



ENTERING Spokane

Confronting Violence

EXECUTIVE SUMMARY

Risk. Outcomes. Prevention.
SPOKANE COUNTY • JULY 2017



WARNING: This report contains imagery that may be disturbing to some readers.

Executive Summary

Violence is a serious public health problem, nationally and here locally in Spokane. From infants to the elderly, it affects people in all stages of life. People exposed to violence at an early age can have lasting physical, mental, and emotional health problems.¹ Additionally, violence erodes the fabric of communities—decreasing social capital in communities, reducing productivity of residents, decreasing property values, and disrupting social services.^{2,3} No one is

immune to the effects of community violence. Preventing violence has tremendous value, not just by saving money and lives, but also as a means to foster well-being, promote health equity, and strengthen the local community.

This report was developed by Spokane Regional Health District (SRHD) to provide a comprehensive picture of community violence in Spokane County, including impacts to health and well-being.





This report reviews multiple facets of violence and explores impacts to youth, as well as inequities related to violence by neighborhood, race, and ethnicity. Readers can use the report’s findings to better understand and address priorities related to violence prevention. Report data can generate awareness as to violence’s numerous, and substantial, impacts to human health and well-being in communities, guide collaborative efforts among partners across Spokane County, and shape future funding and program initiatives. The multiple facets of violence illustrated in this report are documented by the use of data points (i.e. measures) that represent factors that are known to significantly increase the likelihood of engaging in risky behaviors or experiencing negative outcomes (i.e. risk factors), and those that are known to promote healthy behaviors and significantly decrease the likelihood of an individual engaging in risky behaviors or experiencing negative outcomes (i.e. protective factors). The data that measure risk and protective factors are organized using the construct of the socioecological model. This model simplifies the complicated topic of violence by using several overlapping and inter-related realms of influence: individual, relationship, community, and societal levels. Additionally, the report includes the perspectives of multiple stakeholders in the community, including perceptions on community strengths and weaknesses. This information was gathered through key informant interviews of a convenience sample of community stakeholders who serve victims of violence.

Key Findings

What is an acceptable level of violence in this community?

Is violence increasing or decreasing in Spokane County? The findings don't lend themselves to a strict determination—community violence is complicated. While trend data is lacking on many indicators, approximately half of the indicators are improving while half appear to be worsening. The report illustrates disturbing trends among indicators of violence impacting children. Regardless of trend, many indicators remain unacceptably high in this community, most specifically those reflecting experiences of violence affecting Spokane County's youth.

- One-third of Spokane County adolescents reported being depressed in the last year.
- Nearly 1 in 5 Spokane County adolescents reported they seriously considered attempting suicide in the last year.
- **Over 50,000 incidents of child abuse** were verified in Spokane in the last decade, believed by many to grossly underreport the actual incidents of child abuse that take place and go unreported or unverified each year.
- In 2015, there were over 4,200 domestic violence-related offenses among Spokane County residents, again, a number that community partners think is drastically underreported. Domestic violence is known to have life-long implications for both victims, and children exposed to violence in these homes.

Further, 45% of Spokane's youth directly reported experiencing at least one violence-related incident— involvement in a physical fight, gang membership, bullying, physical abuse, or intimate partner violence. Youth who have experienced multiple episodes of violence were more likely to be failing school.





Is violence more acceptable for some people, but not others?

The report also illustrates substantial inequities related to race and ethnicity. Children of color have more risk factors and less protective factors than white children, perpetuating an ongoing cycle of racial bias and trauma across generations. For example, the data show:

- Youth arrests - black and Hispanic students were more likely to have reported being arrested.
- Bullying - compared to white students, American Indian/Alaska Native and 'other' race students were more likely to have been bullied.
- Safety at school - compared to white students, black, Hispanic, and 'other' race students were more likely to report not feeling safe at school.
- Homelessness - compared to white students, black, Hispanic and 'other' race students were more likely to be homeless.

Further, there is almost a 90-fold difference between the neighborhood with the highest rate of violent crime (Riverside) compared to the neighborhood with the lowest rate (Northwest). Like income, education, and other social determinants of health and well-being, experiences of violence are unfairly distributed, resulting in disparate risks, exposures, and outcomes by race and ethnicity, neighborhood, and other factors.

What about health and quality of life?

Across all domains and indicators, exposure to violence was associated with lower reported quality of life and poor health outcomes. For example:

- Students who considered suicide were 2.4 times more likely to be failing in school and were 8.4 times more likely to report a low quality of life.
- Students who reported abuse history were 1.7 times more likely to be failing in school and were 3.7 times more likely to report a low quality of life.
- Homeless students were 4.8 times more likely to be failing in school and were 6.7 times more likely to report a low quality of life.

Adjusting for race and maternal education level (a proxy measure of socio-economic status), the odds of having experienced violence are 2.8 times higher for those students with academic failure (Ds and Fs) as compared to students who aren't failing school ($p < 0.01$), suggesting that violence is independently associated with poor academic outcomes.

Poor health outcomes were also often carried into adulthood for adults exposed to trauma during childhood or adolescence. In Spokane County, adults who experienced three or more traumatic or stressful events were:

- 2.1 times more likely to have mental health problems and 3.3 times as likely to have a serious mental illness.
- 1.4 times more likely to have physical activity limitations.
- 1.3 times as likely to have fair to poor overall health.
- 3.4 times more likely to be unable to work.
- 1.5 times as likely to be a smoker.
- 2.3 times as likely to have poor quality of life.

Taking action to confront violence

This report is meant to generate awareness and discussion about the extent, complexity, and unfair distribution of violence in this community. Based on report findings, stakeholders should consider where alignment and partnership with other organizations can be furthered to confront and eliminate violence in Spokane County. When asked in interviews, community partners highlighted the challenges that any one service organization has in meeting the needs of Spokane County individuals. Combating violence takes the collective efforts of stakeholders who provide services on many different levels, from working directly with victims to changing policies, and shifting cultural views. Violence prevention is everyone's responsibility, and fortunately, best practices can be found, learning from other communities who are tackling violence.^{4,5,6,7} There is something that everyone can do to prevent violence.

Media

Combat perceptions that violence is inevitable by promoting prevention messages and increasing coverage of positive stories, especially about young people.

Employers

Support safe leave for victims of violence. Remedy community blight. Ensure mental health services are covered in employee benefit plans.

Schools

Implement and strengthen programs and policies to prevent abuse, violence, and bullying in schools. Build social connectedness. Help victims and perpetrators of school violence.

Government

Support intelligent community design including business improvement districts, crime prevention through environmental design, street outreach, and community mobilization.

Churches and Faith-based Organizations

Support healthy child development programs and reach out to at-risk youth to promote inclusion in supportive programs and environments. Organize and support activities that encourage broad social participation.

Health Care

Conduct screening for intimate partner violence, mental illness identification, and treatment; support cross-sector collaborative care, linkages between pharmacy (adherence to treatment) and diagnoses in mental health.

Neighborhood Associations

Develop and support community-based anti-crime and anti-gang initiatives. Implement bystander intervention programs.

Individuals

Take parenting classes. Develop relationships with your neighborhood and community. Learn self-efficacy skills. Get connected to others.

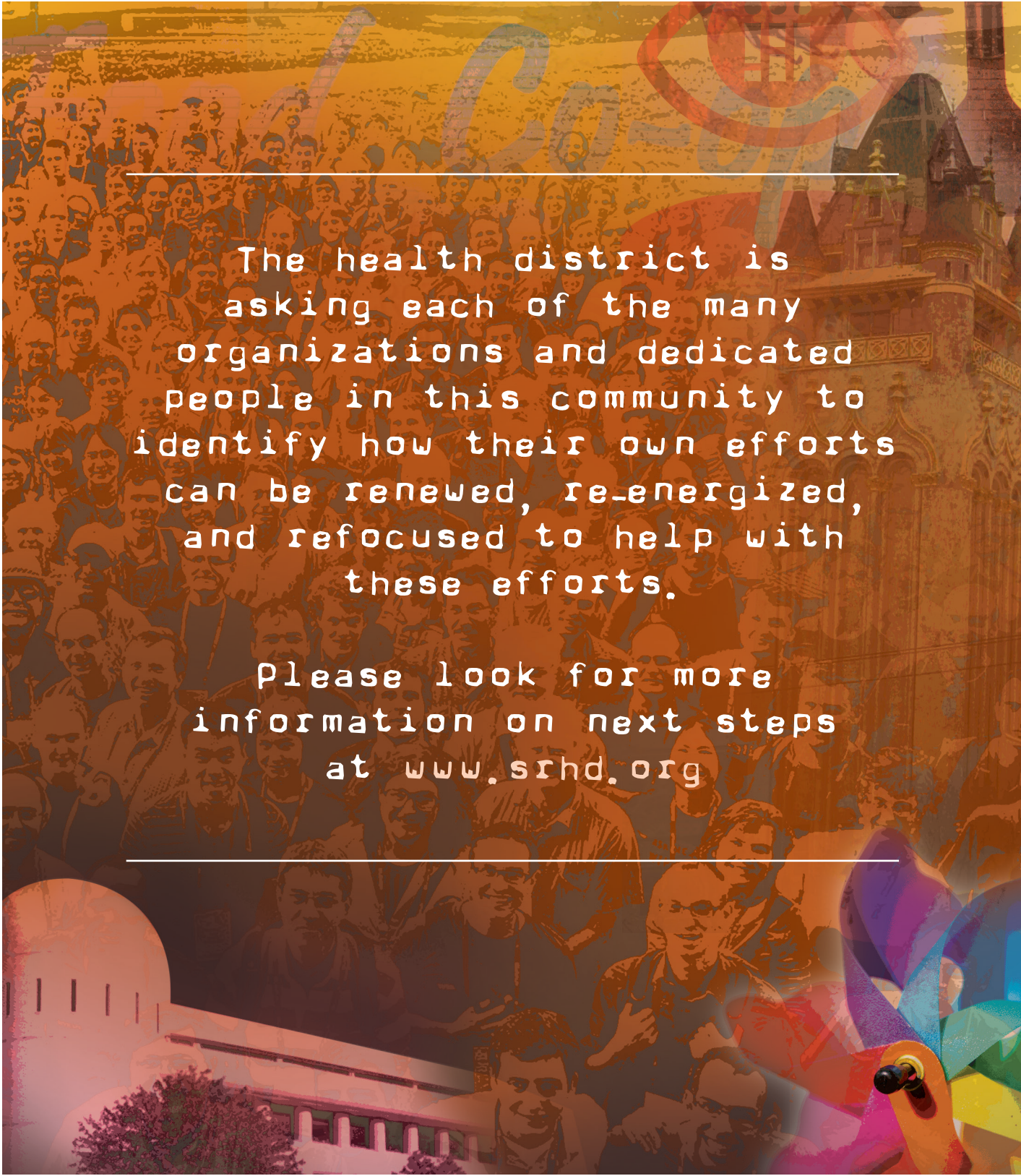
Nonprofits

Provide tools and guidance to promote positive parenting practices that support healthy youth development and prevent child abuse.

Spokane Regional Health District

An outcome of this report for the health district is to serve as a catalyst and convener for anti-violence advocates and professionals in the community and help drive data-driven and focused improvements. The increase in violence perpetuated among children and people of color in this community is especially abhorrent. The health district is committed to:

- Generating awareness and catalyzing action.
- Providing data evaluation support for stakeholders who address violence, to help guide effective interventions and establish shared systems for measuring progress.
- Supporting children and marginalized individuals through efforts to build individual and community resilience and combat inequities.
- Convening the community and specifically focusing on and growing prevention efforts and capacity to support the health and well-being of the community's children.



The health district is asking each of the many organizations and dedicated people in this community to identify how their own efforts can be renewed, re-energized, and refocused to help with these efforts.

Please look for more information on next steps at www.srhd.org

1. Centers for Disease Control and Prevention. Injury Prevention & Control: Division of Violence Prevention. ACE Study. Available at www.cdc.gov/violenceprevention/acestudy/findings.html
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4. Centers for Disease Control and Prevention. Injury Prevention & Control: Division of Violence Prevention. Summary of Research Activities. Summer 2013. Available at <http://www.cdc.gov/violenceprevention/pdf/dvp-research-summary-a.pdf>.
5. National Prevention Council. National Prevention Strategy: Elimination of Health Disparities. 2010. Available at <http://www.surgeongeneral.gov/priorities/prevention/strategy/>.
6. Prevention Institute. Violence and Health Equity. Urban Networks to Increase Thriving Youth through Violence Prevention. Available at www.preventioninstitute.org
7. <http://cureviolence.org/results/scientific-evaluations/>

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