Juvenile violence is a substantial public health problem in the United States. In a representative national survey in 2003, U.S. residents aged 12 years and older reported more than 1.56 million incidents of violent victimization by perpetrators who they estimated to be aged between 12 and 20 years—a rate of approximately 4.2 incidents of violent crime committed per every 100 juveniles in this age group. Based on the same survey, juvenile perpetrators commit violent acts at a higher rate than any other age group. Over the past 25 years, juveniles aged 10 to 17 years, who comprise less than 12% of the population, have been involved as offenders in approximately 25% of serious violent victimizations. A principal risk factor for juvenile violence is violent and aggressive behavior in childhood.

The accompanying systematic review found strong evidence that universal, school-based programs decrease rates of violence among school children. Universal, school-based programs intended to prevent violent behavior are delivered to all children in a particular grade or school, regardless of prior violence or risk of violence. Programs effects were found at all grade levels. On the basis of this evidence, the Task Force on Community Preventive Services (the Task Force) recommends the implementation of universal, school-based programs to prevent violent behavior. A recently updated meta-analysis of school-based programs confirms and supplements these Guide to Community Preventive Services (Community Guide) findings.

The Task Force has previously reviewed and published the evidence on the effectiveness of programs of early childhood home visitation, firearms laws, and therapeutic foster care for the prevention of violence, with a focus on juvenile violence. A review has recently been completed indicating the harms associated with policies that facilitate the transfer of juveniles from the juvenile to the adult justice system. A review of interventions to reduce psychological harm to juveniles following traumatic events has also been recently completed and indicates benefits associated with group and individual cognitive behavior therapy (manuscript in preparation).

The recommendation in this report represents the work of the independent, nonfederal Task Force, which is developing the Community Guide with the support of the U.S. Department of Health and Human Services (DHHS) in collaboration with public and private partners. Although the Centers for Disease Control and Prevention (CDC) provides staff support to the Task Force for development of the Community Guide, the recommendation presented in this report was developed by the Task Force, and is not necessarily the recommendation of CDC, DHHS, or collaborating agencies or partners. The specific methods for and results of the reviews of evidence on which this recommendation is based are provided in the accompanying article.

Interpreting and Using the Recommendation

This report summarizes the findings of a systematic review of the effects of universal, school-based programs intended to prevent violent behavior. Given that violence is widespread and causes considerable morbidity and mortality in the U.S., and that childhood violence is predictive of later violent pathways, the findings and recommendations in this report should be relevant to most communities. This report and other related publications provide guidance from the Task Force to a variety of audiences, including healthcare systems, state and local health departments, state and federal legislators, and others responsible for improving the health and well-being of juveniles or adults through the reduction of violence.

Schools represent an ideal setting for influencing child behavior and development. Over the course of many years, most children attend school daily during a formative period in their development. In practice, we found an average 15% reduction of violence among the school-based programs reviewed, which has the potential to contribute large societal benefits. In addition,
benefits are likely to extend beyond violent outcomes per se to the improvement of other behaviors and school performance—both for directly affected children themselves and their classmates. Thus, schools and their communities stand to benefit in multiple ways from these universal programs.

In selecting and designing interventions to meet local objectives, decision makers should consider not only these recommendations and other evidence provided in the Community Guide, but also state and local laws and regulations, administrative structures, resource availability, and the economic, cultural, and social environments into which these programs may be introduced.

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References