

Connecting. The. Dots.

The Behavioral Threat Assessment Unit's K-12 School Resource Guidebook



Connecting. The. Dots.

Connecting. The. Dots.

The Behavioral Threat Assessment Unit K-12 School Resource Guidebook

Compiled by J. M. Marks
NC State Bureau of Investigation
April 2019



Table of Contents

| | |
|--|------------|
| Introduction | 4 |
| The Concern | |
| <i>The National Threat Assessment Center (NTAC) 2017 Report on Mass Attacks in Public Spaces</i> | 13 |
| Observing the Signs | |
| <i>The Bystander Study</i> | 34 |
| <i>A Study of Pre-Attack Behaviors of Active Shooters in the United States Between 2000 and 2013</i> | 50 |
| Preventative Measures | |
| <i>Threat Assessment Teams: Nationwide Best Practices</i> | 83 |
| <i>Threat Assessment in Action: A North Carolina Example</i> | 118 |
| <i>Social Emotional Learning</i> | 136 |
| A Healthy Child | |
| <i>Addressing the Risk of Violent Behavior in Youth</i> | 153 |
| <i>Preventing Youth Violence & Associated Risk Behaviors</i> | 207 |
| Legal Concerns | |
| <i>School Resource Officers, School Law Enforcement Units, and FERPA</i> | 272 |
| <i>The Application of FERPA & HIPAA to Student Health Records</i> | 295 |
| Additional Resources | 309 |

What is the North Carolina Behavioral Threat Assessment Unit?

The North Carolina Behavioral Threat Assessment (BeTA) Unit was developed by the North Carolina State Bureau of Investigation in 2018 to take a **proactive** approach to **prevent violence** in our communities.

Staffed by law enforcement officers, intelligence analysts and mental health professionals, the primary objective of a BeTA Unit investigation is to gather and evaluate information about persons who exhibit concerning behaviors associated with the pathway to violence. Behavioral Threat Assessment (BeTA) Unit investigations receive high priority and begin immediately upon receipt of information of any threat or unusual behavior directed toward an individual associated with an educational property, place of worship, or other mass gathering of the public.

PURPOSE

Between 2016 and 2017, there have been 50 shootings characterized by the FBI as active shooter incidents. These 50 incidents resulted in 943 casualties (Active Shooter Incidents in the United States in 2016 and 2017, the Advanced Law Enforcement Rapid Response Training (ALERRT) Center at Texas State University and the Federal Bureau of Investigation, U.S. Department of Justice, Washington, DC 2018). After the February 14, 2018 attack at the Marjory Stoneman Douglas High School in Parkland, Florida, the SBI, in consultation with the University of North Carolina System, decided that the traditional reactive approach of law enforcement to attacks is not sufficient to address this issue. Partnering with University Police, and state and federal law enforcement agencies, the SBI formed the Behavioral Threat Assessment (BeTA) Unit to take a proactive approach focusing on threat assessment and management to address threats of mass violence.

The BeTA Unit is a statewide threat assessment and management program meant to follow persons of concern throughout the State and to ensure information about persons of concern is shared with other states should the person of concern move outside of North Carolina.

PREVENTION IS POSSIBLE

Findings of the Safe School Initiative conducted by the U.S. Secret Service and the U.S. Department of Education suggest that some future attacks may be preventable. “The fact that most attackers engaged in pre-incident planning behavior and shared their intentions and plans with others, suggests that those conducting threat assessment inquiries or investigations could uncover these types of information.” (Threat Assessment in Schools: A Guide to Managing Threatening Situations and to Creating Safe School Climates, Washington, DC, May 2002, p. 30). The primary purpose of threat assessment is the prevention of targeted violence. The threat assessment and management process involves the proactive work of a trained multi-disciplinary threat management team charged with the responsibility to seek out and thwart potential attackers before they strike. As such, threat management is integral to the work of the BeTA Unit. Threat assessment is the process of gathering and assessing information about persons who may have the interest, motive, intention, and capability of mounting attacks against identified targets. The BeTA Unit uses this methodology but also incorporates key investigative principles and relies on relationships with other entities to gather information critical to informing the threat assessment process and formulating viable mitigation plans. Threat assessment is one component in the overall strategy to reduce violence.

THIS RESOURCE GUIDE

The Behavioral Threat Assessment (BeTA) Unit has compiled this resource guide to support K-12 schools in North Carolina that might be new to behavioral threat assessments, and/or are looking to implement threat assessment teams in their school district. In the pages to follow, you will find literature from nationwide leading experts in behavioral threat assessments, landmark studies and publications that have shaped the world of behavioral threat assessment, current best practices, legal considerations and some additional resources to explore. While this guide is certainly not an all-encompassing or all-answering publication, we hope it serves as a strong sounding board for educating you, your school district, your school administrators and any policy makers on the importance of implementing school-based threat assessment teams.

The BeTA Unit is not intended to replace or duplicate the threat assessment duties of school threat assessment teams, other state and local law enforcement agencies, the Federal Bureau of Investigation Behavioral Analysis Unit, the United States Secret Service Protective Intelligence Division, or any other threat assessment group or agency.



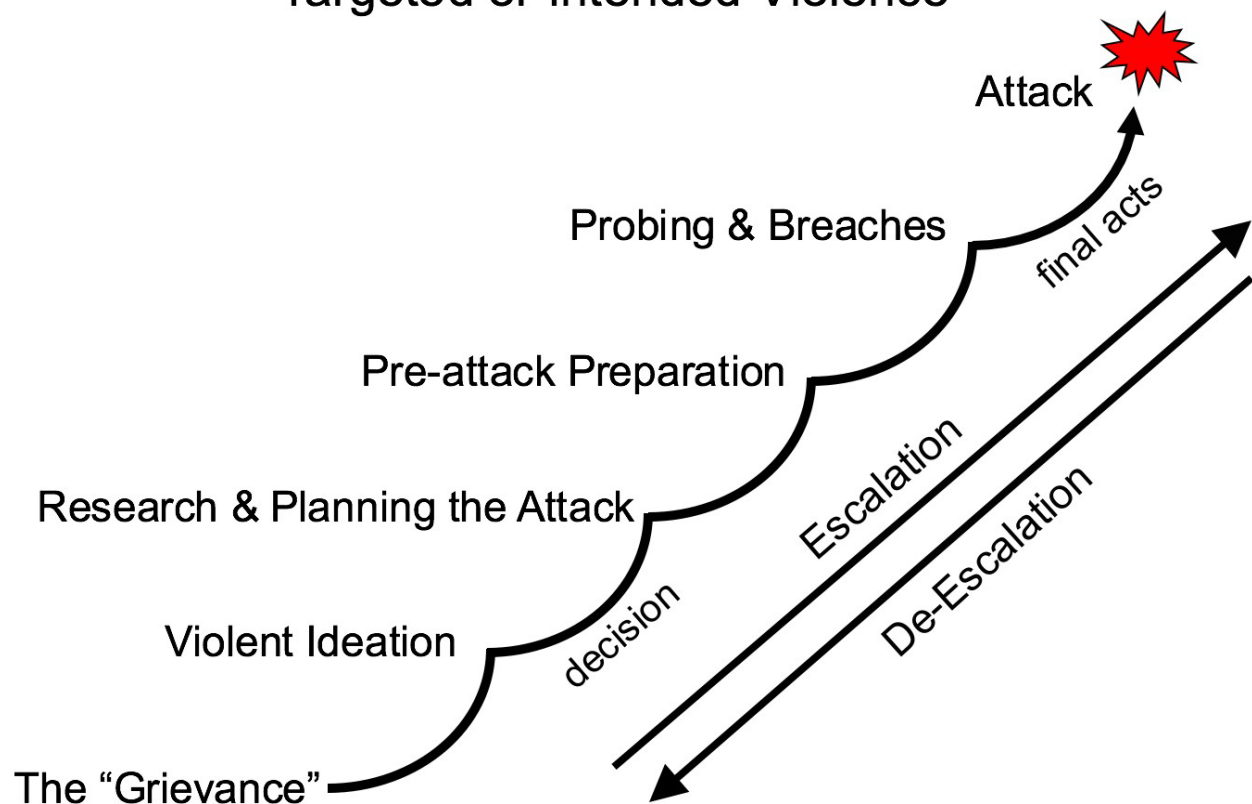
Targeted Violence

“The **conscious decision** to kill or physically harm **specific or symbolic** victims in a workplace or on a campus is now categorized as targeted or intended violence. In contrast to affective or impulsive violence, targeted violence is by definition **planned**, emotionless, and predatory.” *WAVR-21*

“Targeted violence” is defined as an incident of violence where a known or knowable attacker selects a particular target prior to their violent attack.

Perpetrators
don't "snap"
...they *decide*

Pathway to Workplace and Campus Targeted or Intended Violence

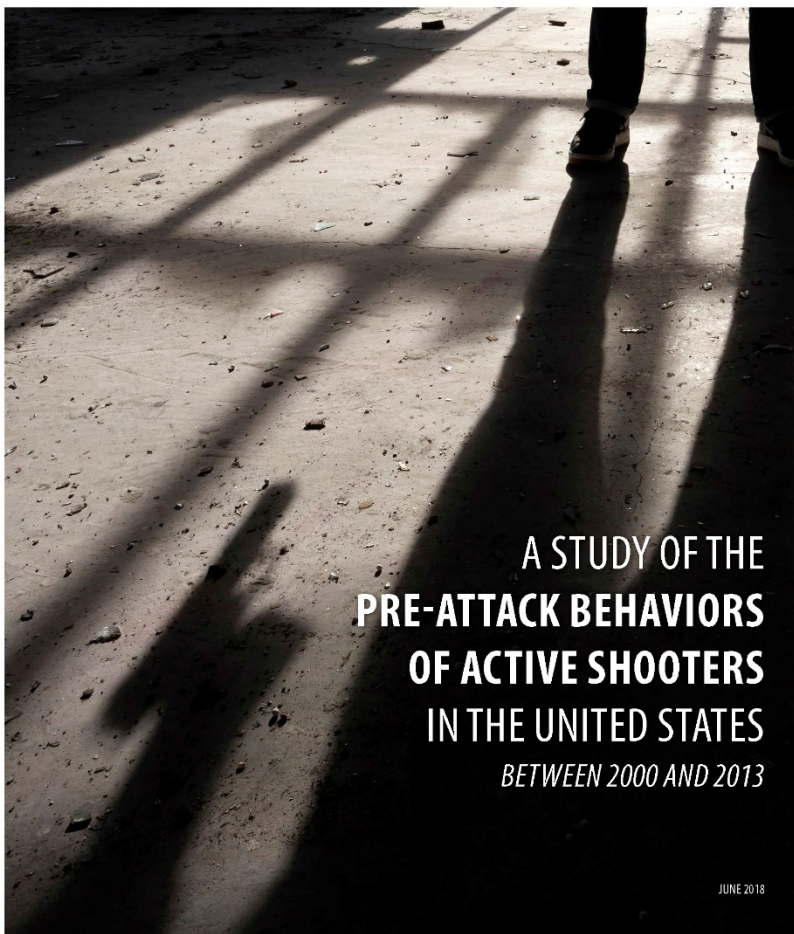


Adapted with permission from F.S. Calhoun and S.W. Weston (2003). *Contemporary threat management: A practical guide for identifying, assessing and managing individuals of violent intent.*
© 2003 F.S. Calhoun and S.W. Weston. All rights reserved.

A Study of Pre-Attack Behaviors of Active Shooters in the United States Between 2000 and 2013; USDOJ, FBI, Published July 2018: 77% spent a week or longer **planning**; 46% spent a week or longer actually **preparing**; In 64% of cases, at least one of the victims was **specifically targeted**

A Study of Pre-Attack Behaviors of Active Shooters in the United States Between 2000 and 2013; USDOJ, FBI, Published July 2018

U.S. Department of Justice
Federal Bureau of Investigation



- 56% had a first instance of concerning behavior **25 months or more** before the incident
- On average, each shooter displayed **4 to 5** observable concerning behaviors over time

Behavioral Threat Assessment

Identifies individuals who
pose a threat of targeted violence

1

Fact-based

Mitigate/manage those individuals
before they strike

PREVENTION vs. RESPONSE

PROACTIVE vs. REACTIVE

2

Behaviorally
driven

3

Pathway to
violence model

4

Only one part of
**comprehensive
law enforcement
approach**

Recognizing and Supporting Students of Concern



Who Could Be a Student of Concern?

A student who is exhibiting the following behaviors of concern which are impacting their well-being and/or the well-being of others.

- ▶ Decline in school performance
- ▶ Increased absenteeism/tardiness
- ▶ Withdrawal from friends/social activities
- ▶ Sudden change in behavior or appearance
- ▶ Drug or alcohol use
- ▶ Bullying/harassing others
- ▶ Threatening or engaging in violence
- ▶ Bringing weapons to school
- ▶ Discloses thoughts of violence to others through writing, art, online activities or statements to others

NC SBI's Behavioral Threat Assessment (BeTA) Unit

- ▶ Developed by the North Carolina State Bureau of Investigation (SBI) to take a proactive approach to prevent violence in our communities
- ▶ Staffed by law enforcement officers, intelligence analysts and mental health professionals
- ▶ Mission is to identify, investigate, evaluate and manage person(s) of concern within North Carolina who are recognized as having motive and means to develop, or act on an opportunity to commit a targeted attack
- ▶ Compliments work being done by your school threat assessment team
- ▶ Assessment will provide recommendations for reducing a student's risk factors for committing a violent act
- ▶ Goal is to enable the student to remain positively engaged in the learning environment

Privacy Concerns

The **Family Education Rights and Privacy Act (FERPA)** permits communication about a student of concern in connection with a health and safety emergency. Observations of a student's conduct or statements made by a student are not FERPA protected. Such information should be shared with appropriate consideration for student privacy. **If you feel there is an imminent risk of danger, please call 911 or your local law enforcement agency. To make a BeTA Unit referral, contact 1-888-624-7222 or ncbeta@ncsbi.gov.**

THE NATIONAL THREAT
ASSESSMENT CENTER (NTAC)
2018 REPORT ON MASS ATTACKS
IN PUBLIC SPACES:
**SCHOOLS ARE THE
THIRD MOST COMMON
TARGET**



PUBLISHED
JULY
2019



United States Secret Service
NATIONAL THREAT ASSESSMENT CENTER

MASS ATTACKS IN PUBLIC SPACES - 2018

U.S. Department of Homeland Security

This report was prepared by the staff of the
U.S. Secret Service National Threat Assessment Center (NTAC)

Lina Alathari, Ph.D.
Chief

Steven Driscoll, M.Ed.
Lead Social Science Research Specialist

Ashley Blair, M.A.
Social Science Research Specialist

Diana Drysdale, M.A.
Supervisory Social Science Research Specialist

Arna Carlock, Ph.D.
Social Science Research Specialist

Jeffrey McGarry, M.A.
Social Science Research Specialist

National Threat Assessment Center
U.S. Secret Service
U.S. Department of Homeland Security

July 2019

This publication is in the public domain. Authorization to copy and distribute this publication in whole or in part is granted. However, the U.S. Secret Service star insignia may not be used in any other manner without advance written permission from the agency. While permission to reprint this publication is not necessary, when quoting, paraphrasing, or otherwise referring to this report, the citation should be: National Threat Assessment Center (2019). *Mass Attacks in Public Spaces - 2018*. U.S. Secret Service, Department of Homeland Security.

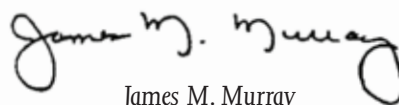
MESSAGE FROM THE DIRECTOR

In response to the acts of targeted violence occurring in this Nation, the U.S. Secret Service National Threat Assessment Center (NTAC) has published this research report titled, **Mass Attacks in Public Spaces – 2018**. The study was conducted for the specific purpose of identifying key information that will enhance efforts to prevent these types of attacks. The report is NTAC's second analysis of mass attacks carried out in public spaces, building upon the findings identified in its 2017 report.

These acts have impacted the safety and security of the places where we work, learn, dine, and conduct our daily activities. Each new tragedy, including the attack on a bank in Sebring, FL; a synagogue in Poway, CA; a university in Charlotte, NC; and the municipal center in Virginia Beach, VA; serves as a reminder that we must continue to research and provide robust training and awareness to help prevent these tragic outcomes.

NTAC's research and publications directly support our agency's protective mission, as well as the missions of those responsible for keeping our communities safe. Through this report, NTAC aims to assist law enforcement, schools, public agencies, private organizations, and others in understanding the motives, behavioral indicators, and situational factors of those who carry out mass attacks.

Empowering public safety professionals to combat this ever-evolving threat is a priority for our agency. I commend our community partners for their continued efforts, commitment, and determination to prevent targeted violence within the Homeland.



James M. Murray
Director

The U.S. Secret Service's National Threat Assessment Center (NTAC) was created in 1998 to provide guidance on threat assessment both within the U.S. Secret Service and to others with criminal justice and public safety responsibilities. Through the Presidential Threat Protection Act of 2000, Congress formally authorized NTAC to conduct research on threat assessment and various types of targeted violence; provide training on threat assessment and targeted violence; facilitate information-sharing among agencies with protective and/or public safety responsibilities; provide case consultation on individual threat assessment investigations and for agencies building threat assessment units; and, develop programs to promote the standardization of federal, state, and local threat assessment processes and investigations.



United States Secret Service NATIONAL THREAT ASSESSMENT CENTER

INTRODUCTION

On May 31, 2019, 12 innocent people were killed at the Virginia Beach Municipal Center in Virginia Beach, VA by an attacker who had reportedly resigned from his position at the municipal center earlier that day. While little else is yet known publicly about the attacker or his motive, this act of mass violence is the most recent example of targeted violence affecting a public space in the United States. Mitigating the risk of mass casualties from such an event requires the efforts of everyone with a role in public safety, a responsibility that is not limited to law enforcement. Other community stakeholders may also be in a position to intervene, including workplace managers, school administrators, local officials, and the mental health community, each of whom has a unique role to play in keeping communities safe.

To support these prevention efforts, the Secret Service National Threat Assessment Center (NTAC) is tasked with delivering research, training, consultation, and information sharing on threat assessment and the prevention of targeted violence, including targeted attacks directed at workplaces, houses of worship, schools, and other public spaces. The research and information produced by NTAC guides not only the Secret Service's approach to preventing assassinations, called *threat assessment*, but also informs the communitywide approach needed to prevent incidents of targeted violence.¹

This report is NTAC's second analysis of mass attacks that were carried out in public spaces, and it builds upon *Mass Attacks in Public Spaces – 2017* (MAPS-2017). In MAPS-2017, NTAC found that attackers from that year were most frequently motivated by grievances related to their workplace or a domestic issue. All of the attackers had recently experienced at least one significant stressor, and most had experienced financial instability. Over three-quarters of the attackers had made threatening or concerning communications, and a similar number had elicited concern from others. Further, most had histories of criminal charges, mental health symptoms, and/or illicit substance use or abuse.

With this latest report, *Mass Attacks in Public Spaces – 2018* (MAPS-2018), the Secret Service offers further analysis and operational considerations to our partners in public safety.² Between January and December 2018, 27 incidents of mass attacks – in which three or more persons were harmed – were carried out in public spaces within the United States.³ In total, 91 people were killed and 107 more were injured in locations where people should feel safe, including workplaces, schools, and other public areas.⁴ The loss of life and traumatic nature of these attacks had a devastating impact on the victims and their families, local communities, and the entire nation.

What is Threat Assessment?

In the 1990s, the U.S. Secret Service pioneered the field of threat assessment by conducting research on the targeting of public officials and public figures. The agency's Threat Assessment Model offered law enforcement and others with public safety responsibilities a systematic investigative approach to identify individuals who exhibit threatening or concerning behavior, gather information to assess whether they pose a risk of harm, and identify the appropriate interventions, resources, and supports to manage that risk.

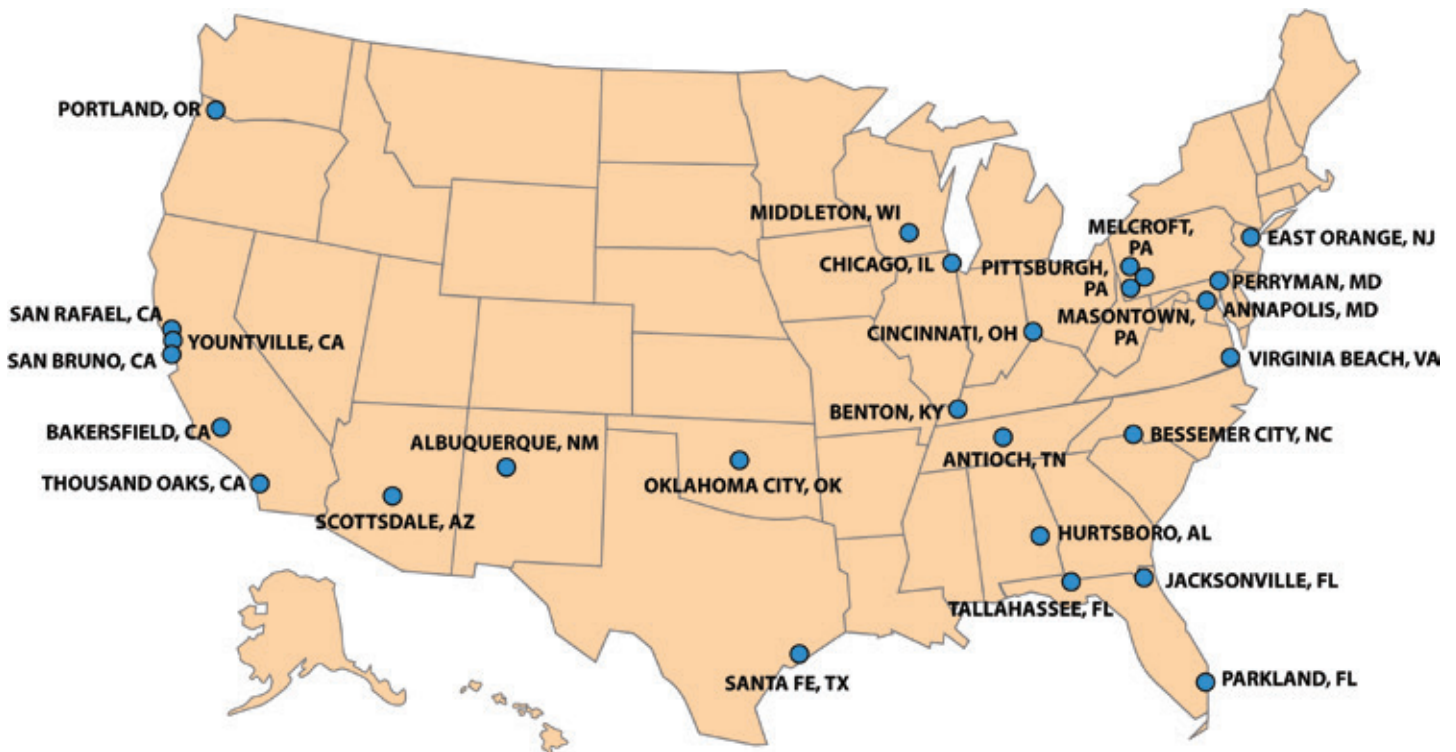


United States Secret Service NATIONAL THREAT ASSESSMENT CENTER

Regardless of whether these attacks were acts of workplace violence, domestic violence, school-based violence, or inspired by an ideology, similar themes were observed in the behaviors and circumstances of the perpetrators,⁵ including:

- Most of the attackers utilized **firearms**, and half **departed the site on their own** or **committed suicide**.
- Half were motivated by a **grievance** related to a domestic situation, workplace, or other personal issue.
- Two-thirds had histories of **mental health symptoms**, including **depressive, suicidal, and psychotic symptoms**.
- Nearly all had at least one **significant stressor** within the last five years, and over half had indications of **financial instability** in that timeframe.
- Nearly all made **threatening or concerning communications** and more than three-quarters **elicited concern** from others prior to carrying out their attacks.

The violence described in this report is not the result of a single cause or motive. The findings emphasize, however, that we can identify warning signs prior to an act of violence. While not every act of violence will be prevented, this report indicates that targeted violence may be **preventable**, if appropriate systems are in place to identify concerning behaviors, gather information to assess the risk of violence, and utilize community resources to mitigate the risk.





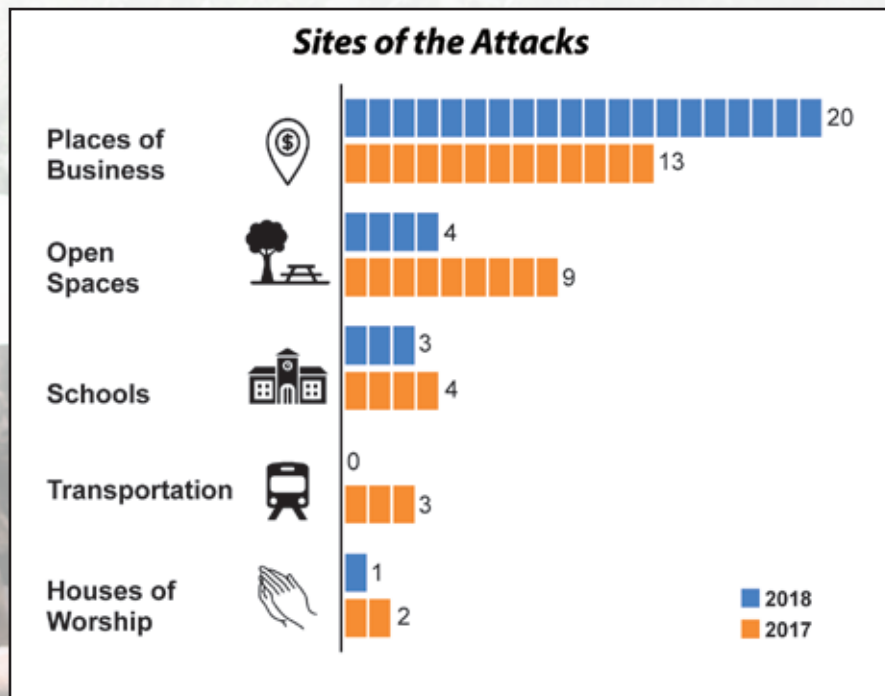
United States Secret Service NATIONAL THREAT ASSESSMENT CENTER

THE INCIDENTS

THE WEAPONS: Though most of the attacks were carried out using a firearm ($n = 24$, 89%), three attackers used vehicles to cause harm (11%).⁶ Of the 24 who used firearms, at least 10 possessed their weapon illegally at the time of the incident. Two of those ten were minors. The remaining eight had felony convictions, were the subjects of protective orders, or had some other factor present that would have prohibited them from purchasing or possessing a firearm based on federal or state laws.⁷

THE PUBLIC SITES: The 27 incidents were carried out in 18 states, at 28 different sites, with most ($n = 20$, 70%) occurring at places of business (see Figure 1). Those that took place in open spaces ($n = 4$) represented 14% and included such locations as a public sidewalk, street, and parking lot. Three attacks (11%) were carried out at high schools. One attack (4%) took place in a house of worship.

Figure 1.



Places of Business Affected

- | | |
|--------------------|------------------|
| Bars / Restaurants | Bank |
| Office Buildings | Municipal Center |
| Warehouses | Yoga Studio |
| Treatment Facility | Hospital |
| Health Center | |



United States Secret Service NATIONAL THREAT ASSESSMENT CENTER

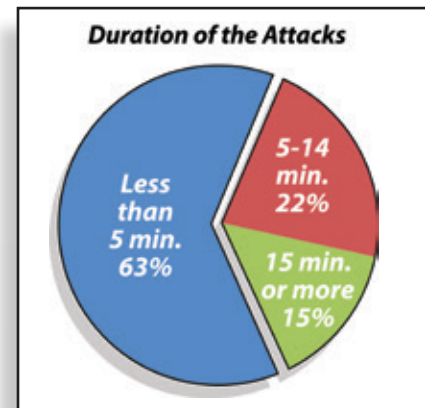
THE TIMING: The attacks took place in every month except December and occurred on every day of the week (see Figure 2). Over half ($n = 16$, 59%) took place between the hours of 7:00 a.m. and 3:00 p.m. More than half ($n = 17$, 63%) of the attacks ended within 5 minutes from when the incident was initiated (see Figure 3).

END OF THE ATTACKS: The most common ways the attacks ended were either by the attacker committing suicide at the scene ($n = 7$, 26%) or departing on their own ($n = 7$, 26%). Three of those who departed the scene on their own committed suicide soon after. Law enforcement intervention at the site brought six attacks to an end (22%). In four of these incidents, the attacker was killed. Other attacks ended when the weapon used became inoperable ($n = 4$, 15%) or due to bystander intervention ($n = 2$, 7%).

Figure 2.

| Day of the Week | | | | |
|-----------------|------|-----|-------|-----|
| Mon | Tues | Wed | Thurs | Fri |
| 3 | 2 | 7 | 6 | 4 |
| Sat | | Sun | | |
| 1 | | 4 | | |

Figure 3.



Attacks Perpetrated By Current Employees

On September 12, 2018, an employee shot and killed his ex-wife and two co-workers near his workplace. Though divorced that April, the ex-wife had recently filed for additional support. The attacker fled the scene and later committed suicide when confronted by police.

On September 19, 2018, an employee opened fire inside his employer's offices, injuring four before being fatally shot by police. The attacker's targets appeared to be random, and his motive is unknown.

On September 20, 2018, a temporary employee opened fire at a distribution center, killing three people and injuring three others before committing suicide. The attacker's motive may have been related to a grievance with co-workers.

On November 12, 2018, an employee shot and injured three individuals at a food distribution warehouse. After fleeing the scene, the attacker called police and reported that his actions were motivated by mental illness. He later committed suicide.



United States Secret Service NATIONAL THREAT ASSESSMENT CENTER

THE ATTACKERS

GENDER AND AGE: While most of the attackers were male ($n = 25$, 93%), there was one female and one individual in the process of gender reassignment. Their ages ranged from 15 to 64, and the average age was 37 (see Figure 4).

YOUNGEST: *On January 23, 2018, a 15-year-old sophomore began shooting students randomly in a common area at his high school, killing two and injuring ten. When the attacker ran out of bullets, he abandoned his gun and joined other students who had been hiding. After the students were moved to another room, police identified the attacker and arrested him. The student had planned the attack for about a week, and he did not target any particular students, describing his attack as “an experiment.”*

OLDEST: *On March 7, 2018, a 64-year-old male walked into a local cafe and asked to see the owner, with whom he had a disagreement weeks prior. When the owner appeared, the attacker shot him several times with a rifle, killing him. He then proceeded to shoot cafe patrons, injuring two and killing one. After the attacker ran out of bullets, he fled to his nearby home and barricaded himself inside. He eventually surrendered to police.*

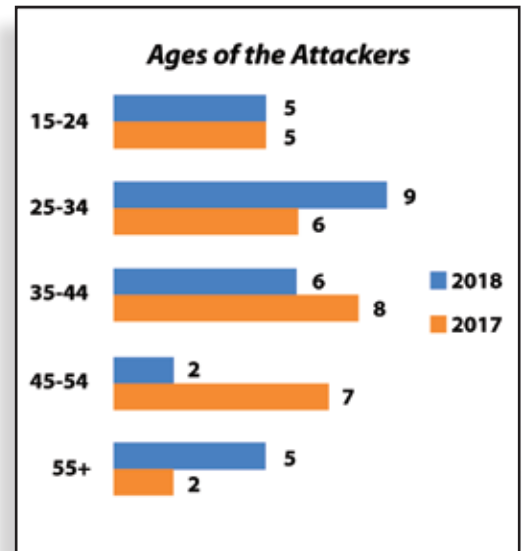
SUBSTANCE USE: Nearly one quarter of the attackers ($n = 6$, 22%) were found to have a history of illicit drug use and/or substance abuse.

CRIMINAL CHARGES AND DOMESTIC VIOLENCE: Approximately half of the attackers ($n = 13$, 48%) had histories of criminal charges beyond minor traffic violations. Those charges included both non-violent ($n = 10$, 37%) and violent ($n = 6$, 22%) offenses.

Looking specifically at the issue of domestic violence, eight attackers (30%) were found to have had such histories, with only some of those instances resulting in criminal charges or arrests.⁸

On September 19, 2018, a man shot and injured his wife, two bystanders, and a police officer in a municipal building. At the time of the attack, he was subject to a protective order resulting from incidents in which he assaulted and threatened to kill his wife because she wanted a divorce. About a month prior to his attack, he was arrested after he threatened to kill his wife and choked her with a belt. A judge agreed to issue a protective order; however, he denied the wife’s request that her husband be ordered to relinquish his firearms.

Figure 4.





United States Secret Service NATIONAL THREAT ASSESSMENT CENTER

MENTAL HEALTH: Two-thirds of the attackers ($n = 18$, 67%) experienced mental health symptoms prior to their attacks. The most common symptoms observed were related to depression and psychotic symptoms, such as paranoia, hallucinations, or delusions. Suicidal thoughts were also observed (see Table 1). Nearly half of the attackers ($n = 12$, 44%) had been diagnosed with, or treated for, a mental illness prior to their attacks.

On May 24, 2018, a man opened fire on the patrons of a restaurant, injuring one adult and two children. His motive for the attack is not known, but he was demonstrating symptoms of a mental illness, including suicidal thoughts and paranoid delusions about being taunted by demons and watched by a drone. In videos posted online shortly before the attack, the man said that everyone was against him and he felt tortured and alone. He said, "My life is in danger...Satan is after me."

Table 1.

| Mental Health Symptoms | 2017 | 2018 |
|---------------------------|----------|-----------|
| | <i>n</i> | <i>n</i> |
| Depression | 4 | 10 |
| Psychotic Symptoms | 9 | 10 |
| Paranoia | 6 | 9 |
| Delusions | 2 | 5 |
| Hallucinations | 6 | 1 |
| Suicidal Thoughts | 6 | 8 |



United States Secret Service NATIONAL THREAT ASSESSMENT CENTER

MOTIVES, BELIEFS, & TARGETING

MOTIVES: The violence in this study resulted from a range of motives, with some attackers having multiple motives. In half of the incidents ($n = 14$, 52%), grievances appeared to be the main motivating factor. In these cases, the attackers were retaliating for perceived wrongs related to their domestic situations ($n = 6$, 22%), workplaces ($n = 3$, 11%), or other personal issues ($n = 6$, 22%), for example, losing a video game competition or having an argument with an owner of a retail establishment (see Table 2).⁹

Beyond grievances, some motives were related to the attackers' mental health symptoms ($n = 5$, 19%), while others were connected to ideological beliefs ($n = 2$, 7%). Of the two perpetrators motivated by an ideology, one was motivated by anti-abortion beliefs while the other was motivated by anti-Semitic beliefs. Additionally, one attacker appeared to have been motivated by the desire for fame or notoriety. For the remaining incidents ($n = 6$, 22%), a motive was not identifiable given information that was publicly available.

BELIEFS: While only two of the attacks were primarily motivated by an ideology, nearly one-third of the attackers ($n = 8$, 30%) appeared to have subscribed to a belief system that has previously been associated with violence. Often the attackers' beliefs were multifaceted and touched on a range of issues, including white supremacy, anti-Semitism, conspiracy theories, sovereign citizens, animal rights, and the "incel" movement. Incels, or involuntarily celibates, are members of an Internet-based subculture of heterosexual males who view themselves as undesirable to females and therefore unable to establish romantic or sexual relationships to which they feel entitled.

Table 2.

| Components to Motive | 2017 | 2018 |
|--|------------|------------|
| Grievances | 46% | 52% |
| <i>Domestic</i> | 18% | 22% |
| <i>Personal</i> | 7% | 22% |
| <i>Workplace</i> | 21% | 11% |
| Mental Health/Psychosis | 14% | 19% |
| Ideological | 21% | 7% |
| Fame | 4% | 4% |
| Political | 4% | 0% |
| Unknown | 14% | 22% |
| <i>*Percentages exceed 100 as some attackers had more than one motive.</i> | | |





United States Secret Service NATIONAL THREAT ASSESSMENT CENTER

FIXATIONS: Two-fifths of the attackers ($n = 11$, 41%) exhibited a fixation, defined as an intense or obsessive preoccupation with a person, activity, or belief to the point that it negatively impacted aspects of their lives. The focuses of these fixations included an ex-girlfriend, wife, or other females in the subjects' lives; perceived injustices; delusions; sociopolitical ideologies; and video games. The behaviors that demonstrated these fixations included, but were not limited to, posting written material or videos online, stalking or harassing others, and filing lawsuits or complaints to police.

On June 28, 2018, a man shot and killed five employees in a newspaper office. Six years prior, he had sued the newspaper and some of its employees for alleged defamation. He became fixated on the case, stating in 2013 that it had "become [his] life." He created social media profiles to impersonate people involved in the court proceedings. After the lawsuit was dismissed, he continued to file related court documents.

TARGETING: In 11 cases (41%), the attacker appeared to have pre-selected targets in mind. Seven of those attacks resulted in harm to both the targeted person and random bystanders, and in three cases the harm was restricted to just those specifically targeted. In the remaining case, when the attacker could not find his intended targets at their workplaces, he randomly fired at other people associated with the office. In nearly two-thirds of the attacks ($n = 16$, 59%) harm was directed at persons indiscriminately.

On October 27, 2018, a man opened fire indiscriminately inside a synagogue. Eleven people were killed and six more were wounded before he was shot and apprehended by police. The attacker had previously accused a Jewish-founded refugee advocacy group of helping to transport refugees, whom he referred to as "invaders," from Central America into the United States. When he later attacked the synagogue, he reportedly targeted a specific Jewish congregation in the building that had previously partnered with that refugee aid group.



United States Secret Service NATIONAL THREAT ASSESSMENT CENTER

KEY INVESTIGATIVE THEMES

SIGNIFICANT STRESSORS WITHIN FIVE YEARS: Most ($n = 23$, 85%) attackers had at least one significant stressor occur in their lives in the five years preceding the attack. For three-quarters of the attackers ($n = 20$, 74%), the stressors they experienced occurred within one year of the attack. Beyond the criminal charges described earlier, the stressors most often faced by the attackers were related to:

- **Family/romantic relationships**, such as the death of a loved one, divorce, a broken engagement, or physical or emotional abuse.
- **Work or school**, such as being denied a promotion, losing a job, or being forced to withdraw from school.
- **Contact with law enforcement that did not result in arrests or charges**, including law enforcement responding to reports of inappropriately touching women, domestic violence, or engaging in other violent acts towards others.
- **Personal issues**, such as homelessness or losing a competition.



Over half of the attackers ($n = 15$, 56%) experienced stressors related to **financial instability** in the five-year period prior to their attacks. These financial stressors were evidenced through the inability to sustain employment, losing civil judgements in court, filing for bankruptcy, loss of income, or having to rely on others for income.

On April 3, 2018, a female opened fire at the headquarters of a video sharing website, injuring three people. The attacker had supported herself financially using the ad revenue generated by videos that she posted to the company's website, some of which had received hundreds of thousands of views. Prior to the attack, the woman had expressed her anger at the company over recent policy changes that resulted in a loss of income. Following the attack, her father reported that she had been angry for weeks and complaining that the company had ruined her life.

THREATS AND OTHER CONCERNING COMMUNICATIONS: Nearly all of the attackers ($n = 25$, 93%) engaged in prior threatening or concerning communications. One-third had threatened someone ($n = 10$, 37%), including threats against the target in six cases (22%). Most of those who made threats against the target had a direct relationship with them, as a co-worker, domestic partner, classmate, member of the same treatment facility, or peer in a competition. Though the presence of prior threats to the target is unusual for some forms of targeted violence (e.g., assassination), threats are often seen in cases motivated by domestic or workplace issues, which together represent one-third of these mass attacks ($n = 9$, 33%).

All but four attackers ($n = 23$, 85%) made some type of communication that did not constitute a direct threat, but should have elicited concern. Some of these concerning communications included expressing interest in previous attackers, racist and misogynistic comments, referencing a desire to purchase a gun, and comments that suggest an aspiration to commit future violence.

On February 14, 2018, a former student opened fire at his prior high school, killing 14 students and 3 staff, and wounding an additional 17. The attacker had a long history of behavioral problems and concerning communications. While enrolled at the targeted high school, he was known by classmates to make racist and anti-Semitic comments and to speak openly about



United States Secret Service NATIONAL THREAT ASSESSMENT CENTER

his guns. A year prior to the attack, someone who knew the attacker contacted local law enforcement to report that the attacker had posted on Instagram a photo of himself holding a gun and a statement similar to, "I am going to get this gun when I turn 18 and shoot up the school." Another concerned individual notified law enforcement of the attacker's concerning social media posts about a month before the shooting.

HISTORY OF ELICITING CONCERN: Most of the attackers ($n = 21$, 78%) in this report exhibited behaviors that caused concern in others. Those who were concerned had various degrees of association with the attackers, from those who were close to them, to strangers in the community who may have never met the attacker before.

The Behaviors that Elicited Concern

- Social media posts with alarming content
- Escalating anger or aggressive behavior
- Changes in behavior and appearance
- Expressions of suicidal ideations
- Writing about violence or weapons
- Cutting off communications
- Inappropriate behavior toward females
- Stalking and harassing behaviors
- Increased depression
- Increased drug use
- Erratic behavior
- Purchasing weapons
- Threats of domestic violence
- Acting paranoid

The responses from others to these behaviors varied from more passive activities like avoiding the attacker, to more active efforts like transporting the person for a mental health evaluation. The ways in which people responded to their concerns included:

- Mothers and fathers seeking therapy for the attacker, calling police, confiscating weapons, or searching for the person when they could not be reached.
- Family and friends making efforts to spend more time with the attacker.
- Online community members calling police.
- Fellow students telling school staff about their concerns.
- Law enforcement getting the attacker to undergo a mental health evaluation, revoking firearms licenses, or asking family to consensually restrict access to weapons.
- Employers firing them or calling their family members to express concern.
- Co-workers checking on them or suggesting counseling.
- Members of the community asking them to leave business establishments or treatment programs, sometimes resorting to calling law enforcement.

Who Was Concerned

- Mothers & Fathers
- Romantic Partners
- Siblings & Children
- Friends & Neighbors
- School Staff & Classmates
- Supervisors & Coworkers
- Mental Health Professionals
- Law Enforcement
- Judges & Attorneys
- Community Services
- Community Members
- Religious Leaders
- Online Community



United States Secret Service NATIONAL THREAT ASSESSMENT CENTER

For the majority of the attackers ($n = 19$, 70%), the concern others felt was so severe that they feared specifically for the safety of the individual, themselves, or others. Some of those concerned for their own safety acted on that fear by filing for divorce, ceasing communications, filing for restraining or protection orders, asking loved ones to stay with them out of fear, changing their daily routines, moving, or warning their own family and friends about their concerns. In one case, a person shared photos of the attacker so that others could remain alert and call the police if needed.

On November 2, 2018, a man opened fire inside a yoga studio, killing two and injuring five. From adolescence, others had expressed concerns about his behavior around women and girls. According to police investigative records and other sources, his conduct had resulted in the man being discharged from the Army, fired from two teaching jobs, reported to law enforcement, arrested and investigated by police on multiple occasions, banned from a university campus, asked to leave a child's party, and avoided by acquaintances and former friends.





United States Secret Service NATIONAL THREAT ASSESSMENT CENTER

MASS ATTACKS IN PUBLIC SPACES 2017 & 2018

Many of the key findings in both the 2017 and 2018 reports reflect similarities among the incidents and the attackers. For example, attacks occurred across the country and attackers predominantly used firearms. The majority of attackers elicited concern in others and two-thirds had histories of mental health symptoms or treatment. A majority of the attackers had recently experienced significant stressors, with just over half of the attackers experiencing financial instability in that same timeframe.

Table 3.

| General Backgrounds | 2017 | 2018 |
|---|--------------|--------------|
| Gender - Male | 100% | 93% |
| Age: Range | 15-66 | 15-64 |
| <i>Average</i> | 37 | 37 |
| Illicit drug use or substance abuse | 54% | 22% |
| History of criminal charge(s) | 71% | 48% |
| <i>Non-violent</i> | 57% | 37% |
| <i>Violent</i> | 54% | 22% |
| History of domestic violence | 32% | 30% |
| Overall history of violence | 64% | 44% |
| Mental health symptoms | 64% | 67% |
| <i>Known treatment or diagnosis</i> | 25% | 44% |
| Investigative Themes | 2017 | 2018 |
| Beliefs | 25% | 30% |
| Fixation | 39% | 41% |
| Stressors | 100% | 85% |
| <i>Financial instability</i> | 57% | 56% |
| Threatening or concerning communications | 86% | 93% |
| <i>History of making threats</i> | 50% | 37% |
| <i>Threats specific to the target</i> | 36% | 22% |
| <i>Concerning communications</i> | 82% | 85% |
| Elicited concern | 79% | 78% |
| <i>Concern about safety</i> | 46% | 70% |



United States Secret Service NATIONAL THREAT ASSESSMENT CENTER

CONSIDERATIONS

Like the year before, 2018 saw incidents of mass violence impact the places where we work, learn, worship, or otherwise conduct our daily activities. Consistent with previous research from the Secret Service, these attacks were found to be motivated by a variety of goals, grievances, and ideologies. The attackers varied widely on demographic factors, and while there is no single profile that can be used to predict who will engage in targeted violence, focusing on a range of concerning behaviors while assessing threats can help promote early intervention with those rare individuals that pose such a risk.

- **Mental health and mental wellness** – Mental illness, alone, is not a risk factor for violence, and most violence is committed by individuals who are not mentally ill. Two-thirds of the attackers in this study, however, had previously displayed symptoms indicative of mental health issues, including depression, paranoia, and delusions. Other attackers displayed behaviors that do not indicate the presence of a mental illness, but do show that the person was experiencing some sort of distress or an emotional struggle. These behaviors included displays of persistent anger, an inability to cope with stressful events, or increased isolation. A multidisciplinary approach that promotes emotional and mental wellness is an important component of any community violence prevention model. For example, a robust employee assistance program (EAP) can help to promote mental wellness in the workplace, whether that involves facilitating mental health treatment or assisting with other personal problems, like substance abuse, financial struggles, or problems in a personal relationship.
- **The importance of reporting** – Since three-quarters of the attackers had concerned the people around them, with most of them specifically eliciting concerns for safety, the public is encouraged to share concerns they may have regarding coworkers, classmates, family members, or neighbors. Such reports could be made to workplace managers, school administrators, or law enforcement, as appropriate. While over-reporting is not the goal, a reasonable awareness of the warning signs that can precede an act of violence may prompt community members to share their concerns with someone who can help. Systems can be developed to promote and facilitate such reporting, and people should be encouraged to trust their instincts, especially if they have concerns for someone's safety. For example, several states have recently developed statewide reporting infrastructures that allow students and others to utilize a smartphone app to submit anonymous tips to a call center staffed by law enforcement. This type of program can facilitate not only a law enforcement response to reported threats, but also a community-level response to reports of bullying, suicidal ideation, self-harm, or depression.
- **"...Do Something"** – Since 2010, the Department of Homeland Security has effectively promoted the "If You See Something, Say Something" national campaign, originally developed by New York City's Metropolitan Transportation Authority, which encourages the reporting of suspicious activity. In many of these cases from 2018, members of the general public successfully performed their role in the "See Something, Say Something" process, by reporting their concerns to someone with a role in public safety. At that point, the responsibility is on the public safety professionals to "Do Something," namely assessing the situation and managing as needed. By adopting a multidisciplinary threat assessment approach, that standardizes the process for identifying, assessing, and managing individuals who may pose a risk of violence, law enforcement and others are taking steps to ensure that those individuals who have elicited concern do not "fall through the cracks."



United States Secret Service NATIONAL THREAT ASSESSMENT CENTER

- **Law enforcement partnerships** – While law enforcement has a key role to play in the prevention of community violence, intervening with individuals who may pose a risk is not the responsibility of law enforcement alone. Particularly in those instances where a concerning individual has not broken a law, the relationships between law enforcement and other community resources become paramount. Law enforcement personnel are encouraged to continue developing close partnerships with the mental health community, local schools and school districts, houses of worship, social services, and other private and public community organizations. The mission of law enforcement in the United States is public service oriented, and that mission will be most effectively executed through multidisciplinary and collaborative community efforts.

Targeted violence has a profound and devastating impact on those directly involved and a far reaching emotional impact to those beyond. Because these acts are usually planned over a period of time, and the attackers often elicit concern from the people around them, there exists an opportunity to stop these incidents before they occur. **Threat assessment** is one of the most effective practices for prevention. Many of the resources to support this process are already in place at the community level, but require leadership, collaboration, and information sharing to facilitate their effectiveness at preventing violence.

The Importance of Threat Assessment

“Threat assessment” refers to a proactive approach to violence prevention. It is an investigative model originally developed by the U.S. Secret Service to prevent assassinations, but has since been adapted to prevent all forms of targeted violence, regardless of motivation. This includes K-12 school shootings and acts of workplace violence. When implemented effectively, a threat assessment generally involves three key components:

Identify → Assess → Manage

Research indicates that the majority of perpetrators of targeted violence elicit concern in others prior to the attack. We rely on those people who observe such concerns to **identify** the individual to law enforcement or to someone else with a public safety responsibility. In educational settings or workplaces, concerns may be reported to a multidisciplinary threat assessment team that works in conjunction with law enforcement when needed. The responsible public safety entity is then tasked to **assess** the situation to determine how they can **manage** any risk of violence posed by the individual. With a focus on early intervention, this systematic approach is an important component of any safety plan. It allows communities to respond appropriately to a broad range of situations, from those individuals who are displaying a low-level concerning behavior to those who may pose an immediate and imminent risk of violence.



United States Secret Service NATIONAL THREAT ASSESSMENT CENTER

THE INCIDENTS

- 1) On January 23, a student fatally shot two and injured ten at a high school in Benton, KY.
- 2) On January 28, a gunman fatally shot four in a parking lot in Melcroft, PA.
- 3) On February 14, a former student fatally shot 17 and injured another 17 at a high school in Parkland, FL.
- 4) On February 14, a man drove a truck into a clinic, injuring three in East Orange, NJ.
- 5) On March 7, a gunman fatally shot two and injured two inside a restaurant in Hurtsboro, AL.
- 6) On March 9, a gunman fatally shot three at a treatment facility in Yountville, CA.
- 7) On April 3, a woman shot and injured three at the headquarters of a video sharing website in San Bruno, CA.
- 8) On April 22, a gunman fatally shot four and injured four others in a restaurant in Antioch, TN.
- 9) On May 18, a student fatally shot 10 and injured 13 at a high school in Santa Fe, TX.
- 10) On May 20, a man drove a vehicle into a restaurant, killing two and injuring three in Bessemer City, NC.
- 11) On May 24, a gunman injured three in a restaurant in Oklahoma City, OK.
- 12) On May 25, a man drove a vehicle onto a sidewalk, injuring three in Portland, OR.
- 13) On June 1, a gunman killed two at a law firm, followed by one at a psychologist's office, in Scottsdale, AZ.
- 14) On June 28, a gunman killed five in a newsroom in Annapolis, MD.
- 15) On July 5, a gunman injured six in the street near the oceanfront in Virginia Beach, VA.
- 16) On August 26, a gunman fatally shot two and injured nine at a video game competition in Jacksonville, FL.
- 17) On September 6, a gunman fatally shot three and injured two at a bank in Cincinnati, OH.
- 18) On September 12, a gunman fatally shot three in front of a trucking company in Bakersfield, CA.
- 19) On September 19, a gunman injured four at a municipal center in Masontown, PA.
- 20) On September 19, a gunman injured four in an office building in Middleton, WI.
- 21) On September 20, a gunman fatally shot three and injured three at a warehouse in Aberdeen, MD.
- 22) On October 27, a gunman fatally shot 11 in a synagogue in Pittsburgh, PA.
- 23) On November 2, a gunman fatally shot two and injured five in a yoga studio in Tallahassee, FL.
- 24) On November 5, a gunman fatally shot one and injured two at a drug treatment center in San Rafael, CA.
- 25) On November 7, a gunman fatally shot 11 and injured at least two at a bar in Thousand Oaks, CA.
- 26) On November 12, a gunman injured three at a food distribution warehouse in Albuquerque, NM.
- 27) On November 19, a gunman fatally shot three at a hospital in Chicago, IL.

¹ Additional threat assessment resources and publications from the National Threat Assessment Center are available on the U.S. Secret Service website, located at <https://www.secretservice.gov/protection/ntac/>.

² The limitations of open source information should be considered when reviewing the findings contained in this report. Since information for a few of the offenders was limited, it is likely that a larger number than reported here may have displayed the behaviors, symptoms, and other background elements described here.

³ The incidents included in this report were identified and researched through open source reporting (e.g., media sources and released law enforcement records); therefore, it is possible that more incidents took place than were discovered at the time of this writing. Though there is much debate as to what defines a *mass attack*, for the purpose of this report we included acts of intentional violence in public spaces (e.g., parks, community events, retail establishments) or semi-public places (e.g., workplaces, schools, religious establishments) during which significant harm was caused to three or more persons. We excluded violence related to criminal acts (e.g., gang or drug activity), failed attempts at a mass attack, and spontaneous violence.

⁴ In two incidents, the attackers harmed additional persons that were not included in the total number killed and injured, based on the criteria for this report. In one case, the attacker killed two individuals at a private residence following his attack in a public space. In another case, the attacker had killed one person the day prior to the mass attack. Further, the total of those harmed only included individuals that were harmed as a direct result of the subject's actions. Injuries sustained while fleeing the scene, for example, were not included.

⁵ This report was prepared for educational and research purposes. The background and behaviors reported herein are of those individuals who: 1) were arrested for the act; 2) died at the scene; or 3) died immediately following the attack. Actions attributed to individuals who have been arrested, indicted, or charged in these incidents are merely allegations, and all are presumed innocent until proven guilty beyond a reasonable doubt in a court of law.

⁶ In one attack, the attacker used a combination of a firearm and smoke/flash-bang grenades. In another attack, the subject brought explosives to the school, but they were not used in the attack and were determined to be inoperable.

⁷ Though illegal drug use within the previous year is one of the disqualifying factors for possessing a firearm under federal law, it was not considered in this review as information was not available to confirm active use within one year of the incident.

⁸ For the purpose of this report, *domestic violence* was defined as physical force or the threat of imminent bodily harm inflicted on a romantic partner, parent/guardian, or child (of the assailant or romantic partner). If an attacker was classified as having a history of domestic violence against a parent or child, the perpetrator and the victim must have resided at the same location.

⁹ One subject had both domestic and personal grievances as part of his motive for the attack.



United States Secret Service
NATIONAL THREAT ASSESSMENT CENTER
Mass Attacks in Public Spaces - 2018

OBSERVING THE SIGNS
THE BYSTANDER STUDY
USSS & US DOE





**PRIOR KNOWLEDGE OF
POTENTIAL SCHOOL-BASED
VIOLENCE:**

INFORMATION STUDENTS LEARN
MAY PREVENT A TARGETED ATTACK

UNITED STATES SECRET SERVICE AND
UNITED STATES DEPARTMENT OF EDUCATION

WASHINGTON, DC
May 2008



Prior Knowledge of Potential School-Based Violence:
Information students learn may prevent a targeted attack

UNITED STATES SECRET SERVICE
AND
UNITED STATES DEPARTMENT OF EDUCATION

by

William S. Pollack, Ph.D.
Director, National Violence Prevention and Study Center
Director, Centers for Men and Young Men, McLean Hospital
Assistant Clinical Professor of Psychology
Department of Psychiatry, Harvard Medical School

William Modzeleski
Associate Assistant Deputy Secretary
Office of Safe and Drug-Free Schools
U. S. Department of Education

Georgeann Rooney
Threat Assessment Specialist
National Threat Assessment Center
U. S. Secret Service

Acknowledgments

As much as this work was a collaborative effort among agencies and institutions, it was a group effort by many dedicated individuals as well. The authors would like to express their gratitude to several individuals whose support and insight were invaluable in conceptualizing the study, analyzing data, and shaping the final report. These individuals, in alphabetical order, are: Lina Alathari, Carol Brown, Bruce Cohen, Karen Damato, Matthew Doherty, Robert Fein, Shervert Frazier, Tara Hill, Michelle Keeney, Arthur Kelly, Susan Keverline, Philip Levendusky, Tracey Mullins, Peter Paskevich, Marisa Randazzo, Scott Rauch, Deborah Rudy, Sara Strizzi, Bryan Vossekuil, and Megan Williams.

Prior Knowledge of Potential School-Based Violence:
Information students learn may prevent a targeted attack¹

In the wake of several high-profile shootings at schools in the United States, most notably the shootings that occurred at Columbine High School on April 20, 1999, the United States Secret Service (Secret Service) and the United States Department of Education (ED) embarked on a collaborative endeavor to study incidents of planned (or *targeted*) violence in our nation's schools. Initiated in 1999, the study, termed the Safe School Initiative (SSI), examined several issues, most notably whether past school-based attacks were planned, and what could be done to prevent future attacks.

The SSI employed a method similar to an earlier Secret Service study, the Exceptional Case Study Project (ECSP), that examined targeted attacks on public officials and public figures (Fein & Vossekuil, 1999). In the ECSP the Secret Service coined the term *targeted violence* and defined it as any incident of violence where a known or knowable attacker selects a particular target prior to the violent attack (Fein, Vossekuil, & Holden, 1995). As with the ECSP, the SSI employed an operational focus to assist those involved with school safety to improve prevention efforts by increasing knowledge of targeted violence in schools. By studying past incidents of targeted violence in schools, the Secret Service and ED examined whether pre-attack behaviors of perpetrators could be identified to prevent future attacks.

The SSI identified specific incidents of targeted school violence and analyzed the attackers' behavioral pathways, from the initial idea of the attacks to the violent conclusions. This involved an in-depth study of 37 incidents of targeted school violence involving 41 perpetrators, which took place in the United States from January 1974 through May 2000. A full report of the findings as well as the significant implications for both practical application and further investigation may be found in two jointly published Secret Service/ED reports: *The Final Report and Findings of the Safe School Initiative: Implications for the Prevention of School Attacks in the United States* (Vossekuil, Fein, Reddy, Borum, & Modzeleski, 2002) and *Threat Assessment in Schools: A Guide to Managing Threatening Situations and to Creating Safe School Climates* (Fein et al., 2002). The reports focused on 10 key findings from the SSI:

- Incidents of targeted violence at schools rarely were sudden impulsive acts.
- Most attackers did not threaten their targets directly prior to advancing the attack.
- There was no useful or accurate "profile" of students who engaged in targeted school violence.
- Most attackers had difficulty coping with significant losses or personal failures. Moreover many had considered or attempted suicide.
- Many attackers felt bullied, persecuted or injured by others prior to the attack.
- Most attackers had access to and had used weapons prior to the attack.
- Despite prompt law enforcement responses, most shooting incidents were stopped by means other than law enforcement interventions.

¹ The study is on file with the McLean Hospital Institutional Review Board (IRB) under the title "A Systematic Pilot Study of Student Responses to Prior Knowledge of Potential School-Based Violence: What can we learn about life-sustaining prevention?"

- In many cases, other students were involved in some capacity.
- Most attackers engaged in some behavior prior to the incident that caused others concern or indicated a need for help.
- Prior to the incidents, other people knew about the attacker's idea and/or plan to attack.

While each of these findings is important and may be useful in detecting and preventing future attacks, the final two findings in particular highlight further areas of inquiry. First, the perpetrators exhibited concerning behavior prior to the attack in 93% of the incidents. This suggests that attacks might have been avoided with proper observation techniques and more open sharing of information. Second, and more significant, at least one other person had some type of knowledge of the attacker's plan in 81% of the incidents and more than one person had such knowledge in 59% of the incidents. Of those individuals who had prior knowledge, 93% were peers of the perpetrators – friends, schoolmates, or siblings (Vossekuil et al., 2002).

Study Purpose

The SSI findings highlight that in most targeted school-based attacks, individuals, referred to as *bystanders* in this report, had some type of advanced knowledge about planned school violence. Despite this advanced knowledge, the attacks still occurred. This study aimed to further the prevention of targeted school-based attacks by exploring how students with prior knowledge of attacks made decisions regarding what steps, if any, to take after learning the information.² The study sought to identify what might be done to encourage more students to share information they learn about potential targeted school-based violence with one or more adults.

Among the topics covered in semi-structured interviews with participants were the following key questions:

- What information was known by the bystander in advance of the attack?
- What relationship did the bystander have to the perpetrator(s)?
- Did the bystander share the information he or she learned of the planned violence with others?
- Was the bystander alone in his or her knowledge of the planned attack or was there discussion with other bystanders? If there was discussion among several bystanders, was there an agreement among them as to whether to report the information?
- How much did personal characteristics of the bystander as compared with issues related to the school climate influence the bystander's decision regarding whether to come forward with the information?
- What were the relationships and levels of interpersonal connections between the bystander and responsible adults?
- In retrospect, how did the bystander feel about his or her decision regarding whether to take action? What advice would the bystander give others?

² This study was conducted in partnership with McLean Hospital, a teaching affiliate of Harvard Medical School, and underwent human participants review through its IRB. The principal investigator was William S. Pollack.

Method

Study Participants

Initially, potential participants were identified in reference to two groups. One group included those students who had prior knowledge of planned school violence and were believed to have shared that knowledge to avert the planned attack. Participants in this group were identified through online searches of publicly available material, as well as through outreach to law enforcement and school personnel, for information about school shootings that were averted and individuals who had prior knowledge of the threatened targeted school violence. The second group included those students who had prior knowledge of planned targeted school violence and who attended a school where a shooting occurred. Participants in this group were drawn from the 37 cases originally studied in the SSI. Participants who indicated that they had some type of prior knowledge were identified from a review of media reports, law enforcement records, and court records contained in the SSI case files. In all, 198 bystanders were identified from the files with the number of bystanders identified per incident ranging from 0 to 28. Individuals who actively planned or encouraged the attack were omitted from the study.

Once potential participants were identified, researchers determined whether each participant met the study's inclusion criteria. Initially, participants were to be selected based on considerations related to the recency of the case, the participant's level of knowledge regarding the planned school attack, and the participant's relationship with the perpetrator of the attack. However, when recruitment for the study proved difficult more emphasis was placed on the participant's accessibility and willingness to be interviewed.

Researchers contacted 29 individuals who met the study's inclusion criteria. Fourteen of the individuals contacted either refused participation in the study or did not complete the informed consent process in spite of several outreach attempts. Thus, the final study participants consisted of 15 individuals, six of whom had prior knowledge of a potential threat and attended a school at which a school shooting was averted, and nine of whom had prior knowledge of a potential threat and attended a school at which a school shooting occurred. The six participants in the first group were drawn from four independent incidents in which a school attack was averted (two participants each from two incidents and one participant each from two separate incidents). The nine participants in the second group also were drawn from four independent incidents in which a shooting occurred at school (four participants from one incident, three participants from another incident, and one participant each from two separate incidents). In total, the participants represented eight school locations. At the time of the study, the participants ranged in age from 13 to 30 years.

Procedure

A member of the research team telephoned each participant (or legal guardian if the participant was a minor) and described the nature of the study and its benefits and risks. If the participant agreed, consent forms were mailed to the participant for review. The consent forms, approved by the McLean Hospital Institutional Review Board (IRB), included versions for adults and minors aged 13 to 17 years. The forms addressed two aspects of consent: consent to participate in the study interview and consent to have the study interview videotaped. Fourteen participants

consented to videotaping of their study interviews. Once the signed consent forms were returned, a confidential location was agreed upon for the interview.

Study data were gathered via review of SSI case files, public sources, and a semi-structured interview with each participant (n=15). The data were analyzed by researcher reviews of the taped interviews, first independently and later in conference. Case vignettes, included as an Appendix, were developed from the subject interviews.

In the process of reviewing the data, the researchers observed similarities as well as some differences between the group of students who had prior knowledge of planned targeted school violence and came forward with the information to avert the violence, and the group of students who had such prior knowledge but attended a school at which violence occurred. Due to the overlapping data and an emerging continuum between these two groups, which originally had been expected to be more distinct in nature, the groups were collapsed into one group for purposes of analysis.

Findings

Six key findings were identified. Given the small sample size and the exploratory nature of the study, generalization from these findings may be limited.

1. The relationships between the bystanders and the attackers, as well as when and how the bystanders came upon information about the planned attacks, varied.

From the original SSI case files, there was information available about the relationship between 119 of the bystanders and the attackers. Of those, 34% were friends with the attacker, 29% were acquaintances/co-workers/schoolmates, 6% were family members, and in 31% of the cases the relationship was of another type or unknown. Eighty-two percent of the bystanders received information directly from the attacker and 13% were told secondhand.³ Details about when the bystander learned the information were available in 91 of the cases. A majority of those individuals received the information more than a day before the attack. Fifty-nine percent were told days or weeks in advance, 22% were told months or years prior, and 19% were told a few hours or less before the attack.

2. Bystanders shared information related to a threat along a continuum that ranged from bystanders who took no action to those who actively conveyed the information.

Participants displayed a range in their actions and willingness to come forward. A continuum emerged between bystanders who took no action and those bystanders who were proactive in conveying information related to the threat to others. For instance, while some came forward without external prompting and were entirely forthcoming, others revealed the information they knew only after repeated prodding from adults, including school safety officials. In addition, some bystanders did not share their information with anyone or attempt to come forward, while others discussed the information with, or sought the advice of, peers and adults. Information from the SSI case files indicated that only 4% of the individuals with prior knowledge attempted to dissuade the attacker from violence.

³ It was unknown how the remaining 5% of the bystanders became aware of the potential threat.

3. School climate affected whether bystanders came forward with information related to the threats.

Some bystanders reported that the school climate influenced their decisions to share information with the school staff regarding the threats. Bystanders who came forward with information commented that they were influenced by positive relations with one or more adults, teachers, or staff, and/or a feeling within the school that the information would be taken seriously and addressed appropriately. Similarly, students who displayed a reluctance to come forward indicated that they anticipated a negative response from the school had they shared information.

- One student who knew of a weapon on school property was reluctant to come forward because he expected a negative reaction: “When you say something, you get in trouble or interrogated by teachers.”

4. Some bystanders disbelieved that the attacks would occur and thus did not report them.

A number of bystanders reported not disclosing information related to the threat to a responsible adult because they did not believe the event would ever occur. Several factors contributed to this belief, to include:

- The student made the threat or voiced the plan repeatedly and over a long period of time, had been engaged in what might be considered attention-seeking behaviors, and had made peculiar comments.
- The described threat seemed unbelievable because it was so extreme. In one case, a bystander who had overheard some of the conspirators discussing their plans in great detail “didn’t think anything of it . . . [didn’t] think they would really do it” and therefore the bystander did not tell anyone.
- The student’s tone when making the threat did not seem serious or it was thought he was joking. For instance, bystanders made comments such as “he kept eating his pizza while discussing the event” and “he’d say it violently but then laugh about it.”
- The threats or statements were overt, repetitive, and/or clearly overheard by school personnel. This led the students to mistakenly believe that the threateners (and therefore the threats) were not serious.

5. Bystanders often misjudged the likelihood and immediacy of the planned attack.

Bystanders reported that often they did not come forward with information related to the potential attack because they felt they had more time to decide on an appropriate action.

Whether the potential attacker shared specific or vague information with the bystander was not a determinant of the bystander’s assessment of the likelihood of an attack or its imminence.

6. In some situations, parents and parental figures influenced whether the bystander reported the information related to the potential attack to school staff or other adults in positions of authority.

Bystanders were questioned regarding the influence parents and other adults in their lives may have had on their decision to share information related to the potential attack. For example, one bystander felt comfortable sharing her concerns with other adults because her parents reassured her it was the correct thing to do. In contrast, another bystander consulted a parent figure in his life and was advised to “mind his own business.” The bystander did not share information related to the potential attack, and the following day a shooting occurred at his school.

Implications

Although the generalizability of this study's findings is limited due to the exploratory nature of the study and the small number of participants, several implications were derived from a review of its data and findings. These implications may impact whether a shooting at a school is prevented by encouraging students to come forward when they learn of an event that may cause harm to themselves, other students, or faculty. Further, these implications may help faculty, staff, and other adults take appropriate action when they become aware of a threatening situation.

1. Schools should ensure a climate in which students feel comfortable sharing information they have regarding a potentially threatening situation with a responsible adult.

One factor that contributed to a bystander's decision to share knowledge of planned school violence was the student's positive emotional connection to the school and to its staff (see also Fein et al., 2002). Bystanders who did not share information related to the planned attack reported no connection to the school or a negative perception of the school climate. They also expressed discomfort speaking to anyone, or believed that if they did speak to someone they either would not be believed or would get into trouble. Further, bystanders were reluctant to come forward if they felt that school officials would not keep the source of the information confidential, which would open the bystander to potential ridicule and retribution.

Conversely, in those instances where bystanders with information about a possible attack felt a positive emotional connection with the school or with someone on the staff, they were comfortable coming forward and reporting what they knew. If the bystanders knew they would be believed and the information they provided would be protected, they were more likely to come forward with that information.

Developing meaningful social and emotional connections with students and creating a climate of mutual respect are essential to keeping schools safe. Such a climate encourages all students with information about threats against the school or its students to share the information with a responsible adult. Students in this study felt connected to the school when they believed someone in the school knew them and cared for them. Schools demonstrate their commitments to such climates by promoting social and emotional connections between students, staff, and teachers in everyday interactions and activities. Simple and genuine measures, such as regularly greeting students, talking to students, and addressing students by name, help to make students feel connected and part of the school.

Law enforcement officers and educators need to convey clearly to students that merely reporting information about potential threats will not subject the student to negative consequences and/or liability. In this study, many bystanders feared negative consequences would result if they were to bring information forward. Schools and law enforcement need to counter this negative preconception by emphasizing the value of the information that the students may hold and reassuring them that sharing will not cause harm. Because attackers sometimes communicate vague information prior to an attack, a student may be wary of overreacting and getting someone in trouble. It should be explained to students that any reported information or threats will be investigated and appropriate action will be taken.

Creating a school climate in which students believe the school staff wants to hear from them about threats or possible attacks is critical to ensuring that students come forward. Students should be encouraged to come forward regardless of the amount of information they have, and school staff should convey to the students that if they do share information about potential school violence they will be supported. If students do not feel that they will be treated with respect and listened to in a non-judgmental manner, or that the information will not be protected, they will not come forward and the school will lose an opportunity to intervene in a possible attack, as well as assist a troubled student.

2. School districts are encouraged to develop policies that address the many aspects of reporting a threat.

While many schools have policies that address threatening behavior, these policies do not always attend to all aspects of reporting threats, such as what procedure a student should follow in reporting a threat and what the school's role is when such information is received. School policies should:

- Encourage students, staff, faculty, parents, and others to report all apparent threats or threatening or disturbing behaviors.
- Provide several options for the reporting of threats, including reporting anonymously if necessary.
- Ensure that all those who report a threat or threatening situation will be treated with respect and that the information they provide will be closely guarded.
- Emphasize that the school will take appropriate action on all reports and will, within the confines of privacy laws, provide feedback to the reporting student that the information was received, and that appropriate action was taken.
- Articulate what types of student information and knowledge can be shared, with whom it can be shared, and under what conditions it can be shared.
- Be clear as to who is responsible for acting on information received regarding threats.
- Where the law permits, include law enforcement and mental health officials in the review process.
- Track threats over time so that the information collected regarding threats can be used in the decision-making process.

To prevent crime and violence effectively and intercede when necessary, it would be helpful for schools to know what types of criminal acts occur and the frequency of those acts. While many school districts have some mechanisms to track incidents that occur in schools, few of them track threats made against other students or the school (especially if the event did not result in official law enforcement intervention). The result of this failure to collect and maintain records regarding threats is that very little is known about the extent or nature of the problem. Collecting more data about threats will permit law enforcement officials and educators to learn more about what students or groups of students have previously engaged in these behaviors, the manner in which they threatened others, the actions taken by the school and law enforcement in response, and the outcome. Analysis of this information can lead to the development of a more effective targeted violence prevention strategy.

3. Teachers, administrators, and other faculty should be trained on how to properly respond to students who provide them with information about a threatening or disturbing situation, as well as how to deal with actual threats.

Students talk among themselves in lunchrooms, hallways, and classrooms about a wide variety of topics, including inappropriate behaviors (such as bullying, harassment, and name calling) and criminal activities (such as drug sales, possession of weapons, and threats or plots against other students or the school). Staff and faculty may hear this information but sometimes discount it as typical youthful talk that does not warrant concern. However, staff and faculty would be advised to take these conversations seriously and investigate further when the situation suggests such action.

Schools are encouraged to train their faculty and staff to listen to what students are saying and, if they hear information about a potentially dangerous act, report it to the designated authority or committee within the school so that an inquiry may be initiated.

Conclusion

This examination into why some students who knew of planned school attacks came forward and reported what they knew, while others did not, is meant to be an exploratory pilot study. Although the number of participants was expected to be relatively small, it was not anticipated that recruiting study participants would be as difficult. The low number of participants is attributable to a variety of factors, to include the length of time since some of the incidents occurred (e.g. some cases occurred 20 to 30 years ago) and that some bystanders were reluctant to speak of their experiences. Despite the relatively small sample size, the information gained from this pilot study provides some insight for those involved with the prevention of school violence. Additional research that builds upon the findings of this pilot study should be conducted so that additional barriers to reporting information may be identified and overcome.

The data gathered as part of this study support several of the findings of the SSI. For example, many bystanders did not assess threats of violence made by other students as serious because they did not believe the person posed a real danger. The SSI recognized that a single individual, whether a student or adult, is often not equipped to adequately assess if a particular person poses a threat of targeted violence. The SSI recommended the creation of school threat assessment teams to examine all threats to make an initial determination as to whether the threat is valid. This initial review would then be followed by a law enforcement-led investigation. A team approach would allow students to share information related to threats with adults in the school and allow a more formal assessment as to whether the student(s) posed a danger.

Further, the SSI found that while what a person *said* was an important part of any inquiry or investigation, even more important was an examination of that person's *behavior*. The SSI revealed that some shooters made inappropriate words or statements over a long period of time, resulting in their statements being disregarded as idle chatter. While words alone are not always indicative of a potential attack, when viewed in the context of one's behavior they provide insight into one's potential or probable actions.

This study also highlights the importance of a school climate where adults encourage students to come forward with information about threats and other concerning behavior, without fearing punishment, ridicule, or not being taken seriously. All communities should develop school policies and practices to ensure students come forward when they have information about a threat or possible attack.

Appendix: Case Studies

In one interview, the bystander noted that the incident at his school occurred before the “wake-up call” of the shooting at Columbine High School. In retrospect, he described being concerned when, prior to the shooting, the shooter aimed a gun at him in response to an action by the bystander. Also, the bystander spoke to the shooter the day before the incident and he recalled that something about the conversation concerned him enough that he sought the advice of a trusted adult. After some questioning, the adult advised the bystander that he did not need to tell anyone about his concerns. The bystander accepted the advice and the following day his friend carried out a shooting at the school resulting in the deaths of some of his peers.

In addition to accepting the adult’s advice to not share his concerns, the bystander shared two additional reasons he did not share the information with others. First, he said it was “hard to believe [a school shooting] could happen” in his own community. Although the bystander recalled that he did not take the possibility of an actual shooting seriously, he mentioned that he, along with several friends and the shooter, discussed how the techniques used to carry out a recent school shooting that was widely covered in the media, could have been improved. Since the bystander felt, from his own perspective, that he was only engaging in fanciful teenage bravado (“kidding around”), he assumed all of his friends also were engaging in the same joking behavior, including the soon-to-be attacker. Second, some reluctance was clearly related to his lack of a positive connection to anyone in a position of authority in his own school. He said he found adults at the school “too judgmental.”

The bystander’s advice to other students, now younger than he, is: “Don’t take [such threats or jokes about potential violence] lightly. Come to . . . an adult for help, before it’s too late.”

* * * * *

In the same incident discussed in the first case study, two other students shared their experiences.

One bystander expressed that he thought the teachers in the school were aware of the shooter’s “violent temper and direct threats.” He described how the shooter had read papers aloud in front of the teacher and students, in which he spoke directly of harming the bystander and/or the school, and in which he outlined his fascination with bombs and killing. Given the openness of the shooter’s threats in front of responsible adults and school authorities, the bystander thought school officials were aware of any danger the shooter posed and that they “had everything under control.” Consequently, he believed there was no need for active intervention on his behalf. Prior to the incident, the school disciplined the shooter for possessing a gun on school property; however, the students were not notified. In retrospect, the bystander mentioned that he wished students had been notified as this information, combined with the information he and others had regarding the shooter’s prior threatening statements and behaviors, may have altered the outcome.

Another bystander also reported that the shooter made numerous threats of violence at school in the presence of teachers and administrators. As a young adolescent, the bystander did not know what to make of her concerns or what to do. Since adults were aware of the problems, and given

her “trust for authority,” the bystander assumed that the school staff was adequately addressing the issue. Looking back on the shooting, the bystander stated that children cannot afford to be passive about remarks they hear: “Don’t take things said for granted.” In addition, she said adults in schools “need to network more with the students, and bring various groups together.”

* * * * *

In an example of an averted school shooting, a bystander reported that he had heard rumors about possible violence in his high school. He stated that the potential attackers did not seem to be the usual outcasts described in newspaper reports of previous school shootings across the United States. It was more “like they fit in with their own bad crowd within the school,” he explained.

The bystander stated that certain factors were crucial in providing him the support and courage to avert what could have become another school shooting. First, he reported that he was not close friends with the potential attackers so that allowed him to be more objective when he learned of a possible attack plan. Second, the impact of the shooting at Columbine High School weighed heavily upon him: “If not for Columbine, I might have thought twice about coming forward, but I couldn’t be one of those who sat by.” The bystander stated that the potential incident seemed too similar to the events in Colorado. Third, he noted that he felt an obligation to come forward: “I thought of my friends and just couldn’t say nothing. It was the right thing to do.” In describing what happened after he came forward with the information, the bystander stated that “Everybody was nice and understanding, and that helped.” In addition, he mentioned that his “mother supported” him in coming forward. He offered advice to others who might find themselves in a similar situation: “Make sure to tell somebody before something dangerous can happen.”

References

Fein, R. A., & Vossekuil, B. V. (1999). Assassination in the United States: An operational study of recent assassins, attackers, and near-lethal approachers. *Journal of Forensic Sciences, 44*, 321-333.

Fein, R. A., Vossekuil, B., & Holden, G. (1995). Threat assessment: An approach to prevent targeted violence. *Research in Action*. U.S. Department of Justice, Office of Justice Programs, National Institute of Justice: Washington, D.C., at 1-7.

Fein, R., Vossekuil, B., Pollack, W., Borum, R., Modzeleski, W., & Reddy, M. (2002). *Threat assessment in schools: A guide to managing threatening situations and to creating safe school climates*. U.S. Department of Education, Office of Elementary and Secondary Education, Safe and Drug-Free Schools Program and U.S. Secret Service, National Threat Assessment Center, Washington, D.C.

Vossekuil, B., Fein, R., Reddy, M., Borum, R., & Modzeleski, W. (2002). *The final report and findings of the safe school initiative: Implications for the prevention of school attacks in the United States*. U.S. Department of Education, Office of Elementary and Secondary Education, Safe and Drug-Free Schools Program and U.S. Secret Service, National Threat Assessment Center, Washington, D.C.

**OBSERVING THE SIGNS
A STUDY OF PRE-ATTACK
BEHAVIORS OF ACTIVE
SHOOTERS IN THE
UNITED STATES
BETWEEN 2000 AND 2013
USDOJ & FBI**





A STUDY OF THE PRE-ATTACK BEHAVIORS OF ACTIVE SHOOTERS IN THE UNITED STATES BETWEEN 2000 AND 2013

QUICK REFERENCE GUIDE – FBI BEHAVIORAL ANALYSIS UNIT (BAU)

REMINDERS

- There is no one “profile” of an active shooter.
- There is no single warning sign, checklist, or algorithm for assessing behaviors that identifies a prospective active shooter.
- While impossible to predict violent behavior, it is possible to prevent some attacks via effective threat assessment and management strategies.

ACTIVE SHOOTER DEMOGRAPHICS

The **63** active shooters in the sample did not appear to be readily identifiable prior to the attack *based on demographics alone*.

The youngest active shooter was 12 yoa and the oldest was 88 yoa with an average age of **37.8** years.

94% were male and only **6%** were female.

Among active shooters age 18 and older, **44%** were employed and **38%** were unemployed.

24% had at least some military experience.

57% were single at the time of the offense.

13% were married; **13%** were divorced; **11%** were partnered but not married; **6%** were separated.

35% had adult criminal convictions prior to the event.

62% had a history of acting in an abusive, harassing or oppressive way (e.g., bullying).

16% had engaged in intimate partner violence.

11% had engaged in stalking-related conduct.

PLANNING AND PREPARATION

73% of active shooters had a known connection with the attack site.

35% of active shooters age 18 and older targeted their workplace or former workplace.

88% of active shooters age 17 and younger targeted their school or former school.

Active shooters with no known connection to the site were more likely to conduct pre-attack site surveillance as compared to those with a connection to the targeted site.

21% of active shooters researched or studied past attacks by others.

In cases where the amount of time spent *planning* could be determined (n=34), **77%** (n=26) of the active shooters spent a week or longer planning their attack.

In cases where the amount of time spent *preparing* could be determined (n=46), **46%** (n=21) of the active shooters spent a week or longer preparing (procuring the means) for the attack.

In the four cases where active shooters took less than 24 hours to plan and prepare, all had at least one concerning behavior and three had an identifiable grievance.

FIREARMS ACQUISITION

40% of active shooters purchased a firearm legally and specifically for the purpose of the attack.

35% of active shooters already possessed a firearm and did not obtain it for the express purpose of the attack.

11% of active shooters borrowed or took a firearm from a person known to them.

6% of active shooters stole a firearm.

2% of active shooters purchased a firearm illegally.

STRESSORS

Active shooters experienced multiple stressors (with an average of **3.6** separate stressors) in the year prior to the attack. The stressors reported included:

62% Mental health

49% Financial strain

35% Job-related stressors

29% Conflict with friends/peers

27% Marital problems

22% Abuse of illicit drugs/alcohol

22% Other (e.g., caregiving responsibilities)

22% Conflict at school

21% Physical injury

18% Conflict with parents

16% Conflict with other family members

13% Sexual stress/frustration

11% Criminal problems

10% Civil problems

6% Death of friend/relative

2% No stressors

MENTAL HEALTH

25% of active shooters had a diagnosed mental illness prior to the offense.

Of the 25% (n=16), **12** had a mood disorder, **4** had an anxiety disorder, **3** had a psychotic disorder, and **2** had a personality disorder. One active shooter was diagnosed with Autism spectrum disorder, one with a developmental disorder, and one described as “other.”

It could not be determined if a diagnosis had been given in **37%** (n=23) of the cases in this study.

SOCIAL CONNECTIONS

All active shooters either: a) lived with someone or b) had significant in-person or online social interactions.

68% of all active shooters lived with someone else.

- **64%** of active shooters 18 yoa or older lived with someone else.

86% of active shooters had significant in-person social interactions with at least one person in the year prior to the attack.

27% of active shooters had significant online interactions with another person within a year of the attack.

For this study, the FBI used data that has been verified to the greatest possible extent, relying almost exclusively on information contained in official law enforcement investigative files. Active shooting events which appeared to be spontaneous reactions to situational factors were excluded. The final sample of 63 active shooting incidents was included in this study.

QUICK REFERENCE GUIDE (CONT'D)

CONCERNING BEHAVIORS

Concerning behaviors are *observable* behaviors, with an average of 4.7 concerning behaviors displayed by the active shooters in this sample. The concerning behaviors observed by others included:

- 62% Mental health
- 57% Interpersonal interactions
- 56% Leakage
- 54% Quality of thinking or communication
- 46% Work performance
- 42% School performance
- 35% Threats/confrontations
- 33% Anger
- 33% Physical aggression
- 21% Risk-taking
- 21% Firearm behavior
- 19% Violent media usage
- 13% Weight/eating
- 13% Drug abuse
- 11% Impulsivity
- 10% Alcohol abuse
- 10% Physical health
- 8% Other (e.g., idolizing criminals)
- 6% Sexual behavior
- 5% Quality of sleep
- 3% Hygiene/appearance

HOW WERE THE CONCERNING BEHAVIORS NOTICED

- 95% Verbal communication
- 86% Physical actions
- 27% Written communication
- 16% Online behavior
- 89% Demonstrated concerning behaviors that were observed in multiple ways

WHO NOTICED THE CONCERNING BEHAVIORS

- 92% Schoolmate (*if a student*)
- 87% Spouse/domestic partner (*if in a relationship*)
- 75% Teacher/school staff (*if a student*)
- 68% Family member
- 51% Friend
- 40% Co-worker
- 37% Other (e.g., neighbors)
- 25% Law enforcement
- 10% Online individual
- 5% Religious mentor

COMMON RESPONSES TO OBSERVED CONCERNING BEHAVIORS

- 83% Communicated directly to the active shooter
- 54% Did nothing
- 51% Reported the active shooter to a non-law enforcement authority
- 49% Discussed the behavior with a friend or family member
- 41% Reported the active shooter to a law enforcement authority

CONCERNING COMMUNICATIONS

55% of 40 active shooters who had a specific target made threats or had a prior confrontation.

When threats or confrontations occurred, 95% were in person and only infrequently in writing or electronically (14%).

88% of active shooters age 17 and younger leaked an intent to commit violence.

51% of active shooters leaked an intent to commit violence.

No instances of observed leakage were reported to law enforcement.

30% of active shooters created a legacy token prior to the attack.

PRIMARY GRIEVANCE

The majority of active shooters (79%) appeared to be acting in accord with a grievance of some kind, including:

- 33% Adverse interpersonal action against the active shooter
- 16% Adverse employment action against the active shooter
- 10% Other (e.g., general hatred of others)
- 5% Adverse governmental action against the active shooter
- 3% Adverse academic action against the active shooter
- 3% Adverse financial action against the active shooter
- 3% Domestic
- 3% Hate crime
- 3% Ideology/extremism
- 21% Unknown/no grievance identified

Even the active shooters with no identifiable grievance demonstrated at least two concerning behaviors (with an average of 5.4 behaviors) that were observed by others.

PRECIPITATING EVENT

Of the 50 active shooters who had an identifiable grievance, nearly half of them (44%) experienced a precipitating or triggering event related to the grievance.

TARGETING

While approximately one-third of active shooters in this sample victimized only random members of the public, most active shooters arrived at a targeted site with a specific person or persons in mind.

SUICIDE: IDEATION AND ATTEMPTS

48% (n=30) of active shooters had suicidal ideation or engaged in suicide-related behaviors at some point prior to the attack.

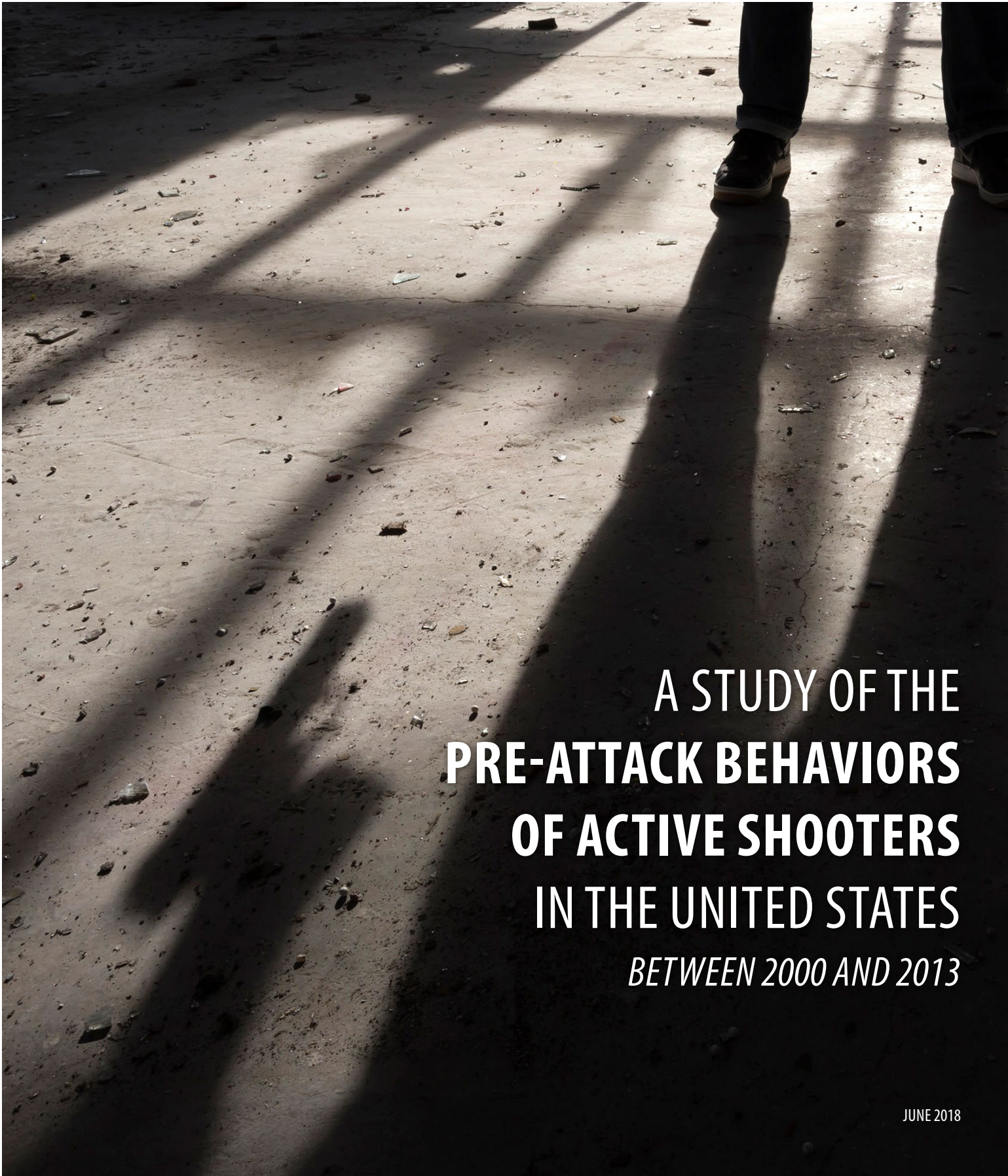
- Of the 30 suicidal active shooters, 90% showed signs of suicidal ideation and 23% made actual suicide attempts.
- 70% of these behaviors occurred within one year of the shooting.

RESOURCES

Persons suspected of planning an active shooting should be immediately reported to local law enforcement or to a threat assessment team.

The BAU's Behavioral Threat Assessment Center (BTAC) is the only multi-agency behavioral threat assessment and threat management team in the U.S. Government. Requests for BTAC assistance can be made via the BAU Coordinator in your local FBI Field Office.

A Study of the Pre-Attack Behaviors of Active Shooters in the United States is available for download at www.fbi.gov/file-repository/pre-attack-behaviors-of-active-shooters-in-us-2000-2013.pdf/view

A photograph of a crime scene floor. The floor is light-colored and covered with small pieces of debris. Long, dark shadows are cast across the floor, suggesting a window or doorway is nearby. The lower legs and feet of two people are visible in the upper right corner.

**A STUDY OF THE
PRE-ATTACK BEHAVIORS
OF ACTIVE SHOOTERS
IN THE UNITED STATES**
BETWEEN 2000 AND 2013

Authors

James Silver, Ph.D., J.D., Worcester State University

Andre Simons, Supervisory Special Agent, Behavioral Analysis Unit, FBI

Sarah Craun, Ph.D., Behavioral Analysis Unit, FBI

This publication is in the public domain. Authorization to reproduce this publication in whole or in part is granted. The citation should be: Silver, J., Simons, A., & Craun, S. (2018). A Study of the Pre-Attack Behaviors of Active Shooters in the United States Between 2000 – 2013. Federal Bureau of Investigation, U.S. Department of Justice, Washington, D.C. 20535.

A Study of the Pre-Attack Behaviors of Active Shooters in the United States

Between 2000 and 2013

| | |
|---|----|
| Acknowledgments..... | 4 |
| Introduction | 6 |
| Key Findings | 7 |
| Methodology | 8 |
| Findings | |
| <i>Shooter Demographics</i> | 9 |
| <i>Planning and Preparation</i> | 13 |
| <i>Firearms Acquisition</i> | 14 |
| <i>Stressors</i> | 15 |
| <i>Mental Health</i> | 17 |
| <i>Concerning Behaviors</i> | 17 |
| <i>Primary Grievance</i> | 21 |
| <i>Targeting</i> | 23 |
| <i>Suicide: Ideation and Attempts</i> | 24 |
| <i>Concerning Communications</i> | 24 |
| Limitations | 26 |
| Conclusion | 27 |
| Appendices..... | 28 |



Click on a link above to jump to a page.

Acknowledgments

The authors wish to thank the many dedicated members and former members of the FBI's Behavioral Analysis Unit (BAU) who supported this study, including Crime Analyst Kristen Solik, BAU; Unit Chief John Wyman, BAU; Unit Chief Kristen Slater, BAU; Unit Chief Kevin Burton, BAU; Unit Chief Shawn VanSlyke, BAU (ret.); Research Coordinator Kristen Lybert, BAU; Supervisory Special Agents (SSAs) Karie Gibson and Adrienne Isom, BAU; Mr. Bryan Czako; Mr. Davis Moore; and Mr. James Russell. The authors also offer special thanks and gratitude to our colleagues in the BAU's Behavioral Threat Assessment Center (BTAC).

Further, the authors express their appreciation to Assistant Director Kerry Sleeper, Section Chief Katherine Schweit (ret.), Unit Chief James Green, and Supervisory Intelligence Analyst Deborah Cryan of the FBI's Office of Partner Engagement for their past and ongoing support of this project. Special thanks as well to Visual Information Specialist Erin Kim of the FBI's Office of Public Affairs.

The authors are exceptionally grateful to our many threat assessment colleagues who have partnered with and supported the BAU over several years. These professionals quietly and tirelessly work each day to prevent active shootings in our schools, universities, houses of worship, and businesses.





The authors and researchers from the FBI's Behavioral Analysis Unit involved in preparing this report are aware of the horrific impact these shootings have had on victims, survivors, families, and communities. We extend our deepest sympathies to those who have suffered the unimaginable tragedy of an active shooting, either personally or as a family member. We know that behind the statistics and numbers presented here are thousands of individuals with personal stories of grief, bravery, and resilience. In partnership with other law enforcement and threat assessment professionals, we remain committed to doing everything possible to prevent future attacks. Although much work remains, we present this report as a step towards disrupting those who would seek to inflict catastrophic harm.

Introduction

In 2017 there were 30 separate active shootings in the United States, the largest number ever recorded by the FBI during a one-year period.¹ With so many attacks occurring, it can become easy to believe that nothing can stop an active shooter determined to commit violence. “The offender just snapped” and “There’s no way that anyone could have seen this coming” are common reactions that can fuel a collective sense of a “new normal,” one punctuated by a sense of hopelessness and helplessness. Faced with so many tragedies, society routinely wrestles with a fundamental question: can *anything* be done to prevent attacks on our loved ones, our children, our schools, our churches, concerts, and communities?

There is cause for hope because there *is* something that can be done. In the weeks and months before an attack, many active shooters engage in behaviors that may signal impending violence. While some of these behaviors are intentionally concealed, others are observable and — if recognized and reported — may lead to a disruption prior to an attack. Unfortunately, well-meaning bystanders (often friends and family members of the active shooter) may struggle to appropriately categorize the observed behavior as malevolent. They may even resist taking action to report for fear of erroneously labeling a friend or family member as a potential killer. Once reported to law enforcement, those in authority may also struggle to decide how best to assess and intervene, particularly if no crime has yet been committed.

By articulating the concrete, observable pre-attack behaviors of many active shooters, the FBI hopes to make these warning signs more visible and easily identifiable. This information is intended to be used not only by law enforcement officials, mental health care practitioners, and threat assessment professionals, but also by parents, friends, teachers, employers and anyone who suspects that a person is moving towards violence.

In 2014, the FBI published a report titled *A Study of Active Shooter Incidents in the United States Between 2000 and 2013*.² One hundred and sixty active shooter incidents in the United States occurring between 2000 and 2013 were included in the sample. In this first report, the FBI focused on the circumstances of the active shooting events (e.g., location, duration, and resolution) but did not attempt to identify the motive driving the offender, nor did it highlight observable pre-attack behaviors demonstrated by the offender. The 2014 report will be referred to as the “Phase I” study.

The present study (“Phase II”) is the natural second phase of that initiative, moving from an examination of the parameters of the shooting events to assessing the pre-attack behaviors of the shooters themselves. This second phase, then, turns from the vitally important inquiry of “what happened during and after the shooting” to the pressing questions of “how do the active shooters behave *before* the attack?” and, if it can be determined, “why did they attack?” The FBI’s objective here was to examine specific behaviors that may precede an attack and which might be useful in identifying, assessing, and managing those who may be on a pathway to deadly violence.

1 <https://www.fbi.gov/file-repository/active-shooter-incidents-us-2016-2017.pdf/view>

2 <https://www.fbi.gov/file-repository/active-shooter-study-2000-2013-1.pdf/view>

Key Findings of the Phase II Study

1. The **63** active shooters examined in this study did not appear to be uniform in any way such that they could be readily identified prior to attacking *based on demographics alone*.
2. Active shooters take time to plan and prepare for the attack, with **77%** of the subjects spending a week or longer planning their attack and **46%** spending a week or longer actually preparing (procuring the means) for the attack.
3. A majority of active shooters obtained their firearms legally, with only very small percentages obtaining a firearm illegally.
4. The FBI could only verify that **25%** of active shooters in the study had ever been diagnosed with a mental illness. Of those diagnosed, only three had been diagnosed with a psychotic disorder.
5. Active shooters were typically experiencing multiple stressors (an average of **3.6** separate stressors) in the year before they attacked.
6. On average, each active shooter displayed **4 to 5** concerning behaviors over time that were observable to others around the shooter. The most frequently occurring concerning behaviors were related to the active shooter's mental health, problematic interpersonal interactions, and leakage of violent intent.
7. For active shooters under age 18, school peers and teachers were more likely to observe concerning behaviors than family members. For active shooters 18 years old and over, spouses/domestic partners were the most likely to observe concerning behaviors.
8. When concerning behavior was observed by others, the most common response was to communicate directly to the active shooter (**83%**) or do nothing (**54%**). In **41%** of the cases the concerning behavior was reported to law enforcement. Therefore, just because concerning behavior was *recognized* does not necessarily mean that it was *reported* to law enforcement.
9. In those cases where the active shooter's primary grievance could be identified, the most common grievances were related to an adverse interpersonal or employment action against the shooter (**49%**).
10. In the majority of cases (**64%**) at least one of the victims was specifically targeted by the active shooter.

*All percentages in this report are rounded to the nearest whole number.

Methodology

With the goal of carefully reviewing the pre-attack lives and behaviors of the active shooters, the FBI developed a unique protocol of 104 variables covering, among other things:

- Demographics
- Planning and preparation
- Acquisition of firearms in relation to the attack
- Stressors
- Grievance formation
- Concerning pre-attack behaviors and communications
- Targeting decisions
- Mental health

Whereas Phase I analyzed event circumstances that are typically well documented both in law enforcement incident reports and reliable open sources³, this second phase is substantially based on observations of what are often nuanced behavioral indicators demonstrated by the active shooter prior to the attack. Given the subtle nature of many of the factors relevant to the inquiry, the FBI decided to use data that have been verified to the greatest possible extent, relying almost exclusively on information contained in official law enforcement investigative files.⁴ For this reason, Phase II includes only those cases where the FBI obtained law enforcement investigative files that contained “background” materials (e.g., interviews with family members, acquaintances, neighbors; school or employment records; writings generated by the subject) adequate to answer the protocol questions.⁵ In addition, as Phase II focused on identifying pre-attack behaviors of those on a trajectory to violence, active shooting events which appeared to be spontaneous reactions to situational factors (e.g., fights that escalated) were excluded. This resulted in a final sample of 63 active shooting incidents included in the Phase II study.

The use of law enforcement investigative case files as the primary source of data makes this study unique in comparison to other reports that typically rely upon unverified data derived from open sources. The comprehensive evaluation of law enforcement case files for suitability and completeness also contributed to the substantial time it has taken to prepare and publish this study.

The FBI examined whether the 63 cases included in Phase II are representative of the entire Phase I sample ($N = 160$). To identify the differences in the samples between Phase I and Phase II ($N = 160$ versus $N = 63$), the FBI compared those cases that were *only* in Phase I ($n = 97$) to those cases included in Phase II ($N = 63$), assessing potential differences between the active shooters (e.g., race, gender, age, and whether the offender committed suicide subsequent to the attack), as well as potential differences in the characteristics of the incidents (number of victims killed, number of law enforcement officers killed, location of the incident, active shooter movement during the event, and if the event concluded prior to the arrival of law enforcement).

3 Incident overview (e.g., date, location), incident specifics (weapon(s) used, duration of event), and incident outcome (deaths, injuries, resolution).

4 For one incident, the study relied on publicly available official reports which were based on the complete law enforcement investigative files.

5 The investigative files did not contain uniform amounts of subject-related behavioral information, as the depth and breadth of investigations varied based on several factors, including available resources, the prospect or not of trial, and the complexity of the event.

As compared to the 97 cases that were only in Phase I, the 63 cases in Phase II had the following characteristics:

- Had a higher number of victims killed on average during each shooting;
- Were more likely to end before law enforcement arrived;
- Were more likely to include offenders who identified with Asian and Caucasian ethnicity, with active shooters identified with African American and Hispanic ethnicity generally underrepresented as compared to Phase I;
- Were more likely to occur in an educational facility or a house of worship; and
- Were more likely to end with the active shooter committing suicide.

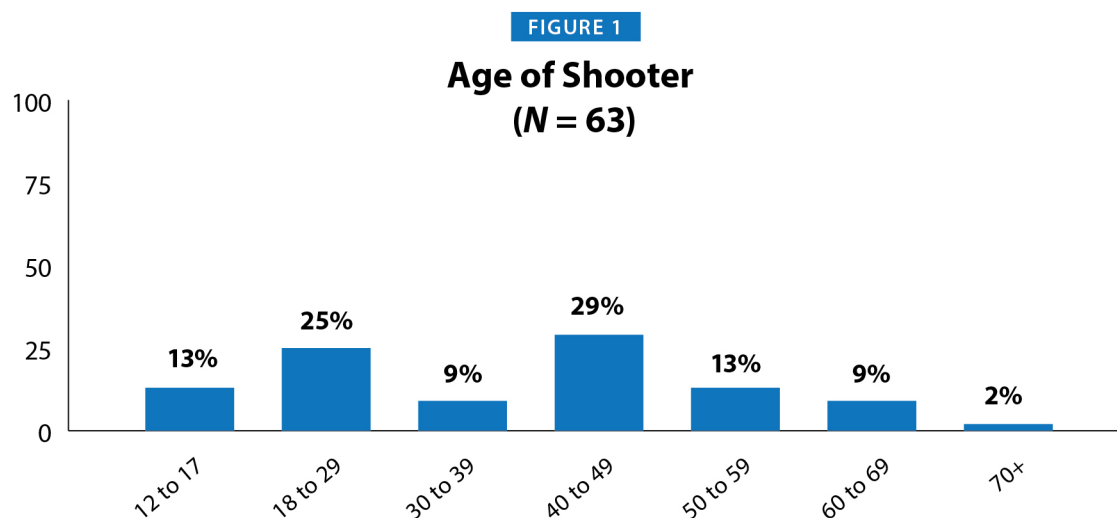
After cases were identified, a three-stage coding process was utilized. First, two researchers read all case materials and independently coded each of the cases across all protocol variables. The researchers took a conservative approach to coding, declining to definitively answer any question that was not supported by record evidence. Second, another experienced coder (the “reviewer”) also read each investigative file. In the final stage, the coders and the reviewer met for each of the 63 cases, compared answers, discussed disagreements, and produced a single reconciled set of data.

SHOOTER DEMOGRAPHICS

The sample comprised individuals who varied widely along a range of demographic factors making it impossible to create a demographic profile of an active shooter. Indeed, the findings and conclusions of this study should be considered in light of the reality that these 63 active shooters did not appear to be uniform in any way such that they could be readily identified prior to attacking *based on demographics alone*.

Age:

The youngest active shooter was 12 years old and the oldest was 88 years old with an average age of 37.8 years. Grouping the active shooters by age revealed the following:

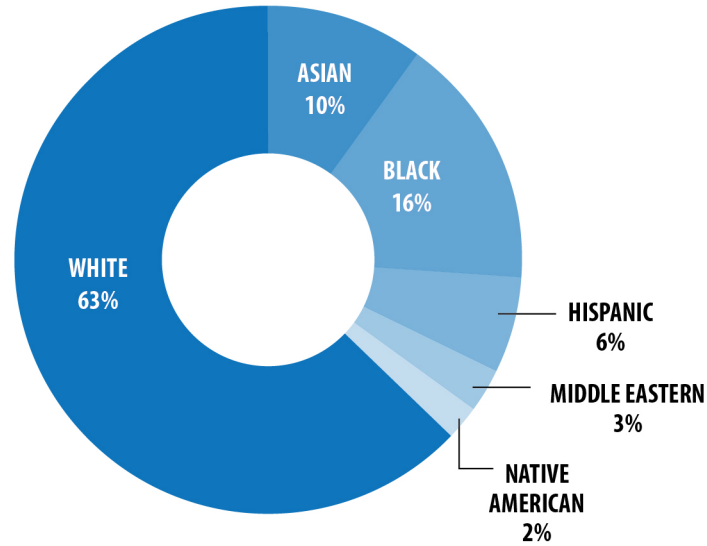


Gender and Race:

The sample was overwhelmingly male (94%, $n = 59$), with only four females in the data set (6%, $n = 4$), and varied by race as shown in Figure 2:⁶

FIGURE 2

Race ($N = 63$)

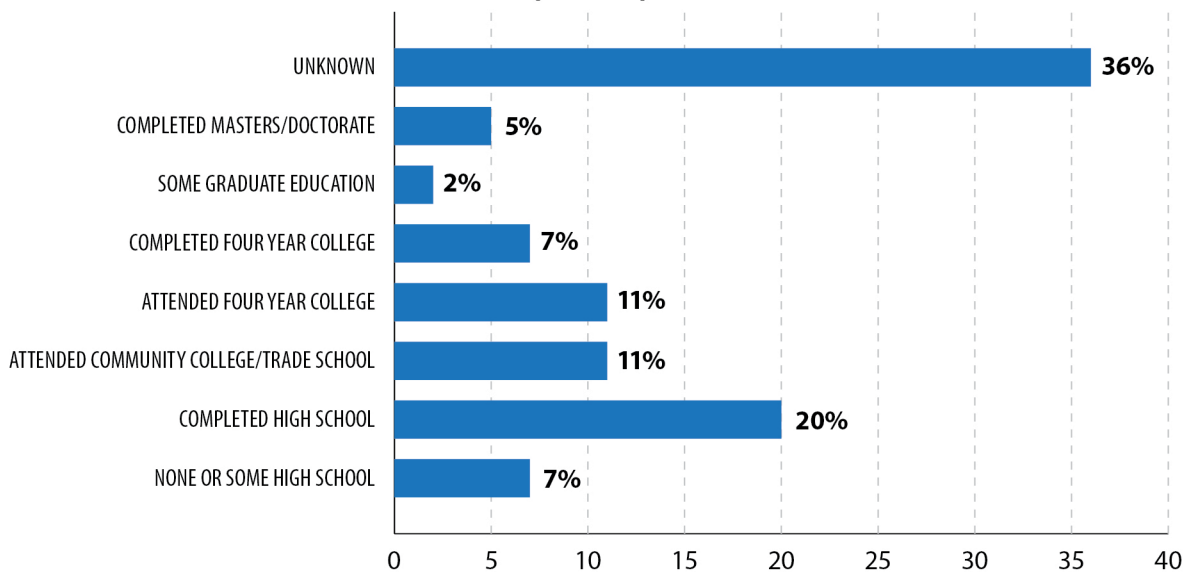


Highest Level of Education⁷:

None of the active shooters under the age of 18 had successfully completed high school, and one (age 12) had not yet entered high school. When known, the highest level of education of adults varied considerably, as shown in Figure 3:

FIGURE 3

Highest Level of Education Completed – 18 Years and Older ($n = 55$)



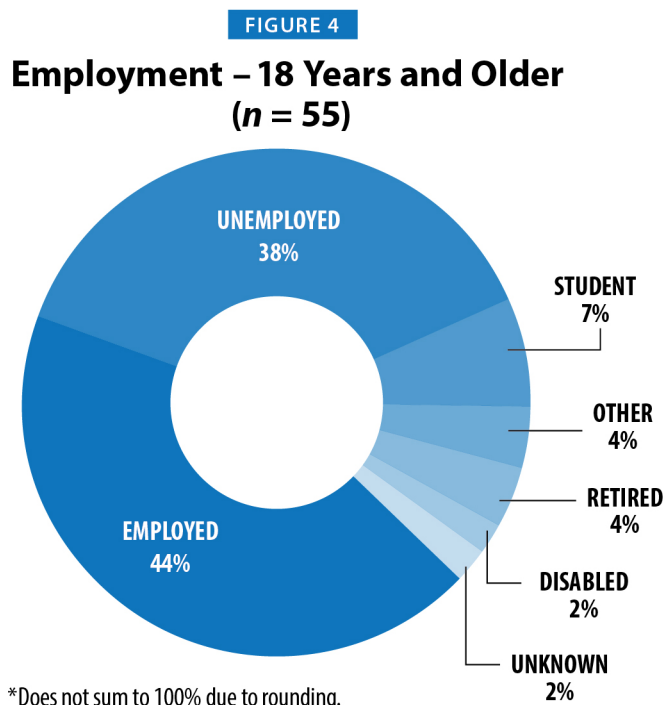
*Does not sum to 100% due to rounding.

6 Descriptors of active shooters' races were obtained from law enforcement records.

7 Active shooters under the age of 18 ($n=8$) were excluded in analyses for those variables not typically pertaining to juveniles (e.g., marital status, higher education).

Employment:

The active shooters who were under 18 years old were all students. As featured in Figure 4, nearly equal percentages of the adult active shooters 18 years or older were employed as were unemployed, and 7% ($n = 4$) were primarily students. The rest of the adults were categorized as retired, disabled/receiving benefits, or other/unknown.



Military:

Of the active shooters 18 and older, 24% ($n = 13$) had at least some military experience, with six having served in the Army, three in the Marines, two in the Navy, and one each in the Air Force and the Coast Guard.

Relationship Status:

The active shooters included in the Phase II study were mostly single at the time of the offense (57%, $n = 36$). Thirteen percent ($n = 8$) were married, while another 13% were divorced. The remaining 11% were either partnered but not married ($n = 7$) or separated (6%, $n = 4$).

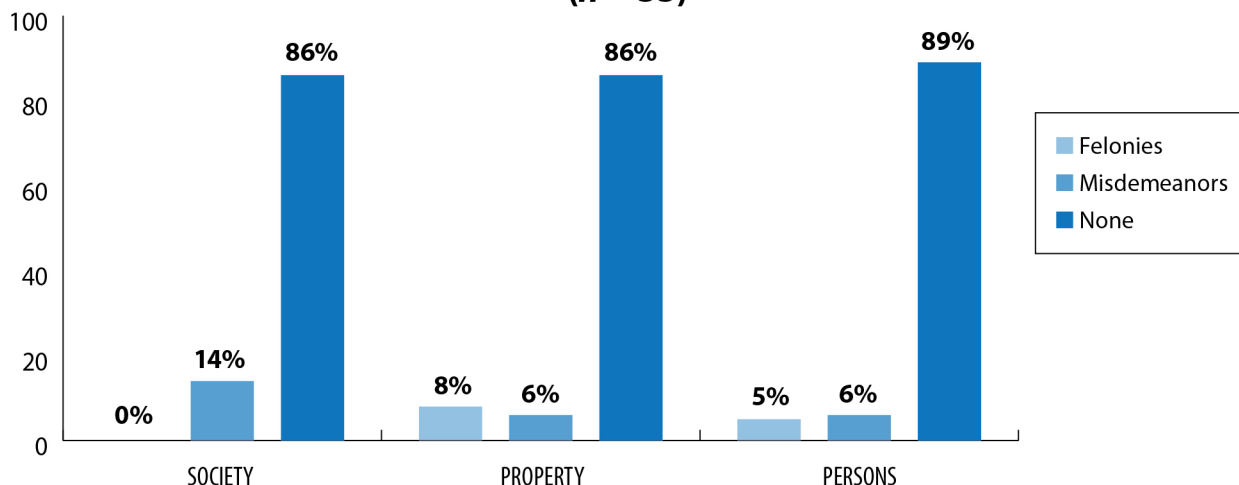
Criminal Convictions and Anti-Social Behavior⁸:

Nineteen of the active shooters aged 18 and over (35%) had adult convictions prior to the active shooting event. As visualized in Figure 5, the convictions can be categorized as crimes against society, property, or persons. The category of “crimes against society” included offenses such as driving under the influence, disorderly conduct and the possession of drug paraphernalia. Both the misdemeanor and felony “crimes against property” involved non-violent offenses, such as conspiracy to commit theft, theft, possession of stolen property, and criminal mischief. The misdemeanor “crimes against persons” were not inherently dangerous, but the felony “crimes against persons” involved convictions for criminal sexual assault of a family member, aggravated stalking, and endangering a person (although no active shooter was convicted of more than one crime against a person).

8 The study does not include juvenile adjudications; therefore, we did not run the analyses on those aged 17 and younger.

FIGURE 5

Adult Criminal Convictions – 18 Years and Older (n = 55)



*There was only one case where an active shooter had both a felony and a misdemeanor conviction in a single category (under "Property").

In sum, the active shooters had a limited history of adult convictions for violent crime and a limited history of adult convictions for crime of any kind.

Because formal criminal proceedings may not capture the full range of anti-social behaviors in a person’s background, the FBI also looked for evidence of behaviors that were abusive and/or violent, but which did not result in a criminal charge. For some active shooters, no evidence of these behaviors was found, but given that these actions by definition did not involve the formal criminal justice system, it is possible that more violent incidents occurred than are reported here.

We found evidence that 62% (n = 39) of the active shooters had a history of acting in an abusive, harassing, or oppressive way (e.g., excessive bullying, workplace intimidation); 16% (n = 10) had engaged in intimate partner violence; and 11% (n = 7) had engaged in stalking-related conduct.⁹

Considerations

There were very few demographic patterns or trends (aside from gender) that could be identified, reinforcing the concept that there is no one “profile” of an active shooter. Perhaps most noteworthy is the absence of a pronounced violent criminal history in an overwhelming majority of the adult active shooters. Law enforcement and threat management professionals assessing a potentially violent person may therefore wish to avoid any reliance on demographic characteristics or on evidence (or lack thereof) of prior criminal behavior in conducting their assessments.

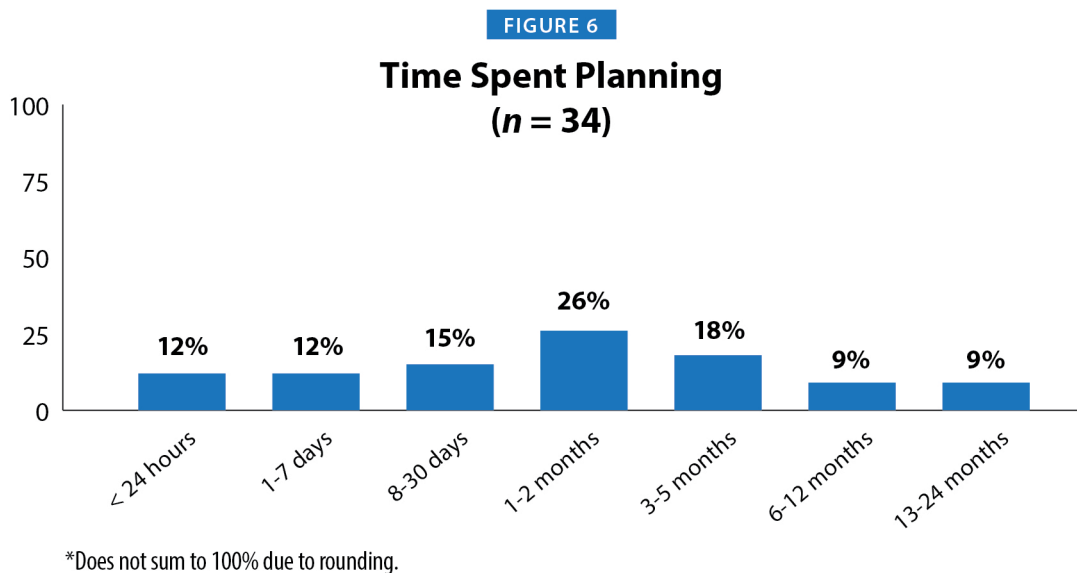
⁹ This number may be underrepresented given the high percentage of unknown responses as related to stalking behaviors (68%).

PLANNING AND PREPARATION

This study examined two related but separate temporal aspects of the active shooters' pre-attack lives — total time spent *planning* the attack and total time spent *preparing* for the attack.^{10,11,12} The purpose in analyzing these chronologies was to establish the broad parameters during which active shooters were moving toward the attack and to identify behaviors that may have been common during these time periods.

In this context, planning means the full range of considerations involved in carrying out a shooting attack. This includes the decision to engage in violence, selecting specific or random targets, conducting surveillance, and addressing all ancillary practical issues such as victim schedules, transportation, and site access. Planning is more specific than a general intent to act violently and involves the thought processes necessary to bring about an intended outcome. Since planning may primarily be an internal thought process, it was often difficult to find objective, observable indications of an active shooter's planning. In nearly half of the cases, the total time spent planning is unknown. However, this is different than declaring that there was no evidence of planning at all, because in every case there was at least some evidence that the active shooter planned the attack; the challenge was ascertaining when the planning began.

In establishing the total duration of planning, the FBI looked for evidence of behaviors that were observable (e.g., conversations, conducting surveillance) as well as in materials that were private to the active shooter (e.g., journals, computer hard drives) and likely unknowable to others until after the attack. As demonstrated in Figure 6, there was a wide range of planning duration in the 34 cases where the time spent planning could reasonably be determined.



With regard to specific planning activities, care should be taken in the interpretation of the data. For instance, our study indicates that few active shooters overall approached or conducted surveillance on their target (14%, $n = 9$), and fewer still researched or studied the target site where the attack occurred (10%, $n = 6$). While this could indicate that the active shooters were uninterested in knowing about their targets or attack sites in advance or engaged in little tactical planning, this is inconsistent with the operational experience of the FBI. The likely reason for this finding is that the active shooters often attacked people and places with which they were already familiar. There was

10 Calhoun, T., & Weston, S., (2003). Contemporary threat management. San Diego: Specialized Training Services;

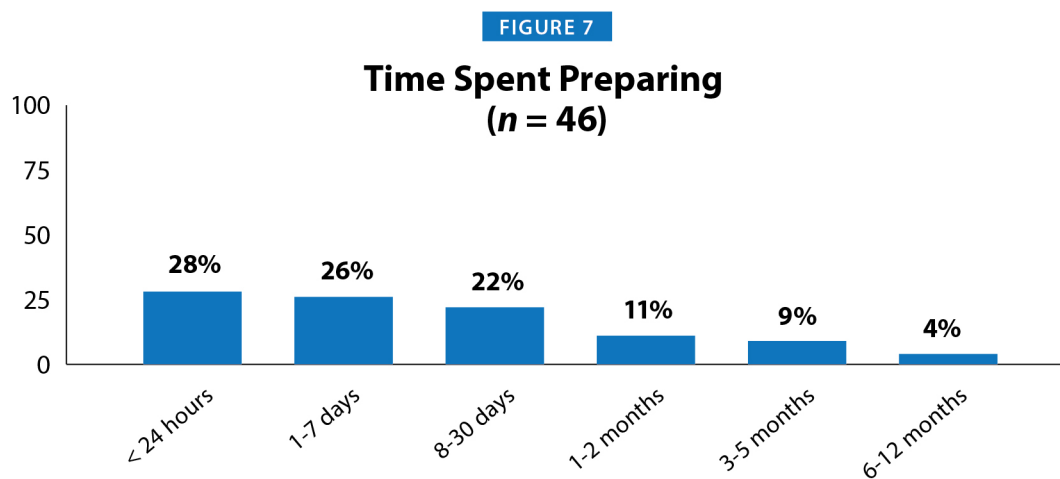
11 Fein, R. & Vossekuil, B. (1999). Assassination in the United States: an operational study of recent assassins, attackers, and near-lethal approachers. *Journal of Forensic Sciences*.

12 Vossekuil, B., Fein, R., Reddy, M., Borum, R., & Modzeleski, W. (2004). *The final report and findings of the safe school initiative: Implications for the prevention of school attacks in the United States*. Washington, DC: U.S. Secret Service and the U.S. Department of Education.

a known connection between the active shooters and the attack site in the majority of cases (73%, $n = 46$), often a workplace or former workplace for those 18 and older (35%, $n = 19$), and almost always a school or former school for those younger than 18 (88%, $n = 7$), indicating that in most cases the active shooter was already familiar with both the attack site as well as the persons located at the site. Conversely, those active shooters with no affiliation to the targeted site behaved differently. Active shooters with no known connection to the site of their attack were more likely to conduct surveillance ($p < .05$) and research the site ($p < .01$). With routine contact, pre-attack surveillance could presumably be conducted concurrent to normalized activity and eliminate the need for a more formalized or detectable reconnaissance of a chosen target.

The investigative files also demonstrated that only some active shooters researched or studied past attacks by others (21%, $n = 13$). This is not to say that other active shooters were unaware of past attacks — it is difficult to imagine that they did not have at least some basic knowledge of prior infamous shootings that received national media coverage. The FBI again suspects that this behavior may be underrepresented in the study sample, especially as we could not determine if active shooters researched past attacks in 46% of the cases.

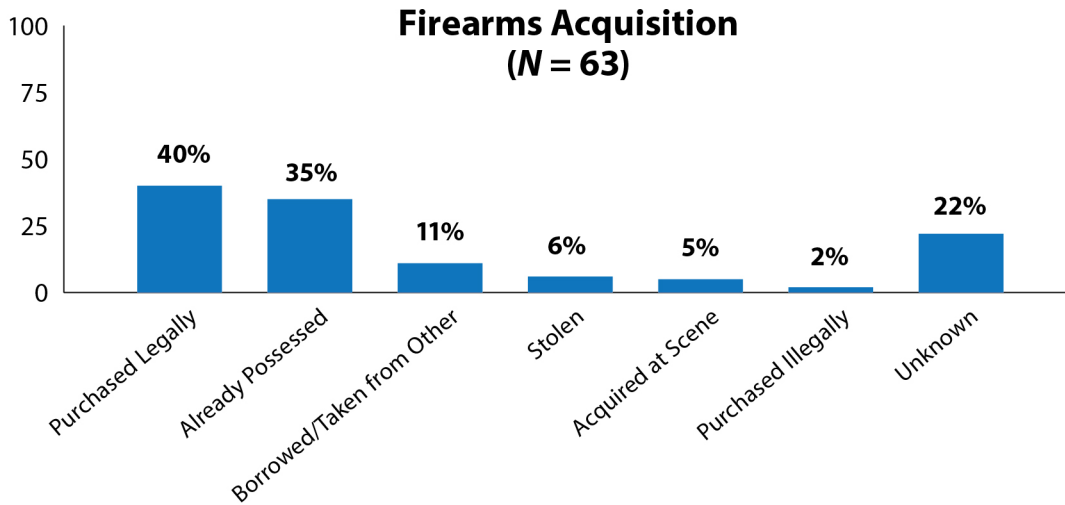
Preparing was narrowly defined for this story as actions taken to procure the means for the attack, typically items such as a handgun or rifle, ammunition, special clothing and/or body armor. The focus was on activities that could have been noticed by others (e.g., a visit to a gun store, the delivery of ammunition) and which were essential to the execution of the plan. The FBI was able to find evidence of time spent preparing in more cases than for time spent planning (likely reflecting the overt nature of procuring materials as opposed to the presumably largely internal thought process of planning). As Figure 7 demonstrates, in more than half of the cases where the time spent preparing was known, active shooters spent one week or less preparing for the attack.



FIREARMS ACQUISITION

As part of the review of the active shooter’s preparations, the FBI explored investigative records and attempted to identify how each active shooter obtained the firearm(s) used during the attack. Most commonly (40%, $n = 25$), the active shooter purchased a firearm or firearms legally and specifically for the purpose of perpetrating the attack. A very small percentage purchased firearms illegally (2%, $n = 1$) or stole the firearm (6%, $n = 4$). Some (11%, $n = 7$) borrowed or took the firearm from a person known to them. A significant number of active shooters (35%, $n = 22$) already possessed a firearm and did not appear (based on longevity of possession) to have obtained it for the express purpose of committing the shooting.

FIGURE 8



*Data percentages detailed above add to greater than 100% as active shooters could have obtained multiple firearms in different ways.

Considerations

Active shooters generally take some time to plan and carry out the attack. However, retrospectively determining the exact moment when an active shooter decided to engage in violence is a challenging and imprecise process. In reviewing indicators of planning and preparing, the FBI notes that most active shooters (who demonstrated evidence of these processes in an observable manner) spent days, weeks, and sometimes months getting ready to attack. In fact, in those cases where it could be determined, 77% of the active shooters ($n = 26$) spent a week or longer planning their attack, and 46% ($n = 21$) spent a week or longer preparing. Readers are cautioned that simply because some active shooters spent less than 24 hours planning and preparing, this should not suggest that potential warning signs or evidence of an escalating grievance did not exist before the initiation of these behaviors. In the four cases where active shooters took less than 24 hours to plan and prepare for their attacks, all had at least one concerning behavior and three had an identifiable grievance.

Perhaps unsurprisingly, active shooters tended to attack places already familiar to them, likely as a result of a personal grievance which motivated the attack and/or as a result of operational comfort and access. A unique challenge for safety, threat assessment, and security professionals will be to identify “outside” active shooters who are not already operating within the target environment. Pre-attack site surveillance by an outsider may be one observable behavior in physical or online worlds indicative of planning and preparation activities.

STRESSORS

Stressors are physical, psychological, or social forces that place real or perceived demands/pressures on an individual and which may cause psychological and/or physical distress. Stress is considered to be a well-established correlate of criminal behavior.¹³ For this study, a wide variety of potential stressors were assessed, including financial pressures, physical health concerns, interpersonal conflicts with family, friends, and colleagues (work and/or school), mental health issues, criminal and civil law issues, and substance abuse.¹⁴

13 Felson, R.B., Osgood, D.W., Horney, J. & Wiernik, C. (2012). Having a bad month: General versus specific effects of stress on crime. *Journal of Quantitative Criminology*, 28, 347-363 for a discussion of various theories describing the relationship between stress and crime.

14 See Appendix A.

The FBI recognizes that most (if not all) people in some way confront similar issues on a regular basis in their daily lives, and that most possess adequate personal resources, psychological resiliency, and coping skills to successfully navigate such challenges without resorting to violence. Therefore, the FBI focused on identifying stressors that appeared to have more than a minimal amount of adverse impact on that individual, and which were sufficiently significant to have been memorialized, shared, or otherwise noted in some way (e.g., in the active shooter’s own writings, in conversation with family or friends, work files, court records). Given the fluid nature of some (although not all) of the stressors, the analysis was limited to the year preceding the attack.

The variables were treated as binary, that is, either the stressor was present or not, without regard for the number of separate circumstances giving rise to the stressor. So, an active shooter who had conflict with *one* family member and a shooter who had conflicts with *several* family members were both coded as “yes” for “conflict with other family members.”

Overall, the data reflects that active shooters were typically experiencing multiple stressors (an average of 3.6 separate stressors) in the year before they attacked. For example, in the year before his attack, one active shooter was facing disciplinary action at school for abuse of a teacher, was himself abused and neglected at home, and had significant conflict with his peers. Another active shooter was under six separate stressors, including a recent arrest for drunk driving, accumulating significant debt, facing eviction, showing signs of both depression and anxiety, and experiencing both the criminal and civil law repercussions of an incident three months before the attack where he barricaded himself in a hotel room and the police were called.

The only stressor that applied to more than half the sample was mental health (62%, $n = 39$). Other stressors that were present in at least 20% of the sample were related to financial strain, employment, conflicts with friends and peers, marital problems, drug and alcohol abuse, other, conflict at school, and physical injury.

TABLE 1: STRESSORS

| Stressors | Number | % |
|--|--------|----|
| Mental health | 39 | 62 |
| Financial strain | 31 | 49 |
| Job related | 22 | 35 |
| Conflicts with friends/peers | 18 | 29 |
| Marital problems | 17 | 27 |
| Abuse of illicit drugs/alcohol | 14 | 22 |
| Other (e.g. caregiving responsibilities) | 14 | 22 |
| Conflict at school | 14 | 22 |
| Physical injury | 13 | 21 |
| Conflict with parents | 11 | 18 |
| Conflict with other family members | 10 | 16 |
| Sexual stress/frustration | 8 | 13 |
| Criminal problems | 7 | 11 |
| Civil problems | 6 | 10 |
| Death of friend/relative | 4 | 6 |
| None | 1 | 2 |

MENTAL HEALTH

There are important and complex considerations regarding mental health, both because it is the most prevalent stressor and because of the common but erroneous inclination to assume that anyone who commits an active shooting must de facto be mentally ill. First, the *stressor* “mental health” is not synonymous with a *diagnosis* of mental illness. The stressor “mental health” indicates that the active shooter appeared to be struggling with (most commonly) depression, anxiety, paranoia, etc. in their daily life in the year before the attack. There may be complex interactions with other stressors that give rise to what may ultimately be transient manifestations of behaviors and moods that would not be sufficient to warrant a formal diagnosis of mental illness. In this context, it is exceedingly important to highlight that the FBI could only verify that 25% ($n = 16$) of the active shooters in Phase II were known to have been diagnosed by a mental health professional with a mental illness of *any kind* prior to the offense.¹⁵ The FBI could not determine if a diagnosis had been given in 37% ($n = 23$) of cases.

Of the 16 cases where a diagnosis prior to the incident could be ascertained, 12 active shooters had a mood disorder; four were diagnosed with an anxiety disorder; three were diagnosed with a psychotic disorder; and two were diagnosed with a personality disorder. Finally, one active shooter was diagnosed with Autism spectrum disorder; one with a developmental disorder; and one was described as “other.” Having a diagnosed mental illness was unsurprisingly related to a higher incidence of concurrent mental health stressors among active shooters.

Considerations

It is clear that a majority of active shooters experienced multiple stressors in their lives before the attack. While the active shooters’ reactions to stressors were not measured by the FBI, what appears to be noteworthy and of importance to threat assessment professionals is the active shooters’ ability to navigate conflict and resiliency (or lack thereof) in the face of challenges. Given the high prevalence of financial and job-related stressors as well as conflict with peers and partners, those in contact with a person of concern at his/her place of employment may have unique insights to inform a threat assessment.

In light of the very high lifetime prevalence of the symptoms of mental illness among the U.S. population, formally diagnosed mental illness is not a very specific predictor of violence of any type, let alone targeted violence.^{16,17,18} Some studies indicate that nearly half of the U.S. population experiences symptoms of mental illness over their lifetime, with population estimates of the lifetime prevalence of diagnosable mental illness among U.S. adults at 46%, with 9% meeting the criteria for a personality disorder.^{19,20} Therefore, absent specific evidence, careful consideration should be given to social and contextual factors that might interact with any mental health issue before concluding that an active shooting was “caused” by mental illness. In short, declarations that all active shooters must simply be mentally ill are misleading and unhelpful.

CONCERNING BEHAVIORS

Concerning behaviors are *observable* behaviors exhibited by the active shooter. For this study, a wide variety of concerning behaviors were considered, including those related to potential symptoms of a mental health disorder, interpersonal interactions, quality of the active shooter’s thinking or communication, recklessness, violent media usage, changes in hygiene and weight, impulsivity, firearm behavior, and physical aggression.²¹ Although these may be related to stressors in the active shooter’s life, the focus here was not on the internal, subjective experience of

15 The number of documented, diagnosed mental illness may be the result of a number of factors, including those related to situational factors (access to health care) as well as those related to the study factors (access to mental health records).

16 Elbogen, E.B., & Johnson, S.C. (2009). The intricate link between violence and mental disorder. *Arch Gen Psychiatry*, 66(2), 152-161.

17 Glied, S.A., and Frank, R.G. (2014). Mental illness and violence: Lessons from the evidence. *American Journal of Public Health*, 104, e5-e6 doi:10.2015/AJPH.2013.301710

18 Monahan, J., Steadman, H. J., Silver, E., Applebaum, P.S., Clark Robbins, P., Mulvey, E. P., & Banks, S. (2001). *Rethinking Risk Assessment: The MacArthur Study of Mental Disorder and Violence*. Oxford, UK: Oxford University Press

19 Kessler, R.C., Berglund, P., Demler, O., Jin, R., Merikangas, K.R., Walters, E.E. Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Arch Gen Psychiatry*. 2005;62(6): 593-602.

20 Lenzeweger, M.F., Lane, M.C., Loranger, A.W., Kessler, R.C., DSM-IV personality disorders in the National Comorbidity Survey Replication. *Biol Psychiatry*. 2007;62(6): 553-564.

21 See Appendix B.

the active shooter, but rather on what was *objectively knowable* to others. So, while the assessment of stressors is meant to provide insight into the active shooter’s inner turmoil, the examination of concerning behaviors addresses a related but separate issue — the possibility of identifying active shooters before they attack by being alert for observable, concerning behaviors. The FBI looked for documented confirmation that someone noticed a facet of the shooter’s behavior causing the person to feel a “more than minimal” degree of unease about the well-being and safety of those around the active shooter.

Before examining what behaviors were observable by others, it is useful to address the widespread perception that active shooters tend to be cut off from those around them. In general, the active shooters in Phase II were not completely isolated and had at least some social connection to another person. While most of the active shooters age 18 and older were single/never married (51%, $n = 28$) or separated/divorced (22%, $n = 12$) at the time of the attack, the majority did live with someone else (68%, $n = 43$). This percentage was slightly less (64%, $n = 35$) for only those active shooters who were 18 years or older. Most had significant in-person social interactions with at least one other person in the year before the attack (86%, $n = 54$), and more than a quarter of them had significant online interactions with another person within a year of the attack (27%, $n = 17$). All active shooters either: a) lived with someone, or b) had significant in-person or online social interactions.

Since the observation of concerning behaviors offers the opportunity for intervention prior to the attack, this study examines not only what was observed, but when the observations were made, who made them, and what if anything the person(s) did with regard to these observations. To better serve threat assessment teams, mental health professionals, community resources, and law enforcement officials, the FBI expanded the inquiry to capture behaviors that may have been observed at any point (in many cases beyond one year) before the attack.

Overall, active shooters showed concerning behaviors in multiple ways, with an average of 4.7 concerning behaviors per active shooter. Behaviors observed in more than half of the sample were related to the shooter’s mental health²², interpersonal interactions, leakage (the communication to a third-party of an intent to harm someone, discussed with threats in a separate section), and the quality of the active shooter’s thinking or communication.

Of note was that contextually inappropriate firearms behavior was noted in approximately one fifth of the active shooters, while drug and alcohol abuse figured even less prominently in the sample (for the purposes of the study, contextually inappropriate firearms behavior was defined as interest in or use of firearms that appeared unusual given the active shooter’s background and experience with firearms).

TABLE 2: CONCERNING BEHAVIORS

| Concerning Behavior | Number | % |
|--------------------------------------|--------|----|
| Mental health | 39 | 62 |
| Interpersonal interactions | 36 | 57 |
| Leakage | 35 | 56 |
| Quality of thinking or communication | 34 | 54 |
| Work performance* | 11 | 46 |
| School performance** | 5 | 42 |
| Threats/confrontations | 22 | 35 |
| Anger | 21 | 33 |
| Physical aggression | 21 | 33 |

Continues on next page

22 Thirty-nine active shooters were experiencing a mental health stressor, and 39 active shooters showed concerning behaviors related to mental health, but the same 39 active shooters did not appear in each category; there were five active shooters who had a mental health stressor but who did not show a concerning behavior, and five other active shooters who showed a mental health-related concerning behavior but for whom there was no evidence of mental health stress.

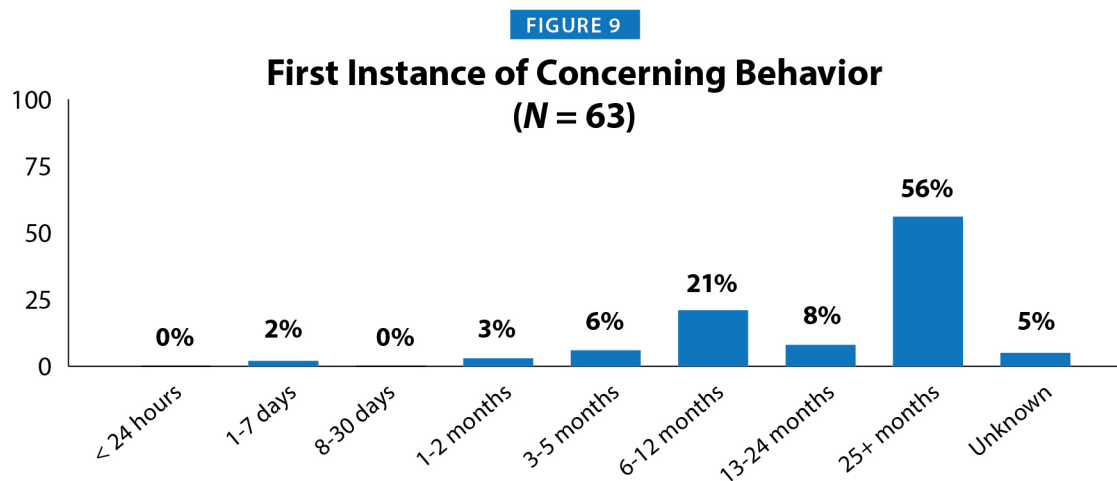
| | | |
|----------------------------------|----|----|
| Risk-taking | 13 | 21 |
| Firearm behavior | 13 | 21 |
| Violent media usage | 12 | 19 |
| Weight/eating | 8 | 13 |
| Drug abuse | 8 | 13 |
| Impulsivity | 7 | 11 |
| Alcohol abuse | 6 | 10 |
| Physical health | 6 | 10 |
| Other (e.g. idolizing criminals) | 5 | 8 |
| Sexual behavior | 4 | 6 |
| Quality of sleep | 3 | 5 |
| Hygiene/appearance | 2 | 3 |

* Based on the 24 active shooters who were employed at the time of the offense

** Based on the 12 active shooters who were students at the time of the offense

When Were the Concerning Behaviors Noticed?

Since the overwhelming majority of active shooters (all but three) displayed at least two concerning behaviors, there are a number of different ways to assess the data. One way is to examine the data by active shooter and to observe the first instance that any concerning behavior was noticed (this could not be determined for three active shooters). Figure 9 shows this data and helps frame the longest time before a shooting during which others were concerned about the active shooter's behavior.



*Does not sum to 100% due to rounding.

Again, this chart shows the first instance of *any* concerning behavior, and it should be kept in mind that this behavior might not have been the type that by *itself* would cause a reasonable person to be alarmed or to report it to others. For example, a co-worker who noticed that an active shooter had more than the normal amount of conflict with a supervisor might be unlikely to take any action. Perhaps only after an attack and with the benefit of hindsight would this singular behavior be considered to be — in and of itself — troubling or concerning. Yet, on average, each active shooter displayed *four to five* concerning behaviors over time. While it may only be the interaction and cumulative effect of these behaviors that would cause alarm, early recognition and detection of growing or interrelated problems may help to mitigate the potential for violence.

In What Way Were the Concerning Behaviors Noticed?

Concerning behaviors came to the attention to others in a variety of ways, with some far more common than others. The most prevalent way in which concerning behaviors were noticed was verbal communication by the active shooter (95%, $n = 60$), followed by observing the physical actions of the active shooter (86%, $n = 54$), written communication (27%, $n = 17$), and finally instances where concerning behavior was displayed online (16%, $n = 10$). A large majority of active shooters (89%, $n = 56$) demonstrated concerning behaviors that were noticed in multiple ways.

Who Noticed the Concerning Behaviors?

At least one person noticed a concerning behavior in *every* active shooter's life, and on average, people from three different groups noticed concerning behaviors for each active shooter. As shown below, classmates (for those who were students), partners (for those in relationships), family members and friends most frequently noticed concerning behavior, followed by co-workers, other, and law enforcement:

TABLE 3: WHO NOTICED CONCERNING BEHAVIORS

| Who Noticed | Number | % |
|---------------------------|--------|----|
| Schoolmate* | 11 | 92 |
| Spouse/domestic partner** | 13 | 87 |
| Teacher/school staff* | 9 | 75 |
| Family member | 43 | 68 |
| Friend | 32 | 51 |
| Co-worker | 25 | 40 |
| Other (e.g. neighbors) | 23 | 37 |
| Law enforcement | 16 | 25 |
| Online individual | 6 | 10 |
| Religious mentor | 3 | 5 |

* Percentage calculated only with those active shooters who were students at the time of the offense

** Percentage calculated only with those active shooters who were in a relationship at the time of the offense

What, If Anything, Did the Concerned Party Do?

If the person recognizes behaviors as problematic but takes no action, the opportunity for intervention is missed. Whether and how a person responds to an active shooter's concerning behavior is likely influenced by a host of personal and situational factors (e.g., whether the behavior is threatening to the observer or others, the relationship of the observer and active shooter, avenues for anonymous reporting, and/or confidence in authorities or others to address the behavior).

In this study, even in cases where an active shooter displayed a variety of concerning behaviors that might indicate an intent to act violently, the observer(s) of that information did not necessarily pass it along to anyone else. As shown above, the people most likely to notice concerning behaviors were those who knew the active shooter best — family, friends and classmates. For the very reason they are the people most likely to take note of concerning behaviors, they are also people who may feel constrained from acting on these concerns because of loyalty, disbelief, and/or fear of the consequences.²³

23 Borum, R. (2013). Informing Lone-Offender Investigations. *Criminology & Public Policy*, 12(1), 103-112.

Again, keeping in mind that active shooters displayed multiple concerning behaviors and those who observed these behaviors might have responded in different ways to each, the most common response was to communicate directly to the active shooter (83%, $n = 52$) or do nothing (54%, $n = 34$). Thus, in many instances, the concern stayed between the person who noticed the behavior and the active shooter.

The next most common responses were: report the active shooter to a non-law enforcement authority (51%, $n = 32$); discuss the concerning behavior with a friend or family member (49%, $n = 31$); and, report the active shooter to law enforcement authority (41%, $n = 26$).

Considerations

The analysis above is not intended to, nor could it, encompass the innumerable ways in which the observer of a concerning behavior might react. Nor does it suggest that every concerning behavior warrants assertive intervention; many of the concerning behaviors that registered with others likely would not have presaged deadly violence to a reasonable person. The FBI is aware that in retrospect certain facts may take on a heightened degree of significance that may not have been clear at the time.

Nevertheless, understanding that there are often opportunities before a shooting to recognize concerning behaviors that may suggest progression toward violence, the FBI is highlighting the most common behaviors displayed in the sample. There is no single warning sign, checklist, or algorithm for assessing behaviors that identifies a prospective active shooter. Rather, there appears to be a complex combination of behaviors and interactions with bystanders that may often occur in the days, weeks, and months leading up to an attack. Early recognition *and* reporting of concerning behaviors to law enforcement or threat assessment professionals may initiate important opportunities for mitigation.

PRIMARY GRIEVANCE

A grievance is defined for this study as the cause of the active shooter's distress or resentment; a perception — not necessarily based in reality — of having been wronged or treated unfairly or inappropriately.^{24,25,26} More than a typical feeling of resentment or passing anger, a grievance often results in a grossly distorted preoccupation with a sense of injustice, like an injury that fails to heal. These thoughts can saturate a person's thinking and foster a pervasive sense of imbalance between self-image and the (real or perceived) humiliation. This nagging sense of unfairness can spark an overwhelming desire to “right the wrong” and achieve a measure of satisfaction and/or revenge. In some cases, an active shooter might have what appeared to be multiple grievances but, where possible, the FBI sought to determine the primary grievance. Based on a review of the academic literature and the facts of the cases themselves, the FBI identified eight categories of grievances, with an additional category of “other” for grievances that were entirely idiosyncratic.

As shown in the following table, the FBI could not identify a primary grievance for 13 (21%) of the active shooters, either because they did not have one or because there was insufficient evidence to determine whether one existed. While it may be particularly difficult to understand the motivation(s) for attacks that do not appear to be based on identifiable grievances, these active shooters still displayed concerning behaviors, were under identifiable stressors, and engaged in planning and preparation activities. For example, for the active shooters where no grievance could be identified, all had at least two behaviors (with an average of 5.4 behaviors) that were noted to be concerning by others.

24 Calhoun, T., & Weston, S., (2003).

25 Fein, R., & Vossekuil, B. (1999).

26 Vossekuil, B., Fein, R., Reddy, M., Borum, R., & Modzeleski, W. (2004).

The majority (79%, $n = 50$) of the active shooters did appear to be acting in accord with a grievance of some kind. Of course, the grievance itself may not have been reasonable or even grounded in reality, but it appeared to serve as the rationale for the eventual attack, giving a sense of purpose to the shooter. Most of these grievances seem to have originated in response to some specific action taken regarding the active shooter. Whether interpersonal, employment, governmental, academic, or financial, these actions were (or were perceived to be) directed against the active shooter personally. In contrast, grievances driven by more global or broad considerations — such as ideology or hatred of a group — account for less than 7% of the overall cases. In general then, active shooters harbored grievances that were distinctly personal to them and the circumstances of their daily lives.

TABLE 4: PRIMARY GRIEVANCE

| Primary Grievance | Number | % |
|--|--------|----|
| Adverse interpersonal action against the shooter | 21 | 33 |
| Adverse employment action against the shooter | 10 | 16 |
| Other (e.g. general hatred of others) | 6 | 10 |
| Adverse governmental action against the shooter | 3 | 5 |
| Adverse academic action against the shooter | 2 | 3 |
| Adverse financial action against the shooter | 2 | 3 |
| Domestic | 2 | 3 |
| Hate crime | 2 | 3 |
| Ideology/extremism | 2 | 3 |
| Unknown | 13 | 21 |

Precipitating Events

Of the 50 active shooters who had an identifiable grievance, nearly half of them experienced a precipitating or triggering event related to the grievance (44%, $n = 22$). Seven active shooters (14%) did not experience a precipitating event, and the FBI could not determine whether the remaining 21 (42%) did. Precipitating events generally occurred close in time to the shooting and included circumstances such as an adverse ruling in a legal matter, romantic rejection, and the loss of a job.

These precipitating events were of more consequence in the timing of the attack, and while they appear to have accelerated the active shooter’s movement on the trajectory to violence, they did not by themselves appear to set the course.

Considerations

Of course, many people have grievances and never act violently. What caused the active shooters in this study to act the way they did cannot be explained simply by the presence of a grievance. There was likely the interaction of a variety of operational considerations and psychological stressors that eventually crystallized in the decision to ignore non-violent options and choose to attack. However, the types of grievances most commonly experienced by the active shooters in this study may be important considerations for the many threat assessment teams and law enforcement professionals who work each day to assess a subject’s progression along the pathway to violence.

TARGETING

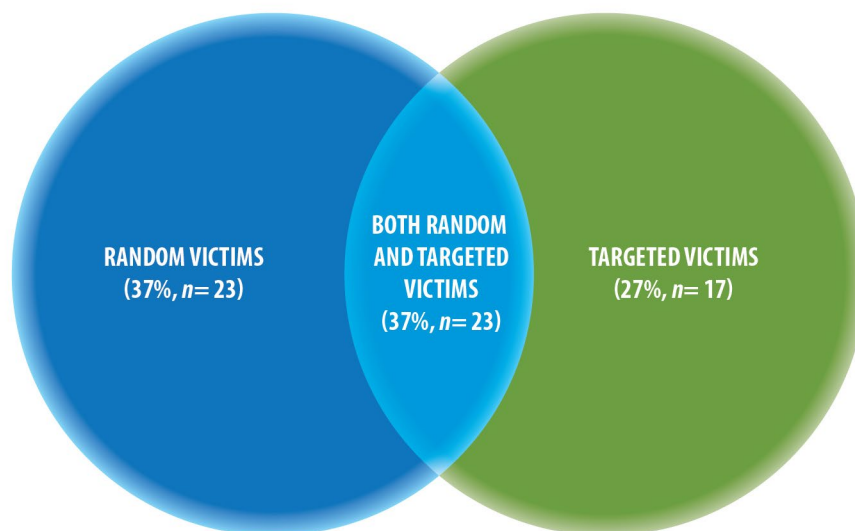
For this study, a target is defined as a person or group of people who were *identifiable before the shooting occurred* and whom the active shooter intended to attack. It was not necessary that the active shooter knew the target by name; intending to attack a person holding a position at or affiliated with a business, educational facility, or in a governmental agency sufficed. The target could be a group, so long as members of that group could have been identified prior to the attack.

In cases where the victims could not reasonably have been identified prior to the shooting, the active shooter was deemed to have selected the victims at random. While there is *some* element of selection in any attack where there is more than one potential victim (unless the active shooter literally does not aim at all), the FBI considered victims to be random where there was: 1) no known connection between the active shooter and the victims, and 2) the victims were not specifically linked to the active shooter's grievance.

In many cases, there was a mix of targeted and random victims in the same shooting. The typical circumstance occurred when an active shooter went to a location with targets in mind and also shot others who were at the same location, either because they presented some obstacle in the attack or for reasons that could not be identified.

The overall numbers for targeted and random victims are listed below:

FIGURE 10



*Does not sum to 100% due to rounding.

Considerations

While approximately one-third of active shooters in this sample victimized only random members of the public, most active shooters arrive at a targeted site with a specific person or persons in mind. Awareness of targeting behaviors can provide valuable insight for threat assessment professionals. Relatedly, the FBI has observed that when an active shooter's grievance generalizes — that is, expands beyond a desire to punish a specific individual to a desire to punish an institution or community — this should be considered to be progression along a trajectory towards violence and ultimately a threat-enhancing characteristic.

SUICIDE: IDEATION AND ATTEMPTS

For this study, “suicidal ideation” was defined as thinking about or planning suicide, while “suicide attempt” was defined as a non-fatal, self-directed behavior with the intent to die, regardless of whether the behavior ultimately results in an injury of any kind. Although these definitions are broad, the FBI concluded that an active shooter had suicidal ideation or engaged in a suicide attempt only when based on specific, non-trivial evidence.

Nearly half of the active shooters had suicidal ideation or engaged in suicide-related behaviors at some time prior to the attack (48%, $n = 30$), while five active shooters (8%) displayed no such behaviors (the status of the remaining 28 active shooters was unknown due to a lack of sufficient evidence to make a reasonable determination).

An overwhelming majority of the 30 suicidal active shooters showed signs of suicidal ideation (90%, $n = 27$), and seven made actual suicide attempts (23%). Nearly three-quarters (70%, $n = 21$) of these behaviors occurred within one year of the shooting.

Considerations

The high levels²⁷ of pre-attack suicidal ideation — with many appearing within 12 months of the attack — are noteworthy as they represent an opportunity for intervention. If suicidal ideation or attempts in particular are observed by others, reframing bystander awareness within the context of a mass casualty event may help to emphasize the importance of telling an authority figure and getting help for the suicidal person. Without stigmatizing those who struggle with thoughts of self-harm, researchers and practitioners must continue to explore those active shooters who combined suicide with externalized aggression (including homicidal violence) and identify the concurrent behaviors that reflect this shift.

CONCERNING COMMUNICATIONS

One useful way to analyze concerning communications is to divide them into two categories: *threats/confrontations* and *leakage of intent*.

Threats/Confrontations

Threats are *direct communications to a target* of intent to harm and may be delivered in person or by other means (e.g., text, email, telephone). For this study, threats need not be verbalized or written; the FBI considered in-person confrontations that were intended to intimidate or cause safety concerns for the target as falling under the category of threats as well.

More than half of the 40 active shooters who had a target made threats or had a prior confrontation (55%, $n = 22$). When threats or confrontations occurred, they were almost always in person (95%, $n = 21$) and only infrequently in writing or electronically (14%, $n = 3$). Two active shooters made threats both in person and in writing/electronically.

Leakage

Leakage occurs when a person intentionally or unintentionally reveals clues to a *third-party* about feelings, thoughts, fantasies, attitudes or intentions that may signal the intent to commit a violent act.²⁸ Indirect threats of harm are included as leakage, but so are less obvious, subtle threats, innuendo about a desire to commit a violent attack, or boasts about the ability to harm others. Leakage can be found not only in verbal communications, but

27 The National Survey on Drug Use and Health (2015) shows that in 2015: 4% of adults had serious thoughts of suicide, 1.1% made serious plans, and 0.6% attempted suicide (<https://www.samhsa.gov/data/sites/default/files/NSDUH-DR-FFR3-2015/NSDUH-DR-FFR3-2015.htm>)

28 Meloy, J. R. & O’Toole, M. E. (2011). The concept of leakage in threat assessment. *Behavioral Sciences and the Law*, 29, 513-527

also in writings (e.g., journals, school assignments, artwork, poetry) and in online interactions (e.g., blogs, tweets, texts, video postings). Prior research has shown that leakage of intent to commit violence is common before attacks perpetrated by both adolescents and adults, but is more common among adolescents.^{29,30,31}

Here, too, leakage was prevalent, with over half of the active shooters leaking intent to commit violence (56%, $n = 35$). In the Phase II sample, 88% ($n = 7$) of those active shooters age 17 and younger leaked intent to commit violence, while 51% ($n = 28$) of adult active shooters leaked their intent. The leaked intent to commit violence was not always directed at the eventual victims of the shootings; in some cases what was communicated was a more general goal of doing harm to others, apparently without a particular person or group in mind. For example, one active shooter talked to a clerk at a gas station about killing “a family” and another expressed interest in becoming a sniper like a character featured in *The Turner Diaries*. In 16 of the 40 cases (40%) where the active shooter had a target, however, the leaked intent to act violently was directly pertaining to that target. In these cases, the leakage was generally a statement to a third-party of the intent to specifically harm the target.

Legacy Tokens

Finally, the FBI considered whether or not an active shooter had constructed a “legacy token” which has been defined as a communication prepared by the offender to claim credit for the attack and articulate the motives underlying the shooting.³² Examples of legacy tokens include manifestos, videos, social media postings, or other communications deliberately created by the shooter and delivered or staged for discovery by others, usually near in time to the shooting. In 30% ($n = 19$) of the cases included in this study, the active shooter created a legacy token prior to the attack.

Considerations

Although more than half of the active shooters with pre-attack targets made threats ($n = 22$), in the majority (65%) of the overall cases no threats were made to a target, and the FBI cautions that the absence of a direct threat should not be falsely reassuring to those assessing the potential for violence raised by other circumstances and factors. Nor should the presence of a threat be considered conclusive. There is a significant amount of research and experience to demonstrate that direct threats are not correlated to a subsequent act of targeted violence.^{33,34,35,36,37,38}

It is important to highlight that in this Phase II study the overwhelming majority of direct threats were verbally delivered by the offender to a future victim. Only a very small percentage of threats were communicated via writing or electronically. In many ways this is not surprising. Written, directly communicated threats against a target (e.g., “I’m going to shoot and kill everyone here on Tuesday”) often spark a predictable response that includes a heightened law enforcement presence and the enhancement of security barriers. These responses are highly undesirable to an offender planning an active shooting.³⁹ Verbal threats issued directly to another person appear to be far more common among the active shooters included in the Phase II study.

29 Hemple, A., Meloy, J.R., & Richards, T. (1999). Offender and offense characteristics of a nonrandom sample of mass murderers. *Journal of the American Academy of Psychiatry and the Law*, 27, 213-225. Meloy, J.R., Hoffman, J., Guldimmann, A., & James, D. (2011). The role of warning behaviors in threat assessment: An exploration and suggested typology. *Behavioral Sciences and the Law*, 30, 256-279.

30 Meloy, J. R. & O’Toole, M. E. (2011).

31 Meloy, J.R., Hoffman, J., Guldimmann, A., & James, D. (2011). The role of warning behaviors in threat assessment: An exploration and suggested typology. *Behavioral Sciences and the Law*, 30, 256-279.

32 Simons, A., & Tunkel, R. (2014). The assessment of anonymous threatening communications. In J.R. Meloy & J. Hoffman (Eds.), *International handbook of threat assessment* (pp. 195-213). New York: Oxford University Press.

33 Borum, R., Fein, R. Vossekuil, B., & Berglund, J. (1999). Threat assessment: Defining an approach for evaluating risk of targeted violence. *Behavioral Sciences and the Law*, 17, 323-337.

34 Calhoun, F. (1998). *Hunters and howlers: Threats and violence against federal judicial officials in the United States, 1789-1993*. Arlington, VA: US Marshals Service.

35 Calhoun T. & Weston, S. (2003).

36 Dietz, P., Matthews, D., Martell, D., Stewart, T., Hrouda, D., & Warren, J. (1991a). Threatening and otherwise inappropriate letters to members of the United States Congress. *Journal of Forensic Sciences*, 36, 1445-1468.

37 Dietz, P., Matthews, D., Van Duyn, C., Martell, D., Parry, C., Stewart, T., et al. (1991b). Threatening and otherwise inappropriate letters to Hollywood celebrities. *Journal of Forensic Sciences*, 36, 185-209.

38 Meloy, J.R. (2000). *Violence risk and threat assessment*. San Diego: Specialized Training Services.

39 Simons A. & Tunkel, R. (2014)

Whether verbal or written, concerning communications are challenging as those on the receiving end must assess sometimes ominously vague or nebulous verbiage. Such confusion can create doubt in the listener's mind as to the communicator's true intent toward violence.⁴⁰ As law enforcement agencies continue to remind bystanders if they "see something, say something" it becomes relevant to use this data (particularly regarding leakage behaviors) to lower the internal threshold for reporting, even in the face of ambiguous language. It is troubling to note that no bystanders reported instances of leakage to law enforcement, perhaps out of a fear of overreacting or perhaps due to a lack of understanding as to what law enforcement's response would be. This suggests that more robust efforts need to be made to educate bystanders (especially students and adolescents) on the nature of leakage and its potential significance.

Limitations

The findings presented in this report reflect a thorough and careful review of the data derived almost exclusively from law enforcement records. Nevertheless, there are limitations to the study which should be kept in mind before drawing any conclusions based on the findings.

First, the Phase I study on which the present analysis is based included only a specific type of event. Shootings must have been (a) in progress in a public place and (b) law enforcement personnel and/or citizens had the potential to affect the outcome of the event based on their responses. The FBI acknowledges there is an inherent element of subjectivity in deciding whether a case meets the study criteria. Moreover, while every effort was made to find all cases between 2000 and 2013 which met the definition, it is possible that cases which should have been included in the study were not identified. Overall, as with the Phase I study, the incidents included in the Phase II study were not intended to and did not comprise all gun-related violence or mass or public shootings occurring between 2000 and 2013.

Second, although the FBI took a cautious approach in answering protocol questions and limited speculation by relying on identifiable data, there was some degree of subjectivity in evaluating which of the original 160 cases had sufficient data to warrant inclusion in the study.

Third, while reliance on official law enforcement investigative files was reasonable based on the study's objectives, the level of detail contained in these files was not uniform throughout and the FBI was not able to definitively answer all protocol questions for all subjects.

This is a purely descriptive study. With the exception of mental health and suicidal behaviors, the FBI did not make any comparisons to the general population or to criminals who were not active shooters. Therefore, we cannot postulate on the probability as to whether some of the behaviors and characteristics seen here would also have been seen in other populations. Furthermore, the FBI cautions readers to not treat the observed behaviors as having predictive value in determining if a person will become violent or not, as the findings and observations presented herein are not a "checklist" but instead are offered to promote awareness among potential bystanders and for consideration in the context of a thorough, holistic threat assessment by trained professionals. Future research may benefit from comparisons between those who completed active shooting attacks and those who planned to attack but were disrupted prior to the offense, and/or in comparison to those individuals who may have displayed concerning behaviors but had no true intent to commit an act of targeted violence.

⁴⁰ The FBI noted that there were four cases where threats were made and someone notified law enforcement (out of 22 cases where a threat was made, or 14%)

Conclusion

The ability to utilize case files (as compared to open-source documents) allowed the FBI to carefully examine both the internal issues experienced and the behaviors demonstrated by active shooters in the weeks and months preceding their attacks. What emerges is a complex and troubling picture of individuals who fail to successfully navigate multiple stressors in their lives while concurrently displaying four to five observable, concerning behaviors, engaging in planning and preparation, and frequently communicating threats or leaking indications of an intent to attack. As an active shooter progresses on a trajectory towards violence, these observable behaviors may represent critical opportunities for detection and disruption.

The information contained in this Phase II report can be utilized by myriad safety stakeholders. The successful prevention of an active shooting frequently depends on the collective and collaborative engagement of varied community members: law enforcement officials, teachers, mental health care professionals, family members, threat assessment professionals, friends, social workers, school resource officers...and many others. A shared awareness of the common observable behaviors demonstrated by the active shooters in this study may help to prompt inquiries and focus assessments at every level of contact and every stage of intervention.

While many dedicated professionals work to thwart active shootings, the FBI suspects that future active shooters themselves are looking for ways to avoid detection and maximize damage as they plan and prepare for their acts of violence. The prevention of these future attacks will depend on our ability to remain agile and recognize evolving pre-attack behaviors. To that end, the FBI continues to study active shooters to better inform all safety stakeholders and to support the development of sound threat mitigation strategies.

As tragically seen from current events, active shootings continue to impact our nation. The FBI hopes that the information contained in this Phase II study will help in efforts to promote safety across all communities.

Appendix A:

STRESSORS

Abuse of illicit drugs or alcohol: difficulties caused by the effects of drugs/alcohol and/or frustrations related to obtaining these substances.

Civil legal problems: being party to a non-trivial lawsuit or administrative action.

Conflict with friends/peers: general tension in the relationship beyond what is typical for the active shooter's age or specific instances of serious and ongoing disagreement.

Conflict with other family members: general tension in the relationship beyond what is typical for the active shooter's age, or specific instances of serious and ongoing disagreement.

Conflict with parents: general tension in the relationship beyond what is typical for the active shooter's age, or specific instances of serious and ongoing disagreement.

Criminal legal problems: arrests, convictions, probation, parole.

Death of friend/relative: death that caused emotional or psychological distress.

Financial strain: related to job loss, debt collection, potential or actual eviction, inability to pay normal and usual daily bills.

Job-related problems: ongoing conflicts with co-workers or management, pervasive poor performance evaluations, or disputes over pay or leave.

Marital problems/conflict with intimate partner(s)/divorce or separation: difficulties in the relationship that were a consistent source of psychological distress and/or which did or were likely to lead to the end of the relationship or the desire to end the relationship.

Mental health problems: symptoms of anxiety, depression, paranoia, or other mental health concerns that have a negative effect on daily functioning and/or relationships.

Other: any other circumstance causing physical, psychological, or emotional difficulties that interfere in a non-trivial way with normal functioning in daily life.

Physical injury: physical condition/injury that significantly interfered with or restricted normal and usual activities.

School-related problems: conflicts with teachers and staff that go beyond single instances of minor discipline; pervasive frustration with academic work; inability to follow school rules.

Sexual stress/frustration: pronounced and ongoing inability to establish a desired sexual relationship.

Appendix B:

CONCERNING BEHAVIORS

Amount or quality of sleep: unusual sleep patterns or noticeable changes in sleep patterns.

Anger: inappropriate displays of aggressive attitude/temper.

Change, escalation, or contextually inappropriate firearms behavior: interest in or use of firearms that appears unusual given the active shooter's background and experience with firearms.

Changes in weight or eating habits: significant weight loss or gain related to eating habits.

Hygiene or personal appearance: noticeable and/or surprising changes in appearance or hygiene practices.

Impulsivity: actions that in context appear to have been taken without usual care or forethought.

Interpersonal interactions: more than the usual amount of discord in ongoing relationships with family, friends, or colleagues.

Leakage: communication to a third-party of the intent to harm another person.

Mental health: indications of depression, anxiety, paranoia or other mental health concerns.

Other: any behavior not otherwise captured in above categories that causes more than a minimal amount of worry in the observer.

Physical aggression: inappropriate use of force; use of force beyond what was usual in the circumstances.

Physical health: significant changes in physical well-being beyond minor injuries and ailments.

Quality of thinking or communication: indications of confused or irrational thought processes.

Risk-taking: actions that show more than a usual disregard for significant negative consequences.

School performance: appreciable decrease in academic performance; unexplained or unusual absences.

Sexual behavior: pronounced increases or decreases in sexual interest or practices.

Threats/Confrontations: direct communications to a target of intent to harm. May be delivered in person or by other means (e.g., text, email, telephone).

Use of illicit drugs or illicit use of prescription drugs: sudden and/ recent use or change in use of drugs; use beyond social norms that interferes with the activities of daily life.

Use or abuse of alcohol: sudden and/or recent use or changes in use of alcohol; use beyond social norms that interferes with the activities of daily life.

Violent media usage: more than a usual age-appropriate interest in visual or aural depictions of violence.

Work performance: appreciable decrease in job performance; unexplained or unusual absences.



U.S. Department of Justice
Federal Bureau of Investigation

PREVENTATIVE MEASURES
BUILDING THREAT ASSESSMENT
TEAMS IN SCHOOLS:
**NATIONWIDE BEST
PRACTICES**





UNITED STATES SECRET SERVICE ENHANCING SCHOOL SAFETY USING A THREAT ASSESSMENT MODEL

An Operational Guide for Preventing Targeted School Violence

National Threat Assessment Center

July 2018

U.S. SECRET SERVICE SCHOOL SAFETY RESEARCH

Over the last 20 years, the U.S. Secret Service National Threat Assessment Center (NTAC) has conducted research, training, and consultation on threat assessment and the prevention of various forms of targeted violence. Following the tragedy at Columbine High School in April 1999, the Secret Service partnered with the Department of Education on two studies related to school safety. Published in 2002, the *Safe School Initiative (SSI)* examined 37 incidents of targeted violence that occurred at elementary and secondary schools to analyze the thinking and behavior of students who commit these attacks. The report, and accompanying guide, served as the impetus for establishing threat assessment programs in schools. In 2008, the agencies released the Bystander Study, a report that explored a key SSI finding that prior to most attacks, other students knew of the attackers' plans, yet most did not report it to an adult. The report highlighted the importance of creating safe school climates in which students are empowered to share their concerns. Since then, NTAC has continued to provide and update training to schools, law enforcement, and others on threat assessment and prevention practices.

U.S. SECRET SERVICE'S LATEST INITIATIVE REGARDING SCHOOL SAFETY

The tragic events of the February 14, 2018 shooting at Marjory Stoneman Douglas High School in Parkland, Florida, and the May 18, 2018 shooting at Santa Fe High School in Santa Fe, Texas, demonstrated the ongoing need to provide leadership in preventing future school attacks. As such, the U.S. Secret Service, along with many of our partners, have redoubled our efforts and are poised to continue enhancing school safety. As part of these efforts, NTAC created an operational guide that provides actionable steps that schools can take to develop comprehensive targeted violence prevention plans for conducting threat assessments in schools. The guide, titled *Enhancing School Safety Using a Threat Assessment Model: An Operational Guide for Preventing Targeted School Violence*, is available on the U.S. Secret Service website. A condensed overview is outlined on the following page.

KEY CONSIDERATIONS

- In conjunction with physical security and emergency management, a threat assessment process is an effective component to ensuring the safety and security of our nation's schools.
- Threat assessment procedures recognize that students engage in a continuum of concerning behaviors, the vast majority of which will be non-threatening and non-violent, but may still require intervention.
- The threshold for intervention should be relatively low so that schools can identify students in distress before their behavior escalates to the level of eliciting concerns about safety.
- Everyone has a role to play in preventing school violence and creating safe school climates. Students should feel empowered to come forward without fear of reprisal. Faculty and staff should take all incoming reports seriously, and assess any information regarding concerning behavior or statements.

Additional Resources: The full guide provides information and links to additional resources that can help schools create threat assessment teams, establish reporting mechanisms, train stakeholders, and promote safe school climates.

CREATING A TARGETED VIOLENCE PREVENTION PLAN

The goal of a threat assessment is to identify students of concern, assess their risk for engaging in violence or other harmful activities, and identify intervention strategies to manage that risk. This process begins with establishing a comprehensive targeted violence prevention plan that requires schools to:

Step 1: Establish a multidisciplinary threat assessment team of school personnel including faculty, staff, administrators, coaches, and available school resource officers who will direct, manage, and document the threat assessment process.

Step 2: Define behaviors, including those that are prohibited and should trigger immediate intervention (e.g., threats, violent acts, and weapons on campus) and other concerning behaviors that require a threat assessment.

Step 3: Establish and provide training on a central reporting system such as an online form on the school website, email address, phone number, smartphone application, or other mechanisms. Ensure that it provides anonymity to those reporting concerns and is monitored by personnel who will follow-up on all reports.

Step 4: Determine the threshold for law enforcement intervention, especially if there is a safety risk.

Step 5: Establish threat assessment procedures that include practices for maintaining documentation, identifying sources of information, reviewing records, and conducting interviews. Procedures should include the following investigative themes to guide the assessment process:

- **Motive:** What motivated the student to engage in the behavior of concern? What is the student trying to solve?
- **Communications:** Have there been concerning, unusual, threatening, or violent communications? Are there communications about thoughts of suicide, hopelessness, or information relevant to the other investigative themes?
- **Inappropriate Interests:** Does the student have inappropriate interests in weapons, school attacks or attackers, mass attacks, other violence? Is there a fixation on an issue or a person?
- **Weapons Access:** Is there access to weapons? Is there evidence of manufactured explosives or incendiary devices?
- **Stressors:** Have there been any recent setbacks, losses, or challenges? How is the student coping with stressors?
- **Emotional and Developmental Issues:** Is the student dealing with mental health issues or developmental disabilities? Is the student's behavior a product of those issues? What resources does the student need?
- **Desperation or Despair:** Has the student felt hopeless, desperate, or like they are out of options?
- **Violence as an Option:** Does the student think that violence is a way to solve a problem? Have they in the past?
- **Concerned Others:** Has the student's behavior elicited concern? Was the concern related to safety?
- **Capacity:** Is the student organized enough to plan and execute an attack? Does the student have the resources?
- **Planning:** Has the student initiated an attack plan, researched tactics, selected targets, or practiced with a weapon?
- **Consistency:** Are the student's statements consistent with his or her actions or what others observe? If not, why?
- **Protective Factors:** Are there positive and prosocial influences in the student's life? Does the student have a positive and trusting relationship with an adult at school? Does the student feel emotionally connected to other students?

Step 6: Develop risk management options to enact once an assessment is complete. Create individualized management plans to mitigate identified risks. Notify law enforcement immediately if the student is thinking about an attack, ensure the safety of potential targets, create a situation less prone to violence, redirect the student's motive, and reduce the effect of stressors.

Step 7: Create and promote a safe school climate built on a culture of safety, respect, trust, and emotional support. Encourage communication, intervene in conflicts and bullying, and empower students to share their concerns.

Step 8: Provide training for all stakeholders, including school personnel, students, parents, and law enforcement.

ENHANCING SCHOOL SAFETY USING A THREAT ASSESSMENT MODEL

An Operational Guide for
Preventing Targeted School Violence



*U.S. Department of
Homeland Security*

**United States
Secret Service**

National Threat Assessment Center
July 2018

This guide was prepared by the staff of the
U.S. Secret Service National Threat Assessment Center (NTAC)

Lina Alathari, Ph.D.

Chief

Diana Drysdale, M.A.

Lead Social Science Research Specialist

Ashley Blair, M.A.

Social Science Research Specialist

Jeffrey McGarry, M.A.

Social Science Research Specialist

Catherine Camilletti, Ph.D.

Social Science Research Specialist

Amanda Snook, Ph.D.

Social Science Research Specialist

Steven Driscoll, M.Ed.

Social Science Research Specialist

National Threat Assessment Center
U.S. Secret Service
U.S. Department of Homeland Security

July 2018

This publication is in the public domain. Authorization to copy and distribute this publication in whole or in part is granted. However, the U.S. Secret Service star insignia may not be used in any other manner without advance written permission from the agency. While permission to reprint this publication is not necessary, when quoting, paraphrasing, or otherwise referring to this report, the citation should be: National Threat Assessment Center. (2018). *Enhancing school safety using a threat assessment model: An operational guide for preventing targeted school violence*. U.S. Secret Service, Department of Homeland Security.

CONTENTS

| | |
|---|-----------|
| MESSAGE FROM THE DIRECTOR | IV |
| INTRODUCTION | 1 |
| CREATING A COMPREHENSIVE TARGETED VIOLENCE PREVENTION PLAN | 2 |
| Step 1. Establish a multidisciplinary threat assessment team. | 3 |
| Step 2. Define concerning and prohibited behaviors. | 4 |
| Step 3. Create a central reporting mechanism. | 5 |
| Step 4. Determine the threshold for law enforcement intervention. | 6 |
| Step 5. Establish assessment procedures. | 7 |
| Investigative Themes: | |
| Motives. | 9 |
| Communications | 10 |
| Inappropriate interests. | 11 |
| Weapons access. | 11 |
| Stressors | 12 |
| Emotional and developmental issues | 13 |
| Desperation or despair | 13 |
| Violence as an option | 14 |
| Concerned others | 14 |
| Capacity to carry out an attack | 15 |
| Planning | 15 |
| Consistency | 16 |
| Protective factors. | 16 |
| Step 6. Develop risk management options. | 17 |
| Step 7. Create and promote safe school climates. | 19 |
| Step 8. Conduct training for all stakeholders. | 21 |
| CONCLUSION | 23 |
| ADDITIONAL RESOURCES FOR SCHOOLS | 24 |
| Threat assessment | 24 |
| School safety and violence prevention | 25 |
| Emergency management and response to school violence | 26 |
| Creating safe and positive school climates. | 26 |
| Prevention and intervention of bullying | 27 |
| Mental health. | 27 |

MESSAGE FROM THE DIRECTOR

Since the creation of the U.S. Secret Service in 1865, the agency has evolved to meet changing mission demands and growing threats in our nation. To ensure we remain on the forefront, the U.S. Secret Service's National Threat Assessment Center (NTAC) was created in 1998 to provide guidance and training on threat assessment both within the U.S. Secret Service and to others with criminal justice and public safety responsibilities. Today, the highly skilled men and women of the U. S. Secret Service lead the field of threat assessment by conducting research on acts of targeted violence and providing training using the agency's established threat assessment model for prevention.

Our agency is dedicated to expanding research and understanding of targeted violence, including those that impact our nation's schools. Since the creation of the U.S. Secret Service's NTAC, we have provided 450 in-depth trainings on the prevention of targeted school violence to over 93,000 attendees including school administrators, teachers, counselors, mental health professionals, school resource officers, and other public safety partners. Our agency, through our local U.S. Secret Service field offices, continues to coordinate and provide this training to our community partners.

The tragic events of the February 14, 2018 shooting at Marjory Stoneman Douglas High School in Parkland, Florida, and the May 18, 2018 shooting at Santa Fe High School in Santa Fe, Texas, demonstrated the ongoing need to provide leadership in preventing future school attacks. As such, the U.S. Secret Service, along with many of our partners,

have redoubled our efforts and are poised to continue enhancing school safety. Keeping our school children safe requires the shared commitment from states, school boards, and communities with the ability to dedicate resources to this critical issue. In the wake of these tragedies, the U.S. Secret Service has launched an initiative to provide updated research and guidance to school personnel, law enforcement, and other public safety partners on the prevention of school-based violence. I am pleased to release this operational guide, *Enhancing School Safety Using a Threat Assessment Model*, as the first phase of this initiative.

As we have seen in recent months, the pain of each act of targeted violence in our nation's schools has had a powerful impact on all. With the creation and distribution of this operational guide, the U.S. Secret Service sets a path forward for sustainable practices to keep our children safe, extending our expertise in the field of threat assessments to provide school officials, law enforcement personnel, and other public safety professionals with guidance on "how to" create a Targeted Violence Prevention Plan. This guide will serve as an important contribution to our partners on the Federal Commission on School Safety - the Department of Homeland Security, the Department of Education, the Department of Health and Human Services and the Office of the Attorney General. I am proud of the continued efforts of the U.S. Secret Service, and we remain committed to the prevention of targeted violence within our nation's schools and communities.



Randolph D. Alles
Director

INTRODUCTION

“ There is no profile of a student attacker. ”

When incidents of school violence occur, they leave a profound and lasting impact on the school, the community, and our nation as a whole. Ensuring safe environments for elementary and secondary school students, educators, administrators, and others is essential. This operational guide was developed to provide fundamental direction on how to prevent incidents of *targeted school violence*, that is, when a student specifically selects a school or a member of the school community for harm. The content in this guide is based on information developed by the U.S. Secret Service, Protective Intelligence and Assessment Division, National Threat Assessment Center (NTAC).

Over the last 20 years, NTAC has conducted research, training, and consultation on threat assessment and the prevention of various forms of targeted violence. Following the tragedy at Columbine High School in April 1999, the Secret Service partnered with the Department of Education on a study that examined 37 incidents of targeted violence that occurred at elementary and secondary schools (i.e., K-12). The goal of that study, the *Safe School Initiative (SSI)*, was to gather and analyze accurate and useful information about the thinking and behavior of students who commit these types of acts. The findings of the *SSI*, and an accompanying guide, served as the impetus for establishing threat assessment programs in schools. In 2008, the agencies collaborated again and released a report that further explored one of the key *SSI* findings, namely, that prior to most attacks, though other students had information about the attackers' plans, most did not report their concerns to an adult. The findings of this report, known as the *Bystander Study*, highlighted the importance of creating safe school climates to increase the likelihood that students will speak up in order to prevent an attack.¹

The information gleaned from these studies underscores the importance of establishing a threat assessment process in schools to enhance proactive targeted violence prevention efforts. The goal of a threat assessment is to identify students of concern, assess their risk for engaging in violence or other harmful activities, and identify intervention strategies to manage that risk. This guide provides actionable steps that schools can take to develop a comprehensive targeted violence prevention plan and create processes and procedures for conducting threat assessments on their campus. These steps serve as minimum guidelines and may need to be adapted for a particular school or district's unique resources and challenges. For institutions that already have prevention plans or threat assessment capabilities in place, these guidelines may provide additional information to update existing protocols, or to formalize the structures of reporting, gathering information, and managing risk.

When establishing threat assessment capabilities within K-12 schools, keep in mind that **there is no profile of a student attacker**. There have been male and female attackers, high-achieving students with good grades as well as poor performers. These acts of violence were committed by students who were loners and socially isolated, and those who were well-liked and popular. Rather than focusing solely on a student's personality traits or school performance, we can learn much more about a student's risk for violence by working through the threat assessment process, which is designed to gather the most relevant information about the student's communications and behaviors, the negative or stressful events the student has experienced, and the resources the student possesses to overcome those setbacks and challenges.

¹ All publications related to studies conducted by the U.S. Secret Service, National Threat Assessment Center (NTAC) are available from <https://www.secretservice.gov/protection/ntac/>.

CREATING A COMPREHENSIVE TARGETED VIOLENCE PREVENTION PLAN

Ensuring the safety of our schools involves multiple components, including physical security, emergency management, and violence prevention efforts in the form of a threat assessment process. This process begins with establishing a comprehensive targeted violence prevention plan. The plan includes forming a multidisciplinary threat assessment team, establishing central reporting mechanisms, identifying behaviors of concern, defining the threshold for law enforcement intervention, identifying risk management strategies, promoting safe school climates, and providing training to stakeholders. It can also help schools mitigate threats from a variety of individuals, including students, employees, or parents.

This guide provides basic instructions for schools on creating a targeted violence prevention plan, the focus of which is to decrease the risk of *students* engaging in harm to themselves or the school community. These recommendations serve as the starting point on a path to implementation that will need to be customized to the specific needs of your school, your student body, and your community. When creating these plans, schools should consult with legal representatives to ensure that they comply with any applicable state and federal laws or regulations.

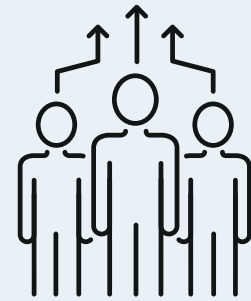
Step 1.

Establish a multidisciplinary threat assessment team

The first step in developing a comprehensive targeted violence prevention plan is to establish a multidisciplinary threat assessment team (hereafter referred to as the “Team”) of individuals who will direct, manage, and document the threat assessment process. The Team will receive reports about concerning students and situations, gather additional information, assess the risk posed to the school community, and develop intervention and management strategies to mitigate any risk of harm. Some considerations for establishing a Team include:

- Some schools may pool their resources and have a single Team that serves an entire district or county, while other districts may choose to have a separate Team for each school.
- Teams should include personnel from a **variety of disciplines** within the school community, including teachers, guidance counselors, coaches, school resource officers, mental health professionals, and school administrators. The multidisciplinary nature of the Team ensures that varying points of view will be represented and that access to information and resources will be broad.
- The Team needs to have a **specifically designated leader**. This position is usually occupied by a senior administrator within the school.
- Teams should establish **protocols and procedures** that are followed for each assessment, including who will interview the student of concern; who will talk to classmates, teachers, or parents; and who will be responsible for documenting the Team’s efforts. Established protocols allow for a smoother assessment process as Team members will be aware of their own roles and responsibilities, as well as those of their colleagues.
- Team members should meet whenever a concerning student or situation has been brought to their attention, but they should also **meet on a regular basis** to engage in discussions, role-playing scenarios, and other team-building and learning activities. This will provide members of the Team with opportunities to work together and learn their individual responsibilities so that when a crisis does arise, the Team will be able to operate more easily as a cohesive unit.

“ ...meet on a regular basis... ”



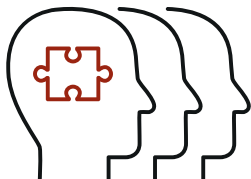
While the information in this guide refers to this group as a Threat Assessment Team, schools can choose an alternative name. For example, some schools have opted to use the label “Assessment and Care Team” to encourage involvement from those who might be concerned about a student, and to focus on getting a student access to needed resources and supports. Other schools have chosen to refer to this group as a “Behavioral Intervention Team” to focus on a spectrum of concerning behaviors that a student may be exhibiting. Finally, some schools have continued to refer to their groups as “Threat Assessment Teams” to highlight the heightened sense of concern about a student who is identified.

Step 2.

Define prohibited and concerning behaviors

Schools need to establish policies defining prohibited behaviors that are unacceptable and therefore warrant immediate intervention. These include threatening or engaging in violence, bringing a weapon to school, bullying or harassing others, and other concerning or criminal behaviors. Keep in mind that **concerning behaviors occur along a continuum**. School policies should also identify behaviors that may not necessarily be indicative of violence, but also warrant some type of intervention. These include a marked decline in performance; increased absenteeism; withdrawal or isolation; sudden or dramatic changes in behavior or appearance; drug or alcohol use; and erratic, depressive, and other emotional or mental health symptoms.

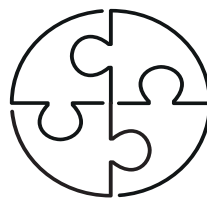
- If these behaviors are observed or reported to the Team, schools can offer resources and supports in the form of mentoring and counseling, mental health care, tutoring, or social and family services.
- The **threshold for intervention** should be relatively low so that Teams can identify students in distress before their behavior escalates to the point that classmates, teachers, or parents are concerned about their safety or the safety of others. It is much easier to intervene when the concern is related to a student's struggle to overcome personal setbacks, such as a romantic breakup, than when there are concerns about threats posed to others.
- During the assessment process, Teams may identify other **concerning statements and actions** made by the student that may not already be addressed in their policies. Gathering information about these behaviors will help the Team assess whether the student is at risk for attacking the school or its students and identify strategies to mitigate that risk.



Step 3. Create a central reporting mechanism

Students may elicit concern from those around them in a variety of ways. They may make threatening or concerning statements in person, online, or in text messages; they may engage in observable risky behavior; or they may turn in assignments with statements or content that is unusual or bizarre. When this occurs, those around the student need a method of reporting their concerns to the Team.

- Schools can **establish one or more reporting mechanisms**, such as an online form posted on the school website, a dedicated email address or phone number, smart phone application platforms, or another mechanism that is accessible for a particular school community.
- Students, teachers, staff, school resource officers, and parents should be **provided training and guidance on recognizing behaviors of concern, their roles and responsibilities in reporting the behavior, and how to report the information.**
- Teams need to be sure that a team member proactively monitors all incoming reports and can **respond immediately** when someone's safety is concerned.
- Regardless of what method schools choose to receive these reports, there should be an **option for passing information anonymously**, as students are more likely to report concerning or threatening information when they can do so without fear of retribution for coming forward.
- The school community should feel confident that team members will be responsive to their concerns, and that **reports will be acted upon, kept confidential, and handled appropriately.**



“...reports will be acted upon...”

Many reporting mechanisms employed by K-12 schools resemble nationwide criminal reporting apps. The online and phone reporting capabilities of these types of apps allow individuals across the country, including students, parents, and teachers, to report crimes and other concerning behaviors in their communities and schools. Some reporting mechanisms are developed specifically for use by students in K-12 school settings. These programs allow students, parents, and teachers to anonymously report threats, bullying, and other situations that make them feel unsafe or fear for the safety of a peer to trained experts who respond appropriately.

Step 4.

Determine the threshold for law enforcement intervention

The vast majority of incidents or concerns that are likely to be reported can be handled by school personnel using school or community resources. For example, the most common types of reports submitted to Safe2Tell Colorado during the 2016-2017 school year were related to suicide, bullying, drugs, cutting (self-harm), and depression.² Some of these common reports may not require the involvement of law enforcement. Those that do warrant law enforcement intervention include threats of violence and planned school attacks, which constituted Safe2Tell's sixth and seventh most common types of reports, respectively.

- Reports regarding student behaviors **involving weapons, threats of violence, physical violence, or concerns about an individual's safety** should immediately be reported to local law enforcement. This is one reason why **including a school resource officer or local law enforcement officer** on the Team is beneficial.
- If a school resource officer is not available to serve on the Team, schools should set a clear threshold for times and situations when **law enforcement will be asked to support or take over an assessment**. For example, it might be necessary to have law enforcement speak with a student's parent or guardian, search a student's person or possessions, or collect additional information about the student or situation outside the school community during the assessment.

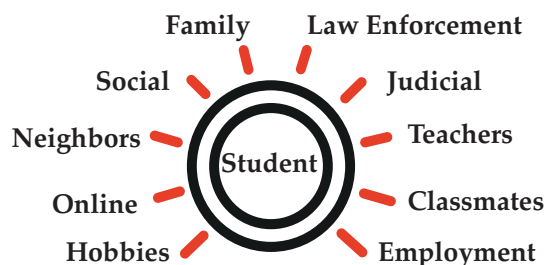
² Data 2 Report 2016-2017. (n.d.). Safe2Tell Colorado. Retrieved on June 20, 2018, from <https://safe2tell.org/sites/default/files/u18/End%20of%20Year%202016-2017%20Data2Report.pdf>

Step 5.

Establish assessment procedures

Teams need to establish clearly defined processes and procedures to guide their assessments. Note that any safety concerns should be immediately addressed before the procedures described below take place. When followed, the procedures should allow the Team to form an accurate picture of the student's thinking, behavior, and circumstances to inform the Team's assessment and identify appropriate interventions.

- **Maintain documentation** to keep track of when reports come in; the information that is gathered; when, where, and how it was obtained; who was interviewed; the behaviors and circumstances of the student of concern; and the intervention strategies taken. Documentation requirements, such as forms and templates, should be included in the plan to ensure standardization across cases.
- **Use a community systems approach.** An effective approach for gathering information to assess a student of concern is to **identify the sources that may have information on the student's actions and circumstances.** This involves identifying the persons with whom the student has a relationship or frequently interacts and the *organizations or platforms* that may be familiar with the student's behaviors. Students exist in more than one system and they come in contact with people beyond their classmates and teachers at school. Gathering information from multiple sources ensures that Teams are identifying concerning behaviors, accurately assessing the student's risks and needs, and providing the appropriate interventions, supports, and resources.
- **Examine online social media pages, conduct interviews, review class assignments, and consider searching the student's locker or desk.** Team members should also review **academic, disciplinary, law enforcement, and other formal records** that may be related to the student. When reviewing school records, be sure to determine whether the student has been the subject of previous reports to school officials, especially if the student has a history of engaging in other concerning or threatening behaviors. Also determine if the student received any intervention or supports and whether those were beneficial or successful. The Team may be able to draw on information from previous incidents and interventions to address the current situation for the student. This factor further emphasizes the importance of the Team's documentation to ensure the accuracy and availability of information regarding prior contacts the student of concern may have had with the Team.



Step 5 continued.

Establish assessment procedures

- **Build rapport that can facilitate information-gathering efforts.** By demonstrating that their goal is to support individuals who may be struggling, while ensuring that the student and the school are safe, Teams may be better able to build a positive relationship with a student of concern and the student's parents or guardians. When Teams have established this rapport, parents or guardians may be more likely to share their own concerns, and the student may be more forthcoming about frustrations, needs, goals, or plans.
- **Evaluate the student's concerning behaviors and communications in the context of his/her age and social and emotional development.** Some students' behaviors might seem unusual or maladaptive, but may be normal for adolescent behavior or in the context of a mental or developmental disorder. To ensure that these students are being accurately assessed, collect information from diverse sources, including the reporting party, the student of concern, classmates, teammates, teachers, and friends. Consider whether those outside of their immediate circle, such as neighbors or community groups, may be in a position to share information regarding observed behaviors.

Key Themes to Guide Threat Assessment Investigations

U.S. Secret Service research identified the following themes to explore when conducting a threat assessment investigation:

- The student's motives and goals
- Concerning, unusual, or threatening communications
- Inappropriate interest in weapons, school shooters, mass attacks, or other types of violence
- Access to weapons
- Stressful events, such as setbacks, challenges, or losses
- Impact of emotional and developmental issues
- Evidence of desperation, hopelessness, or suicidal thoughts and gestures
- Whether the student views violence as an option to solve problems
- Whether others are concerned about the student's statements or behaviors
- Capacity to carry out an attack
- Evidence of planning for an attack
- Consistency between the student's statements and actions
- Protective factors such as positive or prosocial influences and events

Investigative themes

Teams should organize their information gathering around **several themes or areas pertaining to the student's actions, circumstances, and any other relevant threat assessment factors.** Addressing each theme is necessary for a complete assessment and may uncover other avenues of inquiry to help determine whether the student is at risk for engaging in violence. Using the themes to identify where the student might be struggling will help the Team identify the most appropriate resources. Keep in mind, there is no need to wait until the Team has completed all interviews or addressed every theme before taking action. As soon as an area for intervention is identified, suitable management strategies should be enacted.

Motives

Students may have a variety of motives that place them at risk for engaging in harmful behavior, whether to themselves or others. If you can discover the student's motivation for engaging in the concerning behavior that brought him/her to the attention of the Team, then you can understand more about the student's goals. The Team should also assess how far the student may be willing to go to achieve these goals, and what or who may be a potential target. Understanding motive further allows the Team to develop management strategies that can direct the student away from violent choices.

On February 12, 2016, a 15-year-old female student fatally shot her girlfriend while they were sitting under a covered patio at their high school and then fatally shot herself. In several notes found after the incident, the student explained that she carried out her attack because her girlfriend had recently confessed that she was contemplating ending their relationship. She also wrote in her notes that she hated who she was and that learning her girlfriend wanted to end their relationship "destabilized" her.

Step 5 continued.

Establish assessment procedures, *Investigative themes*

Communications

Look for concerning, unusual, bizarre, threatening, or violent communications the student made. The student's communications may reveal grievances held about certain issues or a possible intended target. They may allude to violent intentions or warn others to stay away from school at a certain time. They may reveal information relevant to the other investigative themes by making reference to feelings of hopelessness or suicide, a fascination with violence, interest in weapons, or other inappropriate interests. These statements might be made in person to classmates, teammates, or friends; in writing on assignments or tests; and/or via social media, text messages, or photo or video-sharing sites.

Earlier NTAC research that examined attacks on schools found that not every student directly threatened their target prior to attack, but in a majority of incidents (81%), another person was aware of what the student was thinking or planning.³ It is important for Teams to remember that a student who has **not made threatening statements may still be at risk** for engaging in violence. Whether or not the student made a direct threat should not be the lone indicator of concern.

On October 24, 2014, a 15-year-old male student opened fire on five of his closest friends as they were having lunch in the school cafeteria, killing four of them, and then fatally shot himself. In the months prior to his attack, the student sent a number of text messages to his ex-girlfriend indicating he was considering suicide and posted videos on Snapchat that mentioned suicide. Two people confronted the student about his concerning statements, but he told them he was just joking or having a bad moment. The student also posted a number of Twitter messages indicating he was having trouble overcoming a setback, posting in one Tweet, "It breaks me... It actually does... I know it seems like I'm sweating it off... But I'm not.. And I never will be able to..."



³ U.S. Secret Service and U.S. Department of Education. (May 2002). Threat assessment in schools: A guide to managing threatening situations and to creating safe school climates. Retrieved April 5, 2018, from https://www.secretservice.gov/data/protection/ntac/ssi_guide.pdf.

Inappropriate interests

Gather information about whether the student has shown an **inappropriate or heightened interest in concerning topics such as school attacks or attackers, mass attacks, or other types of violence**. These interests might appear in the student's communications, the books the student reads, the movies the student watches, or the activities the student enjoys. The *context* of the student's interests is an important factor to consider. For example, a student's interest in weapons may not be concerning if the student is a hunter or is on the school's rifle team, with no evidence of an inappropriate or unhealthy fixation on weapons. In other situations, the context surrounding a student's interest in weapons could be of concern. For example, if a student is fixated on past school shooters or discusses what firearm would be best to use in a mass attack.

On October 21, 2013, a 12-year-old male student took a handgun to his middle school and opened fire, injuring two classmates and killing a teacher. He then fatally shot himself. In the months leading up to his attack, the student conducted numerous internet searches for violent material and content, including "Top 10 evil children," "Super Columbine Massacre Role Playing Game," "shoot," "guns," "bullets," "revenge," "murder," "school shootings," and "violent game." He also searched for music videos of and songs about school shootings. On his cell phone, the student had saved photos of violent war scenes and images of the Columbine High School shooters. He also enjoyed playing video games, doing so for several hours each night. Of his 69 video games, 47 were first-person shooter or similar games.

Weapons access

In addition to determining whether the student has any inappropriate interests or fascination with weapons, the Team should assess whether the student has **access to weapons**. Because many school attackers used firearms acquired from their homes, consider whether the family keeps weapons at home or if there is a relative or friend who has weapons. Sometimes parents who keep weapons at home incorrectly assume that their children are unaware of where they are stored or how to access them. If there are weapons at home, the Team should determine if they are stored appropriately and if the student knows how to use them or has done so in the past. The Team should also remember that firearms are not the only weapons to be concerned about. Even though many school attackers have used firearms in carrying out their attacks, explosives, incendiary devices, bladed weapons, or combinations of these weapons have been used in past attacks.

On April 29, 2014, a 17-year-old male student was arrested after a concerned citizen called police when she observed the student acting suspiciously around a storage unit and thought he might be attempting to break into one. Responding officers discovered bomb-making material and other weapons inside the unit the student had asked a friend's mother to rent for him. The student later confessed to an extensive plot that involved murdering his parents and sister, setting a diversionary fire, planting explosive devices at his high school, targeting students and the school resource officer for harm, and engaging in gunfire with responding police officers before committing suicide. The student admitted that at some point he became fascinated with chemicals, explosives, and weapons and began researching how to build his own explosive devices. He created his own channel on YouTube to post videos that showed him detonating his devices and included a written commentary about each video.

Step 5 continued.

Establish assessment procedures, *Investigative themes*

Stressors

All students face stressors such as **setbacks, losses, and other challenges** as part of their lives. While many students are resilient and can overcome these situations, for some, these stressors may become overwhelming and ultimately influence their decision to carry out an attack at school. Gather information on stressors the student is experiencing, how the student is coping with them, and whether there are supportive friends or family who can help the student overcome them. Assess whether the student experienced stressors in the past that are still having an effect, such as a move to a new school, and whether there might be additional setbacks or losses in the near future, like a relationship that might be ending.

Stressors can occur in all areas of a student's life, including at school with coursework, friendships, romantic relationships, or teammates; or outside of school with parents, siblings, or at jobs. Many students can experience bullying, a stressor which can take place in person at school or online at home. Teams should intervene and prevent bullying and cyberbullying of a student who has been brought to their attention. More broadly, administrators should work to address any concerns regarding bullying school-wide and ensure their school has a safe climate for all students.

On November 12, 2008, a 15-year-old female student fatally shot a classmate while students were changing classes. The attacker fled to a restaurant across the street from her high school and phoned 9-1-1 to turn herself in to police. Prior to her attack, she faced a number of stressors in her life, mostly outside of school. As an infant, her college-aged parents abandoned her and she was raised largely by her grandparents. At the age of six years, she was sexually molested by a family member; and at age 12, she was raped by an uncle. She did have some contact with her birth parents, but her mother was reportedly abusive and suffered from severe mental illness; and her father began serving a 25-year prison sentence for murder around the time she was 14 years old. At her high school, she was lonely, appeared to struggle to connect with others, and had behavior problems.



Emotional and developmental issues

Anxiety, depression, thoughts of suicide, and other mental health issues are important factors to consider when conducting an assessment. Keep in mind that students with emotional issues or developmental disorders might behave in a way that is maladaptive, but might not be concerning or threatening because the behavior is a product of their diagnosis. **Behaviors exhibited by a student with a diagnosed disorder need to be evaluated in the context of that diagnosis and the student's known baseline of behavior.** If the student is experiencing feelings related to a diagnosable mental illness, such as depression, then the Team needs to consider the effect of these feelings on their behaviors when assessing the student's risk of engaging in harm to self or others.

On January 18, 1993, a 17-year-old male student fatally shot his English teacher and a school custodian at his high school and held classmates hostage before surrendering to police. The student had recently turned in a poem to his English teacher for an assignment that discussed his thoughts of committing homicide or suicide. The student had failed in at least three prior suicide attempts, including one the night before his attack. Although the student entered a plea of guilty but mentally ill at trial, ultimately he was convicted and sentenced to life in prison.

Desperation or despair

Assess whether the student feels **hopeless, desperate, or out of options**. Determine if the student has had thoughts about or engaged in behaviors that would indicate the student's desperation. The Team should determine whether the student has felt this way before, how the student managed those feelings then, and whether those same resources for coping are available to the student now. Consider whether the student has tried addressing the problems in a positive way, but was unable to resolve them, thereby leading to a sense of hopelessness about their situation.

On February 1, 1997, a 16-year-old male student used a shotgun to fire on fellow students in the common area of his high school prior to the start of the school day. He killed one student and the principal and injured two additional students. Prior to his attack, the student had been bullied and teased by several classmates, including the student killed. At some point prior to his attack, the student asked the principal and dean of students for help with the bullying he was experiencing. They intervened, and though the situation improved temporarily, the teasing and bullying soon resumed. The student asked the principal for help a second time, but this time the principal advised him to just ignore the bullies. The student tried, but felt like the victimization worsened and he began to feel hopeless that it would ever end. After his attack, the student explained that he felt as though he had asked the "proper people" for assistance, but he was denied help, so he decided that bringing a gun to school would scare his tormentors and get them to leave him alone. When some friends learned of the plan, they told him that he had to use the weapon to shoot people or the bullying would continue. The student decided he would have to fire the weapon at people in order to end his torment.



Step 5 continued.

Establish assessment procedures, *Investigative themes*

Violence as an option

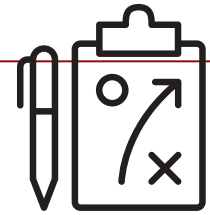
Some students, who are feeling hopeless and out of options, **may think violence is the only way to solve a problem or settle a grievance.** The Team should look to see whether the student thinks violence is acceptable or necessary, if the student has used violence in the past to address problems, and whether the student has thought of alternative ways to address the grievances. The Team should also assess whether peers, or others, support and encourage the student to use violence as a means to an end. If possible, connect the student with more positive, prosocial role models who discourage violence and identify more acceptable ways to solve problems.

On March 25, 2011, a 15-year-old male student fired two shots at a classmate, wounding him in the abdomen. After firing the weapon, the student fled the scene and dropped the gun in a field. He was arrested about an hour after the incident. The student had a history of being involved in numerous physical altercations with other students throughout his 6th, 7th, and 8th grade school years. Additionally, he tried to start a fight with the targeted victim, and once threatened him with a chain. About three weeks prior to the attack, the student threatened to blow up the school. Days prior to the incident, the student, who was angry at the targeted victim, told a friend that he planned to kill him.

Concerned others

In previous incidents, many students made statements or engaged in behaviors prior to their attacks that elicited concern from others in their lives. Assess whether parents, friends, classmates, teachers, or others who know the student are worried about the student and whether they have taken any actions in response to their concerns. Gather information on the specific behaviors that caused worry or fear. These could include **behaviors that may have elicited concerns about the safety of the student or others**, such as unusual, bizarre or threatening statements; intimidating or aggressive acts; indications of planning for an attack; suicidal ideations or gestures; or a fixation on a specific target. **Other behaviors that elicit concern may not necessarily be indicative of violence**, but do require that the Team assess the behavior and provide appropriate supports. Examples of these behaviors include alcohol or drug use; behavior changes related to academic performance, social habits, mood, or physical appearance; conflicts with others; and withdrawal or isolation.

On December 7, 2017, a 21-year-old male shot and killed two students at his former high school before fatally shooting himself. Prior to his attack, a number of individuals had expressed concern regarding his behaviors and statements. Sometime in 2012, other users of an online forum were concerned after the student made threats about attacking his school. In March 2016, federal investigators met with the student after he made comments in an online chat room about wanting to find an inexpensive assault rifle he could use for a mass shooting. At the time, a family member told the investigators that the student was troubled and liked to make outlandish statements. At some point prior to his attack, the student posted content supportive of the attacks at Columbine High School in an online forum, upsetting many of the forum's users.



Capacity to carry out an attack

Determine whether the student's thinking and behavior is organized enough to plan and execute an attack and whether the student has the resources to carry it out.

Planning does not need to be elaborate and could be as simple as taking a weapon from home and inflicting harm on classmates at school. Other student attackers may develop more complex and lengthier plans. At the very least, carrying out an attack requires that the student has access to a weapon and the ability to get that weapon to school undetected.

On January 14, 2014, a 12-year-old male student used a shotgun with a sawed-off stock to fire three rounds of birdshot at fellow students gathered in their middle school gymnasium prior to the start of the school day. He injured two students and a security guard before surrendering to a teacher. The student began talking about his attack plans as early as November 2013, saying that he wanted to fire a weapon in the air to make people take him seriously. According to reports, his father owned a pistol and a shotgun. In January 2014, the student wrote in his diary that he wanted to use his father's pistol for his attack, but was unable to locate it so he used the shotgun instead. The morning of the attack, the student was driven to school by a family member so he hid his shotgun in a duffel bag, claiming it contained items for his gym class.

Planning

Targeted attacks at school are **rarely sudden or impulsive** acts of violence. The Team should assess whether the student has made specific plans to harm the school. The student might create lists of individuals or groups targeted for violence, or research tactics and materials needed to carry out the attack. The student may conduct surveillance, draw maps of the planned location, and test security responses at school. He/she may write out detailed steps and rehearse some aspects of a plan, such as getting to the school, the timing of the attack, or whether to attempt escape, be captured, or commit suicide. The student may also acquire, manufacture, or practice with a weapon.

On December 13, 2013, an 18-year-old male student entered his high school with a shotgun, a large knife, bandoliers with ammunition, and a number of homemade Molotov cocktails. He opened fire on two female students, fatally shooting one. He then entered the school library and opened fire on a faculty member there, who was able to escape through a back door. The student then set fire to a shelf of books in the library with one of his Molotov cocktails before fatally shooting himself. The student spent three months planning his attack, starting a diary on his computer in September 2013 to detail his plans. There he wrote that he wanted to choose a day during final exams so that the largest number of students would be present. Over the next few months, he planned how and where he would enter the school, including where he would initiate the attack, and purchased the firearm and ammunition he would use. On the morning of the incident, the student purchased a four-pack of glass soda bottles and used these to create the Molotov cocktails he deployed during the attack.

Step 5 continued.

Establish assessment procedures, *Investigative themes*

Consistency

The Team should **corroborate the student's statements** to determine that they are consistent with the student's actions and behaviors and with what other people say about the student. When inconsistencies are identified, the Team should then try to determine why that is the case. For example, the student might say that he/she is handling a romantic break-up well, but posts on social media indicate the student is struggling to move on, and friends report that the student is more upset or angry about the break-up than reported. Determine whether the inconsistency is because the student is deliberately hiding something or if the inconsistency stems from another underlying issue. For example, a depressed student may claim that they are isolated, even if they regularly go out with a large group of students. If the inconsistency is deliberate, it is important to determine why the student feels the need to conceal his/her actions. The concealment may be as simple as a fear of facing punishment for some other inappropriate behavior, or it may be related to hidden plans for a violent act.

On June 10, 2014, a 15-year-old male student brought a rifle, handgun, nine magazines with ammunition, and a knife into the boy's locker room at his high school. He had taken the weapons from his brother's locked gun case in his home. Once at school, he changed into all black clothing, and donned a helmet, face mask, and a non-ballistic vest. He then fatally shot one student and wounded a teacher. After being confronted by staff and law enforcement, the student fatally shot himself in a bathroom. Prior to his attack, the student was an ordained deacon at his church and was appointed president of the deacon's quorum. He participated in youth night at the church, Boy Scouts, youth basketball, and track. Friends described him as friendly and outgoing. He was also a member of the Junior Reserve Officers' Training Corps

(JROTC) and was fascinated with guns and the military. Despite his outward appearance, some time prior to his attack, he wrote in a journal about his plans to kill his classmates and spoke harshly about "sinners," which included people who smoked cigarettes and took the Lord's name in vain.

Protective factors

A thorough threat assessment requires understanding the full picture of a student's behaviors and environment, which also includes accounting for the positive and prosocial influences on the student's life. The Team should identify factors that may restore hope to a student who feels defeated, desperate, or in a situation that is impossible to overcome. This includes determining whether the student has a **positive, trusting relationship with an adult at school**. This could be a teacher, coach, guidance counselor, administrator, nurse, resource officer, or janitor. A trusted adult at school in whom the student can confide and who will listen without judgment can help direct a student toward resources, supports, and options to overcome setbacks. Learn who the student's friends are at school and if the student feels **emotionally connected to other students**. A student may need help developing friendships that they can rely on for support.



Positive situational or personal factors might help to deter a student from engaging in negative or harmful behaviors. Changes in a student's life, such as having a new romantic relationship or becoming a member of a team or club, might discourage any plan to engage in violence. The Team could also use activities or groups the student wants to take part in as motivation for the student to engage in positive and constructive behaviors, such as attending class, completing assignments, and adhering to a conduct or behavior code.

Step 6.

Develop risk management options

Once the Team has completed a thorough assessment of the student, it can **evaluate whether the student is at risk for self-harm or harming someone else** at school. Concern may be heightened if the student is struggling emotionally, having trouble overcoming setbacks or losses, feeling hopeless, preoccupied with others who engaged in violence to solve problems, or has access to weapons. Remember, the Team is not attempting to predict with certainty if violence will happen. Instead, evaluate the presence of factors that indicate violence might be a possibility. Teams can then **develop risk management strategies that reduce the student's risk for engaging in violence** and make positive outcomes for the student more likely.

- Each student who comes to the Team's attention will require an **individualized management plan**. The resources and supports the student needs will differ depending on the information gathered during the assessment.
- Often, the Team will determine that the student is not currently at risk for engaging in violence, but **requires monitoring or is in need of guidance** to cope with losses, develop resiliency to overcome setbacks, or learn more appropriate strategies to manage emotions.
- **Resources to assist the student** could take the form of peer support programs or therapeutic counseling to enhance social learning or emotional competency, life skills classes, tutoring in specific academic subjects, or mental health care. Most programs and supports will be available within the school, but the Team may need to also access community resources to assist with managing the student.

- Sometimes management involves suspension or expulsion from school. When this is necessary, Teams and school administrators should consider how it might affect their ability to monitor the student. **Removing a student from school does not eliminate the risk to the school community**. Several school attacks have been carried out by former students who had been removed from the school or aged out of their former school. A suspended or expelled student might become isolated from positive peer interactions or supportive adult relationships at school. Teams should develop strategies to stay connected to the suspended or expelled student to determine whether the student's situation is deteriorating or the behaviors of concern are escalating so that they can respond appropriately.

Management plans should remain in place until the Team is no longer concerned about the student or the risk for violence. This is accomplished by addressing the following basic elements that can reduce the likelihood a student will engage in violence and provide support and resources for those in need.

- **Notify law enforcement immediately if a student is thinking about or planning to engage in violence**, so that they may assist in managing the situation.
- **Make efforts to address the safety of any potential targets** by altering or improving security procedures for schools or individuals and providing guidance on how to avoid the student of concern.



Step 6 continued.

Develop risk management options

- **Create a situation that is less prone to violence** by asking the family or law enforcement to block the student's access to weapons, while also connecting the student to positive, prosocial models of behavior. Another option may involve removing the student from campus for a period of time, while maintaining a relationship with the student and the student's family.
- **Remove or redirect the student's motive.** Every student's motive will be different, and motives can be redirected in a variety of ways. These strategies may include bullying prevention efforts or offering counseling for a student experiencing a personal setback.
- **Reduce the effect of stressors** by providing resources and supports that help the student manage and overcome negative events, setbacks, and challenges.

In one recent case, a school principal described a situation when a student was suspended from his high school for drug possession. Soon after, a fellow student discovered a concerning video he posted online and notified school personnel. A school administrator met with the student and his father. While the administrator had no immediate safety concerns about the student, he was aware that the student was experiencing a number of stressors. The student's parents were divorced and he was living with his father, who was diagnosed with a terminal illness and was receiving frequent medical treatments. His mother was dealing with a mental illness, was a source of embarrassment to him, and was unlikely to be able to serve as his guardian after his father's passing. He was also recently removed from the wrestling team, and due to his suspension, banned from attending the matches. While suspended, the student was required to attend tutoring sessions in lieu of school, but was unable to make his sessions because he was transporting his father to medical appointments. The administrator reported that he would have alerted their school resource officer and local sheriff's office if he had safety concerns about the student, but instead the school worked with community services to provide access to resources and supports, including transportation services for his father to his medical appointments so the student could attend tutoring sessions, and counseling and support services that would assist the student after his father's passing. The school also worked with the student and his father to develop a plan for the student to return to campus and remain on track to graduate.

Step 7.

Create and promote safe school climates

A crucial component of preventing targeted violence at schools relies on developing positive school climates **built on a culture of safety, respect, trust, and social and emotional support**. Teachers and staff in safe school environments support diversity, encourage communication between faculty and students, intervene in conflicts, and work to prevent teasing and bullying. Students in safe school climates feel empowered to **share concerns with adults**, without feeling ashamed or facing the stigma of being labeled a “snitch.” Administrators can take action to develop and sustain safe school climates.

- Help students feel connected to the school, their classmates, and teachers. This is an important first step to creating school climates that are supportive, respectful, and safe. **Encourage teachers and staff to build positive, trusting relationships with students** by actively listening to students and taking an interest in what they say.
- **Break down “codes of silence”** and help students feel empowered to come forward and share concerns and problems with a trusted adult. At one school, administrators used a faculty meeting to identify students who lacked a solid connection with an adult at school. They provided faculty with a roster of enrolled students and asked them to place a mark next to students with whom they had a warm relationship. For students without a mark next to their name, popular, well-liked teachers and staff were asked to reach out and develop positive connections with them.
- Help students feel more **connected to their classmates and the school**. One teacher asked her elementary students to write down names of classmates they wanted to sit next to. If a student’s name did not appear on anyone’s list, the teacher placed that student’s desk next to a friendly or outgoing classmate in an effort to help the student develop friendships. This effort could be easily adapted with middle or high school-aged students by asking students to identify one or two classmates they would like to be partnered with for a project and assigning any student not named on a list to be partnered with a friendly or outgoing classmate.
- Adults can also help students **identify clubs or teams at school** they can join or encourage them to start their own special interest group.



Step 7 continued.

Create and promote safe school climates

Schools can also support positive school climates by implementing school-wide Positive Behavioral Interventions and Supports (PBIS) programs. These programs actively teach students what appropriate behavior looks like in a variety of settings, including in the classroom, with their friends, or among adults. Teachers frequently praise prosocial behavior they observe and encourage students' good behavior. PBIS can improve academic outcomes for schools and has been shown to reduce the rates of school bullying.⁴

While teachers and staff can foster relationships and connectedness among the student body, **students themselves have a role to play** in sustaining safe school climates. They should be actively engaged in their schools, encouraged to reach out to classmates who might be lonely or isolated, and empowered to intervene safely when they witness gossiping, teasing, and bullying.

Following an averted attack at a high school, the school principal sent a note home to students and parents about the incident. He used the note to explain what had been reported, the steps the school had taken to avert the attack, and praise for the students who had alerted school officials about concerning and threatening statements they saw online. In the note, he also asked parents to encourage their students to speak up if they ever felt concerned about a classmate's behavior, explaining that students' "cooperation [with school officials] is important for everybody's safety."



⁴ Lee, A.M.I. (n.d.). PBIS: How schools can support positive behavior. Understood.org. Retrieved on April 5, 2018, from <https://www.understood.org/en/learning-attention-issues/treatments-approaches/educational-strategies/pbis-how-schools-support-positive-behavior>.

“ School safety is everyone’s responsibility.”

Step 8. Conduct training for all stakeholders

The final component of a comprehensive targeted violence prevention plan is to identify training needs for all stakeholders, including faculty, staff, and administrators; students; parents; and school resource officers or local law enforcement. **School safety is everyone’s responsibility.** Anyone who could come forward with concerning information or who might be involved in the assessment process should be provided with training. Effective training addresses the goals and steps of an assessment, the type of information that should be brought forward, and how individuals can report their concerns. It might be beneficial for staff and students to hear presentations, see videos, and role-play scenarios so they have a thorough understanding of their responsibilities and the steps they can take to keep their school safe. Each audience will require a slightly different message, but some stakeholders may also benefit from attending training together, such as parents and students, or school faculty/staff and law enforcement personnel. When developing a training program, consider how frequently each stakeholder will receive training, and whether to vary the delivery method of trainings. Also, each audience may have unique needs.

Faculty, staff, and administrators. Every adult at school needs training related to threat assessment and violence prevention, **including administrative, maintenance, custodial, and food service staff.** Training can include who should be notified when concerning or threatening information is discovered, what information should be brought forward, how school staff might learn about information, and the steps school staff can take to safely intervene with concerning or threatening situations. Providing training on other topics, such as suicide awareness and prevention, conflict resolution, mental health, and developmental disabilities, might also allow school faculty, staff, and administrators to foster positive school climates.

Students. Students need training on the threat assessment process, where to report concerns, and what information they should bring forward. Students also need assurances that they can make a report to the Team or another trusted adult **anonymously**, that their information will be **followed-up on**, and will be kept **confidential**. Training can also educate students about other actionable steps they can take to cultivate a safe school climate, including ways they can safely intervene with bullying, gossip, or name-calling.

Messaging should demonstrate to students that there is a big **difference between “snitching,” “ratting,” or “tattling,” and seeking help.** While snitching is informing on someone for personal gain, here, students are encouraged to come forward when they are worried about a friend who is struggling, or when they are trying to keep someone from getting hurt. Remind students that if they are concerned about a classmate or friend, they need to keep speaking out until that person gets the help they need. Finally, maintaining a safe school climate includes providing students with training or lessons to acquire skills and abilities to manage emotions, resolve conflicts, cope with stress, seek help, and engage in positive social interactions.

Who needs training?

Teachers, staff, administrators

Parents

Students

Law enforcement

All of the above

Step 8 continued.

Conduct training for all stakeholders

Parents. Parents should also be trained on the threat assessment process at their child's school and their role in that process. **They should be clear on who to call, when, and what information they should be ready to provide.** Parents can also benefit from training that helps them recognize when children and teenagers may be in emotional trouble or feeling socially isolated. Training can also reduce the stigma around mental, emotional, or developmental issues and provide information on available resources and when they should seek professional assistance.

Law enforcement and school resource officers. Not every school will have a school resource officer, but schools can still **develop relationships with local law enforcement** agencies and personnel. Schools can encourage local officers to co-teach classes at the school, serve as coaches or assistant coaches of sports teams, and work with parents and teachers at after-school events. In some communities without school resource officers, local law enforcement

agencies have encouraged officers to “adopt a school,” stopping by the school to greet and become familiar with students and teachers, eating lunch on campus, or doing paperwork in an office at the school.

Like parents and teachers, local law enforcement and school resource officers need to be aware of the school's threat assessment process and their own responsibilities once a threat is identified. Training for law enforcement and school resource officers should also provide familiarity with emergency response procedures the school has in place and the layout of the campus. Officers and school staff might benefit from attending training together so that all parties are aware of the point at which local law enforcement should be involved in an investigation. This would also allow officers to get to know administrators, teachers, counselors, facilities and maintenance personnel, and other school staff. It is much easier to work through an emergency situation when schools and law enforcement are already familiar with each other and their procedures.

CONCLUSION

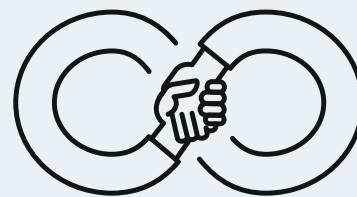
Despite having a comprehensive targeted violence prevention plan in place, and despite a school and Team's best efforts at prevention, incidents of targeted school violence may still occur. It is critical to **develop and implement emergency response plans and procedures** and provide training on them to all stakeholders. The U.S. Department of Homeland Security recommends that emergency response plans be developed with input from local law enforcement and first responders.⁵ For example, procedures should be developed for reporting emergencies, evacuation procedures and routes, use of emergency notification systems, and information regarding local hospitals or trauma centers. Law enforcement and first responders should be apprised of these plans and procedures and know how to implement them.

⁵ U.S. Department Homeland Security. (October 2008). Active Shooter: How to Respond. Homeland Security Active Shooter Preparedness. Retrieved on May 29, 2018, from https://www.dhs.gov/xlibrary/assets/active_shooter_booklet.pdf. Interagency Security Committee. (November 2015). Planning and Response to an Active Shooter: An Interagency Security Committee Policy and Best Practices Guide. Homeland Security Active Shooter Preparedness. Retrieved on May 29, 2018, from <https://www.dhs.gov/sites/default/files/publications/isc-planning-response-active-shooter-guide-non-fouo-nov-2015-508.pdf>.

“Everyone
has a
role...”

Everyone has a role in preventing school violence and creating safe school climates. The **threat assessment procedures detailed in this guide are an important component of school safety and security efforts** and have been determined to be the best-practice in the prevention of targeted school violence. The model highlights that students can engage in a continuum of concerning behaviors and communications, the vast majority of which may not be threatening or violent. Nevertheless, it encourages schools to set a low threshold when identifying students who might be engaging in unusual behavior, or experiencing distress, so that early interventions can be applied to reduce the risk of violence or other negative outcomes.

Threat Assessment



Active Incident Response

ADDITIONAL RESOURCES FOR SCHOOLS

This section provides information and links to resources that can help schools create threat assessment teams, establish central reporting mechanisms, train stakeholders on assessment procedures, and promote safe school climates. It also provides links to resources related to emergency planning, responses to violence, and mental health. The U.S. Secret Service provides the listed non-government resources as a public service only. The U.S. government neither endorses nor guarantees in any way the external organizations, services, advice, or products included in this list. Furthermore, the U.S. government neither controls nor guarantees the accuracy, relevance, timeliness or completeness of the information contained in non-government websites.⁶

Threat assessment

THE NATIONAL THREAT ASSESSMENT CENTER (NTAC). Provides links to best-practices in threat assessment and the prevention of targeted violence, including resources on conducting threat assessments in K-12 schools, building positive school climates, and requesting training from NTAC personnel.

<https://www.secretservice.gov/protection/ntac/>

NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS (NASP). Provides information and links to research on conducting threat assessments in K-12 schools.

<https://www.nasponline.org/resources-and-publications/resources/school-safety-and-crisis/threat-assessment-at-school/threat-assessment-for-school-administrators-and-crisis-teams>

THE NATIONAL BEHAVIORAL INTERVENTION TEAM ASSOCIATION (NABITA). Provides education, resources, and supports to campus behavioral intervention team personnel and those who work to provide caring interventions of at-risk individuals.

<https://nabita.org/>

THE VIRGINIA STUDENT THREAT ASSESSMENT MODEL. Provides guidelines and resources for schools to conduct threat assessments of students, including links to research on threat assessment.

<https://curry.virginia.edu/faculty-research/centers-labs-projects/research-labs/youth-violence-project/virginia-student-threat>

⁶ The provided links were active at the time of the publication of this guide. Organizations may have updated or changed their links since this guide was published.

School safety and violence prevention

NATIONAL EDUCATION ASSOCIATION (NEA). Provides resources, reports, and information about school safety and violence prevention.

<http://www.nea.org/home/16364.htm>

INTERNATIONAL ASSOCIATION OF CHIEFS OF POLICE, YOUTH FOCUSED POLICING (YFP). Provides information, resources, and training to enable law enforcement to work and intervene with children, teens, and young adults. Resources focus on reducing crimes and victimization among youth populations.

<http://www.iacpyouth.org/>

NATIONAL ASSOCIATION OF SCHOOL RESOURCE OFFICERS (NASRO). Provides training, information, and resources to school-based law enforcement officers.

<https://nasro.org/>

NATIONAL LAW ENFORCEMENT AND CORRECTIONS TECHNOLOGY CENTER, SCHOOL SAFETY RESOURCES.

Provides links to resources and information, including training material, computer software, and videos for law enforcement officers who work in K-12 schools.

https://www.justnet.org/school_safety.html

CENTER FOR THE STUDY AND PREVENTION OF VIOLENCE (CSPV). Conducts research and provides support to professionals implementing evidence-based programs that promote positive youth development, reduce problem behaviors, and prevent violence and other antisocial behaviors.

<https://www.colorado.edu/cspv/>

THE TEXAS SCHOOL SAFETY CENTER (TXSSC). Provides information and resources related to bullying, school violence, drugs and tobacco, technology safety, and emergency management.

<https://txssc.txstate.edu/>

SCHOOL SAFETY ADVOCACY COUNCIL (SSAC). Provides school safety training and services to school districts, law enforcement organizations, and communities. Provides links to grant opportunities, training courses, and conferences.

<http://www.schoolsafety911.org/index.html>

Emergency management and response to school violence

READINESS AND EMERGENCY MANAGEMENT FOR SCHOOLS (REMS) TECHNICAL ASSISTANCE CENTER. National clearing-house for school safety information. Provides resources, training, and information related to violence prevention, response, and recovery from incidents of school violence.

<https://rems.ed.gov/>

GUIDE FOR PREVENTING AND RESPONDING TO SCHOOL VIOLENCE. Provides strategies to consider when creating safe learning environments and considers the full range of possible violence that can occur in schools.

<http://www.theiacp.org/portals/0/pdfs/schoolviolence2.pdf>

Creating safe and positive school climates

RESOURCE GUIDE FOR IMPROVING SCHOOL CLIMATE AND DISCIPLINE. Resource guide developed by the U.S. Department of Education for schools to create nurturing, positive, and safe environments to help boost student achievement and success.

<https://www2.ed.gov/policy/gen/guid/school-discipline/guiding-principles.pdf>

SCHOOLS SECURITY TASK FORCE, WHAT MAKES SCHOOLS SAFE? Publication by the New Jersey School Boards Association to provide guidance and direction on school safety issues. The final report provides recommendations and resources to ensure the physical and emotional well-being of students.

<https://www.njsba.org/news-information/research/school-security-task-force/>

POSITIVE BEHAVIORAL INTERVENTIONS AND SUPPORTS (PBIS). Clearinghouse and technical assistance center that supports schools, school districts, and state agencies to create and implement a multi-tiered approach to social, emotional, and behavioral support. Provides links to resources, information, and training on PBIS tools and strategies.

<https://www.pbis.org/>

Prevention and intervention of bullying

STOPBULLYING.GOV. Provides information from government agencies on bullying, cyberbullying, risk factors, responses to bullying, and prevention efforts.

<https://www.stopbullying.gov/>

NATIONAL PTA. Provides resources regarding bullying prevention and creating positive school climates.

<https://www.pta.org/home/programs/Connect-for-RespectBullying>

YOUTH VIOLENCE PROJECT, BULLYING RESOURCES. Provides an aggregate of online and in-print resources for parents, teachers, and students to intervene, prevent, and respond to bullying.

<https://curry.virginia.edu/faculty-research/centers-labs-projects/research-labs/youth-violence-project/bullying/bullying-0>

Mental health

NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI). NAMI is dedicated to assisting those affected by mental illness and their families. They provide information specific to conditions and symptoms experienced by teens and young adults, as well as resources for education and advocacy for all those who suffer from mental health symptoms.

<https://www.nami.org/>

<https://www.nami.org/Find-Support/Teens-and-Young-Adults>

NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH). Provides links to resources for assistance with mental health and mental illness, information related to mental health symptoms and disorders, and outreach to various stakeholders.

<https://www.nimh.nih.gov/index.shtml>

<https://www.nimh.nih.gov/health/find-help/index.shtml>

MENTAL HEALTH FIRST AID. Provides resources for free and low-cost training on mental health, symptoms of mental illness, and intervening with those with mental health symptoms.

<https://www.mentalhealthfirstaid.org/>



*U.S. Department of
Homeland Security*

**United States
Secret Service**

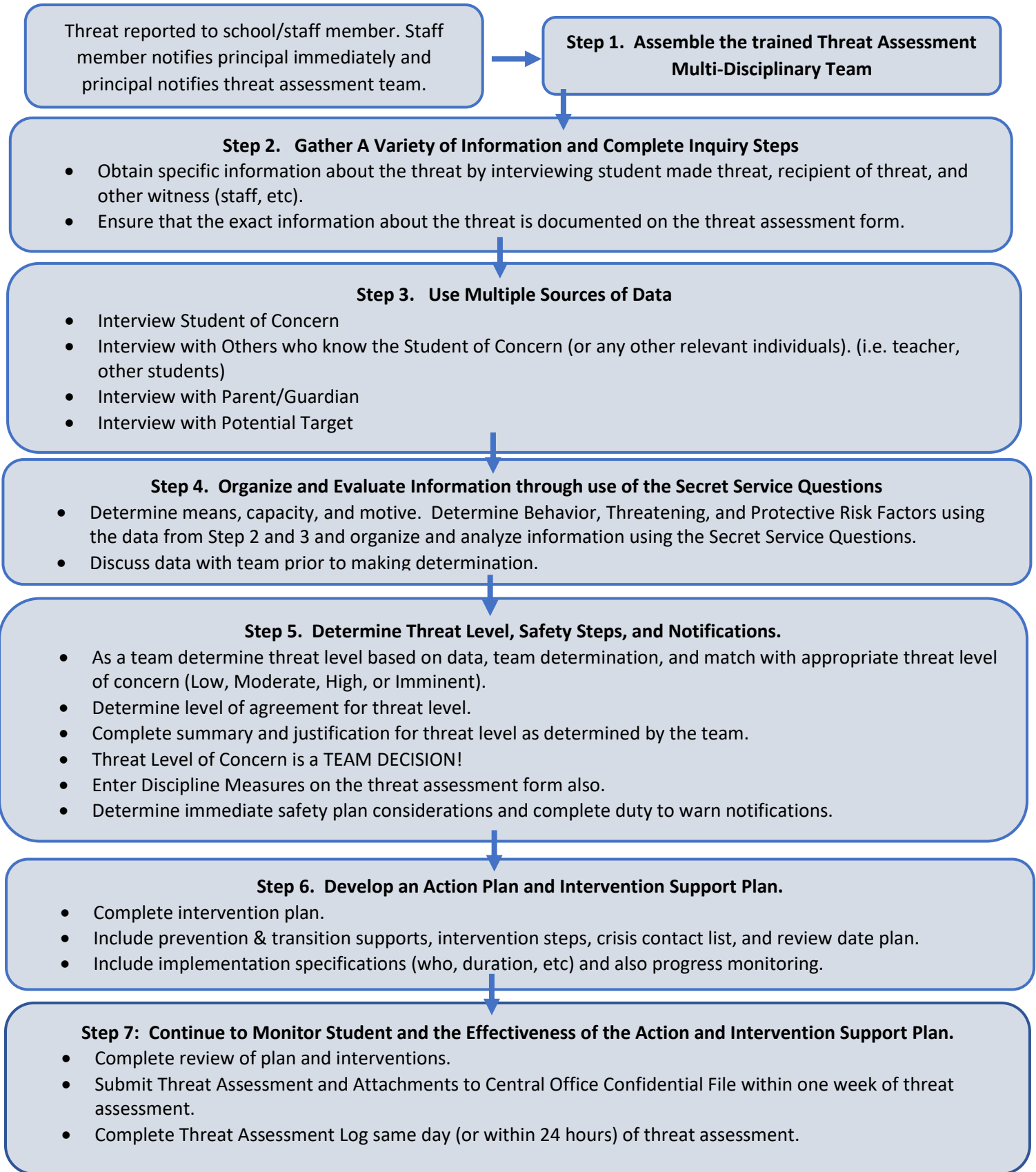
PREVENTATIVE MEASURES
THREAT ASSESSMENT IN ACTION:
**ROCKINGHAM COUNTY
SCHOOL DISTRICT**
A NORTH CAROLINA EXAMPLE





Rockingham County Schools Flow Chart

ELLIS THREAT ASSESSMENT AND INTERVENTION PLAN PROCESS



(Ellis, S.L. (2018). *A study to improve threat assessment processes and guidelines in response to risk of violence in schools*. Doctoral Dissertation Submitted to the Stout School of Education. High Point University, High Point, North Carolina.) This flow chart was developed in July 2018 by Stephanie Lowe Ellis, Ed.D., NCSP District Crisis Coordinator. Copy with permission from author S. Ellis. Citation must be used when using this flow chart or parts of this form.

Step 1 (continued). Assemble the school threat assessment team and determine facts. If there is imminent danger, contact the SRO or local police immediately. Complete the first page of the threat assessment and assign roles and data collection assignments.

Check those school team members involved in this screening (no less than three members- one must be administrator, mental health professional, additional third party must be trained in ETAIP):

| Team Member **MINIMUM OF THREE On-Site Team Members trained in ETAIP must be present.** | Onsite (check yes or no) | Phone Conference (check yes or no) |
|---|-----------------------------|--|
| <input type="checkbox"/> Administrator <i>(required)</i> | | |
| <input type="checkbox"/> School Psychologist <i>(required)</i> | | |
| <input type="checkbox"/> School Counselor <i>(required)</i> | | |
| <input type="checkbox"/> Classroom Teacher <i>(required)</i> | | |
| <input type="checkbox"/> Special Education <i>(required if child is EC)</i> | | |
| <input type="checkbox"/> School Resource Officer (SRO) <i>(Required for notification for Elementary, Required Involvement for Middle/HS)</i> | | |
| <input type="checkbox"/> Nurse | | |
| <input type="checkbox"/> Social Worker | | |
| <input type="checkbox"/> Mental Health Agency | | |
| <input type="checkbox"/> Other relevant adult (s) who have information regarding the threat or student | | |

Step 2: Gather a Variety of Information from a variety of sources using inquiry steps. Consider all of the following & check sources of information gathered. For any item checked, put date and who collected the information and *attach* notes.

| Records Check (check all of these) | Results: <small>(NS= Not Significant; NA=Not Applicable; Attach= Attached copies)</small> | Date/Who Collected? | Notes about Significant Findings: |
|---|--|---------------------|--------------------------------------|
| Current Academic Records | <input type="checkbox"/> NS <input type="checkbox"/> NA <input type="checkbox"/> Attach | | |
| Previous Academic Records | <input type="checkbox"/> NS <input type="checkbox"/> NA <input type="checkbox"/> Attach | | |
| Current Discipline Records | <input type="checkbox"/> NS <input type="checkbox"/> NA <input type="checkbox"/> Attach | | |
| Previous Discipline Records | <input type="checkbox"/> NS <input type="checkbox"/> NA <input type="checkbox"/> Attach | | |
| Class Schedule | <input type="checkbox"/> NS <input type="checkbox"/> NA <input type="checkbox"/> Attach | | |
| Special Education/504 Records | <input type="checkbox"/> NS <input type="checkbox"/> NA | | |
| Contact with Social Services, Probation, or other Agencies | <input type="checkbox"/> NS <input type="checkbox"/> NA <input type="checkbox"/> Attach | | |
| Internet histories, written and artistic material, etc. | <input type="checkbox"/> NS <input type="checkbox"/> NA <input type="checkbox"/> Attach | | |
| Social Media | <input type="checkbox"/> NS <input type="checkbox"/> NA <input type="checkbox"/> Attach | | |
| Bullying Report or Grievances Filed | <input type="checkbox"/> NS <input type="checkbox"/> NA <input type="checkbox"/> Attach | | |
| Law Enforcement Records | <input type="checkbox"/> NS <input type="checkbox"/> NA <input type="checkbox"/> Attach | | |
| SRO Contacts | <input type="checkbox"/> NS <input type="checkbox"/> NA <input type="checkbox"/> Attach | | |

(Ellis, S.L. (2018). *A study to improve threat assessment processes and guidelines in response to risk of violence in schools*. Doctoral Dissertation Submitted to the Stout School of Education. High Point University, High Point, North Carolina.) This form was developed in July 2018 by Stephanie Lowe Ellis, Ed.D., NCSP, District Crisis Coordinator. It was inspired and adapted from the Cherry Creek School District, CO and also Stephanie Lowe Ellis and Diane Zihal's Form in 2010 and October 2013. Copy with permission from author S. Ellis. Citation must be used when using this form or parts of this form.

| Records Check (check all of these) | Results: (NS= Not Significant; NA=Not Applicable; Attach= Attached copies) | Date/Who Collected? | Notes about Significant Findings: |
|--|---|----------------------------|--|
| Search of Locker, Desk, Car, Bookbag (if applicable) on school property; according to district policy; (Initiate search with law enforcement if appropriate) | <input type="checkbox"/> NS <input type="checkbox"/> NA <input type="checkbox"/> Attach | | |
| Protective/No contact orders | <input type="checkbox"/> NS <input type="checkbox"/> NA <input type="checkbox"/> Attach | | |
| Other (describe): | <input type="checkbox"/> NS <input type="checkbox"/> NA <input type="checkbox"/> Attach | | |

Step 3: Use Multiple Sources of Data through interviews and data collection.

| Type of Interview | Date of Interview | Who Conducted Interview? | Interview Attached |
|---|--------------------------|---------------------------------|--|
| Student of Concern | | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Parent/Guardian Interview | | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Teacher Interview or School Staff | | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Interview with target individual(s) of threat | | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Interview with parent(s) of targets | | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Interview of Other Students | | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Other Interview(s): (Specify) | | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |

Step 4: Evaluate Information. Organize and analyze information with secret service questions. Summarize information below as a team from the multiple sources of data collected. Identify behavior, threatening, and protective factors. *This is part of the assessment is a team discussion from the details reviewed from interviews and data collection.
Behavior Risk Factors to Consider

(Addresses SS Questions #3, 4, 6, 8, 9, and 10)

**This part of the assessment is a team discussion from the details reviewed from interviews and data collection.*
Inappropriate Interests (#3):
Has the student shown inappropriate interest in any of the following?
 weapons (including recent acquisition or any relevant weapon) school attacks (attackers) incidents of mass violence, terrorism, or murder (via internet, writings, drawings, conversations, etc.) not applicable

Details: _____

(Ellis, S.L. (2018). *A study to improve threat assessment processes and guidelines in response to risk of violence in schools*. Doctoral Dissertation Submitted to the Stout School of Education. High Point University, High Point, North Carolina.) This form was developed in July 2018 by Stephanie Lowe Ellis, Ed.D., NCSP, District Crisis Coordinator. It was inspired and adapted from the Cherry Creek School District, CO and also Stephanie Lowe Ellis and Diane Zihal's Form in 2010 and October 2013. Copy with permission from author S. Ellis. Citation must be used when using this form or parts of this form.

Attack Related Behaviors (#4):

- a. Has the student engaged in attack-related behaviors?
 Developing an attack idea or plan Making efforts to acquire or practice with weapons (include violent games)
 Casing or checking out possible sites and areas for attack Rehearsing attacks or ambushes not applicable

Details: _____

- b. Practicing behavior (ex. Target practice, violent video games):
 no known practicing behavior some practicing/no apparent escalation a definite escalation of practicing behavior

Details: _____

- c. Student has engaged in bullying/harassment of other students:
 student has not engaged in bullying/harassment mild moderate severe

Details: _____

- d. Student has been a victim of bullying/harassment:
 student has not been a victim of bullying/harassment mild moderate severe

Details: _____

Feelings of Hopelessness and Despair (#6):

Is the student experiencing hopelessness, desperation and/or despair?

- a. Student has experienced:
 a recent loss emotional trauma symptoms of depression, hopelessness or despair
 difficulty coping with a significant event not applicable

Details: _____

- b. When distressed:
 does not seek help sometimes seeks help often seeks help

If yes, name(s) of resources: _____

- c. Student has expressed suicidal ideation/attempt (date/nature of incident(s):
 No Yes- past suicidal ideations Yes- active suicidal ideation has been expressed **(must complete SA and attach!)**

Details: _____

- d. Is the student accident prone or engaged in behavior that suggests that he or she has considered ending their life?

Provide suicidal ideation past and/or present details (if not applicable- please note that student is not suicidal):

(Ellis, S.L. (2018). *A study to improve threat assessment processes and guidelines in response to risk of violence in schools*. Doctoral Dissertation Submitted to the Stout School of Education. High Point University, High Point, North Carolina.) This form was developed in July 2018 by Stephanie Lowe Ellis, Ed.D., NCSP, District Crisis Coordinator. It was inspired and adapted from the Cherry Creek School District, CO and also Stephanie Lowe Ellis and Diane Zihal's Form in 2010 and October 2013. Copy with permission from author S. Ellis. Citation must be used when using this form or parts of this form.

Does the student see violence as a solution (#8)?

- a. Student sees violence as an acceptable or desirable way to solve problem (#8): yes no

Details: _____

- b. Does the setting around the student (friends, fellow students, parents, teachers, adults) explicitly or implicitly support or endorse violence as a way of resolving problems or disputes (#8)?

Details: _____

- c. Has the student been “dared” by others to engage in an act of violence (#8)? yes no

Details: _____

Consistency in Story and Actions (#9)

Does information from collateral interviews and from the student’s own behavior confirm or dispute what the student says is going on? yes no

Details: _____

Concerns from Others (#10)

- a. Are those who know the student concerned that he or she might take action based on violent ideas or plans? yes no

Details: _____

- b. Are those who know the student concerned about a specific target? yes no

Details: _____

- c. Have those who know the student witnessed recent changes or escalations in mood and behavior? yes no

Details: _____

Any Other Behavioral Risk Factors of Concern: (please describe)

(Ellis, S.L. (2018). *A study to improve threat assessment processes and guidelines in response to risk of violence in schools*. Doctoral Dissertation Submitted to the Stout School of Education. High Point University, High Point, North Carolina.) This form was developed in July 2018 by Stephanie Lowe Ellis, Ed.D., NCSP, District Crisis Coordinator. It was inspired and adapted from the Cherry Creek School District, CO and also Stephanie Lowe Ellis and Diane Zihal’s Form in 2010 and October 2013. Copy with permission from author S. Ellis. Citation must be used when using this form or parts of this form.

Threatening Risk Factors to Consider

(Addresses SS Questions #1, 2, 5, 11)

**This part of the assessment is a team discussion from the details reviewed from interviews and data collection.*

Communications (#2):

a. Type of Threat:

- No Threat
 Threat was vague
 Threat was indirect but possible
 Threat was direct, specific/plausible

Details: _____

b. Target:

- target not identified
 target is identified but not accessible
 target is identified and accessible

Details: _____

c. Threat was:

- impulsive
 somewhat planned
 extensively planned

Details: _____

d. Student has communicated ideas or intent to attack: (What, if anything, has the student communicated to someone else (targets, friends, other students, teachers, family, others) or written in a diary, journal, or website concerning his or her ideas and/or intentions? Provide specific details here regarding type of threat, target, and planning of threat.

Details: _____

Motive(s) and Goals (#1):

a. What motivated the student to make the statements or take the actions that caused him or her to come to attention? What are the student's motive(s) and goals?

- no known reason for student to act on plan at this time
 possible reasons due to recent circumstances
 definite triggers or events that would make student likely to act now

List of Triggering Event(s): _____

b. Does the situation or circumstance that led to these statements or actions still exist? yes no

Details: _____

c. Does the student have a major grievance or grudge? Against whom? yes no

Details: _____

d. What efforts have been made to resolve the problem and what has been the result? Does the potential attacker feel that any part of the problem is resolved or see any alternative? yes no

Details: _____

(Ellis, S.L. (2018). *A study to improve threat assessment processes and guidelines in response to risk of violence in schools*. Doctoral Dissertation Submitted to the Stout School of Education. High Point University, High Point, North Carolina.) This form was developed in July 2018 by Stephanie Lowe Ellis, Ed.D., NCSP, District Crisis Coordinator. It was inspired and adapted from the Cherry Creek School District, CO and also Stephanie Lowe Ellis and Diane Zihal's Form in 2010 and October 2013. Copy with permission from author S. Ellis. Citation must be used when using this form or parts of this form.

Capacity (#5):

- a. How organized is the student's thinking and behavior? The Plan itself is:
 no plan plan is vague has some details has great amount of details

Provide explanation:

- b. Does the student have the means, e.g., access to weapon, to carry out an attack?
 no access to weapons possible access to weapons definite access to weapons
 no capacity some capacity considerable capacity to carry out plan
 no violent history one or two episodes of violence extensive violent history

Provide explanation:

Any Other Threatening Risk Factors of Concern: (please describe)

Protective Factors to Consider

(Addresses SS Questions #7)

**This part of the assessment is a team discussion from the details reviewed from interviews and data collection*

Trusting Relationships (#7):

- a. Does this student have at least one relationship with an adult where the student feels that he or she can confide in the adult and believes that the adult will listen without judging or jumping to conclusions? yes no

If yes, name(s) of adults: _____

If no, explain further: _____

- b. Is the student emotionally connected to other students? yes no

If yes, name(s) of adults: _____

If student is disconnected from other students, explain further: _____

(Ellis, S.L. (2018). *A study to improve threat assessment processes and guidelines in response to risk of violence in schools*. Doctoral Dissertation Submitted to the Stout School of Education. High Point University, High Point, North Carolina.) This form was developed in July 2018 by Stephanie Lowe Ellis, Ed.D., NCSP, District Crisis Coordinator. It was inspired and adapted from the Cherry Creek School District, CO and also Stephanie Lowe Ellis and Diane Zihal's Form in 2010 and October 2013. Copy with permission from author S. Ellis. Citation must be used when using this form or parts of this form.

c. Has the student previously come to someone's attention or raised concern in a way that suggested he or she needs intervention or supportive services? yes no

If yes, explain: _____

Currently, the student's home environment allows for the student to be:

is not monitored closely sometimes monitored constantly monitor the student's actions

If yes, name(s) of peers/adults who monitor: _____

Supportive Agencies:

are not involved may soon be involved are currently involved

If yes, name(s) of agencies: _____

If yes, does RCS have an active consent: yes no (obtain release of information)

If yes, name the date of the consent and attach to this assessment and notes from consultation:

Student has shown ability to self-monitor or restrain:

yes no

Details: _____

Previous measures have been effective in inhibiting the student from acting violently:

never sometimes often

List of effective interventions: _____

Any Other Protective Factors of Concern: (please describe)

(Ellis, S.L. (2018). *A study to improve threat assessment processes and guidelines in response to risk of violence in schools*. Doctoral Dissertation Submitted to the Stout School of Education. High Point University, High Point, North Carolina.) This form was developed in July 2018 by Stephanie Lowe Ellis, Ed.D., NCSP, District Crisis Coordinator. It was inspired and adapted from the Cherry Creek School District, CO and also Stephanie Lowe Ellis and Diane Zihal's Form in 2010 and October 2013. Copy with permission from author S. Ellis. Citation must be used when using this form or parts of this form.

Step 5: Determine Threat Level, Safety Steps, and Notifications. Based on the factors listed in Step # 3 & 4 and after consideration of the Secret Service questions, determine the level of concern. If the team is unable to determine level of concern/risk, call for consultation (contact Stephanie Lowe Ellis through the School Safety Office at 336-627-2705).

| Threat Level of Concern Descriptions: | | |
|---------------------------------------|---|--|
| Level | Description | Safety Plan |
| Low | <ul style="list-style-type: none"> No current or identified risk or threat Concern is confusing, unrealistic, makes not illusion to violence No identifiable grievance or precipitants More “venting” but no intent to actually cause harm | <ul style="list-style-type: none"> Building Principal shall be notified. Contact parents/guardian of student of concern Protect and notify intended victim(s) and parents/guardians of victim (s). Place interventions in place as needed for victim as well. Determine if a referral is needed and a check-in point at school. Determine if school and/or community-based referrals are needed. Determine if a release of information is needed. See that perceived threat is resolved through explanation, apology, or making amends. Follow discipline measures. Notify SRO. Develop behavior and/or contract as needed. |
| Moderate | <ul style="list-style-type: none"> Acknowledges violent thoughts but no intent to follow through No specific details on plan Person of concern does not view situation as helpless or hopeless No intention to act upon (data confirms this) Willing to look at other alternatives | <ul style="list-style-type: none"> Building administrator shall be notified. Provide direct supervision of student until parents/guardians assume custody. Explain consequences of carrying out threat. Contact parents/guardian of student of concern Protect and notify intended victim(s) and parents/guardians of victim (s). Create intervention plan and document referrals to mental health resources. Include active case management at school. Notify SRO. Refer for mental health assessment and mental health counseling if needed. Place interventions in place as needed for victim as well. Check In system with student should be established and intervention planning. Have parent sign a Release of Information form. Determine if detailed safety plan is needed. Assign team member to monitor student and intervention plan. |

(Ellis, S.L. (2018). *A study to improve threat assessment processes and guidelines in response to risk of violence in schools*. Doctoral Dissertation Submitted to the Stout School of Education. High Point University, High Point, North Carolina.) This form was developed in July 2018 by Stephanie Lowe Ellis, Ed.D., NCSP, District Crisis Coordinator. It was inspired and adapted from the Cherry Creek School District, CO and also Stephanie Lowe Ellis and Diane Zihal’s Form in 2010 and October 2013. Copy with permission from author S. Ellis. Citation must be used when using this form or parts of this form.

| | | |
|-----------------|--|---|
| High | <ul style="list-style-type: none"> • Increase in intensity and severity in tone and content • Frequent and severe thoughts of violence, poses a threat • Communication is directed or fixated on person and/or cause • Lacks immediacy or specificity, and/or detailed plan • Escalation noted in data collection • Time and place may not be identified (potential target is named) • Violence is possible and could occur with precipitating event • Potential need for psychiatric emergency | <ul style="list-style-type: none"> • District administrator shall be notified. • Building administrator shall be notified. • Notify SRO. • Provide direct supervision of student until parents/guardians assume custody and/or student is removed from campus. • Explain consequences of carrying out threat. • Follow discipline measures per district discipline regulation guide. • Threats at this level may require immediate law enforcement intervention or hospitalization. • Contact parents/guardian of student of concern • Protect and notify intended victim(s) and parents/guardians of victim (s). • Make a re-entry plan for student. Make a re-entry plan for student. (If student does not return to current school, sending school communicates with receiving school to help consult about re-entry plan. • When return to school, the student will need active case management. • Safety plan with details must be developed and monitored. • Have parent sign a Release of Information form. • Create intervention plan and document referrals to mental health resources. Include active case management at school. |
| Imminent | <ul style="list-style-type: none"> • Frequent and severe homicidal (potentially suicidal) Thoughts • Language appears action oriented • Operating in predatory mode • Terminal theme to thoughts- appears focused on carrying through with threat • Means, desire, and ability to carry out and accepting of negative consequences • Means and desire to implement plan within a short time • Multiple risk factors and imminent warning signs • Clear pathways to escalating violence • Plan for implementation has begun • Contemplated death of self and/or others • Pathway, energy burst, last resort, fixation, and novel aggression of warning signs are most likely present • Potential need for psychiatric emergency • Law enforcement emergency, Immediate containment is necessary and protection of target | <ul style="list-style-type: none"> • Notify SRO/Law enforcement per regulation to contain threat. • District administrator must be notified. • Building administrator should be notified. • Provide direct supervision of student until parents/guardians assume custody and/or student is removed from campus. • Refer student for mental health intervention. • Explain consequences of carrying out threat. • Follow discipline measures per district discipline regulation guide. • Threats at this level likely require immediate law enforcement intervention or hospitalization. • Contact parents/guardian of student of concern • Protect and notify intended victim(s) and parents/guardians of victim (s). • Make a re-entry plan for student. (If student does not return to current school, sending school communicates with receiving school to help consult about re-entry plan. • When return to school, the student will need active case management. • Safety plan with details must be developed and monitored. • Have parent sign a Release of Information form. • Create intervention plan and document referrals to mental health resources. Include active case management at school. |

(Ellis, S.L. (2018). *A study to improve threat assessment processes and guidelines in response to risk of violence in schools*. Doctoral Dissertation Submitted to the Stout School of Education. High Point University, High Point, North Carolina.) This form was developed in July 2018 by Stephanie Lowe Ellis, Ed.D., NCSP, District Crisis Coordinator. It was inspired and adapted from the Cherry Creek School District, CO and also Stephanie Lowe Ellis and Diane Zihal's Form in 2010 and October 2013. Copy with permission from author S. Ellis. Citation must be used when using this form or parts of this form.

Team Determination of Level of Concern: (This decision is a team determination. If the team is unable to determine level of concern/risk, call for consultation (contact Stephanie Lowe Ellis through the School Safety Office at 336-627-2705).

- Low Level of Concern
 Moderate Level of Concern
 High Level of Concern
 Imminent Level of Concern
Refer to the action steps identified above for each level of concern.

Determine Level of Agreement:

___ High Level of Agreement (Proceed with completing safety plan and intervention plan.)

___ Low Level of Agreement (Collect more data. If the team is unable to determine level of concern/risk, call for consultation (contact Stephanie Lowe Ellis through the EC Office at 336-627-2705 or work cell at 336-932-7496 or Stephanie Moore at 336-613-4550).

Summary Statement/Conclusion (Please be specific "why" the threat level of concern was selected by team):

Duty to Warn and Notifications

| Notification: | Date: | Who Made Contact: (Person and Position) | Response: |
|---|--------------|---|--|
| Potential Target is Notified: | | | |
| Potential Target (s) Parent(s) are Notified: | | | |
| Person of Concern Parent(s) are Notified: | | | |
| SRO Notified: | | | |
| Principal was notified on: | | | |
| EC and/or 504 Case Manager is Notified: | | | A team meeting will be called? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, when? _____ |
| Threat Assessment Log is Completed: | | | |
| Copy Sent to Confidential District File is Sent: | | | |
| If High or Imminent Level- Stephanie Ellis is notified at determination rating. | | | |
| Other Notifications that may be needed: | | | |

(Ellis, S.L. (2018). *A study to improve threat assessment processes and guidelines in response to risk of violence in schools*. Doctoral Dissertation Submitted to the Stout School of Education. High Point University, High Point, North Carolina.) This form was developed in July 2018 by Stephanie Lowe Ellis, Ed.D., NCSP, District Crisis Coordinator. It was inspired and adapted from the Cherry Creek School District, CO and also Stephanie Lowe Ellis and Diane Zihal's Form in 2010 and October 2013. Copy with permission from author S. Ellis. Citation must be used when using this form or parts of this form.

Discipline Measures:

- Student conference with student and parents
 - a. Date and Parties present: _____
 - b. Response from parents/guardians: _____
- Student will be suspended for _____ days for violation of: _____
- Student will be charged by police department for: _____
- Student will be apprehended and detained by police for charge(s) of: _____
- Other: _____

Step 5 (Continued). Determine Threat Level, Safety Steps, and Notifications. (THIS IS ABOUT IMMEDIATE SAFETY.)

| Safety Action Item <small>(List action items from level of concern page and any other interventions that will be put in place.)</small> | Date of Action Item Initiated and by Whom? | Who is Monitoring Safety Plan? |
|---|---|---------------------------------------|
| | | |

(Ellis, S.L. (2018). *A study to improve threat assessment processes and guidelines in response to risk of violence in schools*. Doctoral Dissertation Submitted to the Stout School of Education. High Point University, High Point, North Carolina.) This form was developed in July 2018 by Stephanie Lowe Ellis, Ed.D., NCSP, District Crisis Coordinator. It was inspired and adapted from the Cherry Creek School District, CO and also Stephanie Lowe Ellis and Diane Zihal's Form in 2010 and October 2013. Copy with permission from author S. Ellis. Citation must be used when using this form or parts of this form.

Threat Assessment Team Signatures:

Administrator

School Counselor

School Psychologist

School Resource Officer

Classroom Teacher

Special Education Representative

Nurse

School Social Worker

Other/Position

Other/Position

Date: _____

The results of this screening do not predict specific episodes of violence, nor are they a foolproof method of assessing an individual's potential to harm others. The purpose of this screening is to identify circumstances that may increase the risk for potential violence and to assist school staff in developing a safety and supervision plan.

(Ellis, S.L. (2018). *A study to improve threat assessment processes and guidelines in response to risk of violence in schools*. Doctoral Dissertation Submitted to the Stout School of Education. High Point University, High Point, North Carolina.) This form was developed in July 2018 by Stephanie Lowe Ellis, Ed.D., NCSP, District Crisis Coordinator. It was inspired and adapted from the Cherry Creek School District, CO and also Stephanie Lowe Ellis and Diane Zihal's Form in 2010 and October 2013. Copy with permission from author S. Ellis. Citation must be used when using this form or parts of this form.

Rockingham County Schools

NOTIFICATION CARD

For Cumulative Folder

STUDENT NAME: _____

This Student had a Risk Assessment on _____

(Date)

Please contact RCS Crisis Coordinator, Stephanie Lowe Ellis, Ed.D., NCSP, at 627-2705 for Additional Information. Also, the school may contact

_____ .

(School)

(Please contact the School Counselor at the school for Additional Information.)



Parent Notification Letter

Date:
To:
From:
School:

Dear _____,

As we discussed at our conference on _____(date), Rockingham County Schools conducted a threat assessment for your student. We shared the results of the threat assessment with you at the conference. The threat assessment team has set out next steps and interventions which we hope we can work on together. These interventions and next steps include:

In addition, a resource list of possible community service providers has been given to you.

Please sign below to acknowledge that you have received this information.

Sincerely,

Acknowledgment of Parent or Guardian

By signing below, I hereby acknowledge that I have received this notification.

(Parent or Legal Guardian)

(Date)

PREVENTATIVE MEASURES

SCHOOL CLIMATE:

SOCIAL EMOTIONAL LEARNING



School Climate and Social and Emotional Learning

The Integration of Two Approaches



This issue brief, created by The Pennsylvania State University with support from the Robert Wood Johnson Foundation, is one of a series of briefs that addresses the need for research, practice and policy on social and emotional learning (SEL). SEL is defined as the process through which children and adults acquire and effectively apply the knowledge, attitudes, and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions.

Learn more at www.rwjf.org/socialemotionalllearning.



PennState

Robert Wood Johnson
Foundation



Executive Summary

Healthy schools support student learning, development, and well-being by providing safety, support, academic challenge, healthy foods, time and space to be active, and opportunities for social and emotional development. In healthy schools, both students and educators feel respected and supported. Healthy schools require a positive school climate that supports the social and emotional development of students and adults. Such a climate can reduce inequities and enable students to thrive.

School climate has been conceptualized to include the physical, academic, social, and disciplinary environment. School climate and social and emotional learning (SEL) have often been treated separately by researchers and practitioners, but both are necessary to build healthy schools, are co-influential, and benefit each other. A positive school climate creates the conditions for SEL; the social and emotional competence of each member of the school community, both individually and collectively, affects school climate.

This brief reviews research on how positive school climates support SEL and how improved SEL contributes to improved school climate in elementary and secondary schools. The brief discusses school climate, SEL, and blended models that have effects on school climate and social and emotional competence.

Efforts to improve school climate and SEL can be aligned. Schools can actively foster resilience-building interactions through inclusive school-level policies and initiatives, as well as comprehensive, multi-tiered, whole-school approaches that contribute to positive climates and actively develop social and emotional competencies in students and adults. However, there is still a need for rigorous research that carefully assesses individual and school development in, and provides practical understanding of the application of best practices for, building positive school climates that create opportunities for SEL.



Introduction

Healthy schools are characterized by positive school climates that support student learning, development, and well-being by providing safety, support and connectedness, academic challenge and engagement, cultural responsiveness, healthy foods, time and space to be active, and SEL.

School climate and social, emotional, and academic competencies have public health benefits.^{1,2} They both are multifaceted and complex constructs, and have been conceptualized and measured in many ways:

School climate has been conceptualized to include the physical, academic, social, and disciplinary environment. This definition includes culture, norms, goals, values, practices, characteristics of relationships, and organizational structures.^{3,4} In this brief, we focus on components of school climate that are most directly related to learning, behavior, development, and well-being, including: student and adult experiences of emotional, physical, social, and intellectual safety, connectedness, respect, support, engagement, relational trust, and cultural responsiveness. These concepts have been conceptualized as conditions for learning.⁵

SEL refers to the process of learning, practicing, and building competencies such as self-awareness, self-management, social awareness, relationship skills, and responsible decision making. SEL interventions in schools have been shown to both improve school climate and student's behavioral and academic functioning.^{6,7,8,9}

School climate and SEL have been studied separately. The school climate tradition was informed by organizational and school effectiveness research.¹⁰ School climate includes the interactions of all members of the school community; larger organizational patterns including culture, structure, and resources; and how individuals experience and appraise these interactions and patterns.

The emergence of SEL as a field was influenced, in part, by ecological and transactional models of development, which carefully consider the bidirectional relations between children and contexts in which they are embedded that foster students' social, emotional, and academic competence.^{11,12} The goals of SEL programs are to simultaneously nurture children's skills and classroom and school practices that provide opportunities for development in everyday situations.¹³ Most SEL programs have, until recently, been confined to teaching skills through designated lessons in the classroom and have not been fully integrated into the daily lives of students and adults in school.¹⁴ The research evidence is largely based on evaluations of these programs, and the lack of integration into regular routines of classrooms and schools is one reason for modest effect sizes of SEL programs.

This disconnect between an historical focus on SEL programs and the need to develop broader school climates that support SEL can be attributed to factors including lack of funding, lack of teacher preparation, and lack of school and district infrastructure to support coordinated efforts.¹⁵

In the past decade, a new wave of programs has acknowledged this limitation. There is now a significant move towards coordinated, systematic, schoolwide and districtwide programming that is ecological, integrates school climate and SEL approaches, and prioritizes the engagement of the larger school community.¹⁶ This new wave includes systematic efforts to integrate and build positive school climates that support SEL, such as the ASCD's Whole Child Initiative,¹⁷ the National Commission on Social, Emotional, and Academic Development,¹⁸ and recent efforts to create a Science of Learning and Development.¹⁹

School climate and SEL have considerably more overlap and are more mutually influential than their traditions would suggest. Positive school climates and effective SEL approaches are essential components of safe, supportive, and academically productive schools.²⁰ School climate is the collective phenomenon that both reflects and creates the conditions for the development of social, emotional, and academic competence in both adults and students. Aligning school climate and SEL can create synergies, reduce fragmentation and burden of practice change, and advance research.

It's also important to acknowledge that there are disparities in how students experience school climate. Students of color and students who are economically disadvantaged are more likely than their peers to report poorer school climates, including experiencing harsh and exclusionary discipline. By developing practical understanding and applications of how to create inclusive, culturally competent school climates for all students and staff, schools can reduce inequities and contribute to healthy development and well-being.

This research brief reviews how positive school climates support SEL and how improving social, emotional, and academic competence contributes to improved school climate. Specifically, the brief describes the components of positive school climates that support SEL in elementary and secondary schools.

Aligning school climate and SEL can create synergies, reduce fragmentation and burden of practice change, and advance research.



Key Findings

Supportive relationships, engagement, safety, cultural competence and responsiveness, and academic challenge and high expectations create positive school climates that can help build social and emotional competence.

Figure 1 illustrates the relationship between climate and social and emotional competence. The circle on the left shows the components of school climate that indirectly shape SEL. The circle on the right identifies competencies that shape and are shaped by school climate. The overlapping area in the center identifies the elements of positive school climates that directly support SEL. Here we focus on the central area—those elements of positive school climates that create conditions that support intentional as well as informal SEL.

At the heart of what it takes for students to thrive are **supportive, respectful, trusting relationships**. Overlapping components (see Figure 1) support these relationships:

Engagement. When students experience engagement and feel a sense of belonging and connection with adults and peers at school, they can build social capital and more readily use adults as social models, accept feedback, and navigate and persevere through challenges.²¹

Safety. When students and staff feel safe, they are more willing to focus on learning from and with others and take academic risks.

Figure 1. A model of the distinct and overlapping elements of school climate and social and emotional competence with illustrative components



Cultural competence. Cultural competence is a set of behaviors, attitudes, and policies that enables schools, agencies, and teachers to work more effectively in bicultural and multicultural settings and interactions.²² Cultural competence can help adults be aware of privilege, implicit bias and micro-aggressions. Culturally competent schools help educators engage students and families by creating conditions where students and families feel a sense of belonging, support, respect, and safety.²³

Cultural responsiveness. Culturally competent teachers can use their knowledge of students to be more instructionally responsive. Culturally responsive instructional approaches are engaging, participatory, and use diverse instructional models to scaffold learning by using students' own cultural knowledge to teach new concepts, connect experiences inside and outside the classroom, and master new information.²⁴ Such approaches can address the social and emotional and learning needs of culturally and linguistically diverse students by creating learning environments where students feel emotionally and intellectually safe, supported, and challenged.²⁵

Culturally competent school climates and culturally responsive approaches and practices can help students build strengths-based individual and collective narratives and can help students counteract negative dominant narratives, such as prejudicial stereotypes.

Challenge and high expectations. Students are more personally motivated to succeed, more actively engaged in learning, and work better with others when they, their peers, and adults have high expectations for achievement that are experienced as relevant to them; when they are surrounded by peers who have academic aspirations; and when curricula, pedagogy, and opportunities to learn are rigorous, engaging and aligned with their goals.²⁶

Leaders are essential to creating the conditions to build teachers' social and emotional competencies. Teachers are more likely to develop these skills when leadership both prioritizes and models these competencies. Teachers who have social and emotional competence (SEC) can model it to support student behavior and learning.²⁷

The relationship between positive school climate and SEL is interactive and co-influential, it occurs in all settings and student-teacher-staff interactions, and influences students and teachers directly and indirectly.

There is a dynamic relationship among aspects of school climate and SEL. Student and adult social and emotional competencies influence and are influenced by interactions among students and adults. These interactions can intentionally develop SECs through direct instruction, modeling, and reinforcement. These interactions occur across the various settings of the school building. In addition, factors such as class size, how students are grouped, student-faculty ratios, policies, resource allocation, the physical features of the school, rituals, narratives, school culture, and the demographic composition of the school also affect interactions. In turn, these features influence and are influenced by out-of-school contexts that include availability of community centers and other community supports, community risk and protective factors, family needs and concerns, how students get to school, and social networks.



The relation between school climate and SEL is bidirectional. School climate affects SEL and vice versa in a dynamic manner. For example, when there is less bullying and violence in the classroom and school, students become less fearful, employ non-violent methods of conflict resolution, and interact more effectively, cooperatively, inclusively, and productively. As a result, there are fewer disciplinary incidents and disruptions of learning, allowing for better resource allocation leading to positive learning outcomes.²⁸ At the same time, the acquisition of SEL contributes to a safer school environment.²⁹

The relation between school climate and SEL occurs across levels of the school system.

The mutually reinforcing relationship between school climate and SEL occurs in moment-to-moment interactions within classroom and school settings. It also is embedded within other climate-related factors (e.g., organizational systems, policies, procedures, the physical environment, and cultures and norms), which are in turn embedded within community settings. These repeated interactions set patterns and norms in one-on-one and larger group interactions. School climate and SEL also shape and are shaped by the policies and procedures that determine responses to misbehavior, resource allocation, the level of collaboration among staff and between schools and the community, and access to prevention and intervention services in schools.

The relation between school climate and SEL is multidimensional. School climate and SEL each have multiple components. School climate includes elements of safety, engagement, relationships, teaching and learning, and environment, and can be measured at the school and classroom levels. SEL involves the development of individual skills, knowledge, and dispositions. One component of school climate can mutually influence other components of school climate as well as one or more SEL components. For example, teacher support contributes to how students regulate their behaviors in the classrooms, just as students' self-regulation skills contribute to teachers' capacities to create supportive classroom conditions.

Most often, multiple components of school climate and SEL are present at the same time. For example, culturally responsive relationships both create and are aided by how emotionally and physically safe students and adults feel. These two components of school climate, in interaction, can create and aid the development of multiple social and emotional competencies in students and adults, such as social awareness and confidence.

The interaction of school climate and SEL creates ripple effects in the school. A specific interaction between a student and a teacher may affect not only those directly involved but also surrounding students and adults. For example, disruptive student behavior may distract teachers or cause teacher stress, both of which can have effects on how the teacher appraises the behavior of and responds to other students. Similarly, a positive or negative principal-staff interaction may have ripple effects across the staff that may impact students when they witness and potentially model adult behaviors.

Rigorous evaluations of school climate and SEL approaches have provided some direct evidence that one can improve the other.

School climate approaches. Schools have the potential to serve as powerful protective factors in students' development.³⁰ Schools are relatively self-contained environments and can be safe spaces for children and their families.³¹ Schools can counteract alienation and isolation students may feel by actively fostering resilience-building interactions.³² Schools that foster a sense of belonging can help reduce depression, increase self-efficacy, and provide opportunities to build self-confidence and relationship-building skills.^{33,34} School-level policies and initiatives such as anti-harassment policies, providing safe spaces for youth who are marginalized, and enlisting the resources of families and other community members from marginalized groups can reduce negative outcomes in young people.^{35,36}

The most effective approaches to improving school climate can create conditions for SEL and engage multiple members of the school community. These efforts have not been entirely separate from SEL approaches and are sometimes used as an organizing approach for prevention efforts, including character and moral education, civic education, and risk/mental health promotion efforts.³⁷ Although there is great interest in improving school climate, limited direct evidence exists for the effectiveness of school climate or whole-school approaches

Schools have the potential to serve as powerful protective factors in students' development.

in promoting social and emotional development. One noteworthy exception is the Caring School Community program, which, by aiming to create a sense of community while also developing social and emotional skills, combines elements of both school climate approaches and SEL programs.³⁸ In addition, there is some evidence that schools with more positive school climate have higher implementation of SEL programs. The universal components of School-Wide Positive Behavioral Interventions and Supports (SWPBIS), a prevention framework for both improving school climate and providing additional tiers of behavior supports to appropriate students, has also shown positive impacts on students' emotion regulation, prosocial behavior, and concentration, in addition to improving perceptions of safety, academic performance and reducing bullying and office disciplinary referrals.^{39,40}

Some approaches show promise but have not yet been rigorously evaluated. Disciplinary approaches such as authoritative discipline and restorative practices show promise for reducing re-traumatization and contribute to emotional and physical safety and equity.^{41,42} Universal trauma-sensitive interventions can include creating a warm and caring school, teacher training on the impacts of trauma, alternatives to suspension, and classroom presentations on coping with trauma and violence. Trauma-informed interventions can include trauma-informed approaches to SEL that address individual needs, trauma-informed approaches to discipline, and trauma-informed psychotherapies.⁴³

SEL approaches. SEL programs and practices vary in their approaches.^{44,45} Some programs focus solely on teaching skills exclusively in a lesson format, while others also nurture students and teachers to use these skills across the school day and school settings. Programs also provide professional development to different people; some focus only on classroom teachers, while others extend to all adults who work in the schools (from the principal to playground, lunchroom and transportation staff). Based on a review of evidence-based SEL programs, The Center on Great Teachers and Leaders identified 10 instructional strategies for improving SEC.⁴⁶

Some SEL programs take more comprehensive approaches by providing procedures for community-family-school involvement and partnership. These more comprehensive programs aim to develop the environmental conditions for skill acquisition, reinforcement, and recognition.^{47,48} For example, some SEL interventions strive to provide high expectations for students, support from adults, structured and cooperative learning environments, and safe and orderly schools to produce improvements in children's engagement, prosocial behavior (and reduction in antisocial behavior) and academic success.⁴⁹ Evaluations of these programs have shown positive short-term effects, but implementation is often difficult to sustain on a long-term basis.⁵⁰ A four-year evaluation of an eight-district demonstration program of systemic, district-level SEL approaches suggests that systemic SEL leads to improvements in student perceptions of school climate.⁵¹

The Center on Great Teachers and Leaders identifies 10 teaching practices that promote students' social and emotional competencies

1. Student-Centered Discipline
2. Teacher Language
3. Responsibility and Choice
4. Warmth and Support
5. Cooperative Learning
6. Classroom Discussions
7. Self-Reflection and Self-Assessment
8. Balanced Instruction
9. Academic Press and Expectations
10. Competence Building—Modeling, Practicing, Feedback, Coaching

Source: Yoder, N. (2014). Teaching the whole child: Instructional practices that support social-emotional learning in three teacher evaluation frameworks. Washington DC: American Institutes for Research.

A number of rigorous evaluations of SEL programs (including 4Rs, RULER, Tools of the Mind, PATHS, Incredible Years, Responsive Classroom, and Chicago School Readiness Project) have demonstrated improvements in classroom climate that are significant, with moderate to large effect sizes.^{52,53,54,55,56,57,58} A handful of evaluations of SEL programs including PATHS, Steps to Respect, and Raising Healthy Children have found impacts on school climate more broadly, including student attitudes toward school and school bonding.^{59,60,61}

The evidence for the effects of SEL programs on improvements in classroom and school climate comes primarily from efforts in preschools and elementary schools. There exists less consistent evidence that SEL programs are effective for adolescents and little evidence of SEL programs' effects on secondary school or classroom climate. However, a recent review of SEL programs for adolescents suggests that creating climates and mindsets that increase respect towards adolescents and help them cope with challenges shows great promise.⁶²

Blended approaches. Blended programs or approaches that incorporate SEL and school climate improvements with both "bottom up" and "top down" strategies show promise of effectiveness. For example, SEL and school climate efforts have been successfully implemented districtwide in Cleveland elementary schools.⁶³ In addition, evidence suggests that a combination of Positive Behavior Intervention and Supports (PBIS) or School-wide PBIS combined with SEL has stronger effects on student outcomes than SEL alone.⁶⁴ One unique approach to both bottom up and top down efforts is City Year's Whole School Whole Child model, which seeks to support and strengthen the learning environment to increase student engagement and commitment to school.⁶⁵ Evaluations of City Year and Diplomas Now, another whole-school reform effort, already show some evidence for improvements in social and emotional competencies, including positive social interactions with peers and adults and conflict resolution, and school climate, as well as increased attendance and reduced suspensions. City Year is now more intentionally including SEL in its efforts.^{66,67,68}

Blended programs or approaches that incorporate SEL and school climate improvements with both "bottom up" and "top down" strategies show promise of effectiveness.

Future Research Needs

There is an urgent need to ensure that teachers, administrators, other school staff, families, community members, youth, and policy makers have the best tools and knowledge at their disposal to create positive school climates and focus specifically on developing the social and emotional competencies of children and adults.

To build these tools and knowledge, the research and practice communities can benefit from greater clarity and alignment in definitions, goals, messaging, and measurement of SEL and school climate, and understand how each one can complement the other. In addition, measures that capture both school climate and SEL by students, staff, and parents align with the conceptual frame discussed in this brief and allow for greater precision in understanding how SEL and school climate interact. Developing research questions and articulating practical goals that connect fields of study will reduce research and practice silos. Interdisciplinary collaborations, innovative methods, and existing data can be leveraged to build theory. Collaborations should involve longitudinal studies that examine the co-influential relationships between and among the components of school climate and how to improve and create greater equity in individual social, emotional, and cognitive competencies.

Concurrently, rigorous evaluations are needed on the effectiveness of school approaches that are designed to simultaneously improve school climates and support SEL of students and adults, particularly in secondary school. Equally important to understanding the effectiveness of these combined strategies is understanding how systems-level factors—such as school design, principal and district leadership, implementation quality and support, and district and state policies—shape school climates that support social and emotional development.

Most climate and SEL interventions are implemented as universal interventions. Yet, as expected, they do not benefit all students to the same degree. The high rate of trauma and chronic stress present a need to design and test comprehensive multi-tiered approaches. A multi-tiered approach includes comprehensive universal climate and SEL interventions for all students, more focused early interventions for students at some greater level of need, and intensive interventions for students at the highest level of need. The universal interventions function as a foundation to support teachers and students. It is important that interventions at all levels employ the same language, nurture the same social, emotional, and cognitive competencies and components of school climate that support safety, respect, connectedness, challenge, and care.⁶⁹ Multi-tiered intervention frameworks have the potential to extend the benefits and reach of climate and SEL interventions and require rigorous evaluation.

Conclusions and Implications

School climate and SEL have been implemented and studied through distinct approaches and frameworks, which have produced distinct bodies of research. This has contributed to fragmented efforts that limit knowledge, uptake and intervention effects. However, school climate and SEL are inextricably linked. Schools in which all students can thrive provide safe and supportive environments and provide opportunities for all students to develop SEC.

Developing the conditions and opportunities for learning can reduce inequities, create safe spaces for marginalized youth, and contribute to student thriving.

The integration of efforts to improve school climate and SEL is a promising avenue for creating these conditions and opportunities.

Research and analyses at the intersection of school climate and SEL support the following conclusions and recommendations:

- There is an inextricable link between school climate and SEL. Attention to school climate is necessary for knowledge building and promotion of SEL in students and adults, just as attention to SEL is necessary for knowledge building and improvement of school climate.
- Although attending to all components of school climate may be useful to build healthy schools, attention to those components most proximal to building students' social, emotional, and cognitive competence may most efficiently drive and reinforce changes in students and adults.

Authors/Affiliations

David Osher, Ph.D. is Vice President and Institute Fellow at American Institutes for Research; Juliette Berg, Ph.D. is Senior Researcher at American Institutes for Research. The authors gratefully acknowledge Kimberly Kendziora, Ph.D. and Deborah Moroney, Ph.D., of American Institutes for Research, Maurice J. Elias, Ph.D., of Rutgers University, and Jonathan Cohen, Ph.D., of Columbia University for their helpful comments on an earlier version of this brief.

Suggested Citation

Osher, D., & Berg, J. (2017). "School Climate and Social and Emotional Learning: The Integration of Two Approaches." Edna Bennet Pierce Prevention Research Center, Pennsylvania State University.

About the Robert Wood Johnson Foundation

For more than 40 years the Robert Wood Johnson Foundation has worked to improve health and health care. We are working with others to build a national Culture of Health enabling everyone in America to live longer, healthier lives. For more information, visit www.rwjf.org. Follow the Foundation on Twitter at [www.rwjf.org/twitter](https://twitter.com/rwjf) or on Facebook at [www.rwjf.org/facebook](https://www.facebook.com/rwjf).

About Pennsylvania State University

Founded in 1855, the Pennsylvania State University is a renowned public research university that educates students from around the world and collaborates with partners to share valuable knowledge that improves the health and well-being of individuals, families and communities. For more information, visit www.psu.edu. To learn more about the Edna Bennett Pierce Prevention Research Center, go to prevention.psu.edu.

References

- 1 Greenberg, M., Domitrovich, C., Weissberg, R., & Durlak, J. (2017). Social and Emotional Learning as a Public Health Approach to Education. *The Future of Children*, 27(1), 13-32.
- 2 Osher, D., Kendziora, K., Spier, E., & Garibaldi, M. L. (2014). School influences on child and youth development. In Z. Sloboda & H. Petras (Eds.), *Advances in prevention science Vol. 1: Defining prevention science* (pp. 151–170). New York, NY: Springer.
- 3 National School Climate Council. (2012). The school climate improvement process: Essential elements, school climate briefs, No. 4.
- 4 Thapa, A., Cohen, J., Guffey, S., & Higgins-D'Alessandro, A. (2013). A review of school climate research. *Review of Educational Research*, 83(3), 357–385.
- 5 Garibaldi, M., Ruddy, S., Osher, D., & Kendziora, K. (2015). Assessment of climate and conditions for learning. In J. Durlak, T. Gulotta, & R. Weissberg (Eds.), *The handbook of social and emotional learning* (pp. 348–359). New York, NY: Guilford.
- 6 Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B. (2011). The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions. *Child Development*, 82(1), 405–432.
- 7 Brock, L. L., Nishida, T. K., Chiong, C., Grimm, K. J., & Rimm-Kaufman, S. E. (2008). Children's perceptions of the classroom environment and social and academic performance: A longitudinal analysis of the contribution of the Responsive Classroom approach. *Journal of School Psychology*, 46(2), 129–149.
- 8 Catalano, R. F., Mazza, J. J., Harachi, T. W., Abbott, R. D., Haggerty, K. P., & Fleming, C. B. (2003). Raising healthy children through enhancing social development in elementary school: Results after 1.5 years. *Journal of School Psychology*, 41(2), 143–164.
- 9 Osher, D., Cantor, P., Berg, J., Rose, T., & Steyer, L. (2017). The Science of learning and development. Washington, DC: American Institutes for Research, Turnaround for Children, The Opportunity Institute, The Learning Policy Institutes, EducationCounsel.
- 10 Cohen, J., McCabe, L., Michelli, N. M., & Pickeral, T. (2009). School climate: Research, policy, practice, and teacher education. *Teachers College Record*, 111(1), 180-213.
- 11 Bronfenbrenner, U. & Ceci, S. J. (1994). Nature-nurture reconceptualized in developmental perspective: A biological model. *Psychological Review*, 101(4), 568-586.
- 12 Sameroff, A. (1975). Transactional models in early social relations. *Human Development*, 18, 65-79.
- 13 Greenberg, M., Domitrovich, C., Weissberg, R., & Durlak, J. (2017). Social and Emotional Learning as a Public Health Approach to Education. *The Future of Children*, 27(1), 13-32.
- 14 Jones, S. M. & Bouffard, S. (2012). Social and emotional learning in schools: From programs to strategies. *Social Policy Report*, 23(4), 1-33.
- 15 Greenberg, M. T., Weissberg, R. P., O'Brien, M. U., Zins, J. E., Fredericks, L., Resnik, H., & Elias, M. J. (2003). Enhancing school-based prevention and youth development through coordinated social, emotional, and academic learning. *American Psychologist*, 58, 466-474.
- 16 Collaborative for Academic, Social, and Emotional Learning (2017). History of program reviews at CASEL. Retrieved from <http://www.casel.org/guide/history/>
- 17 ASCD. The Whole Child Approach.
- 18 The Aspen Institute. National Commission on Social, Emotional, and Academic Development.
- 19 Osher, D., Cantor, P., Berg, J., Rose, T., & Steyer, L. (2017). The Science of learning and development. Washington, DC: American Institutes for Research, Turnaround for Children, The Opportunity Institute, The Learning Policy Institutes, EducationCounsel.
- 20 Osher, D., Dwyer, K., & Jackson, S. (2004). Safe, supportive, and successful schools step by step. Longmont, CO: Sopris West.
- 21 Osher, D., Sprague, J., Weissberg, R., Axelrod, J., Keenan, S., Kendziora, K., & Zin, J. (2008). A comprehensive approach to promoting social, emotional, and academic growth in contemporary schools. *Best Practices in School Psychology*, 4, 1263-1278.
- 22 King, M.A., Sims, A., & Osher, D. (1998). How is cultural competence integrated into education? Washington, D.C.: Center for Effective Collaboration and Practice, American Institutes for Research.
- 23 Bustamante, R. M., Nelson, J. A., & Onwuegbuzie, A. J. (2009). Assessing schoolwide cultural competence: Implications for school leadership preparation. *Educational Administration Quarterly*, 45(5), 793-827.
- 24 Hammond, Z. (2014). Culturally responsive teaching and the brain: Promoting authentic engagement and rigor among culturally and linguistically diverse students. Corwin Press.
- 25 Gay, G. (2010). Culturally responsive teaching: Theory, research, and practice. New York, NY: Teachers College Press.
- 26 Lee, J. & Shute, V. Personal and social-contextual factors in K-12 academic performance: An integrative perspective on student learning. *Educational Psychologist*, 45, 1-19.
- 27 Jennings, P. A., & Greenberg, M. T. (2009). The prosocial classroom: Teacher social and emotional competence in relation to student and classroom outcomes. *Review of Educational Research*, 79, 491–525.
- 28 Sprague, J. R., & Walker, H. M. (2010). Building safe and healthy schools to promote school success: Critical issues, current challenges, and promising approaches. In M. R. Shinn, H. M. Walker, & G. Stoner, (Eds.), *Interventions for achievement and behavior problems in a three-tier model including RTI* (pp. 225–257). Bethesda, MD: National Association of School Psychologists.
- 29 Osher, D., Sprague, J., Weissberg, R. P., Axelrod, J., Keenan, S., Kendziora, K., & Zins, J. E. (2008). A comprehensive approach to promoting social, emotional, and academic growth in contemporary schools. In A. Thomas & J. Grimes (Eds.), *Best practices in school psychology V* (vol. 4, pp. 1263–1278). Bethesda, MD: National Association of School Psychologists.
- 30 Osher, D., Kendziora, K., Spier, E., & Garibaldi, M. L. (2014). School influences on child and youth development. In Z. Sloboda & H. Petras (Eds.), *Advances in prevention science Vol. 1: Defining prevention science* (pp. 151–170). New York, NY: Springer.
- 31 Dwyer, K., & Osher, D. (2005). Safeguarding our children: An action guide revised and expanded. Longmont, CO: Sopris West.
- 32 Birkett, M., Espelage, D. L., & Koenig, B. (2009). LGB and questioning students in schools: The moderating effects of homophobic bullying and school climate on negative outcomes. *Journal of youth and adolescence*, 38(7), 989–1000.
- 33 Gonzales, R. G., Suárez-Orozco, C., & Dedios-Sanguinetti, M. C. (2013). No place to belong: Contextualizing concepts of mental health among undocumented immigrant youth in the United States. *American Behavioral Scientist*. doi: 0002764213487349.
- 34 Osher, D., & Kendziora, K. (2010). Building conditions for learning and healthy adolescent development: Strategic approaches. In B. Doll, W. Pfohl, & J. Yoon (Eds.), *Handbook of youth prevention science* (pp. 121–140). New York, NY: Routledge.
- 35 Hatzenbuehler, M. L., Birkett, M., Van Wageningen, A., & Meyer, I. H. (2014). Protective school climates and reduced risk for suicide ideation in sexual minority youths. *American Journal of Public Health*, 104(2), 279–286.
- 36 Isik-Ercan, Z. (2012). In pursuit of a new perspective in the education of children of the refugees: Advocacy for the "family." *Educational Sciences: Theory and Practice*, 12(4), 3025–3038.
- 37 Thapa, A., Cohen, J., Guffey, S., & Higgins-D'Alessandro, A. (2013). A review of school climate research. *Review of Educational Research*, 83(3), 357–385.
- 38 Faria, A. M., Kendziora, K., Brown, L., O'Brien, B., & Osher, D. (2013). PATHS implementation and outcome study in the Cleveland Metropolitan School District: Final report. Washington, DC: American Institutes for Research.
- 39 Bradshaw, C. P., Waasdorp, T. E., & Leaf, P. J. (2012). Effects of school-wide positive behavioral interventions and supports on child behavior problems. *Pediatrics*, 130(5), e1136-e1145.
- 40 Horner, R. H., & Sugai, G. (2015). School-wide PBIS: An example of applied behavior analysis implemented at a scale of social importance. *Behavior Analysis in Practice*, 8(1), 80–85.
- 41 Gregory, A., Cornell, D., Fan, X., Sheras, P., Shih, T., & Huang, F. (2010). Authoritative School Discipline: High School Practices Associated with Lower Bullying and Victimization. *Journal of Educational Psychology*, 102(2), 483-496
- 42 Gregory, A., Clawson, K., Davis, A., & Gerewitz, J. (2016). The promise of restorative practices to transform teacher-student relationships and achieve equity in school discipline. *Journal of Educational & Psychological Consultation*, 26(4), 325-353.
- 43 Osher, D., Kidron, Y., DeCandia, C. J., Kendziora, K., & Weissberg, R. (2015). Interventions to promote safe and supportive school climate. In K. Wentzel & G. Ramani (Eds.), *Social influences on social-emotional, motivation, and cognitive outcomes in school contexts*. New York, NY: Taylor Francis.
- 44 Dusenbury, L., & Weissberg, R. P. (2016). Social Emotional Learning in Elementary School: Preparation for Success. University Park, PA: Edna Bennett Pierce Prevention Research Center, Pennsylvania State University.
- 45 Domitrovich, C. E., Syvertsen, A. K., & Calin, S. S. (2017). Promoting Social and Emotional Learning in the Middle and High School Years: Programs and Practices that Work. University Park, PA: Edna Bennett Pierce Prevention Research Center, Pennsylvania State University.
- 46 Yoder, N. (2014). Teaching the whole child: Instructional practices that support social-emotional learning in three teacher evaluation frameworks. Washington DC: American Institutes for Research.
- 47 Battistich, V., Schaps, E., & Wilson, N. (2004). Effects of an elementary school intervention on students' "connectedness" to school and social adjustment during middle school. *The Journal of Primary Prevention*, 24, 243–262.
- 48 Catalano, R. F., Mazza, J. J., Harachi, T. W., Abbott, R. D., Haggerty, K. P., & Fleming, C. B. (2003). Raising healthy children through enhancing social development in elementary school: Results after 1.5 years. *Journal of School Psychology*, 41(2), 143–164.
- 49 Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B. (2011). The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions. *Child Development*, 82(1), 405–432.
- 50 Battistich, V., Schaps, E., & Wilson, N. (2004). Effects of an elementary school intervention on students' "connectedness" to school and social adjustment during middle school. *The Journal of Primary Prevention*, 24, 243–262.

- 51 Osher, D., Friedman, L., & Kendziora, K. (2014). Cross-district implementation summary: Social and emotional learning in eight school districts. Washington, DC: American Institutes for Research.
- 52 Barnett, W. S., Jung, K., Yarosz, D. J., Thomas, J., Hornbeck, A., Stechuk, R., & Burns, S. (2008). Educational effects of the Tools of the Mind curriculum: A randomized trial. *Early Childhood Research Quarterly*, 23(3), 299–313.
- 53 Brown, J. L., Jones, S., LaRusso, M. D., & Aber, J. L. (2010). Improving classroom quality: Teacher influences and experimental impacts of the 4Rs program. *Journal of Educational Psychology*, 102, 153–167.
- 54 Conduct Problems Prevention Research Group. (1999). Initial impact of the Fast Track prevention trial for conduct problems: I: The high-risk sample. *Journal of Consulting and Clinical Psychology*, 67, 631–647.
- 55 Hagelskamp, C., Brackett, M. A., Rivers, S. E., & Salovey, P. (2013). Improving classroom quality with the ruler approach to social and emotional learning: Proximal and distal outcomes. *American Journal of Community Psychology*, 51, 530–543.
- 56 Raver, C. C., Jones, S. M., Li-Grining, C. P., Metzger, M., Champion, K. M., & Sardin, L. (2008). Improving preschool classroom processes: Preliminary findings from a randomized trial implemented in Head Start settings. *Early Childhood Research Quarterly*, 23(1), 10–26.
- 57 Webster-Stratton, C., Reid, M. J., & Stoolmiller, M. (2008). Preventing conduct problems and improving school readiness: Evaluation of the Incredible Years Teacher and Child Training Programs in high-risk schools. *Journal of Child Psychology and Psychiatry*, 49, 471–488.
- 58 Brock, L. L., Nishida, T. K., Chiong, C., Grimm, K. J., & Rimm-Kaufman, S. E. (2008). Children's perceptions of the classroom environment and social and academic performance: A longitudinal analysis of the contribution of the Responsive Classroom approach. *Journal of School Psychology*, 46(2), 129–149.
- 59 Brown, E. C., Low, S., Smith, B. H., & Haggerty, K. P. (2011). Outcomes from a school-randomized controlled trial of Steps to Respect: A bullying prevention program. *School Psychology Review*, 40(3), 423–443.
- 60 Catalano, R. F., Mazza, J. J., Harachi, T. W., Abbott, R. D., Haggerty, K. P., & Fleming, C. B. (2003). Raising healthy children through enhancing social development in elementary school: Results after 1.5 years. *Journal of School Psychology*, 41(2), 143–164.
- 61 Faria, A. M., Kendziora, K., Brown, L., O'Brien, B., & Osher, D. (2013). PATHS implementation and outcome study in the Cleveland Metropolitan School District: Final report. Washington, DC: American Institutes for Research.
- 62 Yeager, D. S. (2017). Social and emotional learning programs for adolescents. *The Future of Children*, 27(1), 73–94.
- 63 Osher, D., Poirier, J., Jarjoura, R., Kendziora, K., & Brown, R. (2015). Avoid simple solutions and quick fixes: Lessons learned from a comprehensive district approach to improving conditions for learning. In D. Losen (Ed.), *Closing the school discipline gap: Research for policymakers* (pp. 192–206). New York, NY: Teachers College Press.
- 64 Cook, C. R., Frye, M., Slemrod, T., Lyon, A. R., Renshaw, T. L., & Zhang, Y. (2015). An integrated approach to universal prevention: Independent and combined effects of PBIS and SEL on youths' mental health. *School Psychology Quarterly*, 30(2), 166.
- 65 Kidron, Y., & Osher, D. (2010). The social-emotional learning component of City Year's Whole School, Whole Child Service Model: A focus on the middle grades. Washington, DC: American Institutes for Research.
- 66 Corrin, W., Sepanik, S., Rosen, R., & Shane, A. (2016). Addressing early warning indicators: Interim impact findings from the Investing in Innovation (i3) evaluation of Diplomas Now. New York, NY: MDRC.
- 67 Balfanz, R. (2011). Back on track to graduate. *Educational Leadership*, 68(7), 54–58.
- 68 RMC Research Corporation. (2009). Evaluation Report: City Year New York. Denver, CO: Author.
- 69 Greenberg, M., Domitrovich, C., Weissberg, R., & Durlak, J. (2017). Social and Emotional Learning as a Public Health Approach to Education. *The Future of Children*, 27(1), 13–32.

SOCIAL AND EMOTIONAL LEARNING (SEL) COMPETENCIES

SELF-AWARENESS

The ability to accurately recognize one's own emotions, thoughts, and values and how they influence behavior. The ability to accurately assess one's strengths and limitations, with a well-grounded sense of confidence, optimism, and a "growth mindset."

- IDENTIFYING EMOTIONS
- ACCURATE SELF-PERCEPTION
- RECOGNIZING STRENGTHS
- SELF-CONFIDENCE
- SELF-EFFICACY

SOCIAL AWARENESS

The ability to take the perspective of and empathize with others, including those from diverse backgrounds and cultures. The ability to understand social and ethical norms for behavior and to recognize family, school, and community resources and supports.

- PERSPECTIVE-TAKING
- EMPATHY
- APPRECIATING DIVERSITY
- RESPECT FOR OTHERS

RESPONSIBLE DECISION-MAKING

The ability to make constructive choices about personal behavior and social interactions based on ethical standards, safety concerns, and social norms. The realistic evaluation of consequences of various actions, and a consideration of the well-being of oneself and others.

- IDENTIFYING PROBLEMS
- ANALYZING SITUATIONS
- SOLVING PROBLEMS
- EVALUATING
- REFLECTING
- ETHICAL RESPONSIBILITY

SELF-MANAGEMENT

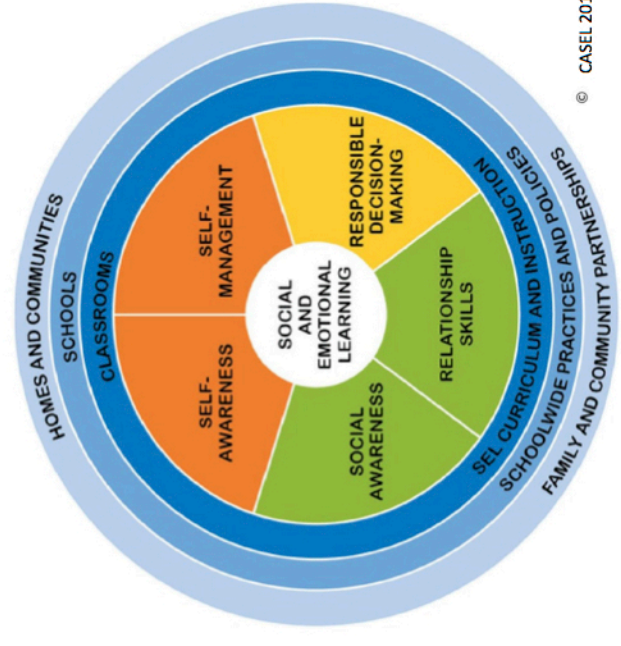
The ability to successfully regulate one's emotions, thoughts, and behaviors in different situations — effectively managing stress, controlling impulses, and motivating oneself. The ability to set and work toward personal and academic goals.

- IMPULSE CONTROL
- STRESS MANAGEMENT
- SELF-DISCIPLINE
- SELF-MOTIVATION
- GOAL SETTING
- ORGANIZATIONAL SKILLS

RELATIONSHIP SKILLS

The ability to establish and maintain healthy and rewarding relationships with diverse individuals and groups. The ability to communicate clearly, listen well, cooperate with others, resist inappropriate social pressure, negotiate conflict constructively, and seek and offer help when needed.

- COMMUNICATION
- SOCIAL ENGAGEMENT
- RELATIONSHIP BUILDING
- TEAMWORK



© CASEL 2017



Educating Hearts.
Inspiring Minds.

About CASEL

The Collaborative for Academic, Social, and Emotional Learning (CASEL) is a trusted source for knowledge about high-quality, evidence-based social and emotional learning (SEL). CASEL supports educators and policy leaders and enhances the experiences and outcomes for all PreK-12 students.

What is SEL?

Social and emotional learning (SEL) is the process through which children and adults understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions.

<https://casel.org/in-action/>

- ***Visit the District Resource Center.***
- ***Take our Priority Setting Questionnaire to help you reflect on your own SEL readiness and current work towards a systemic SEL implementation.***

PREVENTATIVE MEASURES:
A HEALTHY CHILD
ADDRESSING THE RISK
OF VIOLENT BEHAVIOR
IN YOUTH
US DHHS & SAMHSA



Addressing Risk of Violent Behavior in Youth

Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services



SAMHSA
Substance Abuse and Mental Health
Services Administration

Violent Behavior in Youth: The Facts

Purpose of this training:

- Provide educators, friends, and family members with **basic knowledge** about violence in youth
- Understand **protective and risk** factors associated with violent behaviors in youth
- Provide basic knowledge about the **connection of mental illnesses and violence**
- Provide information about **mental illness in youth**
- Provide **opportunities and strategies** that teachers, family members, and friends can use to manage situations of concern

Violence in Youth: The Facts

PART 1: Basic knowledge about violence in youth

Violence in America is a Public Health Issue

- Youth violence is the third leading cause of death among young people between the ages of 15 and 24. (CDC, National Center for Injury Prevention and Control)
- About 17.9% of high school students in 2013 reported taking a weapon to school in the past month. (CDC, Youth risk behavior surveillance, U.S. 2013. MMWR)
- According to the Centers for Disease Control and Prevention, in a 2015 nationally-representative survey of youth in grades 9-12:
 - 22.6% reported being in a physical fight in the 12 months before the survey
 - 5.3% of high school students reported carrying a gun on one or more days in the 30 days preceding the survey; the prevalence was higher among males (8.7%) than females (1.6%)
- The majority of youth will not engage in violent behavior. (U.S. Surgeon General report on youth violence, 2001)

Source: <http://www.cdc.gov/mmwr/volumes/65/ss/pdfs/ss6506.pdf>

What is Violent Behavior in Youth: The Facts



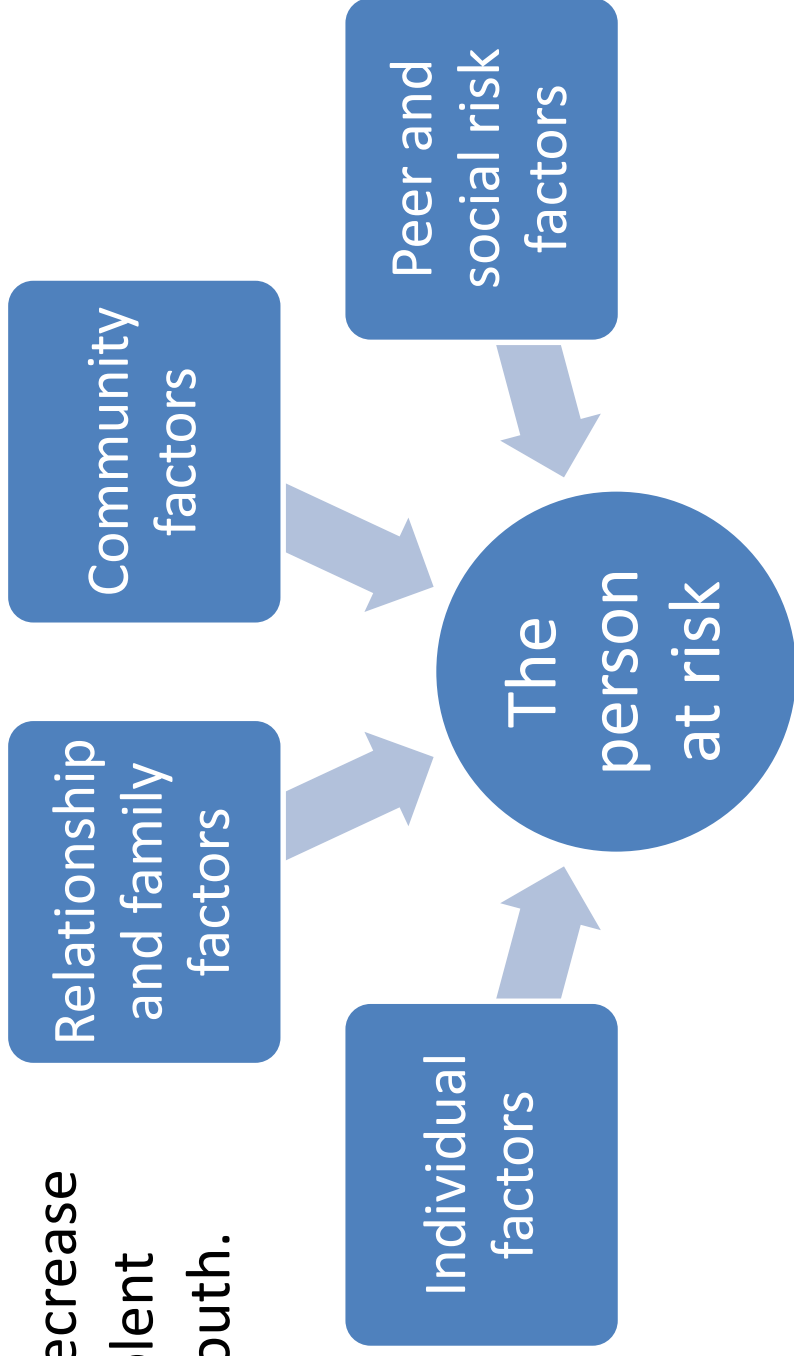
"the intentional use of physical force or power to threaten or harm others"



PART 2: Understanding protective and risk factors to prevent youth violence

Categories of Protective and Risk Factors

Many factors can increase or decrease the risk of violent behavior in youth.



Everyone has Protective and Risk Factors

- All people—youth and adults alike—have characteristics that make them more likely (risk) or less likely (protective) to act out with violent behavior.
- While teachers may primarily be concerned about school-based violent behaviors, successful prevention and interventions regarding violence address risk and protective factors across multiple contexts.

Important Concepts to Know

Protective factors are characteristics that make it less likely an individual will engage in violence. These are usually stable and can sometimes be built on to reduce the likelihood of violence.

Risk factors are characteristics that make it more likely that an individual may engage in violent behavior. Risk factors are usually fairly stable factors over time although they can evolve.

Warning signs are characteristics or behaviors that are associated with a current or imminent risk of violence. These are often short-term factors associated with a new stress, event, failure, loss or interaction.

What are protective factors that reduce the likelihood of violent behavior in youth?



Individual Protective Factors for All Youth

- High grade point average (high academic achievement)
- High, long-range educational aspirations
- Positive social orientation
- Popularity that is acknowledged by peers
- Highly developed social skills/competencies
- Highly developed skills for realistic planning
- Being involved in a faith community

Family Protective Factors for All Youth

- Connectedness to family or adults
- Ability to discuss problems with parents
- Perceived parental/caregiver expectations about school performance are high and long term
- Frequent shared activities with parent/caregivers
- Consistent presence of parent/caregiver during at least one of the following: when awakening, when arriving home from school, at evening mealtime or going to bed
- Involvement in social activities
- Family use of constructive strategies for coping with problems

Peer and Social Protective Factors for All Youth

- Engages well with emotionally mature peers
- Commitment to school (an investment in school and in doing well at school)
- Close relationships with peers who do not engage in violent behavior
- Membership in peer groups that do not support antisocial behavior
- Involvement in prosocial activities (e.g., community activities, school clubs, sports)
- Exposure to school culture that includes:
 - Intensive supervision
 - Clear behavior rules
 - Consistent negative reinforcement of aggression
 - Engagement of parents and teachers

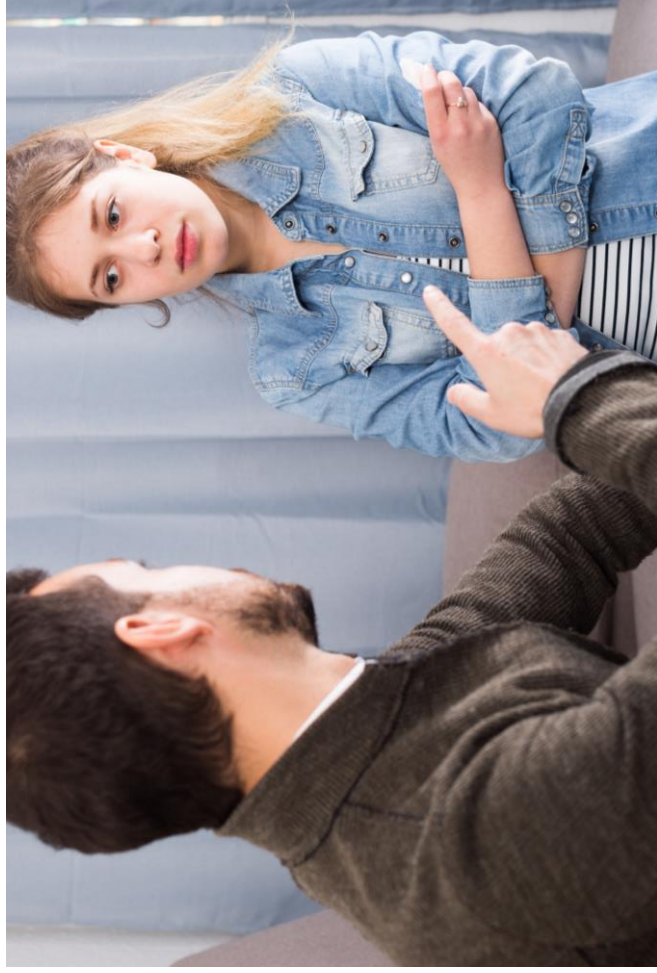
Community Protective Factors for All Youth

- Cohesive and inclusive school culture
- Stable economic environment
- Opportunities for community engagement
- Long-term residents of multiple generations

Summary: Protective Factors for Youth Violence

| Individual | Relationship/family | Peer/social | Community |
|--|--|--|---|
| <ul style="list-style-type: none"> • High academic achievement • High, long-range educational aspirations • Positive social orientation • Popularity that is acknowledged by peers • Highly developed social skills/competencies • Highly developed skills for realistic planning • Being involved in a faith community | <ul style="list-style-type: none"> • Connectedness to family or adults • Ability to discuss problems with parents • Perceived parental/caregiver high and long-term expectations about school performance • Frequent shared activities with parent/caregiver • Consistent presence of parent/caregiver when awakening, arriving home from school, or going to bed • Involvement in social activities • Family use of constructive strategies for coping with problems | <ul style="list-style-type: none"> • Engages well with emotionally mature peers • Commitment to school • Close relationships with peers who do not engage in violent behavior • Peer groups that do not support antisocial behavior • Involvement in healthy social activities (e.g., community activities, school clubs, sports) • Exposure to school culture that includes: Intensive supervision, clear behavior rules, consistent negative reinforcement of aggression, engagement of parents and teachers | <ul style="list-style-type: none"> • Cohesive and inclusive school culture • Stable economic environment • Opportunities for community engagement • Long-term residents of multiple generations |

What are risk factors that increase the likelihood of violent behavior in youth?



Individual Risk Factors for Violent Behavior

With or without the presence of mental illness, the following are risk factors for any youth:

- Poor behavioral and impulse control
- Deficits in social cognitive or information-processing abilities
- High emotional distress
- History of treatment for emotional problems
- Antisocial beliefs and attitudes
- Exposure to violence and conflict in the family
- History of violent victimization
- Attention deficits, hyperactivity or learning disorders
- Academic struggles
- History of early aggressive behavior
- Involvement with drugs, alcohol or tobacco

Family Risk Factors for Violent Behavior

- Family is isolated
- Family has limited communication
- Family does not engage in regular activity together
- Parents/caregivers have inconsistent or absent schedules
- Family has limited or no involvement in social activities
- Limited ability to use constructive strategies for coping with problems

Peer and Social Risk Factors for Violent Behavior

- Association with delinquent peers
- Involvement in gangs
- Social rejection
- Lack of involvement in prosocial activities
- Poor academic performance
- Low commitment to school and school failure

Community Risk Factors for Violent Behavior

- 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

Summary: Risk Factors for Youth Violence

| Individual | Relationship/family | Peer/social | Community |
|---|---|---|---|
| <ul style="list-style-type: none"> • Poor behavioral and impulse control • Deficits in social cognitive or information-processing abilities • High emotional distress • History of treatment for emotional problems • Antisocial beliefs and attitudes • Exposure to violence and conflict in the family • History of violent victimization • Attention deficits, hyperactivity or learning disorders • Academic struggles • History of early aggressive behavior • Involvement with drugs, alcohol or tobacco | <ul style="list-style-type: none"> • Family is isolated • Family has limited communication • Family does not engage in regular activity together • Parents/caregivers have inconsistent or absent schedules • Family has limited or no involvement in social activities • Limited ability to use constructive strategies for coping with problems | <ul style="list-style-type: none"> • Association with delinquent peers • Involvement in gangs • Social rejection • Lack of involvement in healthy social activities • Poor academic performance • Low commitment to school and school failure | <ul style="list-style-type: none"> • 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 |



PART 3: Basic knowledge: Connection of mental illness and violence

Is Mental Illness a Risk Factor?

Most violence in the U.S. is **not** perpetrated by people with mental illness.

- Approximately 3-5 percent of violent crime is attributed to people with mental illness. (CDC, SAMHSA)
- Often, people with mental illness are the victims of violent behavior. (Hughes et al, 2012)
- In some cases, inadequately treated or untreated mental illness can contribute to aggression and violent behavior.

Some studies show that the presence of a specific mental illness in youth (e.g., conduct disorder, alcohol use disorder) can be **one of many risk factors** for aggression and violent behavior.

Is Mental Illness a Risk Factor?

- SAMHSA data demonstrates that there are about 45 million adults in the US with any mental illness.
- We know that most of these individuals are not likely to be violent.
- For **adults** we know that a small subset of individuals with **untreated** or inadequately treated mental illnesses can be at increased risk for being violent or reacting violently to a perceived threat.
- Providing interventions when possible in untreated mental illness can be an opportunity to reduce risk of further escalation.

Is Mental Illness a Risk Factor?

- Some studies show that presence of a specific mental illness in youth (e.g., conduct disorder, alcohol use disorder) can be one of many **risk factors** for aggression and violent behavior.
- Some risk factors for violent behavior are also risk factors for mental illness in children and adolescents (e.g., exposure to trauma, lack of parental involvement).
- **Building protective factors** can be helpful in reducing the risk of mental illness **and** reducing risk of violent and aggressive behaviors.



PART 4: Basic knowledge Mental illness in youth

Mental Illness in Youth

- **Intervening early in the course of mental illness is important to improve:**
 - Academic and social functioning
 - Reducing the risk of later adult mental illness
- It is estimated that 20% of children and adolescents have a diagnosable mental, emotional, or behavioral disorder, and this costs the public \$247 billion annually. (Blau, Huang, Mallory, 2010)
- 10% have a serious emotional disturbance (SED) that significantly impacts functioning at home, at school or in the community. (Brauner & Stephens, 2006)
- 50% of adult mental illness is manifested by age 14; 75% by age 24. (Kessler et al, 2008)

Signals That a Child or Adolescent May Need Help

- If the child often feels anxious or worried
- Has very frequent tantrums or is intensely irritable much of the time
- Has frequent stomachaches or headaches with no physical explanation
- Is in constant motion, can't sit quietly for any length of time
- Has trouble sleeping, including frequent nightmares
- Loses interest in things he or she used to enjoy
- Avoids spending time with friends
- Has trouble doing well in school, or grades decline
- Has low or no energy

Signals That a Child or Adolescent May Need Help

- Has spells of intense, inexhaustible activity
- Harms herself/himself, such as cutting or burning her/his skin
- Fears gaining weight; exercises, diets obsessively
- Engages in risky, destructive behavior
- Harms self or others
- Smokes, drinks, or uses drugs
- Has thoughts of suicide
- Thinks his or her mind is controlled or out of control, hears voices
- Poor social functioning

Important “Take Homes” for Review

- Building protective factors may reduce risk of some mental illnesses and may help reduce the risk of violence by helping the child develop good coping skills to manage distress and frustration.
- Getting help for youth with signs of mental illness can have many benefits including reducing later risk of: poor social functioning, aggression, poor academic performance and other costs.
- Some types of mental illness and especially untreated mental illness increases the risk for aggressive and violent behaviors.



**PART 5: Basic knowledge
Opportunities and strategies for
managing situations of concern**



Teachers, coaches, and other adults can all play a role in addressing youth violence at schools in and in communities.

We Can Make a Difference in Risks

- Teachers, other school-based faculty, parents and others can positively impact youth and reduce the risk of violence.
- Communication is key
 - It's important that the adults involved talk to one another when there is violence or concern about violence.



Opportunities for Impact in School Settings

- In general, the earlier an intervention is adopted, the greater the chance of it being successful and effective.
- We will discuss three opportunities for impact:
- Development of a school-wide **culture** that supports emotional safety, civility and well-being for students, faculty and staff.
- Development of a process that identifies and consistently manages acts of violence, bullying, suicidal behavioral or other behavioral disruptions. This creates a **pathway for concerns**.
- Development of a specific plan or strategy that has the capacity for follow up and management of individuals that have demonstrated warning signs and or made a direct threat.

This is a threat assessment strategy.

Opportunity: Maintain a Safe Civil Culture

The development of a school-wide culture that supports emotional safety, civility and well-being for students, faculty and staff can serve as a foundation.

- Ideal elements would include:
 - Acceptance of all individuals and spirit of inclusiveness
 - Clear communication
 - Acceptance of and caring for individuals with mental illness and disabilities

This requires active attention to the development of a within-school community that is active, promotes healthy engagement and a strong inclusive civil school spirit.

Opportunity: Develop a Pathway for Concerns

- Within a civil healthy culture, develop a pathway that concerned students and faculty can report on concerns of many types including abuse, bullying and other threatened or actual activity.
- It is important that the community knows there is a safe, respectful process for addressing concerns of bullying, fighting, abuse and other unsafe behaviors that impact the community.
- Accountable persons in the process would research the reported concern and address it with a consistent process that is focused on **problem solving and not on punishment**.
- This process should include knowledge of and referral to specialty community resources such as social services, mental health treatment and others as necessary.

Opportunity: Develop a Pathway for Concerns

- Depending on the nature of the situation, it may be useful to develop a team-based, school-centered strategy that follows the progress of the child over time and periodically reviews the situation until it is resolved. Sometimes this is known as a threat assessment and management team.
- A team approach can include school-based individuals that are familiar with a student such as:
 - Teacher, guidance counselor, school psychologist, school nurse or other mental health professional, school resource officer,
 - Can involve others in the community such as:
 - family, faith-based agency, law enforcement, sports coach, neighbor, friend, physician, mental health professional, youth peer leader, business leaders.

Imminent Threat Assessment and Management

- For specific and credible threats of violence, a specialized team that works to manage an approach to a specific threat can be useful. This team can analyze the level of threat and develop strategies for managing it.
- This team is typically led by school administration and is able to meet on short notice to address specific threats.
- The team may have individuals from outside the school and the school resource officer and psychologist.
- An accountable person tracks the situation until it is resolved again with a problem-solving rather than punitive focus to the extent possible.

The Role of a Trusted Adult

- School-based plans that have been developed often include the strategy of encouraging the student to identify at least one adult that he or she can trust. This has its basis in suicide-prevention strategies.
- Keep in mind that
 - Young individuals have different reasons for trusting different people at different times.
 - The choice of trusted adult should be made by the individual and realistic choices should not be judged.
 - A trusted adult can be anyone the individual has regular contact with. This could be a parent, teacher, counselor, employer, neighbor, other relative, etc.

Characteristics of a Trusted Adult

- Has or builds connections to others that are part of the person's life
- Regular contact
- Establishes boundaries regarding what can and can not be kept confidential
- Addresses bullying and child abuse
- Supports engagement with mental health treatment if a mental illness is present or believed to be present

Warning Signs for Violent Behavior in Youth

The following characteristics may indicate a near-term risk for violent behavior. Threat assessment teams can consider these factors:

- Recent intensification of anger and impulsiveness
- Increasing loss of temper or blow-ups and irritability
- Becoming easily frustrated
- Making threats of violence
- Taking steps towards enabling violent threats
- Recent loss or failure
- Recent victim of bullying or bullying event
- History of perpetrating violence

Assessing Levels of Threat

Low risk of violence: individual does not appear to pose a threat of violence or serious harm to self/others; issues/concerns can be resolved easily.

Moderate risk of violence: individual does not appear to pose a threat of violence, or serious harm to self/others, at this time, but exhibits behaviors that indicate a continuing intent and potential for future violence or serious harm to self/others, and/or exhibits other concerning behavior that requires intervention.

High risk of violence: the individual appears to pose a significant threat of violence, exhibiting behaviors that indicate both a continuing intent to harm and efforts to acquire the capacity to carry out the plan, and may also exhibit other concerning behavior that requires intervention.

Taking Action: A Low Risk of Violence

- Build up any protective factors
- Report any suspected child abuse
- Stop any bullying
- Consult with the school nurse, psychologist or counselor
- Consult with the school resource officer
- Refer for assessment to determine needs - such as counseling, skill building, academic assistance, social connections
- Provide support to the family, community members and/or school staff by connecting with any needed resources such as mental health, social service and other community-based resources
- Follow up and outreach periodically

Taking Action: A Medium Risk of Violence

In addition to taking steps listed for low level of violence:

- Threat assessment team to develop a written assessment and management plan and revise as needed. Elements in the management could include:
 - Increase contact/supervision of individual
 - Maintain contact with the individual
 - Notify anyone who is the target of any threats
 - Notify school or parents/involved adults
 - Consider contacting law enforcement
 - Refer individual for counseling, dispute mediation, or other appropriate intervention
 - Increase support to the trusted adult and the team

Taking Action: A High Risk of Violence

- Take immediate measures to protect yourself and others
- Consult with school resource officer or call law enforcement
- Notify any intended target of violence, the trusted adult, and team immediately

When to Seek Help from an Emergency Responder

When to seek immediate help:

- threats or warnings about hurting or killing someone
- threats or warnings about hurting or killing oneself
- threats to run away from home
- threats to damage or destroy property

When to Get Help for a Mental Health Concern

- While mental illness may not be present in every case, whenever a parent or other adult is concerned about the possibility of a mental illness, they should arrange for a comprehensive evaluation by a qualified mental health professional.
- Some places to find resources include:
 - The school nurse
 - The school counselor
 - A family doctor
 - SAMHSA treatment locator (see final slides)
 - Your county behavioral health center

Other Things to Think About....

Think through an assessment and management plan:

- Who is with the individual?
- Is there a need for continuous presence of a responsible companion ?
- Is there a need to monitor contact with friends that may be harmful?
- Is there a need to monitor social medial contacts?
- Eliminate (permanently or temporarily) access to any lethal means

A Few Facts About the Mental Health System

- **Laws vary by state, but in general:**
 - Courts cannot commit someone to a hospital against their will unless:
 - The person is considered an acute threat to themselves or others, or they cannot care for themselves AND
 - The threat is due to a mental illness
- **For children, parents are usually legally allowed to hospitalize the child even against their will.**
- **Since much violent behavior is not attributed to mental illness, adolescents who are aggressive or violent cannot always be hospitalized.**
- **When hospitalizations do occur, they are often brief, so outpatient and community supports must be in place.**

Where to Get Help for the Individual

Know what local resource for urgent treatment are available including local crisis centers and call lines.

- **SAMHSA's treatment locator:**
<https://findtreatment.samhsa.gov/>
- **National Helpline:**
<https://www.samhsa.gov/find-help/national-helpline>

Where to Get More Information

- **American Academy of Child and Adolescent Psychiatry facts for families**
https://www.aacap.org/aacap/Families_and_Youth/Facts_for_Families/FFF-Guide/FFF-Guide-Home.aspx
- **Centers for Disease Control**
<https://www.cdc.gov/violenceprevention/youthviolence/index.html>

Summary of Main Points

- Reviewed basic knowledge of violence in youth
- Reviewed protective and risk factors of the individual and their context
- Reviewed the connection of mental illness and violence
- Reviewed information about mental illness in youth and
- Reviewed opportunities and strategies that schools, teachers, and family members can use to assess and manage situations of concern

Thank You

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

Presenter Contact Information (Optional) – Use 20pt. Calibri typeface set to auto black color

www.samhsa.gov

1-877-SAMHSA-7 (1-877-726-4727) • 1-800-487-4889 (TDD)

PREVENTATIVE MEASURES:
A HEALTHY CHILD
PREVENTION OF YOUTH
VIOLENCE AND
ASSOCIATED RISK
BEHAVIORS
CDC, NCIPC & DVP





A Comprehensive Technical Package for the Prevention of Youth Violence and Associated Risk Behaviors

National Center for Injury Prevention and Control
Division of Violence Prevention





A Comprehensive Technical Package for the Prevention of Youth Violence and Associated Risk Behaviors

Prepared by:

Corinne David-Ferdon, PhD
Alana M. Vivolo-Kantor, PhD, MPH
Linda L. Dahlberg, PhD
Khiya J. Marshall, DrPH, MPH
Neil Rainford, MHSE
Jeffery E. Hall, PhD

2016

Division of Violence Prevention
National Center for Injury Prevention and Control
Centers for Disease Control and Prevention
Atlanta, Georgia



A Comprehensive Technical Package for the Prevention of Youth Violence and Associated Risk Behaviors is a publication of the National Center for Injury Prevention and Control of the Centers for Disease Control and Prevention.

Centers for Disease Control and Prevention

Thomas R. Frieden, MD, MPH, Director

National Center for Injury Prevention and Control

Debra E. Houry, MD, MPH, Director

Division of Violence Prevention

James A. Mercy, PhD, Director

Suggested citation:

David-Ferdon, C., Vivolo-Kantor, A. M., Dahlberg, L. L., Marshall, K. J., Rainford, N. & Hall, J. E. (2016). *A Comprehensive Technical Package for the Prevention of Youth Violence and Associated Risk Behaviors*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.



Contents

| | |
|--|----|
| Acknowledgements | 5 |
| Partner Review | 5 |
| Overview | 7 |
| Promote Family Environments that Support Healthy Development | 15 |
| Provide Quality Education Early in Life..... | 18 |
| Strengthen Youth’s Skills | 21 |
| Connect Youth to Caring Adults and Activities | 25 |
| Create Protective Community Environments | 29 |
| Intervene to Lessen Harms and Prevent Future Risk..... | 33 |
| Benefits Relative to Costs | 37 |
| Sector Involvement | 39 |
| Monitoring and Evaluation..... | 41 |
| Conclusion | 42 |
| References..... | 43 |
| Appendix: Summary of Strategies and Approaches to Prevent Youth Violence | 60 |





Acknowledgements

This technical package is based on decades of youth violence prevention research, and we are appreciative of the hard work of the many individuals who have developed a tremendous amount of knowledge that makes the prevention of youth violence possible. We thank Division, Center, CDC leadership and other CDC prevention scientists, including Sarah Bacon, Kevin Vagi, and Brad Bartholow, for their input, careful review, and helpful feedback on earlier iterations of this resource. We thank Alida Knuth for her formatting and design expertise.

We also extend our gratitude to all of our partners for their helpful feedback, support, and encouragement for this resource. We would like to especially thank the American Institutes for Research, American Psychological Association, Equal Justice USA, Michigan Youth Violence Prevention Center, Monterey County Health Department, National League of Cities, North Carolina Rural Academic Center of Excellence in Youth Violence Prevention, Prevention Institute, Safe States Alliance, and our Federal colleagues in the National Institute for Occupational Safety and Health and in the Office of Minority Health for their helpful written feedback on this package.

Partner Review

CDC provided an overview of the youth violence technical package to partners and grantees in a series of webinars. A draft of the youth violence technical package was also shared with partners and grantees following the webinars. These partner organizations are listed below.

Striving To Reduce Youth Violence Everywhere (STRYVE) Action Council

American Academy of Pediatrics
American Association of School Administrators
American Psychological Association
American Public Health Association
Association of State and Territorial Health Officials
Boys and Girls Clubs of America
Community Anti-Drug Coalitions of America
Hope Matters International
Illinois Children's Mental Health Partnership
Local Initiatives Support Corporation
National Association of County and City Health Officials
National Association of Students Against Violence Everywhere
National Council of Juvenile and Family Court Judges
National League of Cities
Prevention Institute
Safe States Alliance
Young Men's Christian Association

STRYVE Technical Assistance and Grantees

American Institutes for Research
Boston Public Health Commission (MA)
Houston Health Department (TX)
Monterey County Health Department (CA)
Multnomah County Health Department (OR)

Federal Partners

United States Department of Justice
Office of Minority Health
National Institute for Occupational Safety and Health

National Centers of Excellence in Youth Violence Prevention

Chicago Center for Youth Violence Prevention
Clark-Hill Institute for Positive Youth Development
Denver National Center of Excellence in Youth Violence Prevention
Johns Hopkins Center for the Prevention of Youth Violence
Michigan Youth Violence Prevention Center
North Carolina Rural Academic Center of Excellence in Youth Violence Prevention
University of Louisville Youth Violence Prevention Center

CDC's Division of Violence Prevention Policy Network

American Academy of Pediatrics
American College of Preventive Medicine
American Foundation for Suicide Prevention
American Psychological Association
California Coalition Against Sexual Assault
Futures Without Violence
National Association of County and City Health Officials
National Resource Center on Domestic Violence
National Sexual Violence Resource Center
North Carolina Coalition Against Sexual Assault
Prevent Child Abuse America
Prevention Institute
Safe States Alliance





Overview

This technical package represents a select group of strategies based on the best available evidence to help communities and states sharpen their focus on prevention activities with the greatest potential to prevent youth violence and its consequences. These strategies include promoting family environments that support healthy development; providing quality education early in life; strengthening youth's skills; connecting youth to caring adults and activities; creating protective community environments; and intervening to lessen harms and prevent future risk. The strategies represented in this package include those with a focus on preventing youth violence from happening in the first place as well as approaches to reduce the immediate and long-term harms of youth violence in order to prevent future violence. Preventing youth violence requires multiple, complementary strategies, and those outlined in the package reflect the mature research-base about how to strengthen individual's skills and relationships to prevent youth violence.^{1,2} It also includes promising evidence about ways to address broader community issues that affect the likelihood of youth violence.

This package supports CDC's *STRYVE* initiative for preventing youth violence. In particular, this package articulates a select set of strategies and specific approaches to achieve *STRYVE*'s vision of safe and healthy youth achieving their full potential (see box to the right). Commitment, cooperation, and leadership from numerous sectors, including public health, education, justice, health care, social services, business, and government, can bring about the successful implementation and long-term impact of this package.

What is a Technical Package?

A technical package is a compilation of a core set of strategies to achieve and sustain substantial reductions in a specific risk factor or outcome.³ Technical packages help communities and states prioritize prevention activities based on the best available evidence. This technical package has three components. The first component is the **strategy** or the preventive direction or actions to achieve the goal of preventing youth violence. The second component is the **approach**. The approach includes the specific ways to advance the strategy. This can be accomplished through programs, policies, and practices. The **evidence** for each of the approaches in preventing youth violence or its associated risk factors is included as the third component. This package is intended as a resource to guide and inform prevention decision-making in communities and states.



CDC's *Striving To Reduce Youth Violence Everywhere* Initiative

STRYVE's vision is safe and healthy youth who can achieve their full potential as connected and contributing members of thriving violence-free families, schools, and communities. *STRYVE* works to:

- Increase public health leadership to prevent youth violence
- Promote the widespread use of youth violence prevention strategies based on the best available evidence
- Achieve national reductions in youth violence

STRYVE has several interacting components that all contribute to the achievement of the vision, including national partnerships, online training and tools, and technical assistance.

<http://www.cdc.gov/violenceprevention/stryve/index.html>




Preventing Youth Violence is a Priority

Youth violence is a significant public health problem that affects thousands of young people each day, and in turn, their families, schools, and communities. Youth violence occurs when young people between the ages of 10 and 24 years intentionally use physical force or power to threaten or harm others.^{1,4} Youth violence typically involves young people hurting other peers who are unrelated to them and who they may or may not know well. Youth violence can take different forms. Examples include fights, bullying, threats with weapons, and gang-related violence. A young person can be involved with youth violence as a victim, offender, or witness. Different forms of youth violence can also vary in the harm that results and can include physical harm, such as injuries or death, as well as psychological harm, increased medical and justice costs, decreased property values, and disruption of community services.⁵

Youth violence is highly prevalent. Youth violence is a leading cause of death and nonfatal injuries in the United States. Homicide is the third leading cause of death among persons aged 10 to 24 years.⁶ The majority of these homicides are from firearm violence. In 2014, 86% of youth homicide victims were killed with a firearm.⁶ The number of young persons who are treated for nonfatal physical assault-related injuries in emergency departments in the United States is more than 115 times higher than the number killed.⁶ Each day approximately 12 young people are victims of homicide and an additional 1,374 are treated in emergency departments for nonfatal physical assault-related injuries.⁶ Additionally, self-report information indicates that 1 in 5 high school students was bullied at school or in a physical fight in the past year.⁷ Although the rates of youth homicide and crime are declining, these promising trends are inconsistent across population groups and the public health burden remains too high. For instance, the decline in homicide rates among non-Hispanic Black youth is less than the decline for non-Hispanic White youth.⁸ Homicide has been the leading cause of death for non-Hispanic Black youth for more than three decades and is the second leading cause of death for Hispanic youth.⁶

Youth violence is a significant problem that negatively impacts youth in urban, suburban, rural, and tribal communities. The rates and forms of youth violence, however, vary across subgroups of youth and communities. Relative to females and non-Hispanic White youth, young males and racial/ethnic minorities experience the greatest burden of youth violence with higher prevalence of homicide, physical injuries, and fighting.^{6,7} Females and sexual minority youth have higher prevalence of in-person and electronic bullying than males and heterosexual peers.⁷ Youth gang activity and violent crime are higher in larger cities than suburban and rural communities.^{9,10}



Youth violence is a leading cause of death and nonfatal injuries in the United States.



The health and economic consequences of youth violence are substantial. Youth violence has serious and lasting effects on the physical, mental, and social health of young people. It is a leading cause of death for young people and results in more than 500,000 medically treated physical injuries each year.⁶ The impact of youth violence extends well beyond physical consequences. Youth who experience violence as victims, perpetrators, or witnesses are more likely to have behavioral and mental health difficulties, including future violence perpetration and victimization, smoking, substance use, obesity, high-risk sexual behavior, depression, academic difficulties, school dropout, and suicide.¹¹⁻¹⁵

An entire community feels the burden of youth violence. For instance, youth homicides and nonfatal physical assault-related injuries result in an estimated \$18.2 billion annually in combined medical and lost productivity costs alone.⁶ This estimate is a fraction of the true economic consequences of youth violence because it does not include criminal justice system costs, such as arrest, prosecution, incarceration, and re-entry, or the costs associated with addressing the psychological and social consequences for victims, perpetrators, and their families. It also does not include the costs incurred by communities to address victims' needs (e.g., property damage, lost wages, physical and mental health care) that result from youth violence and crime or the substantial economic impacts on communities' healthcare system, property values, and social services systems.^{5,16,17} The costs of responding to youth violence significantly limit the resources states and communities have to address other needs and goals.

Youth violence starts early in the lifespan. Physical aggression can be common among toddlers, and most children learn alternatives to using violence to solve problems and express their beliefs and emotions before starting elementary school.¹⁸ A subset of children, however, continue to be aggressive, and if their problematic behaviors are not addressed their aggression can persist and increase.² In addition to early physical aggression, many other factors associated with the future perpetration of violence, such as impulsivity, poor emotional control, and weak social and problem-solving skills, are evident in early childhood.¹⁹⁻²¹ Many risks for violence, such as child abuse and neglect, academic problems, and poor supervision and management of children's behavior, also emerge early and heighten the likelihood for violence during adolescence and young adulthood. These signs provide opportunities to change behaviors and conditions before violence patterns are established and become harder to modify.¹⁸

Youth violence is associated with several risk and protective factors. Youth violence is influenced by the interaction of multiple factors, including a young person's characteristics and experiences as well as by the relationships, community, and society within which young people develop. No one factor, in isolation, leads to the development of youth violence, and the presence of risks does not always mean a young person will experience violence. Individual and interpersonal risks for perpetrating violence include impulsiveness, youth substance use, antisocial or aggressive beliefs and attitudes, low levels of school achievement, weak connection to school, experiencing child abuse and neglect, exposure to violence in the home or community, involvement with delinquent peers or gangs, lack of appropriate supervision, parental substance abuse, and parental or caregiver use of harsh or inconsistent discipline.^{1,2,5,21,22} Depression, anxiety, chronic stress and trauma, and peer conflict and rejection are also associated with youth violence perpetration and victimization.^{2,23-27} Youth who are arrested, particularly before age 13, have a heightened risk for future violence and crime, school dropout, and substance abuse.^{18,20,28-30} In addition, unsupervised access to a firearm is a contributing factor for lethal youth violence.^{31,32} An increased risk for youth violence and crime is associated with many community factors, such as residential instability, crowded housing, density of alcohol-related businesses, poor economic growth or stability, unemployment, concentrated poverty, neighborhood violence and crime, lack of positive relationships among residents, and views that drug use and violence are acceptable behaviors.³³⁻³⁷ Some racial/ethnic minority youth are exposed to high levels of community violence and other neighborhood problems, which contribute to disparities in youth violence, violence-related injuries and death, and other difficulties.³⁸⁻⁴⁰

Evidence is mounting that many factors can buffer or reduce the likelihood of youth violence, and multiple protective factors can even offset the potential harmful influence of risk factors that have accumulated over a child's development.⁴¹⁻⁴³ Protective factors include healthy social, problem-solving, and emotional regulation skills and a young person's school readiness and academic achievement.^{41,43-45} Positive and warm parent-youth relationships in which parents set consistent, developmentally appropriate limits and demonstrate interest in their children's education and social relationships are associated with healthy child and adolescent development and the prevention of violent behavior.^{33,44,46-52} Additional factors that contribute to healthy adolescent development and decrease



aggressive behavior include youth feeling connected to their schools, experiencing academic success, having positive relationships with teachers and other caring adults, and interacting with prosocial and nonviolent peers.^{18,44,53-55} Physical environments of schools, parks, and business and residential areas that are regularly repaired and maintained and designed to increase visibility, control access, and promote positive interactions and appropriate use of public spaces also are buffers to violence.⁵⁶⁻⁵⁸ Additional community buffers against violence and associated risks include household financial security, safe and stable housing, economic opportunities, increasing access to services and social support, residents willingness to assist each other, and collective views that violence is not acceptable.⁵⁹⁻⁶³



Youth violence is connected to other forms of violence. The different forms of violence, including youth violence, child abuse and neglect, teen dating violence, adult intimate partner violence, sexual violence, and suicide, have many common risk and protective factors.^{64,65} Many of these risks are the result of exposure to chronic stress that can alter and harm prenatal and child and adolescent brain development and, in turn, negatively impact attention, impulsivity, decision-making, learning, emotional control, and response to stress.^{64,66-68} Chronic stress includes such issues as living in impoverished neighborhoods, living in dilapidated housing, frequently moving, experiencing food insecurity, experiencing racism, limited access to support and medical services, and living in homes with violence, mental health problems, substance abuse, and other instability. Some forms of violence can increase the risk for other forms of violence. For example, individuals who experience child abuse and neglect are significantly more likely to be in physical fights, be affiliated with a gang, damage property, and attempt suicide during adolescence and young adulthood than those who do not experience child maltreatment.⁶⁹ Bullying is associated with an increased risk for weapon carrying, physical fighting, and other forms of violence, such as suicide, teen dating violence, and subsequent sexual harassment perpetration.⁷⁰⁻⁷⁴ Approaches that address risk and protective factors that are common across multiple forms of violence may be an effective and efficient way to prevent violence.⁶⁴

Youth violence can be prevented. A strong and growing research base demonstrates that there are multiple prevention strategies that are scientifically proven to reduce youth violence victimization and perpetration and associated risk factors.^{1,2,21,75-77} As described in the *Benefits Relative to Cost* section of this technical package, many evidence-based youth violence prevention programs and policies have economic benefits, with community savings far outweighing implementation costs.⁷⁸⁻⁸⁰ Strategies are available that benefit all youth regardless of their level of risk as well as individuals and environments at greatest risk. Because youth violence results from multiple individual, family, and environmental factors that can accumulate over a child's development, the use of one strategy will have limited effects on an entire community's level of violence and its ability to sustain initial program benefits. A comprehensive approach that simultaneously targets multiple risk and protective factors is critical to having a broad and continued impact on youth violence.^{1,22,81-83} Stopping youth violence before it occurs and sustaining this proactive approach throughout childhood and adolescence can be done with available programs, practices, and policies.



Assessing the Evidence

This technical package includes programs, practices, and policies with evidence of impact on youth violence victimization, perpetration, and risk or protective factors for youth violence. To be considered for inclusion in the technical package, the program, practice, or policy selected had to meet at least one of these criteria: a) meta-analyses or systematic reviews showing impact on youth violence victimization or perpetration; b) evidence from at least one rigorous (e.g., randomized controlled trial [RCT] or quasi-experimental design) evaluation study that found significant preventive effects on youth violence victimization or perpetration; c) meta-analyses or systematic reviews showing impact on risk or protective factors for youth violence victimization or perpetration; or d) evidence from at least one rigorous (e.g., RCT or quasi-experimental design) evaluation study that found significant impacts on risk or protective factors for youth violence victimization or perpetration. Finally, consideration was also given to the likelihood of achieving beneficial effects on multiple forms of violence; no evidence of harmful effects on specific outcomes or with particular subgroups;* and feasibility of implementation in a United States (U.S.) context if the program, policy, or practice has been evaluated in another country.

The evidence base for youth violence prevention, particularly for approaches focused on building youth's skills and positive family environments and relationships, is strong as evidenced by multiple meta-analyses and systematic reviews demonstrating impact of these approaches on behavioral outcomes. In terms of the strength of the evidence, meta-analyses or systematic reviews of programs that have demonstrated effects on behavioral outcomes provide a higher level of evidence. However, the evidence base is not that strong in all areas. For instance, there has been less evaluation of the effects of programs and policies that address community issues that affect the likelihood of youth violence. Community-level approaches in this package showing impacts on risk (e.g., community crime rates, drug use) or protective factors (e.g., positive adult supervision and role models, positive school climate) reflect the developmental nature of the evidence base in this area and the use of the best available evidence at a given time.

Despite being an important contributor to lethal and nonlethal violence among youth, there is a dearth of evidence regarding effective approaches to reduce youths' unsupervised access, possession, and use of firearms. This particular gap was noted in the Institute of Medicine and the National Research Council's report *Priorities for Research to Reduce the Threat of Firearm-Related Violence*.⁸⁸ For these reasons, strategies and approaches specific to unsupervised access, possession, and weapon use are not included, although many of the strategies and approaches that are included in the package are designed to address risk and protective factors to prevent youth from becoming involved in firearm-related violence in the first place.

In terms of the strategies and approaches in the package, it is important to note that there can be significant heterogeneity among the programs, policies, or practices that fall within one approach or strategy area in terms of the nature and quality of the available evidence. Not all programs, policies, or practices that utilize the same approach (e.g., home visitation, mentoring) are equally effective, and even those that are effective may not work across all populations.^{2,8} Tailoring programs and conducting more evaluation may be necessary to better understand effectiveness across different population groups and communities.⁹⁰ The examples provided in this technical package are not intended to be a comprehensive list of evidence-based programs, policies, or practices for each approach, but rather illustrate models that have been shown to impact youth violence victimization or perpetration or have beneficial effects on risk or protective factors for youth violence and could be implemented in communities.


Identifying activities with evidence of impact on victimization, perpetration, and risk or protective factors for youth violence is only the first step. In practice, the effectiveness of the programs, policies and practices identified in this package will be strongly dependent on how well programs are implemented as well as the partners and communities in which they are implemented.^{91,92} The readiness of the program for broad dissemination and implementation (e.g., availability of program materials, training and technical assistance) can also influence program effects.^{93,94} Implementation guidance to assist practitioners, organizations and communities will be developed separately.

*Research shows some programs, practices, and policies have harmful effects on youth's behavior.^{2,29,84-87} Reasons for harmful effects may include lack of youth's skill development in real-world settings, limited adult supervision, and increased opportunities for delinquent youth to associate with each other. Examples of ineffective approaches include: transfer of juvenile offenders to the adult criminal system; shock and military-style programs (e.g., Scared Straight, boot camps); residential or individual treatment used in isolation; training youth to mediate peer conflict in school settings; and not promoting youth to succeeding grades.



Contextual and Cross-Cutting Themes

The strategies and approaches included in this technical package represent different levels of the social ecology, with efforts intended to impact individual behaviors and also the relationships, families, schools, and communities that influence risk and protective factors for youth violence. The strategies and approaches are intended to work in combination and reinforce each other to prevent youth violence in a comprehensive and long-term way (see box below). While individual skills are important and research has demonstrated the preventive effects of many youth skill development programs, approaches addressing relationships with parents, peers, and other caring adults as well as approaches that influence school and community environments are equally important to have the greatest public health impact.

|  Preventing Youth Violence | |
|--|---|
| Strategy | Approach |
| Promote family environments that support healthy development | <ul style="list-style-type: none"> • Early childhood home visitation • Parenting skill and family relationship programs |
| Provide quality education early in life | <ul style="list-style-type: none"> • Preschool enrichment with family engagement |
| Strengthen youth’s skills | <ul style="list-style-type: none"> • Universal school-based programs |
| Connect youth to caring adults and activities | <ul style="list-style-type: none"> • Mentoring programs • After-school programs |
| Create protective community environments | <ul style="list-style-type: none"> • Modify the physical and social environment • Reduce exposure to community-level risks • Street outreach and community norm change |
| Intervene to lessen harms and prevent future risk | <ul style="list-style-type: none"> • Treatment to lessen the harms of violence exposures • Treatment to prevent problem behavior and further involvement in violence • Hospital-community partnerships |

The social and cultural context of communities and organizations is critically important to take into account when selecting strategies and approaches for implementation. Practitioners in the field may be in the best position to assess the needs and strengths of their communities and work with partners to make decisions about the combination of approaches included here that are best suited to their context. Data-driven strategic prevention planning models, such as *Communities That Care (CTC)*, *PROMoting School-community-university Partnerships to Encourage Resiliency (PROSPER)*, and the *Cardiff Violence Prevention Partnership*, can support communities in using data to assess local risks and protective factors to inform the selection and ongoing monitoring of evidence-based programs. These data-driven partnerships and activities can contribute to significant reductions in violence, violence-related injuries, and crime as well as cost savings for the medical, educational, and justice systems.⁹⁵⁻¹⁰²



The strategies and approaches in this technical package can improve young people's adaptive behavior and academic success.

The strategies and approaches in this package have the potential to reduce multiple forms of violence (e.g., child abuse and neglect, teen dating violence, sexual violence) and other adolescent health problems (e.g., teen pregnancy, sexually transmitted infections). The strategies and approaches in this technical package can improve young people's adaptive behavior and academic success. For instance, school-based programs that strengthen youth's problem-solving and conflict management skills can reduce physical and verbal violence, bullying, teen dating violence, sexual violence, alcohol and drug use, and sexual risk behaviors.⁷⁶ They can also be used to strengthen academic performance, improve graduation rates, and create a positive school climate. Given that many risks for youth violence are evident before adolescence, programs that are designed to promote healthy child development and reduce the likelihood of child abuse and neglect can also potentially prevent violence in the teen years and in adulthood.¹⁰³⁻¹⁰⁵ The interconnection of these experiences and risk and protective factors suggests that the implementation of strategies and approaches to prevent youth violence can have substantial, long-term health, social, and economic benefits.^{64,65} However, it is also important to note that child abuse and neglect, teen dating violence, and sexual violence may also require additional prevention activities than those outlined in this technical package. CDC has developed technical packages for these other forms of violence to help communities identify additional strategies and approaches.¹⁰⁶⁻¹⁰⁹

Public health has a clear responsibility to help reduce the health burden of youth violence, has expertise applying science to reduce the risk for complex health problems, and can act to reduce youth violence.¹ This package includes strategies where public health agencies are well positioned to bring leadership and resources to implementation efforts. It also includes strategies where public health can serve as an important collaborator (e.g., strategies addressing community-level risks), but where leadership and commitment from other sectors, such as business, is critical to implement a particular policy or program (e.g., business improvement districts). The role of various sectors in the implementation of a strategy or approach in preventing youth violence is described further in the section on *Sector Involvement*.

In the sections that follow, the strategies and approaches with the best available evidence for preventing youth violence are described.





Promote Family Environments that Support Healthy Development

Rationale

The family environment plays a key role in shaping youth's physical, emotional, social, and behavioral health, and this influence extends from early childhood through late adolescence and beyond.¹¹⁰⁻¹¹¹ Family environments that are unstable, stressful, lack structure and supervision, have poor relationships and communication between family members, and use harsh or limited discipline with children are risk factors for youth violence and contribute to young people developing other risks, such as poor problem-solving skills and early and continued perpetration of aggression.^{33,48,112,113} Decades of research show that nurturing and supportive family environments where caregivers build warm and caring relationships with children, monitor children's activities and friendships, set age-appropriate expectations and rules, and use consistent and nonviolent discipline significantly lower the risk for youth violence and other adolescent health risk behaviors.^{33,46-52} The promotion of positive family environments throughout a child's development is connected to caregivers' knowledge about healthy and age-appropriate child development as well as the ways families communicate, manage behavior, and resolve conflict.

Approaches

There are a number of approaches that can help families create and maintain supportive, nurturing, and structured environments at every stage of a young person's development.

Early childhood home visitation programs provide information, caregiver support, and training about child health, development, and care to families in their homes, and help families access services. Home visiting programs may be delivered by nurses, professionals, or paraprofessionals.¹¹⁴ Many programs are offered to low-income, first time mothers to help them establish healthy family environments.¹¹⁴ The content and structure of programs can also vary depending on the model being utilized, with some being highly manualized and others being more flexible in delivery.¹¹⁴ Some programs begin during pregnancy, while others begin after the birth of the child and may continue up through the child entering elementary school.

Parenting skill and family relationship programs provide caregivers with support and teach communication, problem-solving, and behavior monitoring and management skills. These programs can be self-directed or delivered to individual families or groups of families. For families at high risk for conflict and child behavior problems, tailored delivery to individual families yields greater benefits than group administration.^{47,115,116} Single-parent families often participate in these programs, and some programs have sessions primarily with parents while others include parent, youth, and family sessions. Programs are typically designed for families with children in a specific age range, with some designed for preschool and elementary aged children and others for middle and high-school aged youth.^{49,115} Specific program content typically varies by the age of the child but often has consistent themes of child development, parental monitoring and management of children's behavior, appropriate use of rewards and punishment, parent-child communication and relationships, and youth's interpersonal and problem-solving skills.^{49,51,52,115}



Potential Outcomes

- Reductions in behavior problems and disruptive behavior at home and school
- Reductions in physical fighting, aggression, and delinquency
- Reductions in arrests, convictions, and probation violations
- Reductions in alcohol and drug use by youth and parents
- Reductions in family conflict
- Reductions in child abuse and neglect
- Reductions in parental depression and stress
- Increases in compliance to caregiver's directions
- Increases in prosocial behavior (e.g., social skills, such as concern for others, empathy, and cooperation)
- Increases in parent-child connection, communication, and relationship quality
- Increases in positive parenting practices, such as monitoring and supervision of youth's activities, use of consistent and nonviolent discipline, and involvement and support of youth

Evidence

Approaches that enhance family environments have demonstrated effects in preventing youth violence and other adolescent health risk behaviors.^{46-52,104}

Early childhood home visitation. Home visiting programs are effective in improving parenting behaviors and children's social and emotional development, but the evidence is mixed with some programs showing strong effects and others showing few to no effects potentially due to the varying content and delivery of these programs.^{114,117} Families participating in the *Nurse Family Partnership*[®] (*NFP*) program had 45% fewer childhood behavior problems and parental coping problems as recorded by physicians relative to nonparticipating families, and participating youth by age 15 had significantly fewer arrests, convictions, and probation violations.^{104,118} Female youth at age 19 whose family participated in *NFP* were significantly less likely than a comparison group to be arrested (10% versus 30%) and convicted (4% versus 20%).¹⁰³ *NFP* also demonstrated significant impacts on risk and protective factors for youth violence, including reducing child abuse and neglect and substance use by parents and youths.^{104,119} The *Home Visiting Evidence of Effectiveness Review* identifies other home visiting programs that may work for communities, depending on available resources and the context in which the home visiting program is delivered.¹¹⁴

Parenting skill and family relationship programs. Multiple systematic reviews of various parent skill and family relationship approaches have demonstrated beneficial impacts on perpetration as well as risk and protective factors for youth violence.^{33,47,49,51,52,76} One example is *The Incredible Years*[®], which is designed for families with young children up to 12 years of age and can be implemented with additional components for teachers and children in school. A meta-analysis of effects associated with *The Incredible Years*[®] found significant decreases in children's disruptive behaviors at home and school and increases in their prosocial behaviors.¹²⁰ Impacts on other risk and protective factors include reductions in parental depression and stress, improvements in children's compliance with parental directions, stronger parent-child connections and communication, and improvements in positive parenting practices related to monitoring, discipline, and mother-child interactions.^{76,121} Behavioral benefits are broader and sustained longer when both the parent and child participate in the program.¹²¹ *Parent Management Training-Oregon Model*[™] (*PMTO*) is another example where participating youth, relative to controls, have demonstrated significantly lower rates of behavior problems, aggression, and arrest.^{122,123} Other program benefits of *PMTO* include increases in positive parenting practices and the family's socioeconomic status.^{124,125}



Several other effective programs focus on families with youth ages 10–17. This transitional period into adolescence is when risk behaviors can increase and more severe forms of violence can emerge. Examples of effective programs include *Strengthening Families 10–14*, *Coping Power*, and *Familias Unidas*™. Four years after participating in the *Strengthening Families 10–14* program, self-report data from youth indicated significant relative reductions in physical fighting (32%), throwing items to cause injury (54%), and purposely damaging property (77%) as well as lower levels of observer-rated family conflict.¹²⁶ Relative to families in control conditions, participating families also reported lower youth substance use and improvements in parent-child affective quality and child management skills.¹²⁷⁻¹²⁹ Rigorous evaluations of *Coping Power* show significantly lower rates of youth delinquency and aggressive acts, parents' lack of support, and youth substance use among participating families relative to controls one and three years after participating in the program.¹³⁰⁻¹³² One study of *Familias Unidas*™ found reductions in adolescent aggression and other behavior problems over time among participating families relative to controls. Program participants relative to controls also demonstrated improvements in protective factors for adolescent behavior problems, including increased parental involvement and support of youth, positive parenting practices, parent-child communication, parental monitoring, and youth's substance use.¹³³⁻¹³⁵



Approaches that enhance family environments have demonstrated effects in preventing youth violence.



Provide Quality Education Early in Life

Rationale

Quality early childhood education can improve children’s cognitive and socioemotional development and increase the likelihood that children will experience safe, stable, nurturing relationships and environments and long-term academic success and health, including lower rates of behavior problems, aggression, and crime.^{136,137} High-quality early education environments, such as ones that are licensed and accredited, promote youth’s social skill and cognitive development, strengthen connections to school, and reduce problem behaviors at school and at home.^{138,139} These benefits in turn contribute to stronger scholastic achievement and less family stress and conflict throughout childhood and adolescence. Early childhood education that includes parental engagement can strengthen youth outcomes, family involvement in children’s future education, and parenting practices and attitudes.^{137,140,141} These integrated approaches also create pathways for youth and families to access ancillary supports, such as employment, transportation and meal assistance, and mental and physical health services, which can further address risks and build buffers against future violence.

Approaches

Preschool enrichment with family engagement is an approach for enhancing the foundation for a child’s academic, social, and behavioral development through adolescence and into adulthood.

Preschool enrichment with family engagement programs provide high-quality early education and support to economically disadvantaged families to build a strong foundation for the children’s future learning and healthy development and lower risks for future academic and behavioral problems. Programs are generally available to children and families who meet basic qualifications, such as being residents in a high-poverty school area eligible for federal Title I funding, demonstrate need and agree to participate, or have incomes at or below the federal poverty level.¹⁴² Program content and delivery vary based on the model used and can include home visits, connections to community supports, and half- to full-day child care and school programs. Parental involvement is emphasized as critical in the child’s development and in increasing children’s success in school. Programs often begin in infancy or toddlerhood and may continue into early or middle childhood.

Potential Outcomes

- Reductions in aggressive behavior
- Reductions in arrests, convictions, and incarceration
- Reductions in child abuse and neglect, welfare encounters, and out-of-home placements
- Reductions in grade retention and special education services
- Reductions in smoking, alcohol, and drug use
- Reductions in parent’s use of harsh verbal and physical discipline
- Increases in cognitive and language development
- Increases in nurturing and supportive parent-child interactions, effective child behavior management strategies, and home environments supportive of learning
- Increases in high school completion, college attendance, and number of years of education
- Increases in full-time employment and health insurance in adulthood



Quality early childhood education can increase the likelihood that children will experience safe, stable, nurturing relationships and environments.

Evidence

Evidence exists that preschool enrichment programs with family engagement can reduce children’s aggression and conduct problems as well as reduce youth’s perpetration of violence and aggression during adolescence and young adulthood, with benefits stronger and more stable when preschool and family supports extend into early elementary school.¹⁴³

Preschool enrichment with family engagement programs can lower the prevalence of problems in early childhood, including aggression and child abuse and neglect, and have broader and long-term impacts on parent-child interactions and youth’s academic achievement, substance use, and perpetration of violence and crime. Examples of effective programs are *Child Parent Centers (CPCs)* and *Early Head Start (EHS)*. *CPCs* have been evaluated in multiple, long-term studies. For instance, when followed to age 20, low-income minority children who participated in the *CPC* preschool program, relative to youth in other early childhood programs, had significantly lower rates of juvenile arrest (16.9% versus 25.1%), violent arrests (9.0% versus 15.3%), and multiple arrests (9.5% versus 12.8%).¹⁰⁵ At age 24, relative to youth with fewer years of *CPC* participation (e.g., preschool only), youth who participated in the program for 4 to 6 years had a 22% reduction in arrests for violence as well as significantly lower rates for violent convictions and multiple incarcerations.¹⁴³ Across studies, youth participating in *CPCs* also experience numerous other benefits relative to comparison groups, including lower rates of substantiated reports of child abuse and neglect, out-of-home placements, grade retention, special education services, depression, and substance use as well as higher rates of high school completion, attendance in four-year colleges, health insurance, and full-time employment in adulthood.^{79,105,141,143}

Multiple evaluations of *EHS* demonstrate significant program impacts on violence as well as other short- and long-term benefits. For instance, relative to families accessing community services, the 3-year-old children of families participating in *EHS* demonstrated significantly less aggressive behavior, had better cognitive and language development, and had parents who were more emotionally supportive, provided more language and learning stimulation, read to their children more often, and spanked less.¹⁴⁴ Children in *EHS* also had significantly fewer child welfare encounters and substantiated reports of physical or sexual abuse encounters between the ages of 5 and 9 than did children in the control group, and *EHS* slowed the rate of subsequent child welfare encounters.¹⁴⁵ Children in *EHS* were more likely to have a substantiated report of neglect which is likely not due to *EHS*. Rather, enrollment in *EHS* may have increased monitoring of families and the visibility of young children experiencing neglect.¹⁴⁵ The *EHS* home-based program when fully implemented also showed participating families had many benefits two years after the program relative to a comparison group, including children with fewer social behavior problems, stronger parent-child engagement, and home environments more supportive of learning.¹⁴⁶





Strengthen Youth's Skills

Rationale

Strengthening youth's skills is an important component of a comprehensive approach to preventing youth violence. The likelihood of violence increases when youth have under-developed or ineffective skills in the areas of communication, problem-solving, conflict resolution and management, empathy, impulse control, and emotional regulation and management.^{2,33,147-149} Skill-development has an extensive and robust research base, which shows building youth's interpersonal, emotional, and behavioral skills can help reduce both youth violence perpetration and victimization.^{2,21,76,77,150-152} Enhancing these skills can also impact risk or protective factors for youth violence, such as substance use and academic success.^{150,152,153} These life skills can help youth increase their self-awareness, accuracy in understanding social situations, ability to avoid risky situations and behaviors, and capacity to resolve conflict without violence.

Approaches

Universal school-based programs are a widely used approach to help youth develop skills to prevent violence and engage in healthy behaviors.

Universal school-based programs (sometimes also referred to as social-emotional learning approaches) work in childhood and adolescence to enhance interpersonal and emotional skills, including communication and problem-solving, empathy, emotional awareness and regulation, conflict management, and team work.^{150,151} This approach also provides information about violence, seeks to change the way youth think and feel about violence, and provides opportunities to practice and reinforce skills. The content and format of skill development programs vary depending on the model being utilized. These school-based approaches often include guidance to teachers and other school personnel on ways to build youth's skills, monitor and manage behavior, and build a positive school climate to reduce aggression and violence, such as bullying, and support academic success. These approaches are typically delivered to all students in a particular grade or school. These approaches can be used in all grade levels but are primarily used in elementary and middle schools.⁹⁸

Potential Outcomes

- Reductions in perpetration and victimization of verbal and physical aggression
- Reductions in bullying and conduct problems
- Reductions in delinquency
- Reductions in the involvement in violent and nonviolent crime in young adulthood
- Reductions in smoking, alcohol, and drug use
- Reductions in depression and suicidal ideation
- Reductions in other adolescent risk behaviors (e.g., sex without a condom, multiple sex partners, risky driving)
- Increases in emotional regulation, understanding social situations, and developing effective and nonviolent solutions
- Increases in academic proficiency
- Increases in positive bystander behavior
- Increases in anti-bullying school policies
- Increases in positive school climate



Evidence

The evidence suggests that universal school-based programs can reduce aggressive behavior, including bullying, and other risky behaviors associated with youth violence.

Universal school-based programs. Multiple systematic reviews of various universal school-based programs demonstrate beneficial impacts on youth's skills and behaviors, including delinquency, aggression, bullying perpetration and victimization, and bystander skills that lower the likelihood of violence and support victims.^{76,77,151,154,155} For example, the Task Force for Community Preventive Services found a 15% relative reduction in violent behavior among students in pre-kindergarten through high school.¹⁵¹ Using different outcome measures, the median relative reduction in aggression and violent behavior associated with universal school-based programs varied by grade level, with a 32% reduction for pre-kindergarten and kindergarten students, 18% reduction for elementary students, 7% reduction for middle school students, and 29% reduction for high school students. Researchers suggest the benefits of these school-based approaches could be strengthened if programs implemented at early grade levels are continued into the critical high school years.⁹⁸ These programs were effective in reducing youth violence in different types of school environments, including ones with varying socioeconomic status, crime rates, or predominant race/ethnicity of students.¹⁵¹

Examples of effective classroom-based programs are *Good Behavior Game (GBG)*, *Promoting Alternative Thinking Strategies® (PATHS)*, *Life Skills® Training (LST)*, and *Steps to Respect (STR)*. The *GBG* has demonstrated that participants had significantly lower levels of classroom aggression in elementary school, and some studies of the long-term effects of *GBG* showed significantly lower levels of aggression in middle school and lower prevalence of antisocial personality disorder and violent crime by age 19 to 21.¹⁵⁶⁻¹⁵⁹ These effects were for male youth with relatively higher levels of early aggression when compared to youth in alternative intervention conditions.¹⁵⁷⁻¹⁵⁹ These participants also had lower prevalence of alcohol abuse, smoking, and suicidal ideation by the time they reached young adulthood.^{157,160}

Multiple evaluations of *PATHS* show significant program impacts on aggression, violent behaviors, and a number of developmental risk factors for violent behavior among participants in both regular and special education classrooms.⁷⁶ For instance, randomized controlled trials of *PATHS* found participants relative to controls were better able to regulate their emotions, understand social problems, develop effective solutions, and decrease their use of aggressive responses to conflict.¹⁶¹ At the one-year follow-up, participants also reported fewer depression symptoms and had fewer conduct problems.¹⁶¹ An independent randomized evaluation replication, which tracked students from 14 schools over a period of 3 years, found less self-reported aggressive problem-solving and fewer teacher-reported conduct problems among participants relative to controls.¹⁶² Relative to controls, participants also demonstrated greater reading and math proficiency in fourth grade and writing proficiency in fifth and sixth grade.¹⁶³

In multiple short- and long-term randomized trials of the *LST* program, participants demonstrated significant improvements in social skills, such as assertiveness and self-control, and a lower prevalence of many risk behaviors, including smoking, alcohol and drug use, HIV risk behavior, and unsafe driving.⁷⁶ A randomized trial of program benefits on violence outcomes across 41 schools found student participants in a one-year *LST* program, relative to students receiving a standard health education curriculum, reported a 32% reduction in delinquency, a 36% reduction in frequent delinquency (≥ 3 events), and a 26% reduction in frequent fighting (≥ 3 events).¹⁶⁴ Stronger prevention benefits were found for youth who participated in at least half of the program, including less physical and verbal aggression, fighting, and delinquency.¹⁶⁴



STR is one school-based program with demonstrated impacts on bullying and youth violence protective factors. A longitudinal evaluation of *STR* found after the second year of implementation, participants had a 31% decrease in bullying and victimization, 36% decrease in non-bullying aggression, and 72% decrease in harmful bystander behavior.¹⁶⁵ A large scale replication evaluation found significantly lower levels of physical bullying perpetration among participants relative to controls, and significant increases in school anti-bullying policies, positive school climate, and positive bystander behavior.¹⁶⁶



Universal school-based programs can reduce aggressive behavior, including bullying and other risky behaviors.





Connect Youth to Caring Adults and Activities

Rationale

Young people's risk for violence can be buffered through strong connections to caring adults and involvement in activities that help young people grow and apply new skills.^{44,53,147} Relationships with caring adults, in addition to parents or caregivers, can influence young people's behavioral choices and reduce their risk for involvement in crime and violence, alcohol and other substance use, and high-risk sexual behavior.^{44,53,55} These caring adults could include teachers, coaches, extended family members, neighbors, and community volunteers. Exposure to positive adult role models helps youth learn acceptable and appropriate behavior.⁵⁴ Through positive interpersonal relationships and learning activities, youth can also develop broad and healthy life goals, improve their school engagement and skills, and establish networks and have experiences that improve their future schooling and employment opportunities.¹⁴⁷ These connections and experiences and the many benefits they contribute to, such as enhanced academic performance, are protective against involvement in crime and violence.^{42,167}

Approaches

Mentoring and after-school programs are two approaches for connecting youth to caring adults and engaging youth in activities to reduce or buffer against their risk for violence perpetration and victimization.

Mentoring programs pair youth with a volunteer from the community with the goal of fostering a relationship that will contribute to the young person's growth opportunities, skill development, and academic success.^{89,168} Mentoring programs may be delivered without any set location for mentoring activities or be implemented in a specific location, such as a community center or faith-based organization. Mentoring programs can also be implemented in school settings (e.g., volunteers meet with youth on school grounds) and include academic support and enrichment activities.^{168,169} Program models can involve one-to-one matching of an adult mentor with a youth or take a group mentoring approach. The level of training and support provided to mentors varies depending on the model used. Programs can vary in how similar mentors and youth are in their interests and how frequently they spend time together.^{168,169} Mentoring programs can be delivered to any youth from early childhood through adolescence without regard to known risk factors, although programs more typically focus on youth perceived to be at risk for problems in academics, behavior, or health.¹⁶⁸

After-school programs provide opportunities for youth to strengthen their social and academic skills and become involved in school and community activities to expand their prosocial experiences and relationships. These approaches also address key risk and protective factors for youth violence by helping to provide supervision during critical times of the day, such as from 3:00 to 6:00 p.m. when youth crime and violence peak.¹⁷⁰ After-school programs range from those offering tutoring and homework assistance to more formal skill-based programming and structured learning activities.¹⁶⁸ Opportunities to develop and practice leadership, decision-making, self-management, and social problem-solving skills are important components of programs that work.^{171,172} After-school programs may be offered on school grounds or in community settings.¹⁶⁸



Potential Outcomes

- Reductions in perpetration and victimization of violence
- Reductions in physical fighting and delinquency
- Reductions in involvement in gang activity
- Reductions in rates of arrests for violent and nonviolent crime
- Reductions in drug selling
- Reductions in alcohol and drug use
- Reductions in truancy
- Reductions in rates of school dropout
- Increases in academic performance and perceptions of academic abilities
- Increases in graduation rates
- Increases in parent-child relationships and parental trust
- Increases in positive relationships with teachers or prosocial adults



Evidence

Evidence suggests that mentoring and after-school approaches can benefit youth in a number of ways, including reducing their risk for involvement in crime and violence, although the evidence of effectiveness varies by model and program.

Mentoring programs. Systematic reviews and meta-analyses of mentoring programs show strong support for improvements in outcomes across behavioral, social, emotional, and academic domains.^{53,89,169} *Big Brothers Big Sisters of America (BBBS)* is the oldest and best known example of a one-on-one mentoring program implemented in community and school settings in the United States.¹⁷³ An evaluation of the community-based *BBBS* mentoring program found positive impacts on a number of problem behaviors.¹⁷⁴ At the 18-month follow-up, mentored youth had skipped half as many days of school as control youth and were 46% less likely to have initiated illegal drugs and 27% less likely to have initiated alcohol use, which are important risk factors for youth violence. Mentored youth were also 32% less likely to have engaged in a physical fight. Other benefits included stronger academic competence and improvements in parental trust. Although the benefits were significant for both boys and girls, many of the strongest gains were among the Little Sisters.

A national evaluation of the school-based mentoring program of *BBBS* found that mentored youth performed better academically, had more positive perceptions of their academic abilities, and were more likely to report having a special adult in their lives for support relative to a control group of non-mentored youth—factors that protect against youth violence.¹⁷⁵ Impacts on other youth outcomes were influenced by relationship factors. Higher-quality mentoring relationships were associated with improvements in parental and student-teacher relationships.¹⁷⁶ These, in turn, were associated with better youth outcomes, such as increased prosocial behavior and decreases in problem behaviors, such as getting into a physical fight in the neighborhood and vandalizing property.¹⁷⁶



After-school programs. The evidence for after-school programs varies with some programs showing few or small effects and others showing significant benefits on academic, behavioral, and social-emotional outcomes.^{55,171,172,177} These mixed effects likely are due to differences in program models, duration, program structure, staff, and diversity of participants.¹⁷² One example with demonstrated benefits on schooling and delinquency outcomes is the *Los Angeles' Better Educated Students for Tomorrow (LA's BEST)* program. A rigorous, longitudinal evaluation of *LA's BEST* found significant positive effects on academic achievement and reductions in arrests for youth crime and violence, especially among those who attended at least 10 days per month and had significant adult contact, relative to control students from the same schools who attended fewer days and relative to control students from matched schools.¹⁷⁸

Another example is the *After School Matters (ASM)* program, which offers apprenticeship experiences in technology, science, communication, the arts, and sports to high-school students in Chicago Public Schools.¹⁷⁹ An initial impact study of academic outcomes found that *ASM* students had fewer course failures, higher graduation rates and lower school dropout rates by age 18 than non-*ASM* students.¹⁸⁰ A rigorous, randomized controlled trial of the program across 10 predominately lower-income, racially/ethnically diverse high schools found a number of other positive outcomes. Participating youth missed fewer days of school, had better attitudes toward school, higher self-regulation, and were less likely to sell drugs or participate in gang activity than control youth.¹⁸¹



Mentoring and after-school approaches can benefit youth in a number of ways, including reducing their risk for involvement in crime and violence.





Create Protective Community Environments

Rationale

Creating protective community environments in which young people develop is a necessary step towards achieving population-level reductions in youth violence. Communities can include places with any defined population with shared characteristics and environments, such as schools, towns, cities, youth-serving organizations or institutions, and areas (e.g., parks, business districts, public transportation hubs) where individuals regularly interact. Approaches that modify the characteristics of these places are considered community-level approaches. Such approaches can involve, for example, changes to policies or the physical and social aspects of settings in order to reduce risk factors and increase protective factors for youth violence.¹ These changes can have a significant influence on individual behavior by creating a context that promotes social norms that protect against violence.¹⁸² These approaches can improve perceived and actual safety and reduce opportunities for violence and crime and, in turn, increase protective factors, such as residents having more prosocial interactions and opportunities to support youth. Approaches that create protective environments can reduce violence-related injury and death as well as have long-term benefits by reducing children's exposure to violence and the consequences of this exposure.^{39,183}

Approaches

The current evidence suggests three approaches with promise for modifying the characteristics of settings associated with youth violence victimization and perpetration.

Modify the physical and social environment. These approaches prevent youth violence and crime by enhancing and maintaining the physical characteristics of settings where people come together in order to foster social interaction, strengthen connectedness, and increase collective efficacy (e.g., shared trust among residents and willingness to intervene).⁵⁶⁻⁵⁸ Examples of this work include increasing lighting, managing accessibility to buildings and public spaces, street cleaning, increasing security, abandoned building and vacant lot remediation, creating green space, and sponsoring community events that bring residents together. These approaches can also be applied in school and other settings where young people frequently interact.¹⁸⁴⁻¹⁸⁷ These approaches are often led by governmental and nongovernmental community partners (e.g., city planners, parks and recreation, business) and may include youth and adult residents.

Reduce exposure to community-level risks. Youth violence is associated with a number of community-level risks, such as concentrated poverty, residential instability, and density of alcohol outlets.^{33,37,61,63} Reducing exposure to these community-level risks can potentially yield population-level impacts on youth violence outcomes.¹⁸⁸ Prevention approaches to reduce these risks include changing, enacting, or enforcing laws, city ordinances and local regulations, and policies to improve household financial security, safe and affordable housing, and the social and economic sustainability of neighborhoods. Public-private partnerships and community-driven needs and services are important elements of these approaches.

Street outreach and community norm change approaches connect trained outreach staff with residents to mediate conflicts, promote norms of nonviolence, and connect youth to community supports to reduce risks and build buffers against violence.¹⁸³ The ways in which these connections occur can vary depending on the model used, outreach staff training and expertise, and available community resources. Outreach staff typically connect with residents with known histories of engaging in criminal and violence-related activities or who are at heightened risk to engage in violence (e.g., had a recent argument, family member or friend recently harmed by violence). This approach also uses public education and neighborhood events to change norms about the acceptability of violence and willingness of community members to act in ways to reduce the likelihood of violence.



Potential Outcomes

- Reductions in nonfatal physical assault, firearm assaults, nonfatal shootings, and homicide
- Reductions in violence-related injuries among youth
- Reductions in nonviolent and violent crime and arrests
- Reductions in gang-related violence
- Reductions in community risk factors for youth violence (e.g., alcohol use by minors)
- Reductions in acceptability of using guns to resolve disputes
- Increases in normative beliefs that violence is unacceptable

Evidence

The evidence supporting these approaches is growing and shows significant impacts on neighborhood crime and youth violence.^{77,189}

Modify the physical and social environment. Evaluations of physical and social environment approaches demonstrate significant decreases in crime and violence in neighborhood settings. For example, *Business Improvement Districts (BIDs)* are public-private partnerships that collect and invest resources from local merchants and property owners into local services and activities, such as efforts to improve commercial activity, street cleaning and beautification, and public safety, in order to increase appeal and use by residents and the prosperity of the businesses and community. An evaluation of *BIDs* in Los Angeles found a 12% reduction in robberies and 8% reduction in overall violent crime in *BID* neighborhoods compared to the non-exposed neighborhoods as well as significant economic benefits due to reduced crime rates, reduced arrests, and lower prosecution-related expenditures.^{78,190} Environmental design activities, such as *Crime Prevention Through Environmental Design (CPTED)*, promote positive interpersonal interactions and the safe use of spaces through enhanced visibility, access management, and proper maintenance and design.⁵⁶ A systematic review of *CPTED* principles applied to business settings found significant reductions in robberies.¹⁹¹ Evaluations and a systematic review also show communities applying some *CPTED* principles, such as abandoned building and vacant lot remediation and cleaning and maintenance of neighborhood green spaces and housing, experience decreases in gun assaults, youth homicide, disorderly conduct, and violent crime as well as beneficial impacts on residents' perception of crime, stress, community pride, and physical health.¹⁹²⁻¹⁹⁷

Reduce exposure to community-level risks. Strengthening household financial security through tax credits, such as the Earned Income Tax Credit (EITC), can help families increase their income while incentivizing work or offsetting the costs of child-rearing and help create home environments that promote healthy development.¹⁹⁸ While the EITC has not been evaluated for its direct impact on rates of youth violence, the evidence suggests that the EITC can lift families out of poverty.^{199,200} Simulations show that a Child Tax Credit of a \$1000 allowance per child, paid to each household regardless of income or tax status, would reduce child poverty in the United States from 26.3% to 23.2%; a \$2000 allowance per child would reduce child poverty to 20.4%; a \$3000 allowance per child would reduce child poverty to 17.6%; and a \$4000 allowance per child would reduce child poverty to 14.8%.²⁰¹ The Low-Income Housing Tax Credit (LIHTC), which is designed to improve the availability of safe and affordable rental housing in highly distressed urban neighborhoods, can help revitalize the poorest neighborhoods and offset a number of negative outcomes in these communities.⁵⁹ There is evidence suggesting that the LIHTC can reduce the concentration of poverty and is also associated with reductions in violent crime and aggravated assault without evidence of spatial displacement.^{59,202}

Evaluations of other strategies to reduce exposure to community-level risks are emerging, with policies related to alcohol receiving substantial attention. Systematic reviews and meta-analyses show alcohol policies (e.g., location and concentration of outlets, licensing regulations, pricing, hours and days of sale) can influence risk factors associated with youth violence and other health conditions.²⁰³⁻²⁰⁵ An evaluation of a Richmond, Virginia policy restricting licenses for the sale of single-serve alcoholic beverages by convenience stores found significant declines in ambulance pickups of youth for violent injuries (19.6 to 0 per 1,000) as compared to a control community (7.4 to 3.3 per 1,000).²⁰⁶ International studies also demonstrate policies related to alcohol sales are associated with significant reductions in homicide, physical assaults, and violent crime.²⁰⁷⁻²⁰⁹



Street outreach and community norm change. Several types of street outreach and community norm change programs exist, and some have evidence to support their effectiveness in preventing violence. *Cure Violence* (formerly known as *Ceasefire*), and similar programs, such as Baltimore's *Safe Streets*, have been implemented and evaluated in several communities. These programs are associated with reductions in gun violence, homicides, gang-related violence, and nonfatal assault-related injuries in some but not all implementation areas where studied.¹⁸³ An evaluation of Chicago's *Cure Violence* implemented in seven communities found significant reductions in aggravated batteries and assaults and shootings in half of the implementation communities while the other implementation communities either had no significant declines or no differences in the rate of decline relative to the comparison communities.²¹⁰ An evaluation of Baltimore's *Safe Streets* program in four neighborhoods found significant reductions in nonfatal shootings in the four implementation areas, significant reductions in homicide in two implementation areas, and either no reduction or an increase in homicides in two implementation areas relative to comparison communities. The impacts on homicide and nonfatal injuries also extended to the neighborhoods surrounding the implementation sites. Across all the implementation sites and bordering areas, the combined prevention effects were at least 5 fewer homicides and approximately 35 fewer nonfatal shootings.¹⁸² Across the implemented programs and evaluations, investigators suggest mixed effects may be related to variations in the outreach workers, how well the program is managed and implemented, and other community contextual factors, such as shifts in gang violence and support from neighborhood organizations.^{182,183}

An additional goal of these programs is to change community norms about the acceptability of violence. The evaluation of *Safe Streets* on youth's attitudes found youth in one intervention community were 4 times less likely than youth in a nonintervention comparison neighborhood to support the use of a gun to resolve disputes.²¹¹ Another evaluation shows one year after the implementation of *Safe Streets*, youth in the intervention community relative to the control community had significant changes in their attitudes about the use of gun violence to resolve conflicts, with intervention youth viewing violence to solve conflicts less favorably.⁶⁰



Evaluations of physical and social environment approaches demonstrate significant decreases in crime and violence in neighborhood settings.





Intervene to Lessen Harms and Prevent Future Risk

Rationale

Many youth who engage in violence as teens and young adults have histories of childhood conduct problems, aggression, violence perpetration and victimization, delinquency, and criminal behavior.^{20,33,212-214} These youth often have other known risk factors for violence, including substance use, academic problems, associations with deviant peers, and home environments characterized by disruption, conflict, violence, and other family problems.^{20,33,215} Many have experienced traumatic events and show signs of behavioral and mental health problems from experiencing, witnessing, and living with chronic exposures to violence and in unhealthy environments.^{15,216,217} Justice responses, such as incarceration alone, have limited effect on youths' future criminal behavior, and some policies, such as the transfer of juvenile offenders to adult criminal courts, can result in worse outcomes for youth.^{15,28-30,218} Other approaches designed to address these youths' many risk factors have the potential to interrupt the continuation and escalation of violence.^{2,49,219,220} These interventions can also create resiliency and strengthen familial protective factors, such as parental monitoring, parent-child communication, and behavioral management.

Approaches

Several approaches have been identified to lessen the harms of violence exposure and prevent the continuation and escalation of violence and its associated risk factors, including therapeutic treatments and hospital-community partnerships that provide brief intervention and community prevention services.

Treatment to lessen the harms of violence exposures. Therapeutic treatment can mitigate the behavioral and health consequences of witnessing or experiencing violence in the home and community and other adverse child experiences.²²¹⁻²²⁴ Improvements can occur in youth's maladaptive and acting out behaviors, irritability, difficulty sleeping or concentrating, and symptoms of depression, anxiety, and post-traumatic stress disorder (PTSD). Treatments are designed to help youth process traumatic exposures, manage trauma-related distress, and develop effective coping strategies and skills. These treatments are typically delivered by trained professionals in a one-on-one or group setting and over the course of 12 or more sessions. Referrals may come from social services, schools, or other local community organizations. Treatment is often provided to children at varying ages and stages of development, and as such, may engage both the child and caregiver in the treatment process.

Treatment to prevent problem behavior and further involvement in violence simultaneously addresses multiple risk factors and builds supports at home and in the community. These approaches develop youth's social and problem-solving skills, provide youth with therapeutic services to address behavioral and emotional issues, offer families therapeutic services to reduce conflict, improve communication, and enhance parents' management and supervision of youth.^{49,219,220} The goal of these supports is to assist youth and families in making significant changes in their behavior in order to prevent youth from engaging in future acts of violence. Referrals may come from the juvenile justice system, schools, or other community organizations working with young people and families who have many risk factors for youth violence. Programs are often delivered by trained clinicians in the home or a clinic setting and can be administered to individual families or groups of families. Programs typically include multiple components, such as individual counseling of youth, family counseling, parent training, and school consultation.



Hospital-community partnerships are intended to strengthen connections between the acute treatment of violence-related injuries and community assistance in order to prevent future injuries and health risk behaviors.²²⁵ These approaches provide support to youth shortly after receiving care in emergency departments for acute issues. The youth served by these approaches and the length and content of the program vary based on the model used. Typically these programs involve brief interventions to develop skills and risk awareness, needs assessments, and connection to case-management services. Motivational interviewing to engage youth and encourage behavior change, components to address peer norms about risk behaviors, and ways to manage life stressors and situations post-injury are elements of these interventions.²²⁶

Potential Outcomes

- Reductions in victimization and perpetration of violence
- Reductions in nonviolent and violent crime
- Reductions in arrests and recidivism
- Reductions in gang involvement
- Reductions in out-of-home placements
- Reductions in siblings' criminal behavior
- Reductions in teen dating violence
- Reductions in child abuse
- Reductions in substance use
- Reductions in symptoms of PTSD, depression, and behavioral problems
- Increases in school attendance and homework completion
- Increases in positive parenting and family management practices (e.g., monitoring and supervision)
- Improvements in family relationships and communication

Evidence

A large body of evidence highlights the importance and benefits of intervening with youth who have histories of violence, crime, and delinquency exposures.

Treatment to lessen the harms of violence exposures, such as *Trauma-Focused Cognitive Behavioral Therapy*[®] (*TF-CBT*), is effective in reducing symptoms of PTSD, depression, and behavioral problems as well as strengthening positive parenting practices.^{221,227} *TF-CBT* was originally designed to address symptoms associated with sexual abuse and has been adapted to treat other traumas including witnessing community or domestic violence, which are important risk factors for youth violence.²²⁸ Another example, *Cognitive Behavioral Intervention for Trauma in Schools* (*CBITS*), is designed for youth ages 10–15.²²⁹ This program addresses treatment barriers, such as stigma and access to services, by offering the treatment in school settings but has also been implemented in community settings with a range of populations (e.g., ethnic minority, immigrant, low and middle-income). The treatment is associated with improvements in symptoms of PTSD and depression and parent-reported behavioral problems.²³⁰

Treatment to prevent problem behavior and further involvement in violence. The benefits of therapeutic interventions for young people with histories of violence, crime and delinquency have been documented in numerous reviews.^{49,219,220} One meta-analysis of interventions for youth with a history of criminal offenses found that relative to controls juveniles who received treatment had an average 12% decrease in future violence and crime.²²⁰ Across studies, larger effects were found for more serious offenders (e.g., history of both person and property offenses) than less serious offenders and when the treatments were longer. However, the effects of individual programs varied with some programs having more substantial impacts (e.g., 40% reduction in recidivism) and others associated with no effects or an increase in recidivism. Examples of programs demonstrating benefits for participating youth and families include *Functional Family Therapy* (*FFT*), *Multidimensional Treatment Foster Care* (*MTFC*), and *Multisystemic Therapy*[®] (*MST*).



FFT is a short-term, family-focused program that strengthens parent-child communication and relationships and helps families set clear expectations and use consequences to improve youth's behavior. Evaluations of *FFT* have shown significantly lower recidivism in misdemeanor and felony offenses among participating youth relative to youth receiving only probation during adolescence (11% versus 67%) and young adulthood (9% versus 41%).^{231,232} Other evaluations have replicated the impact on recidivism in domestic and international samples and also demonstrated other positive outcomes, including stronger family communication, improved family mental health, reduced court involvement of siblings, and lower substance use by youth.²³³⁻²³⁵

MTFC includes short-term placements of chronically delinquent youth with extensively trained foster parents, family therapy for biological parents, and behavioral and academic supports to youth. A systematic review of therapeutic foster care approaches, such as *MTFC*, demonstrates an approximate 72% reduction in violent crimes among participants.²³⁶ Relative to youth in usual care services, *MTFC* participants also had significantly lower self-reported violence and fewer referrals for violent crime (5% versus 24%) two years post intervention.²³⁷ Other benefits include lower substance use, improvement in family management practices, and stronger school attendance and homework completion.^{238,239}



MST is an intensive multi-component program for chronically delinquent and violent youth that engages the youth's entire social network (e.g., family, school and teachers, neighborhood, friends) in order to reduce risks and improve protective factors. *MST* has been evaluated in numerous trials with samples of chronic and violent juveniles.²⁴⁰ These studies demonstrate significant long-term reductions in re-arrests (reduced by a median of 42%) and out-of-home placements (reduced by a median of 54%), as well as beneficial impacts on family functioning and positive parenting practices, youth's substance use, youth's behavioral and mental health, youth's gang involvement, and sibling's criminal behavior.^{240,241} For example, *MST* participants relative to youth receiving individual therapy had fewer violent felony arrests approximately 22 years later (4.3% versus 15.5%), and the siblings of these participants had fewer arrests for any crime (43.3% versus 72%) and felonies (15% versus 34%) approximately 25 years later.^{242,243} Other benefits include improvements in positive parenting practices, reductions in child abuse, lower substance use, and community cost savings.²⁴⁰


Hospital-community partnerships. The implementation of brief emergency department interventions is growing across the United States.²⁴⁴ Some of these interventions have also been rigorously evaluated to assess their effects on revictimization, substance use, further involvement in crime and violence, and rates of entry or re-entry into the criminal justice system.²⁴⁵⁻²⁴⁷ For instance, *SafERteens* is an emergency department intervention for youth who present with violence or alcohol use problems that uses motivating interviewing techniques to increase problem recognition and skills, including conflict resolution, alcohol refusal, and anger management. Evaluations of *SafERteens* demonstrate that participating youth relative to controls had significant reductions in perpetration and victimization of peer violence that were maintained one-year following the intervention.²⁴⁸ Additional program benefits include reductions in alcohol use and dating violence victimization.^{246,249} *SafERteens* has been adapted to include content applicable to youth regardless of their history of violence or alcohol use, and an evaluation of the adapted model (*Project SYNC*) also demonstrated a significant decrease in the frequency of perpetrating violence and an increase in self-efficacy to avoid fighting among participating youth relative to controls.²⁵⁰ An evaluation of the *Caught in the Crossfire* program in Oakland, California yielded positive outcomes on youths' involvement in crime. During the six-month post-injury evaluation period, the intervention youth were 70% less likely to be arrested for any offense and 60% less likely to have had any involvement in the criminal justice system compared with controls.²⁴⁵





Benefits Relative to Costs

A robust evidence base of effective prevention approaches has enabled researchers to systematically assess the benefits relative to costs of many youth violence prevention activities. Many prevention programs and policies presented in this technical package have been shown in one or more studies to have significant preventive effects on youth violence or risk and protective factors for youth violence as well as have economic benefits that exceed implementation costs.^{76,78-80} Published cost-benefit estimates can vary as researchers and states calculating the economic benefits of programs can differ in their methods, such as focusing on a single program versus multiple programs, the rigor of included research, and costs and outcomes considered.^{251,252} The table below includes examples of benefit-cost information for some of the programs in this technical package based on Washington State’s methodology of estimating cost-benefits. Washington State’s approach considers program impacts on factors and systems, including future labor market earnings, criminal justice costs, education system costs, and health care expenses.

|  Estimates of Benefits Relative to Costs* | |
|---|--|
| Evidence-based Approach/Program | Benefits per \$1 of cost |
| Nurse Family Partnership® | \$1.61 |
| The Incredible Years® – Parent | \$1.65 |
| Strengthening Families 10–14 | \$5.00 |
| Early Childhood Education Programs (state and district) | \$5.05 |
| Good Behavior Game | \$64.18 |
| Life Skills® Training | \$17.25 |
| Mentoring (school-based) | \$14.85 (with volunteer cost) \$23.86 (taxpayer only) |
| Functional Family Therapy | \$6.51 |
| Multidimensional Treatment Foster Care | \$1.70 |
| Multisystemic Therapy® | \$1.74 |

*Dollar estimates by Washington State Institute for Public Policy are in 2015 dollars and are specific to the state of Washington. Estimates are likely to vary across states and communities. The benefit-cost estimates are continually updated, and cost estimates presented are based on information published by Washington State Institute for Public Policy as of September 2016. The latest information is available online at: <http://www.wsipp.wa.gov>.





Sector Involvement

Public health can play an important and unique role in preventing youth violence. Public health agencies, which typically place prevention at the forefront of efforts and work to create broad population-level impact, can bring critical leadership and resources to bear on this problem.^{1,253} For example, these agencies can serve as a convener, bringing together partners and stakeholders to plan, prioritize, and coordinate youth violence prevention activities. Public health agencies are also well positioned to collect and disseminate data, implement preventive measures, evaluate programs and policies, and track progress. Although public health can play a leadership role in preventing youth violence, the strategies and approaches outlined in this technical package cannot be accomplished by the public health sector alone.

Other sectors vital to implementing this package include, but are not limited to, education, health care (mental, behavioral, medical), justice, government (local, state, and federal), social services, business, housing, media, and organizations that comprise the civil society sector, such as faith-based organizations, youth-serving organizations, foundations, and other non-governmental organizations. Collectively, these sectors can make a difference by collaborating to prevent youth violence by impacting the various contexts and underlying risks that contribute to youth violence.^{254,255} The selection and implementation of prevention strategies and approaches by these sectors can also be informed and strengthened by youth, families, and other community adults all of whom have important roles in preventing youth violence.^{1,15}

The strategies and approaches described in this technical package are summarized in the Appendix along with the relevant sectors that are well positioned to lead implementation efforts. For instance, the social services, education, and public health sectors are vital for the implementation and continued provision of *Quality Education Early in Life*. As the lead sector in implementing programs, such as *Child-Parent Centers* and *Early Head Start* throughout the country, the social services sector is helping to ensure that families and communities receive the skills and services necessary to promote the physical, cognitive, social, and emotional development of children, thereby preparing youth for long-term academic success and positive behavioral and health outcomes. Some of these programs extend into the elementary school years making the education sector an important partner in prevention. The public health sector can play a vital role by educating communities and other sectors about the importance of ensuring early childhood education and continuing research that documents the benefits of early childhood education on health and development, family well-being, and youth violence prevention, as this evidence is important in making the case for continued support of these programs for children and families in need.

The approaches and programs that *Strengthen Youth's Skills* are often implemented in the education setting, making education an important sector for implementation. Public health departments across the country often work in partnership with school districts to implement and evaluate prevention programs in school settings. Some of these programs may also be suitable for delivery in community settings, and local and state public health departments can also play a leadership role in implementing and evaluating these programs in other settings. Programs to *Promote Family Environments that Support Healthy Development* are implemented in a variety of settings and involve the collaborative work of public health, community organizations, and education. As with other prevention programs, local and state public health departments can bring partners together to plan, prioritize, and coordinate prevention efforts and play a leadership role in evaluating these programs and tracking their impact on health, behavioral, and other outcomes.



Community organizations and education are well positioned to lead and implement approaches and programs that *Connect Youth to Caring Adults and Activities*. These sectors can help identify youth with known risk factors, such as academic, behavior, or family problems, and tailor programming to best meet the needs of these youth and their families. Business, housing, and government entities, on the other hand, are in the best position to implement policies and programs that *Create Protective Community Environments*. These are the sectors that can more directly address some of the community-level risks and environmental contexts that make youth violence more likely to occur. Public health can play an important role by gathering and synthesizing information, working with other agencies within their state or local governments in supporting policy and other approaches, and evaluating the effectiveness of measures taken.

This technical package includes a number of therapeutic programs as well as interventions delivered in hospital settings designed to *Intervene to Lessen Harms and Prevent Future Risk*. The health care, social services, and justice sectors can work collaboratively to support young people and their families to prevent and address the harms of violence exposures, decrease recidivism, and reduce the potential for the escalation in crime and violence and serious violence-related injury or death. The intensity and multiple activities of these interventions benefit from the expertise of licensed and trained professionals. Coordination of supports across various service providers and community organizations is also critical.

Regardless of the strategy, action by many sectors will be necessary for the successful implementation of this technical package. In this regard, all sectors can play an important and influential role in helping to prevent youth violence.



Monitoring and evaluation are necessary components of the public health approach to prevention.



Monitoring and Evaluation

Monitoring and evaluation are necessary components of the public health approach to prevention. Timely and reliable data are necessary to monitor youth violence and its related risk and protective factors and to evaluate the impact of prevention efforts. Data are also necessary for prevention planning and implementation.

Surveillance data help researchers and practitioners track changes in the burden of youth violence. Surveillance systems exist at the national, state, and local levels. It is important to assess the availability of surveillance data and data systems across these levels to identify and address gaps in the systems and to utilize this information when implementing and evaluating prevention activities. The National Violent Death Reporting System (NVDRS), National Electronic Injury Surveillance System-All Injury Program (NEISS-AIP), and the Youth Risk Behavior Surveillance System (YRBSS) are examples of surveillance systems that include data on youth violence. The NVDRS is a state-based surveillance system that combines data from death certificates, law enforcement reports, and coroner or medical examiner reports to provide detailed information on the circumstances of violent deaths, including youth homicides, which can assist communities in guiding prevention approaches.²⁵⁶ The NEISS-AIP provides nationally representative data about all types and causes of nonfatal injuries treated in U.S. hospital emergency departments, including those related to youth violence, and can be used to characterize and monitor trends in nonfatal injuries involving youth and inform program and policy decisions.⁶ The YRBSS collects information from a nationally representative sample of 9–12 grade students and is a key resource in monitoring health-risk behaviors among youth, including physical fighting on and off school property, bullying, and weapon carrying.²⁵⁷ The YRBSS data are obtained from a national school-based survey conducted by CDC as well as state, territorial, tribal, and large urban school district surveys conducted by education and health agencies.

National, state, and local data about juvenile's violent offenses, victimization, and involvement with the justice system are also available from the Department of Justice's Bureau of Justice Statistics, the Federal Bureau of Investigation Uniform Crime Reports, and the Office of Juvenile Justice and Delinquency Statistical Briefing Book.^{9,258,259} State and local data from police incident reports, 911 calls, ambulance and medical services, and school disciplinary reports may also be available. Many communities and schools also conduct surveys about youth's behavior and the strengths and needs of organizations serving youth to monitor youth violence and to inform ongoing and future prevention activities.

It is important at all levels (national, state, and local) to track progress of prevention efforts and evaluate the impact of those efforts, including the impact of this technical package. Evaluation data, produced through program and policy implementation and monitoring, are essential to knowing what does and does not work to affect rates of youth violence and associated risk and protective factors. Theories of change and logic models that identify short, intermediate, and long-term outcomes are an important part of program and policy evaluation. Understanding how approaches are being implemented and what implementation conditions result in the best outcomes can inform the refinement of a community's prevention activities over time.

The evidence base for youth violence prevention has advanced greatly over the last few decades, resulting in strong evidence for strategies that address many individual and relationship risk and protective factors. More research is needed to strengthen the evidence for strategies that address community risk and protective factors for violence, reduce minors' inappropriate access to and use of weapons, and youth's risk for lethal violence.^{88,90} Most existing evaluations focus on approaches implemented in isolation. However, research is growing about the likely synergistic effects of using a combination of the strategies and approaches, many of which are included in this package, and results are encouraging.^{82,260} Continued research is needed to understand the extent to which combinations of strategies and approaches result in greater reductions in youth violence than individual programs, practices, or policies. As evidence related to a strategy or approach or combination continues to grow and research gaps are filled, this technical package can be refined to reflect the latest knowledge and understanding of what works to prevent youth violence.



Conclusion

Youth violence is a significant public health problem that results in the premature death of thousands of young people each year. An additional half a million youth experience injuries that are treated in emergency departments, which can leave them with serious short- and long-term physical and psychological challenges that require rehabilitation supports. Violence directly or indirectly harms everyone in a community by contributing to fear of engaging in neighborhood activities, impairing the ability of businesses to grow and prosper, and creating financial strain on education, justice, and medical systems that leave communities with limited resources to achieve other community goals.

The good news is that youth violence is preventable. The knowledge, experience, and scientifically supported strategies described in this technical package can help communities prevent youth violence perpetration and victimization and achieve substantial cost benefits.^{76,80} Implementing one strategy will have benefits but may not result in long-term and wide-spread changes in an entire community's level of violence. A comprehensive prevention approach is more likely to result in significant, broad, and lasting effects. The strategies and approaches in this technical package are intended to be used in combination in a multi-level, multi-sector way to prevent youth violence. The package includes strategies that are in keeping with CDC's emphasis on primary prevention, or preventing youth violence from happening in the first place, as well as those to lessen the short- and long-term harms of youth violence. The hope is that multiple sectors, such as public health, health care, education, justice, social services, and business, will use this technical package as a guide and join CDC in efforts to prevent youth violence and its consequences.



The good news is that youth violence is preventable.



References

1. David-Ferdon, C., & Simon, T. R. (2014). *Preventing youth violence: Opportunities for action*. Atlanta, GA: Centers for Disease Control and Prevention. Retrieved from <http://www.cdc.gov/violenceprevention/youthviolence/opportunities-for-action.html>.
2. 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, Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; Substance Abuse and Mental Health Services Administration, Center for Mental Health Services; National Institutes of Health, National Institute of Mental Health.
3. Frieden, T. R. (2014). Six components necessary for effective public health program implementation. *American Journal of Public Health, 104*(1), 17-22.
4. Dahlberg, L. L., & Krug, E. G. (2002). Violence: A global public health problem. In E. G. Krug, L. L. Dahlberg, J. A. Mercy, A. B. Zwi, & R. Lozano (Eds.), *World report on violence and health* (pp. 1-56). Geneva, Switzerland: World Health Organization.
5. Mercy, J., Butchart, A., Farrington, D., & Cerdá, M. (2002). Youth violence. In E. G. Krug, L. L. Dahlberg, J. A. Mercy, A. B. Zwi, & R. Lozano (Eds.), *World report on violence and health* (pp. 25-56). Geneva, Switzerland: World Health Organization.
6. Centers for Disease Control and Prevention. (2016). Web-based Injury Statistics Query and Reporting System (WISQARS). Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Retrieved from <http://www.cdc.gov/injury/wisqars/>.
7. Centers for Disease Control and Prevention. (2016). Youth online: High school YRBS. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. Retrieved from <http://www.cdc.gov/healthyyouth/data/yrbs/>.
8. David-Ferdon, C., Dahlberg, L. L., & Kegler, S. (2013). Homicide rates among persons aged 10-24 years – United States, 1981-2010. *Morbidity and Mortality Weekly Report, 62*(27), 545-548.
9. Federal Bureau of Investigation. (2015). *Uniform crime reports: 2014 Crime in the United States*. Washington, DC: U.S. Department of Justice, Federal Bureau of Investigation. Retrieved from <https://www.fbi.gov/about-us/cjis/ucr/crime-in-the-u.s/2014/crime-in-the-u.s.-2014>.
10. Office of Juvenile Justice and Delinquency Prevention. (2016). National youth gang survey analysis. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention. Retrieved from <https://www.nationalgangcenter.gov/Survey-Analysis>.
11. Arseneault, L., Walsh, E., Trzeniewski, K., Newcombe, R., & Caspi A. (2006). Bullying victimization uniquely contributes to adjustment problems in young children: A nationally representative cohort study. *Pediatrics, 118*(1), 130–138.
12. Fowler, P. J., Tompsett, C. J., Braciszewski, J. M., Jacques-Tiura, A. J., Baltes, B. B. (2009). Community violence: A meta-analysis on the effect of exposure and mental health outcomes of children and adolescents. *Development and Psychopathology, 21*(1), 227–259.
13. Jennings, W. G., Piquero, A. R., & Reingle, J. M. (2012). On the overlap between victimization and offending: A review of the literature. *Aggression and Violent Behavior, 17*(1), 16-26.
14. Menard, S. (2002). Short- and long-term consequences of adolescent victimization. *Youth Violence Research Bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention. Retrieved from <https://www.ncjrs.gov/pdffiles1/ojdp/191210.pdf>.



15. National Task Force on Children Exposed to Violence, Listenbee, R. L., & Torre, J. (2012). *Report of the Attorney General's National Task Force on Children Exposed to Violence*. Washington, DC: U.S. Department of Justice. Retrieved from <https://www.justice.gov/defendingchildhood>.
16. Miller, T. R., Fisher, D. A., & Cohen, M. A. (2001). Costs of juvenile violence: Policy implications. *Pediatrics*, *107*(1), 1-7.
17. Welsh, B. C., Loeber, R., Stevens, B. R., Stouthamer-Loeber, M., Cohen, M. A., & Farrington, D. P. (2008). Costs of juvenile crime in urban areas: A longitudinal perspective. *Youth Violence and Juvenile Justice*, *6*(1), 3-27.
18. Dahlberg, L. L., & Simon, T. R. (2006). Predicting and preventing youth violence: Developmental pathways and risk. In J. R. Lutzker (Ed.), *Preventing violence: Research and evidence-based intervention strategies* (pp. 97-124). Washington, DC: American Psychological Association.
19. Herrenkohl, T. I., Maguin, E., Hill, K. G., Hawkins, J. D., Abbott, R. D., & Catalano, R. F. (2000). Developmental risk factors for youth violence. *Journal of Adolescent Health*, *26*(3), 176-186.
20. Thornberry, T. P., & Krohn, M. D. (2006). *Taking stock of delinquency: An overview of findings from contemporary longitudinal studies*. New York, NY: Kluwer Academic Publishers.
21. World Health Organization. (2015). *Preventing youth violence: An overview of the evidence*. Geneva, Switzerland: World Health Organization. Retrieved from http://www.who.int/violence_injury_prevention/violence/youth/youth_violence/en/.
22. David-Ferdon, C., & Simon, T. R. (2012). *Striving To Reduce Youth Violence Everywhere (STRYVE): The Centers for Disease Control and Prevention's national initiative to prevent youth violence foundational resource*. Atlanta, GA: Centers for Disease Control and Prevention. Retrieved from http://www.cdc.gov/violenceprevention/pdf/stryve_foundational_resource-a.pdf.
23. Abram, K. M., Teplin, L. A., Charles, D. R., Longworth, S. L., McClelland, G. M., & Dulcan, M. K. (2004). Posttraumatic stress disorder and trauma in youth in juvenile detention. *Archives of General Psychiatry*, *61*(4), 403-410.
24. Ferguson, C. J., San Miguel, C., & Hartley, R. D. (2009). A multivariate analysis of youth violence and aggression: The influence of family, peers, depression, and media violence. *The Journal of Pediatrics*, *155*(6), 904-908.
25. Foshee, V. A., Reyes, H. L. M., Ennett, S. T., Suchindran, C., Mathias, J. P., Karriker-Jaffe, K. J., ... Benefield, T. S. (2011). Risk and protective factors distinguishing profiles of adolescent peer and dating violence perpetration. *Journal of Adolescent Health*, *48*(4), 344-350.
26. Hong, J. S., & Espelage, D. L. (2012). A review of research on bullying and peer victimization in school: An ecological system analysis. *Aggression and Violent Behavior*, *17*(4), 311-322.
27. Spratt, J. B., Doob, A. N., & Jenkins, J. M. (2001). *Problem behaviour and delinquency in children and youth*. Canadian Centre for Justice Statistics. Retrieved from https://www.researchgate.net/profile/Jennifer_Jenkins3/publication/265157555_PROBLEM_BEHAVIOUR_AND_DELINQUENCY_IN_CHILDREN_AND_YOUTH/links/54c7ae910cf238bb7d0b01f7.pdf.
28. Kirk, D. S., & Sampson, R. J. (2013). Juvenile arrest and collateral educational damage in the transition to adulthood. *Sociology of Education*, *86*(1), 36-62.
29. McGowan, A., Hahn, R., Liberman, A., Crosby, A., Fullilove, M., Johnson, R., ... Task Force on Community Preventive Services. (2007). Effects on violence of laws and policies facilitating the transfer of juveniles from the juvenile justice system to the adult justice system: A systematic review. *American Journal of Preventive Medicine*, *32*(4), S7-S28.
30. Mendel, R. A. (2011). *No place for kids: The case for reducing juvenile incarceration*. Baltimore, MD: The Annie E. Casey Foundation. Retrieved from <http://www.aecf.org/m/resourcedoc/aecf-NoPlaceForKidsFullReport-2011.pdf>.



31. American Psychological Association. (2013). *Gun violence: Prediction, prevention, and policy*. Washington, DC: American Psychological Association. Retrieved from <http://www.apa.org/pubs/info/reports/gun-violence-report.pdf>.
32. Hardy, M. S. (2006). Keeping children safe around guns: Pitfalls and promises. *Aggression and Violent Behavior, 11*(4), 352-366.
33. Farrington, D. P., Loeber, R., & Ttofi, M. M. (2012). Risk and protective factors for offending. In B. C. Welsh & D. P. Farrington (Eds.), *The Oxford handbook of crime prevention* (pp. 46-69). New York, NY: Oxford University Press.
34. Malik, S., Sorenson, S. B., & Aneshensel, C. S. (1997). Community and dating violence among adolescents: Perpetration and victimization. *Journal of Adolescent Health, 21*(5), 291-302.
35. Maguin, E., Hawkins, J. D., Catalano, R. F., Hill, K., Abbott, R., & Herrenkohl, T. (1995, November). *Risk factors measured at three ages for violence at age 17-18*. Paper presented at the American Society of Criminology, Boston, MA.
36. Sampson, R., & Lauritsen, J. (1994). Violent victimization and offending: Individual-, situational-, and community-level risk factors. In A. J. Reiss & J. A. Roth (Eds.), *Understanding and preventing violence vol. 3, social influences* (pp. 1-144). Washington, DC: National Academy Press.
37. Toomey, T. L., Erickson, D. J., Carlin, B. P., Lenk, K. M., Quick, H. S., Jones, A. M., & Harwood, E. M. (2012). The association between density of alcohol establishments and violent crime within urban neighborhoods. *Alcoholism Clinical & Experimental Research, 36*(8), 1468-1473.
38. Sampson, R. J., Morenoff, J. D., & Raudenbush, S. (2005). Social anatomy of racial and ethnic disparities in violence. *American Journal of Public Health, 95*(2), 224-232.
39. Sharkey, P. T., & Sampson, R. J. (2015). Violence, cognition, and neighborhood inequality in America. In R. K. Schutt, L. J. Seidman, & M. S. Keshavan (Eds.), *Social neuroscience: Brain, mind, and society* (pp. 320-329). Cambridge, MA: Harvard University Press.
40. Zimmerman, G. M., & Messner, S. F. (2013). Individual, family background, and contextual explanations of racial and ethnic disparities in youths' exposure to violence. *American Journal of Public Health, 103*(3), 435-442.
41. Hall, J. E., Simon, T. R., Mercy, J. A., Loeber, R., Farrington, D. P., & Lee, R. D. (2012). Centers for Disease Control and Prevention's expert panel on protective factors for youth violence perpetration: Background and overview. *American Journal of Preventive Medicine, 43*(2), S1-S7.
42. Kim, B. E., Gilman, A. B., Hill, K. G., & Hawkins, J. D. (2016). Examining protective factors against violence among high-risk youth: Findings from the Seattle Social Development Project. *Journal of Criminal Justice, 45*, 19-25.
43. Ttofi, M. M., Farrington, D. P., Piquero, A. R., & DeLisi, M. (2016). Protective factors against offending and violence: Results from prospective longitudinal studies. *Journal of Criminal Justice, 45*, 1-3.
44. Resnick, M. D., Ireland, M., & Borowsky, I. (2004). Youth violence perpetration: What protects? What predicts? Findings from the National Longitudinal Study of Adolescent Health. *Journal of Adolescent Health, 35*(5), 424.e1-424.e10.
45. Stoddard, S. A., Whiteside, L., Zimmerman, M. A., Cunningham, R. M., Chermack, S. T., & Walton, M. A. (2013). The relationship between cumulative risk and promotive factors and violent behavior among urban adolescents. *American Journal of Community Psychology, 51*(1-2), 57-65.
46. Bilukha, O., Hahn, R., Crosby, A., Fullilove, M., Liberman, A., Moscicki, E., ... Task Force on Community Preventive Services. (2005). The effectiveness of early childhood home visitation in preventing violence: A systematic review. *American Journal of Preventive Medicine, 28*(2S1), 11-39.



47. Burrus, B., Leeks, K. D., Sipe, T. A., Dolina, S., Soler, R. E., Elder, E. W., ... Community Preventive Services Task Force. (2012). Person-to-person interventions targeted to parents and other caregivers to improve adolescent health: A community guide systematic review. *American Journal of Preventive Medicine*, 42(3), 316-326.
48. Derzon, J. H. (2010). The correspondence of family features with problem, aggressive, criminal, and violent behavior: A meta-analysis. *Journal of Experimental Criminology*, 6(3), 263-292.
49. Farrington, D. P., & Welsh, B. C. (2003). Family-based prevention of offending: A meta-analysis. *Australian & New Zealand Journal of Criminology*, 36(2), 127-151.
50. Mercy, J. A., & Saul, J. (2009). Creating a healthier future through early interventions for children. *Journal of the American Medical Association*, 301(21), 262-264.
51. Piquero A. R., Farrington, D. P., Welsh, B. C., Tremblay, R., & Jennings, W. G. (2009). Effects of family/parent training programs on antisocial behavior and delinquency. *Journal of Experimental Criminology*, 5(2), 83-120.
52. Piquero, A. R., Jennings, W. G., Diamond, B., Farrington, D. P., Tremblay, R. E., Welsh, B. C., & Gonzalez, J. M. R. (2016). A meta-analysis update on the effects of early family/parent training programs on antisocial behavior and delinquency. *Journal of Experimental Criminology*, 12(2), 229-248.
53. DuBois, D. L., Portillo, N., Rhodes, J. E., Silverthorn, N., & Valentine, C. (2011). How effective are mentoring programs for youth? A systematic assessment of the evidence. *Psychological Science in the Public Interest*, 312(2), 57-91.
54. Hurd, N. M., Zimmerman, M. A., & Xue, Y. (2009). Negative adult influences and the protective effects of role models: A study with urban adolescents. *Journal of Youth and Adolescence*, 38(6), 777-789.
55. Riggs, N. R., & Greenberg, M. T. (2004). After-school youth development programs: A developmental-ecological model of current research. *Clinical Child and Family Review*, 7(3), 177-190.
56. Crowe, T. D. (2000). *Crime prevention through environmental design: Applications of architectural design and space management concepts*. Boston, MA: Butterworth-Heinemann.
57. Lorenc, T., Petticrew, M., Whitehead, M., Neary, D., Clayton, S., Wright, K., ... Renton, A. (2013). Environmental interventions to reduce fear of crime: Systematic review of effectiveness. *Systematic Reviews*, 2(30), 1-10.
58. MacDonald, J. M., Stokes, R., & Bluthenthal, R. (2010). The role of community context in business district revitalization strategies. *Public Performance & Management Review*, 33(3), 436-458.
59. Ellen, I. G., O'Regan, K. M., & Voicu, I. (2009). Siting, spillovers, and segregation: A reexamination of the Low Income Housing Tax Credit Program. In E. L. Glaeser, & J. M. Quigley (Eds.), *Housing Markets and the Economy: Risk, Regulation, and Policy* (pp. 233-267). Cambridge, MA: Lincoln Institute of Land Policy.
60. Milam, A. J., Buggs, S. A., Debra, C., Furr-Holden, M., Leaf, P. J., Bradshaw, C. P., & Webster, D. (2016). Changes in attitudes toward guns and shootings following Implementation of the Baltimore Safe Streets intervention. *Journal of Urban Health*, 93(4), 609-626.
61. Morenoff, J. D., Sampson, R. J., & Raudenbush, S. W. (2001). Neighborhood inequality, collective efficacy, and the spatial dynamics of urban violence. *Criminology*, 39(3), 517-559.
62. Reese, L. R, Vera, E. M., Simon, T. R., & Ikeda, R. M. (2000). The role of families and care givers as risk and protective factors in preventing youth violence. *Clinical Child and Family Psychology Review*, 3(1), 61-77.



63. Sampson, R. J., Morenoff, J. D., & Gannon-Rowley, T. (2002). Assessing “neighborhood effects”: Social processes and new directions in research. *Annual Review of Sociology*, 28, 443-478.
64. Centers for Disease Control and Prevention. (2016). *Preventing multiple forms of violence: A strategic vision for connecting the dots*. Atlanta, GA: Division of Violence Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Retrieved from http://www.cdc.gov/violenceprevention/pdf/strategic_vision.pdf.
65. Wilkins, N., Tsao, B., Hertz, M., Davis, R., & Klevens, J. (2014). *Connecting the dots: an overview of the links among multiple forms of violence*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Retrieved from http://www.cdc.gov/violenceprevention/pdf/connecting_the_dots-a.pdf.
66. Hamby, S., & Grych, J. (2013). The web of violence: Exploring connections among different forms of interpersonal violence and abuse. In R. J. Johnson (Series Ed.), *Books by Marquette University Faculty* (pp. 1-106). New York, NY: Springer.
67. National Scientific Council on the Developing Child. (2005). *Excessive stress disrupts the architecture of the developing brain. Working paper No. 3*. Boston, MA: Center on the Developing Child at Harvard University. Retrieved from <http://developingchild.harvard.edu/resources/wp3/>.
68. Shonkoff, J. P., & Phillips, D. A. (Eds.). (2000). *From neurons to neighborhoods: The science of early childhood development*. National Research Council and Institute of Medicine. Washington DC: National Academy Press.
69. Hahm, H. C., Lee, Y., Ozonoff, A., & Van Wert, M. J. (2010). The impact of multiple types of child maltreatment on subsequent risk behaviors among women during the transition from adolescence to young adulthood. *Journal of Youth and Adolescence*, 39(5), 528-540.
70. Espelage, D. L., Basile, K. C., & Hamburger, M. E. (2012). Bullying perpetration and subsequent sexual violence perpetration among middle school students. *Journal of Adolescent Health*, 50(1), 60-65.
71. Foshee, V. A., Reyes, H. L. M., Vivolo-Kantor, A. M., Basile, K. C., Chang, L., Faris, R., & Ennett, S. (2014). Bullying as a predictor of adolescent dating violence: A longitudinal assessment. *Journal of Adolescent Health*, 55(3), 439-444.
72. Hertz, M., Everett, S., Barrios, L., David-Ferdon, C., & Holt, M. (2015). Association between bullying and health risk behaviors among high school students in the United States. *Journal of School Health*, 85(12), 833-842.
73. Klomek, A. B., Sourander, A., & Gould, M. (2010). The association of suicide and bullying in childhood to young adulthood: A review of cross-sectional and longitudinal research findings. *Canadian Journal of Psychiatry*, 55(5), 282-288.
74. Nansel, T., Overpeck, M., Haynie, D., Ruan, W., & Scheidt, P. (2003). Relationships between bullying and violence among U.S. youth. *Archives of Pediatric & Adolescent Medicine*, 157(4), 348-353.
75. Centers for Disease Control and Prevention. (2016). *The guide to community preventive services: The community guide*. Atlanta, GA: Centers for Disease Control and Prevention, Office of Surveillance, Epidemiology, and Laboratory Services. Retrieved from <http://www.thecommunityguide.org/index.html>.
76. Center for the Study and Prevention of Violence. (2016). *Blueprints for violence prevention*. Boulder, CO: University of Colorado Boulder, Institute of Behavioral Science, Center for the Study and Prevention of Violence. Retrieved from <http://www.colorado.edu/cspv/blueprints/>.
77. Matjasko, J. L., Vivolo-Kantor, A. M., Massetti, G. M., Holland, K. M., Holt, M. K., & Cruz, J. D. (2012). A systematic meta-review of evaluations of youth violence prevention programs: Common and divergent findings from 25 years of meta-analyses and systematic reviews. *Aggression and Violent Behavior*, 17(6), 540-552.



78. Cook, P., & MacDonald, J. (2011). Public safety through private action: An economic assessment of BIDs. *The Economics Journal*, 121(552), 445-462.
79. Reynolds, A. J., Temple, J. A., White, B. A. B., Ou, S., & Robertson, D. L. (2011). Age-26 cost-benefit analysis of the Child-Parent Early Education Program. *Child Development*, 82(1), 379-404.
80. Washington State Institute for Public Policy. (2016). *Cost-benefits results*. Olympia, WA: Washington State Institute for Public Policy. Retrieved from <http://www.wsipp.wa.gov/BenefitCost>.
81. Abt, T., & Winship, C. (2016). *What works in reducing community violence: A meta-review and field study for the northern triangle*. Bethesda, MD: Democracy International, Inc. Retrieved from <https://www.usaid.gov/sites/default/files/USAID-2016-What-Works-in-Reducing-Community-Violence-Final-Report.pdf>.
82. Heinze, J. E., Reischl, T. M., Bai, M., Roche, J. S., Morrel-Samuels, S., Cunningham, R. M., & Zimmerman, M. A. (2016). A comprehensive prevention approach to reducing assault offenses and assault injuries among youth. *Prevention Science*, 17(2), 167-176.
83. Wilson, J. J., & Howell, J. C. (1993). *Comprehensive strategy for serious, chronic and violent juvenile offenders*. Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention. Retrieved from <https://www.ncjrs.gov/pdffiles1/ojjdp/143453.pdf>.
84. James-Burdumy, S., Dynarski, M., & Deke, J. (2008). After-school program effects on behavior: Results from the 21st Century Community Learning Centers program national evaluation. *Economic Inquiry*, 46(1), 13-18.
85. James-Burdumy, S., Dynarski, M., & Deke, J. (2007). When elementary schools stay open late: Results from the national evaluation of the 21st Century Community Learning Centers program. *Educational Evaluation and Policy Analysis*, 29(4), 296-318.
86. Mihalic, S., Huizinga, D., Ladika, A., Knight, K., & Dyer, C. (2011). *CasaStart final report*. Boulder, CO: University of Colorado. Center for the Study and Prevention of Violence.
87. Petrosino, A., Turpin-Petrosino, C., Hollis-Peel, M. E., & Lavenberg, J. G. (2013). Scared straight and other juvenile awareness programs for preventing juvenile delinquency: A systematic review. *Campbell Systematic Reviews*, 5, 1-55.
88. Institute of Medicine and National Research Council. (2013). *Priorities for research to reduce the threat of firearm-related violence*. Washington, DC: National Academy of Sciences. Retrieved from <http://www.nationalacademies.org/hmd/Reports/2013/Priorities-for-Research-to-Reduce-the-Threat-of-Firearm-Related-Violence.aspx>.
89. Tolan, P. H., Henry, D. B., Schoeny, M. S., Lovegrove, P., & Nichols, E. (2014). Mentoring programs to affect delinquency and associated outcomes of youth at risk: A comprehensive meta-analytic review. *Journal of Experimental Criminology*, 10(2), 179-206.
90. Centers for Disease Control and Prevention. (2015). *CDC injury center research priorities*. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Retrieved from <http://www.cdc.gov/injury/pdfs/researchpriorities/cdc-injury-research-priorities.pdf>.
91. Massetti, G. M., Holland, K. M., & Gorman-Smith, D. (2016). Implementation measurement for evidence-based violence prevention programs in communities. *Journal of Community Health*, 41(4), 881-894.
92. Wilson, S. J., Lipsey, M. W., & Derzon, J. H. (2003). The effects of school-based intervention programs on aggressive behavior: A meta-analysis. *Journal of Consulting and Clinical Psychology*, 71(1), 136-149.
93. Mihalic, S. F., & Elliott, D. S. (2015). Evidence-based programs registry: Blueprints for Healthy Youth Development. *Evaluation and Program Planning*, 48, 124-131.



94. Pew Charitable Trusts (2012). *Better programs, better results: rigorous quality assurance ensures that Washington state's evidence-based programs produce expected results*. Washington, DC: Pew Center on the States and MacArthur Foundation. Retrieved from <http://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2012/07/26/better-programs-better-results>.
95. Florence, C., Shepherd, J., Brennan, I., & Simon, T. (2014). An economic evaluation of anonymized information sharing in a partnership between health services, police and local government for preventing violence-related injury. *Injury Prevention, 20*(2), 108-114.
96. Florence, C., Shepherd, J., Brennan, I., & Simon, T. (2011). Effectiveness of anonymised information sharing and use in health service, police, and local government partnership for preventing violence related injury: Experimental study and time series analysis. *British Medical Journal, 342*, 1–9.
97. Hawkins, J. D., Catalano, R. F., Arthur, M. W., Egan, E., Brown, E. C., Abbott, R. D., & Murray, D. M. (2008). Testing Communities That Care: The rationale, design and behavioral baseline equivalence of the community youth development study. *Prevention Science, 9*(3), 178-190.
98. Hawkins, J. D., Oesterle, S., Brown, E. C., Abbott, R. D., & Catalano, R. (2014). Youth problem behaviors 8 years after implementing the Communities That Care prevention system: A community-randomized trial. *JAMA Pediatrics, 168*(2), 122-129.
99. Kuklinski, M., Briney, J., Hawkins, J., & Catalano, R. (2011). Cost-benefit analysis of Communities That Care outcomes at eighth grade. *Prevention Science, 13*(2), 150-161.
100. Quigg, Z., Hughes, K., & Bellis, M. A. (2012). Data sharing for prevention: A case study in the development of a comprehensive emergency department injury surveillance system and its use in preventing violence and alcohol-related harms. *Injury Prevention, 18*(5), 315-320.
101. Redmond, C., Spoth, R. L., Shin, C., Schainker, L. M., Greenberg, M. T., & Feinberg, M. (2009). Long-term protective factor outcomes of evidence-based interventions implemented by community teams through a community-university partnership. *Journal of Primary Prevention, 30*(5), 513-530.
102. Spoth, R. L., Trudeau, L. S., Redmond, C. R., Shin, C., Greenberg, M. T., Feinberg, M. E., & Hyun, G. (2015). PROSPER partnership delivery system: Effects on adolescent conduct problem behavior outcomes through 6.5 years past baseline. *Journal of Adolescence, 45*, 44-55.
103. Eckenrode, J., Campa, M., Luckey, D. W., Henderson, C. R., Cole, R., Kitzman, H., ... Olds, D. (2010). Long-term effects of prenatal and infancy nurse home visitation on the life course of youths: 19-year follow-up of a randomized trial. *Archives of Pediatrics & Adolescent Medicine, 164*(1), 9-15.
104. Olds, D. L., Henderson, C. R., Cole, R., Eckenrode, J., Kitzman, H., Luckey, D., ... Powers, J. (1998). Long-term effects of nurse home visitation on children's criminal and antisocial behavior: 15-year follow-up of a randomized controlled trial. *Journal of the American Medical Association, 280*(14), 1238-1244.
105. Reynolds, A. J., Temple, J. A., Robertson, D. L., & Mann, E. A. (2001). Long-term effects of an early childhood intervention on educational achievement and juvenile arrest: A 15-year follow-up of low-income children in public schools. *Journal of the American Medical Association, 285*(18), 2339-2346.
106. Basile, K. C., DeGue, S., Jones, K., Freire, K., Dills, J., Smith, S. G., & Raiford, J. L. (2016). *STOP SV: A technical package to prevent sexual violence*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Retrieved from <http://www.cdc.gov/violenceprevention/pdf/sv-prevention-technical-package.pdf>.



107. Fortson, B. L., Klevens, J., Merrick, M. T., Gilbert, L. K., & Alexander, S. P. (2016). *Preventing child abuse and neglect: A technical package for policy, norm, and programmatic activities*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Retrieved from <http://www.cdc.gov/violenceprevention/pdf/can-prevention-technical-package.pdf>.
108. Niolon, P. H., Kearns, M., Dills, J., Rambo, K., Irving, S., Armstead, T., & Gilbert, L. (forthcoming 2017). *Eliminating intimate partner violence across the lifespan: A technical package to prevent intimate partner violence, including teen dating violence*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
109. Stone, D. M., Holland, K. M., Bartholow, B., Crosby, A. E., Davis, S., & Wilkins, N. (forthcoming 2017). *Preventing suicide: A technical package of policy, programs, and practices*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
110. DeVore, E. R., & Ginsburg, K. R. (2005). The protective effects of good parenting on adolescents. *Current Opinion in Pediatrics*, 17(4), 460-465.
111. National Scientific Council on the Developing Child. (2004). *Young children develop in an environment of relationships. Working paper No.1*. Boston, MA: Center on the Developing Child at Harvard University. Retrieved from <http://developingchild.harvard.edu/wp-content/uploads/2004/04/Young-Children-Develop-in-an-Environment-of-Relationships.pdf>.
112. Hawkins, J. D., Herrenkohl, T. I., Farrington, D. P., Brewer, D., Catalano, R. F., Harachi, T. W., & Cothorn, L. (2000). *Predictors of youth violence*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention. Retrieved from https://www.ncjrs.gov/html/ojjdp/jjbul2000_04_5/contents.html.
113. Hoeve, M., Dubas, J. S., Eichelsheim, V. I., Van der Laan, P. H., Smeenk, W., & Gerris, J. R. (2009). The relationship between parenting and delinquency: A meta-analysis. *Journal of Abnormal Child Psychology*, 37(6), 749-775.
114. Avellar, S., Paulsell, D., Sama-Miller, E., Del Grosso, P., Akers, L., & Kleinman, R. (2016). *Home visiting evidence of effectiveness review: Executive summary*. Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Washington, DC. Retrieved from <http://homvee.acf.hhs.gov/>.
115. Lundahl, B., Risser, H. J., & Lovejoy, M. C. (2006). A meta-analysis of parent training: Moderators and follow-up effects. *Clinical Psychology Review*, 26(1), 86-104.
116. O'Brien, M., & Daley, D. (2011). Self-help parenting interventions for childhood behaviour disorders: A review of the evidence. *Child: Care, Health and Development*, 37(5), 623-637.
117. Sweet, M. A., & Appelbaum, M. I. (2004). Is home visiting an effective strategy? A meta-analytic review of home visiting programs for families with young children. *Child Development*, 75(5), 1435-1456.
118. Olds, D. L., Henderson, C. R., & Kitzman, H. (1994). Does prenatal and infancy nurse home visitation have enduring effects on qualities of parental caregiving and child health at 25 to 50 months of life? *Pediatrics*, 93(1), 89-98.
119. Olds, D. L., Eckenrode, J., Henderson, C. R., Kitzman, H., Powers, J., Cole, R., ... Luckey, D. (1997). Long-term effects of home visitation on maternal life course and child abuse and neglect: Fifteen-year follow-up of a randomized trial. *Journal of the American Medical Association*, 278(8), 637-643.
120. Menting, A. T., de Castro, B. O., & Matthys, W. (2013). Effectiveness of the Incredible Years parent training to modify disruptive and prosocial child behavior: A meta-analytic review. *Clinical Psychology Review*, 33(8), 901-913.
121. Webster-Stratton, C. (2016). The Incredible Years® series: A developmental approach. In M. J. Van Ryzin, K. L. Kumpfer, G. M. Fosco, & M. T. Greenberg (Eds.), *Family-based prevention programs for children and adolescents: Theory, research, and large-scale dissemination* (pp. 42-67). New York, NY: Psychology Press.



122. Bank, L., Marlowe, J. H., Reid, J. B., Patterson, G. R., & Weinrott, M. R. (1991). A comparative evaluation of parent-training interventions for families of chronic delinquents. *Journal of Abnormal Child Psychology*, 19(1), 15-33.
123. Forgatch, M. S., Patterson, G. R., DeGarmo, D. S., & Beldavs, Z. (2009). Testing the Oregon delinquency model with nine-year follow-up of the Oregon Divorce Study. *Development and Psychopathology*, 21(5), 637-660.
124. Patterson, G. R., Forgatch, M. S., & DeGarmo, D. S. (2010). Cascading effects following intervention. *Development and Psychopathology*, 22(4), 949-970.
125. Wachlarowicz, M., Snyder, J., Low, S., Forgatch, M. S., & DeGarmo, D. A. (2012). The moderating effects of parent antisocial characteristics on the effects of Parent Management Training - Oregon (PMTO). *Prevention Science*, 13(3), 229-240.
126. Spoth, R. L., Redmond, C., & Shin, C. (2000). Reducing adolescents' aggressive and hostile behaviors: Randomized trial effects of a brief family intervention 4 years past baseline. *Archives of Pediatrics & Adolescent Medicine*, 154(12), 1248-1257.
127. Spoth, R., Redmond, C., & Lepper, H. (1999). Alcohol initiation outcomes of universal family focused preventive interventions: One-and two-year follow-ups of a controlled study. *Journal of Studies on Alcohol*, 13, 103-110.
128. Spoth, R., Redmond, C., & Shin, C. (1998). Direct and indirect latent-variable parenting outcomes of two universal family-focused preventive interventions: Extending a public health-oriented research base. *Journal of Consulting & Clinical Psychology*, 66(2), 385-399.
129. Spoth, R. L., Redmond, C., & Shin, C. (2001). Randomized trial of brief family interventions for general populations: Adolescent substance use outcomes 4 years following baseline. *Journal of Consulting & Clinical Psychology*, 69(4), 627-642.
130. Lochman, J.E., & Wells, K.C. (2004). The Coping Power program for preadolescent aggressive boys and their parents: Outcome effects at the one-year follow-up. *Journal of Consulting & Clinical Psychology*, 72(4), 571-578.
131. Lochman, J. E., & Wells, K. C. (2003). Effectiveness of the Coping Power Program and of classroom intervention with aggressive children: Outcomes at a one-year follow-up. *Behavior Therapy*, 34(4), 493-515.
132. Lochman, J. E., Wells, K. C., Qu, L., & Chen, L. (2013). Three year follow-up of Coping Power intervention effects: Evidence of neighborhood moderation? *Prevention Science*, 14(4), 364-376.
133. Pantin, H., Coatsworth, J. D., Feaster, D. J., Newman, F. L., Briones, E., Prado, G., ... Szapocznik, J. (2003). Familias Unidas: The efficacy of an intervention to promote parental investment in Hispanic immigrant families. *Prevention Science*, 4(3), 189-201.
134. Pantin, H., Prado, G., Lopez, B., Huang, S., Tapia, M., Schwartz, S., ... Branchini, J. (2009). A randomized controlled trial of Familias Unidas for Hispanic adolescents with behavior problems. *Psychosomatic Medicine*, 71(9), 987-995.
135. Prado, G., Cordova, D., Huang, S., Estrada, Y., Rosen, A., Bacio, G. A., ... McCollister, K. (2012). The efficacy of Familias Unidas on drug and alcohol outcomes for Hispanic delinquent youth: Main effects and interaction effects by parental stress and social support. *Drug and Alcohol Dependence*, 125, S18-S25.
136. Braveman, P., & Gottlieb, L. (2014). The social determinants of health: It's time to consider the causes of the causes. *Public Health Reports*, 129(suppl 2), 19-31.
137. Manning, M., Homel, R., & Smith, C. (2010). A meta-analysis of the effects of early developmental prevention programs in at-risk populations on non-health outcomes in adolescence. *Children and Youth Services Review*, 32(4), 506-519.
138. Hawkins, J. D., Catalano, R. F., Kosterman, R., Abbott, R., & Hill, K. G. (1999). Preventing adolescent health-risk behaviors by strengthening protection during childhood. *Archives of Pediatrics & Adolescent Medicine*, 153(3), 226-234.



139. Mersky, J. P., Topitzes, J. D., & Reynolds, S. W. (2011). Maltreatment prevention through early childhood intervention: A confirmatory evaluation of the Chicago child-parent center preschool program. *Children & Youth Services Review, 33*(8), 1454-1463.
140. Higgins, S., & Katsipataki, M. (2015). Evidence from meta-analysis about parental involvement in education which supports their children's learning. *Journal of Children's Services, 10*(3), 280-290.
141. Reynolds, A. J., & Robertson, D. L. (2003). School-based early intervention and later child maltreatment in the Chicago Longitudinal Study. *Child Development, 74*(1), 3-26.
142. Chicago Public Schools. (2014). Child Parent Center. Retrieved from <http://cps.edu/Schools/EarlyChildhood/Pages/Childparentcenter.aspx>.
143. Reynolds, A. J., Temple, J. A., Ou, S. R., Robertson, D. L., Mersky, J. P., Topitzes, J. W., & Niles, M. D. (2007). Effects of a school-based, early childhood intervention on adult health and well-being: A 19-year follow-up of low-income families. *Archives of Pediatrics and Adolescent Medicine, 161*(8), 730-739.
144. Love, J. M., Kisker, E. E., Ross, C., Constantine, J., Boller, K., Brooks-Gunn, J., ... Vogel, C. (2005). The effectiveness of Early Head Start for 3-year-old children and their parents: Lessons for policy and programs. *Developmental Psychology, 41*(6), 885-901.
145. Green, B. L., Ayoub, C., Bartlett, J. D., Von Ende, A., Furrer, C., Chazan-Cohen, R., ... Klevens, J. (2014). The effect of Early Head Start on child welfare system involvement: A first look at longitudinal child maltreatment outcomes. *Children and Youth Services Review, 42*, 127-135.
146. Harden, B. J., Chazan-Cohen, R., Raikes, H., & Vogel, C. (2012). Early Head Start home visitation: The role of implementation in bolstering program benefits. *Journal of Community Psychology, 40*(4), 438-455.
147. Catalano, R. F., Berglund, M. L., Ryan, J. A., Lonczak, H. S., & Hawkins, J. D. (2004). Positive youth development in the United States: Research findings on evaluations of positive youth development programs. *The Annals of the American Academy of Political and Social Science, 591*(1), 98-124.
148. Dahlberg, L. L. (1998). Youth violence in the United States: Major trends, risk factors, and prevention approaches. *American Journal of Preventive Medicine, 14*(4), 259-272.
149. Sullivan, T. N., Farrell, A. D., Bettencourt, A. F., & Helms, S. W. (2008). Core competencies and the prevention of youth violence. *New Directions for Child and Adolescent Development, 2008*(122), 33-46.
150. Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B. (2011). The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions. *Child Development, 82*(1), 405-432.
151. Hahn, R., Fuqua-Whitley, D., Wethington, H., Lowy, J., Crosby, A., Fullilove, M., ... Task Force on Community Preventive Services. (2007). Effectiveness of universal school-based programs to prevent violent and aggressive behavior: A systematic review. *American Journal of Preventive Medicine, 33*(2), S114-S129.
152. Payton, J., Weissberg, R. P., Durlak, J. A., Dymnicki, A. B., Taylor, R. D., Schellinger, K. B., & Pachan, M. (2008). *The Positive impact of social and emotional learning for kindergarten to eighth-grade students: Findings from three scientific reviews*. Chicago, IL: Collaborative for Academic, Social, and Emotional Learning. Retrieved from <http://files.eric.ed.gov/fulltext/ED505370.pdf>.
153. Lewis, K. M., Bavarian, N., Snyder, F. J., Acock, A., Day, J., DuBois, D. L., Ji, P., Schure, M. B., Silverthorn, N., Vuchinich, S., & Flay, B. R. (2012). Direct and mediated effects of a social-emotional and character development program on adolescent substance use. *The International Journal of Emotional Education, 4*(1), 56-78.
154. Polanin, J. R., Espelage, D. L., & Pigott, T. D. (2012). A meta-analysis of school-based bullying prevention programs' effects on bystander intervention behavior. *School Psychology Review, 41*(1), 47-65.



155. Ttofi, M. M., & Farrington, D. P. (2011). Effectiveness of school-based programs to reduce bullying: A systematic and meta-analytic review. *Journal of Experimental Criminology*, 7(1), 27–56.
156. Dolan, L. J., Kellam, S. G., Brown, C. H., Werthamer-Larsson, L., Rebok, G. W., Mayer, L. S., ... Wheeler, L. T. (1993). The short-term impact of two classroom-based preventive interventions on aggressive and shy behaviors and poor achievement. *Journal of Applied Developmental Psychology*, 14(3), 317-345.
157. Kellam, S. G., Brown, C. H., Poduska, J. M., Ialongo, N. S., Wang, W., Toyinbo, P., ... Wilcox, H. C. (2008). Effects of a universal classroom behavior management program in first and second grades on young adult behavioral, psychiatric, and social outcomes. *Drug and Alcohol Dependence*, 95(1), S5-S28.
158. Kellam, S. G., Rebok, G. W., Ialongo, N., & Mayer, L. S. (1994). The course and malleability of aggressive behavior from early first grade into middle school: Results of a developmental epidemiologically-based preventive trial. *Journal of Child Psychology and Psychiatry* 35(2), 259-282.
159. Petras, H., Kellam, S. G., Brown, C. H., Muthen, B. O., Ialongo, N. S., & Poduska, J. M. (2008). Developmental epidemiological courses leading to antisocial personality disorder and violent criminal behavior: Effects by young adulthood of a universal preventive intervention in first- and second-grade classrooms. *Drug and Alcohol Dependence*, 95(Suppl 1), 45-59.
160. Wilcox, H. C., Kellam, S. G., Brown, C. H., Poduska, J. M., Ialongo, N. S., Wang, W., & Anthony, J. C. (2008). The impact of two universal randomized first- and second-grade classroom interventions on young adult suicide ideation and attempts. *Drug and Alcohol Dependence*, 95(Suppl. 1), S60-S73.
161. Greenberg, M.T. & Kusché, C.A. (2006). Building social and emotional competence: The PATHS curriculum. In S. R. Jimerson & M. Furlong (Eds.), *Handbook of school violence and school safety: From research to practice* (pp. 395-412). Mahwah, NJ: Lawrence Erlbaum Associates Publishers.
162. Crean, H. F., & Johnson, D. B. (2013). Promoting Alternative Thinking Strategies (PATHS) and elementary school aged children's aggression: Results from a cluster randomized trial. *American Journal of Community Psychology*, 52(1-2), 56-72.
163. Schonfeld, D. J., Adams, R. E., Fredstrom, B. K., Weissberg, R. P., Gilman, R., Voyce, C., ... Speese-Linehan, D. (2015). Cluster-randomized trial demonstrating impact on academic achievement of elementary social-emotional learning. *School Psychology Quarterly*, 30(3), 406-420.
164. 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(4), 403-408.
165. Frey, K. S., Hirschstein, M., Edstrom, L., & Snell, J. (2009). Observed reductions in school bullying, nonbullying aggression, and destructive bystander behavior: A longitudinal evaluation. *Journal of Educational Psychology*, 101(2), 466–481.
166. Brown, E. C., Low, S., Smith, B. H., & Haggerty, K. P. (2011). Outcomes from a school-randomized control trial of Steps to Respect. *School Psychology Review*, 40(3), 423-443.
167. Lösel, F., & Farrington, D. P. (2012). Direct protective and buffering protective factors in the development of youth violence. *American Journal of Preventive Medicine*, 43(2), S8-S23.
168. DuBois, D. L., & Karcher, M. J. (Eds.). (2014). *Handbook of youth mentoring. Second edition*. Thousand Oaks, CA: Sage Publications.
169. Jolliffe, D., & Farrington, D. P. (2007). *A rapid evidence assessment of the impact of mentoring on re-offending: A summary*. London: Home Office. Retrieved from http://www.youthmentoring.org.nz/content/docs/Home_Office_Impact_of_mentoring.pdf.



170. Sickmund, M., & Puzanchera, C. (Eds.). (2014). *Juvenile offenders and victims: 2014 national report*. Pittsburgh, PA: National Center for Juvenile Justice. Retrieved from <http://www.ojjdp.gov/ojstatbb/nr2014/>.
171. Durlak, J. A., Weissberg, R. P., & Pachan, M. (2010). A meta-analysis of after-school programs that seek to promote personal and social skills in children and adolescents. *American Journal of Community Psychology, 45*(3-4), 294–309.
172. Gottfredson, D. C., Cross, A., & Soulé, D. A. (2007). Distinguishing characteristics of effective and ineffective afterschool programs to prevent delinquency and victimization. *Criminology & Public Policy, 6*(2), 601–631.
173. Big Brothers Big Sisters of America. (2016). 110 years of history. Tampa, FL: Big Brothers Big Sisters of America. Retrieved from http://www.bbbs.org/site/c.9iILl3NGKhK6F/b.5960955/k.E56C/Starting_something_since_1904.htm.
174. Grossman, J. B., & Tierney, J. P. (1998). Does mentoring work? An impact study of the Big Brothers Big Sisters program. *Evaluation Review, 22*(3), 403–426.
175. Herrera, C., Grossman, J. B., Kauh, T. J., & McMaken, J. (2011). Mentoring in schools: An impact study of Big Brothers Big Sisters school-based mentoring. *Child Development, 82*(1), 346–361.
176. Chan C. S., Rhodes, J. E., Howard W. J., Lowe, S. R., Schwartz, S. E. O., & Herrera C. (2013). Pathways of influence in school-based mentoring: The mediating role of parent and teacher relationships. *Journal of School Psychology, 51*(1), 129–142.
177. Roth, J. L., Malone, L. M., & Brooks-Gunn, J. (2010). Does the amount of participation in afterschool programs relate to developmental outcomes? A review of the literature. *American Journal of Community Psychology, 45*(3-4), 310–324.
178. Goldschmidt, P., Huang, D., & Chinen, M. (2007). *The long-term effects of after-school programming on educational adjustment and juvenile crime: A study of the LA's BEST after-school program*. Los Angeles, CA: National Center for Research on Evaluation, Standards, and Student Testing and University of California Los Angeles. Retrieved from <http://www.chapinhall.org/research/brief/after-school-programs-and-academic-impact>.
179. After School Matters. (2016). Program information and requirements. Chicago, IL: After School Matters. Retrieved from <http://www.afterschoolmatters.org/teens/programs/>.
180. Goerge, R. M., Cusick, G. R., Wasserman, M., & Gladden, R. M. (2007). *After-school programs and academic impact: A study of Chicago's After School Matters*. Chicago, IL: Chapin Hall, University of Chicago. Retrieved from [http://www.chapinhall.org/sites/default/files/publications/ChapinHallDocument\(2\)_0.pdf](http://www.chapinhall.org/sites/default/files/publications/ChapinHallDocument(2)_0.pdf).
181. Hirsch, B. J., Hedges, L. V., Stawicki, J. A., & Mekinda, M. A. (2011). *After-school programs for high school students: an evaluation of After School Matters. Technical report*. Evanston, IL: Northwestern University. Retrieved from <http://www.sesp.northwestern.edu/docs/publications/1070224029553e7f678c09f.pdf>.
182. Webster, D. W., Whitehill, J. M., Vernick, J. S., & Curriero, F. C. (2013). Effects of Baltimore's Safe Streets program on gun violence: A replication of Chicago's CeaseFire program. *Journal of Urban Health, 90*(1), 27–40.
183. Butts, J. A., Roman, C. G., Bostwick, L., & Porter, J. R. (2015). Cure violence: A public health model to reduce gun violence. *Annual Review of Public Health, 36*, 39–53.
184. Astor, R. A., Meyer, H. A., & Behre, W. J. (1999). Unowned places and times: Maps and interviews about violence in high schools. *American Educational Research Journal, 36*(1), 3–42.
185. Bradshaw, C. P., Milam, A. J., Furr-Holden, C. D. M., & Lindstrom Johnson, S. (2015). The School Assessment for Environmental Typology (SAFETY): An observational measure of the school environment. *American Journal of Community Psychology, 56*(3-4), 280–292.



186. Johnson, S. L. (2009). Improving the school environment to reduce school violence: A review of the literature. *Journal of School Health, 79*(10), 451-465.
187. Wilcox, P., Augustine, M. C., & Clayton, R. R. (2006). Physical environment and crime and misconduct in Kentucky schools. *Journal of Primary Prevention, 27*(3), 293-313.
188. Livingston, M., Livingston, M., Chikritzhs, T., & Room, R. (2007). Changing the density of alcohol outlets to reduce alcohol-related problems. *Drug and Alcohol Review, 26*(5), 557-566.
189. Massetti, G. M., & David-Ferdon, C. (2016). Preventing violence among high-risk youth and communities with economic, policy, and structural strategies. *Morbidity and Mortality Weekly Report, 65*(1), 57-60.
190. MacDonald, J. M., Golinelli, D., Stokes, R. J., & Bluthenthal, R. (2010). The effect of business improvement districts on the incidence of violent crime. *Injury Prevention, 16*(5), 327-332.
191. Casteel, C., & Peek-Asa, C. (2000). Effectiveness of crime prevention through environmental design (CPTED) in reducing robberies. *American Journal of Preventive Medicine, 18*(4S), 99-115.
192. Bogar, S., & Beyer, K. M. (2015). Green space, violence, and crime: A systematic review. *Trauma, Violence, & Abuse, 17*(2), 160-171.
193. Branas, C. C., Cheney, R. A., MacDonald, J. M., Tam, V. W., Jackson, T. D., & Ten Have, T. R. (2011). A difference-in-difference analysis of health, safety, and greening vacant urban space. *American Journal of Epidemiology, 174*(11), 1296-1306.
194. Branas, C. C., Kondo, M. C., Murphy, S. M., South, E. C., Polsky, D., & MacDonald, J. M. (2016). Urban blight remediation as a cost-beneficial solution to firearm violence. *American Journal of Public Health*. doi: 10.2105/AJPH.2016.303434.
195. Culyba, A. J., Jacoby, S. F., Richmond, T. S., Fein, J. A., Hohl, B. C., & Branas, C. C. (2016). Modifiable neighborhood features associated with adolescent homicide. *JAMA Pediatrics, 170*(5), 473-480.
196. Donnelly, P., & Kimble, C. E. (1997). Community organizing, environmental change, and neighborhood crime. *Crime and Delinquency, 43*(4), 493-511.
197. Welsh, B., & Farrington, D. (2008). Effects of improved street lighting on crime: A systematic review. *Campbell Systematic Reviews, 4*(13), 1-61.
198. Center on Budget and Policy Priorities. (2016). *Policy basics: The Earned Income Tax Credit*. Washington, DC: Center on Budget and Policy Priorities. Retrieved from <http://www.cbpp.org/research/federal-tax/policy-basics-the-earned-income-tax-credit>.
199. Levitie, J., & Koulish, J. (2008). *State earned income tax credits: 2008 legislative update*. Washington, DC: Center on Budget and Policy Priorities. Retrieved from <http://www.cbpp.org/cms/?fa=view&id=462>.
200. Waldfogel, J. (2004). Welfare reform and the child welfare system. *Children and Youth Services Review, 26*(10), 919-929.
201. Pressman, S. (2011). Policies to reduce child poverty: Child allowances versus tax exemptions for children. *Journal of Economic Issues, 45*(2), 323-332.
202. Freedman, M., & Owens, E. G. (2011). Low income housing development and crime. *Journal of Urban Economics, 70*(2-3), 115-131.
203. Anderson, P., Chisholm, D., & Fuhr, D. C. (2009). Effectiveness and cost-effectiveness of policies and programmes to reduce the harm caused by alcohol. *Lancet, 373*(9682), 2234-2246.



204. Community Preventive Services Task Force. (2016). Preventing excessive alcohol consumption. Atlanta, GA: Centers for Disease Control and Prevention, Office of Surveillance, Epidemiology, and Laboratory Services. Retrieved from <http://www.thecommunityguide.org/alcohol/index.html>.
205. Hahn, R. A., Middleton, J. C., Elder, R., Brewer, R., Fielding, J., Naimi, T. S., ... Community Preventive Services Task Force. (2012). Effects of alcohol retail privatization on excessive alcohol consumption and related harms: A Community Guide systematic review. *American Journal of Preventive Medicine*, 42(4), 418-427.
206. Masho, S. W., Bishop, D. L., Edmonds, T., & Farrell, A. D. (2014). Using surveillance data to inform community action: The effect of alcohol sale restrictions on intentional injury-related ambulance pickups. *Prevention Science*, 15(1), 22-30.
207. Duailibi, S., Ponicki, W., Grube, J., Pinsky, I., Laranjeira, R., & Raw, M. (2007). The effect of restricting opening hours on alcohol-related violence. *American Journal of Public Health*, 97(12), 2276-2280.
208. Menéndez, P., Tusell, F., & Weatherburn, D. (2015). The effects of liquor licensing restriction on alcohol-related violence in NSW, 2008–13. *Addiction*, 110(10), 1574-1582.
209. Wallin, E., Norstrom, T., & Andreasson, S. (2003). Alcohol prevention targeting licensed premises: A study of effects on violence. *Journal of the Studies on Alcohol*, 64(2), 270-277.
210. Skogan, W. G., Hartnett, S. M., Bump, N., & Dubois, J. (2008). *Evaluation of CeaseFire—Chicago*. Evanston, IL: Northwestern University. Retrieved from http://www.skogan.org/files/Evaluation_of_CeaseFire-Chicago_Main_Report.03-2009.pdf.
211. Webster, D. W., Whitehill, J. M., Vernick, J. S., & Parker, E. M. (2012). *Evaluation of Baltimore's Safe Streets Program: Effects on attitudes, participants' experiences, and gun violence*. Baltimore, MD: Johns Hopkins Center for the Prevention of Youth Violence, Johns Hopkins Bloomberg School of Public Health. Retrieved from: http://www.jhsph.edu/news/news-releases/2012/_pdfs/Safe%20Streets%20evaluation%20final.pdf.
212. Eron, L. D., & Huesmann, L. R. (1990). The stability of aggressive behavior—even unto the third generation. In M. Lewis & S. M. Miller (Eds.), *Handbook of developmental psychopathology* (pp. 147-156). New York, NY: Springer.
213. Moffitt, T. E., Caspi, A., Harrington, H., & Milne, B. J. (2002). Males on the life-course-persistent and adolescent-limited antisocial pathways: Follow-up at age 26 years. *Development and Psychopathology*, 14(1), 179–207.
214. Tolan, P. H., Gorman-Smith, D., & Loeber, R. (2000). Developmental timing of onsets of disruptive behaviors and later delinquency of inner-city youth. *Journal of Child and Family Studies*, 9(2), 203–220.
215. Gorman-Smith, D., & Tolan, P. (1998). The role of exposure to community violence and developmental problems among inner-city youth. *Developmental Psychopathology*, 10(1), 101-116.
216. Abram, K. M., Washburn, J. J., Teplin, L. A., Emanuel, K. M., Romero, E. G., & McClelland, G. M. (2007). Posttraumatic stress disorder and psychiatric comorbidity among detained youths. *Psychiatric Services*, 58(10), 1311-1316.
217. Buka, S. L., Stichick, T. L., Birdthistle, I., & Earls, F. J. (2001). Youth exposure to violence: Prevalence, risks, and consequences. *American Journal of Orthopsychiatry*, 71(3), 298-310.
218. Farrington, D. P., Loeber, R., & Howell, J. C. (2012). Young adult offenders: The need for more effective legislative options and justice processing. *Criminology & Public Policy*, 11(4), 729–750.
219. Furlong, M., McGilloway, S., Bywater, T., Hutchings, J., Smith, S. M., & Donnelly, M. (2013). Cochrane review: Behavioural and cognitive-behavioural group-based parenting programmes for early-onset conduct problems in children aged 3 to 12 years. *Evidence-Based Child Health: A Cochrane Review Journal*, 8(2), 318-692.



220. Lipsey, M. W., Wilson, D. B., & Cothorn, L. (2000). *Effective intervention for serious juvenile offenders*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention. Retrieved from <https://www.ncjrs.gov/pdffiles1/ojjdp/181201.pdf>.
221. Cary, C. E., & McMillen, J. C. (2012). The data behind the dissemination: A systematic review of trauma-focused cognitive behavioral therapy for use with children and youth. *Children and Youth Services Review, 34*(4), 748-757.
222. Child Welfare Information Gateway. (2012). *Trauma-focused cognitive behavioral therapy for children affected by sexual abuse or trauma*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. Retrieved from <https://www.childwelfare.gov/pubPDFs/trauma.pdf>.
223. Cohen, J. A., Mannarino, A. P., Berliner, L., & Deblinger, E. (2000). Trauma-focused cognitive behavioral therapy for children and adolescents: An empirical update. *Journal of Interpersonal Violence, 15*(11), 1202-1223.
224. Ko, S. J., Ford, J. D., Kassam-Adams, N., Berkowitz, S. J., Wilson, C., Wong, M., ... Layne, C. M. (2008). Creating trauma-informed systems: child welfare, education, first responders, health care, juvenile justice. *Professional Psychology: Research and Practice, 39*(4), 396-404.
225. Purtle, J., Corbin, T. J., Rich, L. J., & Rich, J. A. (2015). Hospitals as a locus for violence intervention. In P. D. Donnelly & C. L. Ward (Eds.), *Oxford textbook of violence prevention: epidemiology, evidence, and policy* (pp. 231-238). Oxford, United Kingdom: Oxford University Press.
226. Neville, F. G., Goodall, C. A., Williams, D. J., & Donnelly, P. D. (2014). Violence brief interventions: A rapid review. *Aggression and Violent Behavior, 19*(6), 692-698.
227. de Arellano, M. A., R. Lyman, D. R., Jobe-Shields, L., George, P., Dougherty, R. H., Daniels, A. S., ... Delphin-Rittmon, M. E. (2014). Trauma-focused cognitive behavioral therapy: Assessing the evidence. *Psychiatric Services, 65*(5), 591-602.
228. Cohen, J. A., Mannarino, A. P., & Iyengar, S. (2011). Community treatment of posttraumatic stress disorder for children exposed to intimate partner violence. *Archives of Pediatrics & Adolescent Medicine, 165*(1), 16-21.
229. Dorsey, S., Briggs, E. C., & Woods, B. A. (2011). Cognitive-behavioral treatment for posttraumatic stress disorder in children and adolescents. *Child and Adolescent Psychiatric Clinics of North America, 20*(2), 255-269.
230. Stein, B. D., Jaycox, L. H., Kataoka, S. H., Wong, M., Tu, W., Elliott, M. N., & Fink, A. (2003). A mental health intervention for schoolchildren exposed to violence: A randomized controlled trial. *Journal of the American Medical Association, 290*(5), 603-611.
231. Gordon, D. A., Arbuthnot, J., Gustafson, K. E., & McGreen, P. (1988). Home-based behavioral-systems family therapy with disadvantaged juvenile delinquents. *American Journal of Family Therapy, 16*(3), 243-255.
232. Gordon, D. A., Graves, K., & Arbuthnot, J. (1995). The effect of Functional Family Therapy for delinquents on adult criminal behavior. *Criminal Justice and Behavior, 22*(1), 60-73.
233. Barton, C., Alexander, J. F., Waldron, H., Turner, C. W., & Warburton, J. (1985). Generalizing treatment effects of Functional Family Therapy: Three replications. *American Journal of Family Therapy, 13*(3), 16-26.
234. Hartnett, D., Carr, A., & Sexton, T. (2015). The effectiveness of Functional Family Therapy in reducing adolescent mental health risk and family adjustment difficulties in an Irish context. *Family Process, 56*(2), 287-304.
235. Waldron, H. B., Slesnick, N., Brody, J. L., Turner, C. W., & Peterson, T. R. (2001). Treatment outcomes for adolescent substance abuse at 4- and 7-month assessments. *Journal of Consulting and Clinical Psychology, 69*(5), 802-813.



236. Task Force on Community Preventive Services (2005). Recommendations to reduce violence through early childhood home visitation, therapeutic foster care, and firearm laws. *American Journal of Preventative Medicine*, 28(251), 6-10.
237. Eddy J. M., Whaley, R. B., & Chamberlain, P. (2004). The prevention of violent behavior by chronic and serious male juvenile offenders: A two-year follow-up of a randomized clinical trial. *Journal of Emotional and Behavioral Disorders*, 12(1), 2-8.
238. Fisher, P. A., & Gilliam, K. S. (2012). Multidimensional treatment foster care: An alternative to residential treatment for high risk children and adolescents. *Psychosocial Intervention*, 21(2), 195-203.
239. Smith, D. K., Chamberlain, P., & Eddy, J. M. (2010). Preliminary support for multidimensional treatment foster care in reducing substance use in delinquent boys. *Journal of Child & Adolescent Substance Abuse*, 19(4), 343-358.
240. Multisystemic Therapy Services. (2016). *Multisystemic Therapy (MST) research at a glance: Published MST outcome, implementation, and benchmarking studies*. Mount Pleasant, SC: Multisystemic Therapy Services. Retrieved from <http://mstservices.com/files/outcomestudies.pdf>.
241. van der Stouwe, T., Asscher, J. J., Stams, G. J. J. M., Deković, M., van der Laan, P. H. (2014). The effectiveness of Multisystemic Therapy (MST): A meta-analysis. *Clinical Psychology Review*, 34(6), 468-481.
242. Sawyer, A. M., & Borduin, C. M. (2011). Effects of Multisystemic Therapy through midlife: A 21.9-year follow-up to a randomized clinical trial with serious and violent juvenile offenders. *Journal of Consulting and Clinical Psychology*, 79(5), 643-652.
243. Wagner, D. V., Borduin, C. M., Sawyer, A. M., & Dopp, A. R. (2014). Long-term prevention of criminality in siblings of serious and violent juvenile offenders: A 25-year follow-up to a randomized clinical trial of Multisystemic Therapy. *Journal of Consulting and Clinical Psychology*, 82(3), 492-499.
244. National Network of Hospital-based Violence Intervention Programs. (2016). NNHVIP: National Network of Hospital-based Violence Prevention Programs. Oakland, CA: National Network of Hospital-based Violence Intervention Programs. Retrieved from <http://nnhvip.org/>.
245. Becker, M. G., Hall, J. S., Ursic, C. M., Jain, S., & Calhoun, D. (2004). Caught in the crossfire: The effects of a peer-based intervention program for violently injured youth. *Journal of Adolescent Health*, 34(3), 177-183.
246. Cunningham, R. M., Whiteside, L. K., Chermack, S. T., Zimmerman, M. A., Shope, J. T., Bingham, C. R., ... Walton, M. A. (2013). Dating violence: Outcomes following a brief motivational interviewing intervention among at-risk adolescents in an urban emergency department. *Academic Emergency Medicine*, 20(6), 562-569.
247. Zun, L. S., Downey, L., & Rosen, J. (2006). The effectiveness of an ED-based violence prevention program. *American Journal of Emergency Medicine*, 24(1), 8-13.
248. Cunningham, R. M., Chermack, S. T., Zimmerman, M. A., Shope, J. T., Bingham, C. R., Blow, F. C., & Walton, M. A. (2012). Brief motivational interviewing intervention for peer violence and alcohol use in teens: One-year follow-up. *Pediatrics*, 129(6), 1083-1090.
249. Walton, M. A., Chermack, S. T., Shope, J. T., Bingham, C. R., Zimmerman, M. A., Blow, F. C., & Cunningham, R. M. (2010). Effects of a brief intervention for reducing violence and alcohol misuse among adolescents: A randomized controlled trial. *Journal of the American Medical Association*, 304(5), 527-535.
250. Carter, P. M., Walton, M. A., Zimmerman, M. A., Chermack, S. T., Roche, J. S., & Cunningham, R. M. (2016). Efficacy of a universal brief intervention for violence among urban emergency department youth. *Academic Emergency Medicine*. <http://doi.org/10.1111/acem.13021>.



251. Drake, E. (2012). Reducing crime and criminal justice costs: Washington state's evolving research approach. *Justice Research and Policy, 14*(1), 97-116.
252. Pew Charitable Trusts (2014). *Evidence-based policymaking: A guide for effective government*. Washington, DC: Pew Center on the States and MacArthur Foundation. Retrieved from <http://www.pewtrusts.org/~media/assets/2014/11/evidencebasedpolicymakingaguideforeffectivegovernment.pdf?la=en>.
253. Centers for Disease Control and Prevention (2016). *The state health department's role in the policy process: A tool for state health department injury and violence prevention programs*. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Retrieved from https://www.cdc.gov/injury/pdfs/shd_policy_tool-a.pdf.
254. Kania, J., & Kramer, M. (2011). Collective impact. *Stanford Social Innovation Review, Winter 2011*, 36-41.
255. Kim, B. E., Gilman, A. B., & Hawkins, J. D. (2015). School-and community-based preventive interventions during adolescence: Preventing delinquency through science-guided collective action. In J. Morizot, L. Kazemian (Eds.), *The development of criminal and antisocial behavior* (pp. 447-460). Switzerland: Springer International Publishing.
256. Centers for Disease Control and Prevention. (2016). National Violent Death Reporting System. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Retrieved from <http://www.cdc.gov/violenceprevention/nvdrs/index.html>.
257. Brener, N. D., Kann, L., Shanklin, S., Kinchen, S., Eaton, D. K., Hawkins, J., & Flint, K. H. (2013). Methodology of the Youth Risk Behavior Surveillance System—2013. *Morbidity and Mortality Weekly Report, 62*(RR-1), 1-23.
258. Bureau of Justice Statistics (2016). Bureau of Justice Statistics. Washington, DC: U.S. Department of Justice, Office of Justice Programs. Retrieved 2016 from <http://www.bjs.gov>.
259. Office of Juvenile Justice and Delinquency Prevention. (2016). Statistical briefing book. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention. Retrieved from <http://www.ojjdp.gov/ojstatbb/about.html>.
260. Kingston, B., Macallao, M., Smokowski, P., Sullivan, T., & Sutherland, K. (2016). Constructing “packages” of evidence-based programs to prevent youth violence: processes and illustrative examples from CDC's Youth Violence Prevention Centers. *Journal of Primary Prevention, 37*(2), 141-163.



Appendix: Summary of Strategies and Approaches to Prevent Youth Violence

| Strategy | Approach/Program, Practice or Policy | Best Available Evidence | | | Lead Sectors ¹ |
|---|---|-----------------------------|------------------------------|--|--------------------------------|
| | | Youth Violence Perpetration | Youth Violence Victimization | Risk/Protective Factors for Youth Violence | |
| Promote Family Environments that Support Healthy Development | Early childhood home visitation | | | | Public health |
| | <i>Nurse Family Partnership</i> [®] | ✓ | | ✓ | Health care Social services |
| | Parenting skill and family relationship programs | | | | |
| | <i>The Incredible Years</i> [®] | ✓ | | ✓ | |
| | <i>Parent Management Training—Oregon Model</i> [™] | ✓ | | ✓ | Public health |
| | <i>Strengthening Families 10–14</i> | ✓ | | ✓ | Education |
| | <i>Coping Power</i> | ✓ | | ✓ | |
| | <i>Familias Unidas</i> [™] | ✓ | | ✓ | |
| Provide Quality Education Early in Life | Preschool enrichment with family engagement | | | | Public health |
| | <i>Child Parent Centers</i> | ✓ | | ✓ | Social services |
| | <i>Early Head Start</i> | ✓ | | ✓ | Education |
| Strengthen Youth's Skills | Universal school-based programs | | | | |
| | <i>Good Behavior Game</i> | ✓ | | ✓ | Public health |
| | <i>Promoting Alternative Thinking Strategies</i> [®] | ✓ | | ✓ | Education |
| | <i>Life Skills</i> [®] Training | ✓ | | ✓ | |
| | <i>Steps to Respect</i> | ✓ | ✓ | ✓ | |
| Connect Youth to Caring Adults and Activities | Mentoring programs | | | | Community organizations |
| | <i>Big Brothers Big Sisters of America</i> | ✓ | | ✓ | Education |
| | After-school programs | | | | Community organizations |
| | <i>Los Angeles' Better Educated Students for Tomorrow</i> | ✓ | | ✓ | Community organizations |
| | <i>After School Matters</i> | | | ✓ | Education |



| Strategy | Approach/Program, Practice or Policy | Best Available Evidence | | | Lead Sectors ¹ |
|---|---|-----------------------------|------------------------------|--|---|
| | | Youth Violence Perpetration | Youth Violence Victimization | Risk/Protective Factors for Youth Violence | |
| Create Protective Community Environments | Modify the physical and social environment | | | | Business Government (local, state) |
| | <i>Business Improvement Districts</i> | ✓ | | ✓ | |
| | <i>Crime Prevention through Environmental Design</i> | ✓ | ✓ | ✓ | |
| | Reduce exposure to community-level risks | | | | Business Housing |
| | <i>Tax credits</i> | ✓ | | ✓ | |
| | <i>Alcohol policies (outlet density, pricing)</i> | ✓ | ✓ | ✓ | Government (local, state) |
| | Street outreach and community norm change | | | | Public health Community organizations |
| | <i>Cure Violence</i> | ✓ | ✓ | ✓ | |
| <i>Safe Streets</i> | ✓ | ✓ | ✓ | | |
| Intervene to Lessen Harms and Prevent Future Risk | Treatment to lessen the harms of violence exposures | | | | Health care |
| | <i>Trauma-Focused Cognitive Behavioral Therapy[®]</i> | N/A ² | N/A ² | ✓ | Social services |
| | <i>Cognitive Behavioral Intervention for Trauma in Schools</i> | N/A ² | N/A ² | ✓ | Community organizations |
| | Treatment to prevent problem behavior and future involvement in violence | | | | Health care Social services Justice |
| | <i>Functional Family Therapy</i> | ✓ | | ✓ | |
| | <i>Multidimensional Treatment Foster Care</i> | ✓ | | ✓ | |
| | <i>Multisystemic Therapy[®]</i> | ✓ | | ✓ | |
| | Hospital-community partnerships | | | | Health care Community organizations |
| | <i>SafERteens</i> | ✓ | ✓ | ✓ | |
| <i>Caught in the Crossfire</i> | ✓ | | ✓ | | |

¹This column refers to the lead sectors well positioned to bring leadership and resources to implementation efforts. For each strategy, there are many other sectors, such as non-governmental organizations, that are instrumental to prevention planning and implementing the specific programmatic activities.

²The program is designed to lessen the harms of violence exposures (e.g., post-traumatic stress disorder, depression, behavioral problems)

For more information

To learn more about preventing youth violence, call 1-800-CDC-INFO or visit CDC's violence prevention pages at www.cdc.gov/violenceprevention.

National Center for Injury Prevention and Control
Division of Violence Prevention



LEGAL CONSIDERATIONS:
**SCHOOL RESOURCE
OFFICERS, SCHOOL LAW
ENFORCEMENT UNITS,
AND FERPA**





School Resource Officers, School Law Enforcement Units, and the Family Educational Rights and Privacy Act (FERPA)

About PTAC

The U.S. Department of Education established the Privacy Technical Assistance Center (PTAC) as a “one-stop” resource for education stakeholders to learn about data privacy, confidentiality, and security practices related to student-level longitudinal data systems and other uses of student data. PTAC provides timely information and updated guidance through a variety of resources, including training materials and opportunities to receive direct assistance with privacy, security, and confidentiality of student data systems. More PTAC information is available at <https://studentprivacy.ed.gov>. PTAC welcomes input on this document and suggestions for future technical assistance resources relating to student privacy. Comments and suggestions can be sent to PrivacyTA@ed.gov.

Introduction

School officials routinely seek to balance the interests of safety and privacy for students. While the Family Educational Rights and Privacy Act (FERPA) generally requires written parent or “eligible student”¹ consent before an educational agency (district) or institution (school) discloses student education records and the personally identifiable information (PII) contained therein, FERPA gives schools and districts flexibility to disclose PII, under certain limited circumstances, in order to maintain school safety. The purpose of this guidance is to address questions about how FERPA applies to schools’ and districts’ disclosures of PII from student education records to school security units, outside law enforcement entities, School Resource Officers (SROs), and other schools. While the information in this guidance is applicable to all educational agencies and institutions that receive funds under any program administered by the Secretary of the U.S. Department of Education (Department), the discussion is generally focused on health or safety emergencies faced by public elementary and secondary schools.

Many schools and school districts have their own security units to monitor safety and security in and around school campuses. In FERPA, these entities are called “law enforcement units” if certain conditions are met. Some schools designate a particular school official or office to be responsible for referring potential or alleged violations of law to local law enforcement authorities. Other schools contract with off-duty police officers to provide school security, while still others utilize the services of an SRO, who serves as an on-site law enforcement officer and liaison with the local police or sheriff’s department for reporting offenses and filing charges. Still others utilize a hybrid system combining one or more of the preceding methods.

FERPA affords schools and districts flexibility when responding to circumstances that threaten the health or safety of individuals in their school community. Understanding the provisions of FERPA relative to such circumstances will empower school officials to act decisively and quickly when challenges arise. The following frequently asked questions detail how FERPA may apply in these circumstances. Although this guidance is focused on FERPA, there may be other federal and State laws, such as civil rights and privacy

¹ When a student turns eighteen years of age, or enrolls in a postsecondary institution at any age, the student becomes an “eligible student” (34 CFR §99.3 “eligible student”) and all rights under FERPA transfer from the parent to the student. 34 CFR §99.5(a)(1)



laws, that are relevant to decision-making regarding when and with whom schools and districts may disclose, without appropriate consent, student information. At the federal level, for example, public elementary and secondary schools are subject to federal civil rights laws, including laws that prohibit discrimination based on: disability (the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973); race, color, and national origin (Titles IV and VI of the Civil Right Act of 1964); sex (Title IX of the Education Amendments of 1972); and religion (Title IV of the Civil Rights Act of 1964). Also, State educational agencies and local educational agencies must comply with the requirements of Part B of the Individuals with Disabilities Education Act (IDEA) in educating children with disabilities, including IDEA’s confidentiality of information requirements.²

² See 20 U.S.C. 1417(c) and 34 CFR §§300.610-300.626.



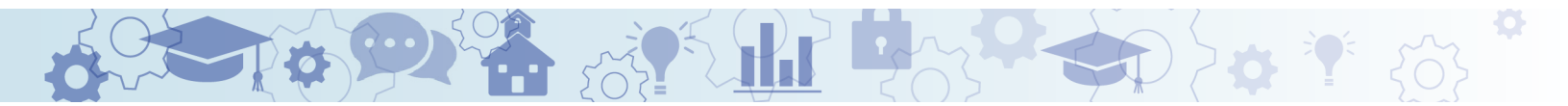
Table of Contents

(Note: to link to a specific question, click on the question)

| | |
|--|-----------|
| Table of Contents | 3 |
| General Requirements of the Family Educational Rights and Privacy Act (FERPA) Applicable to this Guidance | 6 |
| Q.1. Do any laws other than FERPA address the disclosure of personally identifiable information (PII) from students' education records or other disclosures of information on students? | 6 |
| Q.2. What is FERPA and to which entities does it apply? | 6 |
| Q.3. To whom does the information in this guidance apply? | 6 |
| Q.4. What are the rights of parents and students under FERPA? | 7 |
| Q.5. What are "education records"? | 7 |
| Q.6. Are there any types of records or documents that are specifically excluded from the definition of "education records" under FERPA? | 7 |
| Q.8. What is "personally identifiable information" under FERPA? | 8 |
| Q.9. Who must provide consent for the disclosure of PII from a student's education records? | 8 |
| Q.10. Are there exceptions to FERPA's general written consent requirement that permit schools and districts to disclose PII from education records without consent? | 9 |
| Q.11. Are schools and districts required to record the disclosure of PII from students' education records whenever they make disclosures? | 9 |
| Disclosures of PII from Students' Education Records Without Written Consent | 10 |
| General | 10 |
| Q.12. When are schools or districts required by FERPA to disclose PII from a student's education records? | 10 |
| School Officials | 10 |
| Q.13. Who qualifies as a "school official" under FERPA, and to whom may schools and districts disclose education records under the school official exception to FERPA's general written consent requirement? | 10 |
| Q.14. Can law enforcement unit officials who are school employees be considered school officials with legitimate educational interests? | 11 |
| Q.15. Can law enforcement unit officials who are off-duty police officers or SROs be considered school officials under FERPA and, therefore, have access to students' education records? | 11 |
| Threat Assessment Teams | 12 |



| | |
|---|-----------|
| Q.16. What is a threat assessment team? | 12 |
| Q.17. Does FERPA permit schools and districts to disclose education records, without consent, to outside law enforcement officials, mental health officials, and other experts in the community who serve on a school’s threat assessment team? | 13 |
| Law Enforcement Unit & Law Enforcement Unit Records | 14 |
| Q.18. What is a “law enforcement unit”? | 14 |
| Q.19. What is a law enforcement unit record? | 15 |
| Q.20. When can law enforcement unit officials serve as “school officials?” | 15 |
| Utilizing Local Police Officers and SROs as School Law Enforcement Unit Officials.... | 16 |
| Q.21. Does a school or district have to use only employees to staff its law enforcement unit?.. | 16 |
| Q.22. Are SROs or other outside local law enforcement officials who serve as a school’s law enforcement unit automatically considered school officials?..... | 16 |
| Q.23. Can a school provide local or other law enforcement officials with “directory information” on students? | 16 |
| Q.24. Does FERPA distinguish between SROs and other local police officers who work in a school?..... | 16 |
| Other Exceptions to FERPA’s General Consent Rule Relevant to School Safety..... | 17 |
| Health or Safety Emergencies | 17 |
| Q.25. When is it permissible for schools or districts to disclose, without appropriate consent, student education records (or PII contained in those records) under FERPA’s health or safety emergency exception? | 17 |
| Q.26. Who are considered “appropriate parties” that may receive information under the health or safety emergency exception?..... | 17 |
| Q.27. How does a school or district know when a health or safety emergency exists so that a disclosure may be made under this exception to consent?..... | 18 |
| Q.28. What does “articulable and significant threat” mean? | 18 |
| Q.29. May a school make disclosures under FERPA’s health or safety emergency exception for emergency preparedness exercises? | 18 |
| Q.30. Does a school have to record disclosures made under FERPA’s health or safety emergency exception? | 18 |
| Q.31. Are there other situations in which school officials may non-consensually disclose PII from education records of students who have been disciplined for conduct that posed a significant risk to the safety of the school community to officials at another school? | 18 |
| Judicial Orders or Lawfully Issued Subpoenas..... | 19 |



Q.32. May schools comply with a subpoena or court order for education records without the consent of the parent or eligible student? 19

Transfer to New Schools 19

Q.33. Does FERPA permit schools to disclose any and all education records on a student to another school where the student seeks or intends to enroll?..... 19

Q.34. Are schools required to transfer certain student disciplinary records to other schools where the student seeks or intends to enroll? 20

Juvenile Justice System20

Q.35. Does FERPA permit the disclosure of PII from education records to officials of a State’s juvenile justice system? 20

Release of Information Not Considered Education Records21

Personal Knowledge and Observation21

Q.36. Does FERPA permit school officials to release information that they personally observed or of which they have personal knowledge? 21

Q.37. Are there any limitations to sharing information based on personal knowledge or observations? 21



General Requirements of the Family Educational Rights and Privacy Act (FERPA) Applicable to this Guidance

Q.1. Do any laws other than FERPA address the disclosure of personally identifiable information (PII) from students' education records or other disclosures of information on students?

Yes. As noted in the “Introduction” section, there may be other federal and State laws, as well as local policies that address information sharing on students, including laws concerning the civil rights of students.³ In addition, the education records of students who are children with disabilities are not only protected by FERPA but also by the confidentiality of information provisions in the Individuals with Disabilities Education Act (IDEA).⁴ (See Q.5) Among other laws, student records may, under some circumstances, also be covered by the provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) or the Richard B. Russell National School Lunch Act.⁵

Q.2. What is FERPA and to which entities does it apply?

FERPA is a federal law that protects the privacy of student education records, and the PII contained therein, maintained by educational agencies or institutions or by a party acting for the agencies or institutions. The FERPA statute is found at 20 U.S.C. § 1232g and its implementing regulations are set forth at 34 CFR Part 99. FERPA applies to all educational agencies and institutions that receive funds under any program administered by the Secretary of the U.S. Department of Education (Department).⁶ The term “educational agencies and institutions” generally refers to local educational agencies (LEAs), elementary and secondary schools, and postsecondary institutions. Private schools at the elementary and secondary levels generally do not receive funds from the Department and are, therefore, not subject to FERPA, but may be subject to other data privacy laws such as HIPAA. In this guidance, when we refer to LEAs, school districts, or schools, we mean “educational agencies and institutions,” as applicable, subject to FERPA. A copy of the regulations may be found on our website at:

<https://studentprivacy.ed.gov/>

Q.3. To whom does the information in this guidance apply?

The information in this guidance applies to all educational agencies and institutions. That said, the guidance generally focuses on addressing health or safety emergency situations faced by the elementary and secondary school community. For additional information on FERPA’s application to health or safety emergency situations in the postsecondary institution context, please refer to

³ Many State laws provide greater privacy protections than FERPA does, however FERPA establishes a minimum federal standard governing the privacy of education records and the PII contained therein.

⁴ For additional information on the interaction of FERPA and IDEA confidentiality provisions, please refer to previously issued Department guidance entitled, “IDEA and FERPA Confidentiality Provisions,” issued in June 2014, available at: <https://studentprivacy.ed.gov/resources/ferpaidea-cross-walk>.

⁵ For information relating to the interaction of FERPA and HIPAA with respect to student health records, please refer to the “Joint Guidance on the Application of the Family Educational Rights and Privacy Act (FERPA) And the Health Insurance Portability and Accountability Act of 1996 (HIPAA) To Student Health Records” issued by the U.S. Department of Education and the U.S. Department of Health and Human Services in November 2008, available at: <https://studentprivacy.ed.gov/resources/joint-guidance-application-ferpa-and-hipaa-student-health-records>

⁶ 34 CFR § 99.1



previously issued Department guidance entitled, “Addressing Emergencies on Campus,” issued in June 2011, available at: <https://studentprivacy.ed.gov/resources/addressing-emergencies-campus>. Additionally, the Department has released several guides for developing emergency operations plans for elementary and secondary schools, school districts, and postsecondary institutions. These guides may be found at: https://rems.ed.gov/Resource_Plan_Basic_EOP.aspx.

Q.4. What are the rights of parents and students under FERPA?

FERPA affords parents certain rights with respect to their children’s education records maintained by schools and school districts to which FERPA applies. These include the right to inspect and review their children’s education records, the right to seek to have the education records amended, and the right to have some control over the disclosure of PII contained in the education records.⁷ These rights transfer to the student when he or she reaches the age of 18 years or attends a postsecondary institution at any age (and thereby becomes an “eligible student” under FERPA).⁸

Q.5. What are “education records”?

The term “education records” is defined, with certain exceptions, as those records that are: (1) directly related to a student; and (2) maintained by an educational agency or institution, or by a party acting for the agency or institution.⁹ Records on children with disabilities who receive evaluations, services, or other benefits under Part B of the IDEA are subject to IDEA’s “Confidentiality of Information” requirements, in addition to being considered “education records” subject to FERPA.¹⁰

Q.6. Are there any types of records or documents that are specifically excluded from the definition of “education records” under FERPA?

Yes. There are several categories of records that may be maintained by an educational agency or institution that are not “education records” under FERPA.¹¹ One such category of records – records of a “law enforcement unit” – is particularly relevant to school safety and is discussed in detail in Qs 18 and 19, below.

Q.7. What is “directory information” and is it protected by FERPA?

FERPA defines “directory information” as information contained in a student’s education record that would not generally be considered harmful or an invasion of privacy if disclosed.¹² Directory information may include, but is not limited to, the student’s name; address; telephone listing; electronic mail address; photograph; date and place of birth; major field of study; grade level; dates of attendance; participation in officially recognized activities and sports; weight and height

⁷ 20 U.S.C. §§ 1232g(a)(1) and (2), (b), (h), (i), and (j); 34 CFR Part 99, Subparts B, C, and D.


⁸ 34 CFR §§ 99.3, “Eligible student,” and 99.5

⁹ 34 CFR § 99.3, “Education records.”

¹⁰ 34 CFR §§ 300.610 – 300.626

¹¹ Please refer to the definition of “education records” set forth in FERPA at 20 U.S.C. § 1232g(a)(4) and the implementing regulations at 34 CFR § 99.3 for further information on the types of records that are not considered “education records.”

¹² 34 CFR § 99.3, “Directory information.”



of members of athletic teams; degrees, honors, and awards received; and the most recent educational agency or institution attended.¹³

The disclosure of appropriately designated directory information, under certain specified conditions, is one of the exceptions to FERPA's general written consent requirement.¹⁴ A school or district may disclose directory information, without the parent or eligible student's written consent, to third parties, including law enforcement officials, if it has given public notice to parents and eligible students of (1) the types of PII that it has designated as "directory information," (2) the right of the parent or eligible student to restrict the disclosure of such information, and (3) the period of time within which a parent or eligible student has to notify the educational agency or institution in writing that he or she does not want any or all of those types of information designated as "directory information."¹⁵ In addition, a school or district may implement a limited directory information policy by specifying in its public notice to parents and eligible students that its disclosure of appropriately designated directory information will be limited to specific parties (and not others), for specific purposes, or both.¹⁶

Q.8. What is "personally identifiable information" under FERPA?

Personally identifiable information (PII) is defined to include not only direct identifiers like the student's name and Social Security number, but also indirect identifiers such as the student's date and place of birth and the mother's maiden name.¹⁷ PII also includes "[o]ther information that, alone or in combination, is linked or linkable to a specific student that would allow a reasonable person in the school community, who does not have personal knowledge of the relevant circumstances, to identify the student with reasonable certainty."¹⁸ That is, in some cases, a record may not contain a direct or even an indirect identifier, but would still contain PII under FERPA. For example, when an event at a school generates significant publicity, otherwise permissible non-consensual disclosures of redacted education records may no longer be permissible under FERPA because the publicity would allow a reasonable person in the school community to identify with reasonable certainty the student(s) involved. PII also includes any information requested by a person who the educational agency or institution reasonably believes knows the identity of the student to whom the education records relates.

Q.9. Who must provide consent for the disclosure of PII from a student's education records?

In general, with certain exceptions, before an educational agency or institution discloses PII from a student's education record, the student's parent or the eligible student must provide a signed and dated written consent. That consent must specify the education records (or the PII contained in those records) that may be disclosed, must state the purposes of the disclosure, and must identify the party or class of parties to whom the disclosure may be made.¹⁹

¹³ *Id.*; 20 U.S.C. § 1232g(a)(5)(A).

¹⁴ 34 CFR §§ 99.31(a)(1) and 99.37

¹⁵ 34 CFR § 99.37(a)

¹⁶ 34 CFR § 99.37(d)

¹⁷ 34 CFR § 99.3, "Personally Identifiable Information."

¹⁸ *Ibid.*

¹⁹ 34 CFR § 99.30

Q.10. Are there exceptions to FERPA’s general written consent requirement that permit schools and districts to disclose PII from education records without consent?

Yes. While FERPA generally requires parents or eligible students to provide a school or district with written consent before the school or district discloses PII from a student’s education records, there are a number of exceptions to this prior written consent requirement.²⁰ For example, assuming that certain conditions are satisfied, FERPA permits a school or district to disclose education records under the “health or safety emergency” exception without obtaining prior written consent.²¹ Several of these exceptions to the consent requirement that are most relevant in the school safety context are discussed below. Additionally, as explained more fully in Q.19 below, because “law enforcement unit records” are not “education records,” they, therefore, may be disclosed, without the parent or eligible student’s consent, to outside parties under FERPA. Similarly, while IDEA generally also requires prior written consent from the parent (or from a student who has reached the age of majority under State law, if parental rights have transferred to the student) for disclosure of PII from education records, IDEA generally incorporates the FERPA exceptions to the prior consent requirement.²²

Q.11. Are schools and districts required to record the disclosure of PII from students’ education records whenever they make disclosures?

Subject to certain exceptions addressed below, schools and districts must maintain a record of each request for access to and each disclosure of PII from the education records of each student, as well as the names of State and local educational authorities and federal officials and agencies listed in 34 CFR § 99.31(a)(3) that may make further disclosures of PII from the student’s education records without consent.²³ The school or district must maintain the record of disclosure with the education records of the student as long as the education records are maintained.²⁴

For each request or disclosure, the record of disclosure must include: (1) the parties who have requested or received PII from the education records; and (2) the legitimate interests the parties had in requesting or obtaining the information (*i.e.*, under which exception to FERPA’s general written consent requirement the disclosure was made).²⁵ As explained in the answer to Q.30 below, the school or district must record additional information whenever it discloses, without appropriate consent, PII from a student’s education records under FERPA’s health or safety emergency exception.²⁶ There are additional requirements that relate to recording further disclosures made by State and local authorities and federal officials and agencies listed under 34 CFR § 99.31(a)(3) with which schools and districts should also be familiar.²⁷

Schools and districts do not have to record requests for PII from education records from, or disclosures of PII from education records that were made to: (1) the parent or eligible student; (2) a school official under 34 CFR § 99.31(a)(1); (3) a party with written consent from the

²⁰ 20 U.S.C. §§ 1232g(b)(1), (b)(2), (b)(3), (b)(5), (b)(6), (h), (i), and (j); 34 CFR § 99.31

²¹ 20 U.S.C. § 1232g(b)(1)(I); 34 CFR §§ 99.31(a)(10) and 99.36

²² 34 CFR § 300.622


²³ 20 U.S.C. § 1232g(b)(4)(A); 34 CFR § 99.32(a)(1)

²⁴ 34 CFR § 99.32(a)(2)

²⁵ 34 CFR § 99.32(a)(3).

²⁶ 34 CFR § 99.32(a)(5)

²⁷ 34 CFR §§ 99.32(a)(4) and (b)(2)



parent or eligible student; (4) a party seeking directory information; or (5) a party seeking or receiving records in accordance with the provisions in FERPA related to non-consensual disclosures pursuant to certain types of lawfully issued subpoenas or court orders.²⁸ However, in the interests of promoting greater transparency, the Department considers it a best practice for schools and districts to voluntarily record such disclosures in certain situations, such as when records are produced pursuant to certain lawfully issued subpoenas or court orders.

Disclosures of PII from Students' Education Records Without Written Consent

General

Q.12. When are schools or districts required by FERPA to disclose PII from a student's education records?

FERPA does not contain any provisions that *require* schools or districts to “disclose” PII from a student's education records. The disclosures discussed in this guidance document describe the conditions under which a school or district *may* disclose education records without the parent or eligible student's consent. That said, FERPA does require schools and districts as well as state educational agencies (SEA) and their components to provide parents and eligible students with the opportunity to “inspect and review” the student's own education records.²⁹ Further, if circumstances effectively prevent the parent or eligible student from exercising this right to inspect and review, the educational agency or institution, or SEA or its components, must provide the parent or eligible student with a copy of the education record requested or make other arrangements for the parent or eligible student to inspect and review the education record.³⁰

School Officials

Q.13. Who qualifies as a “school official” under FERPA, and to whom may schools and districts disclose education records under the school official exception to FERPA's general written consent requirement?

FERPA permits schools and districts to disclose education records (and the PII contained in those records) without appropriate consent, to “school officials” provided that the school or district has determined that these school officials have “legitimate educational interests” in the education records.³¹ Under FERPA, a school or district must include in its annual notification of FERPA rights the specific criteria they use for determining who constitutes a “school official” and what constitutes a “legitimate educational interest.”^{32,33,34} A “school official” may include,

²⁸ 34 CFR §§ 99.31(a)(9)(ii)(A)-(C); 34 CFR § 99.32(d)

²⁹ 20 U.S.C. § 1232g(a)(1)(A) and (B); 34 CFR § 99.10(a)


³⁰ 34 CFR § 99.10(d)

³¹ 20 U.S.C. § 1232g(b)(1)(A); 34 CFR § 99.31(a)(1)(i)(A).

³² 34 CFR § 99.7(a)(3)(iii)

³³ The Department has created a “Model Notification of Rights under FERPA for Elementary and Secondary Schools,” available at: <https://studentprivacy.ed.gov/resources/ferpa-model-notification-rights-elementary-secondary-schools>

³⁴ This notification must be distributed by a school or district every year through a means that is likely to be viewed by parents and eligible students, such as a student handbook, school website, or a direct letter to parents, and must inform parents and eligible students of their rights under FERPA.



but is not limited to, a teacher, school principal, president, chancellor, board member, trustee, registrar, counselor, admissions officer, attorney, accountant, human resources professional, information systems specialist, and support or clerical personnel.

Contractors, consultants, volunteers, or other third parties to whom a school or district has outsourced certain functions may be also be considered “school officials.”³⁵ Schools and districts may disclose education records (and the PII contained in those records), without appropriate consent to such school officials provided that they (1) perform an institutional service or function for which the school or district would otherwise use employees; (2) are under the “direct control” of the school or district with respect to the use and maintenance of the education records; (3) are subject to FERPA’s use and re-disclosure requirements set forth in 34 CFR § 99.33(a); and (4) satisfy the criteria specified in the school or district’s annual notification of FERPA rights for being “school officials” with “legitimate educational interests” in the education records.³⁶

Typically, a school official would have a “legitimate educational interest” if he or she needs to review an education record in order to fulfill his or her professional responsibilities. Please note that schools and districts must use reasonable methods to ensure that school officials obtain access to only those education records in which they have legitimate educational interests.³⁷ If a school or district does not use physical or technological access controls, it must ensure that its administrative policy for controlling access to education records is effective and that it remains in compliance with FERPA’s legitimate educational interest requirement.³⁸

Q.14. Can law enforcement unit officials who are school employees be considered school officials with legitimate educational interests?

Yes, if certain conditions apply. A law enforcement unit official who is an employee of a school or district generally would be considered a school official to whom the school or district may disclose, without consent, education records (or PII contained in those records), if the law enforcement unit official meets the criteria specified in the school or district’s annual notification of FERPA rights to parents and eligible students for being a “school official” with a “legitimate educational interest” in the education records. In several questions below we discuss how the school official exception to FERPA’s general written consent requirement applies in situations in which the law enforcement unit is not comprised of school employees.

Q.15. Can law enforcement unit officials who are off-duty police officers or SROs be considered school officials under FERPA and, therefore, have access to students’ education records?

Yes, if certain conditions are met. Under FERPA, schools and districts may consider law enforcement unit officials, such as off-duty police officers and SROs, to be “school officials” if the school or district has outsourced the function of providing safety and security for the school or

³⁵ 34 CFR § 99.31(a)(1)(i)(B)

³⁶ 34 CFR § 99.31(a)(1)(i)

³⁷ 34 CFR § 99.31(a)(1)(ii)

³⁸ Ibid



district to the law enforcement unit officials.³⁹ Law enforcement unit officials could qualify as “school officials” under FERPA if they:

1. Perform an institutional service or function for which the school or district would otherwise use employees (e.g., to ensure school safety);
2. Are under the “direct control” of the school or district with respect to the use and maintenance of the education records (e.g., through a memorandum of understanding (MOU) that establishes data use restrictions and data protection requirements);
3. Are subject to FERPA’s use and re-disclosure requirements in 34 CFR § 99.33(a), which provides that the PII from education records may be used only for the purposes for which the disclosure was made (e.g., to promote school safety and the physical security of students), and which limits the re-disclosure of PII from education records; and
4. Meet the criteria specified in the school or district’s annual notification of FERPA rights for being school officials with legitimate educational interests in the education records.⁴⁰

The best practice to ensure compliance with these provisions is for the school and the law enforcement unit to enter into a MOU that specifically addresses these issues.⁴¹

As indicated in the listing above, off-duty police officers and SROs who qualify as “school officials” may only use PII from education records for the purposes for which the disclosure was made, e.g., to promote school safety and the physical security of the students.⁴² In addition, these officers are subject to FERPA’s re-disclosure requirements in 34 CFR § 99.33(a). This means that an off-duty police officer or SRO who is acting as a “school official” under FERPA may not re-disclose, without appropriate consent, PII from education records to outside parties, including other employees of his or her police department who are not acting as school officials, unless the disclosure satisfies an exception to FERPA’s general written consent requirement, as further discussed below (e.g., if the re-disclosure is made pursuant to a lawfully issued subpoena or court order⁴³ or to appropriate parties under the health and safety emergency exception).

Threat Assessment Teams

Q.16. What is a threat assessment team?

A threat assessment team is a group of individuals who convene to identify, evaluate, and address threats or potential threats to school security. Threat assessment teams review incidents of threatening behavior by students (current and former), parents, school employees, or other individuals, and, based on the information received, relying on their collective expertise, provide guidance to school officials on how to respond to the potential threat. These


³⁹ 34 CFR § 99.31(a)(1)(i)(B)(1)-(3),

⁴⁰ 34 CFR § 99.31(a)(1)(i)

⁴¹ For additional information about memoranda of understanding, see the Final Report of the Federal Commission on School Safety (2018), Chapter 13, “Training School Personnel to Help Ensure Student Safety” available at <https://www2.ed.gov/documents/school-safety/school-safety-report.pdf>

⁴² 34 CFR §§ 99.31(a)(1)(i)(B)(3) and 99.33(a)(2)

⁴³ Subject to certain exceptions, FERPA requires the disclosing entity to make a reasonable effort to notify the parent or eligible student in advance of compliance with the subpoena or order. 34 CFR § 99.31(a)(9)(ii)



expertise, provide guidance to school officials on how to respond to the potential threat. These teams are more common in university settings but are also being instituted in elementary and secondary schools.

Some schools may need assistance in determining whether a health or safety emergency exists in order to know whether a disclosure to appropriate parties (e.g., emergency responders or law enforcement) may be made under FERPA's health or safety emergency exception. Accordingly, members of a threat assessment team include individuals who can assist in making such decisions, such as school principals, counselors, educators, and school law enforcement unit officials, as well as outside medical and mental health professionals and local law enforcement officers.

In July 2004, the Department and the U.S. Secret Service jointly issued a booklet entitled, "Threat Assessment in Schools: A Guide to Managing Threatening Situations and to Creating Safe School Climates," which includes guidance on the formation of threat assessment teams on pages 37-38. Information on establishing a threat assessment program, including a link to this booklet and other helpful resources for emergency situations, can be found on the Department's website at: <http://www.ed.gov/admins/lead/safety/edpicks.jhtml>.

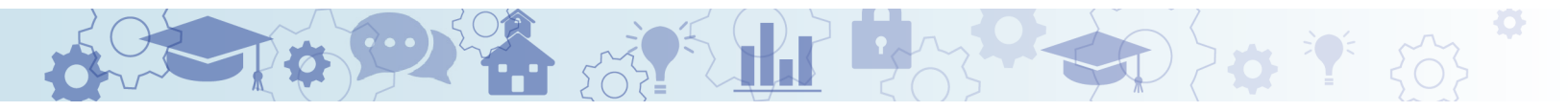
For additional information on threat assessment teams, please also refer to joint guidance issued in 2013 by the Department and several federal agencies entitled, "Guide for Developing High-Quality School Emergency Operations Plans," available at: http://rems.ed.gov/docs/REMS_K-12_Guide_508.pdf.

Q.17. Does FERPA permit schools and districts to disclose education records, without consent, to outside law enforcement officials, mental health officials, and other experts in the community who serve on a school's threat assessment team?

Yes, if certain conditions are met. The Department has long encouraged schools and districts to implement a threat assessment program that relies on teams, composed of a wide variety of individuals, to gather information, evaluate facts, and determine whether a health or safety emergency exists.⁴⁴ The members of the threat assessment team should meet the criteria for constituting school officials under FERPA, so that they may assist the institution in gathering information (including PII from education records), evaluating facts, and making institutional determinations, such as whether a health or safety emergency exists, and how the school or district should respond. Under FERPA, a school or district may disclose PII from education records, without appropriate consent, to threat assessment team members who are not employees of the school or district to determine whether there is a health or safety emergency if they:

1. Perform an institutional service or function for which the school or district would otherwise use employees;
2. Are under the "direct control" of the school or district with respect to the use and maintenance of the education records;

⁴⁴ "Threat Assessment in Schools: A Guide to Managing Threatening Situations and to Creating Safe School Climates," pages 37-38. <http://www.ed.gov/admins/lead/safety/edpicks.jhtml>.

- 
3. Are subject to FERPA's use and re-disclosure requirements in 34 CFR § 99.33(a), which provide that the PII from education records may be used only for the purposes for which the disclosure was made, and which limits the re-disclosure of PII from education records; and
 4. Qualify as "school officials" with "legitimate educational interests." See Q.14 for more information.

While not a requirement of FERPA, one way to ensure that members of the team are aware of the FERPA requirements related to the use and re-disclosure of PII obtained from education records is to require members of the threat assessment team to sign an acknowledgement of their responsibilities for safeguarding student information under FERPA.

Schools and districts are reminded that members of a threat assessment team may only use PII from education records for the purposes for which the disclosure was made, *i.e.*, to conduct threat assessments, and are subject to FERPA's re-disclosure requirements in 34 CFR § 99.33(a). For example, a representative from the city police who serves on a school's threat assessment team generally could not give the police department any PII from a student's education records to which he or she was privy as a member of the team, unless the disclosure meets an exception to consent, such as a disclosure in connection with a health or safety emergency, and any applicable recordation requirements in FERPA are met. While school officials must make the ultimate determination as to whether information about a threat is sufficiently significant and articulable to warrant disclosure without consent to appropriate parties under the health and safety emergency exception, schools and districts may, at their discretion, grant non-employees serving as school officials on the threat assessment team the ability to make this determination on their behalf.⁴⁵ See Q25-26 for more information on the health and safety emergency exception to consent.

Law Enforcement Unit & Law Enforcement Unit Records

Q.18. What is a "law enforcement unit"?

Under FERPA, "law enforcement unit" means any individual, office, department, division, or other component of a school or district, such as a unit of police officers or security guards, that is officially authorized or designated by that school or district to (1) enforce any local, State, or federal law, or refer to appropriate authorities a matter for enforcement of any local, State, or federal law, against any individual or organization other than the agency or institution itself; or (2) maintain the physical security and safety of the agency or institution.⁴⁶

Schools vary in who is authorized or designated to be their law enforcement unit, usually depending upon school size and resources. Some larger school districts have their own fully equipped police units, while others have smaller security offices. Other schools designate a vice principal or other school official to act as the law enforcement unit officer. Other schools may – as discussed in Qs 21-24 – use non-school employees such as local police officers and SROs as their designated law enforcement unit officers.

⁴⁵ 34 CFR §§ 99.31(a)(10) and 99.36

⁴⁶ 34 CFR § 99.8(a)(1)



Q.19. What is a law enforcement unit record?

Law enforcement unit records are records that are: (1) created by a law enforcement unit; (2) created for a law enforcement purpose; and (3) maintained by the law enforcement unit.⁴⁷ Law enforcement unit records are not protected by FERPA because they are specifically excluded from the definition of “education records” and, thus, from the privacy protections afforded to parents and eligible students by FERPA.⁴⁸ Therefore, investigative reports and other records created and maintained by law enforcement units that meet this definition are not considered “education records” subject to FERPA and may be released subject to school policy, State law, and other applicable laws.

When members of a school’s law enforcement unit are school officials with access to students’ education records (or to PII contained in those records), they may not re-disclose the records or PII they receive as school officials under FERPA without appropriate consent or except as permitted under FERPA (see Q.20), such as if the re-disclosure is to other school officials, or under the health and safety emergency exception. It is, therefore, advisable for law enforcement units to maintain law enforcement unit records separately from education records.

Q.20. When can law enforcement unit officials serve as “school officials?”

In order for law enforcement unit officials to be considered school officials, they must meet the criteria for who constitutes a school official that are set forth in the school or district’s annual notification to parents and eligible students of their rights under FERPA and preferably defined in an MOU for non-school employees.⁴⁹ As explained in Qs 13-15, schools and districts must also determine that the school official’s interest in accessing the education records meets the criteria for legitimate educational interests, as set forth in the school’s or district’s annual notification of FERPA rights. A school official typically would have a “legitimate educational interest” if the official needs to review an education record in order to fulfill his or her professional or delegated responsibility.

Having law enforcement unit officials who are “school officials” with “legitimate educational interests” will permit a school to disclose PII from students’ education records, without appropriate consent, to its law enforcement unit officials so that they may perform their professional duties and assist with school safety matters. For example, if a student is expelled from school and barred from campus the principal could disclose the student’s disciplinary report to law enforcement unit officials so that they would know that the student should not be on campus. The PII from the student’s education records that is provided to the school’s law enforcement unit officials remains subject to FERPA and may only be further disclosed by that unit (e.g., to the local police department) with consent or as otherwise permitted under FERPA⁵⁰, such as making a disclosure to comply with a lawfully issued subpoena⁵¹ or the

⁴⁷ 34 CFR § 99.8(b)(1)

⁴⁸ 34 CFR § 99.3, “Education Records”

⁴⁹ 34 CFR § 99.7(a)(3)(iii)

⁵⁰ 34 CFR § 99.33. To be permissible under FERPA, any such redisclosures must be on behalf of the educational agency or institution, and must meet the requirements of one or more of the exceptions to consent at 34 CFR 99.31.

⁵¹ 34 CFR § 99.31(a)(9)

disclosure is in connection with a health or safety emergency,⁵² and provided FERPA's recordkeeping requirements have been met.⁵³

Utilizing Local Police Officers and SROs as School Law Enforcement Unit Officials

Q.21. Does a school or district have to use only employees to staff its law enforcement unit?

No. The manner in which a school or district staffs its law enforcement unit is not addressed by FERPA. Accordingly, FERPA does not require a school or district to use only employees to staff its law enforcement unit and may contract out those services.

Q.22. Are SROs or other outside local law enforcement officials who serve as a school's law enforcement unit automatically considered school officials?

Not automatically. Subject to the conditions indicated in Q.15 relative to outsourcing institutional services or functions, these officials may be considered "school officials" with "legitimate educational interests" and may have access to students' education records.

Q.23. Can a school provide local or other law enforcement officials with "directory information" on students?

Yes. If the school or district has a directory information policy under FERPA that permits this disclosure to local or other law enforcement officials, then the directory information of those students whose parents (or those eligible students who) have not opted out of such a disclosure may be disclosed without appropriate consent.⁵⁴ See the related discussion in Q.7.

Q.24. Does FERPA distinguish between SROs and other local police officers who work in a school?

No. As noted previously, an SRO typically serves as an on-site law enforcement officer and as a liaison with the local police or sheriff's department. An SRO may be designated by a school or district as a "law enforcement unit" official under FERPA.⁵⁵ However, in order for a school or district to disclose education records (or any PII contained in those records) to an SRO, without appropriate consent, the disclosure must satisfy an exception to FERPA's general written consent requirement such as the "school official" exception under which the SRO must be considered a "school official" with a "legitimate educational interest" under FERPA. See Qs 15 and 22.

As explained in Q.15, the school or district must have direct control over an SRO's maintenance and use of education records in providing SRO services in order for the SRO to be considered a school official. Additionally, as explained in Q.13, schools and districts must use reasonable methods to ensure that school officials obtain access to only those education records in which they have legitimate educational interests. Further, under the school official exception (as well as any FERPA exception to consent), SROs may only use the PII from

⁵² 34 CFR §§ 99.31(a)(10) and 99.36

⁵³ 34 CFR § 99.32

⁵⁴ 34 CFR §§ 99.31(a)(11) and 99.37

⁵⁵ 34 CFR § 99.8(a)(1)



education records for the purposes for which the disclosure was made, e.g., to promote school safety and the physical security of the students.⁵⁶ In addition, SROs are subject to FERPA's re-disclosure limitations.⁵⁷ This means that an SRO who is serving as a "school official" under FERPA may not disclose PII from education records to others, including other employees of his or her local police department who are not acting as school officials, without consent unless: (1) the re-disclosure is on behalf of the educational agency or institution; (2) the re-disclosure fits within one of the exceptions to FERPA's consent requirement (see Qs 15 and 17); and (3) the recordkeeping requirements in 34 CFR § 99.32 have been met.

Other Exceptions to FERPA's General Consent Rule Relevant to School Safety

Health or Safety Emergencies

Q.25. When is it permissible for schools or districts to disclose, without appropriate consent, student education records (or PII contained in those records) under FERPA's health or safety emergency exception?

In some situations, school administrators may determine that it is necessary to disclose a student's education records (or PII contained in those records) to appropriate parties in order to address a specific and articulable threat of a health or safety emergency. FERPA's health or safety emergency provision permits such disclosures when the disclosure is necessary to protect the health or safety of the student or other individuals.⁵⁸ This exception to FERPA's general consent requirement is limited to the period of the emergency and does not allow for a blanket release of PII from a student's education records. Rather, these disclosures must be related to a significant and articulable emergency, such as an impending natural disaster, a terrorist attack, a campus threat, or the outbreak of an epidemic disease. Please refer to the following previously issued Department guidance entitled, "Addressing Emergencies on Campus," issued in June 2011, for additional information: <https://studentprivacy.ed.gov/resources/addressing-emergencies-campus>.

Q.26. Who are considered "appropriate parties" that may receive information under the health or safety emergency exception?

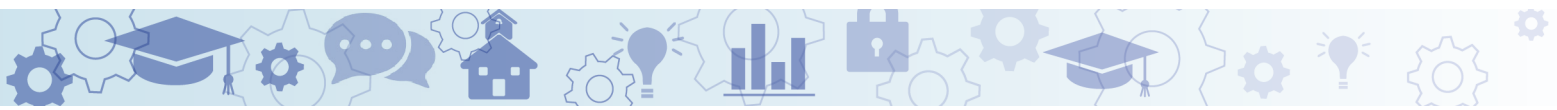
An appropriate party under the health or safety emergency exception to FERPA's general consent requirements is a party whose knowledge of such information is necessary to protect the health or safety of the student or other persons. Typically, local or State law enforcement officials, public health officials, trained medical personnel, and parents (including parents of an eligible student) are the types of appropriate parties to whom schools and districts may disclose information under this FERPA exception.⁵⁹

⁵⁶ 34 CFR §§ 99.31(a)(1)(i)(B)(3) and 99.33(a)(2).

⁵⁷ 34 CFR § 99.33(a)

⁵⁸ 34 CFR §§ 99.31(a)(10) and 99.36

⁵⁹ Please refer to the following previously issued Department guidance entitled, "Addressing Emergencies on Campus," issued in June 2011, for additional information: <https://studentprivacy.ed.gov/resources/addressing-emergencies-campus>



Q.27. How does a school or district know when a health or safety emergency exists so that a disclosure may be made under this exception to consent?

A school or district must make this determination on a case-by-case basis, taking into account the totality of the circumstances pertaining to a threat to the health or safety of a student or others. If the school or district determines that there is an articulable and significant threat to the health or safety of a student or other individuals and that one or more third parties (e.g., law enforcement officials, public health officials, trained medical personnel, parents, etc.) need education records (or PII contained in those records) in order to protect the health or safety of the student or other individuals, it may disclose that information to the appropriate parties without consent.⁶⁰

Q.28. What does “articulable and significant threat” mean?

This is a flexible standard under which the Department generally defers to school officials so that they might respond appropriately. In applying this standard, a school official should be able to explain the basis for his or her reasonable belief, based on all the available information, as to why a given student poses an “articulable and significant threat.” The phrase “articulable and significant threat” means that a school official is able to explain, based on all the information available at the time, what the threat is and why it is significant when he or she makes and records the disclosure.⁶¹

Q.29. May a school make disclosures under FERPA’s health or safety emergency exception for emergency preparedness exercises?

No. Disclosures made under the health or safety emergency exception must be “in connection with an emergency,” which means it must be related to an actual, impending, or imminent emergency, such as a natural disaster, a terrorist attack, a campus threat, or the outbreak of an epidemic disease.

Q.30. Does a school have to record disclosures made under FERPA’s health or safety emergency exception?

Yes. When a school or district makes a disclosure under the health or safety exception, it must record in the student’s education records the articulable and significant threat that formed the basis for the disclosure, and the parties to whom the information was disclosed.⁶² (The recordkeeping requirements for disclosures under the health or safety emergency exception are different than the recordkeeping requirements for other disclosures discussed in Q.11.)

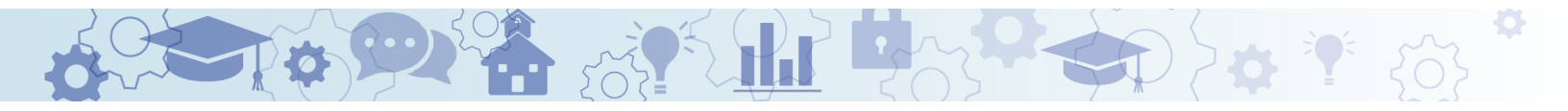
Q.31. Are there other situations in which school officials may non-consensually disclose PII from education records of students who have been disciplined for conduct that posed a significant risk to the safety of the school community to officials at another school?

Yes. Under FERPA, a school or district may disclose appropriate information concerning disciplinary action taken against a student who has been disciplined for conduct that posed a significant risk to the safety or well-being of that student, other students, or other members of

⁶⁰ 34 CFR § 99.36(c).

⁶¹ 34 CFR § 99.36

⁶² 34 CFR § 99.32(a)(5)



the school community, to school officials at *another school*. The school must determine that the other school has a legitimate educational interest in the behavior of the student.⁶³

For instance, a school official knows that a student, who had recently been disciplined for bringing a weapon to school, was overheard threatening to hurt students or teachers at a school-sponsored activity at another school. In this instance, FERPA would allow that school official to notify school officials at the other school who have been determined to have legitimate educational interests in the behavior of the student.⁶⁴ Please note that this exception does not permit the non-consensual disclosure of information concerning disciplinary action taken against a student for behavior that did not pose a significant risk to the safety or well-being of that student, other students, or other members of the school community (see Q.28).

Judicial Orders or Lawfully Issued Subpoenas

Q.32. May schools comply with a subpoena or court order for education records without the consent of the parent or eligible student?

Yes, although a reasonable effort to notify the parent or eligible student is generally required. FERPA permits disclosure of education records without consent in compliance with a lawfully issued subpoena or judicial order.⁶⁵ However, a school or district must generally make a reasonable effort to notify the parent or eligible student of the subpoena or judicial order before complying with it in order to allow the parent or eligible student the opportunity to seek protective action, unless certain exceptions apply. Exceptions to the requirement of making a reasonable effort to provide prior notification apply to: (1) a federal grand jury subpoena or other subpoena issued for a law enforcement purpose if the court or other issuing agency, for good cause shown, has ordered that the existence or the contents of the subpoena or the information furnished in response to the subpoena not be disclosed; and (2) an *ex parte* order obtained by the United States Attorney General (or designee not lower than Assistant Attorney General) concerning investigations or prosecutions of an act of terrorism or other specified offenses.⁶⁶ For example, if a school received a law enforcement subpoena that requested PII about a student suspected of selling drugs, it would not have to make an effort to notify the parent or eligible student if the court or other issuing agency, for good cause shown, had ordered that the existence or the contents of the subpoena or information furnished in response to the subpoena not be disclosed.

Transfer to New Schools

Q.33. Does FERPA permit schools to disclose any and all education records on a student to another school where the student seeks or intends to enroll?


Yes. FERPA permits a school or district to disclose education records (or PII contained in those records) without appropriate consent to another school or school system in which a student

⁶³ 34 CFR § 99.36(b)(3)

⁶⁴ 34 CFR § 99.36(b)(3).

⁶⁵ 20 U.S.C. § 1232g(b)(2)(B); 34 CFR § 99.31(a)(9)(i) and (ii)

⁶⁶ 20 U.S.C. §§ 1232g(b)(1)(J) and (j); 34 CFR § 99.31(a)(9)(ii)



seeks or intends to enroll, subject to certain conditions.⁶⁷ This exception to FERPA's general consent requirement also permits a school to disclose education records when a student is being placed in a juvenile justice facility that is considered a school.

Q.34. Are schools required to transfer certain student disciplinary records to other schools where the student seeks or intends to enroll?

It depends on State procedures. A State receiving funds under the Elementary and Secondary Education Act of 1965, as amended (ESEA),⁶⁸ was required, not later than January 8, 2004, to provide an assurance to the Secretary that they had "a procedure in place to facilitate the transfer of disciplinary records, with respect to a suspension or expulsion, by local educational agencies to any private or public elementary school or secondary school for any student who is enrolled or seeks, intends, or is instructed to enroll, on a full- or part-time basis, in the school." Schools and districts, therefore, should include a notice in their annual notification of rights under FERPA that they forward such student disciplinary records with respect to a suspension or expulsion by local educational agencies to other elementary or secondary schools that have requested the records and in which the student seeks or intends to enroll.⁶⁹ Unless the school or district includes this notice in its annual notification of FERPA rights or the parent or eligible student initiates the transfer of records, the school or district otherwise would be required to make a reasonable effort to notify the parent or eligible student of the disclosure at the last known address of the parent or eligible student.⁷⁰ (See the model notification of rights: <https://studentprivacy.ed.gov/resources/ferpa-model-notification-rights-elementary-secondary-schools>)

Juvenile Justice System

Q.35. Does FERPA permit the disclosure of PII from education records to officials of a State's juvenile justice system?

Yes, under certain conditions. FERPA permits schools to non-consensually disclose education records and the PII contained therein to State and local officials or other authorities if the disclosure is specifically: (1) allowed to be reported or disclosed by a State law adopted prior to November 19, 1974, if the allowed reporting concerns the juvenile justice system and the system's ability to effectively serve the student whose records are released; or (2) allowed to be reported or disclosed by a State law adopted after November 19, 1974, if the disclosure concerns the juvenile justice system and its ability to serve, prior to adjudication, the student whose records are disclosed and the officials and authorities to whom the records are disclosed certify in writing to the school or district that the information will not be provided to any other party, without written consent, except as provided for under State law.⁷¹

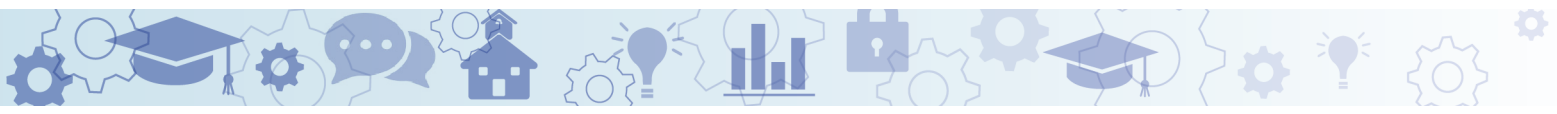
⁶⁷ 34 CFR § 99.31(a)(2)), 34 CFR § 99.34

⁶⁸ 20 U.S.C. § 7917(b)

⁶⁹ 34 CFR §§ 99.7, 99.31(a)(2), and 99.34(a)(1)(ii)

⁷⁰ 34 CFR § 99.34(a)(1)

⁷¹ 34 CFR §§ 99.31(a)(5) and 99.38



Release of Information Not Considered Education Records

Personal Knowledge and Observation

Q.36. Does FERPA permit school officials to release information that they personally observed or of which they have personal knowledge?

Because FERPA applies to the disclosure of education records and of PII from education records that are maintained by the school, FERPA does not prohibit a school official from releasing information about a student that was obtained through the school official's personal knowledge or observation, rather than from the student's education records.

Q.37. Are there any limitations to sharing information based on personal knowledge or observations?

The general rule regarding personal knowledge and observations does not apply where a school official learns of information about a student through his or her official role in making a determination about the student and the determination is maintained in an education record. For example, under FERPA, neither a principal nor any other school official who took official action to suspend a student may disclose information learned in that process, absent appropriate consent or an exception to consent under 34 CFR § 99.31 that permits the disclosure. However, the principal or other school official could disclose information about the student's behavior that they personally observed.



Resources

- U.S. Department of Education, Student Privacy Policy Office (formerly called the Family Policy Compliance Office): <https://studentprivacy.ed.gov>
- U.S. Department of Education, Privacy Technical Assistance Center: <https://studentprivacy.ed.gov>
- Family Educational Rights and Privacy Act Regulations: <https://studentprivacy.ed.gov/ferpa-regulations>
- Federal regulations resources web page at the U.S. Department of Education: <https://www.ed.gov/policy/gen/reg/edpicks.jhtml>
- U.S. Department of Education (2013): Guide for Developing High-Quality School Emergency Operations Plans, available at: http://rems.ed.gov/docs/REMS_K-12_Guide_508.pdf
- U.S. Department of Education, Family Policy Compliance Office (2011): Addressing Emergencies on Campus, available at: <https://studentprivacy.ed.gov/resources/addressing-emergencies-campus>
- U.S. Department of Education, Privacy Technical Assistance Center (2014): FERPA Exceptions Summary, available at <https://studentprivacy.ed.gov/resources/ferpa-exceptions-summary-large-format-11-x-17>
- U.S. Department of Education, Privacy Technical Assistance Center, FAQs on Photos and Videos under FERPA, available at: <https://studentprivacy.ed.gov/faq/faqs-photos-and-videos-under-ferpa>
- U.S. Department of Education, Family Policy Compliance Office (2017): Model Notification of Rights under FERPA for Elementary and Secondary Schools, available at: <https://studentprivacy.ed.gov/node/490>
- Final Report of the Federal Commission on School Safety (2018), Chapter 13, "Training School Personnel to Help Ensure Student Safety," available at: <https://www2.ed.gov/documents/school-safety/school-safety-report.pdf>
- United States Secret Service and U.S. Department of Education, (2004): Threat Assessment in Schools: A Guide to Managing Threatening Situations and to Creating Safe School Climates, available at: <http://www.ed.gov/admins/lead/safety/edpicks.jhtml>

LEGAL CONSIDERATIONS:
**THE APPLICATION OF
FERPA AND HIPAA
TO STUDENT HEALTH
RECORDS**





U.S. Department of Health
and Human Services



U.S. Department of Education

**Joint Guidance on the Application of the
Family Educational Rights and Privacy Act (FERPA)
And the *Health Insurance Portability and
Accountability Act of 1996 (HIPAA)*
To Student Health Records**

November 2008

Contents

| | | |
|-------------|--|----|
| I. | Introduction | 1 |
| II. | Overview of FERPA | 1 |
| III. | Overview of HIPAA | 2 |
| IV. | Where FERPA and HIPAA May Intersect | 3 |
| V. | Frequently Asked Questions and Answers | 3 |
| | 1. Does the HIPAA Privacy Rule apply to an elementary or secondary school? | |
| | 2. How does FERPA apply to health records on students maintained by elementary or secondary schools? | |
| | 3. Does FERPA or HIPAA apply to elementary or secondary school student health records maintained by a health care provider that is not employed by a school? | |
| | 4. Are there circumstances in which the HIPAA Privacy Rule might apply to an elementary or secondary school? | |
| | 5. Where the HIPAA Privacy Rule applies, does it allow a health care provider to disclose protected health information (PHI) about a troubled teen to the parents of the teen? | |
| | 6. Where the HIPAA Privacy Rule applies, does it allow a health care provider to disclose protected health information (PHI) about a student to a school nurse or physician? | |
| | 7. Does FERPA or HIPAA apply to records on students at health clinics run by postsecondary institutions? | |
| | 8. Under FERPA, may an eligible student inspect and review his or her “treatment records”? | |
| | 9. Under FERPA, may an eligible student’s treatment records be shared with parties other than treating professionals? | |
| | 10. Under what circumstances does FERPA permit an eligible student’s treatment records to be disclosed to a third-party health care provider for treatment? | |
| | 11. Are all student records maintained by a health clinic run by a postsecondary institution considered “treatment records” under FERPA? | |
| | 12. Does FERPA or HIPAA apply to records on students who are patients at a university hospital? | |
| | 13. Where the HIPAA Privacy Rule applies, does it permit a health care provider to disclose protected health information (PHI) about a patient to law enforcement, family members, or others if the provider believes the patient presents a serious danger to self or others? | |
| | 14. Does FERPA permit a postsecondary institution to disclose a student’s treatment records or education records to law enforcement, the student’s parents, or others if the institution believes the student presents a serious danger to self or others? | |
| | 15. Are the health records of an individual who is both a student and an employee of a university at which the person receives health care subject to the privacy provisions of FERPA or those of HIPAA? | |
| | 16. Can a postsecondary institution be a “hybrid entity” under the HIPAA Privacy Rule? | |
| VI. | Conclusion | 11 |

I. Introduction

The purpose of this guidance is to explain the relationship between the *Family Educational Rights and Privacy Act (FERPA)* and the *Health Insurance Portability and Accountability Act of 1996 (HIPAA)* Privacy Rule, and to address apparent confusion on the part of school administrators, health care professionals, and others as to how these two laws apply to records maintained on students. It also addresses certain disclosures that are allowed without consent or authorization under both laws, especially those related to health and safety emergency situations. While this guidance seeks to answer many questions that school officials and others have had about the intersection of these federal laws, ongoing discussions may cause more issues to emerge. Contact information for submitting additional questions or suggestions for purposes of informing future guidance is provided at the end of this document. The Departments of Education and Health and Human Services are committed to a continuing dialogue with school officials and other professionals on these important matters affecting the safety and security of our nation's schools.

II. Overview of FERPA

FERPA is a Federal law that protects the privacy of students' "education records." (See 20 U.S.C. § 1232g; 34 CFR Part 99). *FERPA* applies to educational agencies and institutions that receive funds under any program administered by the U.S. Department of Education. This includes virtually all public schools and school districts and most private and public postsecondary institutions, including medical and other professional schools. If an educational agency or institution receives funds under one or more of these programs, *FERPA* applies to the recipient as a whole, including each of its components, such as a department within a university. See 34 CFR § 99.1(d).

Private and religious schools at the elementary and secondary level generally do not receive funds from the Department of Education and are, therefore, not subject to *FERPA*. Note that a private school is not made subject to *FERPA* just because its students and teachers receive services from a local school district or State educational agency that receives funds from the Department. The school itself must receive funds from a program administered by the Department to be subject to *FERPA*. For example, if a school district places a student with a disability in a private school that is acting on behalf of the school district with regard to providing services to that student, the records of that student are subject to *FERPA*, but not the records of the other students in the private school. In such cases, the school district remains responsible for complying with *FERPA* with respect to the education records of the student placed at the private school.

An educational agency or institution subject to *FERPA* may not have a policy or practice of disclosing the education records of students, or personally identifiable information from education records, without a parent or eligible student's written consent. See 34 CFR § 99.30. *FERPA* contains several exceptions to this general consent rule. See 34 CFR § 99.31. An "eligible student" is a student who is at least 18 years of age or who attends a postsecondary institution at any age. See 34 CFR §§ 99.3 and 99.5(a). Under *FERPA*, parents and eligible students have the right to inspect and review the student's education records and to seek to have them amended in certain circumstances. See 34 CFR §§ 99.10 – 99.12 and §§ 99.20 – 99.22.

The term "education records" is broadly defined to mean those records that are: (1) directly related to a student, and (2) maintained by an educational agency or institution or by a party acting for the

agency or institution. See 34 *CFR* § 99.3. At the elementary or secondary level, a student’s health records, including immunization records, maintained by an educational agency or institution subject to *FERPA*, as well as records maintained by a school nurse, are “education records” subject to *FERPA*. In addition, records that schools maintain on special education students, including records on services provided to students under the *Individuals with Disabilities Education Act (IDEA)*, are “education records” under *FERPA*. This is because these records are (1) directly related to a student, (2) maintained by the school or a party acting for the school, and (3) not excluded from the definition of “education records.”

At postsecondary institutions, medical and psychological treatment records of eligible students are excluded from the definition of “education records” if they are made, maintained, and used only in connection with treatment of the student and disclosed only to individuals providing the treatment. See 34 *CFR* § 99.3 “Education records.” These records are commonly called “treatment records.” An eligible student’s treatment records may be disclosed for purposes other than the student’s treatment, provided the records are disclosed under one of the exceptions to written consent under 34 *CFR* § 99.31(a) or with the student’s written consent under 34 *CFR* § 99.30. If a school discloses an eligible student’s treatment records for purposes other than treatment, the records are no longer excluded from the definition of “education records” and are subject to all other *FERPA* requirements.

The *FERPA* regulations and other helpful information can be found at:
<http://www.ed.gov/policy/gen/guid/fpco/index.html>.

III. Overview of *HIPAA*

Congress enacted *HIPAA* in 1996 to, among other things, improve the efficiency and effectiveness of the health care system through the establishment of national standards and requirements for electronic health care transactions and to protect the privacy and security of individually identifiable health information. Collectively, these are known as *HIPAA*’s Administrative Simplification provisions, and the U.S. Department of Health and Human Services has issued a suite of rules, including a privacy rule, to implement these provisions. Entities subject to the *HIPAA* Administrative Simplification Rules (see 45 *CFR* Parts 160, 162, and 164), known as “covered entities,” are health plans, health care clearinghouses, and health care providers that transmit health information in electronic form in connection with covered transactions. See 45 *CFR* § 160.103. “Health care providers” include institutional providers of health or medical services, such as hospitals, as well as non-institutional providers, such as physicians, dentists, and other practitioners, along with any other person or organization that furnishes, bills, or is paid for health care in the normal course of business. Covered transactions are those for which the U.S. Department of Health and Human Services has adopted a standard, such as health care claims submitted to a health plan. See 45 *CFR* § 160.103 (definitions of “health care provider” and “transaction”) and 45 *CFR* Part 162, Subparts K–R.

The *HIPAA* Privacy Rule requires covered entities to protect individuals’ health records and other identifiable health information by requiring appropriate safeguards to protect privacy, and setting limits and conditions on the uses and disclosures that may be made of such information without patient authorization. The rule also gives patients rights over their health information, including rights to examine and obtain a copy of their health records, and to request corrections.

IV. Where *FERPA* and *HIPAA* May Intersect

When a school provides health care to students in the normal course of business, such as through its health clinic, it is also a “health care provider” as defined by *HIPAA*. If a school also conducts any covered transactions electronically in connection with that health care, it is then a covered entity under *HIPAA*. As a covered entity, the school must comply with the *HIPAA* Administrative Simplification Rules for Transactions and Code Sets and Identifiers with respect to its transactions. However, many schools, even those that are *HIPAA* covered entities, are not required to comply with the *HIPAA* Privacy Rule because the only health records maintained by the school are “education records” or “treatment records” of eligible students under *FERPA*, both of which are excluded from coverage under the *HIPAA* Privacy Rule. See the exception at paragraph (2)(i) and (2)(ii) to what is considered “protected health information” (PHI) at 45 *CFR* § 160.103. In addition, the exception for records covered by *FERPA* applies both to the *HIPAA* Privacy Rule, as well as to the *HIPAA* Security Rule, because the Security Rule applies to a subset of information covered by the Privacy Rule (i.e., electronic PHI). Information on the *HIPAA* Privacy Rule is available at: <http://www.hhs.gov/ocr/hipaa/>. Information on the other *HIPAA* Administrative Simplification Rules is available at: <http://www.cms.hhs.gov/HIPAAGenInfo/>.

V. Frequently Asked Questions and Answers

1. Does the *HIPAA* Privacy Rule apply to an elementary or secondary school?

Generally, no. In most cases, the *HIPAA* Privacy Rule does not apply to an elementary or secondary school because the school either: (1) is not a *HIPAA* covered entity or (2) is a *HIPAA* covered entity but maintains health information only on students in records that are by definition “education records” under *FERPA* and, therefore, is not subject to the *HIPAA* Privacy Rule.

- *The school is not a HIPAA covered entity.* The *HIPAA* Privacy Rule only applies to health plans, health care clearinghouses, and those health care providers that transmit health information electronically in connection with certain administrative and financial transactions (“covered transactions”). See 45 *CFR* § 160.102. Covered transactions are those for which the U.S. Department of Health and Human Services has adopted a standard, such as health care claims submitted to a health plan. See the definition of “transaction” at 45 *CFR* § 160.103 and 45 *CFR* Part 162, Subparts K–R. Thus, even though a school employs school nurses, physicians, psychologists, or other health care providers, the school is not generally a *HIPAA* covered entity because the providers do not engage in any of the covered transactions, such as billing a health plan electronically for their services. It is expected that most elementary and secondary schools fall into this category.
- *The school is a HIPAA covered entity but does not have “protected health information.”* Where a school does employ a health care provider that conducts one or more covered transactions electronically, such as electronically transmitting health care claims to a health plan for payment, the school is a *HIPAA* covered entity and must comply with the *HIPAA* Transactions and Code Sets and Identifier Rules with respect to such transactions. However, even in this case, many schools would not be required to comply with the *HIPAA* Privacy Rule because the school maintains health information only in student health records that are “education records” under *FERPA* and, thus, not “protected health information” under

HIPAA. Because student health information in education records is protected by *FERPA*, the *HIPAA* Privacy Rule excludes such information from its coverage. See the exception at paragraph (2)(i) to the definition of “protected health information” in the *HIPAA* Privacy Rule at 45 *CFR* § 160.103. For example, if a public high school employs a health care provider that bills Medicaid electronically for services provided to a student under the *IDEA*, the school is a *HIPAA* covered entity and would be subject to the *HIPAA* requirements concerning transactions. However, if the school’s provider maintains health information only in what are education records under *FERPA*, the school is not required to comply with the *HIPAA* Privacy Rule. Rather, the school would have to comply with *FERPA*’s privacy requirements with respect to its education records, including the requirement to obtain parental consent (34 *CFR* § 99.30) in order to disclose to Medicaid billing information about a service provided to a student.

2. How does *FERPA* apply to health records on students maintained by elementary or secondary schools?

At the elementary or secondary school level, students’ immunization and other health records that are maintained by a school district or individual school, including a school-operated health clinic, that receives funds under any program administered by the U.S. Department of Education are “education records” subject to *FERPA*, including health and medical records maintained by a school nurse who is employed by or under contract with a school or school district. Some schools may receive a grant from a foundation or government agency to hire a nurse. Notwithstanding the source of the funding, if the nurse is hired as a school official (or contractor), the records maintained by the nurse or clinic are “education records” subject to *FERPA*.

Parents have a right under *FERPA* to inspect and review these health and medical records because they are “education records” under *FERPA*. See 34 *CFR* §§ 99.10 – 99.12. In addition, these records may not be shared with third parties without written parental consent unless the disclosure meets one of the exceptions to *FERPA*’s general consent requirement. For instance, one of these exceptions allows schools to disclose a student’s health and medical information and other “education records” to teachers and other school officials, without written consent, if these school officials have “legitimate educational interests” in accordance with school policy. See 34 *CFR* § 99.31(a)(1). Another exception permits the disclosure of education records, without consent, to appropriate parties in connection with an emergency, if knowledge of the information is necessary to protect the health or safety of the student or other individuals. See 34 *CFR* §§ 99.31(a)(10) and 99.36.

3. Does *FERPA* or *HIPAA* apply to elementary or secondary school student health records maintained by a health care provider that is not employed by a school?

If a person or entity acting on behalf of a school subject to *FERPA*, such as a school nurse that provides services to students under contract with or otherwise under the direct control of the school, maintains student health records, these records are education records under *FERPA*, just as they would be if the school maintained the records directly. This is the case regardless of whether the health care is provided to students on school grounds or off-site. As education records, the information is protected under *FERPA* and not *HIPAA*.

Some outside parties provide services directly to students and are not employed by, under contract to, or otherwise acting on behalf of the school. In these circumstances, these records are not “education records” subject to *FERPA*, even if the services are provided on school grounds, because the party creating and maintaining the records is not acting on behalf of the school. For example, the records created by a public health nurse who provides immunization or other health services to students on school grounds or otherwise in connection with school activities but who is not acting on behalf of the school would not be “education records” under *FERPA*. In such situations, a school that wishes to disclose to this outside party health care provider any personally identifiable information from education records would have to comply with *FERPA* and obtain parental consent. See 34 *CFR* § 99.30.

With respect to *HIPAA*, even where student health records maintained by a health care provider are not education records protected by *FERPA*, the *HIPAA* Privacy Rule would apply to such records only if the provider conducts one or more of the *HIPAA* transactions electronically, e.g., billing a health plan electronically for his or her services, making the provider a *HIPAA* covered entity.

4. Are there circumstances in which the *HIPAA* Privacy Rule might apply to an elementary or secondary school?

There are some circumstances in which an elementary or secondary school would be subject to the *HIPAA* Privacy Rule, such as where the school is a *HIPAA* covered entity and is not subject to *FERPA*. As explained previously, most private schools at the elementary and secondary school levels typically do not receive funding from the U.S. Department of Education and, therefore, are not subject to *FERPA*.

A school that is not subject to *FERPA* and is a *HIPAA* covered entity must comply with the *HIPAA* Privacy Rule with respect to any individually identifiable health information it has about students and others to whom it provides health care. For example, if a private elementary school that is not subject to *FERPA* employs a physician who bills a health plan electronically for the care provided to students (making the school a *HIPAA* covered entity), the school is required to comply with the *HIPAA* Privacy Rule with respect to the individually identifiable health information of its patients. The only exception would be where the school, despite not being subject to *FERPA*, has education records on one or more students to whom it provides services on behalf of a school or school district that is subject to *FERPA*. In this exceptional case, the education records of only those publicly-placed students held by the private school would be subject to *FERPA*, while the remaining student health records would be subject to the *HIPAA* Privacy Rule.

5. Where the *HIPAA* Privacy Rule applies, does it allow a health care provider to disclose protected health information (PHI) about a troubled teen to the parents of the teen?

In most cases, yes. If the teen is a minor, the *HIPAA* Privacy Rule generally allows a covered entity to disclose PHI about the child to the child’s parent, as the minor child’s personal representative, when the disclosure is not inconsistent with state or other law. For more detailed information, see 45 *CFR* § 164.502(g) and the fact sheet regarding personal representatives at: <http://www.hhs.gov/ocr/hipaa/guidelines/personalrepresentatives.pdf>. In some cases, such as when a minor may receive treatment without a parent’s consent under applicable law, the parents are not treated as the minor’s personal representative. See 45 *CFR* § 164.502(g)(3). In such cases where

the parent is not the personal representative of the teen, other *HIPAA* Privacy Rule provisions may allow the disclosure of PHI about the teen to the parent. For example, if a provider believes the teen presents a serious danger to self or others, the *HIPAA* Privacy Rule permits a covered entity to disclose PHI to a parent or other person(s) if the covered entity has a good faith belief that: (1) the disclosure is necessary to prevent or lessen the threat and (2) the parent or other person(s) is reasonably able to prevent or lessen the threat. The disclosure also must be consistent with applicable law and standards of ethical conduct. See 45 *CFR* § 164.512(j)(1)(i).

In addition, the Privacy Rule permits covered entities to share information that is directly relevant to the involvement of a family member in the patient's health care or payment for care if, when given the opportunity, the patient does not object to the disclosure. Even when the patient is not present or it is impracticable, because of emergency circumstances or the patient's incapacity, for the covered entity to ask the patient about discussing his or her care or payment with a family member, a covered entity may share this information with the family member when, in exercising professional judgment, it determines that doing so would be in the best interest of the patient. See 45 *CFR* § 164.510(b).

6. Where the *HIPAA* Privacy Rule applies, does it allow a health care provider to disclose protected health information (PHI) about a student to a school nurse or physician?

Yes. The *HIPAA* Privacy Rule allows covered health care providers to disclose PHI about students to school nurses, physicians, or other health care providers for treatment purposes, without the authorization of the student or student's parent. For example, a student's primary care physician may discuss the student's medication and other health care needs with a school nurse who will administer the student's medication and provide care to the student while the student is at school.

7. Does *FERPA* or *HIPAA* apply to records on students at health clinics run by postsecondary institutions?

FERPA applies to most public and private postsecondary institutions and, thus, to the records on students at the campus health clinics of such institutions. These records will be either education records or treatment records under *FERPA*, both of which are excluded from coverage under the *HIPAA* Privacy Rule, even if the school is a *HIPAA* covered entity. See the exceptions at paragraphs (2)(i) and (2)(ii) to the definition of "protected health information" at 45 *CFR* § 160.103.

The term "education records" is broadly defined under *FERPA* to mean those records that are: (1) directly related to a student and (2) maintained by an educational agency or institution or by a party acting for the agency or institution. See 34 *CFR* § 99.3, "Education records."

"Treatment records" under *FERPA*, as they are commonly called, are:

records on a student who is eighteen years of age or older, or is attending an institution of postsecondary education, which are made or maintained by a physician, psychiatrist, psychologist, or other recognized professional or paraprofessional acting in his professional or paraprofessional capacity, or assisting in that capacity, and which are made, maintained, or used only in connection with the provision of treatment to the student, and are not available to anyone other than persons providing such treatment, except that such records

can be personally reviewed by a physician or other appropriate professional of the student's choice.

See 20 *U.S.C.* § 1232g(a)(4)(B)(iv); 34 *CFR* § 99.3, "Education records." For example, treatment records would include health or medical records that a university psychologist maintains only in connection with the provision of treatment to an eligible student, and health or medical records that the campus health center or clinic maintains only in connection with the provision of treatment to an eligible student. (Treatment records also would include health or medical records on an eligible student in high school if the records otherwise meet the above definition.)

"Treatment records" are excluded from the definition of "education records" under *FERPA*. However, it is important to note, that a school may disclose an eligible student's treatment records for purposes other than the student's treatment provided that the records are disclosed under one of the exceptions to written consent under 34 *CFR* § 99.31(a) or with the student's written consent under 34 *CFR* § 99.30. If a school discloses an eligible student's treatment records for purposes other than treatment, the treatment records are no longer excluded from the definition of "education records" and are subject to all other *FERPA* requirements, including the right of the eligible student to inspect and review the records.

While the health records of students at postsecondary institutions may be subject to *FERPA*, if the institution is a *HIPAA* covered entity and provides health care to *nonstudents*, the individually identifiable health information of the clinic's *nonstudent* patients is subject to the *HIPAA* Privacy Rule. Thus, for example, postsecondary institutions that are subject to both *HIPAA* and *FERPA* and that operate clinics open to staff, or the public, or both (including family members of students) are required to comply with *FERPA* with respect to the health records of their student patients, and with the *HIPAA* Privacy Rule with respect to the health records of their *nonstudent* patients.

8. Under *FERPA*, may an eligible student inspect and review his or her "treatment records"?

Under *FERPA*, treatment records, by definition, are not available to anyone other than professionals providing treatment to the student, or to physicians or other appropriate professionals of the student's choice. However, this does not prevent an educational institution from allowing a student to inspect and review such records. If the institution chooses to do so, though, such records are no longer excluded from the definition of "education records" and are subject to all other *FERPA* requirements.

9. Under *FERPA*, may an eligible student's treatment records be shared with parties other than treating professionals?

As explained previously, treatment records, by definition, are not available to anyone other than professionals providing treatment to the student, or to physicians or other appropriate professionals of the student's choice. However, this does not prevent an educational institution from using or disclosing these records for other purposes or with other parties. If the institution chooses to do so, a disclosure may be made to any party with a prior written consent from the eligible student (see 34 *CFR* § 99.30) or under any of the disclosures permitted without consent in 34 *CFR* § 99.31 of *FERPA*.

For example, a university physician treating an eligible student might determine that treatment records should be disclosed to the student's parents. This disclosure may be made if the eligible student is claimed as a dependent for federal income tax purposes (see 34 *CFR* § 99.31(a)(8)). If the eligible student is not claimed as a dependent, the disclosure may be made to parents, as well as other appropriate parties, if the disclosure is in connection with a health or safety emergency. See 34 *CFR* §§ 99.31(a)(10) and 99.36. Once the records are disclosed under one of the exceptions to *FERPA*'s general consent requirement, the treatment records are no longer excluded from the definition of "education records" and are subject to all other *FERPA* requirements as "education records" under *FERPA*.

10. Under what circumstances does *FERPA* permit an eligible student's treatment records to be disclosed to a third-party health care provider for treatment?

An eligible student's treatment records may be shared with health care professionals who are providing treatment to the student, including health care professionals who are not part of or not acting on behalf of the educational institution (i.e., third-party health care provider), as long as the information is being disclosed only for the purpose of providing treatment to the student. In addition, an eligible student's treatment records may be disclosed to a third-party health care provider when the student has requested that his or her records be "reviewed by a physician or other appropriate professional of the student's choice." See 20 *U.S.C.* § 1232g(a)(4)(B)(iv). In either of these situations, if the treatment records are disclosed to a third-party health care provider that is a *HIPAA* covered entity, the records would become subject to the *HIPAA* Privacy Rule. The records at the educational institution continue to be treatment records under *FERPA*, so long as the records are only disclosed by the institution for treatment purposes to a health care provider or to the student's physician or other appropriate professional requested by the student.

If the disclosure is for purposes other than treatment, an eligible student's treatment record only may be disclosed to a third party as an "education record," that is, with the prior written consent of the eligible student or if one of the exceptions to *FERPA*'s general consent requirement is met. See 34 *CFR* § 99.31. For example, if a university is served with a court order requiring the disclosure of the mental health records of a student maintained as treatment records at the campus clinic, the university may disclose the records to comply with the court order in accordance with the provisions of § 99.31(a)(9) of the *FERPA* regulations. However, the mental health records that the university disclosed for non-treatment purposes are no longer excluded from the definition of "education records" and are subject to all other *FERPA* requirements as "education records" under *FERPA*.

11. Are all student records maintained by a health clinic run by a postsecondary institution considered "treatment records" under *FERPA*?

Not all records on eligible students that are maintained by a college- or university-run health clinic are treatment records under *FERPA* because many such records are not made, maintained, or used only in connection with the treatment of a student. For example, billing records that a college- or university-run health clinic maintains on a student are "education records" under *FERPA*, the disclosure of which would require prior written consent from the eligible student unless an exception applies. See 34 *CFR* § 99.30. In addition, records relating to treatment that are shared with persons other than professionals providing treatment to the student are "education records" under *FERPA*. Thus, to the extent a health clinic has shared a student's treatment information with

persons and for purposes other than for treatment, such information is an “education record,” not a treatment record under *FERPA*.

12. Does *FERPA* or *HIPAA* apply to records on students who are patients at a university hospital?

Patient records maintained by a hospital affiliated with a university that is subject to *FERPA* are not typically “education records” or “treatment records” under *FERPA* because university hospitals generally do not provide health care services to students on behalf of the educational institution. Rather, these hospitals provide such services without regard to the person’s status as a student and not on behalf of a university. Thus, assuming the hospital is a *HIPAA* covered entity, these records are subject to all of the *HIPAA* rules, including the *HIPAA* Privacy Rule. However, in a situation where a hospital does run the student health clinic on behalf of a university, the clinic records on students would be subject to *FERPA*, either as “education records” or “treatment records,” and not subject to the *HIPAA* Privacy Rule.

13. Where the *HIPAA* Privacy Rule applies, does it permit a health care provider to disclose protected health information (PHI) about a patient to law enforcement, family members, or others if the provider believes the patient presents a serious danger to self or others?

The *HIPAA* Privacy Rule permits a covered entity to disclose PHI, including psychotherapy notes, when the covered entity has a good faith belief that the disclosure: (1) is necessary to prevent or lessen a serious and imminent threat to the health or safety of the patient or others and (2) is to a person(s) reasonably able to prevent or lessen the threat. This may include, depending on the circumstances, disclosure to law enforcement, family members, the target of the threat, or others who the covered entity has a good faith belief can mitigate the threat. The disclosure also must be consistent with applicable law and standards of ethical conduct. See 45 *CFR* § 164.512(j)(1)(i). For example, consistent with other law and ethical standards, a mental health provider whose teenage patient has made a credible threat to inflict serious and imminent bodily harm on one or more fellow students may alert law enforcement, a parent or other family member, school administrators or campus police, or others the provider believes may be able to prevent or lessen the chance of harm. In such cases, the covered entity is presumed to have acted in good faith where its belief is based upon the covered entity’s actual knowledge (i.e., based on the covered entity’s own interaction with the patient) or in reliance on a credible representation by a person with apparent knowledge or authority (i.e., based on a credible report from a family member or other person). See 45 *CFR* § 164.512(j)(4).

For threats or concerns that do not rise to the level of “serious and imminent,” other *HIPAA* Privacy Rule provisions may apply to permit the disclosure of PHI. For example, covered entities generally may disclose PHI about a minor child to the minor’s personal representative (e.g., a parent or legal guardian), consistent with state or other laws. See 45 *CFR* § 164.502(b).

14. Does *FERPA* permit a postsecondary institution to disclose a student’s treatment records or education records to law enforcement, the student’s parents, or others if the institution believes the student presents a serious danger to self or others?

An eligible student's education records and treatment records (which are considered education records if used or made available for any purpose other than the eligible student's treatment) may be disclosed, without consent, if the disclosure meets one of the exceptions to *FERPA*'s general consent rule. See 34 *CFR* § 99.31. One of the permitted disclosures is to appropriate parties, which may include law enforcement or parents of a student, in connection with an emergency if knowledge of the information is necessary to protect the health or safety of the student or other individuals. See 34 *CFR* §§ 99.31(a)(10) and 99.36.

There are other exceptions that apply to disclosing information to parents of eligible students that are discussed on the "Safe Schools & FERPA" Web page, as well as other information that should be helpful to school officials, at:

<http://www.ed.gov/policy/gen/guid/fpco/ferpa/safeschools/index.html/>.

15. Are the health records of an individual who is both a student and an employee of a university at which the person receives health care subject to the privacy provisions of *FERPA* or those of *HIPAA*?

The individual's health records would be considered "education records" protected under *FERPA* and, thus, excluded from coverage under the *HIPAA* Privacy Rule. *FERPA* defines "education records" as records that are directly related to a student and maintained by an educational agency or institution or by a party acting for the agency or institution. 34 *CFR* § 99.3 ("education records"). While *FERPA* excludes from this definition certain records relating to employees of the educational institution, to fall within this exclusion, such records must, among other things, relate exclusively to the individual in his or her capacity as an employee, such as records that were created in connection with health services that are available only to employees. Thus, the health or medical records that are maintained by a university as part of its provision of health care to a student who is also an employee of a university are covered by *FERPA* and not the *HIPAA* Privacy Rule.

16. Can a postsecondary institution be a "hybrid entity" under the *HIPAA* Privacy Rule?

Yes. A postsecondary institution that is a *HIPAA* covered entity may have health information to which the Privacy Rule may apply not only in the health records of nonstudents in the health clinic, but also in records maintained by other components of the institution that are not education records or treatment records under *FERPA*, such as in a law enforcement unit or research department. In such cases, the institution, as a *HIPAA* covered entity, has the option of becoming a "hybrid entity" and, thus, having the *HIPAA* Privacy Rule apply only to its health care unit. The school can achieve hybrid entity status by designating the health unit as its "health care component." As a hybrid entity, any individually identifiable health information maintained by other components of the university (i.e., outside of the health care component), such as a law enforcement unit, or a research department, would not be subject to the *HIPAA* Privacy Rule, notwithstanding that these components of the institution might maintain records that are not "education records" or treatment records under *FERPA*.

To become a hybrid entity, the covered entity must designate and include in its health care component all components that would meet the definition of a covered entity if those components were separate legal entities. (A covered entity may have more than one health care component.) However, the hybrid entity is not permitted to include in its health care component other types of components that do not perform the covered functions of the covered entity or components that do

not perform support activities for the components performing covered functions. That is, components that do not perform health plan, health care provider, or health care clearinghouse functions and components that do not perform activities in support of these functions (as would a business associate of a separate legal entity) may not be included in a health care component. Within the hybrid entity, most of the *HIPAA* Privacy Rule requirements apply only to the health care component, although the hybrid entity retains certain oversight, compliance, and enforcement obligations. See 45 *CFR* § 164.105 of the Privacy Rule for more information.

VI. Conclusion

The *HIPAA* Privacy Rule specifically excludes from its coverage those records that are protected by *FERPA*. When making determinations as to whether personally identifiable information from student health records maintained by the educational agency or institution may be disclosed, school officials at institutions subject to *FERPA* should refer to *FERPA* and its requirements. While the educational agency or institution has the responsibility to make the initial, case-by-case determination of whether a disclosure meets the requirements of *FERPA*, the Department of Education's Family Policy Compliance Office is available to offer technical assistance to school officials in making such determinations.

For quick, informal responses to routine questions about *FERPA*, school officials may e-mail the Department at FERPA@ed.gov. For more formal technical assistance on the information provided in this guidance in particular or *FERPA* in general, please contact the Family Policy Compliance Office at the following address:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Ave. S.W.
Washington, D.C. 20202-8520

You may also find additional information and guidance on the Department's Web site at: <http://www.ed.gov/policy/gen/guid/fpc/index.html>.

For more information on the *HIPAA* Privacy Rule, please visit the Department of Health and Human Services' *HIPAA* Privacy Rule Web site at: <http://www.hhs.gov/ocr/hipaa/>. The Web site offers a wide range of helpful information about the *HIPAA* Privacy Rule, including the full text of the Privacy Rule, a *HIPAA* Privacy Rule summary, over 200 frequently asked questions, and both consumer and covered entity fact sheets.

In addition, if you would like to submit additional questions not covered by this guidance document or suggestions for purposes of informing future guidance, please send an e-mail to OCRPrivacy@hhs.gov and FERPA@ed.gov.

**ADDITIONAL RESOURCES
TO EXPLORE
PUBLICATIONS, RESEARCH &
REPORTS**



2018 Federal Commission on School Safety

- Final Report of The Federal Commission on School Safety, 12/18/2018 (US DOE, USSS, US DHHS, US DOJ)
<https://www2.ed.gov/documents/school-safety/school-safety-report.pdf>

Georgetown University

- Diversion Program Research & Publications: Center for Juvenile Justice Reform – Georgetown University
<https://cjjr.georgetown.edu/>

National Center for Healthy Safe Children

<https://healthysafechildren.org/>

- Safe Schools Healthy Students
- Project LAUNCH

SAVRY™ - Structured Assessment of Violence Risk in Youth™

- The SAVRY is composed of 24 items in three risk domains (Historical Risk Factors, Social/Contextual Risk Factors, and Individual/Clinical Factors), drawn from existing research and the professional literature on adolescent development as well as on violence and aggression in youth.

<https://www.parinc.com/Products/Pkey/390>

United Educators

<https://www.ue.org/risk-management/>

- Implementing a Student Threat Assessment Process
- Crisis Response Tabletop Exercises
- Youth Athletics Learning Program
- Risk Management Services and Resources Catalog

United States Secret Service

NTAC-National Threat Assessment Center

- The Final Report And Findings Of The Safe School Initiative: Implications For The Prevention Of School Attacks In The United States; United States Secret Service And

United States Department Of Education; May 2002;

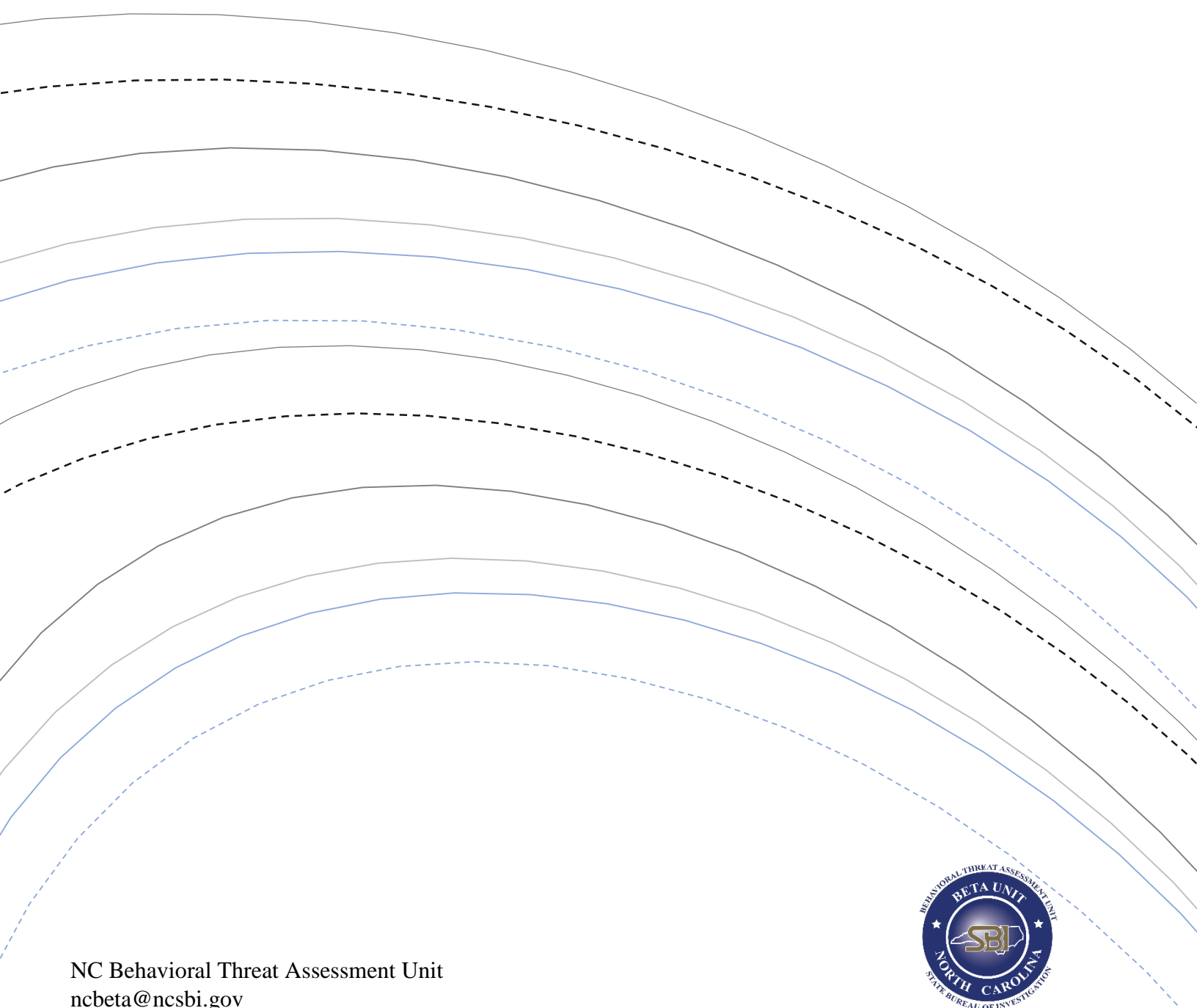
https://www.secretservice.gov/data/protection/ntac/ssi_final_report.pdf

- Threat Assessment In Schools: A Guide To Managing Threatening Situations And To Creating Safe School Climates; United States Secret Service And United States Department Of Education; May 2002;
https://www.secretservice.gov/data/protection/ntac/ssi_guide.pdf
- Evaluating Risk For Targeted Violence In Schools: Comparing Risk Assessment, Threat Assessment, And Other Approaches; United States Secret Service, University Of South Florida And United States Department Of Education; January 2001;
<https://www.secretservice.gov/data/protection/ntac/ssitarget.pdf>
- Making Schools Safer: Quick Reference Guide, United States Secret Service; February 2018;
https://www.secretservice.gov/data/protection/ntac/Making_Schools_Safer_Quick_Reference_Guide_2018_Update.pdf

Virginia Department of Criminal Justice Services

- Threat Assessment in Virginia Public Schools: Model Policies, Procedures, and Guidelines; Second Edition (2016)

<https://www.dcjs.virginia.gov/sites/dcjs.virginia.gov/files/publications/law-enforcement/threat-assessment-model-policies-procedures-and-guidelinespdf.pdf>



NC Behavioral Threat Assessment Unit
ncbeta@ncsbi.gov
888-624-7222



Connecting. The. Dots.