

Confronting Violence

Risk. Outcomes. Prevention.

PRESENTATION TO BOARD OF HEALTH

JANUARY 26, 2017

Why this topic? Why now?

Violence Prevention is Public Health

1979- Surgeon General's report identifies violence as 1 of 15 priority measures. The report states violence can be prevented and should not be ignored in the effort to improve health.

1983 – CDC establishes the Violence Epidemiology Branch to focus on violence prevention.

1985 – Surgeon General's workshop on violence and public health.

1990 – HP2000 includes violent and abusive behavior as a priority area.

1993 – Special issue of *Health Affairs* addresses violence as a public health issue.

1996 – World Health Assembly declares violence is a leading worldwide public health problem.

1999 – CDC publishes *Best Practices of Youth Violence Prevention*.

2007 – CDC estimates medical and productivity cost of violence exceeds \$70 billion each year.

How were partners engaged in the development of this report?

Using Data to Illustrate Violence in Spokane County

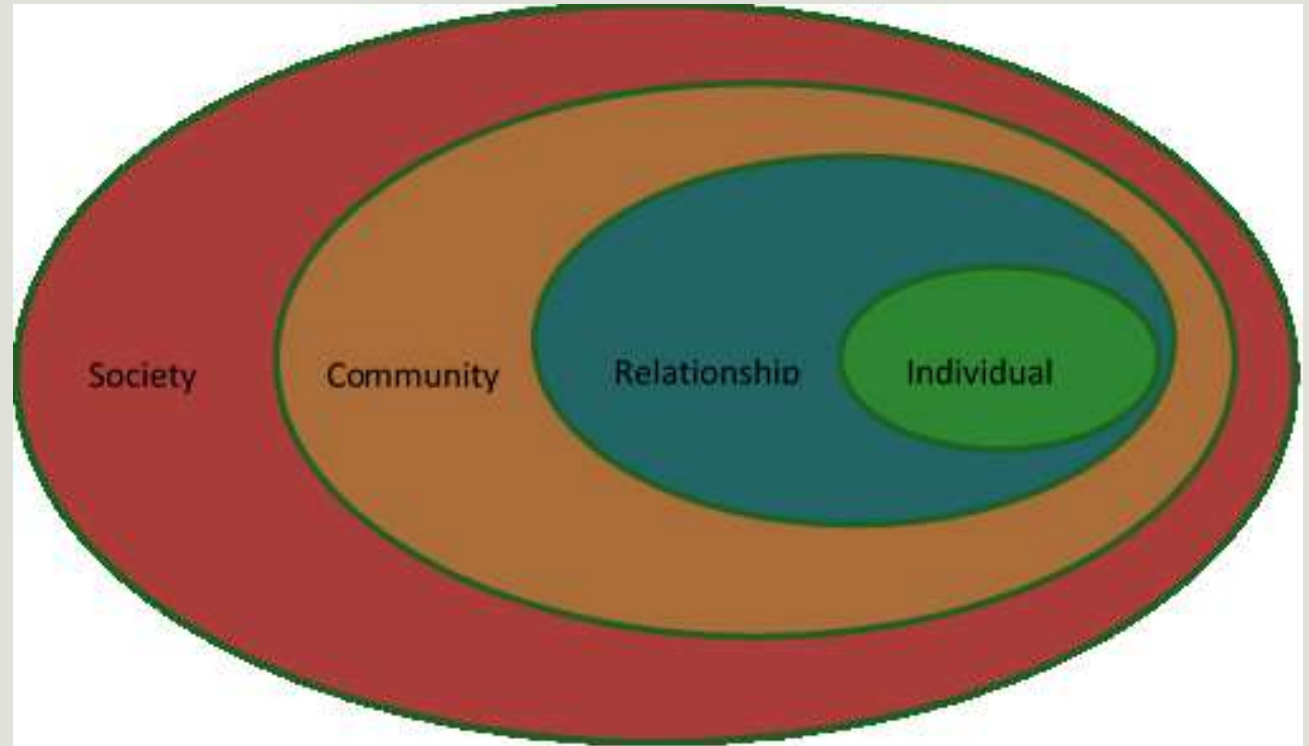
Socioecological Model

Common framework for identifying risk and protective factors and prevention/intervention opportunities.

Complexity and interconnected levels.

- Individual
- Relationship
- Community
- Society

It takes more than working with an individual to make an impact.



Risk and Protective Factors

"Risk factors" are broadly defined as any factor or circumstance that **significantly increases** the likelihood of engaging in risky behaviors or experiencing negative outcomes.

In the case of violence, risk factors increase the likelihood that a person will perpetrate violence.

"Protective factors" are any factors or circumstances that promote healthy behaviors, **significantly decreasing** the likelihood of engaging in risky behaviors or experiencing negative outcomes.

Protective factors provide a buffer against risks of becoming violent or perpetuating violence.

Risk and protective factors are not "causal"; experiencing a risk factor will not cause a risky behavior or negative outcome to occur.

Risk factors are rarely experienced in isolation and are often associated with one another, **contributing to a cumulative level of risk.**

Data Included

Individual Level (9R) (2P)



Individual Level (9R) (2P)

Homeless, current – 1.6% of youth

Serious mental illness – 4% of adults

Incarcerated ever – 5% of adults

Homeless, ever – 5% of adults

Gang membership – 6% of youth

Arrested ever – 8% of youth

Suicide ideation – 19% of youth

Suicide – 95 deaths, 20 per 100,000

Depressed – 33% of youth

(P) Good social support – 89% of adults

(P) Good emotional support – 80% of adults



Relationship Level (8R) (1P)



Relationship Level (8R) (1P)

Sexual violence – 12% of adults

(P) Likes parents – 94% of youth

Aggression – 14% of youth

Physically abused – 17% of youth

IPV – 17% of youth, 19% of adults

Bullied – 26% of youth

Domestic violence – 3,500 per year

Child abuse – >5,000 per year

Homicide – 24 deaths

Community Level (10R) (2P)



Community Level (10R) (2P)

Crimes – 31,000 reports

Violent crimes – 6% of crime

Fight at school – 9% of youth

Low family attachment – 11% of youth

Not feel safe at school – 13% of youth

Residential mobility – 16% of residents

Campus sexual assault – 2 assaults

Sex offenders – 356 residing in the county

Suspended/expelled for violence – 1,161 cases

Injuries by law enforcement – 0-10 per year

(P) Community resilience – 58% of adults

(P) Enjoy school – 45% of youth

Societal Level (3R) (1P)



Societal Level (3R) (1P)

Easy access to weapons – 18% of youth

Full-time law enforcement – 1.5 per 1,000 residents

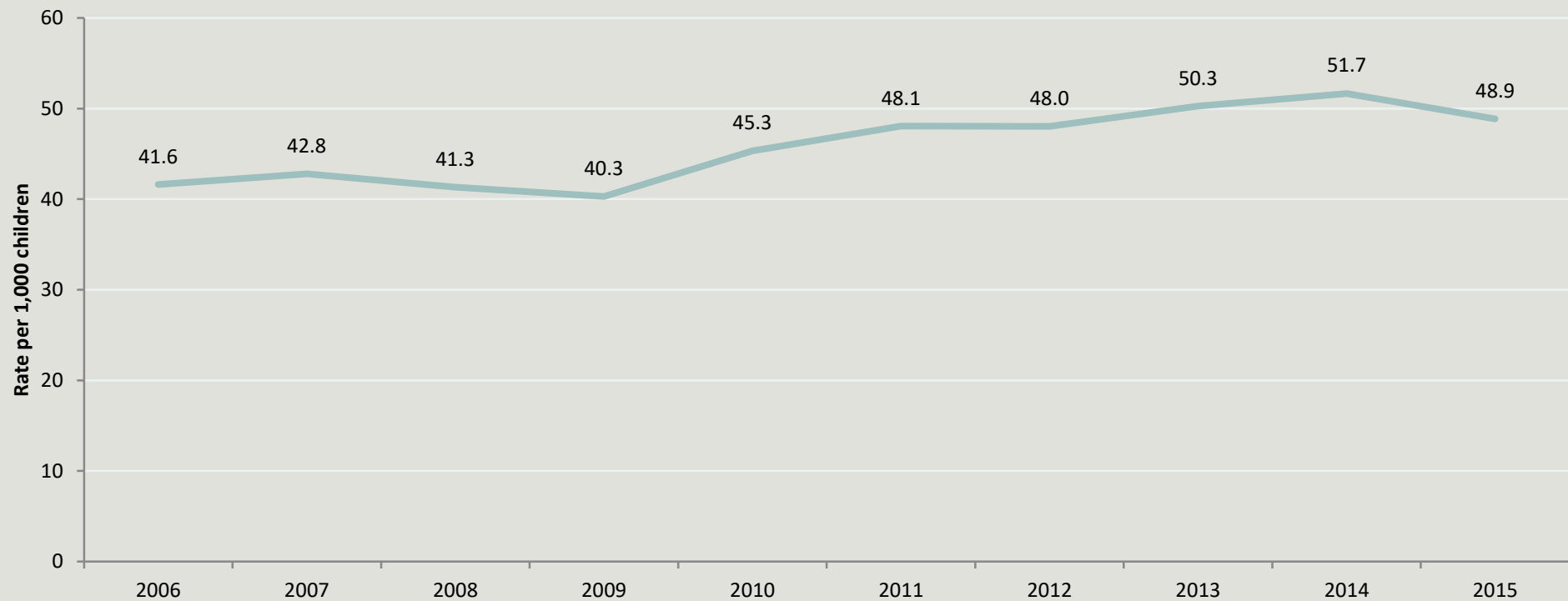
Jail usage – 133%

(P) Belief in moral order – 68% of youth

Key Findings

Child Abuse

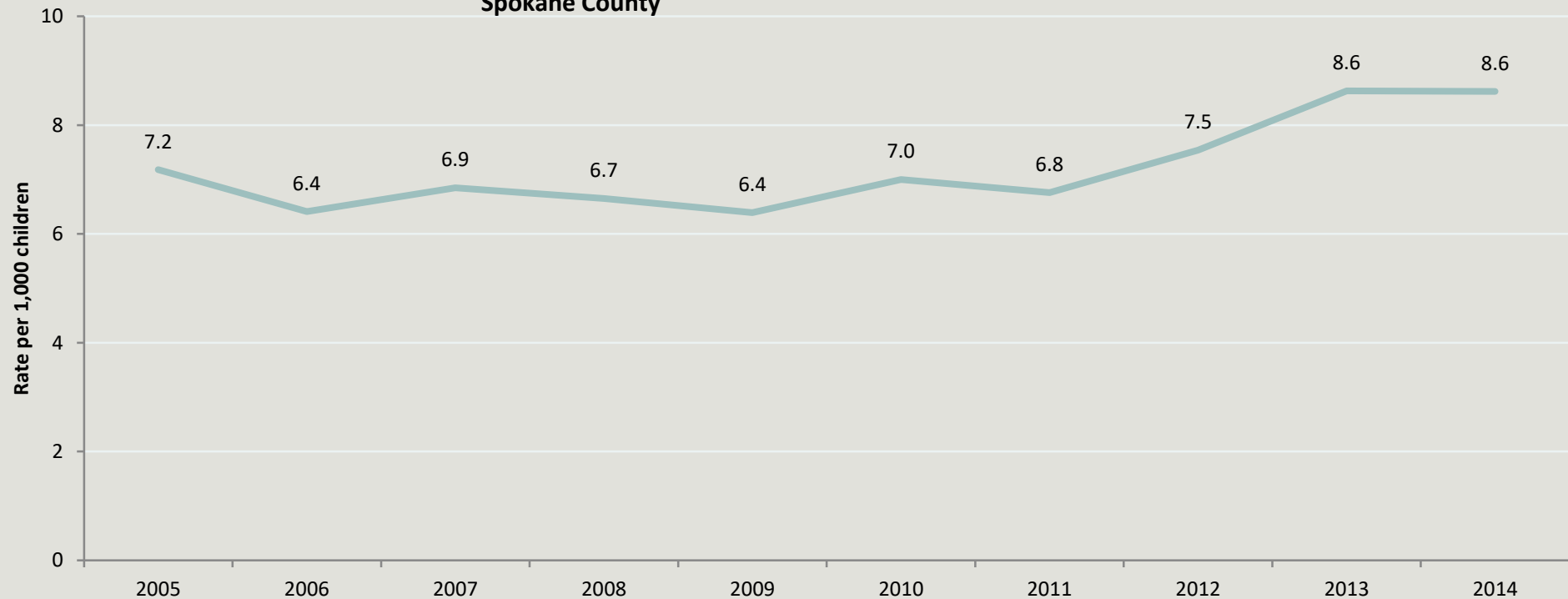
Figure 29. Child Abuse and Neglect, Spokane County



Source: DSHS

Domestic Violence

Figure 38. Domestic Violence Related Offenses,
Spokane County



Source: DSHS

Inequities Related to Violence

Neighborhood

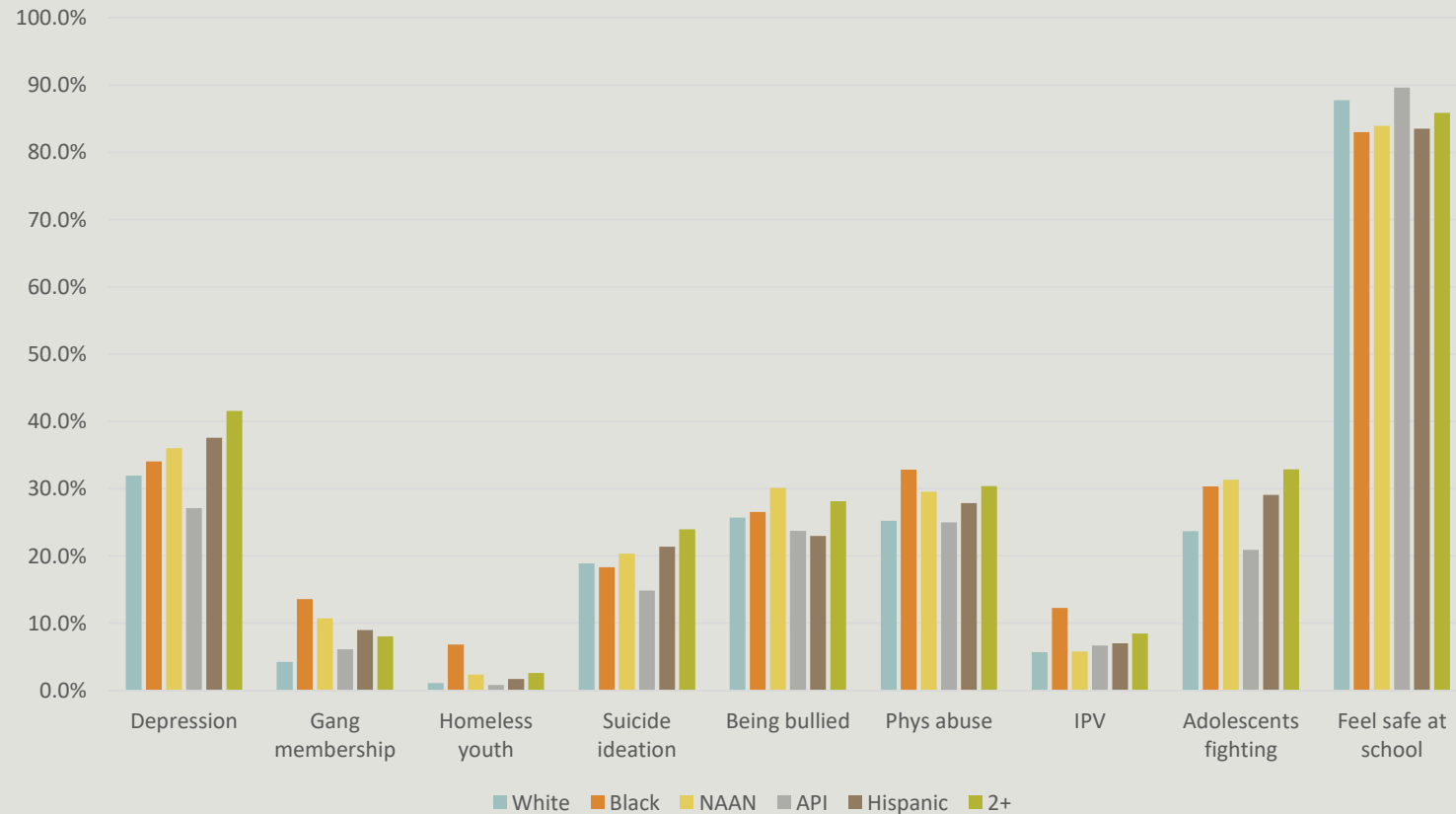
- “Residential segregation affects the quality of neighborhoods by increasing poverty, poor housing conditions, overcrowding and social disorganization while limiting access to quality health care and other services and institutions.”

Prevention Institute

- There is almost a 70-fold difference between the neighborhood with the highest rate of violent crime (Riverside) compared to the neighborhood with the lowest rate (Northwest).

Inequities Related to Violence

Experience of Violence by Race and Ethnicity
Spokane County, 2014

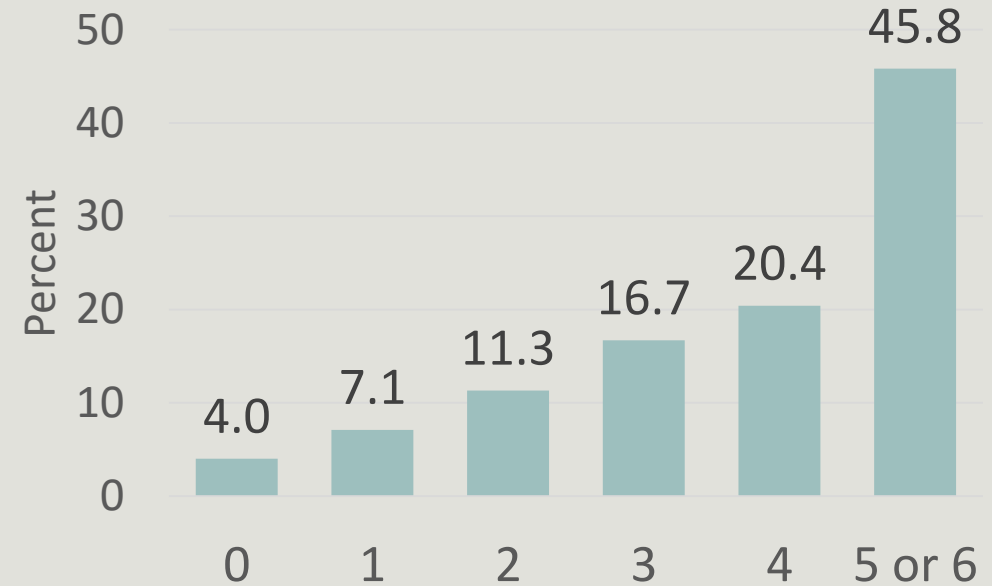


Impact of Violence

With increasing episodes of violence, the risk of youth failing in school increases.

2 in 3 youth who have experienced four or more episodes of violence are failing school.

Academic Failure (D's and F's) by Number of Violence Measures, Spokane County Youth, 2010 & 2012



Impact of Violence

Experience of violence during youth has lasting consequences into adulthood. In Spokane County, adults who experienced three or more traumatic or stressful events are:

1.6 times more likely to have physical activity limitations

1.7 times more likely to have fair to poor overall health

1.7 times more likely to be a smoker

2.5 times more likely to have mental health problems

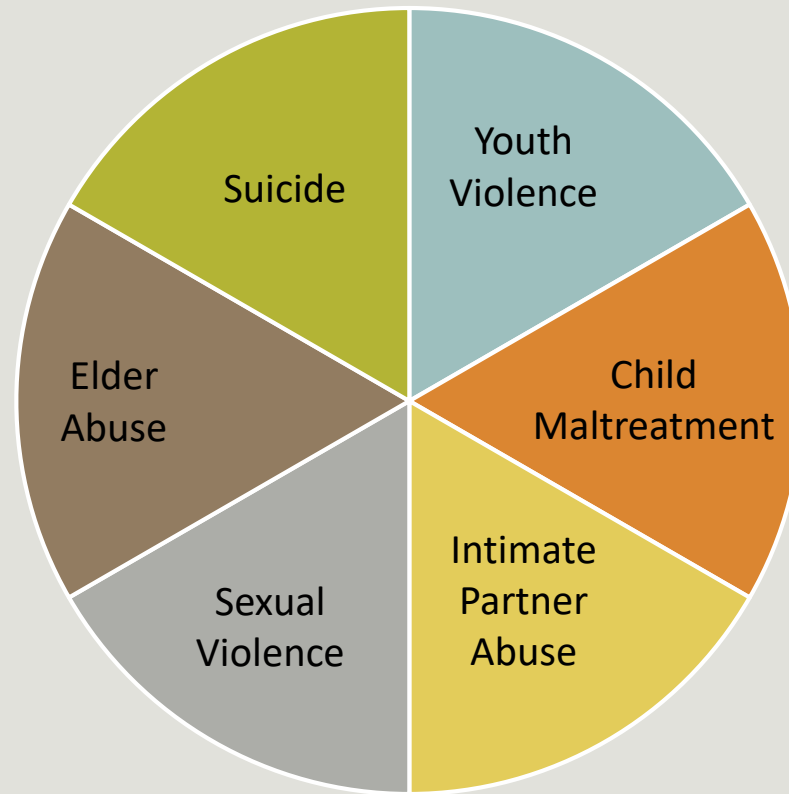
2.8 times more likely to have poor quality of life

3.5 times more likely to have a serious mental illness

3.8 times more likely to be unable to work

Confronting Violence

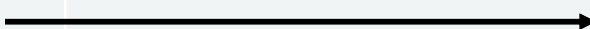
Community Violence



Risk Factors and Strategies

INDIVIDUAL FACTORS	Violence Topics						
	Sexual Violence Perpetration	Suicide	Intimate Partner Violence	Abuse Perpetrating Elder	Child Maltreatment Perpetration	Child Maltreatment Victimization	Youth Violence
Age (young)			X			X (Under four years)	
Alcohol and drug use	X	X	X	X	X		X
Aggressiveness (general) (anger, hostility, aggression, impulsiveness, acceptance of violence)	X	X	X	X			X
Belief in strict gender roles (male dominance and aggression in relationships, desire for power in relationships)	X	X	X				
Beliefs that support or justify violence (child maltreatment, suicide)					X		
Early sexual initiation	X						
Emotional Issues (emotional dependence and insecurity, inadequate coping skills, low-self-esteem, empathetic deficits, feelings of hopelessness, poor behavioral concern, deficits in social cognitive processing)	X	X	X	X			X

How can we address violence?

Who to target? → SEM Level ↓	Universal (Population Level)	At-Risk For Violence	Already Exhibiting Behavior
Individual	<ul style="list-style-type: none"> • First Grade Classroom Prevention Program (good behavior and classroom management)* 	<ul style="list-style-type: none"> • Head-Start Preschool program* 	<ul style="list-style-type: none"> • Therapeutic programs for inmates with drug problems.* • Therapeutic programs for delinquent youth.* • Smoking cessation programs*
Relationship	Universal Parenting Resources (Example: DOH brochures about child development based on child age.)	<ul style="list-style-type: none"> • Big Brothers Big Sisters of America* • Nurse-Family Partnership* • Strengthening Families Program* 	<ul style="list-style-type: none"> • Multi-systemic therapy for youth exhibiting problematic behaviors, and poor family support, parent-child relationships.*
Community	Legislation on limited days and hours of sale.*	<ul style="list-style-type: none"> • Decrease the density of alcohol outlets.* 	<ul style="list-style-type: none"> • Enhanced enforcement of laws prohibiting sales to minors.*
Society	<ul style="list-style-type: none"> • Campaign to create awareness of alcohol-related issues.* 		<ul style="list-style-type: none"> • Taxes on the purchase of drugs and alcohol.*

What is the role of SRHD?

FUNCTIONS

Generating awareness, catalyzing action

Data Center support (data, measurement and evaluation) for organizations in a position to impact

Convening community

FOCUS

On the well-being of children

- Healthy childhood development
- Healthy families
- Supportive local communities

On the well-being of the most marginalized communities (i.e., inequity)

- Promoting resiliency among the most vulnerable children, families, neighborhoods

Next Steps

Dissemination

Strategic outreach

Continuous evaluation, evolution, improvement and alignment of SRHD program efforts

Thank You!!!

