Violence Prevention & Trauma
Informed Transformation

Marlita White
Office of Violence Prevention and Behavioral Health
STI Conference
October 2, 2018 – Malcolm X College, Chicago
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

Source: University of Chicago Crime Lab, Gun Violence in Chicago 2016, January 2017
Gun violence in Chicago, 2016

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

Source: University of Chicago Crime Lab, Gun Violence in Chicago 2016, January 2017
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

<table>
<thead>
<tr>
<th>City</th>
<th>Non-gun Homicide Rate</th>
<th>Gun Homicide Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chicago</td>
<td>2.7</td>
<td>25.1</td>
</tr>
<tr>
<td>New York</td>
<td>2.3</td>
<td>1.6</td>
</tr>
<tr>
<td>Los Angeles</td>
<td>5.3</td>
<td>2.1</td>
</tr>
<tr>
<td>Houston</td>
<td>2.7</td>
<td>10.6</td>
</tr>
<tr>
<td>Philadelphia</td>
<td>2.7</td>
<td>14.7</td>
</tr>
</tbody>
</table>

Source: Crime Lab analysis of police department records

Source: University of Chicago Crime Lab, Gun Violence in Chicago 2016, January 2017
<table>
<thead>
<tr>
<th>Manage Programs</th>
<th>(type of violence) Program</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prevention</strong></td>
<td>(Youth and Community Violence/Community and Police Tensions) RECAST – Resiliency in Communities After Stress and Trauma</td>
</tr>
<tr>
<td></td>
<td>(Youth &amp; Community Violence/Bullying) <strong>Restorative Practice</strong> - CDBG</td>
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<tr>
<td></td>
<td>(Teen Dating Violence (TDV) Prevention) <strong>Chicago Dating Matters Initiative (CDMI) 2.0</strong></td>
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<td></td>
<td>(Community and Family Violence) <strong>MH Public Awareness</strong> – Kennedy Forum, IL (KFI)</td>
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<tr>
<td></td>
<td><strong>Bullying and Suicide Prevention Network</strong> (2019)</td>
</tr>
<tr>
<td><strong>Intervention</strong></td>
<td>(Torture Victims) <strong>Chicago Torture Justice Center</strong></td>
</tr>
<tr>
<td></td>
<td>(Individuals with MH in ER via police transport) <strong>Crisis Intervention Pilot Program</strong> – CDBG</td>
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<tr>
<td></td>
<td>(Community Violence) <strong>Institute for Non-Violence Chicago</strong> (INVC)</td>
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</table>
## 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

| **Provide Education topics** |  
| --- | --- |
| Convene teams: ex. Healthy Chicago 2.0 - **Violence Prevention** |  
| Active participant in many external efforts across citywide, statewide and national initiatives |

| **Raise Awareness** |  
| --- | --- |
| Maintain annual calendar of health observances (varies): Domestic Violence, Childhood Exposure to Violence and Trauma, Teen Dating Violence, Suicide Prevention, Elder Abuse, Crime and Homicide Victims |

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*Adverse Childhood Experiences, Trauma, Bullying and Teen Dating Violence (limited availability)*
<table>
<thead>
<tr>
<th>Substance Use Prevention and Response</th>
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<tbody>
<tr>
<td><strong>Response</strong></td>
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<tr>
<td>Opioid Overdose Prevention programs</td>
</tr>
<tr>
<td><strong>Treatment Services</strong></td>
</tr>
<tr>
<td>Substance use treatment programs across multiple levels of care including prevention, basic and intensive outpatient treatment, residential rehabilitation, and methadone and detoxification and recovery support,</td>
</tr>
</tbody>
</table>

**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 it’s 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, FAHAM; 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. The homicide rate in America is 7 times the rate in other high-income nations. In cities such as Baltimore, violent deaths are climbing even as population declines. In 2015, Baltimore recorded 344 homicides, its deadliest year on record.

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. In Baltimore, the surgical costs of a gunshot wound are on average $112,000 per patient. Statewide in Maryland, firearm homicides cost an estimated $530 million in medical and work lost.

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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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The authors declare no conflicts of interest.

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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

![Graph showing the prevalence of impaired performance by ACE score for different indicators: Absenteeism (>2 days/month), Serious Financial Problems, and Serious Job Problems.](image-url)
Types of Stress

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.

$3.9 Billion
CRIMINAL JUSTICE

$4.4 Billion
CHILD WELFARE

$4.6 Billion
SPECIAL EDUCATION

$25 Billion
HEALTH CARE

$83.5 Billion
PRODUCTIVITY LOSS
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

SAMHSA’s National Center for Trauma-Informed Care
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.

Steps toward Transformation:

- Step One: Develop a diverse transformation team
- Step Two: Develop a program and logic model
- Step Three: Design and launch a baseline assessment process (multi-level)
- Step Four: Collect and analyze data
- Step Five: Prioritize recommendations
- Step Six: Launch and monitor implementation (in phases)
- Step Seven: Share progress, credit, and course corrections
- Step Eight: Assess impact (intermittently) and advance (recurring, crisis and routine) planning and actions
The TiTP team:

- **Evaluation**: Designs the logic model, tracks assessment findings and monitors the impact of related interventions.
- **Assessment**: Designs and/customizes assessment tools and protocols.
- **Messaging**: Develops core talking points, materials, and tools to support communication about the project.
- **Champions**: Key staff across the organization who lead discussion about the initiative and support the feedback loop to and from the transformation team.
- **Clinical**: Supervisors and line staff working across multiple client service teams who investigate/support trauma focused improvements.
- **Policy**: Reviews existing and drafts new policies and procedures. Also recommends improvements in policies, as needed.
- **Training**: Develop and imports relevant training curricula and supports training access and delivery, where needed.
- **Consumers**: Responsible for identifying opportunities to access and integrate consumer feedback.
# TITP Assessment Levels

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

<table>
<thead>
<tr>
<th><strong>Should</strong> be happening (average score)</th>
<th><strong>Currently</strong> happening (average score)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Always</td>
<td>(4) Rarely</td>
</tr>
<tr>
<td>(2) Often</td>
<td>(5) Never</td>
</tr>
<tr>
<td>(3) Sometimes</td>
<td></td>
</tr>
</tbody>
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**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.
How We Get To Sustained Change
(Leveraging **tandem** efforts)

Shift from trauma *inducing* to trauma *reducing* to trauma *preventing*
Thoughts, Comments or Questions

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