Chapter 14

The RSVP Model: Lifting the Veil on School Violence

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ABSTRACT

A model to remediate (eliminate) the global problem of school violence is proposed in this 3-phase plan that is strategic and comprehensive in scope, yet basic in terms of interlocking phases (Preparation, Response, Long-Term Recovery). Each phase consists of critical and practical components that are supported in the research literature for school and classroom implementation. Collectively, the model embraces a child’s emotional wellness, recognizes deficits, and provides intervention to facilitate healing before perpetrating violence. Phase I consists of school-wide screening to identify and remediate deficiencies in socio-emotional skills, protective factors toward resiliency, and emotional and psychological wellness in preparation for violence. Phase II consists of emergency response. Phase III consists of therapeutic interventions, which are designed and delivered by community professionals based on student need. Phase III programming focuses on identifying and minimizing posttraumatic stress after a traumatic event for all survivors. The RSVP model diagram is included.

THE PROBLEM OF SCHOOL VIOLENCE

Violent events have traumatizing effects on young survivors (Margolin & Gordis, 2000) and despite ongoing efforts, the statistics on school violence continue to be staggering (Centers for Disease Control [CDC], 2013; Robers, Kemp, Rathbun, & Morgan, 2014). Although the number of students carrying weapons to school has declined (CDC, 2013), the incidence of school-related violent deaths from 1999 through 2009 (e.g., homicide and suicide) remains unchanged (CDC, 2013; Robers et al., 2013). Though rare (Robers et al., 2014), school shootings such as Columbine, Virginia Tech and Newtown have brought the issue of school violence to a national level of awareness and have served as the catalyst to address school violence seriously (e.g., Weiler & Cray, 2011). In fact, for a decade, major reports from agencies such as the U.S. Department of Justice, Department of Education, and the Secret Service have called

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for a solution to school violence (e.g., Fein, Vossekuil, Pollack, Borum, Modzeleski, & Reddy, 2002; Office of the Child Advocate, 2014; O’Toole, 2000; Pollack, Modzeleski & Rooney, 2008; Vossekuil, Fein, Reddy, Borum, & Modzeleski, 2002).

As a result, U.S. schools are now typified by more stringent security measures, emergency evacuation procedures, secured entry points, metal detectors, police presence, video monitoring, and an atmosphere of constant high alert for potential threats. Although well intentioned, policies such as zero tolerance and gun control have weak empirical support and are associated with racially unsound implementation (Gregory, Skiba, & Noguera, 2010). In the 2010-2011 school year, 88% of public schools reported the use of controlled access to school buildings (secured buildings) and 64% reported the use of security cameras (U.S. Department of Education, National Center for Education Statistics, 2014). Schools have been forged into tightly girded institutions where children cautiously self-monitor their language, behavior, and interactions to avoid verbiage that might be considered violent or aggressive.

A 2008 study found that between 1999 and 2006 student deaths reached 116 and 65% of these were school shootings (CDC, 2008). In response we have poured efforts into promoting a safe school environment (see Steffgen, Recchia, & Viechtbauer, 2013, for a complete review). Yet great frustration continues to be articulated regarding the lack of control in effectively reducing the frequency and deleterious effects of school shootings (Ferguson, Coulson, & Barnett, 2011). Programs to address bullying have been implemented in many schools as a way to curtail the detrimental effects of social aggression (Hansen, Steenberg, Palic, & Elkit, 2012); however, the effectiveness of such programs in reducing violence have been criticized (e.g., Cornell, Sheras & Cole; Rigby, 2004). Despite the many anti-bullying programs (e.g., Cross, et al., 2012; Limber, 2006), the rates of school violence remain unchanged (CDC, 2013), suggesting that bullying may not be the only issue perpetuating school violence (Cornell, Sheras, & Cole, 2006; Dumitriu, 2013). In fact, strikingly high percentages of children are victims of violence, abuse, maltreatment and trauma, which causes great concern because adverse effects in developmental trajectories have been associated with such victimization (Finkelhor, Turner, Ormrod, & Hamby & Kracke, 2009; McCoy, 2013).

For example, in a national telephone survey of 4,549 children under the age of 18, the results revealed that 60.6% had experienced victimization in the previous year; 46.3% experienced a physical assault, 10.2% experienced maltreatment, 6.1% sexual victimization, 24.6% property victimization, and 9.8% threatening assault with a weapon (Finkelhor et al., 2009). This is troubling because a large body of evidence indicates early exposure to acts of violence and victimization is associated with a child’s poor mental health, posttraumatic stress, fear and anxiety that manifests as both externalizing and internalizing behavior, psychological disorders, decreased IQ, lower academic achievement, expulsions, suspensions, and poor reading skills (Delaney-Black et al., 2002; Hurt, Malmud, Brodsky, & Giannetta, 2001; McCoy, 2013), all of which are further complicated by recurring victimization (Margolin & Gordis, 2000). The problem is of greater scope than previously acknowledged and inextricably linked to the school, home, and community. Because the problem can be systemic in a child’s life, helping the child to process their feelings and perceptions in terms of how to overcome the pain is critical. The whole child is in jeopardy, physically, academically, psychologically and emotionally; therefore, the problem must be addressed holistically by offering immediate, on-going, and long-term therapeutic support. Maintaining a focus on wellness for all children who are determined to be in need has immediate benefits and may prevent future offenses by facilitating healing at a critical time.