



Violence Prevention & Trauma Informed Transformation

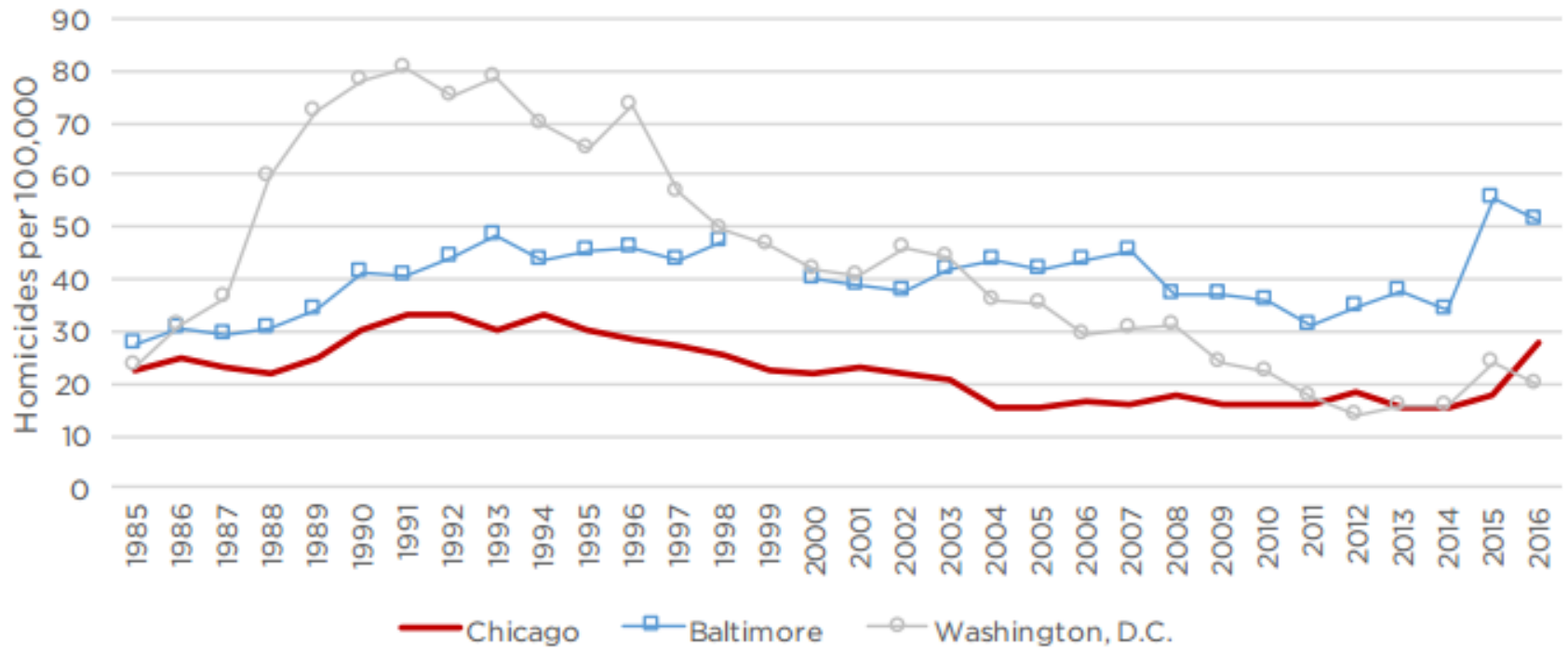
Marlita White
Office of Violence Prevention and Behavioral Health
STI Conference
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2016 Homicide/Risk Snapshot

- 762 homicide victims
- 3,550 shooting incidents
- 4,331 shooting victims

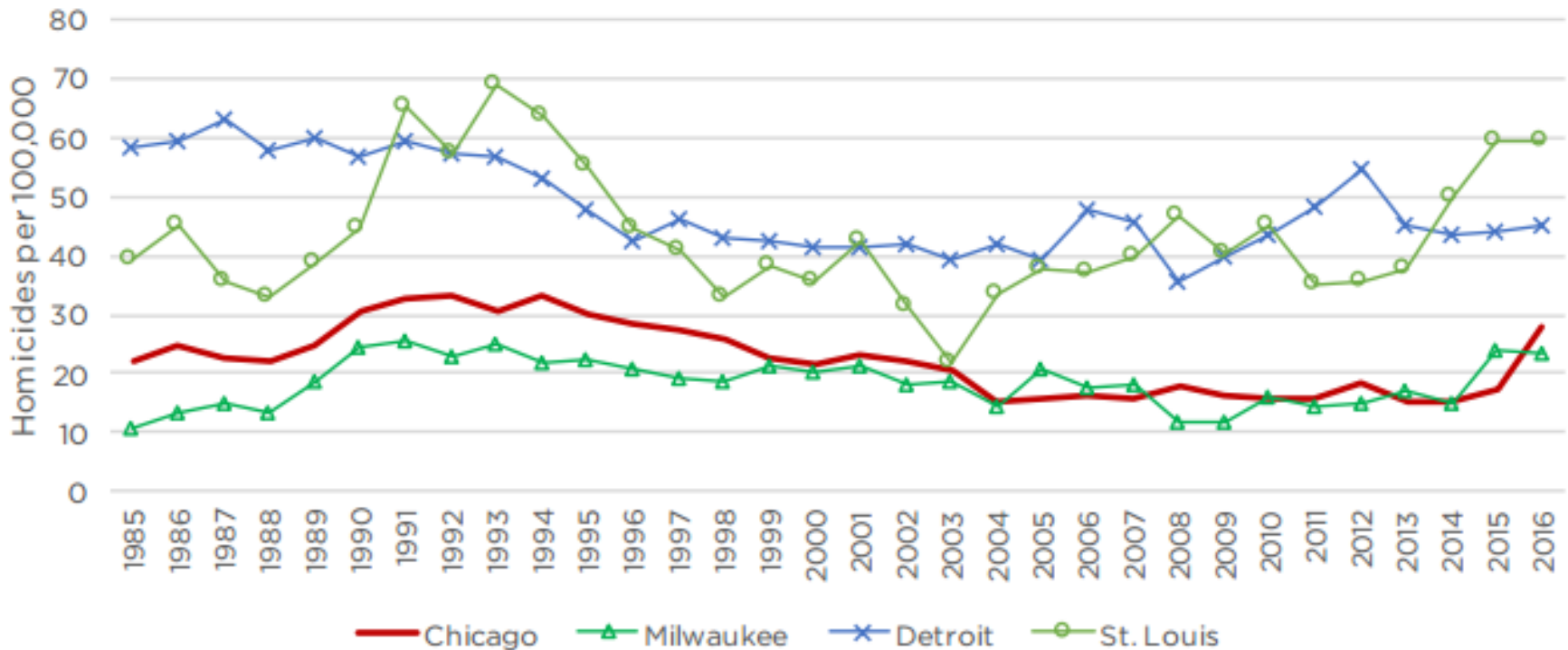
Gun violence in Chicago, 2016

Figure 3: Homicide Rates, Chicago and East Coast Cities, 1985-2016



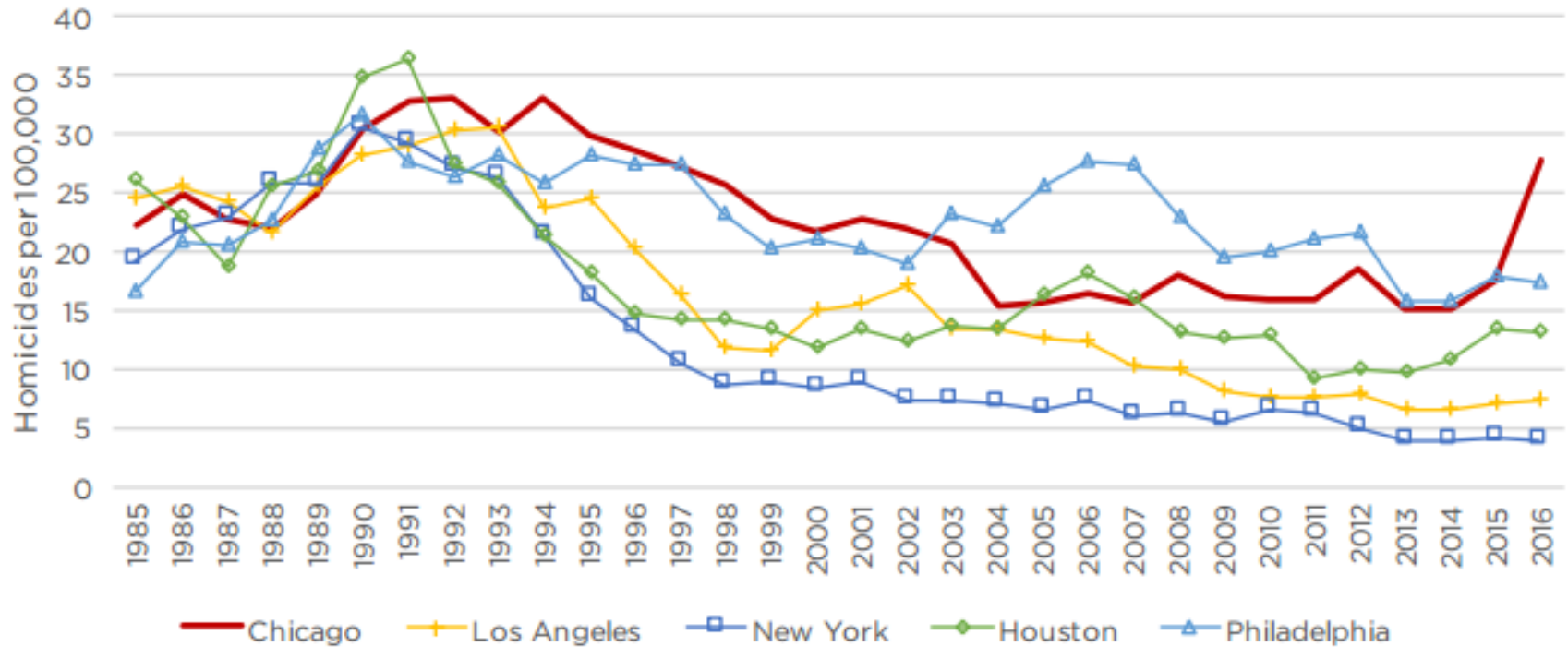
Gun violence in Chicago, 2016

Figure 4: Homicide Rates, Chicago and Midwest Cities, 1985-2016



Gun violence in Chicago, 2016

Figure 5: Homicide Rates, Chicago and Large Cities, 1985-2016

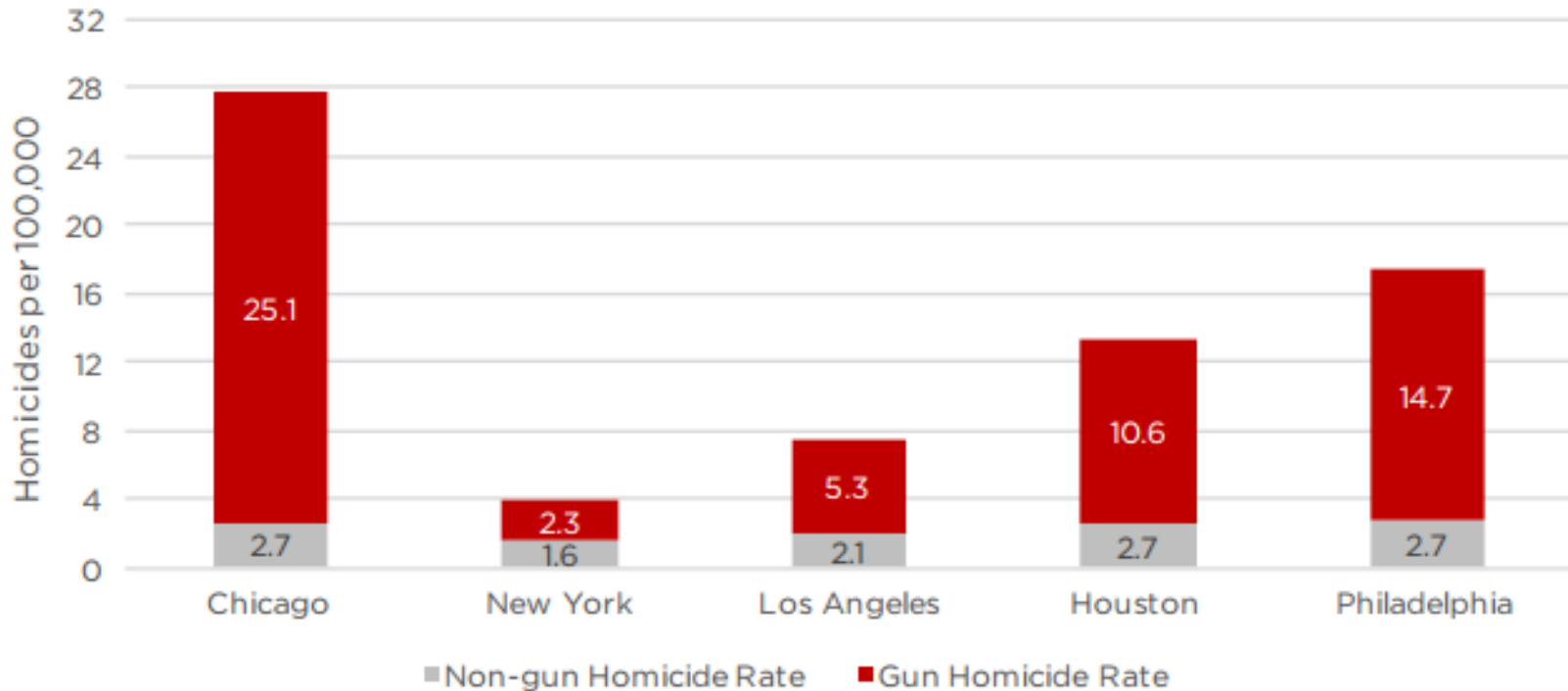


Source: FBI UCR, Crime Lab analysis of CPD records



Gun violence in Chicago, 2016

Figure 8: Gun and Non-gun Homicide Rates, 2016



Source: Crime Lab analysis of police department records



Violence Prevention Program Overview

Manage Programs	<i>(type of violence) Program</i>
<i>Prevention</i>	<p>(Youth and Community Violence/Community and Police Tensions) <u>RECAST – Resiliency in Communities After Stress and Trauma</u></p> <p>(Youth &Community Violence/Bullying) <u>Restorative Practice - CDBG</u></p> <p>(Teen Dating Violence (TDV) Prevention) <u>Chicago Dating Matters Initiative (CDMI) 2.0</u></p> <p>(Community and Family Violence) <u>MH Public Awareness</u> – Kennedy Forum, IL (KFI)</p> <p>Bullying and Suicide Prevention Network (2019)</p>
<i>Intervention</i>	<p>(Torture Victims) <u>Chicago Torture Justice Center</u></p> <p>(Individuals with MH in ER via police transport) <u>Crisis Intervention Pilot Program – CDBG</u></p> <p>(Community Violence) <u>Institute for Non-Violence Chicago (INVC)</u></p>

Violence Prevention Program Overview

Response

(Homicide) **Crisis Response and Recovery**

(Child Abuse and Sexual Assault) **Mental Health Support to Child Sexual Assault Victims**

Support Collective Impact & Partner Engagement

Convene teams: ex. Healthy Chicago 2.0 - *Violence Prevention*

Active participant in many external efforts across citywide, statewide and national initiatives

Provide Education topics

Adverse Childhood Experiences, Trauma, Bullying and Teen Dating Violence (*limited availability*)

Raise Awareness

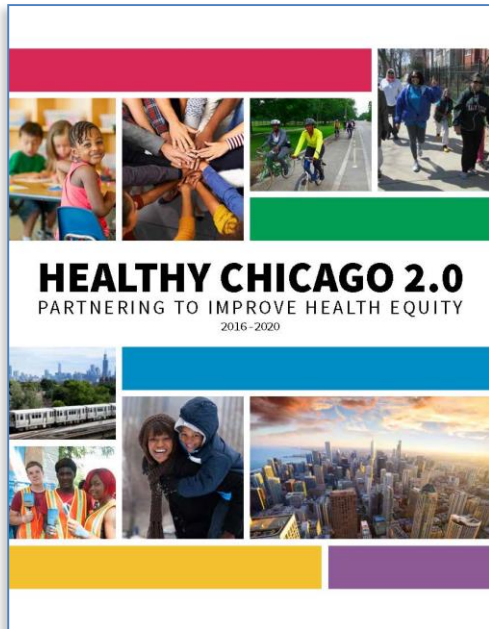
Maintain annual calendar of health observances (varies):
Domestic Violence, Childhood Exposure to Violence and Trauma, Teed Dating Violence, Suicide Prevention, Elder Abuse, Crime and Homicide Victims

Substance Use Prevention and Response

<i>Response</i>	Opioid Overdose Prevention programs
<i>Treatment Services</i>	Substance use treatment programs across multiple levels of care including prevention, basic and intensive outpatient treatment, residential rehabilitation, and methadone and and detoxification and recovery support,

Key Resources:

ChicagoConnects.org
OvercomeOverdose.org
ChicagoHealthAtlas.org



ACHIEVING HEALTH EQUITY

1. Partnering Together
2. Leveraging Data
3. Focusing on Root Causes

Background

Chicago's **Healthy Chicago 2.0** policy agenda (HC 2.0) includes violence prevention and substance use among its top priorities and calls for city entities and the city of Chicago to become trauma-formed systems.

City departments are working together on the **Health in All Policies (HiAP)** taskforce to support improved health outcomes across policy actions, especially those that aren't focused on health. As a starting point, the taskforce has identified training city frontline staff on trauma as one of its priorities.

Improving Health Conditions

- Promoting Behavioral Health
- Strengthening Child & Adolescent Health
- Preventing & Controlling Chronic Disease
- Reducing the Burden of Infectious Disease
- **Reducing Violence**





Violence Reduction – HC 2.0

- Goals
 - Decrease incidence of victimization and exposure of violence and strengthen community protective factors
 - Strengthen families to reduce the cycle of violence within families
 - Reduce mass incarceration and inequitable police attention in communities of color
 - Support the process of Chicago being a Trauma Informed (TI) city (*includes strategies that start with CDPH being a trauma informed organization*)

Editorial

Violence Is a Public Health Issue

Leana S. Wen, MD, MSc, FAAEM; Kathleen E. Goodwin, BA

● The Case for a Public Health Intervention

Violence is unequivocally a public health issue that directly impacts the well-being of communities everywhere. Yet, Surgeon General Dr Vivek Murthy's confirmation by the Senate was delayed for more than a year because of a tweet reading "guns are a health care issue." Declaring that violence influences the health of Americans remains a controversial statement in this country. Yet, the statistics speak for themselves: in the United States, more than 30 000 deaths per year are attributed to firearms.¹ The homicide rate in America is 7 times the rate in other high-income nations.² In cities such as Baltimore, violent deaths are climbing even as population declines. In 2015, Baltimore recorded 344 homicides, its deadliest year on record.³

Emergency departments throughout the United States see the impact of violence every day. While health care professionals are trained to treat violent injuries, it would be far more effective to prevent these injuries in the first place. Gunshot victims who are not killed are often permanently disabled, and the costly burden of their care falls to their families and the health care system. The health effects of violence disproportionately impact communities of color, furthering the gap in health outcomes in a nation already contending with dramatic health disparities. It is the duty of public health to recognize violence as a major factor in impacting the well-being of citizens. One of public health's essential functions should be violence prevention, as it fulfills its mission to focus on upstream intervention to improve the health of populations.

The value of violence prevention must be compared with the cost of shootings, homicides, trauma, and incarceration. A single homicide is estimated to cost \$1.3 million in direct medical and productivity losses.⁴ In Baltimore, the surgical costs of a gunshot wound are on average \$112 000 per patient.⁵ Statewide in Maryland, firearm homicides cost an estimated \$500 million

in medical and workland spent \$38 360 per individuals.⁷ Annually gun injuries and homicide in direct mental health increase substantially families could actually afford to seek counseling.

Another aspect of violence that influences the health of the public is the toll of the trauma of living in high-crime areas, especially the toll on the most vulnerable citizens: our children. In Baltimore, 30% of children record an Adverse Childhood Experience score greater than 2.⁹ This means nearly one-third of the city's children have had 2 or more experiences such as domestic violence, living with someone with an alcohol/drug problem, the death of a parent, or being a victim/witness of neighborhood violence. Children living in environments with endemic violence face an incalculable burden that impacts their ability to thrive and increases their risk for becoming victims or perpetrators of violence. Public health initiatives that improve the lives of children also serve to prevent future violence.

● Violence Prevention As a 2-Pronged Public Health Approach

Evidence shows that there are methods to effectively decrease violence grounded in the principles of upstream intervention and changing cultural norms. Unlike so many ailments that do not have a cure or a vaccine, with violence, public health has the power to make change, prevent injury, and save the lives of citizens.

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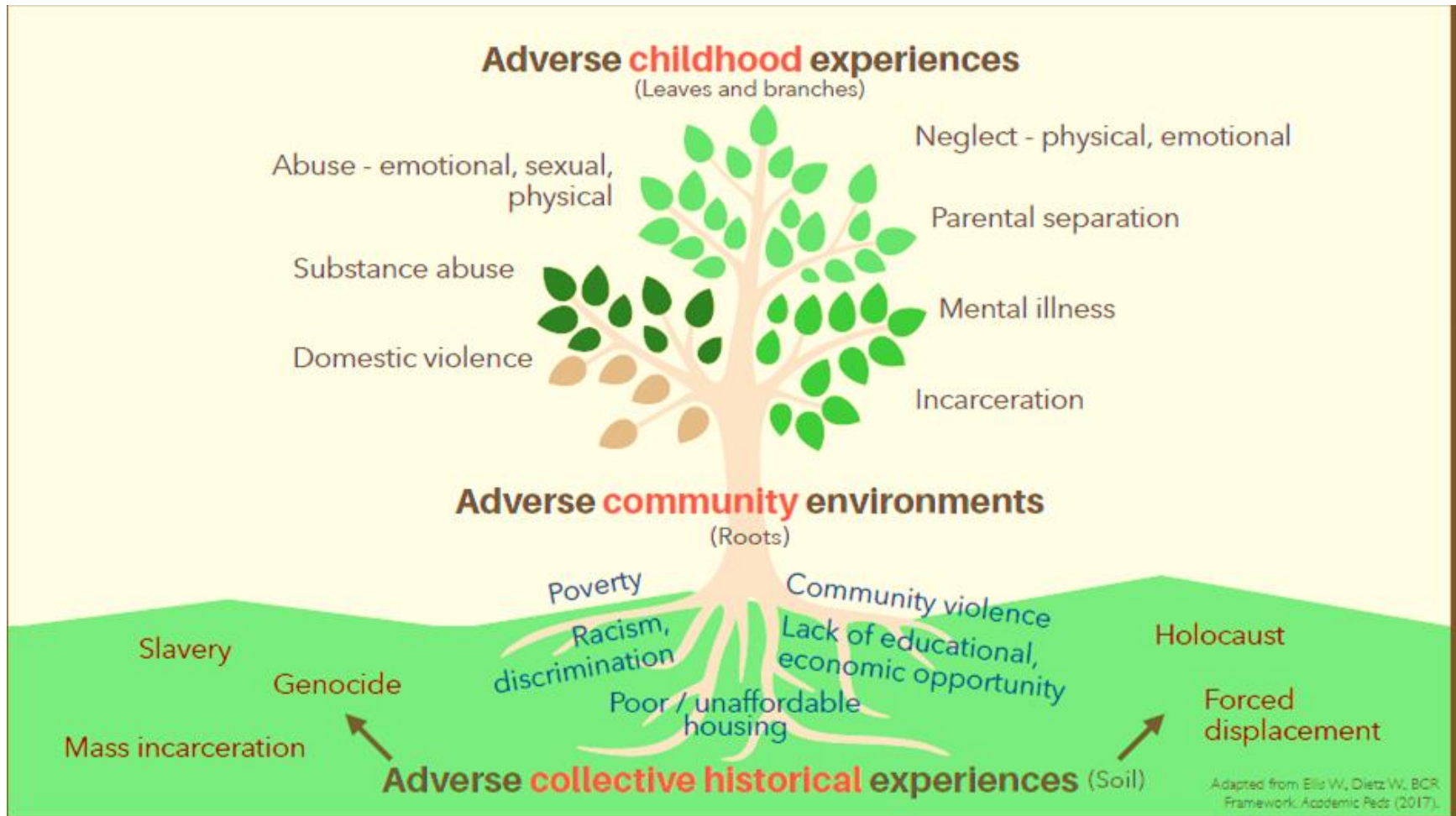
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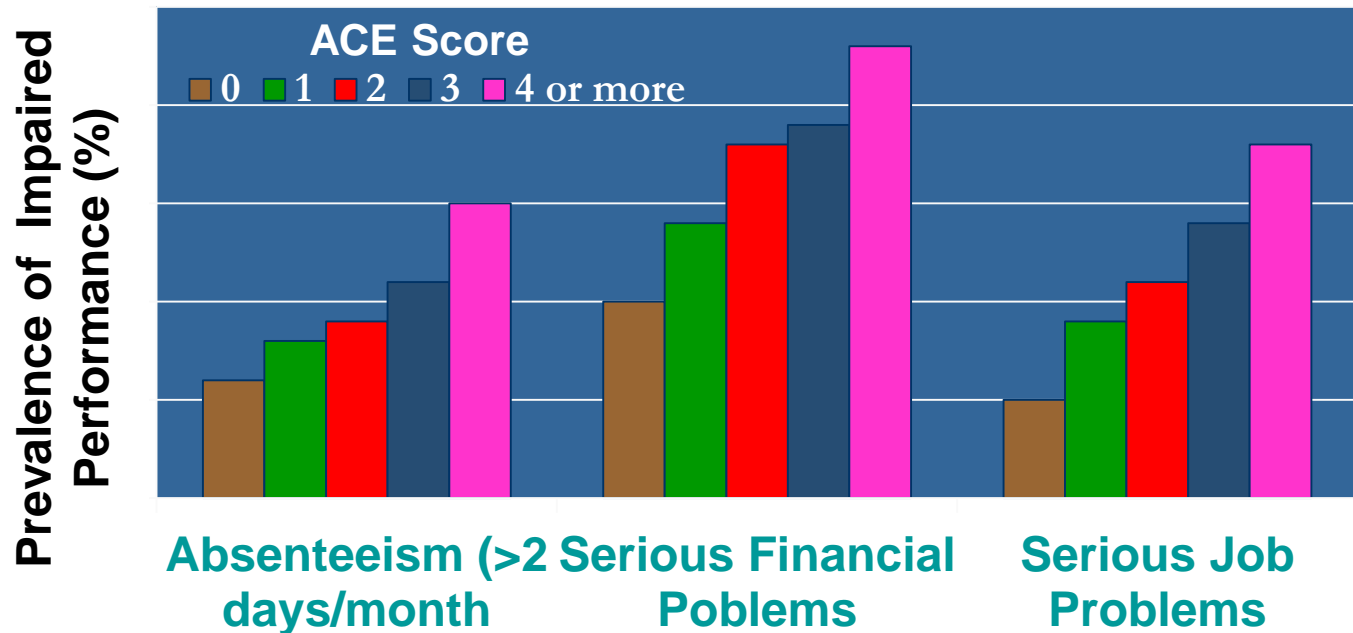
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**Trauma-Informed
Transformation Project (TiTP)
Chicago Department of Public Health**

Introduction to Adverse Childhood Experiences



Setting the context as a workforce issue: Adverse Childhood Experiences Score and Indicators of Worker Performance



Types of Stress

POSITIVE



A normal and essential part of healthy development

EXAMPLES

*getting a vaccine,
first day of school*

TOLERABLE



Response to a more severe stressor, limited in duration

EXAMPLES

*loss of a loved one,
a broken bone*

TOXIC



Experiencing strong, frequent, and/or prolonged adversity

EXAMPLES

*physical or emotional abuse,
exposure to violence*

25% of young Americans, women, and parents experience high levels of stress.
50% of Americans believe they have stress 33% higher than healthy levels.
64% of Americans say major stress comes from financial uncertainty.

How do ACEs Affect our Society?

LIFE EXPECTANCY

People with six or more ACEs died nearly **20 years earlier on average** than those without ACEs.

0 ACEs



80
YEARS

6+ ACEs



60
YEARS

ECONOMIC TOLL

The Centers for Disease Control and Prevention (CDC) estimates that the lifetime costs associated with child maltreatment total **\$124 billion**.



Why is being a trauma-informed city important?

Trauma-Informed Care is an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma and toxic stress.

While staff and consumers experience tolerable and even acute stress, organizations should assess our responsiveness to **Toxic Stress** which is severe, unmanageable, and occurs in the absence of appropriate support or recovery skills.



A trauma-informed organization...

- **Realizes** the widespread impact of trauma and understands potential paths for recovery
 - **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices
 - **Recognizes** the signs and symptoms of trauma in staff, families, clients and others involved with the system
 - **Resists re-traumatizing** staff and consumers

Adding a 5th R

- **Resiliency** supports and develops the capacity of staff and consumers to recover post trauma and regain and/or exceed in navigating their daily functioning and goal attainment.

Setting the context: Linking to Key Initiatives

Note: Connect your TI transformation to your department's existing priorities.

Example: CDPH has identified three other initiatives that, together, will support our overall culture change goals.

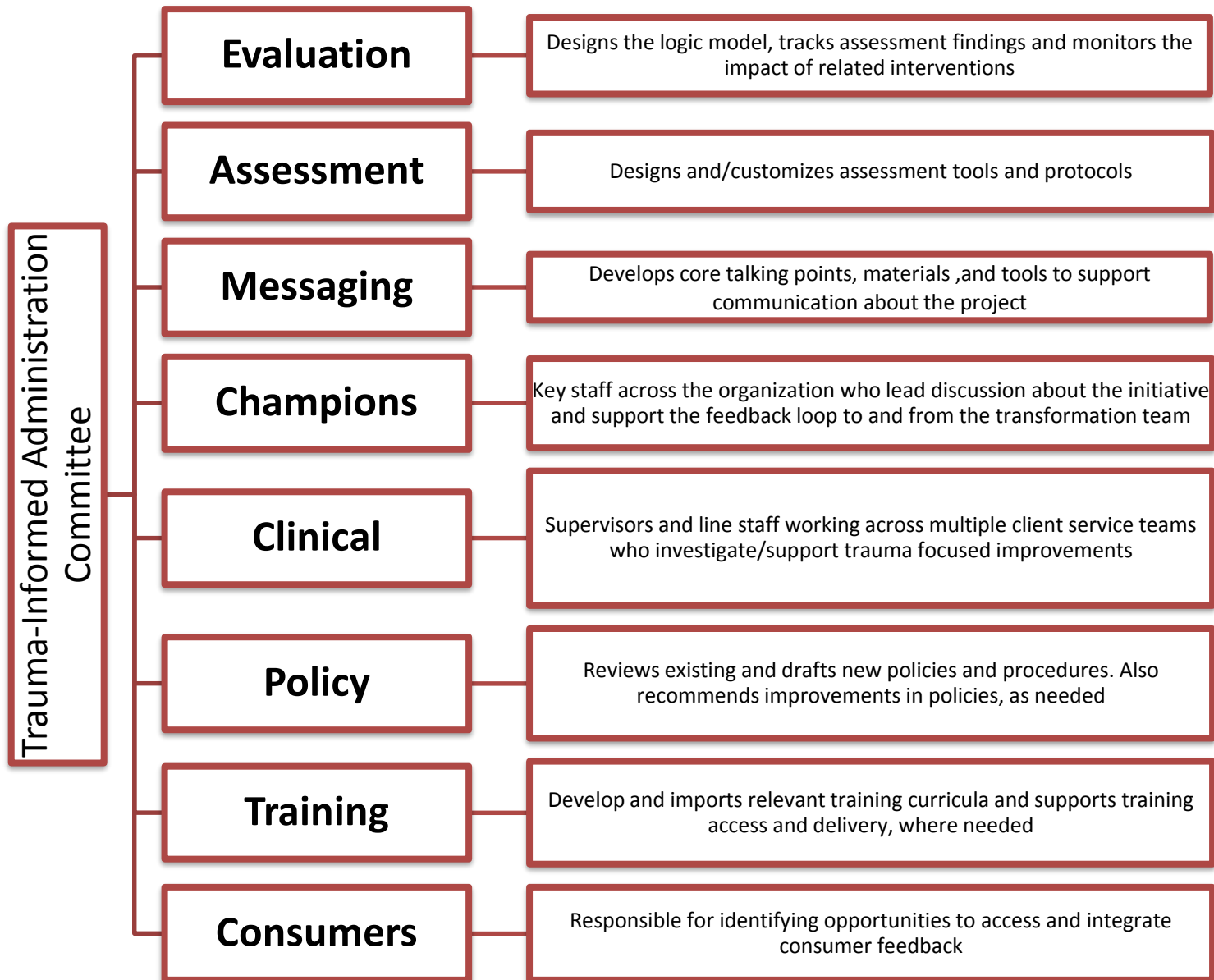
Health Equity

Cultural Leadership

Undoing Racist Systems

Trauma-Informed

The TiTP team:



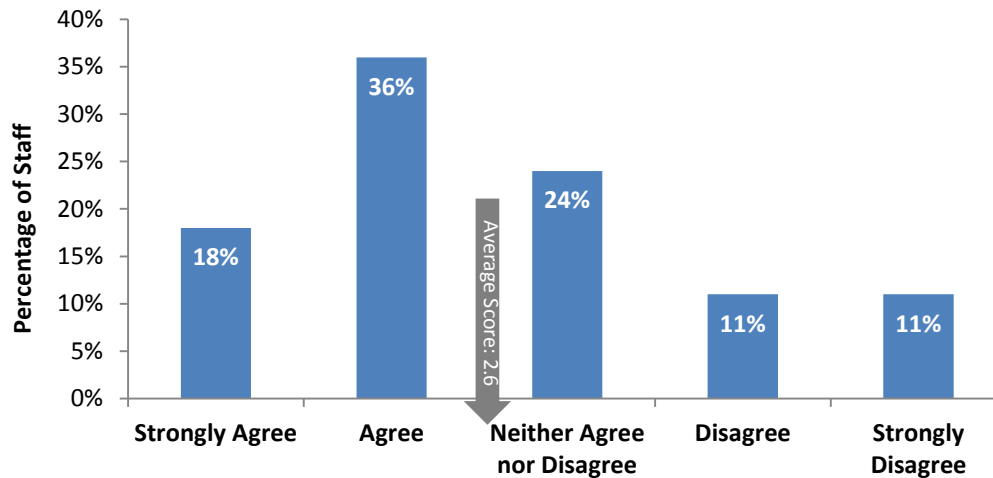
TITP Assessment Levels

Assessments	Focus: “Using a trauma-informed lens...”	Method
Staff (all employees)	Captures staff concerns, knowledge, current involvement, and possible areas for change	Online survey
Consumer	Captures how consumers (patients, clients, patrons, participants) experience our services	Surveys and interviews
Human Resources	Explores pressure points for staff retention, absenteeism and other indicators of wellness	Archive analysis
Policy	Explores how trauma sensitive concerns are addressed in current policies and procedures	Archive analysis
Environmental	Considers the state of staff occupied facilities and community attributes using trauma informed metrics	Site visits and interviews
Clinical	Reviews current approaches and practices used to deliver care and services from a trauma focused lens	Focus groups and interviews

Data Driven Decisions...

(Sample, All Staff Assessment Question) Knowledge About Traumatic Stress

I can explain how trauma impacts the services I deliver in my job and the people I serve.



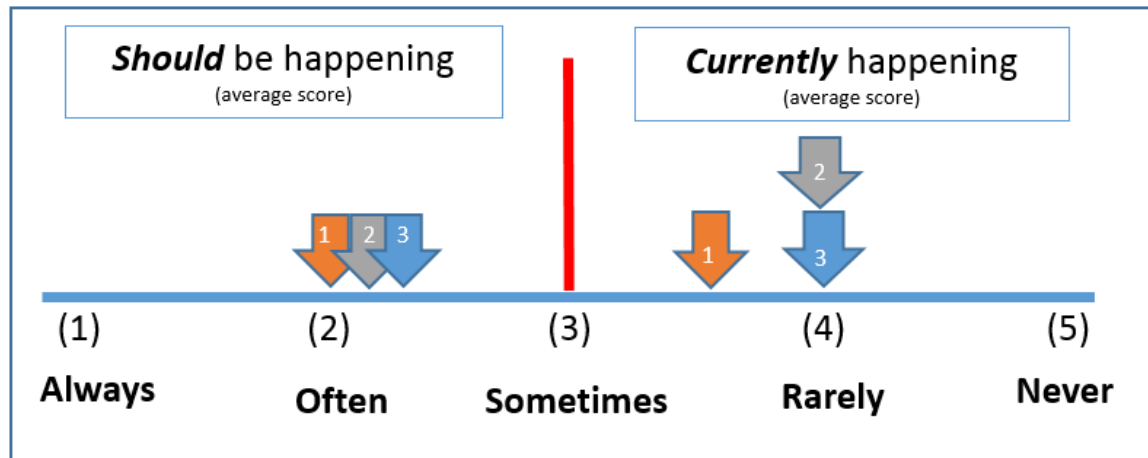
Note: data are from the trauma-informed all staff assessment, which was conducted by the Chicago Department of Public Health in August 2016 and had a 62% response rate.

Self-Care At Work

(Sample, All Staff Assessment question)

CDPH asked staff, how **frequently** “should” or does the following “currently” occur ...

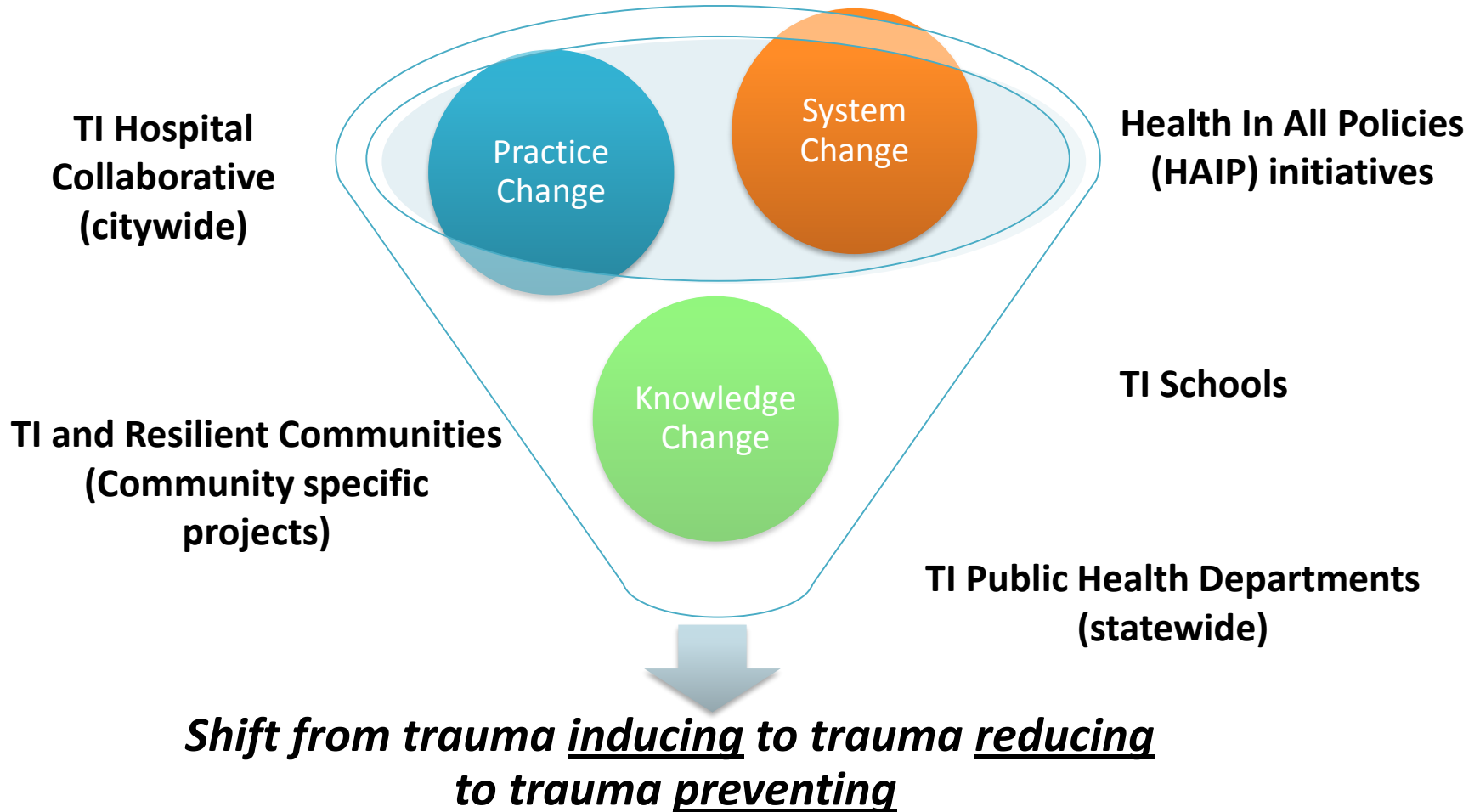
1. **Self-care is addressed and promoted**
2. **There is room and space for staff to practice self-care**
3. **Staff are invited to offer feedback on their supervisor’s performance.**



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How We Get To Sustained Change

(Leveraging **tandem** efforts)





Thoughts, Comments or Questions

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