

# Youth, Safety, and Violence: Schools, Communities, and Mental Health

POLICY BRIEF • FEBRUARY 2013

## *Foreword*

by Daniel F. Wilhelm, Vice President & Chief Program Officer

The unspeakable tragedy in Newtown, Connecticut; the mid-afternoon murder of 15-year-old Hadiya Pendleton—who had recently performed as a majorette at President Obama’s inauguration—in a Chicago park; and other such horrifying losses of innocent youth, have prompted an urgent national conversation about violence against children. Elected officials are almost certain to act in an effort to prevent another catastrophe. But determining the right course is not easy in an environment roiled by powerful emotions. Moreover, violence against children is not one issue but in fact a number of dense and difficult topics, ranging from guns to mental health. As lawmakers grapple with next steps, it is essential to understand what is known, and not known, about these areas and their interaction. Failure to do so may lead unintentionally to adverse outcomes for children, even if motivated by the best intentions.

The Vera Institute of Justice has long been active in three of the key areas implicated by violence against youth: school safety; mental illness; and the delivery of mental health services. In each, we have worked with government partners to develop and implement ways of enhancing the safety, effectiveness and fairness of systems. This policy brief offers perspective from three Vera experts on ways to proceed productively in each of these intersecting areas.

For example, many are calling for an increased police presence in the nation’s schools. The appeal of deploying law enforcement to defend against external threats is understandable. But it does not devalue the tragedy of Newtown to observe that research shows schools generally to be very safe places. Moreover, little is known about the effects of placing police in schools. More study, planning, and training is needed. Without it, an

influx of officers could further criminalize young people, particularly youth of color from marginalized communities, and impede the development of positive school environments that lead to greater safety.

Some commentators have been quick to conflate mental illness and violent behavior. The truth, however, is that the vast majority of people with mental illness pose little risk of violence and that mental illness is properly addressed as a public health, not a criminal justice, issue. This central misconception can distract from other efforts to reduce violence and unnecessarily stigmatize millions with mental health disorders. Greater access to effective treatment, especially in the community, can help. Otherwise, many with serious mental illness will continue to end up in the criminal justice system, often for minor quality-of-life offenses and other non-violent crimes, helping to perpetuate the mistaken impression that mental illness, criminality and violence are inextricably linked.

Mental health service providers are being called to undertake the critical task of identifying people who have the potential to commit violent acts. Yet violence is a complex phenomenon and not amenable to easy prediction, even by professionals. Evidence-based risk assessment, focused on violence prevention, rather than prediction, may offer a more useful approach. Certainly great care must be shown in evaluating proposals to require mental health professionals to report potentially violent clients to authorities. They may actually undermine public safety by discouraging people who pose the greatest risk from seeking services.

There is much more in the pages that follow. We offer it in hopes of informing a difficult but necessary national conversation.

## Contents

- 3 Keeping schools safe
- 5 Mental illness, stigma, and violence
- 7 Mental health and youth violence: the provider perspective
- 9 Endnotes
- 11 Other mental health and youth resources

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## ABOUT THIS BRIEF

This policy brief was developed in the wake of the tragic events in Newtown, Connecticut by Christine Leonard, Director of Vera's Washington DC office, and Mary Crowley, Vera's Director of Communications. It is designed to share the research-based perspectives and recommendations of Vera experts on some of the complex and challenging issues raised by this tragedy. Special thanks go to Evan Elkin, Robert Reed, Melissa Cipollone, Patricia Connelly, Alice Chasan, Elias Isquith, and Sarah Whitton.

# Keeping schools safe

By Annie Salsich, Director of Vera's Center on Youth Justice

## WHY THE ISSUE IS IMPORTANT

One of the most shocking elements of the Newtown, Connecticut tragedy is that it took place in what is supposed to be a safe place for children: a school. Understandably, much attention is being paid to how to make and keep schools safe. Some propose that increasing the police presence in schools is necessary. However, in a 2005 national survey of principals, a quarter of those who reported the presence of school-based law enforcement personnel (often referred to as School Resource Officers, or SROs) said that the primary reason for introducing police was not the level of violence in the school, disorder problems, or even requests from parents, but “national media attention about school violence.”<sup>1</sup> In considering this approach, it is important to recognize that little is known about the immediate and long-term effects of such a policy and practice.

Intensive information gathering and discussion about the potential implications of allowing or increasing school-based police is needed to ensure that a well-intentioned policy initiative does not have unintended consequences, such as: further criminalizing youth, particularly youth of color from marginalized and under-resourced communities; impeding the development of positive school environments; and in some cases, actually reducing the likelihood of achieving the goal of fostering safe school environments.

It is also necessary to put school violence in context: according to national data, less than 1 percent of all homicides among school-aged children occur on school grounds or in transit to and from school.<sup>2</sup> This figure does not detract from the tragedy of any death or other violent incidents related to school, but it demonstrates where most lethal violence takes place in young people's lives: outside school settings.

## WHAT WE KNOW

> More research is needed to assess the effect of law enforcement officials in schools on school crime and safety. One study analyzed longitudinal data from the nationally representative School Survey on Crime and Safety to identify if and how school crime and school-based responses to crime change when schools intro-

duce police. Researchers found that as schools increase their use of police, they

- refer a higher percentage of minor crimes to the juvenile justice system (therefore, potentially increasing the flow of young people into the system, and fueling what is commonly referred to as the “school-to-prison” pipeline), and
  - record more crimes involving weapons and drugs (it is unknown as to whether the presence of police simply brings previously existing crimes to light or actually leads to a less safe environment).<sup>3</sup>
- > The likelihood that young people will experience police in their schools depends, in part, on their race, ethnicity, socioeconomic status, and geographic setting. Youth between the ages of 12 to 18 who self-report that they attend schools where law enforcement personnel are deployed are more likely to be black, Latino, come from households with an income of less than \$7,500, and live in an urban setting.<sup>4</sup>
- > While uncommon, school-based violent incidents are more likely to occur in schools with higher percentages of black, Hispanic, and other minority youth; higher percentages of students who are eligible for free lunch; and higher (less desirable) student/teacher ratios.<sup>5</sup>
- > A report documenting lessons learned from 19 SRO programs nationwide found that SROs commonly do not receive appropriate or adequate training or receive training in a timely manner (prior to assignment at a school),<sup>6</sup> which can be a significant obstacle in ensuring program success.<sup>7</sup>
- > On the other hand, both research and practice have shown that the most effective and direct way to keep schools safe is to foster a positive school climate.<sup>8</sup> Yet, little is known about the direct effect that police presence in schools has on climate. While studies show mixed findings about the impact that SROs have on the perception of safety (on the part of students, teachers, and parents),<sup>9</sup> there is no direct understanding of the impact on the overall culture and climate of the

school, or how that impact may differ depending on the characteristics of the school (e.g., urban versus rural, majority white versus majority youth of color). There is, however, research suggesting that creating an unwelcoming, heavily scrutinized environment, which can occur with the increased presence of officers in more disadvantaged communities and schools, may actually lead to mistrust and fear among students.<sup>10</sup>

## WHAT WE NEED TO LEARN AND DO

- > **Develop an objective resource guide for local officials to use as they determine whether to introduce or increase the presence of police in schools.** Often school (or other government) officials make the decision to introduce law enforcement personnel into a school setting without adequately weighing the pros and cons of such a decision. For this reason, it is critical that the federal government helps create and widely disseminate clear and easy-to-digest information that jurisdictions can refer to as they allocate funds for safer schools. Objective research about what is known and what is not known should be provided to local officials so they can make better-informed decisions about using funding for school-based law enforcement.
- > **In the event that police remain in schools, evaluate the efficacy of current approaches to using school-based law enforcement to inform the development of a best-practices model.** Almost as important as the decision to introduce police in schools is the question of how to do so. If law enforcement personnel are going to play a role in schools, particularly in schools where youth of color and youth from under-resourced communities will feel the greatest impact, we need a much clearer understanding of what that role should look like. Currently, there is no research on which, if any, of the various approaches to introducing police in schools has the most success in (1) preventing violence, rather than just responding to it; (2) ensuring that all youth feel that they are being protected, as opposed to policed; and (3) fostering and, at the very least, not impeding a productive and nurturing school climate. Such research and model development will be particularly important as jurisdictions decide if and how to use law enforcement on school grounds.

## > Look to lessons learned in the field:

- Most significantly, a study of 19 SRO programs from across the country concluded that many of the challenges that SROs and school officials face in working together “stem from a fundamental difference in the law enforcement culture and the school culture ... Law enforcement agencies and school systems function in different worlds with different communication patterns, objectives, and methods. As a result, conflicts are inherent in the SRO position in balancing the enforcer role as a member of a police or sheriff’s department with the educational and nurturing role of a school system.”<sup>11</sup>
  - Some of the most critical recommendations from the above study are: (1) clearly define the role and expectations for the officers about what it means to engage in law enforcement and disciplinary efforts on school grounds; (2) ensure timely and comprehensive training for all SROs prior to their entry into the school; (3) collaborate closely with parents and teachers in designing and introducing the program; and (4) assess and evaluate the effects of the program on school violence, crime, and climate.<sup>12</sup>
  - In 2002, a demonstration project led by Vera set out to train New York City School Safety Agents in positive reinforcement techniques. An evaluation of that project found that agents (who are similar to SROs in other jurisdictions) could be effectively trained to play this more complex role in schools—a role that focuses on preventing (rather than just responding to) violence.<sup>13</sup> However, the training of agents alone was insufficient to improve the overall climate of safety in the absence of a more coordinated effort among all staff. The demonstration project drew upon the Positive Behavioral Interventions and Support (PBIS) model, a promising framework that has helped to guide and improve important academic and behavior outcomes for all students.<sup>14</sup>
- > **If police presence continues in school, it is critical that this approach incorporates, and does not stand apart from or work against, the more comprehensive and proven school-based strategies, such as PBIS, and that schools remain the key and central responders to discipline (versus criminal) behavior.**

# Mental illness, stigma, and violence

By Jim Parsons, Director of Vera's Substance Use and Mental Health Program

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## WHY THE ISSUE IS IMPORTANT

The public, media, and policymakers are paying significant attention to mental illness in the wake of recent tragedies involving gun violence, some of which appear to be linked to untreated mental illness. While this may lead to positive developments, government leaders must proceed carefully to ensure that they do not cause unintended harm.

The current focus provides an opportunity to build public awareness that mental illness is, first and foremost, a public health issue. Greater understanding of mental illness's public-health dimensions in turn could lead to a much-needed increase in the supports available for people with mental health disorders. However, misperceptions about the propensity of people with mental illness to commit violent acts could misdirect efforts to reduce violence and unnecessarily stigmatize millions of Americans with mental health disorders. Currently, in the absence of effective community treatment for people with substance use and mental health disorders, many people with serious mental illness end up in the criminal justice system, often for minor quality-of-life offenses and other non-violent crimes.

People with mental illness commit a very small proportion of violent acts, and the links that exist between mental illness and violence are tenuous and complex. Some current legislative proposals—for example, those requiring mental health professionals to report potentially violent clients to the authorities—may undermine public safety efforts by discouraging people who pose the greatest risk to public safety from seeking services.

## WHAT WE KNOW

- > According to estimates based on the 2011 National Survey of Drug Use and Health (NSDUH), one in five American adults experienced a mental illness in the past year, and 11.5 million people (or 5 percent of the adult population) had a Serious Mental Illness (SMI).<sup>1</sup>
- > Schizophrenia and other psychotic disorders are consistently associated with a small increased risk of violence, according to a systematic review of 20 international

studies.<sup>2</sup> However, a 2009 U.S. Surgeon General's report on mental health concluded that "the overall contribution of mental disorders to the total level of violence in society is exceptionally small."<sup>3</sup>

- > Mental illness and substance abuse often go hand-in-hand; nearly a quarter (23 percent) of adults with an SMI also experienced a co-occurring substance use disorder (SUD) in the previous year, and 36 percent of youth with a major depressive episode also reported illicit drug use.<sup>4</sup> There is considerable evidence to suggest that elevated rates of substance use among people with psychotic disorders accounts for most, if not all, of the additional risk of violence for this population.<sup>5</sup>
- > People with mental illness (and particularly substance users and those with schizophrenia) are much more likely to be victims of violence or self-harm than they are to commit violent acts themselves. One study found that more than a quarter of people with SMI had been a victim of a violent crime in the past year, 11 times the equivalent rate for the general population.<sup>6</sup> In 2006, more than 90 percent of the 33,300 people who committed suicide in the U.S. had a mental health condition.<sup>7</sup>
- > Youth is a critical time for intervening in the path toward violence, particularly for boys. The vast majority (85 percent) of people who commit a serious violent act by the age of 27 reported their first serious violent incident between the ages of 12 and 20, with a peak of initiation to violent behavior at 16.<sup>8</sup> Males pose a greater risk of violence than females.<sup>9</sup>
- > Focusing solely on mental illness will fail to address the underlying drivers of violence. A large national survey of U.S. residents identified demographic characteristics (age, sex, and income), substance use, history of physical abuse, juvenile justice system involvement, parental arrest, unemployment, and divorce as risk factors for violence, among others.<sup>10</sup> Mental illness alone did not predict violence when controlling for these other variables. It is critically important to understand the interplay between mental illness and other personal, historical, clinical, and environmental factors.



- > However, there is a lack of rigorous data available on the relationship between mental illness and violence for youth. Most existing studies are based on either criminal justice populations or young people receiving treatment.<sup>11</sup> A general population study conducted in New Zealand supports findings from U.S. studies with adults, suggesting an elevated risk of violence for young people with psychotic spectrum and substance use disorders.<sup>12</sup> However, this study did not control for the wide-ranging factors described above, and it is not clear how well the findings translate to a U.S. setting.
- > According to the NSDUH, people with SMI obtain treatment at extremely low rates; less than half (45 percent) of 18-25 year olds with an SMI received any form of treatment for their mental health conditions in the previous year.<sup>13</sup> Of those people with an SMI and a co-occurring substance use disorder, only 16 percent received treatment to address their substance use.
- > The most common reason for not accessing services was cost (50 percent).<sup>14</sup> Community behavioral health treatment is underfunded, and the level of support is worsening: between 2009 and 2012, more than \$4.35 billion was cut from state mental health and drug treatment budgets.<sup>15</sup> More than a quarter of uninsured youths report a past-year major depressive episode, illicit drug use, or both.<sup>16</sup>
- > According to recent estimates, there are three times as many mentally ill people held in jails and prisons as there are in hospitals, in part because of a lack of community treatment options.<sup>17</sup> It is more costly to incarcerate people with mental illness, they are held in jail longer, and are rearrested at higher rates than people without mental health disorders.<sup>18</sup> In a 2006 study, more than three-quarters (76 percent) of people in jail with mental health disorders met the criteria for either substance abuse or dependence.<sup>19</sup>

## WHAT WE NEED TO LEARN AND DO

- > **Avoid unrealistic assessments of the link between mental illness and gun violence.** Increasing access to treatment for mental health disorders is a necessary public health strategy, but it would not be a panacea for curbing violence. Linking people with serious mental illness to treatment may reduce the overall rate of gun violence in a very small number of cases. On the flip side,

legislation that requires mental health professionals to report their clients to the authorities if they exhibit the potential for violent behavior may make matters worse by driving gun owners with serious mental illness away from treatment services.

- > **Increase the availability of mental health treatment with a particular focus on young people.** In combination, the Affordable Care Act and the existing 2008 Mental Health Parity and Addiction Equity Act will extend treatment to millions of people who were either previously uninsured or unable to access behavioral health treatment services under existing insurance plans. It is important to maximize accessibility by targeting under-served populations, reducing stigma, and improving the evidence base for treatments targeting complex needs.
- > **Ensure that treatment services are available for people with co-occurring substance use and mental health disorders.** Barriers between drug treatment and mental health systems, including differences in treatment philosophies, insufficient training, and a general lack of integration, lead to very low rates of substance use treatment for people with co-occurring disorders.
- > **Use the justice system as an opportunity to identify mental health needs and develop collaborations with public health to ensure that people continue to receive treatment services in the community.** This will require resources to coordinate care for people as they enter and leave the justice system. Vera's Justice and Health Connect project—supported by the Bureau of Justice Assistance—provides resources for justice and health agencies seeking to improve information sharing as a way to remove barriers to coordination.<sup>20</sup>
- > **Support rigorous epidemiological studies of the links between economic and educational opportunity, environmental stressors, early life adversity, behavioral health needs, and violence.** The often-quoted finding—that 5 percent of violent acts are committed by people with severe mental illness—is based on Swedish data collected during the '80s and '90s.<sup>21</sup> The most recent population-level estimates in the United States are based on data collected between 1980 and 1985.<sup>22</sup>
- > **Educate the public about mental illness to reduce stigma and increase the likelihood that people will seek help.**<sup>23</sup>

# Mental health and youth violence: the provider perspective

By Krista Larson, Director of Vera's Adolescent Portable Therapy Project

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## WHY THIS IS IMPORTANT

Mental health service providers are being asked to play a key role in efforts to address youth violence. This rests in part on an assumption that they can identify the potential for violence, which is at best an imperfect science and something most providers are not trained for. Violence—like all human behavior—is a complex phenomenon, which does not lend itself to easy prediction, even by professionals. For this reason, it is critical for mental health professionals to engage in evidence-based risk assessment, with a focus on violence *prevention*, rather than prediction. Strategic investments are needed to increase the capacity of mental health service providers to identify and respond effectively to risks of violence.

## WHAT WE KNOW

- > There is clear evidence that brain development, along with other aspects of young people's development, continues into their 20s.<sup>1</sup> Adolescent behavior and risk of adolescent violence need to be considered using a developmental frame. For example, thoughts about and even threats of extreme behavior are common in adolescents and do not necessarily mean they are mentally ill or likely to act violently. However, this is a period in which young people are still developing impulse control<sup>2</sup>; this makes them particularly vulnerable to potentially dangerous decisions about substance use and weapons use. Providers need specialized training in identifying and responding to risks in young people, and need to continually infuse their work with the most current research and practice innovations.
- > The United States has advanced youth violence prevention by using a multi-faceted public health approach. The U.S. Centers for Disease Control and Prevention (CDC) and the U.S. Surgeon General began focusing on understanding and preventing violence as a priority in public health in the late 1970s. The CDC established National Academic Centers of Excellence for Youth Violence Prevention in 2000, and in 2001 the Surgeon General released a comprehensive report<sup>3</sup> synthesizing the state of knowledge on youth violence and its prevention.<sup>4</sup> However, there remains more to do, particularly in regard to young men of color
- > School settings provide an important opportunity for trained professionals to identify emerging concerns in young people and to intervene. However, the age range when some serious mental health and substance abuse disorders emerge is late adolescence into young adulthood (16-25), when young people are often transitioning out of the oversight of daily compulsory school attendance. Additionally, young people who have left school at earlier ages can present increased risk of violence and cannot easily be served by school-based interventions. Family members, peers, community-based organizations, law enforcement, and employers all represent constituencies that can contribute to a comprehensive approach to risk reduction during these transition periods for young people.
- > Issues of substance use, alone and in combination with mental health problems, are consistently linked to violence.<sup>5</sup> Research has shown both direct (e.g. reduced inhibitions from intoxication can increase violent incidents) and indirect (e.g. substance use increases associations with delinquent peers, which increases the likelihood of exposure to violence) effects.<sup>6</sup> While more research into the exact mechanism of the relationship between substance use and violence is needed, the message is clear: adolescent substance use needs to be a focus of intervention efforts.
- > Professionals have clearer practice guidance and more consistent training for dealing with suicide and child abuse than other types of violence, particularly with respect to privacy rules and reporting standards. Training in regard to issues of violence is often focused on professionals working in the specialization of forensic practice, or are assumed to be most relevant to professionals serving urban communities of color. However, youth violence occurs in all types of communities but has different risk factors and patterns in different populations. Therefore, a broader emphasis on training,

using approaches appropriate for distinct populations is required.

## WHAT WE NEED TO LEARN AND DO

- > **Provide clear federal and state-by-state guidance for providers on current practice regulations.** A recent clarification letter from the Office of Civil Rights at the U.S. Department of Health and Human Services addressed apparent confusion in the field about existing federal law (Health Insurance Portability and Accountability Act - HIPAA) and providers' ability to act to prevent or lessen the risk of harm.<sup>7</sup> Similar clarification for federal regulations governing the confidentiality of alcohol and drug abuse patient records<sup>8</sup> would be welcome, specifically threats of violence which are not against treatment program staff, and which are outside program premises. States should be encouraged to clarify individual state guidelines as they apply to threats of violence.
- > **Continue research on youth violence, especially on the risk and protective factors related to its various types and affected populations, and disseminate findings widely.** The field would benefit from a comprehensive synthesis of research conducted since the U.S. Surgeon General's 2001 report on youth violence prevention, with particular attention to the epidemiology of violence by age, race, sex, setting, type of violence, mechanism of harm, and geographical location (e.g. rural versus urban).
- > **Identify, fund, and evaluate best practice and innovative programs that nurture innovation and address adolescent substance abuse and mental health issues,<sup>9</sup> are attuned to adolescent development, and are conscious of relevant cultural differences.** As with other public health problems, develop a comprehensive array of programming that includes primary prevention (early intervention to address broad risk factors which correlate with problem development and strengthen family connections to children and adolescents), secondary prevention (targeting intervention once signs of problems such as substance abuse or a young person's belief that violence is a valid way to solve problems emerge), and tertiary prevention (acting to stop existing problems from worsening, such as hospital-based programs that intervene after a violent incident to interrupt cycles of retaliation).
- > **Look to lessons from the field of implementation science to help community programs select, adapt, implement, and sustain best practices appropriate to their circumstances.** The CDC's Interactive Systems Framework can be a useful tool in supporting communities and providers in making programming decisions that bridge the gap between science and practice.<sup>10</sup> Not every community provider will have the ability to implement the most expensive evidence-based models available. However, every community provider can take steps to align their practice with the best available evidence in the field. Vera's Adolescent Portable Therapy (APT) project is an example of an evidence-based practice that has been successfully used across practice settings.
- > **Partner with institutions of higher education, professional organizations, and other leaders in various disciplines** to ensure that current research on violence prevention infuses professional training—both for new professionals and in continuing education.
- > **Include a broad range of constituencies in public awareness campaigns aimed at identifying behaviors that should create concern about a young person who may be in distress, and how to respond.** Teachers, peers, employers, law enforcement, and community groups should all be part of a comprehensive solution.
- > **Look to lessons from mandated child abuse reporting statutes about disproportionate application and impact on poor communities of color, which has been well-documented and the subject of multiple initiatives and attempted remedies.** Before encouraging providers to report more frequently than current standards demand, the definition of "credible threat of violence" must be clarified.



## ENDNOTES

### “KEEPING SCHOOLS SAFE”

- 1 L. Travis and J. Coon, *Role of Law Enforcement in Public School Safety: A National Survey* (Washington, DC: U.S. Department of Justice, National Institute of Justice, 2005). Barbara Raymond, *Assigning Police Officers to Schools*, Problem-Oriented Guides for Police Response Guides Series, no. 10, Office of Community Oriented Policing Services (Washington, DC: U.S. Department of Justice, 2010, p. 19).
- 2 S. Robers, J. Zhang, and J. Truman, *Indicators of School Crime and Safety: 2011* (Washington, DC: Department of Education, National Center for Education Statistics, Bureau of Justice Statistics, Office of Justice Programs, 2010) U.S. Department of Justice.
- 3 Chongmin Na and Denise C. Gottfredson, “Police Officers in Schools: Effects on School Crime and the Processing of Offending Behaviors,” *Justice Quarterly*, 28, no. 1 (2011).
- 4 The 2010 School Survey on Crime and Safety showed that 27 percent of schools with a majority (more than 95 percent) white enrollment reported security staff at any time during school hours, compared to fifty percent of schools with less than 50 percent white enrollment. Additionally, a 2007 national survey, reported that 62 percent of white students surveyed between the ages of 12-18 reported the presence of security guards or assigned police officers at school, compared to approximately 81 percent of black and Latino students. This same survey found that 79.7 percent of students with household income under \$7,500 reported the presence of security guards or assigned police officers at school, compared to 67.3 percent of students with household income above \$50,000. Finally, approximately 81 percent of students from urban areas reported the presence of security guards or assigned police officers at school, compared to 69 percent in suburban schools and 48.5 percent at rural school. (See Table 2: “Percentage of students ages 12–18 reporting selected security measures requiring the use of designated personnel and enforcement of administrative procedures at school, by selected student and school characteristics: School year 2006–07,” (Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics, School Crime Supplement to the National Crime Victimization Survey, 2007).
- 5 In a 2009-2010 national school survey, public schools where black, Hispanic and other “minority” youth represented more than 50 percent of enrollment, were twice as likely (25 versus 21 percent) to record and report high rates of violent incidents of crime at school (defined as 20 incidents or more) as schools where those same youth represented less than five percent of enrollment. Similarly, schools where more than three quarters of the student population were eligible for free lunch were twice as likely (25 versus 21 percent) to record high rates of violent incidents of crime at school as schools where less than a quarter of the population was eligible for free lunch. Finally, city schools and schools with student/teacher ratios of more than 16/1 were more likely to record high rates of violent incidents than rural schools (25 versus 14 percent) and schools with a student/teacher ratio less than 12/1 (21 versus 12 percent). *2009–10 School Survey on Crime and Safety* (Washington, DC: Department of Education, National Center for Education Statistics, 2010) as cited in Robers, Zhang and Truman, 2010). See Table 6.4. Percentage of public schools recording and reporting to the police violent incidents of crime at school, by the number of incidents and selected school characteristics: School year 2009–10, as cited in Robers, Zhang and Truman, 2010.
- 6 Peter Finn and Jack McDevitt, *National Assessment of School Resource Officer Programs Final Project Report* (Washington, DC: National Institute of Justice, 2005), [www.ncjrs.gov/pdffiles1/nij/grants/209273.pdf](http://www.ncjrs.gov/pdffiles1/nij/grants/209273.pdf) (accessed February 8, 2013).
- 7 Barbara Raymond, “Assigning Police Officers to Schools,” *Problem-Oriented Guides for Police Response Guides Series* (Washington, DC: U.S. Department of Justice, Office of Community Oriented Policing Services, 2010), 22-23.
- 8 While school climate is often defined in varying ways in the literature, it generally refers to the organizational structure, environment, or culture of a school and the way that the members of the school community experience that environment. See Cook, Philip J., Denise C. Gottfredson and Chongmin Na. “School Crime Control and Prevention,” *Crime and Justice*, 39 (2010). Mayer, Leone, and Maryland, “A Structural Analysis of School Violence and Disruption: Implications for Creating Safer Schools,” *Education and Treatment of Children*, 22, no.3 (1999): 334-337. The authors discuss how “the organization of the school environment plays a crucial role as a facilitator or inhibitor of violence, and note that recent related research on school violence identified positive and supportive school climate as important in preventing school violence”; Robert E. Fein, Bryan Vossekuil, William S. Pollack, Randy Borum, William Modzeleski, and Marisa Reddy. *Threat Assessment in Schools: A Guide to Managing Threatening Situations and Creating Safe Climates in Schools* (Washington, DC: US Secret Service and US Department of Education, 2002), Chapter 7; Steinberg, Matthew P., Allensworth, Elaine, and Johnson, David W., *Student and Teacher Safety in Chicago Public Schools: The Roles of Community Context and School Social Organization* (Chicago, IL: University of Chicago, 2011). The authors, who were affiliated with the Consortium on Chicago School Research, found associations between school safety and school climate qualities like school leadership, teacher collaborations, family-school interactions, and students’ relationships with teachers. See also Dean Walker, “School Violence Prevention,” *Educational Resources Information Center*, 94 (1995). Hill Walker et al. *Antisocial Behavior in School: Strategies and Best Practices* (Pacific Grove, California: Brooks/Cole Publishing Company, 1995). And Alan McEvoy and Robert Welker, “Antisocial Behavior, Academic Failure and School Climate: A Critical Review,” in *Making Schools Safer and Violence Free: Critical Issues, Solutions, and Recommended Practices*, a compilation of articles from the *Journal of Emotional and Behavioral Disorders*, edited by Hill M. Walker and Michael H. Epstein (Austin: Pro-Ed, 2001), p. 37.
- 9 Chongmin Na and Denise C. Gottfredson, 2011, 4-6; and May, Fessel, and Means, “Predictors of principals’ perceptions of school resource officer effectiveness in Kentucky,” *American Journal of Criminal Justice*, 29 (2004): 75-93. See also Aaron Kupchik, *Homeroom Security: School Discipline in an Age of Fear* (New York: New York University Press, 2010).
- 10 Mayer, Leone, and Maryland, “A Structural Analysis of School Violence and Disruption: Implications for Creating Safer Schools,” *Education and Treatment of Children*, 22, no. 3 (1999): 349-352; and Kupchik, 2010.
- 11 Finn and McDevitt, 2005.
- 12 Ibid.
- 13 Ajay Khashu, Thomas Mariadason, Daniel Currie, and Robin Campbell, *Reinforcing Positive Student Behavior to Improve School Safety: An Evaluation of Affirm* (New York: Vera Institute of Justice, 2003).
- 14 OSEP Technical Assistance Center on Positive Behavioral Interventions and Supports, “What is School-Wide Positive Behavioral Interventions & Supports?” [http://www.pbis.org/school/what\\_is\\_swpbs.aspx](http://www.pbis.org/school/what_is_swpbs.aspx) (accessed February 8, 2013).

### “MENTAL ILLNESS, STIGMA, AND VIOLENCE”

- 1 U.S. Department of Health and Human Services, Substance Use and Mental Health Services Administration, *Results from the 2011 National Survey on Drug Use and Health: Mental Health Findings* (Rockville, Maryland: Center for Behavioral Health Statistics and Quality, 2012), 11. Serious Mental Illness is defined as a condition that “substantially interferes with or limits one or more major life activities.”
- 2 Seena Fazel, Gautam Gulati, Louise Linsell, John R. Geddes, Martin Grann, “Schizophrenia and Violence: Systematic Review and Meta-Analysis,” *PLoS Med* 6, no. 8 (2009).

- 3 U.S. Department of Health and Human Services, *Mental Health: A Report of the Surgeon General* (Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999).
- 4 U.S. Department of Health and Human Services, Substance Use and Mental Health Services Administration, 2012, 1-2.
- 5 Hank Steadman, Edward Mulvey, John Monahan, Pamela Clark Robbins, Paul S. Appelbaum, Thomas Grisso, Lauren H. Roth, and Eric Silver, "Violence by People Discharged from Acute Psychiatric Inpatient Facilities and by Others in the Same Neighborhoods," *Archives of General Psychiatry*, 55, no. 5 (1998): 393-401; Fazel, 2009.
- 6 Linda A. Teplin, Gary M. McClelland, Karen M. Abram, Dana A. Weiner, "Crime Victimization in Adults With Severe Mental Illness: Comparison With the National Crime Victimization Survey," *Archives of General Psychiatry*, 62, no. 8 (2005): 911-921. <http://archpsyc.jamanetwork.com/article.aspx?articleid=208861#qundefined>
- 7 National Institute of Mental Health, *The Numbers Count: Mental Disorders in America* <http://www.nimh.nih.gov/health/publications/the-numbers-count-mental-disorders-in-america/index.shtml> (accessed February 5, 2013).
- 8 Kathleen Maguire, Ann L. Pastore, *Sourcebook of Criminal Justice Statistics* (Washington, D.C.: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, 1998).
- 9 "Mental Illness and Violence," *Harvard Mental Health Letter*, 2011.
- 10 Eric B. Elbogen, Sally C. Johnson, "The Intricate Link Between Violence and Mental Disorder: Results from the National Epidemiologic Survey on Alcohol and Related Conditions," *Archives of General Psychiatry*, 66, no. 2 (2009): 152-161.
- 11 Office of the Surgeon General (US), National Center for Injury Prevention and Control (US), National Institute of Mental Health (US), Center for Mental Health Services (US), "Youth Violence: A Report of the Surgeon General," (Rockville, MD: Office of the Surgeon General (US), 2001).
- 12 Louise Arseneault, Terrie E. Moffitt, Avshalom Caspi, Pamela Taylor, and Phil Silva, "Mental Disorders and Violence in a Total Birth Cohort: Results from the Dunedin Study," *Archives Of General Psychiatry*, 57, no. 10 (2000): 979-986.
- 13 U.S. Department of Health and Human Services, Substance Use and Mental Health Services Administration, 2012, 23.
- 14 *Ibid.*, 26.
- 15 Joel E. Miller, *Too Significant To Fail: The Importance of State Behavioral Health Agencies in the Daily Lives of Americans with Mental Illness, for Their Families, and for Their Communities* (Alexandria, VA: National Association of State Mental Health Program Directors, 2012), vii.
- 16 American Psychiatric Association, *The Patient Protection and Affordable Care Act: Analysis and Commentary from APA Publications and the APA Department of Government Relations* (Arlington, VA: American Psychiatric Association, 2012).
- 17 E. Fuller Torrey, Aaron D. Kennard, Don Eslinger, Richard Lamb, James Pavle, *More Mentally Ill Persons Are in Jails and Prisons Than Hospitals: A Survey of the States* (Virginia: Treatment Advocacy Center and The National Sheriff's Association, 2010), 1.
- 18 Jeffrey Swanson, et al., "Costs of Criminal Justice Involvement among Persons with Severe Mental Illness in Connecticut," 2011; Fox Butterfield, "Prisons Replace Hospitals for the Nation's Mentally Ill," *New York Times*, March 5, 1998; See Mentally Ill Offender Treatment and Crime Reduction Act of 2003: Hearings on S. 1194 Before the S. Judiciary Comm., 108th Cong. (2003) (testimony of Dr. Reginald Wilkinson, director, Ohio Department of Rehabilitation and Correction).
- 19 Doris L. James, Lauren e. Glaze. (2006). *Mental Health Problems of Prison and Jail Inmates*. (Washington, DC: Department of Justice, Bureau of Justice Statistics, 2006).
- 20 The Vera Institute of Justice, *Justice and Health Connect*, (New York, NY: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance, Prepared under Grant no. 2011-DB-BX-K051, set to launch Spring 2013, [www.jhconnect.org](http://www.jhconnect.org)
- 21 Seena Fazel, Martin Grann, "The Population Impact of Severe Mental Illness on Violent Crime," *American Journal of Psychiatry*, 163 (2006):1397-1403.
- 22 Jeffrey W. Swanson, Charles E. Holzer, Vijay K. Ganju, Robert Tsutomu Jono, "Violence and Psychiatric Disorder in the Community: Evidence From the Epidemiologic Catchment Area Surveys," *Psychiatric Services*, 41, no. 7 (1990), 954-955.
- 23 President's New Freedom Commission on Mental Health reported that, "Stigma leads others to avoid living, socializing, or working with, renting to, or employing people with mental disorders—especially severe disorders, such as schizophrenia. It leads to low self-esteem, isolation, and hopelessness. It deters the public from seeking and wanting to pay for care. Responding to stigma, people with mental health problems internalize public attitudes and become so embarrassed or ashamed that they often conceal symptoms and fail to seek treatment." U.S. Department of Health and Human Services, *Mental Health: A Report of the Surgeon General*, (Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999).

#### "MENTAL HEALTH AND YOUTH VIOLENCE: THE PROVIDER PERSPECTIVE"

- 1 Laurence Steinberg, "Commentary: A Behavioral Scientist Looks at the Science of Adolescent Brain Development," *Brain Cognition* 72, no. 1 (2010): 160-164.
- 2 Linda Patia Spear, "Adolescent Neurodevelopment," *Journal of Adolescent Health* 52, Issue 2, Supplement 2 (2013): S7-S13.
- 3 Youth Violence: A Report of the Surgeon General (2001) <http://www.ncbi.nlm.nih.gov/books/NBK44294/>
- 4 LL Dahlberg and JA Mercy, "History of Violence as a Public Health Issue," *AMA Virtual Mentor* 11, no. 2 (2009): 167-172.
- 5 Edward P. Mulvey, Carol A. Schubert, and Laurie Chassin, *Juvenile Justice Bulletin: Substance Use and Delinquent Behavior Among Serious Adolescent Offenders* (Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention, 2010)
- 6 MW Lipsey and JH Derzon, "Predictors of Violent or Serious Delinquency in Adolescence and Early Adulthood: A Synthesis of Longitudinal Research," in *Serious and Violent Juvenile Offenders*, edited by R Loeber and DP Farrington (Thousand Oaks, CA: Sage; 1998): 86-105.
- 7 HHS Letter to Nation's Health Care Providers about HIPAA's Privacy Rule (January 15, 2013) <http://www.hhs.gov/ocr/office/lettertonationhcop.pdf>
- 8 Federal Drug and Alcohol Confidentiality Law (42 CFR Part 2)
- 9 MW Lipsey, EE Tanner-Smith and SJ Wilson, *Comparative Effectiveness of Adolescent Substance Abuse Treatment: Three Meta-Analyses with Implications for Practice, Technical report prepared for the National Institute on Alcohol Abuse and Alcoholism*, (Nashville, TN: Peabody Research Institute, Vanderbilt University, 2010).
- 10 <http://www.cdc.gov/violenceprevention/ISF.html>

## OTHER MENTAL HEALTH AND YOUTH RESOURCES

**Centers for Disease Control—Interactive Systems Framework for Violence Prevention** (<http://www.cdc.gov/violenceprevention/ISF.html>)

**Treating Teens: A Guide to Adolescent Drug Programs (2006) Drug Strategies.**  
**Washington DC** (<http://www.drugstrategies.com/teens.html>)

**National Network of Hospital-Based Violence Intervention Programs**  
(<http://nnhvip.org>)

**Blueprints for Violence Prevention** (<http://www.colorado.edu/cspv/blueprints>)

**National Academy of Sciences, Reforming Juvenile Justice: A Developmental Approach** ([http://www.nap.edu/catalog.php?record\\_id=14685#toc](http://www.nap.edu/catalog.php?record_id=14685#toc))

**MacArthur Research Network on Mandated Community Treatment**  
(<http://www.macarthur.virginia.edu/researchnetwork.html>)

**MacArthur Models for Change Network** (<http://www.modelsforchange.net/index.html>)

**MacArthur Foundation, Research Network on Adolescent Development and Juvenile Justice** (<http://www.macfound.org/networks/research-network-on-adolescent-development-juvenil/details>)

**Judge David L. Bazelon Center for Mental Health Law** (<http://www.bazelon.org>)

**SAMHSA'S GAINS Center for Behavioral Health and Justice Transformation**  
(<http://gainscenter.samhsa.gov>)

## For More Information

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The Vera Institute of Justice is an independent nonprofit organization that combines expertise in research, demonstration projects, and technical assistance to help leaders in government and civil society improve the systems people rely on for justice and safety.

This policy brief can be accessed at [www.vera.org/pubs/youth-safety-and-violence](http://www.vera.org/pubs/youth-safety-and-violence).

Vera's **Center on Youth Justice** (CYJ) promotes the well-being and safety of youth, families, and communities by working with government to make juvenile justice systems equitable and humane in policy and practice. CYJ works to reduce bias in juvenile justice systems, expand the use of community-based services, divert youth who may be more effectively served by other resources, and advance public safety.

Vera's **Substance Use and Mental Health Program** (SUMH) conducts applied research to help public officials and community organizations develop empirically driven responses to the substance use and mental health needs of people involved in justice systems. SUMH collects and analyzes quantitative and qualitative data and evaluates existing programs to understand the experiences of those affected by psychiatric disorders or substance use and policies that prolong their involvement in the justice system.

Vera's **Adolescent Portable Therapy** (APT) project provides substance use and mental health treatment for adolescents involved in, or at risk of becoming involved in, the juvenile justice system. APT is portable, meaning that clients receive counseling sessions in their homes and communities. The project's family counseling model of service helps families build on their inherent strengths to support their adolescents in making positive changes in their lives. APT also helps other programs to improve their practice through training and technical assistance.

To learn more about Vera, visit [www.vera.org](http://www.vera.org).

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