School social workers have a responsibility to help parents, faculty, and students address violence and bullying in their schools.

A survey of 1,200 school social workers found that those who are employed by inner-city schools are more likely than their peers to fear for their own safety (Astor, Behre, Wallace, & Fravil, 1998). Thirty-five percent of the respondents reported being physically assaulted or threatened during the previous year. Additionally, in spite of statistics that suggest that school violence has decreased in recent years, a study of school social workers found that most believe that school violence remains the same or is increasing (Slovak, 2006). It is clear that social workers and other school personnel, as well as the general public, are concerned about school violence, in spite of the data that suggests it is on the decline.

Parent education groups, after-school recreation programs, family therapy, antigang programs, street-savvy mentors, and early intervention programs with infants can effectively keep children from turning to guns and violence. Studies show that school-based violence prevention programs can reduce school violence by up to 50 percent. Programs that coordinate with and utilize teachers and programs that deliver more intensive services, including one-on-one attention, are the most effective in reducing school violence (Wilson, Lipsey, & Derzon, 2003). Rather than focus on deficits, social workers need to build on the strengths of the community as well as the strengths of the children and families served by the school. One way of building on strengths is to help students become involved in confronting the conditions that encourage violence. Working together, student activists and school social workers can become involved in service learning projects that advocate for social justice. Research suggests that these projects leave students feeling more connected to their communities, less isolated, more compassionate, and with a new sense of social responsibility (McKay, 2010). All of this can reduce violence.

Teenage Pregnancy and Disease Prevention

In the last 20 years, the teen pregnancy rate has declined by over 50 percent, but there are still approximately 24.2 births for every 1,000 females between the ages of 15 and 19 (CDC, 2017). Despite the decline, the US teen birth rate remains higher than the rates in Great Britain and Canada. The two-decade decline in the teen pregnancy rate is due in part to the reduced number of teens that are sexually active. Recent research indicates that teens between the ages of 10 and 14 are very unlikely to be sexually active, while teens between the ages of 15 and 19 are delaying sexual intercourse in larger numbers than they have in years (Finer & Philbin, 2013). Unfortunately, the teens who are sexually active account for half of the 20 million new cases of sexually transmitted diseases diagnosed each year.

In a comprehensive review of the research findings on programs to further reduce teen pregnancy and sexually transmitted diseases, there are several relevant facts for school social workers (DiClemente, Brown, Sales, & Rose, 2013; Sullivan, Grey, & Rosser, 2013) to consider:

1. Abstinence-only programs do not delay the onset of intercourse.
2. Sex education programs, even those that include HIV/AIDS education and information on contraception use, do not hasten the onset of sexual activity or increase the frequency of students' sexual activity. Rather, these programs delay the onset of sexual activity, reduce the frequency of intercourse, and reduce the number of sexual partners.
3. Programs that included HIV/AIDS education increased condom use among participants.
4. Most successful sex education programs:
   - focus on reducing one or two behaviors that lead to unintended pregnancy or HIV/STD infection;
   - use methods and materials that are appropriate to the age and culture of the students;
   - employ long-term programs rather than short, time-limited programs;
   - include activities that address the social pressures related to sex;
   - teach communication, negotiation, and refusal skills;
   - select teachers or social workers who believe in the program and train them to administer the program;
   - do not provide condoms or other contraceptives without a requirement to participate in an educational program; and
   - utilize social media, texting, and other electronic means of communication.

Latino and African American teens are three times more likely to become pregnant than a white teenager. Teenagers who live in poverty, grow up in single-parent families, and have parents with low levels of education are most likely to become pregnant (DiClemente et al., 2013). In poor school districts, social workers may have to lobby for the resources to provide much-needed sex education programs.

Tobacco, Alcohol, and Illicit Drug Prevention

The most recent findings from the National Institute of Drug Abuse's "Monitoring the Future Survey" (2016) indicate that US teenagers are in the midst of a steady decline in illicit drug use including marijuana, tobacco, alcohol, and even prescription opioids. However, drug use and abuse is still a problem in America's schools, and social workers need to provide students, parents, and teachers with accurate information about the effects of drugs and help students understand and manage the pressures that can lead to their use. Appropriate interventions include stress management, assertiveness training, communication and decision-making workshops, and peer support groups. Many school social workers are involved in the Drug Abuse Resistance Education (D.A.R.E.) program. A collaborative effort between schools and local law enforcement, the program begins in the sixth grade with 17 lessons on such topics as considering consequences, resistance techniques, and building self-esteem. Eighth-grade students receive 10 follow-up lessons, including dealing with pressures from gangs and gang violence. There is no current research demonstrating the effectiveness of the D.A.R.E. program. School social workers have an obligation to demonstrate the effectiveness of drug prevention programs that they promote and in which they participate.