook Elementary School in December 2012

In a comprehensive study of school shootings from 1974 to 2000 conducted by the Secret Service and Department of Education 93% of school shooters planned the attack in advance

In 4 out of 5 school shootings, at least one other person had knowledge of the attacker's plan but failed to report it.

Guns used in about 68% of gun-related incidents at schools were taken from the home, a friend or a relative.

A study found that 77% of active shooters spent a week or longer planning their attack.

Nearly all mass attackers in 2018 made threatening or concerning communications and more than 75% elicited concern from others prior to carrying out their attacks.

In almost every documented case of active shooters, warning signs were given off.

2018 had the most school shootings on record, but U.S. Dept. of Homeland Security research shows that if we “know the signs” of gun violence, we can prevent it and reverse the trend.

The majority of individuals with diagnosed mental illness do not engage in violence against others.

70% of people who die by
suicide tell someone their plans or
give some other type of warning
signs

**39% of parents wrongly believe
children don't know where a gun is
stored**

An estimated 4.6 million American children live in a home where at least one gun is kept loaded and unlocked

Youth Perpetrators of Violence

About 1 in 9 murders
are committed by
youth under 18. On
average, about 5
youths
are arrested for
murder in this country
each day

Youth under 18
account for
about 1 in 6
violent crime
arrests

For every teen
arrested, at least 10
were engaged in
violence
that could have
seriously injured or
killed another
person.

A review of surveys
found that between
30-40% of male teens
and 16-32% of female
teens
say they have committed
a serious violent offense
by the age of 17.

Almost 1 in 20
high-school
students say
they have
carried a gun in
the past month.

Almost 1 in 4
teens report
having easy
access to guns
at home.

Almost 1 in 14 students (and
more than 1 in 10 male
students) said they had carried
a weapon
to school in the past month

Between 20 and 45% of boys
who commit serious violent
crimes by
the age of 16 or 17 were violent
as children

45 to 69% of violent
girls were violent in
childhood

Teens who were engaged in serious violence before the age of 13 generally commit more crimes, and more serious crimes, than those teens who start later

They are
also more likely to
continue to engage
in violence into adulthood

The earlier the age of onset of antisocial behaviors, the more severe they tend to be and the more likely that they will persist into adulthood

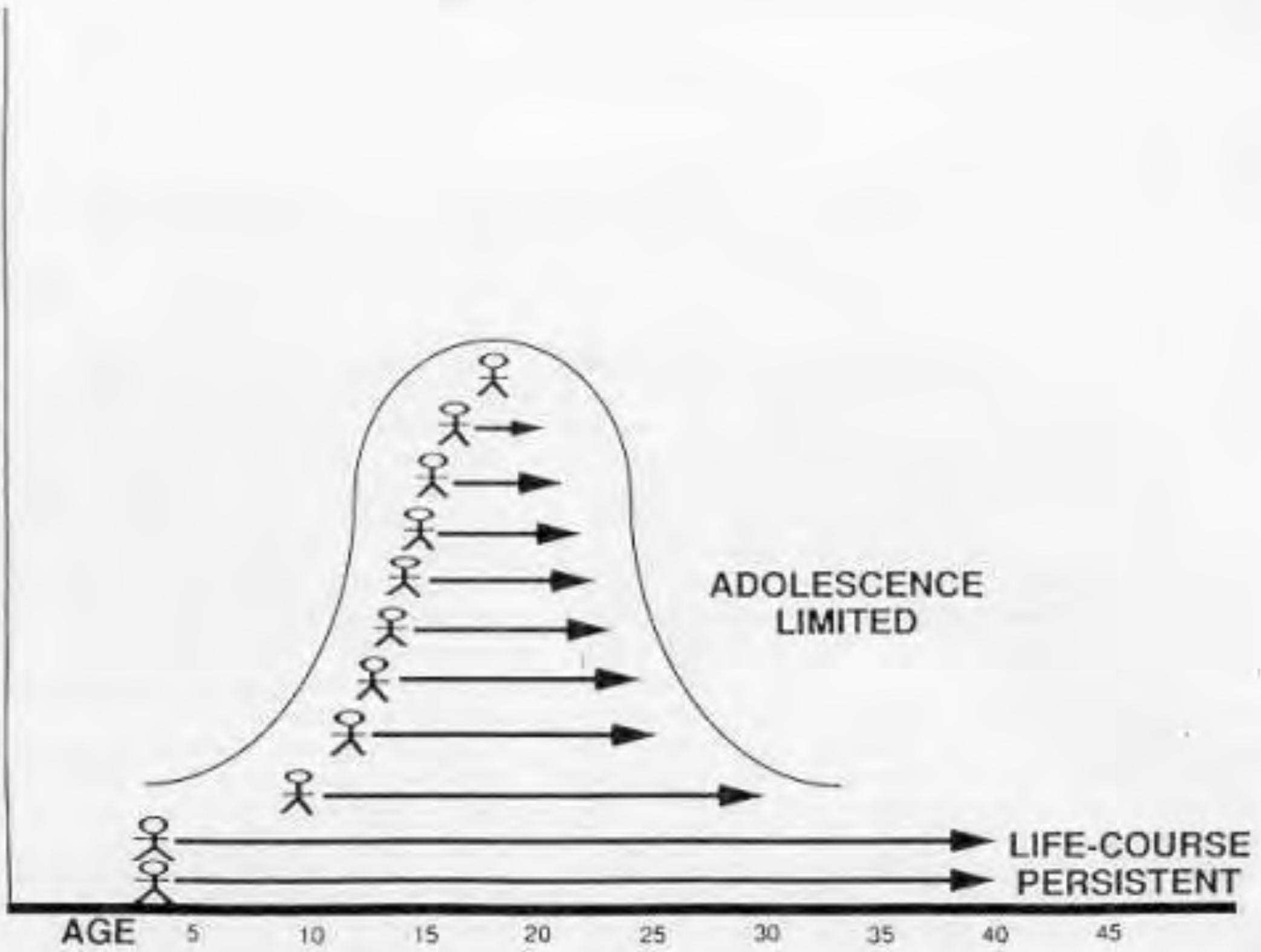
**Only about 20% of all
seriously violent teens
continue
to commit violent acts as
adults**

FBI index arrests per 100,000 population



PREVALENCE OF ANTISOCIAL BEHAVIOR

100%
90%
80%
70%
60%
50%
40%
30%
20%
10%



Risk Factors for Youth Under Age 13

Early involvement in serious criminal behavior, early substance use, being male, a history of physical aggression toward others, low parent education levels or poverty, and parent involvement in illegal activities

Risk Factors for Youth Over Age 13:

Friendships with antisocial or
delinquent peers,
membership in a gang, and
involvement in other criminal
activity

Risk factors in the child or adolescent:

- Early conduct problems
- Attention-Deficit Hyperactivity Disorder and associated impulsivity and poor judgment
- Depression
- Anxiety disorders
- Lower cognitive and verbal abilities

So, multiple factors
contribute to and
shape antisocial
behavior over the
course of development

School Shooters

The average school shooter
tells 2 other students-
some have told 11 students-
about a school shooting

Forensic psychiatrist Phillip
Resnick, MD, Professor of
Psychiatry, Case Western
University School of Medicine,
Cleveland, Ohio, notes:

**Mass killings involving firearms
occur approximately every 2 weeks
in the United States, with school
shootings occurring monthly**

A U.S. Secret Service study of 37 school shootings found that revenge is the most common motive, and faculty were more often the target than students

There is not a typical profile

Two-thirds of the school shooters studied came from 2-parent families, two-thirds had not been in trouble previously, and most did not have a criminal record

In more than 98% of the cases, the shooter had suffered some significant losses, such as romantic rejection, and that was often combined with low self-esteem, an inability to cope, and feeling like there was no solution to their problems

Of the attackers studied, 78% had suicidal thoughts and many had attempted suicide

Adults who commit mass killings are usually lone actors, with no one else aware of their plans. But with teenage attackers, other students know about the plan 80% of the time.

The killings are “detailed, planned experiences,” and it is a myth that the attackers “just snap.” In the 2012 Sandy Hook Elementary School case, the attack was planned for 2 years

Warning signs that assessment teams can look for include weapon-seeking, weapons acquisition and practicing at gun ranges

Any school shooter evaluation is incomplete without the cyberspace information. Look for signs of grievances and grudges in the student's digital footprint.

Be alert for paranoid personality traits, including being overly sensitive to disrespect, having closed thinking that precludes corrective information, externalization of blame, disproportionate rage, and feeling devalued by an “in” group.

If other students learn that one student is being evaluated as a potential school shooter, that child is going to be stigmatized and they are going to become more isolated and at greater risk

Following the Parkland, Florida school shooting, the state is creating a mobile app that students can use to report potential threats

When a student is deemed a threat, an integrated approach is needed to reduce their emotional pain, help them see they have a future, and help them find nonviolent ways to resolve their problems



Gonna bring this to school on Monday!
Ur all dead

Predicting Violence

**“Prediction is very difficult-
especially about the future.”**

Niels Bohr
Danish Physicist
Nobel Laureate

**The best predictor of future
violence is past violence**

The vast majority of people who are violent do not have psychiatric disorders.

The vast majority of people who have psychiatric disorders are not violent.

In general, mental health disorders do not raise the risk of aggression.

Exceptions include individuals who have paranoid delusions and those who have agitated Bipolar Mood Disorder. Highly impulsive conduct disordered youth who have ADHD are at increased risk, as are youth who are abusing chemicals such as alcohol and PCP.

Youth with conduct problems plus a mental health disorder such as ADHD, Depression or Anxiety Disorders are more likely to engage in aggression than youth who only have conduct problems.

Predicting Violence

False Positives and False Negatives

In general, school districts' most aggressive students are in self-contained Setting IV EBD programs.

Research indicates that placing violent youth together in programs (e.g., Setting IV sites for Emotionally Disturbed delinquent students) increases the risk of violent behavior

Special education EBD students, especially those in Setting 3 and Setting 4 placements, tend to have multiple mental health disorders, and many of them have issues of aggression. Many are in the Mixed category of the Clinical-Behavioral Spectrum.

“Clinical” or “Behavioral”?

Is a youth's violent behavior
caused by "clinical" or by
"behavioral" factors?

The issue is not "either/or"

The Clinical Behavioral Spectrum

Jan Ostrom and
Will Dikel

Functional Behavioral Analysis

Seeking attention

Gaining tangibles

Avoidance

Intrinsic Factors

What are “intrinsic factors”?

**How do they relate to
psychiatric disorders?**

One end of
the
spectrum is
“Clinical”
factors

The other end of the
spectrum is
“behavioral”

Some of these students have been victims of significant bullying. Their fragile mental health status and severe mental health symptoms may “push them over the edge” into committing violent acts

Treating Violent Youth

Aggression is a non-specific, serious symptom most associated with ADHD, Conduct Disorder, and Oppositional Defiant Disorder. It is also associated with Autism Spectrum Disorder, mood disorders, PTSD and psychotic disorders.

When aggression is chronic in these conditions, treatment tends to be longer, more intensive and to have poorer outcomes.

**Successful treatment
depends on understanding
the underlying contributors to
the violence**

When clinical factors are at the root of the problem, e.g., irritability and agitation stemming from bipolar mood disorder

then clinical interventions that
may include medication
management are the treatment
of choice

Medication ideally is specifically focused on the nature of the mental health disorder.

E.g., is the aggression due to impulsivity of ADHD?

Due to mood swings? Due to auditory hallucinations?

Thus, typically, medication management would utilize stimulants, antidepressants, mood stabilizers, anti-anxiety medications and/or antipsychotics in the treatment of underlying pathology

Behavioral
interventions are
generally more
effective with violence
stemming from
behavioral factors

And, for youth in the
“predominately” or “mixed”
categories, interventions that
blend clinical and behavioral
approaches work best

Many aggressive youth have simply not yet learned the skills of self-management and self control, and have not learned pro-social alternatives to aggressive behavior.

They can benefit from skills training, including learning mindfulness techniques such as those taught in curriculums such as the “MindUP” program.

What can school districts do?

They can address violence in the context of creating a mental health plan for the district that maximizes internal and external mental health supports

School districts often have medical plans, e.g., protocols for addressing chronic medical illnesses such as diabetes, asthma or infectious disease.

They tend to not have mental health plans for working with students who have mood disorders, anxiety disorders, ADHD, etc.

Given the nature and extent of mental health disorders experienced by students, and the effect that these have on their education, a mental health plan makes sense.

Roles and Responsibilities

Who does what?

How do you prevent gaps in
services?

How do you prevent overlapping
roles?

Who decides what the roles are?

Who provides oversight to assure
accountability?

Their roles are frequently undefined, with lack of clarity, lack of documentation, difficulty in supervision, and lack of accountability.

Other components of a mental
health plan:

- Supervision
- Pre-Referral Interventions
- Clarification of Behavioral vs. Clinical Contributors
- Designing Accommodations and Modifications
- Crisis Intervention
- Mental Health Data Practices

- Documentation of Activities
- Protocols and Checklists
- Symptom Monitoring and
Communication of Behavioral
Observations
- Provision of Direct Services
- Adopting Evidence-Based
Teaching Methods

- Coordinating with County Resources
- Mental Health Training
- Use of Mental Health Consultation
- Gathering and Analysis of Mental Health Data
- Outcome Assessment

Mental Health Supports

Look at the Minnesota student survey results for your district to gain awareness of the nature and extent of the problem.

For example, the 2019 Mounds View District results indicated that, for the questions,

“Have you ever seriously considered attempting suicide?”

and

“Have you ever actually attempted suicide?”

Ever considered suicide

8 th grade	14% males	24% females
9 th	11	29
11 th	15	22

Ever attempted suicide

8 th grade	5% males	7% females
9 th	5	10
11 th	4	5

“Do you have any long-term mental health, behavioral or emotional problems? Long-term means lasting 6 months or more.” ranged from 15% of eighth grade males to 37% of 11th grade females.

“Have you ever been treated for a mental health, emotional or behavioral problem?” ranged from 22% of eighth grade females to 37% of 11th grade females.

For those answering, “Yes” to the question, “Have you ever actually attempted suicide?”:

31x more likely to be bullied due to a physical or mental disability every day

16x more likely to be bullied due to their gender every day

16x more likely to push, shove, slap, hit or kick someone every day

16x more likely to spread rumors or lies about someone else about once a week

16x more likely to have run away from home 6 to 9 times and 10 or more times

16x more likely to have used alcohol 10 to 19 days during the last 30 days

14x more likely to report that their adult relatives other than parents care about them “Not at all”

14x more likely to have used alcohol 40 times or more during the past year

13x more likely to be bullied due to physical appearance every day

13x more likely to report their parents care about them “Not at all”

12x more likely to be bullied due to size or weight every day

12x more likely to experience online bullying about once a week

12x more likely to have used marijuana every day

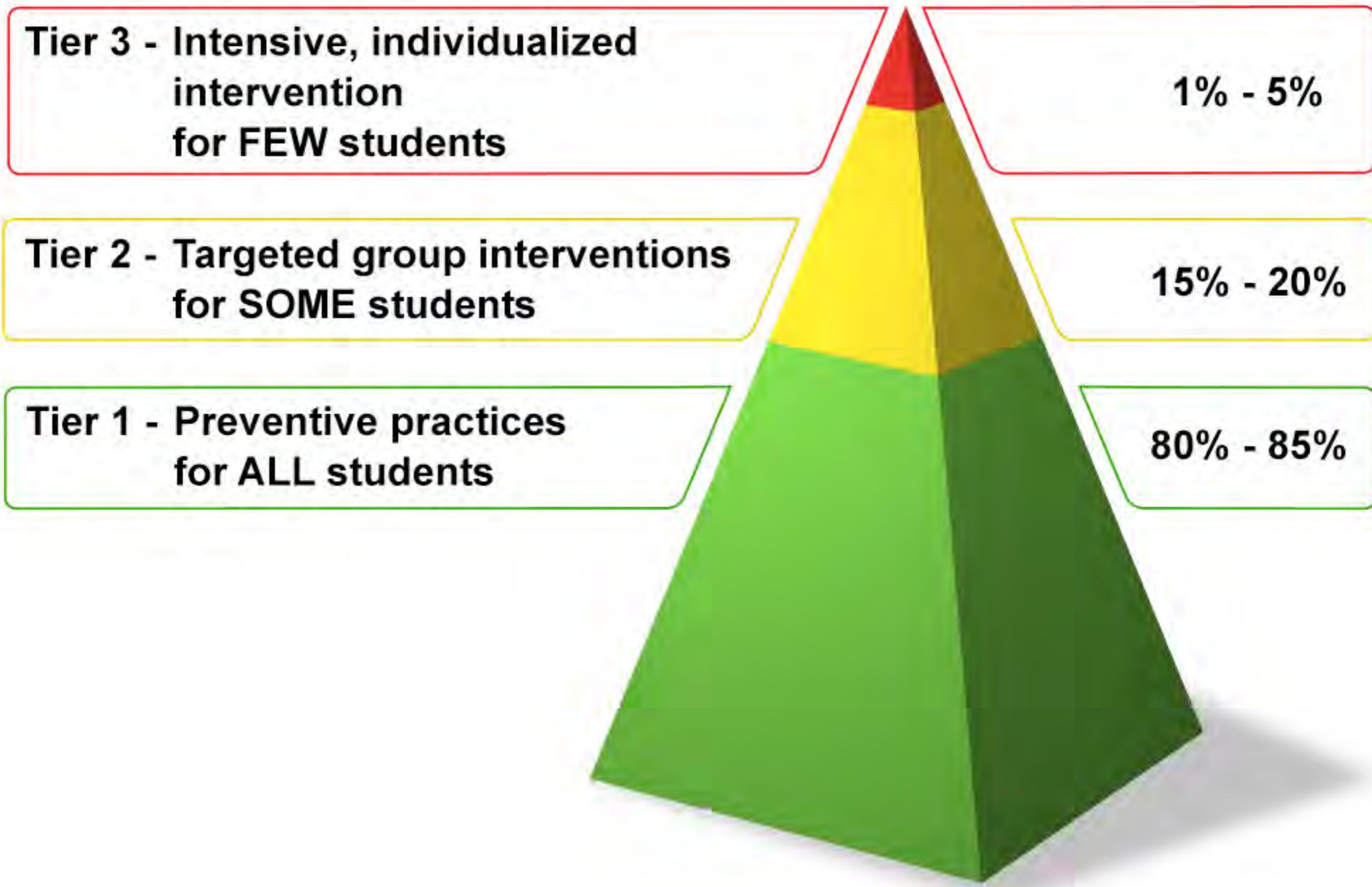
11x more likely to have been sexually assaulted by an adult outside

of the family

10x more likely to have been sexually assaulted by a stronger or older member of the family

10x more likely to be bullied because of being gay, lesbian or bisexual every day

These results shed serious doubt regarding the "pyramid model" of intervention that indicates that 5% of students require referrals for mental health evaluation.



The term, “mental health supports” encompasses a wide variety of activities, both within the school and with community partners, that focus on assisting students who have or who are risk of developing mental health disorders.

Internal mental health supports
provided by the district:

Counseling

Skills training

Accommodations and modifications

Promotion of healthy lifestyle (diet,
exercise, adequate sleep, social
connections, avoiding toxins such
as nicotine, etc.)

Mental health education for
educators, students and parents
Eliminating cultural barriers
Risk assessment
Nursing services
Prevention activities including
bullying prevention
Generalized promotion of mental
health within the district

**External mental health supports:
Co-located, school-linked mental
health diagnostic and treatment
services**

**Liaison with community mental
health and medical providers**

**Liaison with County services (Child
Protection, Juvenile Justice, etc.)**

Educate parents about gun
awareness

Teach students how to manage
anger, resolve conflict, and develop
the necessary social skills to solve
problems

Educate students on the need to report information regarding statements made by potentially dangerous peers.

Conclusion:

Violence in school and community
settings is a real risk

There are major problems with
accurately predicting violent
behavior

Mental health disorders are generally not predictors of violence, but when they occur in the context of other behavior problems and significant stressors, they can lead to violent behaviors

**Proactively addressing youth's
mental health problems through
collaborative efforts can improve
behaviors and reduce the risk of
violence**

