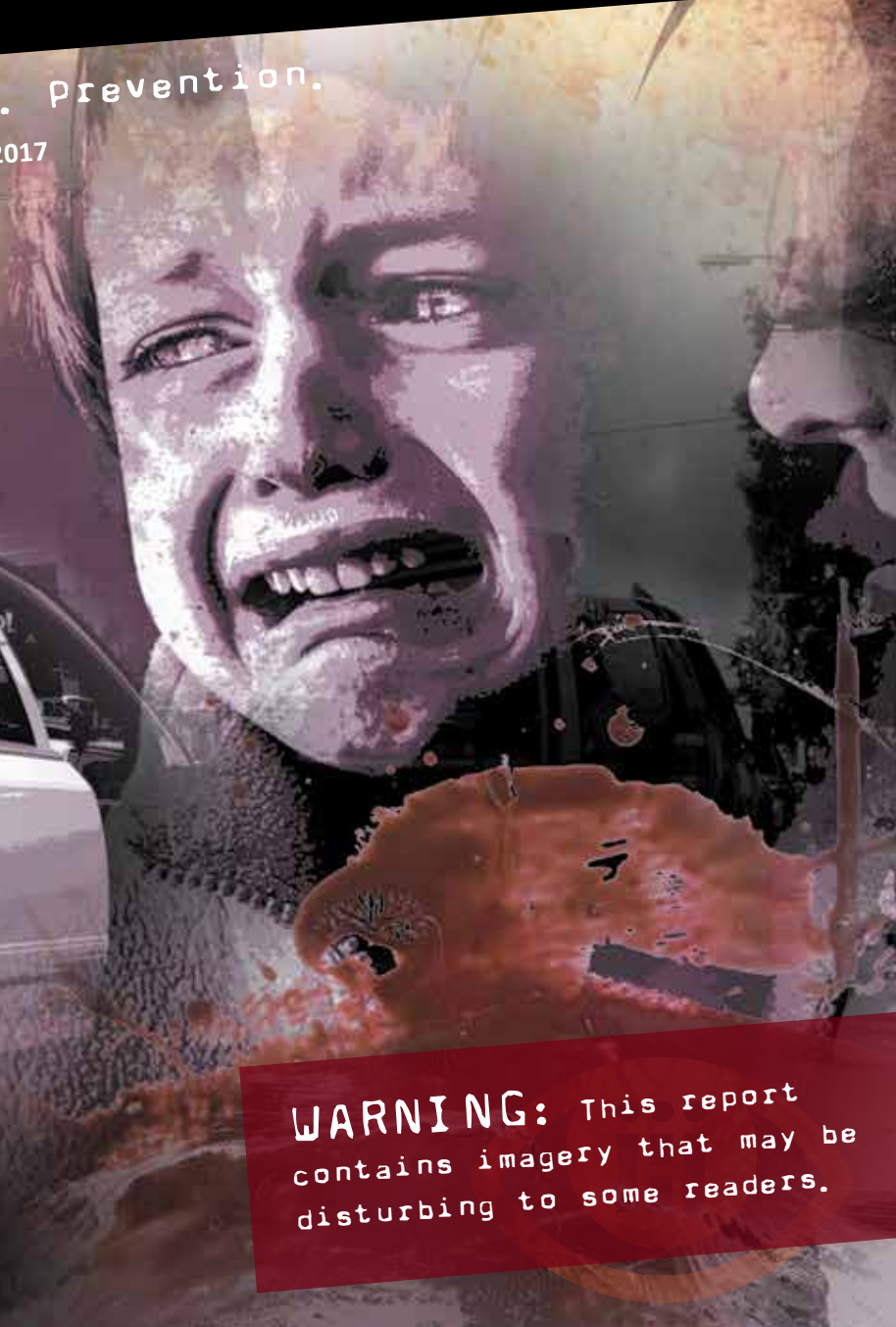


Confronting Violence

FULL REPORT

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.

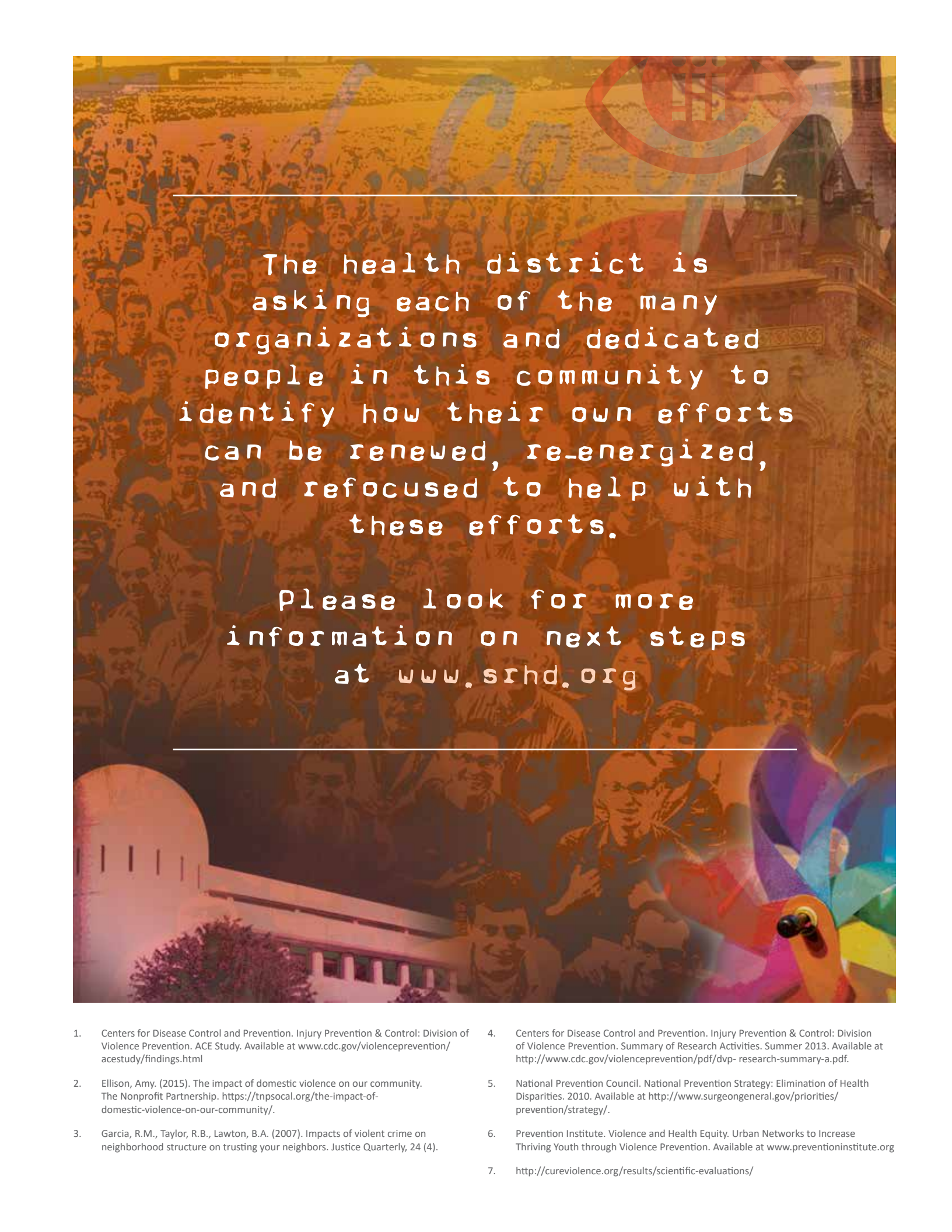
Nonprofits

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:

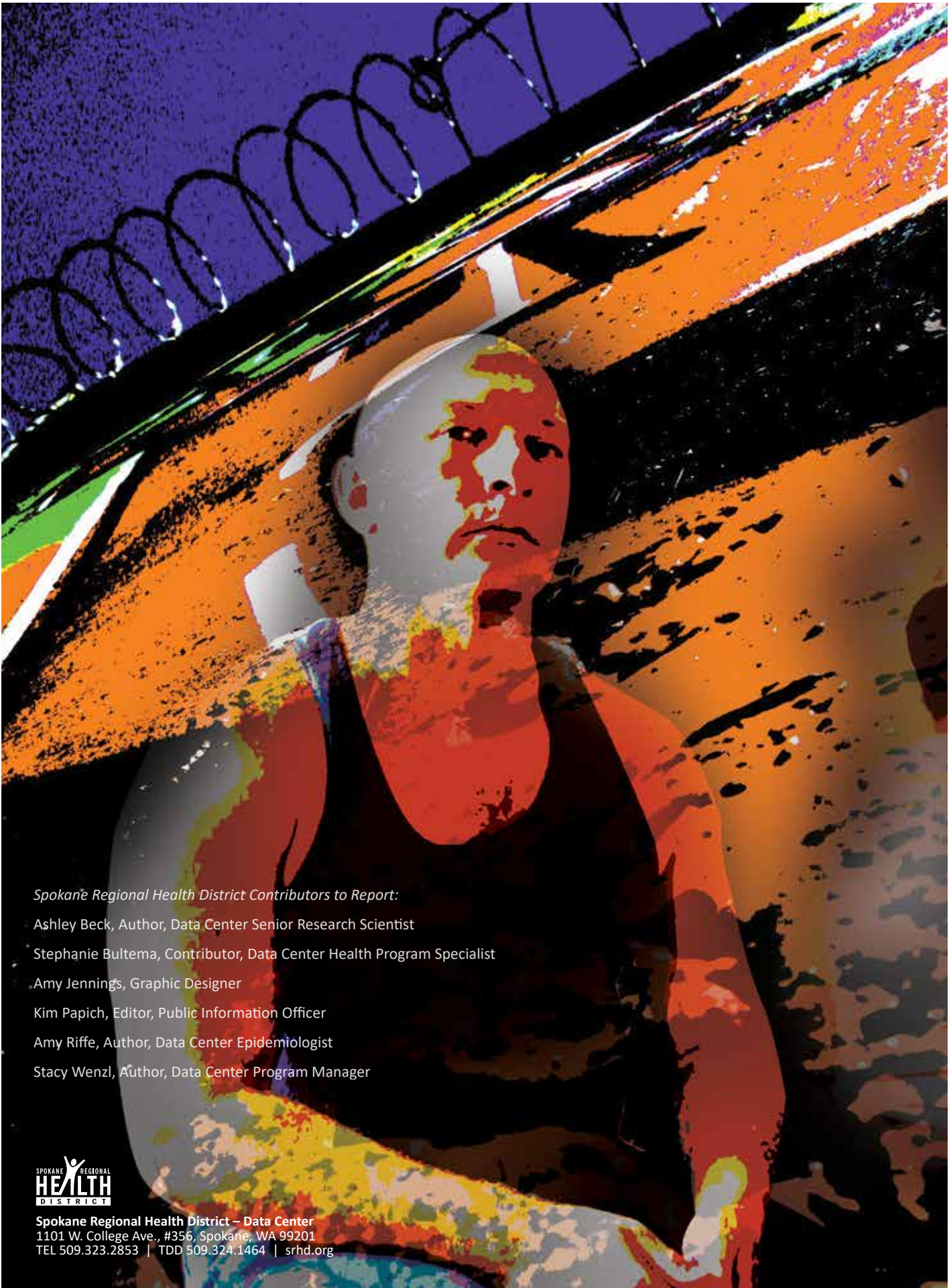
- Generating awareness and catalyzing action.
- Providing data evaluation support for stakeholders who address violence, to help guide effective interventions and establish shared systems for measuring progress.
- Supporting children and marginalized individuals through efforts to build individual and 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

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Introduction

“I think violence really is as much a symptom of something deeper that we are not addressing. In public health, we always have to ask ‘why,’ and try to get to the root cause of why violence is happening.”

*Representative,
Spokane Regional Health District,
Weaving Bright Futures program*

The burden of violence in the Spokane community is substantial in terms of health and economic impact, but even more concerning is its human toll. This community is experiencing increasing rates of child abuse, domestic violence, and depression, as well as other types of violence. These trends warrant a closer examination of violence, in all its forms, in Spokane County.

This closer examination is especially relevant when considering current science linking youth exposure to violence to negative impacts on brain development and long-term health and well-being. The association between childhood adversity and health is explored in this report. Aside from the obvious costs of exposure to violence, hidden longer-term outcomes exist too. Youth and adults who survive violence are left with permanent physical and emotional scars; just as these outcomes

are interrelated, so too are the root causes of violence.

One group of risk factors particularly important to this report and quickly gaining attention on a broader national scale is Adverse Childhood Experiences (ACEs). In fact, ACEs and complex trauma are presently named as one of the nation’s priority public health issues by the Attorney General and others.^{8,9} ACEs are stressful or traumatic events, including exposure to violence. In 2011 in Spokane County, 30% of adults had a high ACEs score. Additionally, this report explores disparities in violence between subpopulation groups in the community, and shows that some groups within Spokane County systematically experience greater social or economic obstacles based on their racial or ethnic group, socioeconomic status, gender, neighborhood location and other factors. Report authors wish to prompt thoughtful discussion in this report specific to these disparities.

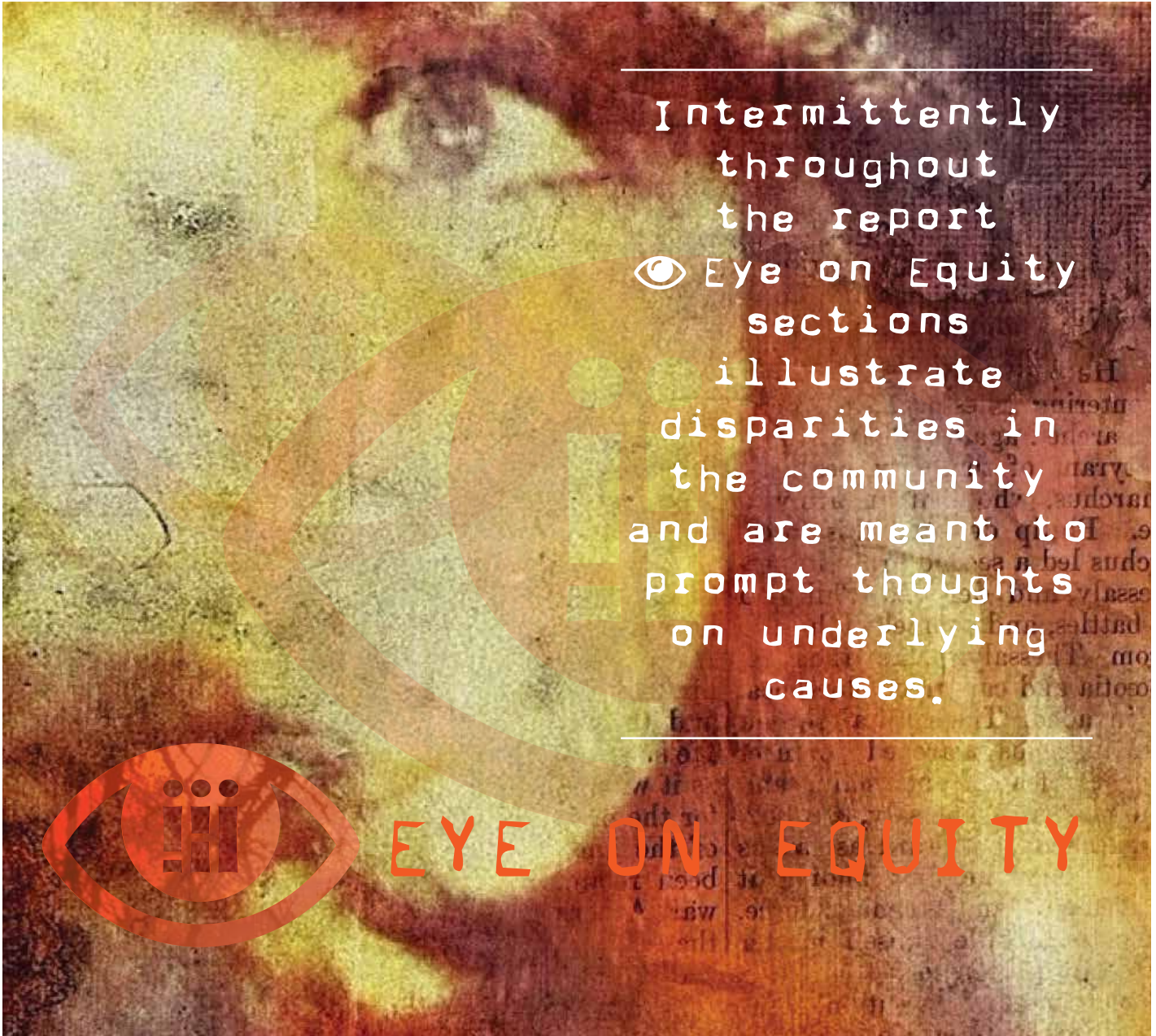
That is why throughout the report



“**EYE ON EQUITY**”

sections are interwoven among related

indicators. These **EYE ON EQUITY** sections illustrate disparities in the community and are meant to prompt consideration of how underlying community and societal factors perpetuate them. Violence in any form, to any person, is unacceptable, but even more disturbing is when children are hurt or when underlying social factors contribute to



Intermittently
throughout
the report
👁️ Eye on Equity
sections
illustrate
disparities in
the community
and are meant to
prompt thoughts
on underlying
causes.



EYE ON EQUITY

an unfair distribution of violence in certain groups of the community.

To help prevent violence in all its forms, it is critical that stakeholders and residents understand the overlapping causes and diverse outcomes of violence, as well as factors that can protect people and communities. 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.

Additionally, readers can use the report’s indicators to realize and communicate their priorities related to violence prevention. Prioritization will be crucial in better addressing the connections among the different forms of violence, shaping future funding initiatives, and guiding collaborative efforts among partners across Spokane County. 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.

Methodology

Measures presented in this report represent risk and protective factors and other indicators of violence in the community. Measures were identified by reviewing literature and through discussions with community groups. This report begins with a review and discussion of risk and protective factors related to perpetrating violence. Measures 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 used to categorize the data presented in this report: individual, relationship, community, or societal levels. When available, the data presented in this report were evaluated for:

- Prevalence.
- Trend.
- Difference by age, sex, and race.
- Relationship to general health status for adults.
- Relationship to general health status for youth, academic success, and quality of life¹ (a composite measure from five survey questions).

Quantitative data was derived from secondary sources; no primary quantitative data collection was done. The report also includes the perspectives of multiple stakeholders in the community, including perceptions of community strengths and weaknesses. This information was gathered through key informant interviews of a convenience sample of community stakeholders who serve victims of violence. These interviews are valuable in providing additional context specific to mitigating exposure to violence, but the information is not considered representative for all service providers in Spokane. Data sources for the report are listed in the Appendices. Data presented in this report was the most currently available for each indicator as of April 2017.

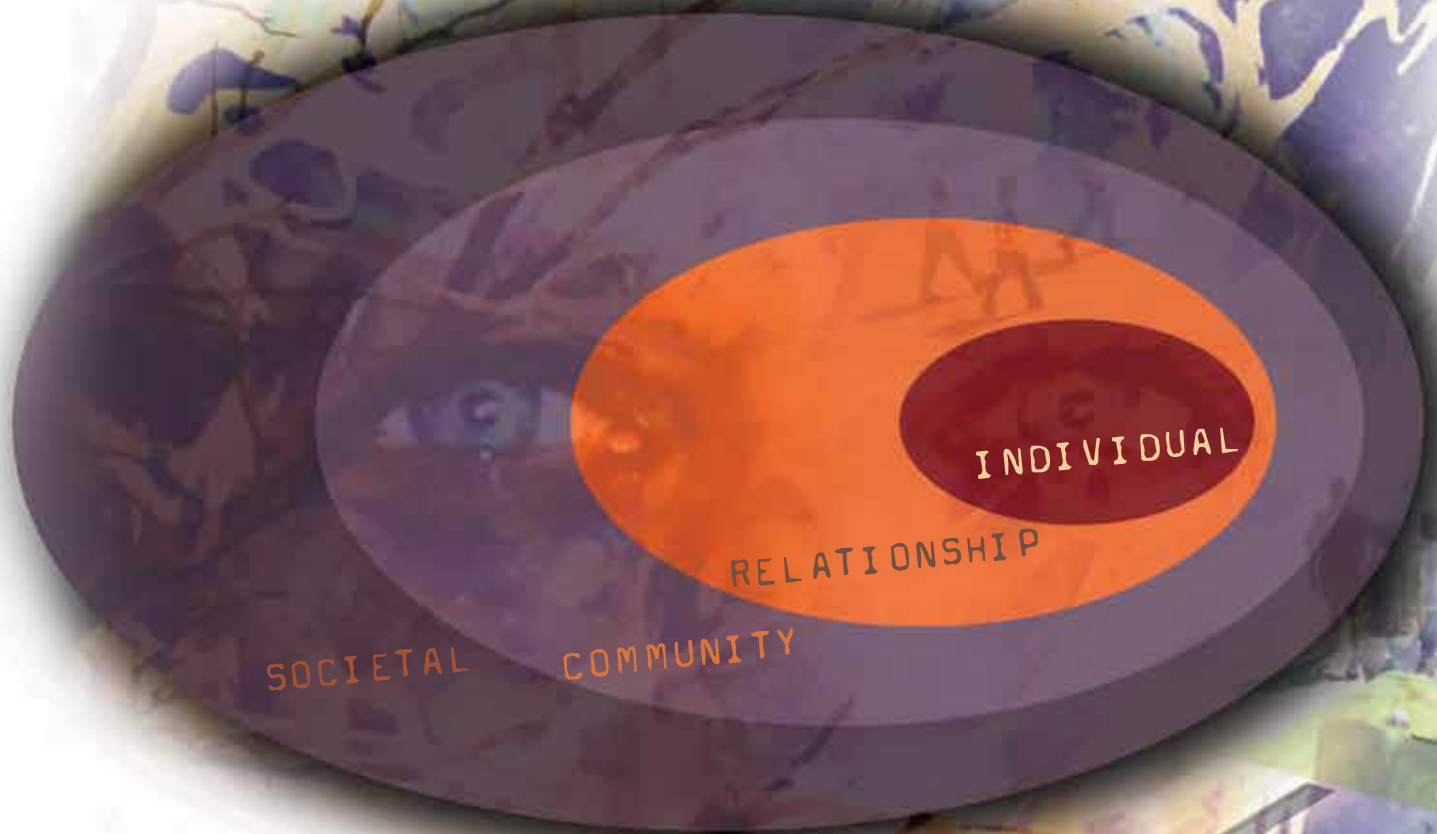
1. Quality of life is defined by U.S. Centers for Disease Control and Prevention as ‘a broad multidimensional concept that usually includes subjective evaluations of both positive and negative aspects of life. Although health is one of the important domains of overall quality of life, there are other domains as well—for instance, jobs, housing, schools, and the neighborhood. Culture, values, and spirituality are also key aspects of overall quality of life. Researchers have developed useful techniques that help to conceptualize and measure these multiple domains and how they relate to each other.’





Socioecological Model

Considering the health and human impact that violence has on society, a primary goal of public health is to work with community stakeholders to understand, mitigate, and prevent violence.



The U.S. Centers for Disease Control and Prevention (CDC)¹⁰, the nation's leading national public health institute, approaches violence using a model that makes the complex, systematic nature of violence easier to comprehend. This framework is best described as a four-level socioecological model representing the interactions between factors that occur at individual, relationship, community, and societal levels. The overlapping rings in the model illustrate how factors at one level influence factors at another level.

Subsequently, CDC recommends addressing violence at multiple levels, or even at all levels simultaneously, in order to prevent violence in communities. This systematic approach is more likely than any single intervention to sustain prevention efforts over time.

CONFRONTING VIOLENCE AT THE

Individual Level

The individual level of the socioecological model identifies factors that are biological, or those that are part of a person's history, known to increase the likelihood of becoming a victim or perpetrator of violence. Some of these factors include:

- Age
- History of abuse
- Education
- Substance use
- Income

Prevention strategies at this level are often designed to promote attitudes, beliefs, and behaviors that ultimately prevent violence. Specific approaches may include education and life-skills training.

CONFRONTING VIOLENCE AT THE

Relationship Level

The relationship level examines close relationships that may increase the risk of experiencing violence as a victim or perpetrator. Peers in a person's closest social circle, partners, and family members are known to influence behavior and contribute to an individual's range of experiences.

Prevention strategies at this level may include parenting or family-focused prevention programs, and mentoring and peer programs designed to reduce conflict, foster problem solving skills, and promote healthy relationships.

CONFRONTING VIOLENCE AT THE

Community Level

The community level explores settings such as schools, workplaces, and neighborhoods, in which social relationships occur. The goal is to identify characteristics of these settings associated with becoming victims or perpetrators of violence.

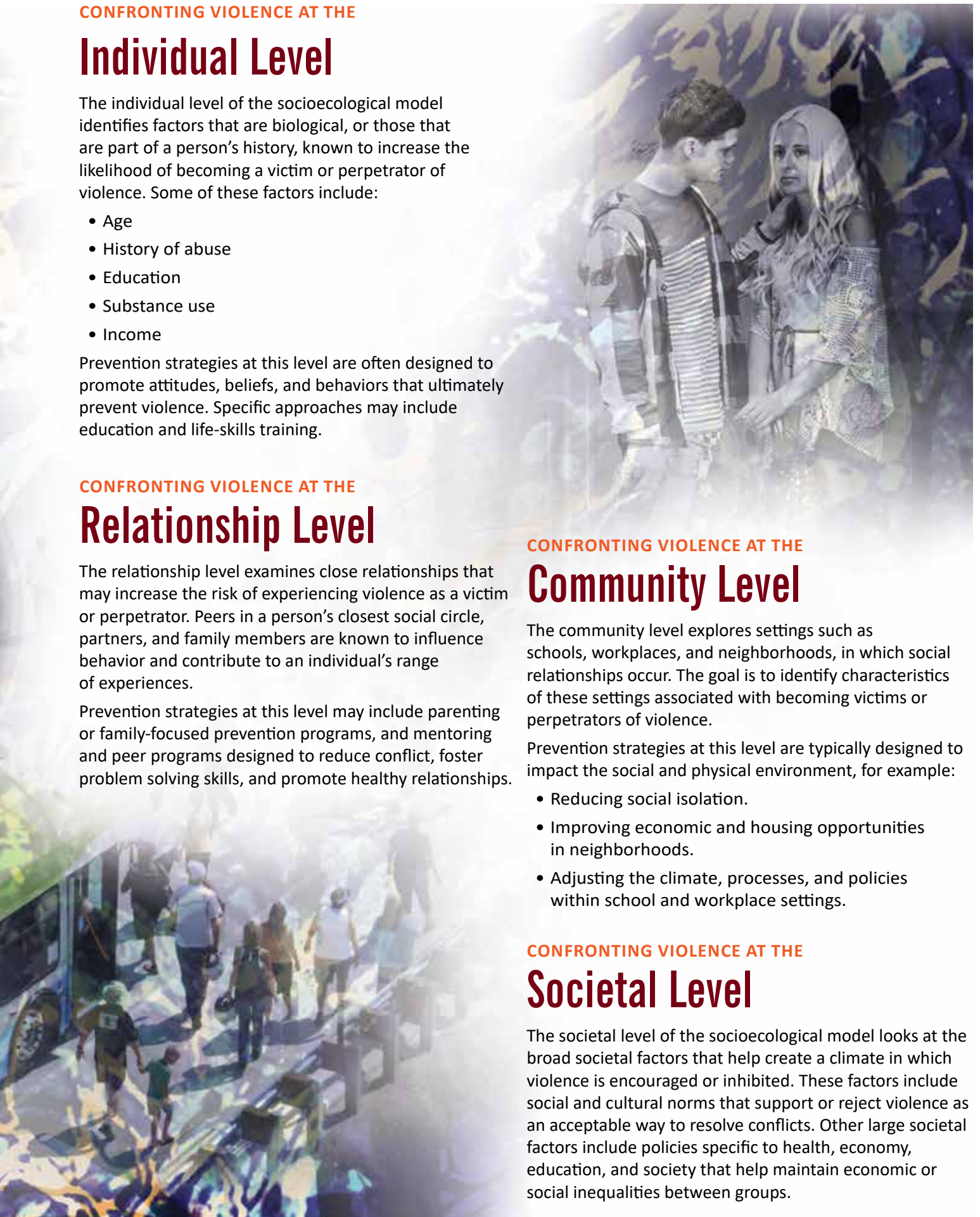
Prevention strategies at this level are typically designed to impact the social and physical environment, for example:

- Reducing social isolation.
- Improving economic and housing opportunities in neighborhoods.
- Adjusting the climate, processes, and policies within school and workplace settings.

CONFRONTING VIOLENCE AT THE

Societal Level

The societal level of the socioecological model looks at the broad societal factors that help create a climate in which violence is encouraged or inhibited. These factors include social and cultural norms that support or reject violence as an acceptable way to resolve conflicts. Other large societal factors include policies specific to health, economy, education, and society that help maintain economic or social inequalities between groups.



Risk and Protective Factors Discussion

Building on this understanding of the complex, systematic nature of violence provided by the socioecological model, it is valuable to now look more closely at how different forms of violence share common risk and protective factors.

Risk Factors

“Risk factors” are broadly defined as factors or circumstances 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. Simply experiencing violence is considered a risk factor, leading to other negative outcomes later in life. One example of this can be seen in ACEs, in which, SRHD has a keen interest due to their prevalence in the Spokane community. ACEs operate as risk factors for other negative outcomes later in life.

Protective Factors

Conversely, “protective factors” are factors or circumstances that promote healthy behaviors and significantly decrease the likelihood of an individual engaging in risky behaviors or experiencing negative outcomes. Protective factors provide a buffer against becoming violent or perpetuating violence.

Both types of factors can start in early childhood and continue across the lifespan. Many behavioral risk factors associated with perpetrating violence are evident well before 10 years of age. It is important to understand that risk and protective factors are not “causal”—simply experiencing a risk factor will not cause a risky behavior or negative outcome to occur. Rather, a cumulative level of risk increases this likelihood. Cumulative levels of risk take into account that risk factors are rarely experienced in isolation; as more risk factors coincide with each other—as they often do—it further increases the likelihood that an adverse event or outcome will occur.

Similarly, protective factors are often present in combination with risk factors and can mitigate some of their effects. For example, someone with a risk factor of early physical aggression and/or one other risk factor may be at higher risk for future violence if they do not have any protective factors, such as a stable connection to a caring adult.

Risk and Protective Factors Related to Violence

A growing body of literature examines the interplay between risk and protective factors (or behaviors), linking them to several dimensions of violence. Table 1, adapted from CDC’s Division of Violence Prevention¹¹, displays established risk factors and identifies to which type of violence they are related. Notably, there is overlap showing that individual risk factors are related to numerous violent behaviors. Research about risk and protective factors and their relationship to specific types of violence can be used to maximize the impact of violence prevention efforts. To incorporate the socioecological model, risk factors can be more effectively targeted to individual, relationship, community, and society levels.

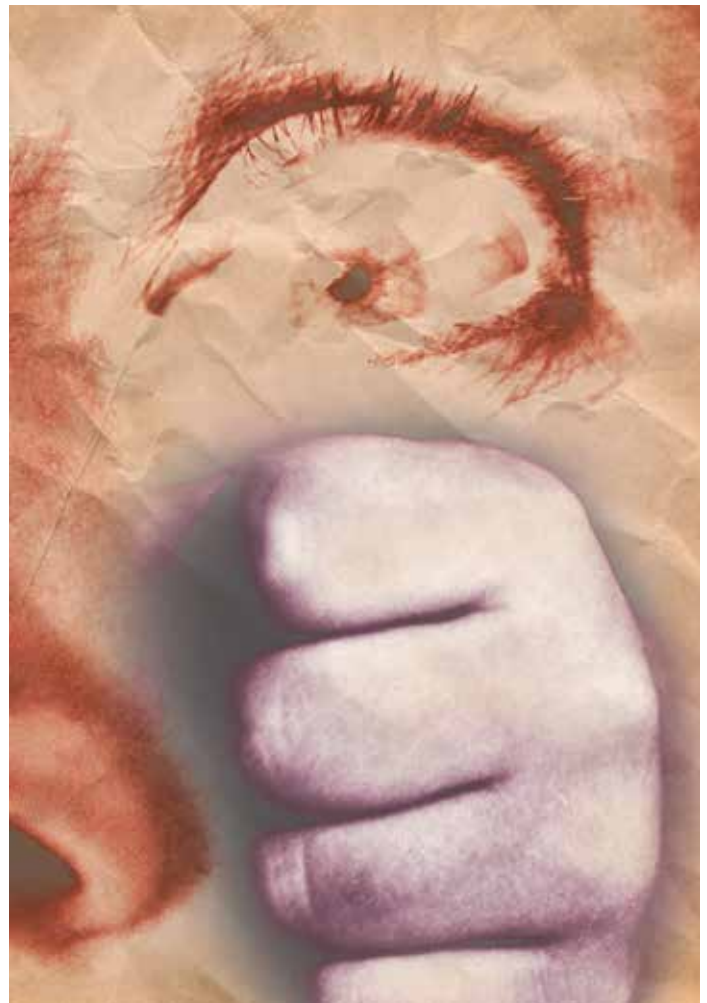


TABLE 1

RISK FACTORS	VIOLENCE TOPICS						
	Perpetrating Sexual Violence	Suicide	Intimate Partner Violence	Perpetrating Elder Abuse	Perpetrating Child Maltreatment	Victim of Child Maltreatment	Youth Violence
Individual Factors							
Age (young)			X			X (under 4 years)	
Alcohol and drug use	X	X	X	X	X		X
Aggressiveness (general) (e.g. anger, hostility, aggression, impulsiveness, acceptance of violence)	X	X	X	X			X
Beliefs in strict gender roles (e.g. male dominance and aggression in relationships, desire for power in relationships)	X	X	X				
Beliefs that support or justify violence (e.g. child maltreatment, suicide)					X		
Early sexual initiation	X						
Emotional issues (e.g. 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
Feelings of isolation (anti-social behaviors)		X	X				X
History of delinquency	X		X				
History of experiencing physical discipline as a child			X				
History of experiencing poor parenting as a child			X		X		
History of (or current) mental disorders, illness, or depression		X	X	X	X		
History of perpetrating abuse	X		X				X
History of being a child abuse victim	X		X	X	X		X
Learning disability/disorder							X
Low academic achievement (e.g. low IQ, or education)			X				X
Poverty (low income)			X		X		
Physical illness		X					
Recent experiences of loss (e.g. relational, social, work, or financial)		X					
Sexual risk (e.g. coercive sexual fantasies, preference for impersonal sex and sexual-risk taking, exposure to sexually-explicit media)	X						
Suicidal behavior (previous attempts at suicide)	X	X					
Unemployment			X				
Unwillingness to seek help (because of stigma)		X					
Topic-Specific							
Assumption of caregiving responsibilities at an early age				X			
Poor or inadequate training for caregiving responsibilities				X			
Special needs increasing caregiver burden (e.g., disabilities, mental health issues, and chronic physical illnesses)						X	

TABLE 1, CONTINUED

RISK FACTORS	VIOLENCE TOPICS						
	Perpetrating Sexual Violence	Suicide	Intimate Partner Violence	Perpetrating Elder Abuse	Perpetrating Child Maltreatment	Victim of Child Maltreatment	Youth Violence
Parental characteristics (large number of dependents, single parenthood)					X		
Non-biological transient caregivers in home (e.g. mother's boyfriend)					X		
RELATIONSHIP FACTORS							
Dominance and control (by one partner over the other)			X				
Family environment (e.g. physical violence, conflict, tension, other struggles, unhealthy family relationships, lack of emotional support, poor functioning)	X		X		X		X
Family history of violence (e.g. suicide; victim of child maltreatment: physical, sexual, or emotional abuse as a child)	X	X	X	X	X		X
Family isolation (poor social connections)					X		
Financial or emotional dependence on a vulnerable elder				X			
Involvement in a violent or abusive intimate relationship	X				X		
Lack of social or formal support				X			
Low commitment to school or activities							X
Marital instability (e.g. divorces or separations)			X				
Parental characteristics (e.g. low education, substance abuse, arrests)	X						X
Parent-child relationships (e.g. poor relationships characterized by: authoritarian parenting, harsh/inconsistent discipline, low involvement, low attachment, poor monitoring)	X				X		X
Peer association with sexually-aggressive, hyper-masculine, and delinquent peers or involvement with gangs	X						X
Poverty (family economic stress)			X				
COMMUNITY FACTORS							
Barriers to accessing mental health treatment		X					
Easy access to lethal methods that can be used to commit violent act		X					
Family disruption							X
Formal services are limited, inaccessible or unavailable (e.g. respite care for those providing care to elders)				X			
High density of alcohol outlets					X		
Lack of employment opportunities	X				X		
Lack of institutional support from police and judicial system	X						
Local epidemics of violent behaviors		X			X		
Poor social connections (e.g. low community participation, socially disorganized neighborhoods)					X		X
Poverty (e.g. community experiences, high concentration of poverty)	X		X		X		X


RISK FACTORS	VIOLENCE TOPICS						
	Perpetrating Sexual Violence	Suicide	Intimate Partner Violence	Perpetrating Elder Abuse	Perpetrating Child Maltreatment	Victim of Child Maltreatment	Youth Violence
 Tolerance of violence in community	X		X				
High neighborhood mobility							X
Weak community sanctions against topic (e.g. sexual violence perpetration, intimate partner violence)	X		X				
SOCIETAL FACTORS							
Cultural and religious beliefs (e.g., beliefs regarding suicide, negative beliefs about aging and elders, expectation of family to care for elders without support)	X	X		X			
Societal norms (e.g. support violence, male superiority, sexual entitlement, maintain women’s inferiority or sexual submissiveness; acceptance of aggressive behavior)	X		X	X			
Weak laws and policies related to violence (e.g. sexual violence, gender equality, caregiving, access to lethal weapons)	X	X	X	X			



Table 2, also adapted from CDC’s Division of Violence Prevention¹², presents protective factors shown to significantly decrease the likelihood that an individual will perpetrate the corresponding type of violence. Research on protective factors is ongoing, and preliminary—less is known about which other factors may buffer the effects of risk factors.

TABLE 2

PROTECTIVE FACTORS	VIOLENCE TOPICS						
	Perpetrating Sexual Violence	Suicide	Intimate Partner Violence	Perpetrating Elder Abuse	Perpetrating Child Maltreatment	Victim of Child Maltreatment	Youth Violence
INDIVIDUAL FACTORS							
Problem solving skills (e.g. conflict resolution, non-violent ways of ending disputes, social competency, realistic planning)		X					X
Medical and mental health treatment (ongoing)		X					
Emotional health (e.g. connectedness, empathy)	X						X
Academic achievement (e.g. high IQ, high GPA)	X						X
Beliefs that are intolerant of deviance							X
Religiosity							X
Positive social orientation							X
RELATIONSHIP FACTORS							
Strong social support (e.g. numerous strong relationships with people of varying social status, social connections, role models, and mentors)		X		X	X		
Parenting skills (e.g. nurturing, monitoring, and household rules; parental use of problem solving skills; consistent parent presence; high perceived expectations about school performance)	X				X		X
Peer relationships (e.g. strong, close relationships with those at school, membership in groups that do not condone anti-social behavior)							X
Family support (e.g. stable family relationships, connectedness, discuss problems with parents, shared family activities)		X			X		X
Commitment to school and activities							X
Parental employment					X		
Adequate housing					X		
SOCIETAL FACTORS							
Cultural and religious beliefs (e.g. beliefs that discourage violence)		X					



PROTECTIVE FACTORS	VIOLENCE TOPICS						
	Sexual Violence	Suicide	Intimate Partner Violence	Perpetrating Elder Abuse	Perpetrating Child Maltreatment	Victim of Child Maltreatment	Youth Violence

COMMUNITY FACTORS

School climate (e.g. characterized by: supervision, clear rules, consistent negative reinforcement about aggression, engagement between teachers and parents)							X
Coordination of resources and services among community agencies and organizations				X			
Community cohesion (e.g. strong sense of community or community identity)				X			
Community functionality (e.g. greater collective efficacy, supporting parents and taking responsibility)				X	X		
Easy access to effective health care (e.g. social services; care for mental, physical, and substance abuse)					X		



Adverse Childhood Experiences

“Our public health nurses work directly with children who experience ACEs or traumatic events in their life. The kids may have witnessed domestic violence; they may have witnessed their parents being arrested for different crimes, drug-related and not drug-related. And what is the impact of that on the kids? One impact of violence in the community is manifested in the way the kids behave in school.”

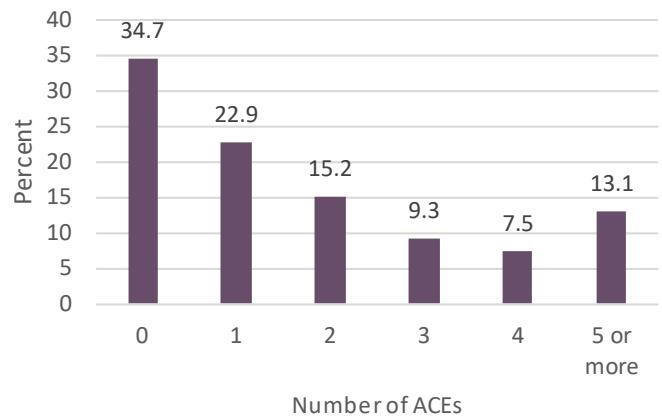
*Representative,
SRHD Weaving Bright Futures program*

ACEs Score Among Spokane County Adults

One group of risk factors is an especially powerful predictor of poor health later in life, and that is ACEs—stressful or traumatic events, including exposure to violence, that occur before the age of 19. Combined with the fact that they often go unseen, ACEs warrant closer examination in this report.

Links between childhood experiences and adult health and behavioral outcomes have significant implications for Spokane County. Early experiences of complex trauma (trauma that is severe, repetitive, or involves abuse or neglect from caregivers) have the potential to severely compromise a child’s development.¹³ It is critical that ACEs are addressed through prevention efforts at an early age.

Figure 1. Adult ACEs Scores, Spokane County, 2011



Data Source: BRFSS

Figure 1 shows that in 2011 in Spokane County, 30% of adults had a high ACEs score. Spokane County had a similar proportion of adults with a high ACEs score as did Washington State.

Women reported having three or more ACEs more often than men, with more men reporting that they experienced fewer ACEs (BRFSS 2011). One in three women reported experiencing three or more ACEs compared to one in four men.

ACEs tend to be highly inter-related and rarely occur alone.¹⁴ Due to this likelihood for co-occurrence, a cumulative ACEs score is often used to describe ACEs and their relationship with outcomes.¹⁵ Examples of childhood experiences used to calculate an ACEs score include:

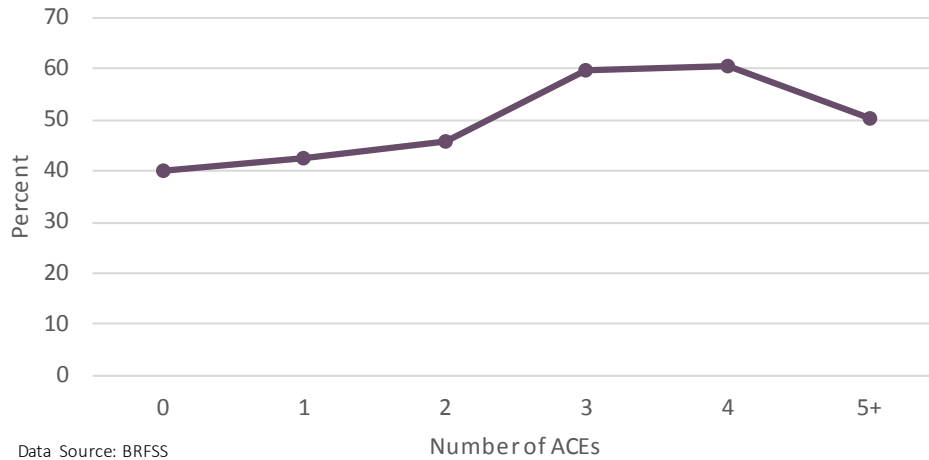
- Living with anyone who was depressed, mentally ill, or suicidal.
- Living with anyone who was a problem drinker or alcoholic.
- Living with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility.
- Experiencing divorce or separation of parents.
- Witnessing domestic violence in the home.
- Experiencing physical abuse as a child.
- Experiencing sexual abuse as a child.
- Experiencing neglect as a child.

ACEs and Health Implications

ACEs scores are thought to capture the cumulative impact of ACEs and their relationship to adverse outcomes. As the ACEs score, or number of ACEs goes up, risk for many adverse outcomes also increases.

Figure 2 shows one example of this relationship: the percentage of adults in Spokane County with three or more ACEs are more likely to report poor to fair health.

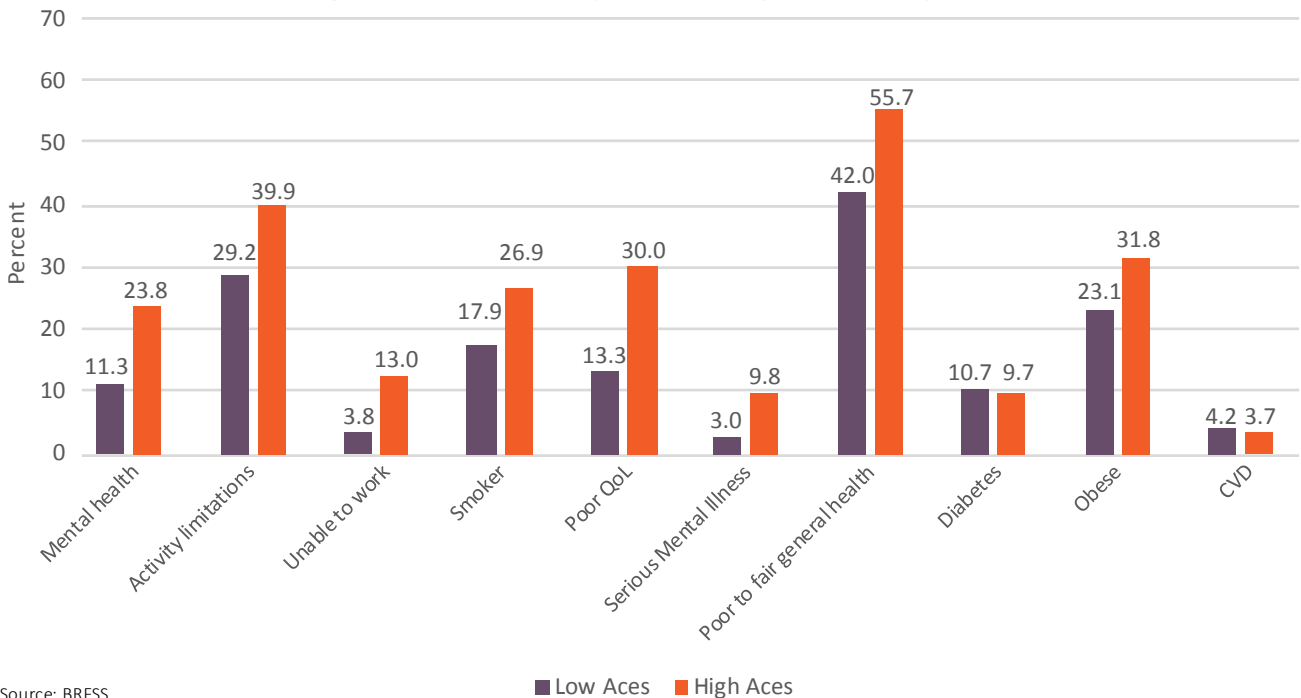
Figure 2. Poor to Fair Health by Number of ACEs, Spokane County, 2011



An ongoing national ACEs study, conducted by CDC and Kaiser Permanente is based on the theory that early stressful or traumatic experiences serve as a pathway for adverse health outcomes,¹⁶ including increasing the likelihood that individuals with high ACEs scores will

perpetrate violence, extending the problem of violence in families and communities. This study also demonstrates that as the number of ACEs experienced increases, the risk for a number of health problems also increases.

Figure 3. Health Status by ACEs Level, Spokane County, 2011



Note: CVD refers to Cardiovascular Disease.

ACEs and Economic Implications

Educational attainment is a strong determinant of future employment and income, and is influenced by early life circumstances experienced by individuals. Per capita personal income can serve as a key measure of economic success of both individuals and communities. Compared to adults making \$50,000 or more annually, those making less than \$25,000 were 2.6 times more likely to have high experience of violence in childhood. Adults with high ACEs scores were 2.2 times more likely to make less than \$50,000. Experience of violence in childhood or youth can impact the long-term economic viability of an individual and the economic success of communities in turn.

ACEs and Households with Children

Table 3 shows the number of Spokane County adults with children who report certain negative behaviors and outcomes. This can be used to estimate the number of households with children in Spokane County that may be exposed to adverse experiences. Witnessing violence as a child contributes to a higher ACEs score in adulthood, increasing the risk of perpetrating violent behavior and other adverse health outcomes.

Although ACEs are powerful predictors of poor health in later life, they often go unseen. It is critical that ACEs, as well as other risk factors for violence, are addressed through prevention activities for infants, adolescents, and teens, and that ACEs continue to be brought to the attention of Spokane County residents, service providers and legislators. Efforts must be made to strengthen protective factors aimed at mitigating the effects of ACEs and other forms of violence. Specifically, efforts should focus on building resilience, providing quality and supportive child care, and supporting a nurturing home environment.




TABLE 3

Risk Factor	Spokane County		WA State	
	% of adults with children with indicator	Estimated number of children affected in Spokane County*	% of adults with children with indicator	Estimated number of children affected in the state of Washington**
Depression	10.4 %	22,961	11.7 %	380,123
Severe mental illness	3.9 %	8,520	4.2 %	137,631
Previously Incarcerated	2.8 %	6,186	5.8 %	188,751
Divorced	9.1 %	20,099	8.6 %	280,832

*Estimate determined by the average number of children per household in Spokane County (BRFSS 2013) multiplied by the number of family households in Spokane County (U.S. Census Bureau, American Community Survey, 2013, Table DP02) multiplied by the percentage of adults with children with the indicator.

**Estimate determined by the average number of children per household in Washington State (BRFSS 2013) multiplied by the number of family households in Washington State (U.S. Census Bureau, American Community Survey, 2013, Table DP02) multiplied by the percentage of adults with children with the indicator.



Identifying populations most at risk for childhood adversity, and working to promote a universal developmental and social-emotional screening program are calls to action for local public health jurisdictions.

Spokane's Risk Factors

Individual Socioecological Level

As previously stated, violence prevention requires understanding the factors that influence violence. Using the lens of the socioecological model, it is relevant to dissect Spokane County's specific risk factors. Beginning at the individual level (which identifies biological and personal history factors that increase the likelihood of becoming a victim or perpetrator of violence) the authors interviewed representatives from 13 Spokane County organizations that serve victims of violence. These service providers identified several individual-level risk factors evident among those they serve.

Drug and alcohol use

Approximately half of those interviewed described how drug and alcohol use contribute to violence. One social service provider elaborated on this concept by describing his perceptions around the social norms of drug users, suggesting that violence is acceptable within that culture.

Violent attitudes and beliefs

Service providers told of attitudes and beliefs that support violence including:

- Accepting violence as a part of street life.
- Being distrustful of law enforcement.
- Not reporting violence when it happens.

One law enforcement officer commented that, "victims don't generally report domestic violence...so the idea of 'Make Domestic Violence Your Business' is that we as community members need to look out for victims, and if they won't report it, we will."

Child abuse and neglect

Another service provider described perceptions of the prevalence of child abuse and neglect in Spokane County: "When victims are living in a constant state of fear, they tend to not ever really truly drop out of that fight/flight mode. So they are constantly getting those adrenaline dumps. They are constantly in that animalistic, primitive mind and it has an effect on children cognitively as they are growing."





INDIVIDUAL

RELATIONSHIP

COMMUNITY

SOCIETAL

The measures on the following pages summarize risk and protective factors associated with the individual level.

Measure:
Physical Aggression

“The students who see more violence in their home and around where they live, they have more anger. They react physically instead of talking through things. Their conflict resolution is more the fist instead of the words, because that’s what they’ve seen at home.”

*Representative,
Communities In Schools of Spokane County*

DEFINITION: Adolescents who report they were in a physical fight in the last year.

DATA SOURCE: Healthy Youth Survey

WHY IT MATTERS: Aggression (measured here as youth who report having been in a physical fight) increases the likelihood that an individual will perpetrate sexual violence; commit suicide; and initiate intimate partner violence, youth violence, and elder abuse.

STATUS: One-quarter of Spokane County adolescents reported they were in a physical fight in the last year. The proportion of youth who reported being in a physical fight significantly decreased over the last decade.

Overall, adolescents who reported being in a fight in the last year decreased as youth aged.

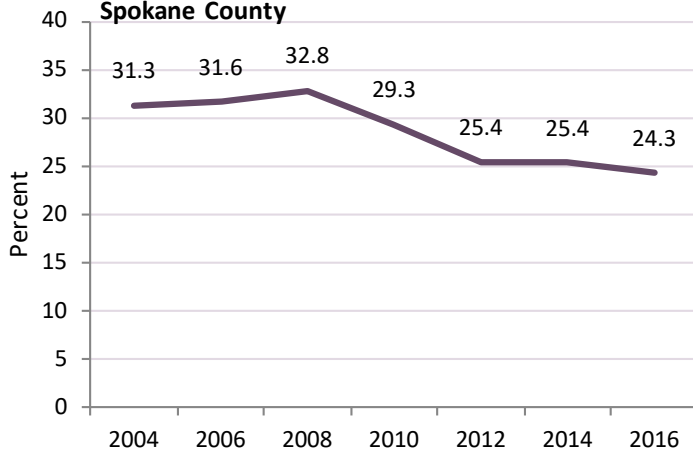
EYE ON EQUITY: Compared to white adolescents, American Indian/Alaska Native (AI/AN), Hispanic and ‘other’ race adolescents were more likely to have been in a fight.

Male adolescents were more likely than females to have been in a fight.

Adolescents who were in a physical fight in the last year were 2.3 times more likely to be failing in school and 2.4 times more likely to report a low quality of life (QoL).

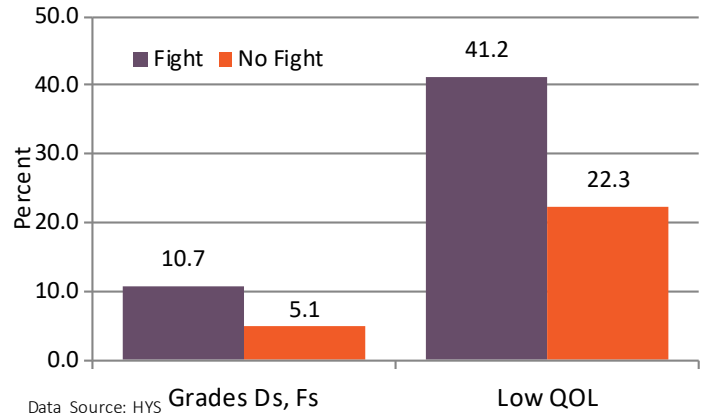


Figure 4. Adolescents in a Physical Fight, Spokane County



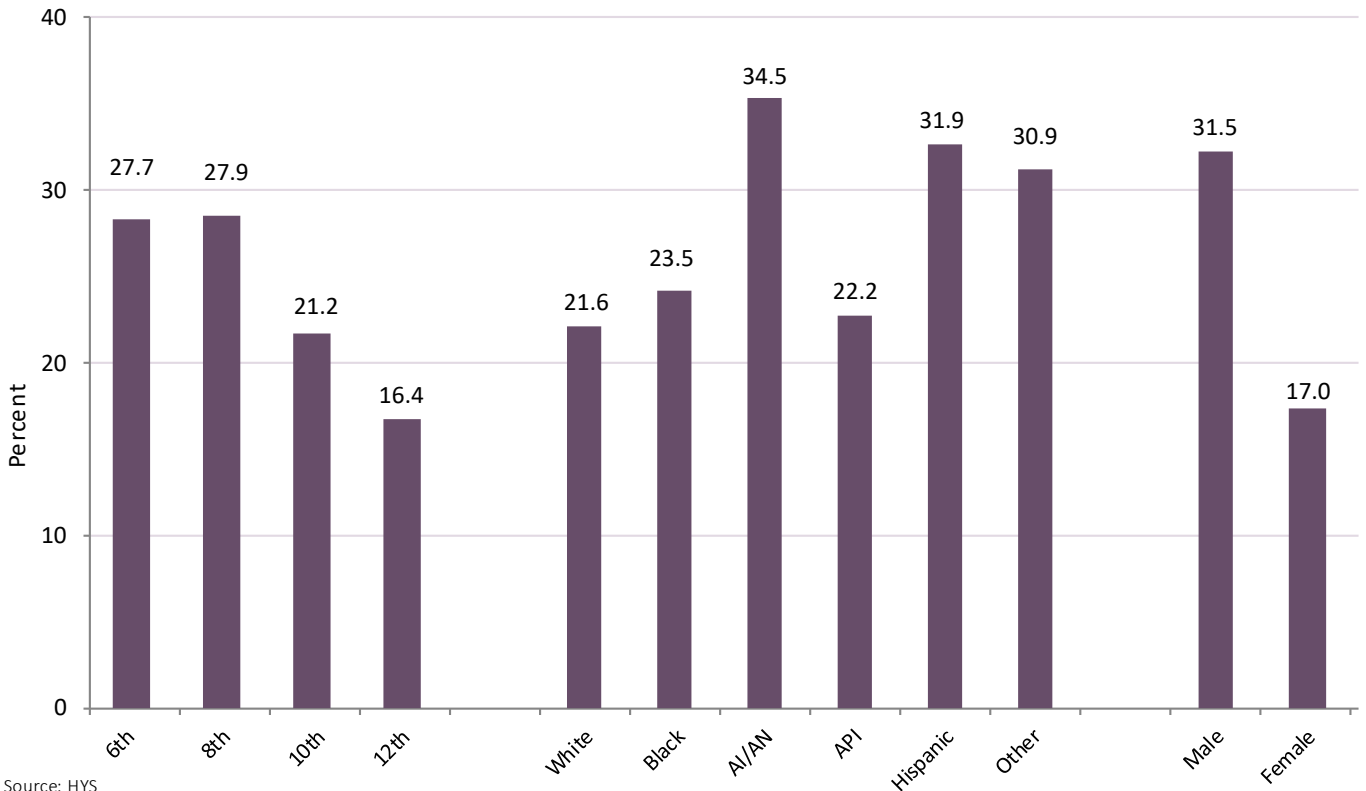
Data Source: HYS

Figure 5. Adolescents Failing in School and Quality of Life by Being in a Fight, Spokane County, 2016



Data Source: HYS

Figure 6. Adolescents in a Physical Fight, Spokane County, 2016



Data Source: HYS

Note: API refers to Asian/Pacific Islander.

Measure: Physical Attacks

“The other day there was an issue at recess where kids were playing with leaves, and then they started stealing leaves from each other, and for kids that’s a big deal, and then there was kicking because of the stealing of leaves. It’s that process that kids follow – they’re playing and then there’s an issue and it builds and builds and builds, and then they’re being hands-on, hitting, instead of talking it through.”

Spokane County Service Provider

DEFINITION: Adolescents who report they have attacked someone with the idea of seriously hurting them.

DATA SOURCE: Healthy Youth Survey

WHY IT MATTERS: In addition to a history of aggression (which increases individual risk for committing acts of violence) overall levels of community aggression and violence increase risk for individuals to commit acts of violence, even if they do not have a personal history of committing such acts. Community levels of aggression also reflect societal values and beliefs in support of aggression or physical violence.

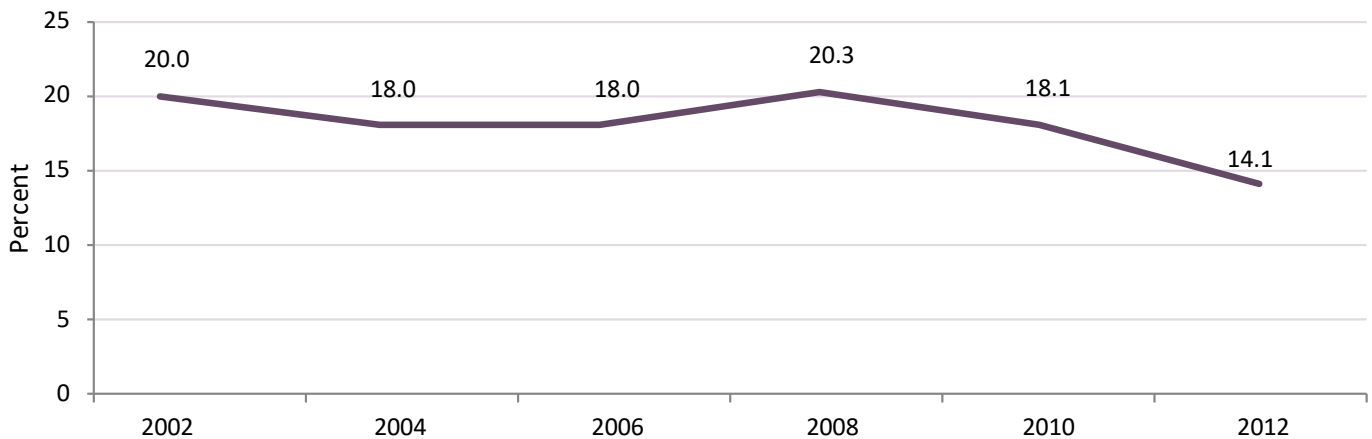
STATUS: 14% of Spokane County adolescents reported having attacked someone with the idea of seriously hurting them. The proportion of youth who reported committing physical attacks with the idea of seriously hurting someone decreased over the last decade.

The proportion of youth who committed such acts was similar across grades. Among youth who have attacked someone, 25.9% did so at 10 years of age or younger; 26.3% at 11 or 12 years of age, 40.3% at 13-15 years of age, and 7.5% at 16 years of age or older.

EYE ON EQUITY: Black and Hispanic adolescents, compared to white adolescents, were more likely to have committed physical attacks against others. Male adolescents were more likely than females.

Adolescents who committed physical attacks against others were 3.5 times more likely to be failing in school.

Figure 7. Adolescents Who Committed Physical Attacks, Spokane County



Data Source: HYS

Figure 8. Adolescents Who Committed Physical Attacks, Spokane County, 2012

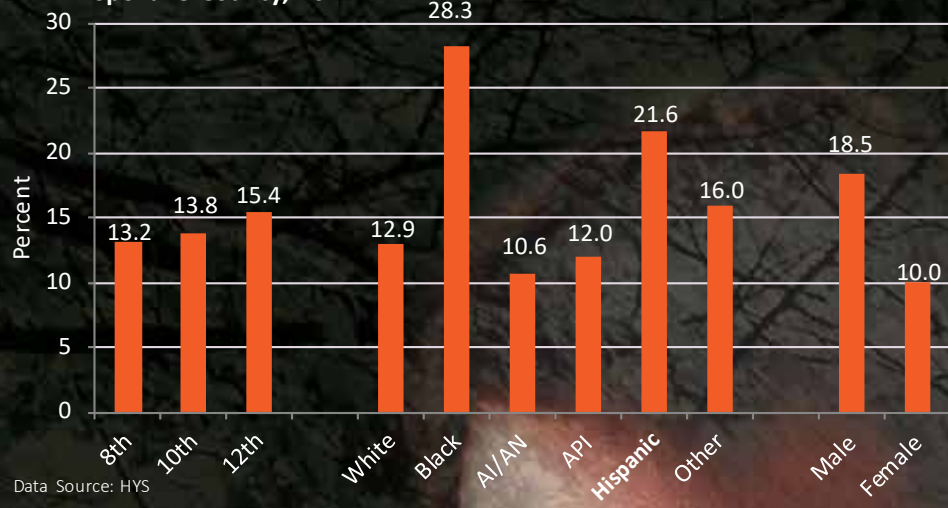
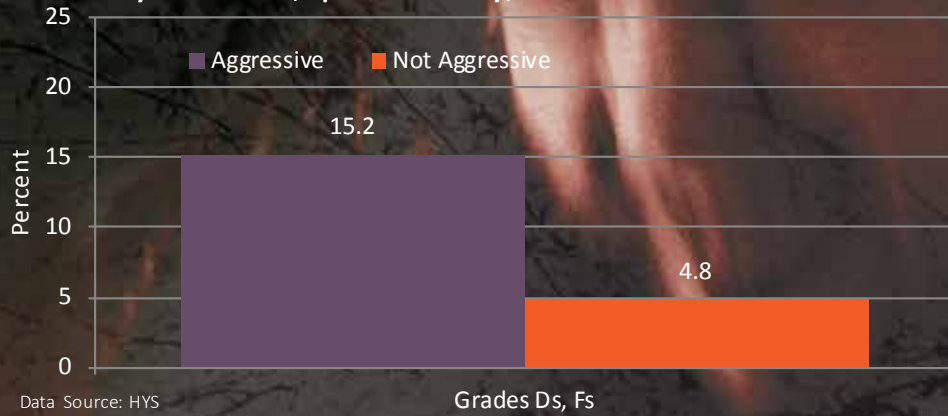


Figure 9. Adolescents Who Are Failing in School and Committed Physical Attacks, Spokane County, 2012



Measure: Arrested (youth)

“As far as violence, I think a lot pertains to gang relations, drug relations, and street life culture.”

Representative, Crosswalk teen shelter

DEFINITION: Adolescents who report they have ever been arrested.

DATA SOURCE: Healthy Youth Survey

WHY IT MATTERS: Youth arrests are one indication of youth delinquency. Delinquency significantly increases the likelihood that an individual will commit sexual violence. It is also possible that some of these youth arrests are a result of an act of violence.

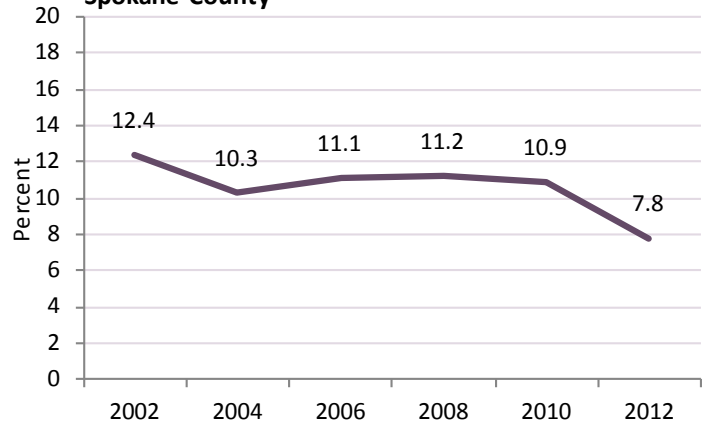
STATUS: 8% of Spokane County adolescents reported they were previously arrested. The proportion of youth who reported ever having been arrested significantly decreased over the last decade.

Adolescents who reported having been arrested increased as youth aged.

EYE ON EQUITY: Compared to white adolescents, black and Hispanic adolescents were more likely to have been arrested. Male adolescents were more likely than females to have been arrested.

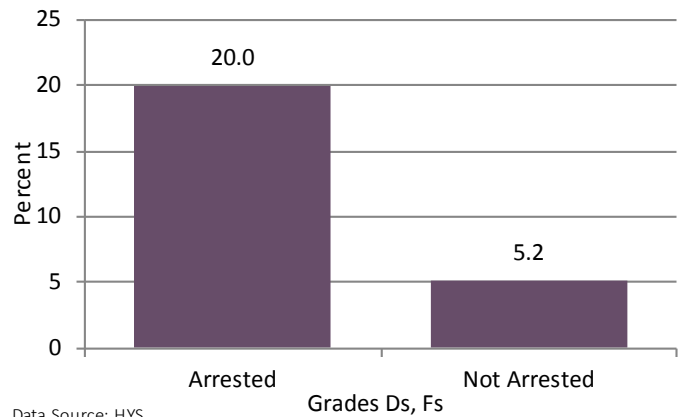
Adolescents who reported prior arrest(s) were 4.5 times more likely to be failing in school.

Figure 10. Adolescents Ever Arrested, Spokane County



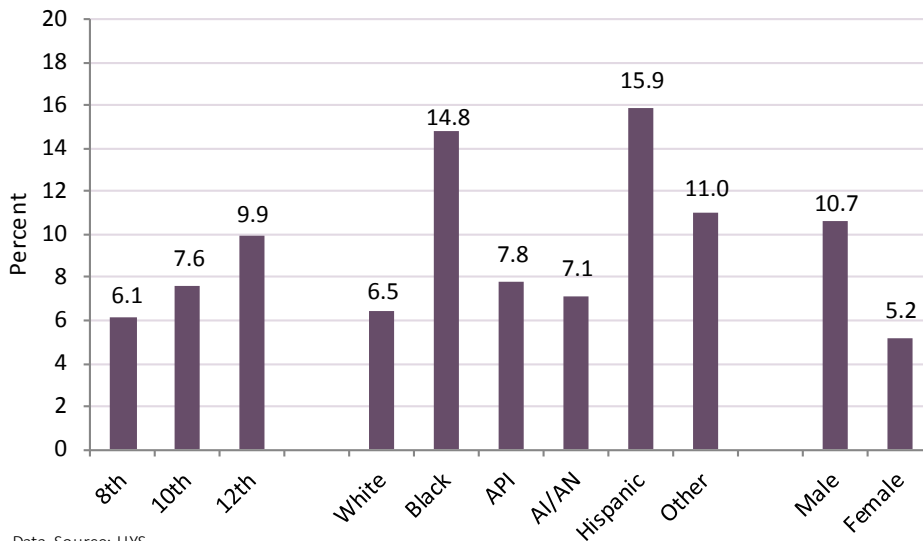
Data Source: HYS

Figure 11. Adolescents Failing in School by Arrest History, Spokane County, 2012



Data Source: HYS

Figure 12. Adolescents Ever Arrested, Spokane County, 2012



Data Source: HYS

Measure: Adult Incarceration

DEFINITION: Adults who reported that, after age 18, they served time or were sentenced to serve time in prison, jail, or another corrections facility.

DATA SOURCE: Behavioral Risk Factor Surveillance System

WHY IT MATTERS: Adult arrests can be viewed numerous ways in relation to violence. Parent arrests, or criminality, are a significant risk factor for children to later commit acts of violence (falling under the relationship level of the socioecological model). Similarly, parent incarceration is frequently categorized as an adverse childhood experience or ACE. Parent incarceration is another example of how witnessing violence as a child can contribute to increased community violence and adverse outcomes over time.

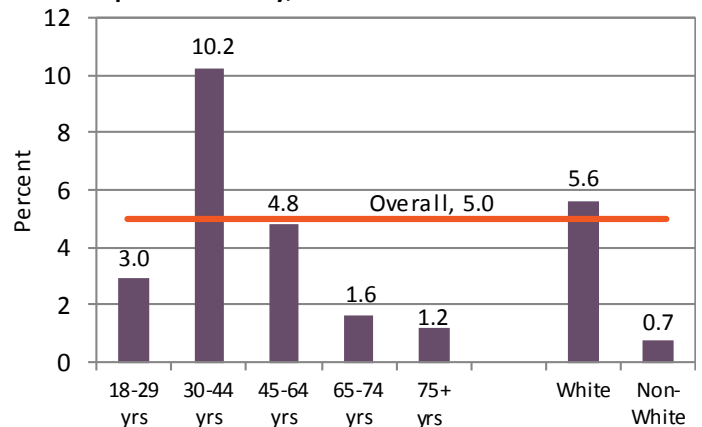
STATUS: 5% of Spokane County adults reported having been incarcerated after their 18th birthday.

The highest proportion of adults by age who reported having been incarcerated were those 30 to 44 years of age.

EYE ON EQUITY: White adults had a significantly higher proportion reporting having been incarcerated than non-white adults.

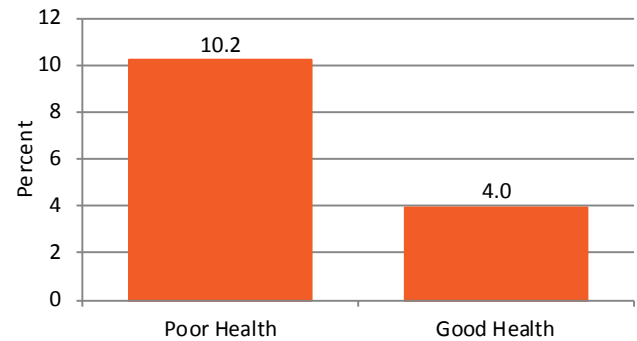
Adults who reported poor health were 2.8 times more likely to have been incarcerated after their 18th birthday compared to adults with good health.

Figure 13. Adults Incarcerated After Age 18, Spokane County, 2011



Data Source: BRFSS

Figure 14. Incarceration History by Health Status, Spokane County, 2011



Data Source: BRFSS



Measure: Depression

“When violence occurs, they sink into depression and we see that often both in the kids and in the parents. And anxiety.”

Spokane County Service Provider

DEFINITION: Adolescents who report they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities in the last year.

DATA SOURCE: Healthy Youth Survey

WHY IT MATTERS: Depression puts individuals at risk for committing acts of violence including suicide and intimate partner violence. Feelings of hopelessness and other emotional health issues significantly increase the likelihood of committing sexual violence, suicide, intimate partner violence, and youth violence.

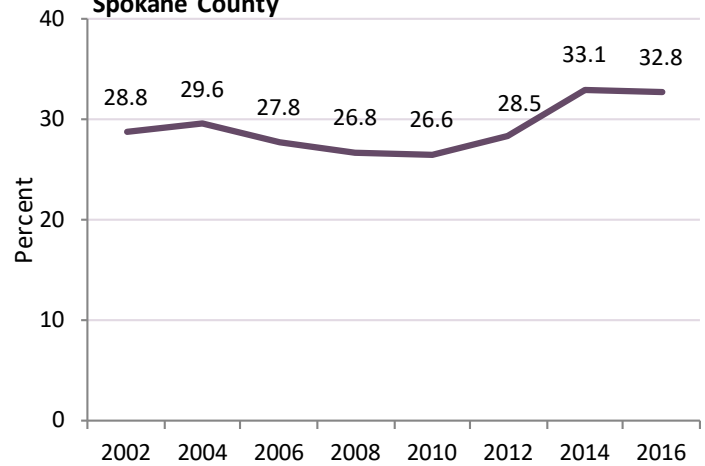
STATUS: Nearly one-third of Spokane County adolescents reported being depressed in the last year. The proportion of depressed youth increased over the last decade.

The proportion of depressed youth increased as grade level increased.

EYE ON EQUITY: Compared to white adolescents, American Indian/Alaska Native (AI/AN) and ‘other’ race adolescents were more likely to have been depressed. Female adolescents were more likely than males to have been depressed.

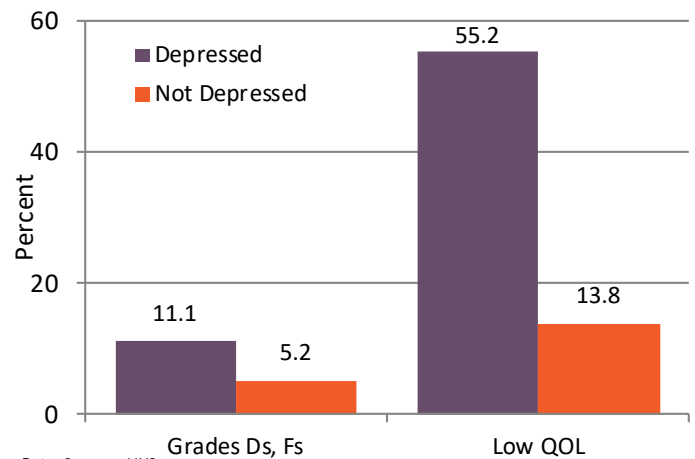
Depressed adolescents were 2.3 times more likely to be failing in school and were 7.7 times more likely to report a low quality of life.

Figure 15. Depressed Adolescents, Spokane County



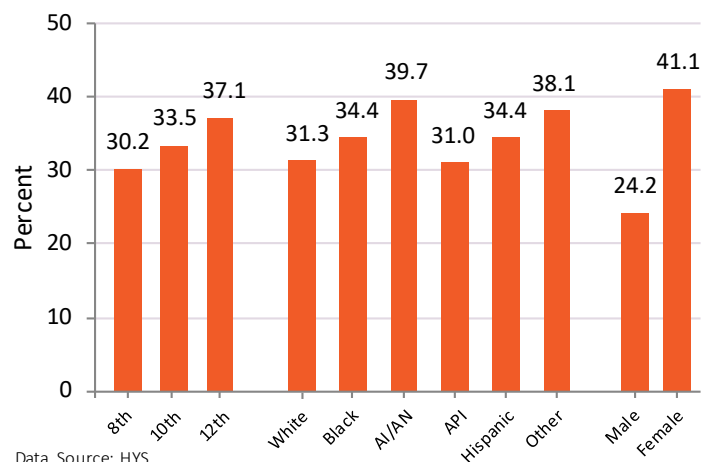
Data Source: HYS

Figure 16. Adolescents Failing in School and Quality of Life by Depression, Spokane County, 2016



Data Source: HYS

Figure 17. Depressed Adolescents, Spokane County, 2016



Data Source: HYS

Measure: Mental Illness

“I have had numerous women come before that say they have been physically harmed, but it is the emotional trauma from that abuse that is weighing on them. They have post-traumatic stress disorder and everything that comes with anxiety disorders, like stomach problems and delayed health issues.”

Representative, YWCA

DEFINITION: Adults with serious mental illness are defined as having a score of 13 or greater from the sum of six questions on mental illness. The scores for individual questions range from 0-4 with a composite score range of 0-24 on the Kessler-6 (K6) Psychological Distress Scale. The score is a nonspecific measurement of psychological distress and assesses the potentially unmet mental health needs within the population.

DATA SOURCE: Behavioral Risk Factor Surveillance System

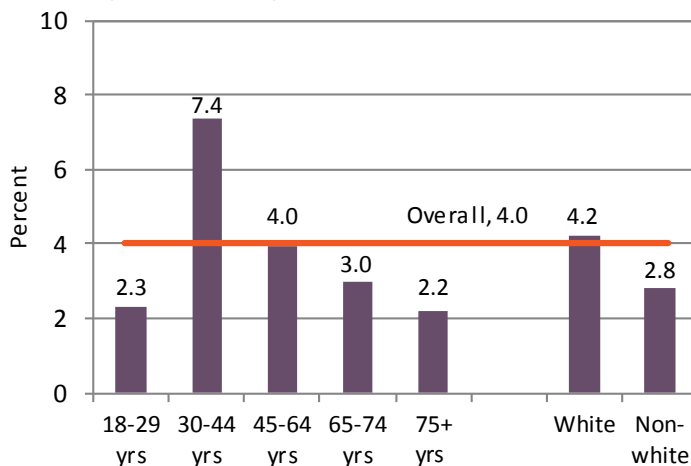
WHY IT MATTERS: Mental illness, such as post-traumatic stress disorder (PTSD), is an important consideration in that some mental illnesses can be attributed to events such as childhood experiences of trauma. As evident in Spokane, adults with high ACEs scores are more likely to have a severe mental illness. This relationship is complex—research on risk factors related to violence established that individuals experiencing mental illnesses are more likely to commit acts of violence. This example demonstrates a clear link between health and violence. Barriers to treating mental illness put our society at risk for experiencing violence.

STATUS: 4% of Spokane County adults had a K6 score that indicated serious mental illness.

There was no significant difference by age group in having serious mental illness. There was no difference in having serious mental illness between white and non-white adults.

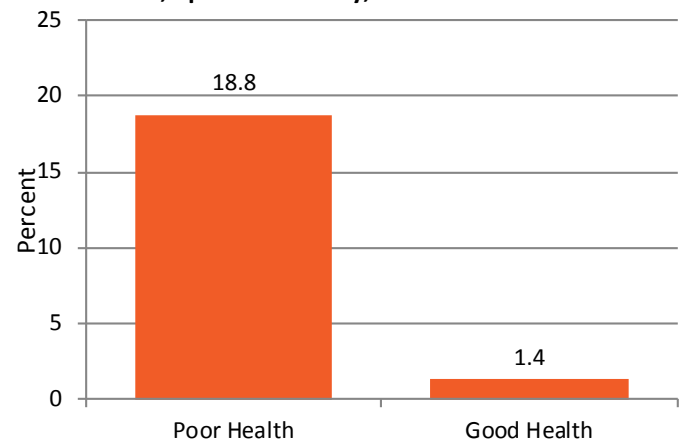
Adults who reported poor health were 16.9 times more likely to have serious mental illness compared to adults with good health.

Figure 18. Adults With Serious Mental Illness, Spokane County, 2012



Data Source: BRFSS

Figure 19. Serious Mental Illness by Health Status, Spokane County, 2012



Data Source: BRFSS

Measure: Suicide Ideation

DEFINITION: Adolescents who report they seriously considered attempting suicide in the last year.

DATA SOURCE: Healthy Youth Survey

WHY IT MATTERS: Suicide ideation is an example of suicidal behavior, which increases an individual's risk for committing sexual violence and/or suicide.

STATUS: 19% of Spokane County adolescents reported they seriously considered attempting suicide in the last year. The proportion of youth who considered suicide significantly increased over the last decade.

The proportion of youth who considered suicide increased as grade level increased.

EYE ON EQUITY: Compared to white adolescents, those with a race of 'other' were more likely to have considered suicide. Female adolescents were more likely than males to have considered suicide.

Adolescents 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.

Figure 20. Adolescents Considering Suicide, Spokane County

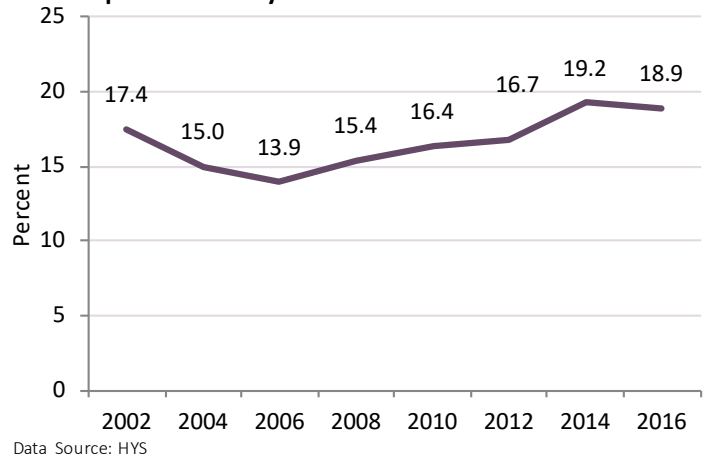


Figure 21. Adolescents Failing in School and Quality of Life by Considering Suicide, Spokane County, 2016

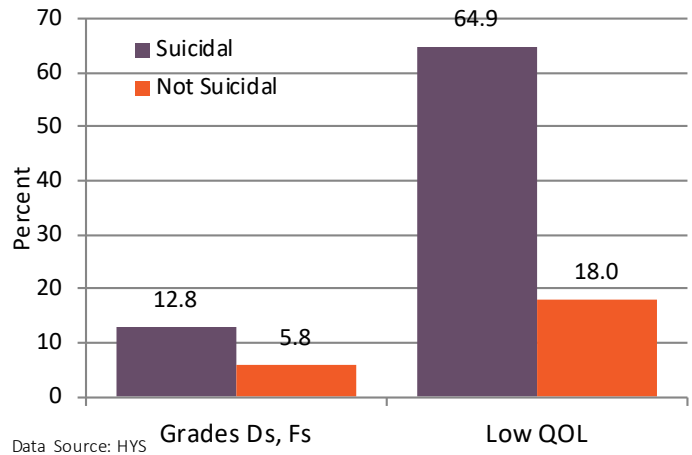
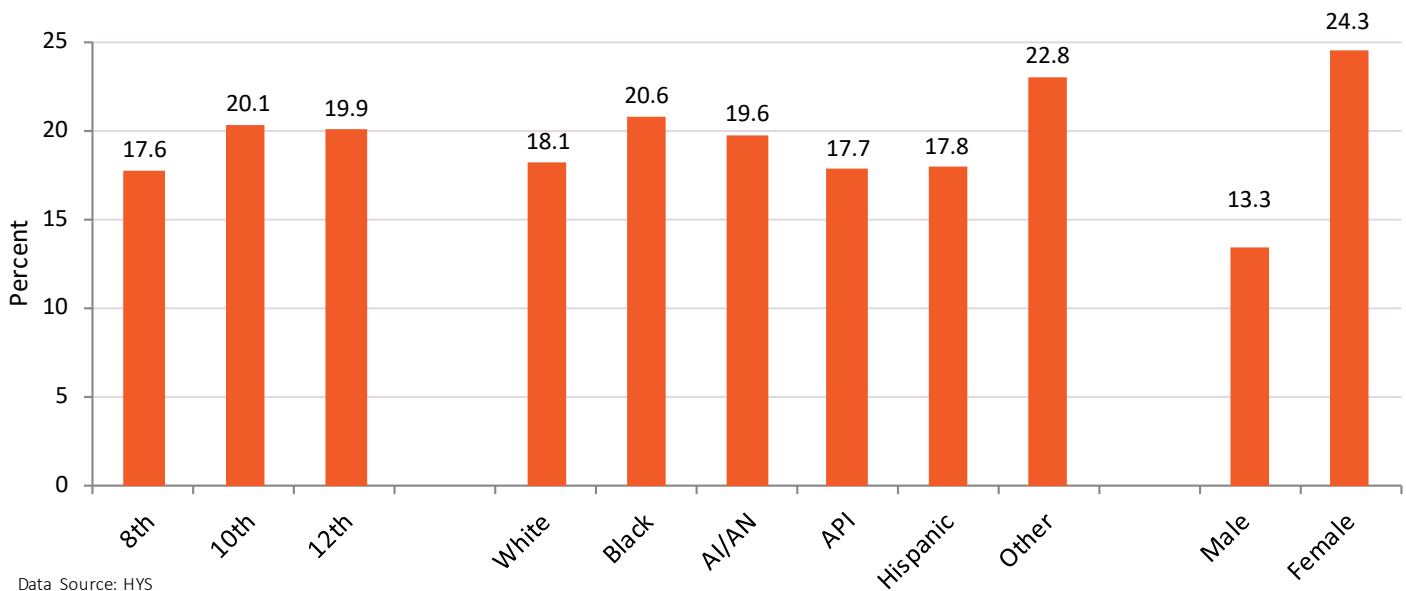
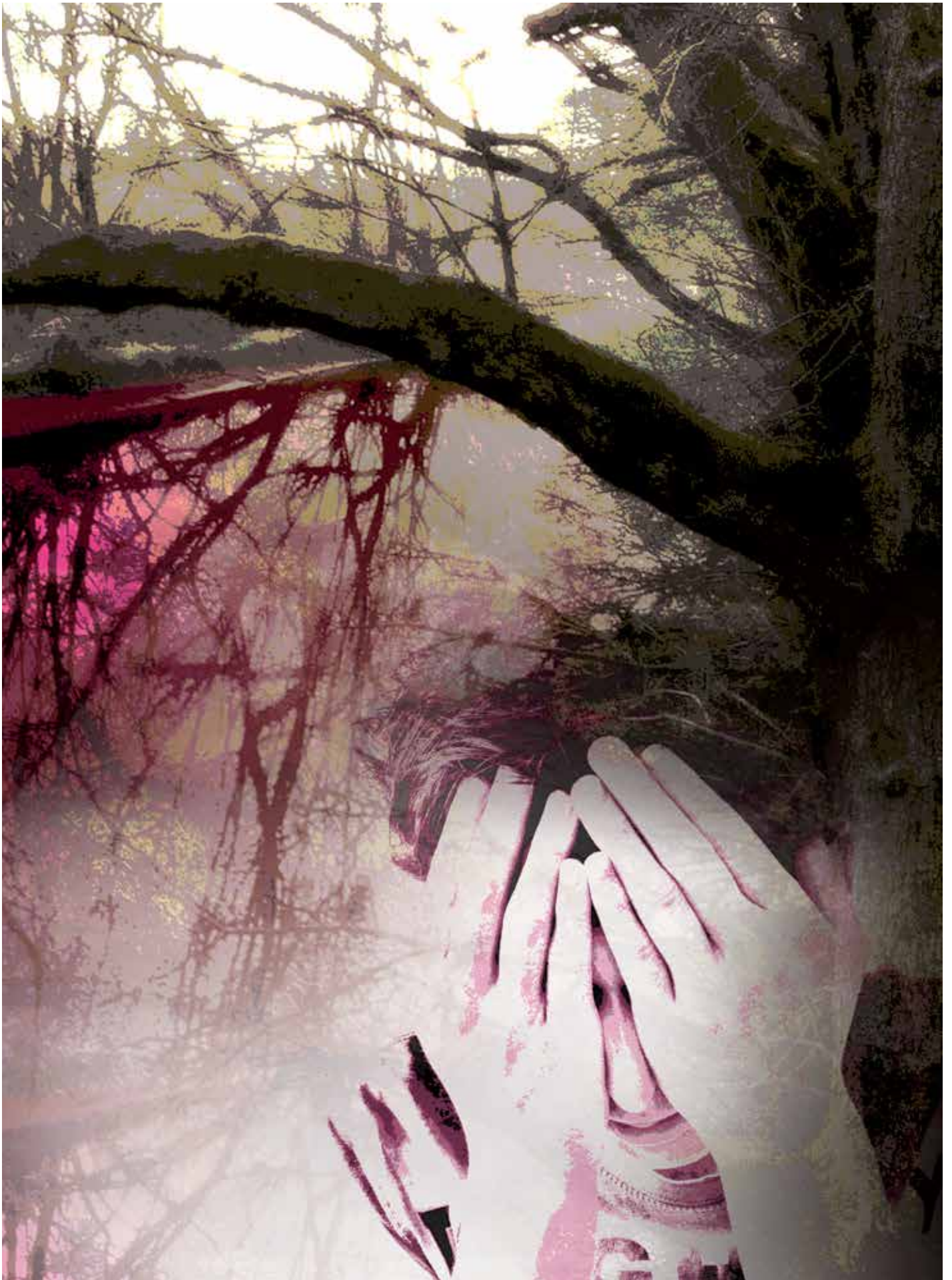


Figure 22. Adolescents Considering Suicide, Spokane County, 2014





Measure: Bullying

“You can’t turn on the news without hearing a news story of some sort of violence, including at schools with bullying. I live across from a park and the language these kids use is not g-rated.”

Spokane County Service Provider

DEFINITION: Adolescents who report they were bullied in the last 30 days. A student is being bullied when another student, or group of students, say or do nasty or unpleasant things to him or her. It is also bullying when a adolescent is teased repeatedly in a way he or she doesn’t like.

DATA SOURCE: Healthy Youth Survey

WHY IT MATTERS: Experiencing bullying is a direct reflection of violence in a community and is considered the most common type of school violence.¹⁷ While local rates of adolescents who experienced bullying remained steady over the past 10 years, the level remains alarmingly high and should be addressed. Experiencing bullying as a victim or as an abuser is associated with numerous social, emotional, and behavioral problems, increasing the risk that an individual will commit acts of violence.

STATUS: 27% of Spokane County adolescents reported being bullied in the last 30 days. The proportion of bullied youth increased over the last decade.

Adolescents who reported being bullied decreased as youth aged.

EYE ON EQUITY: Compared to white adolescents, American Indian/Alaska Native (AI/AN) adolescents, and those of ‘other’ race were more likely to have been bullied.

Female adolescents were more likely than males to have been bullied.

Adolescents who reported being bullied were 1.7 times more likely to be failing in school and were 2.6 times more likely to report a low quality of life.

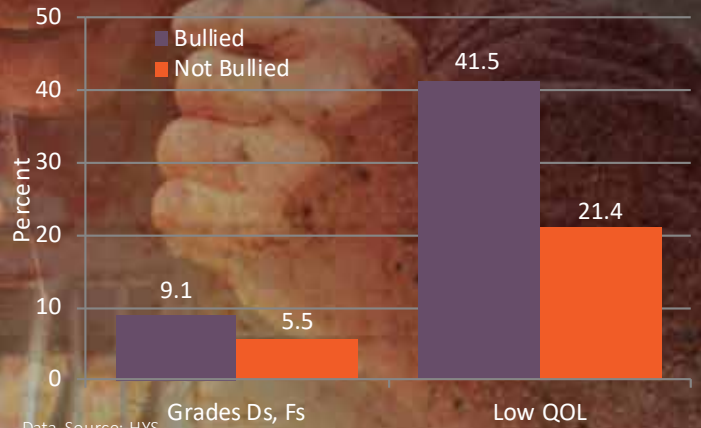


Figure 23. Bullied Adolescents, Spokane County



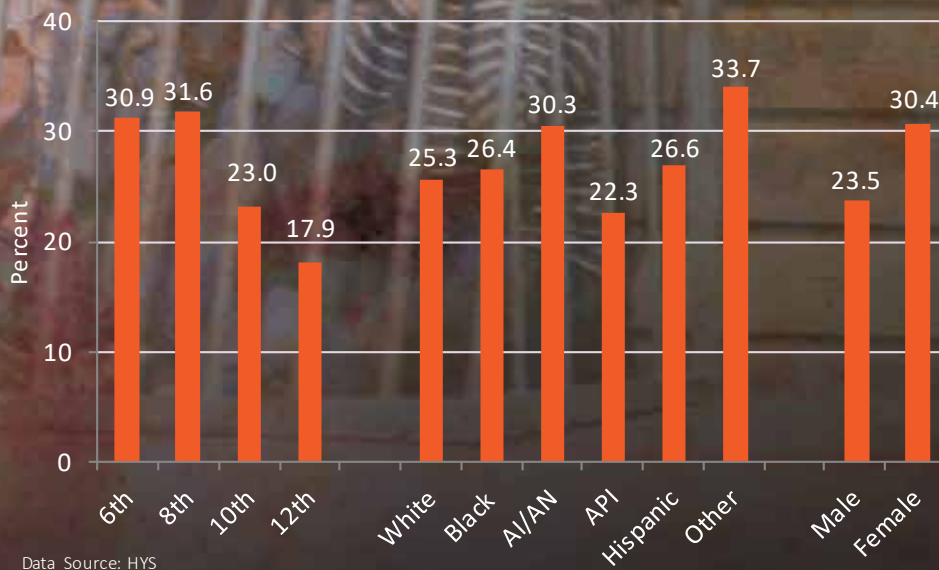
Data Source: HYS

Figure 24. Adolescents Failing in School and Quality of Life by Being Bullied, Spokane County, 2016



Data Source: HYS

Figure 25. Bullied Adolescents, Spokane County, 2014



Data Source: HYS

Measure: Physical Abuse

DEFINITION: In 2014, the definition was expanded. Data prior to 2014 is defined as Adolescents who report they have ever been physically abused by an adult. Data from 2014 and 2016 is defined as adolescents who reported that they had ever been physically hurt by an adult on purpose (like pushed, slapped, hit, kicked or punched), leaving a mark, bruise or injury.

DATA SOURCE: Healthy Youth Survey

WHY IT MATTERS: Experiencing abuse as a child puts individuals at risk for committing numerous types of violence, including sexual violence, intimate partner violence, elder abuse, youth violence, and child maltreatment in adulthood.

STATUS: 22% of Spokane County adolescents reported ever being physically abused by an adult. The proportion of abused youth increased over the last decade.

The proportion of adolescents who reported abuse history increased with higher grades.

EYE ON EQUITY: Compared to white adolescents, adolescents of 'other' race were more likely to have a history of physical abuse.

The proportion of adolescents who reported abuse history was similar for males and females.

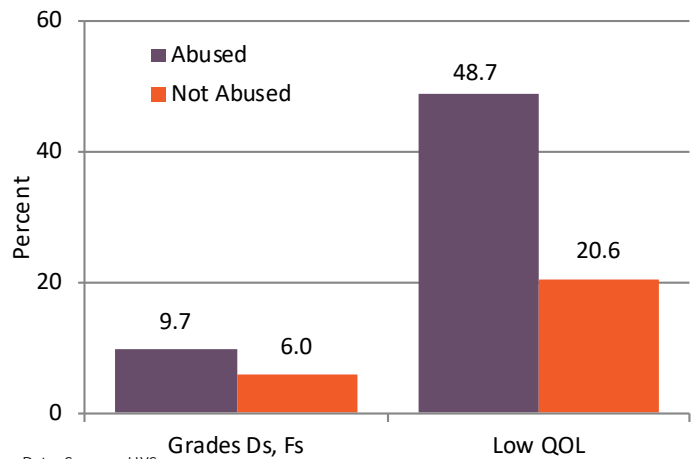
Adolescents who reported abuse history were 1.7 times more likely to be failing in school and were 3.7 times more likely to report a low quality of life.

Figure 26. Abused Adolescents, Spokane County



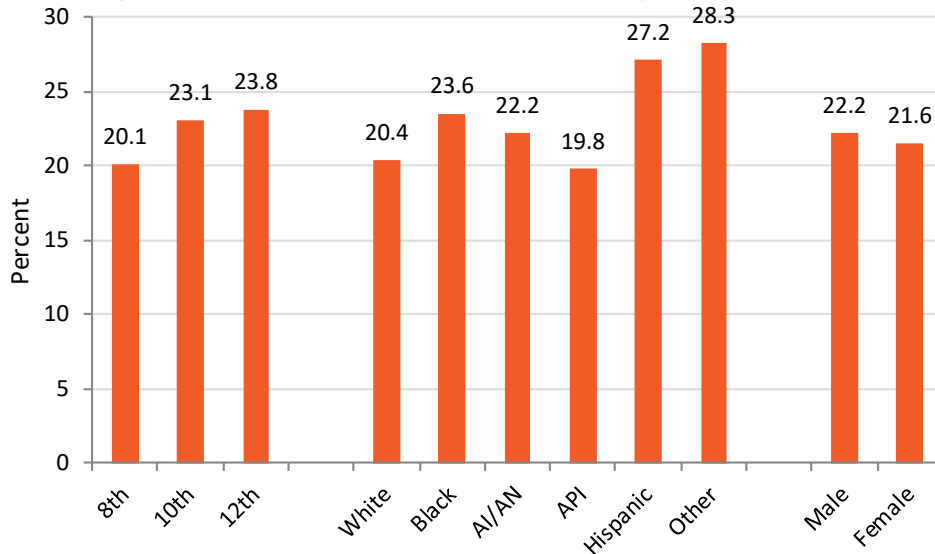
Data Source: HYS *Note: In 2014, this survey question was reworded, and may have contributed to an increase from 2012-2014.

Figure 27. Adolescents Failing in School and Quality of Life by Abuse History, Spokane County, 2016



Data Source: HYS

Figure 28. Abused Adolescents, Spokane County, 2016



Data Source: HYS

Measure: Child Abuse

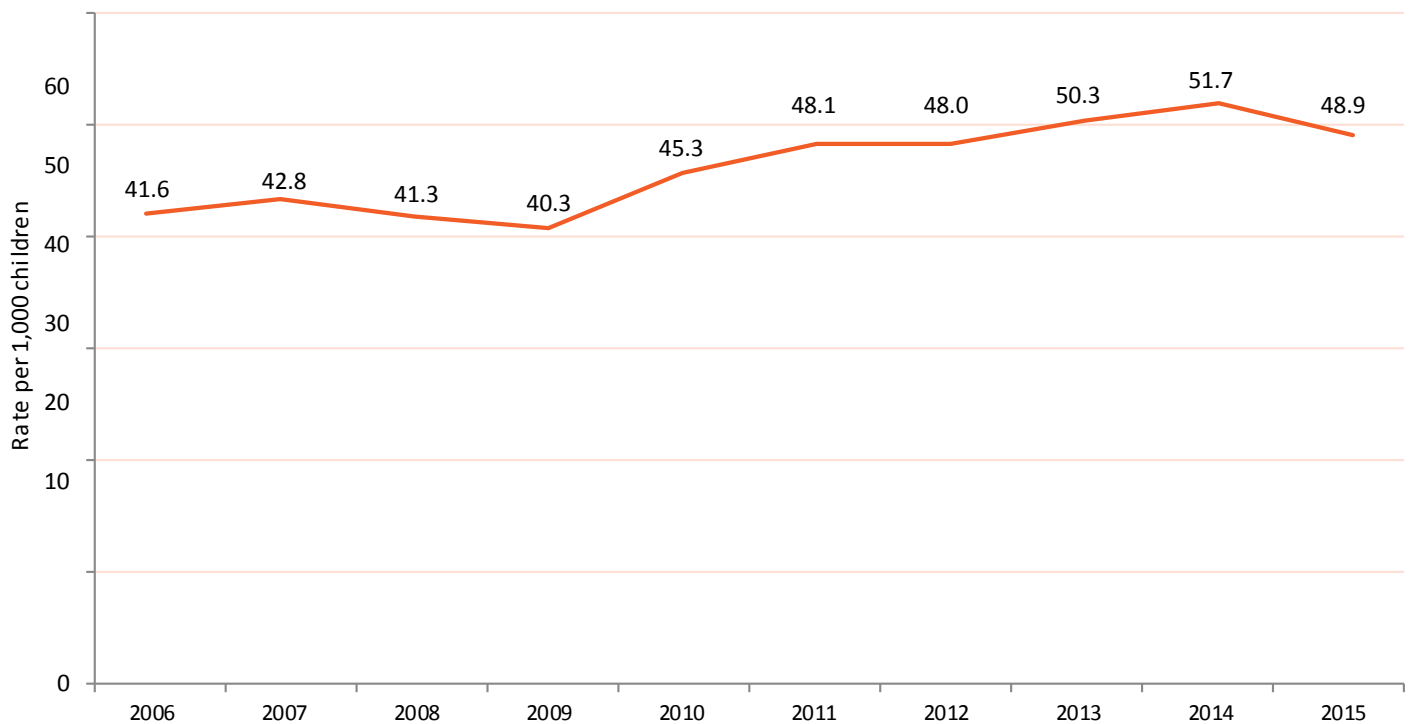
DEFINITION: The number of children 0-17 years of age, identified as *victims* in reports to Child Protective Services (CPS) that were accepted for further action, per 1,000 children. It is important to note that only a portion of child maltreatment is reported to CPS, and not all referrals are investigated. Therefore, the number of child maltreatment cases is underestimated.

DATA SOURCE: Department of Social and Health Services

WHY IT MATTERS: Experiencing abuse as a child contributes to increased risk for numerous harmful behavior- and health-related outcomes, as evident through ACEs research. Experiencing abuse as a child also leads to increased risk for committing acts of violence as an adult. When these acts are targeted toward their own children and families, the cyclical nature of abuse and violence and the intergenerational transmission of beliefs and attitudes tolerant of violence continues into future generations. **STATUS:** In 2015, there were 5,431 victims of child abuse among Spokane County children; a rate of 48.9 per 1,000 children. Overall, the child abuse rate increased over the last decade.



Figure 29. Child Abuse and Neglect, Spokane County



Data Source: DSHS

Relationship Socioecological Level

“I’ve found that some kids, they’ll miss school to protect family members from abuse at home. I’ve definitely had a couple of kids say ‘Well, if I’m not at home, my mom’s going to get beat up. So I have to be home.’ So they’ll miss school.”

*Representative,
Communities In Schools of Spokane County*

Using the lens of the socioecological model, this report now examines Spokane County’s risk factors at the relationship level. This level examines close relationships that may increase the risk of experiencing violence as a victim or perpetrator.

Authors gained local context from interviews with 13 Spokane County organizations that serve victims of violence. These service providers identified several relationship-level risk factors evident among those they serve.

Violence in the home

One interviewed service provider described how violence in the home negatively impacts health: “Violence is a destabilizing factor for these families. So if they are living in a violent relationship, all of their energy is going to sustaining some sort of normal.”

Violence in the home often goes unreported by the victims, but not unseen. For instance, a victim of domestic violence may have both a harmful relationship with a partner (risk factor) and a positive relationship with a family member or friend (protective). A local service provider told of one client’s experience: “... the victim was abused pretty severely for seven years and never reported domestic violence herself. It was her parents that called and she actually ended up suffering permanent brain damage from assault. She’s in St. Luke’s rehab right now, and she still has never reported domestic violence.”

Violence in public settings

Behaviors seen at home also manifest themselves in other settings such as at school. Service providers described how children who experience violence at home are negatively impacted from an emotional and developmental standpoint. A local child advocate told about her work teaching healthy relationships among children and kids learning that, “hands are not for hitting and there’s a better way to solve your issues and you have to be nice to each other.”

Risk and protective factors associated with the relationship level of the socioecological model are presented in this section. These factors are related to the people with whom individuals are closest; family, friends, peers, and intimate partners.





Measure: Homelessness (youth)

DEFINITION: Adolescents who report they do not have a home because the family lost their home or cannot afford housing. The youth may be living with friends, other families, or on their own; in a motel, shelter or emergency housing, in a car, park, campground, or other public place.

DATA SOURCE: Healthy Youth Survey

WHY IT MATTERS: Besides being identified by the community as contributing to violence, according to research homeless youth are at an increased risk for perpetrating violence. This is based upon the relationship between homelessness and risk factors related to violence. Homeless youth are also at risk for lower academic achievement, lacking adequate housing in the future, and experiencing other risk factors such as poverty or domestic violence. Transiency, or mobility, also puts youth at significant risk for perpetrating violence.

STATUS: Approximately 1% of Spokane County adolescents reported they are homeless. The proportion of homeless youth significantly decreased from 2008 to 2016. The proportion who reported being homeless increased as grade level increased.

EYE ON EQUITY: Compared to white adolescents, black, Hispanic, and 'other' race adolescents were more likely to be homeless.

The proportion who reported being homeless was similar between males and females.

Homeless adolescents 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.

Figure 30. Adolescents Who are Homeless, Spokane County



Figure 31. Adolescents Failing in School and Quality of Life by Homelessness, Spokane County, 2016

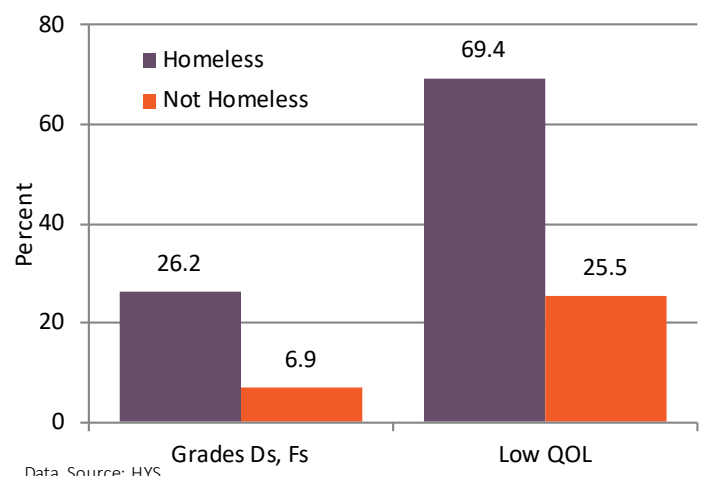
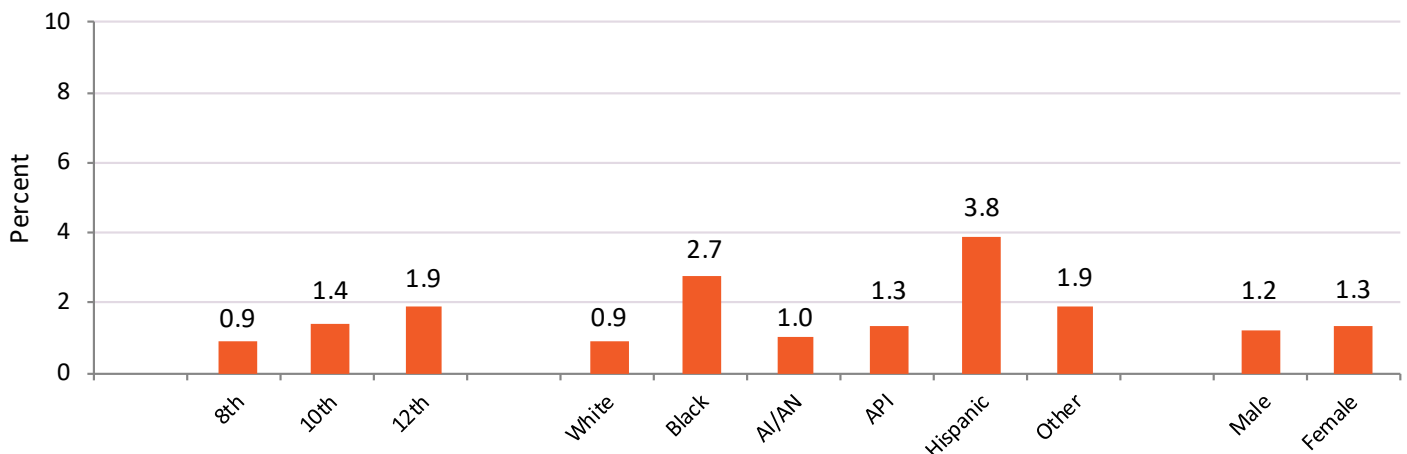


Figure 32. Adolescents Who are Homeless, Spokane County, 2016



Data Source: HYS

Measure: Homelessness (adult)

DEFINITION: Adults who report they have ever been homeless after 18 years of age.

DATA SOURCE: 1) Spokane County's Point-in-Time Count
2) Behavioral Risk Factor Surveillance System

WHY IT MATTERS: Homeless adults, similar to homeless youth, are at increased risk for perpetrating violence due to the co-occurrence of risk factors related to homelessness.

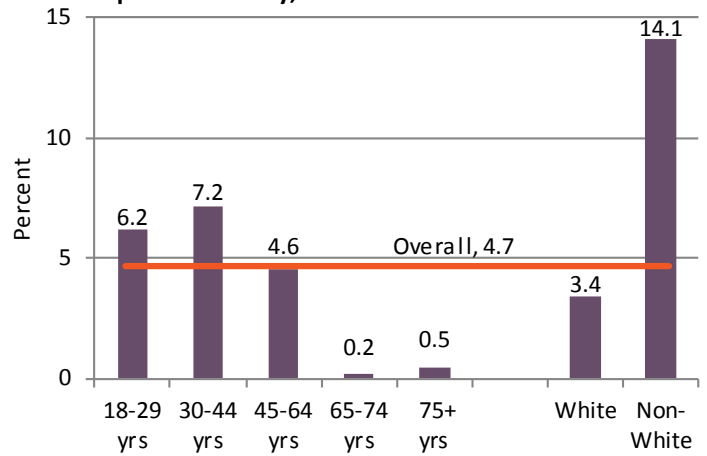
STATUS: Spokane County's 2016 Point-in-Time count identified 981 people who were homeless. Five percent of Spokane County adults reported they have ever been homeless as an adult.

Of homeless adults, 25% report experiencing serious mental illness and 21% report that they are survivors of domestic violence.

The proportion of adults who reported ever having been homeless was significantly lower among seniors. Non-white adults had a significantly higher proportion of ever having been homeless than white adults.

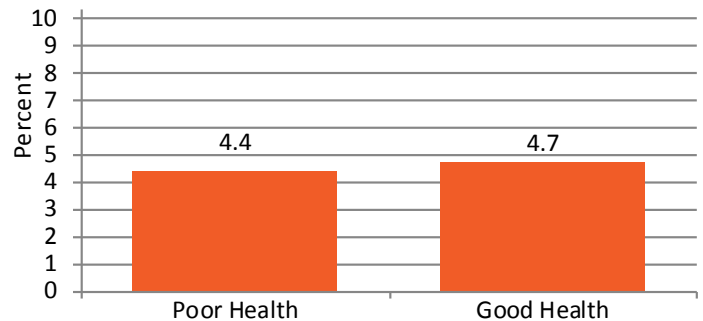
There was no significant difference among adult homeless in the proportion of those reporting poor health vs. good health.

Figure 33. Adults Homeless After Age 18, Spokane County, 2011

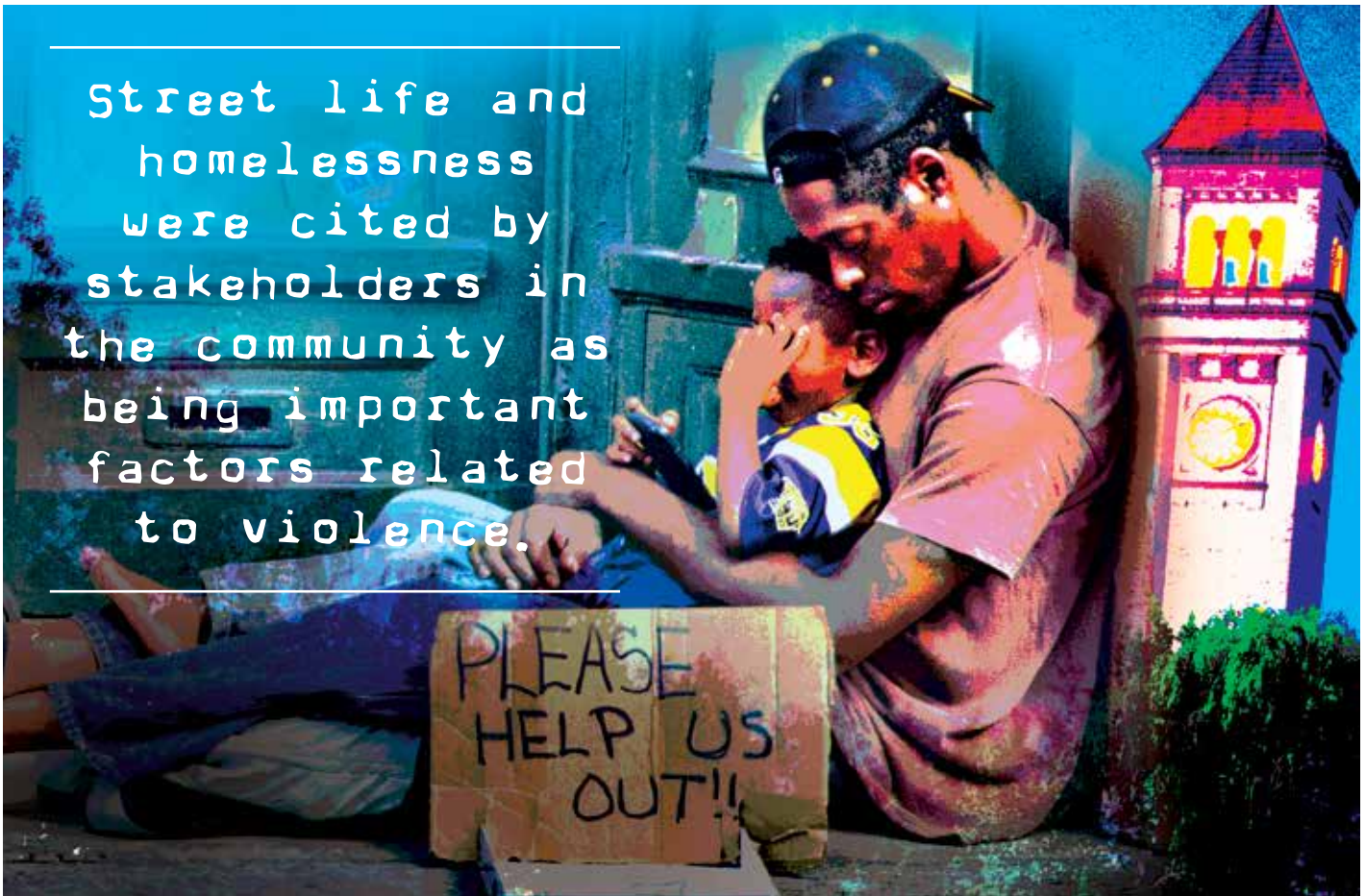


Data Source: BRFSS

Figure 34. Homeless History by Health Status, Spokane County, 2011



Data Source: BRFSS



Street life and homelessness were cited by stakeholders in the community as being important factors related to violence.

Measure: Gang Membership

“There are gangs in the neighborhood. We have five or six pretty active gangs, and now there’s the new ‘Squad’. They’re finding something they can be a part of that offers them some support, some opportunity to display power, some sense of safety and order, even if it’s violent, they want that sense of ‘I’d rather be in than be the victim.’”

Representative, Spokane Public Schools

DEFINITION: Adolescents who report they were a member of a gang in the last year.

DATA SOURCE: Healthy Youth Survey

WHY IT MATTERS: Association with peers who are aggressive, delinquent, hyper-masculine, or being a member of a gang, increases the likelihood that an individual will perpetrate sexual or youth violence. Gang members are also more likely to engage in substance abuse and risky sexual behavior, drop out of high school, and have unstable employment and more family problems—all contributing to even greater risk for committing violence.

STATUS: 5% of Spokane County adolescents reported they were a member of a gang in the last year. The proportion of youth who reported being in a gang significantly decreased over the last decade.

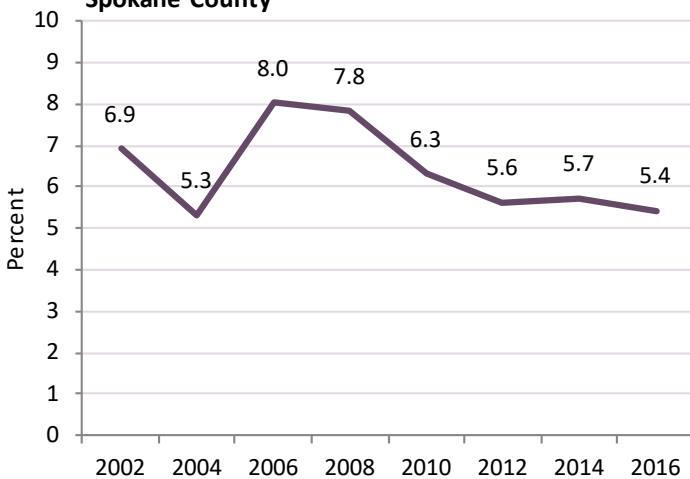
Compared to 8th grade students, 12th grade students were more likely to be a member of a gang.

EYE ON EQUITY: Compared to white adolescents, AI/AN, API, and ‘other’ race adolescents were more likely to be a member of a gang.

Male adolescents were more likely than females to report gang membership.

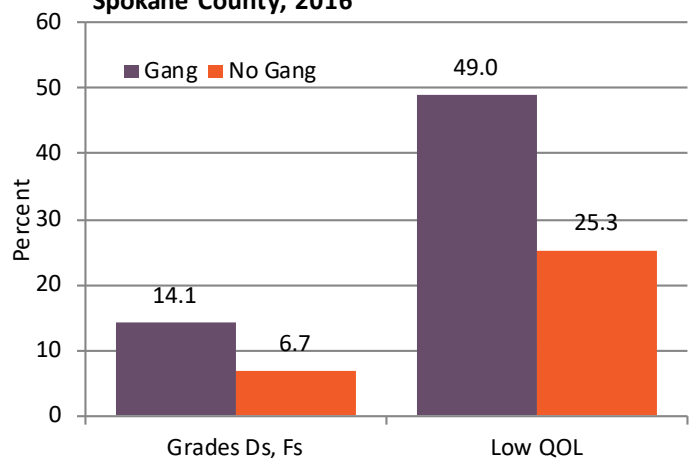
Adolescents who reported they were a gang member were 2.3 times more likely to be failing in school and were 2.8 times more likely to report a low quality of life.

Figure 35. Adolescents a Member of a Gang, Spokane County



Data Source: HYS

Figure 36. Adolescents Failing in School and Quality of Life by Gang Member, Spokane County, 2016



Data Source: HYS



Figure 37. Adolescents Reporting Being a Member of a Gang, Spokane County, 2016



Data Source: HYS

Measure: Domestic Violence

“[Domestic violence] happens across the board, rich women, poor women, educated women, uneducated women.”

Representative, YWCA

DEFINITION: The number of domestic violence-related offenses per 1,000 persons which includes any violence of one family member against another family member. In situations where there are multiple victims during one offense, incidents are counted for each victim.

DATA SOURCE: Washington Association of Sheriffs and Police Chiefs (WASPC) Uniform Crime Report (UCR) and National Incident-Based Reporting System (NIBRS) systems as reported by DSHS in the Risk and Protection Profile for Substance Abuse Prevention in Spokane County. Denominators are adjusted by subtracting the population of police agencies that did not report offenses.

WHY IT MATTERS: Having a family history of violence (as a victim, abuser, or witness) increases the likelihood that an individual will commit acts of violence, including sexual violence, suicide, intimate partner violence, elder abuse, child maltreatment, and youth violence. Domestic violence itself is a risk factor for numerous behavioral and health outcomes including homelessness, mental health issues, and emotional issues. High levels of domestic violence were identified by service providers as contributing to overall community violence.

STATUS: In 2015, there were 4,267 victims of domestic violence among Spokane County residents, a rate of 8.8 per 1,000 people. The domestic violence rate increased over the last decade; however, the trend could be influenced by changes related to the availability of Crime Check. See page 52 for crime data.

Figure 38. Domestic Violence Related Offenses, Spokane County



Data Source: DSHS

Measure: Intimate Partner Violence (youth)

DEFINITION: Adolescents who report their boyfriend or girlfriend limited their activities, threatened them, or made them feel unsafe in any other way in the last year. In 2014 this definition was expanded to include being physically hurt on purpose by their boyfriend or girlfriend.

DATA SOURCE: Healthy Youth Survey

WHY IT MATTERS: One in three women experience physical violence by an intimate partner at some point in her lifetime.¹⁸ Experiencing intimate partner violence, or teen dating violence, in prior relationships is a risk factor for future experiences of intimate partner violence in adulthood. Experiencing this type of violence also puts youth at risk for depression, anxiety, involvement in antisocial behaviors, suicide ideation, and engaging in unhealthy behaviors (tobacco, drugs, and alcohol)^{xiii}. Levels of intimate partner violence contribute to overall community violence.

STATUS: 9% of Spokane County adolescents reported experiencing intimate partner violence in the last year. The proportion of intimate partner violence among youth did not statistically change over the last decade.

The proportion of adolescents who reported experiencing intimate partner violence increased as youth aged.

EYE ON EQUITY: Compared to white adolescents, American Indian/Alaska Native (AI/AN) adolescents were more likely to have experienced intimate partner violence. Female adolescents were more likely to experience intimate partner violence than were males. Adolescents who reported experiencing intimate partner violence were 2.2 times more likely to be failing in school and were 4.6 times more likely to report a low quality of life.

Figure 39. Intimate Partner Violence Among Adolescents, Spokane County



Figure 40. Adolescents Failing in School and Quality of Life by Intimate Partner Violence, Spokane County, 2016

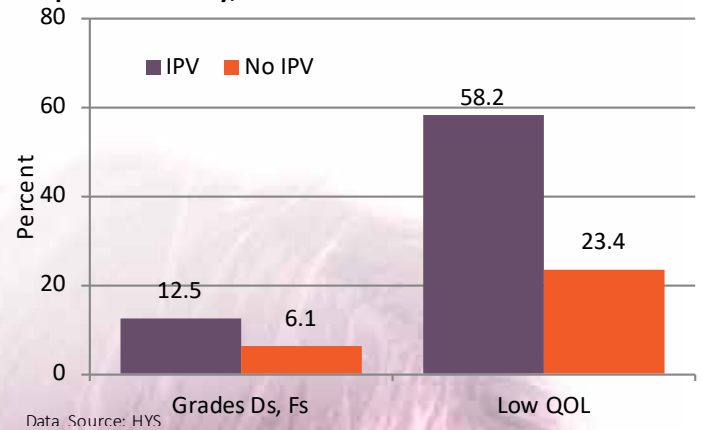
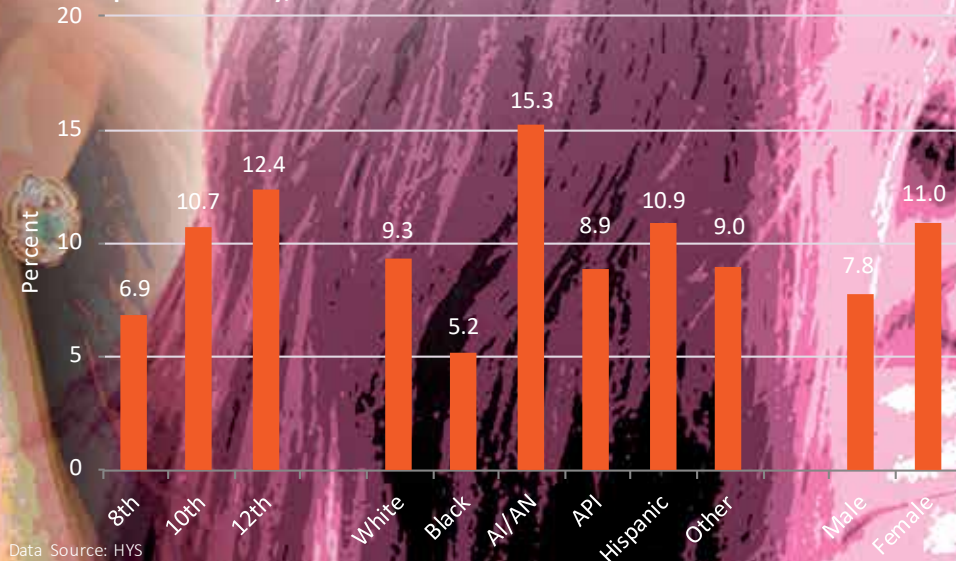


Figure 41. Intimate Partner Violence Among Adolescents, Spokane County, 2016



Measure: Intimate Partner Violence (adult)

“We focus on intimate partner violence as there is a tendency for more of a power-and-control cycle of violence.”

*Representative,
City of Spokane Police Domestic Violence Unit*

DEFINITION: Adults reporting they had ever been physically hurt by an intimate partner.

DATA SOURCE: Behavioral Risk Factor Surveillance System

WHY IT MATTERS: Those who have experienced intimate partner violence, especially over a prolonged period of time, are at risk for suffering physical health consequences including asthma, bladder and kidney infections, cardiovascular disease, migraines and headaches, and many others.¹⁹

STATUS: 19% of adults reported that at some time they have been hit, slapped, punched, kicked or physically hurt by an intimate partner. A higher proportion of adults with poor health reported a history of intimate partner violence than those with good health.

The oldest adult age group had lower proportions who reported experiencing intimate partner violence. The difference between age groups was not statistically significant. There was no difference between whites and non-whites in who reported experiencing intimate partner violence.

Figure 42. Adults who Experienced Intimate Partner Violence, Spokane County, 2011

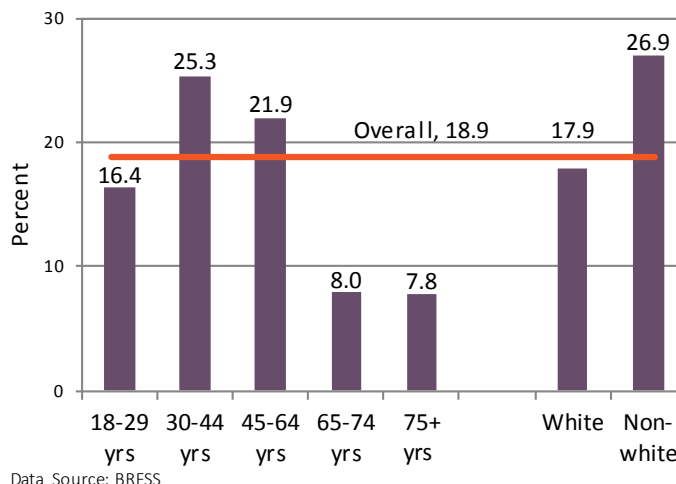
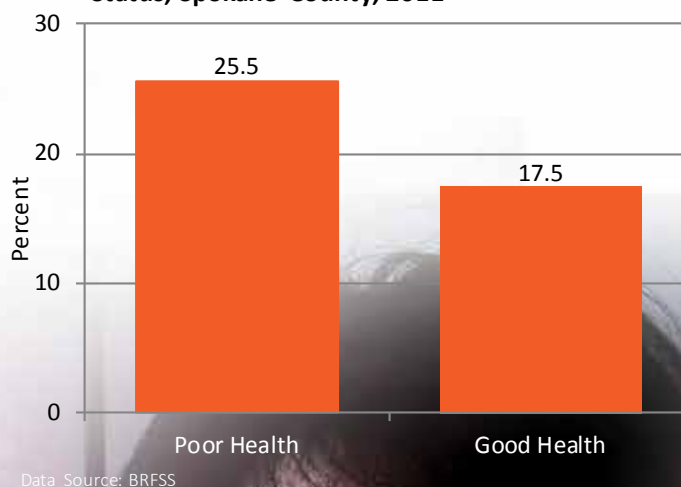


Figure 43. Intimate Partner Violence by Health Status, Spokane County, 2011



Measure: Sexual Violence

“We have law enforcement that really care about this issue and work really closely with us. They are our number one referral; they will pick up the phone and call the hotline for her.”

Representative, YWCA

DEFINITION: Adults reporting that someone *ever* had sex with them regardless of adult saying or showing that they did not want them to or without their consent.

DATA SOURCE: Behavioral Risk Factor Surveillance System

WHY IT MATTERS: There are societal factors that perpetuate sexual violence²⁰, including:

- Policies that foster, or the absence of policies that prevent, gender inequality.
- Cultural norms that define or support male masculinity and/or superiority and male sexual entitlement.
- Cultural norms that maintain women’s inferiority and sexual submissiveness.
- Weak laws related to sexual violence.

All of these contribute to an uneven distribution of violence across genders.

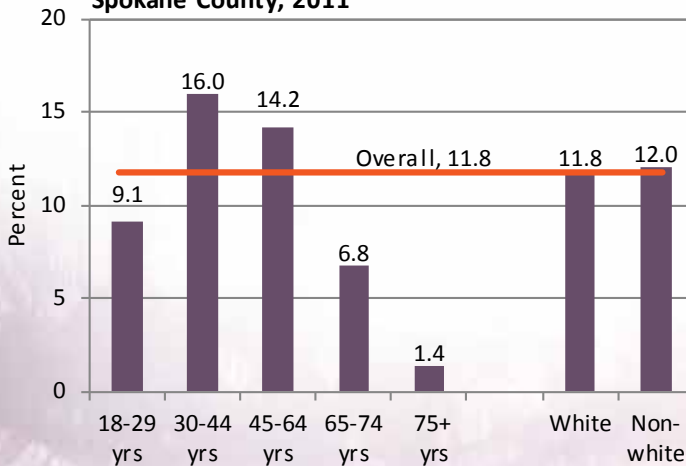
Those who experience sexual violence are at risk for numerous health-risk behaviors including engaging in risky sexual behaviors, using harmful substances, unhealthy dieting, and delinquent or criminal behavior. They are also at risk for poor psychological and emotional outcomes including shock, anxiety, symptoms of PTSD, depression, and other issues. Physical health consequences of sexual violence include chronic pain, genital injuries, migraines, frequent headaches, and gastrointestinal and gynecological issues.²¹

STATUS: 12% of adults reported that at some time in their lives someone had sex with them against their will. Women accounted for 86.7% of those who reported experiencing sexual violence.

The oldest adult age group had a significantly lower proportion who reported experiencing sexual violence. The difference between other age groups was not statistically significant. There was no difference in experiencing sexual violence between white and non-white adults.

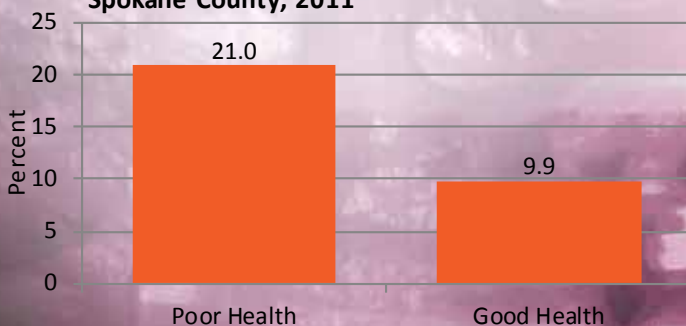
Adults who reported poor health were 2.4 times more likely to have experienced sexual violence compared to adults with good health.

Figure 44. Adults who Experienced Sexual Violence, Spokane County, 2011

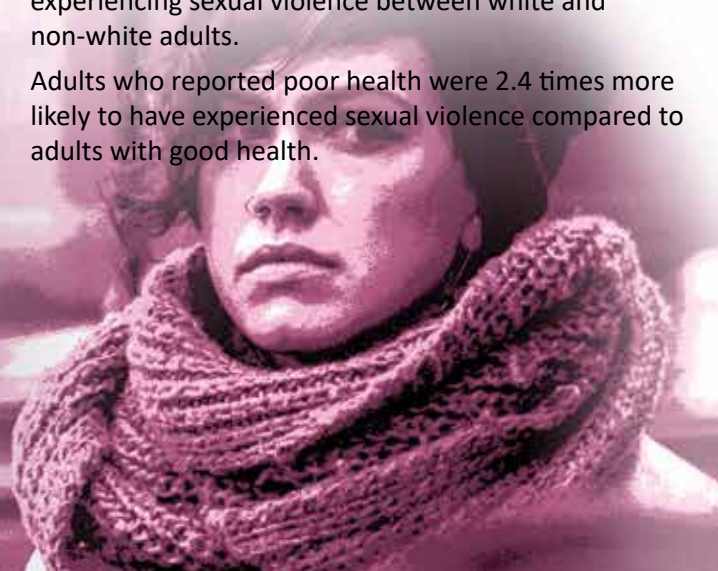


Data Source: BRFSS

Figure 45. Sexual Violence by Health Status, Spokane County, 2011



Data Source: BRFSS



Measure: Likes Parent

“Working on that healthy relationship is so important for us because our youth that comes through here don’t have the best role models in healthy relationships. Mom and dad were never together; mom’s new boyfriend they can’t stand.”

Representative, Crosswalk

DEFINITION: Adolescents who report they like spending time with either their mother or their father.

DATA SOURCE: Healthy Youth Survey

WHY IT MATTERS: Relationships with parents and high levels of family support are protective factors that decrease an individual’s likelihood that they will commit acts of violence including sexual violence, suicide, child maltreatment, and youth violence. An adolescent liking his or her parent is one example of family support, and evidence of a positive parent-child relationship.

STATUS: Nearly all Spokane County adolescents reported they like spending time with their mother or father. The proportion of youth who get along with a parent was stable over the last decade.

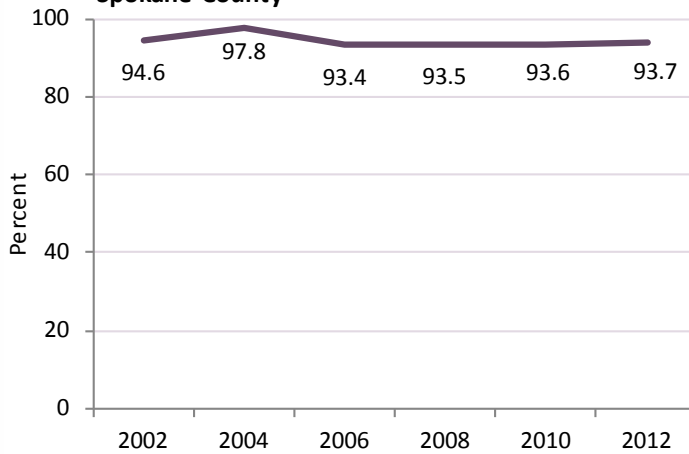
The proportion of youth who reported liking to spend time with a parent decreased as youth aged.

EYE ON EQUITY: Compared to white adolescents, black adolescents were less likely to like spending time with a parent.

The proportion of adolescents who reported that they like spending time with their parent was similar for males and females. Adolescents who indicated they like spending time with a parent were 2.4 times less likely to be failing in school.

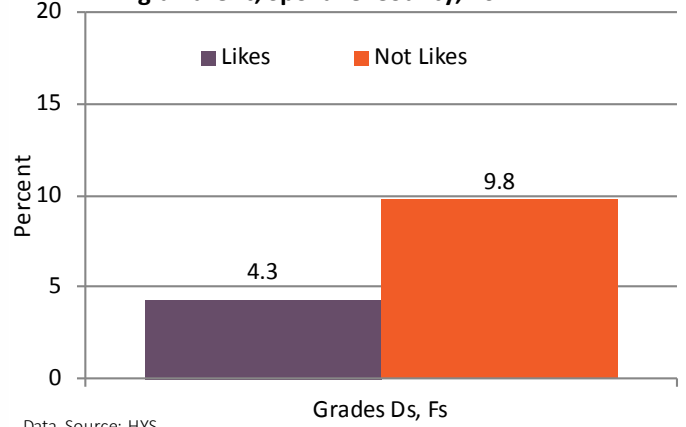


**Figure 46. Adolescents Liking a Parent
Spokane County**



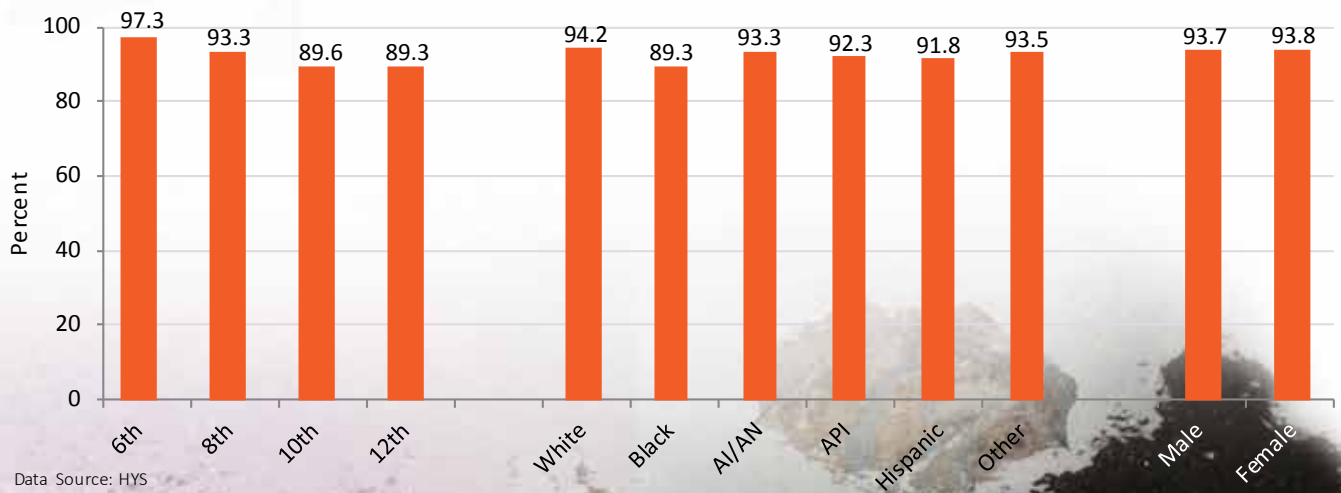
Data Source: HYS

**Figure 47. Adolescents Failing in School by
Liking a Parent, Spokane County, 2012**



Data Source: HYS

Figure 48. Adolescents Liking a Parent, Spokane County, 2012



Data Source: HYS

Measure: Good Social Support

DEFINITION: Adults who have two or more people they could count on if they called for practical help, like someone to pick up groceries, talk to about a problem, or provide them or a household member with care.

DATA SOURCE: Behavioral Risk Factor Surveillance System

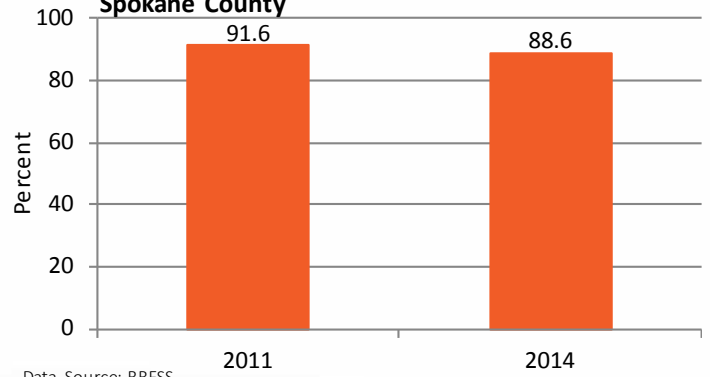
WHY IT MATTERS: Social support is shown to reduce the risk that an individual will commit suicide, elder abuse, or child maltreatment.

STATUS: The vast majority of Spokane County adults (88.6%) reported they have good social support.

Adults who reported poor health were six times less likely to have good social support than those reporting good health.

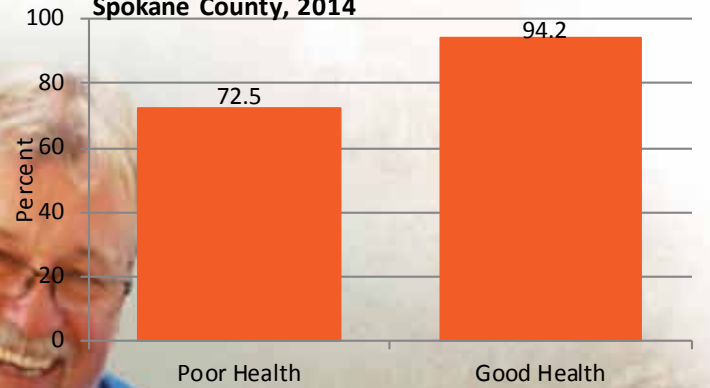
EYE ON EQUITY: Non-white adults were significantly less likely than white adults to have two or more people they could count on for social support. There was no significant difference in having good social support by age group.

Figure 49. Adults With Good Social Support, Spokane County



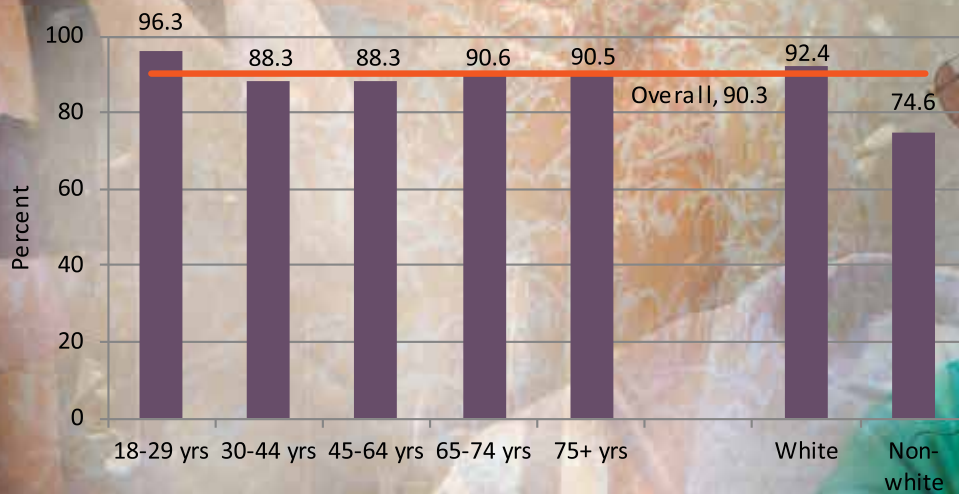
Data Source: BRFSS

Figure 50. Good Social Support by Health Status, Spokane County, 2014

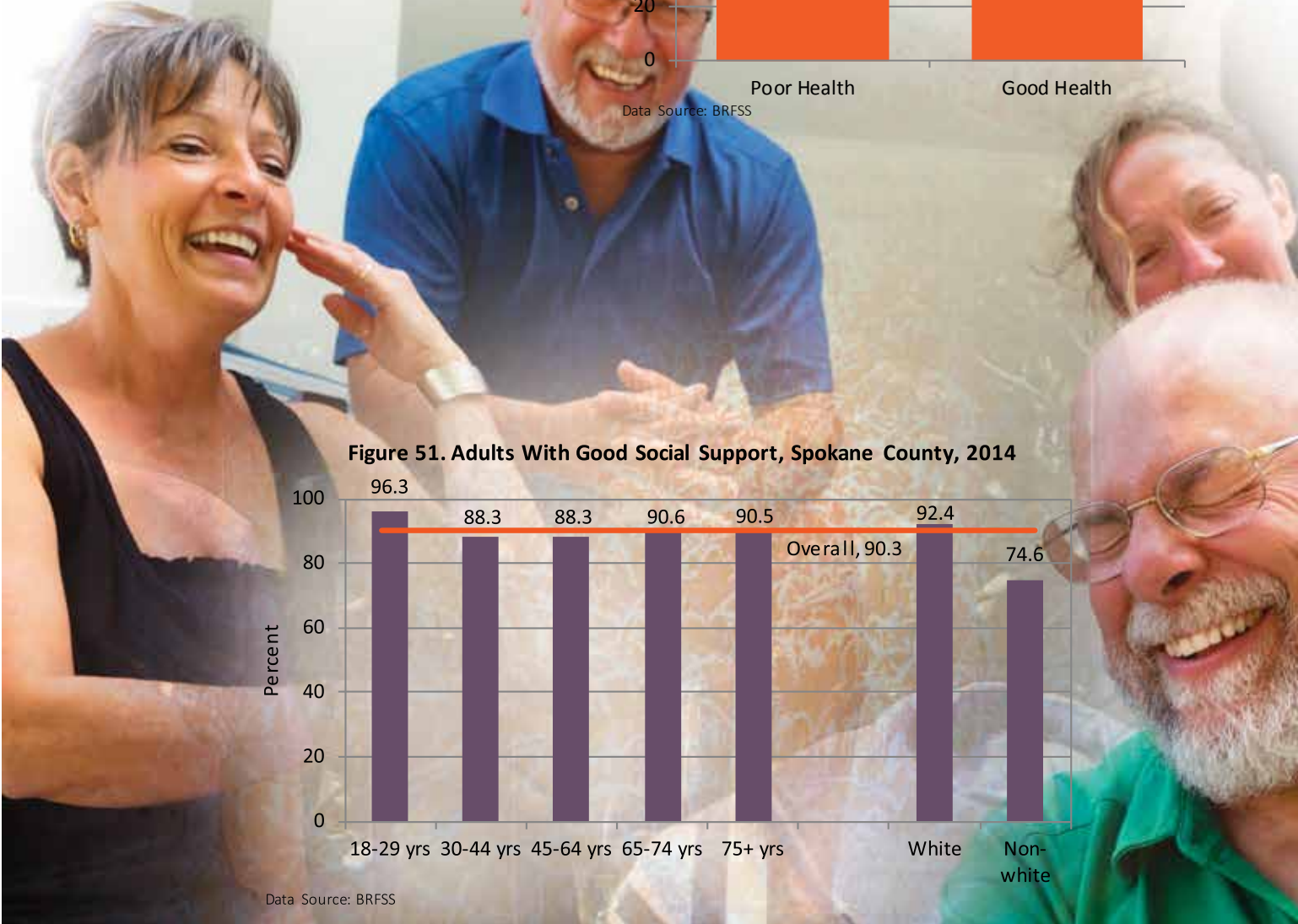


Data Source: BRFSS

Figure 51. Adults With Good Social Support, Spokane County, 2014



Data Source: BRFSS



Measure:
Good Emotional Support

“We need to learn to find supportive and safe resources for survivors [of violence] when they do come forward.”

Representative, Lutheran Community Services

DEFINITION: Adults reporting *always* or *usually* getting the social and emotional support they need.

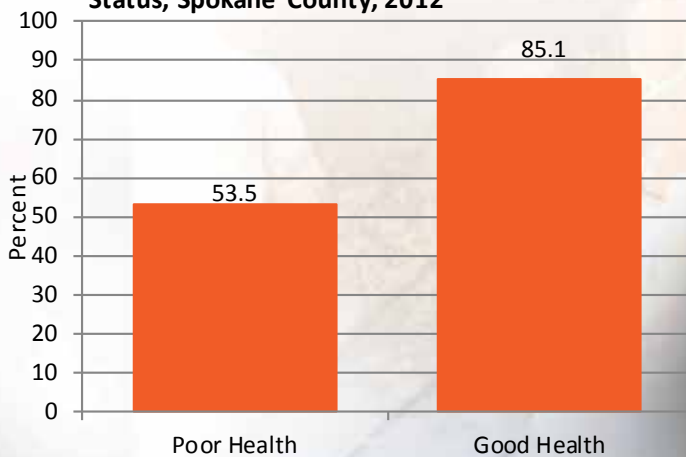
DATA SOURCE: Behavioral Risk Factor Surveillance System

WHY IT MATTERS: Strong emotional support, whether social, peer, or family, is shown to mitigate the risk of committing suicide, elder abuse, child maltreatment, and youth violence.

STATUS: 80% of adults reported having good emotional support. Adults who reported good health were 5.0 times more likely to have good emotional support compared to adults with poor health.

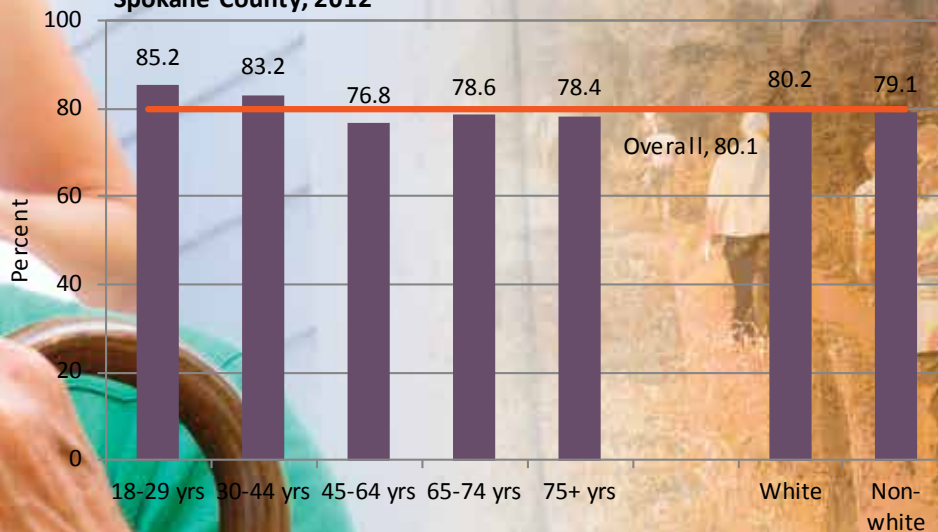
EYE ON EQUITY: Young adults had the highest proportion reporting good emotional support. The difference between age groups was not statistically significant. There was no difference in having good emotional support between white and non-white adults.

Figure 52. Good Emotional Support by Health Status, Spokane County, 2012



Data Source: BRFSS

Figure 53. Adults With Good Emotional Support, Spokane County, 2012



Data Source: BRFSS

Community Socioecological Level

“I was reading last night of a city – they called the Dole – that got rid of all homeless services. They cut it all off. And for that month, nobody starved, they all figured out how to work together. But we don’t have that kind of community now where you could call your neighbor and say ‘Hey, I need a handful of tomatoes to make ends meet.’ We just don’t have that community support to make this happen – they are depending on the state to provide the safety net when it used to be neighbors, friends, and families.”

Representative, Union Gospel Mission

Interviewed service providers identified several risk factors for violence at the community level that they see among those they serve. One service provider shared, “Seems like fewer neighbors are communicating with each other. They’re just so busy or don’t want to get out of the house. In past years people used to sit on their porches in the front. They would talk across the street, you know. Now with the technology and texting and computers, people are more inside it seems like.”

Stable Housing

Community risk factors are particularly evident for people without stable housing. Another service provider described how unpredictable and unsafe street life is, causing homeless youth to look for support anywhere they can get it.

Family Environments

Schools are another place where risk and protective factors of violence at the community level are manifested. All four representatives interviewed who work with students mentioned how unstable family environments negatively impact student development and academic performance.

At School

All four providers, who work with students, mentioned that bullying is an issue in schools, and two talked about how school discipline policies often do more harm than good for at-risk youth. One public school representative described the necessity of schools and the community working together to address violence: “I meet with the parents, I attend community meetings to hear what they’re doing with communities and families, and then we pull it all together to see how we can make it work for the good of the child.”

The risk and protective factors associated with the community level of the socioecological model are presented in this section. These factors are related to how people interact with the schools, workplaces, and neighborhoods where they spend their time.



Measure: All Crime

“A lot of times, we don’t look at the thing that causes people to commit crime. We just look at the crime.”

Representative, Spokane Public Schools

DEFINITION: Number of reported crimes per 1,000 population.

Note: When multiple criminal offenses are committed in a single incident, only the most serious crime is reported. Also, some less serious crime may not be reported to law enforcement. These factors mean this measure under-represents crime in the community.

DATA SOURCE: Washington Association of Sheriffs and Police Chiefs

WHY IT MATTERS: Within communities defined by geographic boundaries, poor health outcomes tend to follow indicators of low socio-economic status such as poverty. For instance, Spokane’s downtown Riverside and the East Central neighborhoods, generally considered low-income neighborhoods, have the highest overall age-adjusted mortality rates out of 40 neighborhoods in Spokane County. Concentration of low socio-economic status in neighborhoods—i.e. residential segregation—contributes to physical and social conditions that promote violence. As the physical appearance of a community deteriorates—as evidenced by graffiti, litter, poor lighting, substandard housing, abandoned cars and property—the perceptions of violence, safety, as well as actual crime, increase.

STATUS: In 2015, there were 26,900 crimes reported by all law enforcement agencies in Spokane County including: Spokane, Spokane Valley, Liberty Lake, Airway Heights and Cheney Police Departments. Crime rates vary by individual agency and jurisdiction. Over the last 20 years, Spokane County’s crime rate demonstrates significant variation. For instance, crime rates show a marked decrease in 2005 when Crime Check was not in operation. During the period of time when Crime Check was unavailable—2005-2009—the crime was under-reported by residents. Crime Check was re-established in 2009, contributing to an increase in crime reports over the next several years. Overall, crime rates in 2015 declined slightly from 2014, and are significantly lower than they were in 2004, prior to Crime Check becoming unavailable. The rate of violent crime remained consistent each year, around four per 1,000 residents. The rate of property crimes followed the same pattern as the total crime rate.



Figure 54. Crime Rate, Spokane County



Data Source: WASPC

Measure: Violent Crime

DATA SOURCE: Washington Association of Sheriffs and Police Chiefs

STATUS: In 2015, 7.2% of reported crimes were violent crimes. There were over 1,200 cases of assault. More than 20,000 people were victims of either theft or motor vehicle theft.

EYE ON EQUITY: 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). It is important to note that Riverside includes downtown Spokane, and reflects all crimes that took place in the neighborhood including those that occurred in non-residential settings.

Table 4 illustrates that among all 40 neighborhoods in Spokane County, Riverside had the highest overall crime rate (67.4 per 1,000) and Northwest had the lowest (.68 per 1,000). Fifteen neighborhoods had statistically significant higher crime rates than the Spokane County average of 6.3 per 1,000.

Figure 55. Violent Crime and Property Crime, Spokane County, 2015

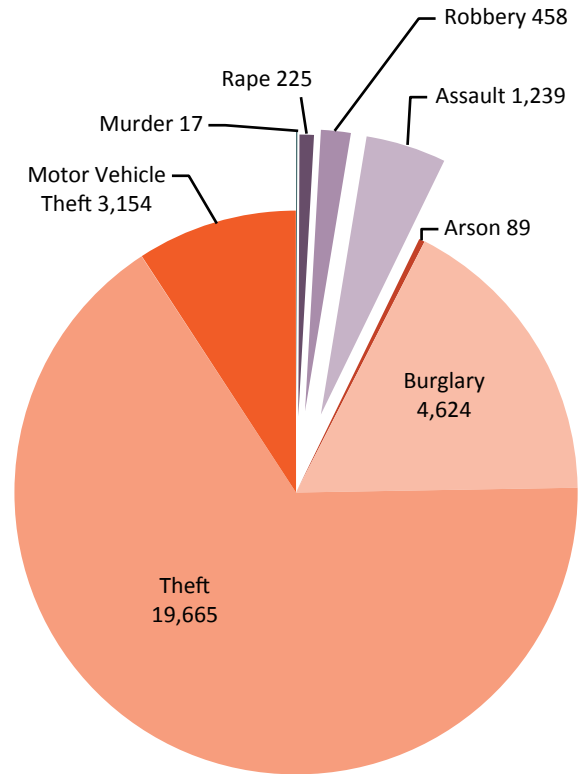


TABLE 4. SPOKANE COUNTY CRIME RATES BY NEIGHBORHOOD

Violent Crime Ranking	Neighborhood	5-year Violent Crime Rate (2010-2014)	Lower CI*	Upper CI*	Poverty Ranking	Poverty Rate (2009-2013)
1	Riverside	67.4	64.1	70.9	1	46.9
2	West Central	22.7	21.2	24.3	3	39.0
3	East Central	21.3	20.1	22.6	4	33.6
4	Browne’s Addition	17.7	15.8	19.8	10	24.1
5	Hillyard	14.7	13.5	16.1	7	27.7
6	Cliff/Cannon	14.4	13.3	15.5	13	22.2
7	Chief Garry Park	14.2	12.9	15.7	14	19.2
8	Nevada/Lidgerwood	13.5	12.9	14.2	6	28.7
9	Emerson Garfield	13.5	12.4	14.7	9	24.2
10	North Indian Trail	13.0	12.1	14.1	39	1.8
11	Bemiss	12.8	11.7	13.9	11	23.4
12	Logan	11.7	10.9	12.6	2	40.2
13	Whitman	10.2	8.6	12.0	25	12.8
14	West Hills	9.2	7.7	11.0	5	31.1
15	North Hill	8.3	7.6	9.0	18	15.7
16	Edgecliff	7.0	6.4	7.7	17	17.8
17	Millwood	6.5	6.0	7.1	12	22.7
Spokane County Total		6.3	6.2	6.5		15.4
18	West Valley	6.1	5.5	6.7	8	26.9
19	Balboa/S. Indian Trail	6.0	5.1	7.1	24	13.0
20	Minnehaha	5.3	4.3	6.6	27	11.1
21	Lincoln Heights	4.8	4.3	5.3	23	13.2
22	East Valley	4.7	4.1	5.4	20	13.7
23	Upriver	4.3	3.1	5.8	19	14.7
24	University	4.0	3.5	4.4	29	10.4
25	Latah Valley	3.7	2.7	5.1	33	6.9
26	Mead/Greenbluff/Mt Spokane	3.5	3.2	3.8	26	12.1
27	Opportunity	3.5	3.0	3.9	31	7.6
28	Chattaroy/Deer Park	3.2	2.8	3.7	15	19.0
29	West Plains	2.8	2.5	3.2	21	13.6
30	Southgate	2.7	2.3	3.2	35	6.3
31	Rockwood	2.4	1.9	3.1	28	10.5
32	Newman Lake	2.4	2.1	2.8	34	6.7
33	9 Mile/Colbert	2.3	2.1	2.6	32	7.1
34	South Palouse	2.1	1.8	2.4	36	6.3
35	Comstock	1.9	1.5	2.5	30	7.8
36	Manito	1.6	1.2	2.2	38	6.0
37	Cheney/Medical Lake	1.6	1.4	1.8	16	18.3
38	Otis Orchard/Liberty Lake	1.5	1.3	1.7	37	6.1
39	5 Mile	0.8	0.6	1.2	40	1.7
40	Northwest	0.7	0.5	0.9	22	13.4

Data Source: Washington State Association of Sheriffs and Police Chiefs. *Note: CI refers to confidence intervals.

Measure: Injuries to Citizens Inflicted During Arrests

DEFINITION: Injuries inflicted to citizens during arrest as reported by the Spokane County Sheriff's Office, representing "use of force." Use-of-force data characterizes any arrest incident involving more force than compliant handcuffing. There could be more than one injury inflicted per arrest incident. Data include injuries inflicted to law enforcement during arrests. (Note: data only reflect injuries involving Spokane County Sheriff's Office).

WHY IT MATTERS: Some Spokane County community members and service providers report a general distrust of law enforcement in their communities. These data do not reflect whether use of force was excessive. The information is included to help inform discussions about overall violence in the community.

DATA SOURCE: Spokane County Sheriff's Office

STATUS: In 2016, there were a total of 4,744 arrests by the Spokane County Sheriff's Office. Of total arrests, 1.9% (n=88) resulted in an injury to a citizen and 0.6% of these resulted in an injury to a law enforcement officer. The proportion of arrests where an injury occurred has remained stable since 2012.

Figure 56. Spokane County Sheriff's Office Injuries Inflicted to Citizens During Arrest

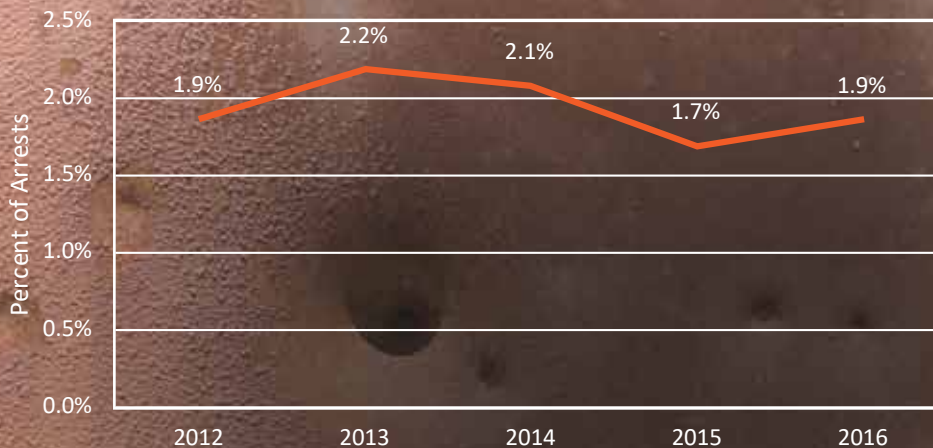
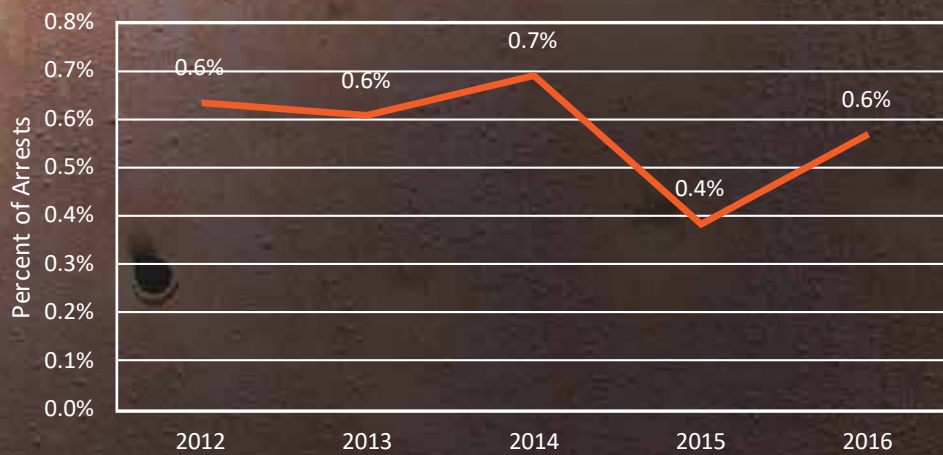




Figure 57. Spokane County Sheriff's Office Injuries Inflicted to Law Enforcement During Arrest



Measure: Suicide

DEFINITION: Individuals who died by suicide.

DATA SOURCE: Washington State Department of Health

WHY IT MATTERS: The number of individuals dying from suicide demonstrates the contribution that suicide has to an overall rising level of community violence. High local levels of suicide also significantly increase the risk of individuals committing suicide, further expanding the issue.

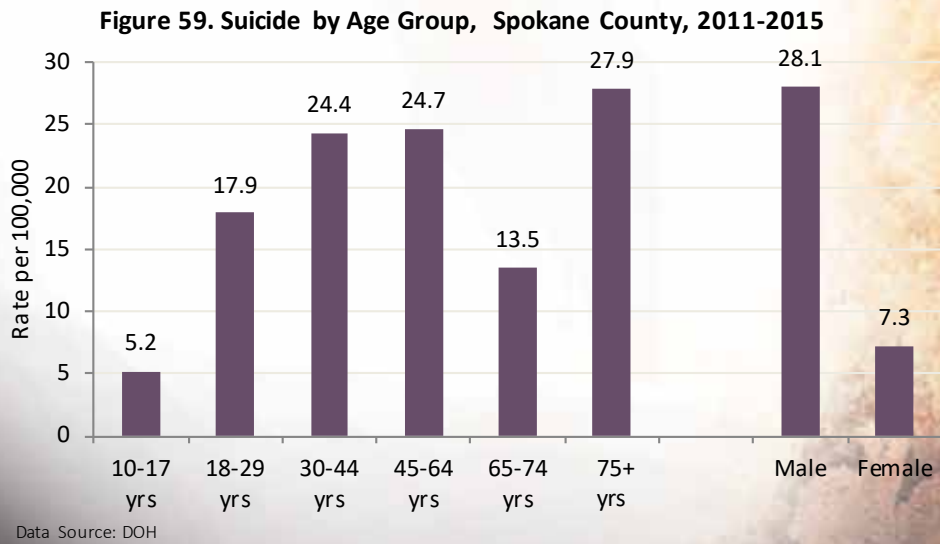
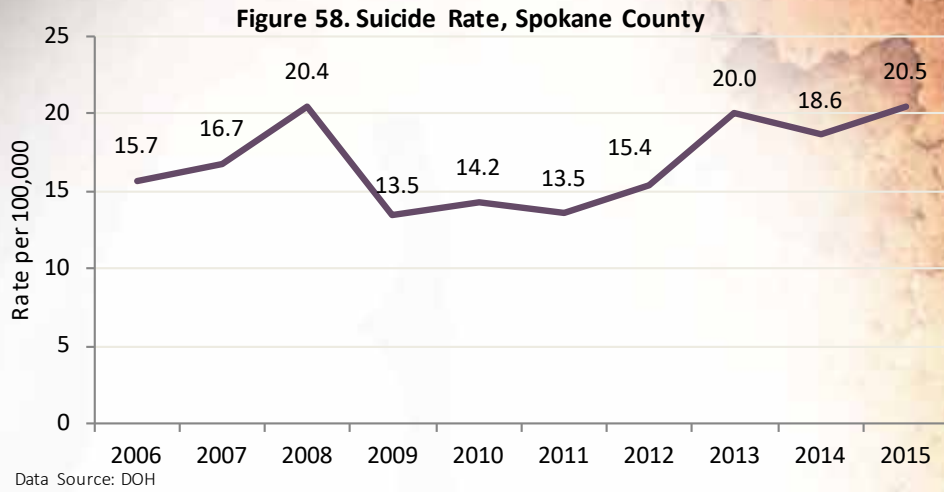
STATUS: In 2015, there were 100 deaths from suicide. The suicide rate did not significantly change over the last decade.

The suicide rate significantly increased as age increased.

EYE ON EQUITY: Males had a significantly higher suicide rate than females.

Males have a higher incidence of suicide than do females at nearly four times the rate (28.1 vs 7.3), though suicide ideation was more frequent among adolescent girls than adolescent males in 2014 (13% vs. 2.5).





Measure:

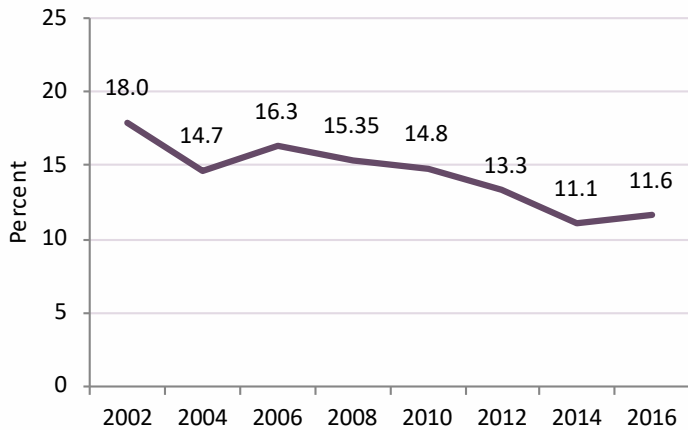
Low Parental Monitoring

“You get a father who’s struggling trying to provide and he feels like it’s better that I just not be in the home if I want my wife and children to have a roof over their head and food to eat, and all those things just make him feel inadequate. So leaving sometimes is just as violent as physically striking someone. In other words, when you talk about complex trauma, can you imagine a kid, 4 or 5 years old, suddenly one day not having daddy anymore. That’s violent.”

Representative, Spokane Public Schools



Figure 60. Adolescents With Low Parental Monitoring, Spokane County



Data Source: HYS

DEFINITION: Adolescents who report their parents do not know where they are or who they are with when they are not at home.

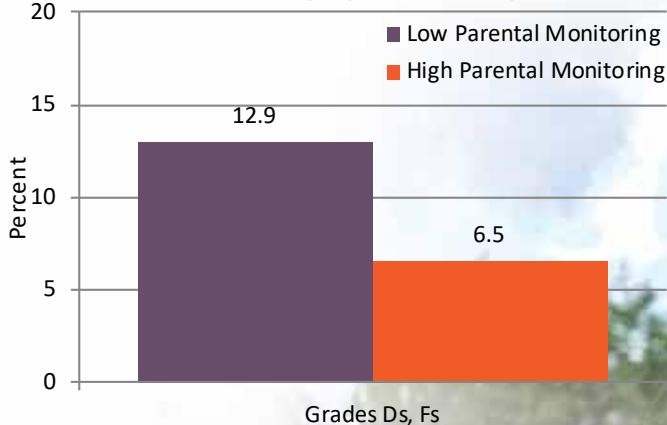
DATA SOURCE: Healthy Youth Survey

WHY IT MATTERS: Research demonstrates that an adolescent's perception of their parent's monitoring is related to risky behaviors and subsequent adverse health outcomes.²²

STATUS: 12% of Spokane County adolescents reported low parental monitoring. The proportion of youth with low parental monitoring decreased over the last decade. Adolescents who reported low parental monitoring increased as youth aged.

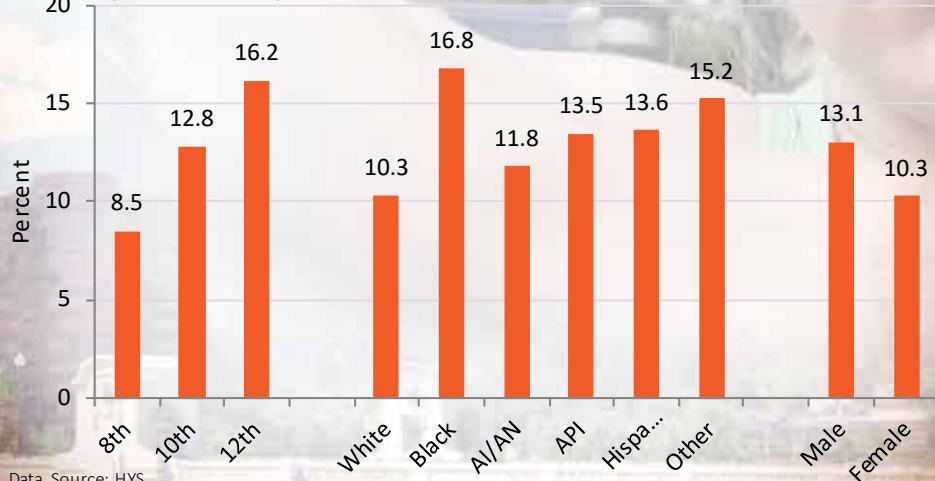
EYE ON EQUITY: Compared to white adolescents, black and 'other' race adolescents were more likely to report low parental monitoring. Male adolescents were more likely than females to have low parental monitoring. Adolescents with low parental monitoring were 2.1 times more likely to be failing in school.

Figure 61. Adolescents Failing in School by Parental Monitoring, Spokane County, 2016



Data Source: HYS

Figure 62. Adolescents With Low Parental Monitoring, Spokane County, 2016



Data Source: HYS

Measure: Residential Mobility

“You have kids who move constantly; the mobility rate is incredible. At the end of last year, we had about 170 kids who moved out, and about 160 kids who moved in, out of our 600-student population. So more than 25% of our kids turn over. The research says the average loss is three months per move. So if a kid has moved to five different schools over the course of their first seven or eight years of school they’ve lost 15 months of education. Because they don’t just move in and the very next day they’re in school. It could be weeks.”

Representative, Spokane Public Schools

DEFINITION: The percent of Spokane County residents who moved in the last year. Residential mobility is a measure for neighborhood instability, which negatively impacts social cohesion and violent crime rates.^{23,24,25}

DATA SOURCE: American Community Survey

WHY IT MATTERS: Living in unstable neighborhoods, with low levels of community cohesion, low community participation, and social disorganization, puts individuals at greater risk for committing acts of violence including child maltreatment and youth violence.

STATUS: In 2015, 19.5% of residents reported moving to a different residence in the last year. Among residents who moved, 59% moved within the county.

Over the last decade, an average of 19% of residents moved each year.

Young adults were most likely to have changed residence in the last year.

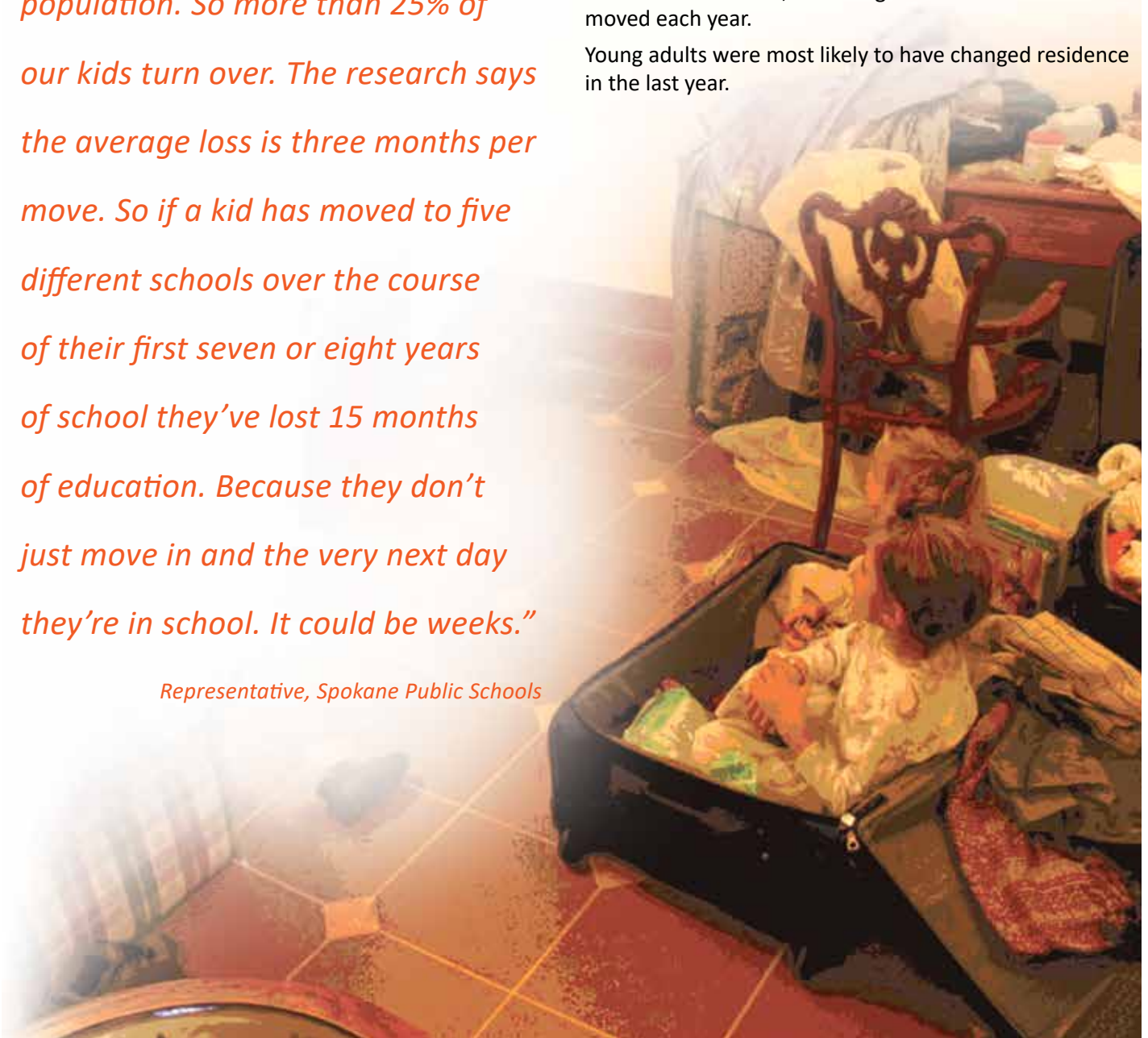
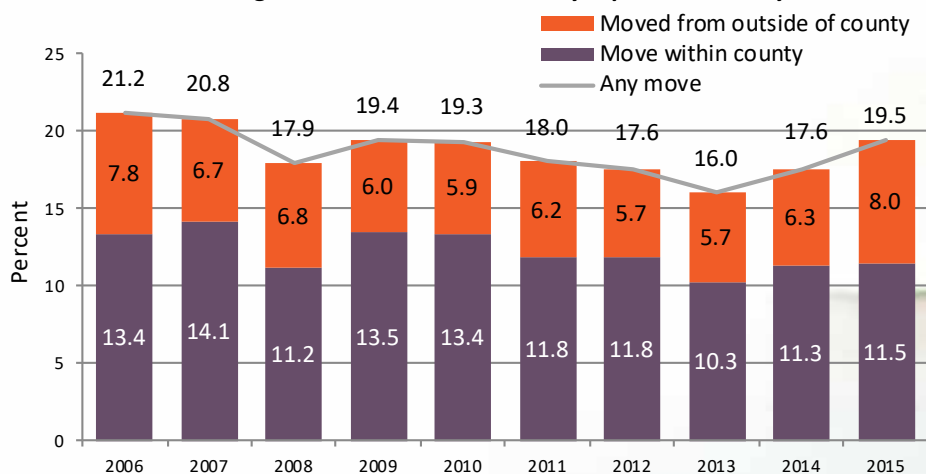
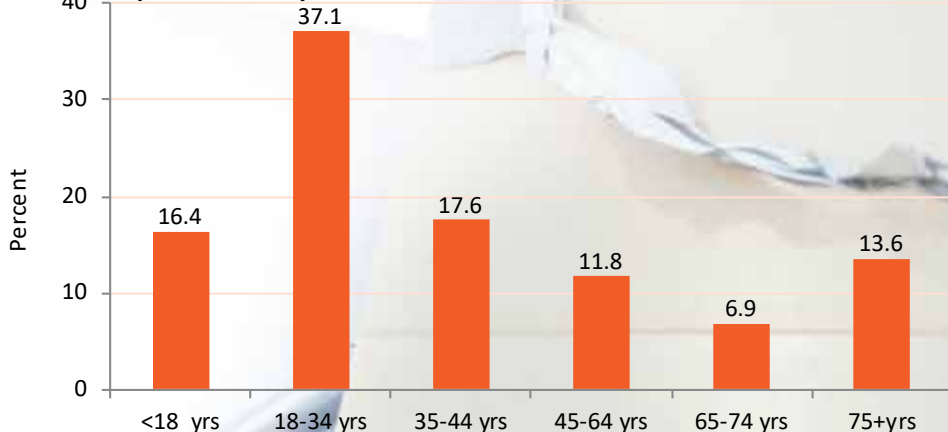


Figure 63. Residential Mobility, Spokane County

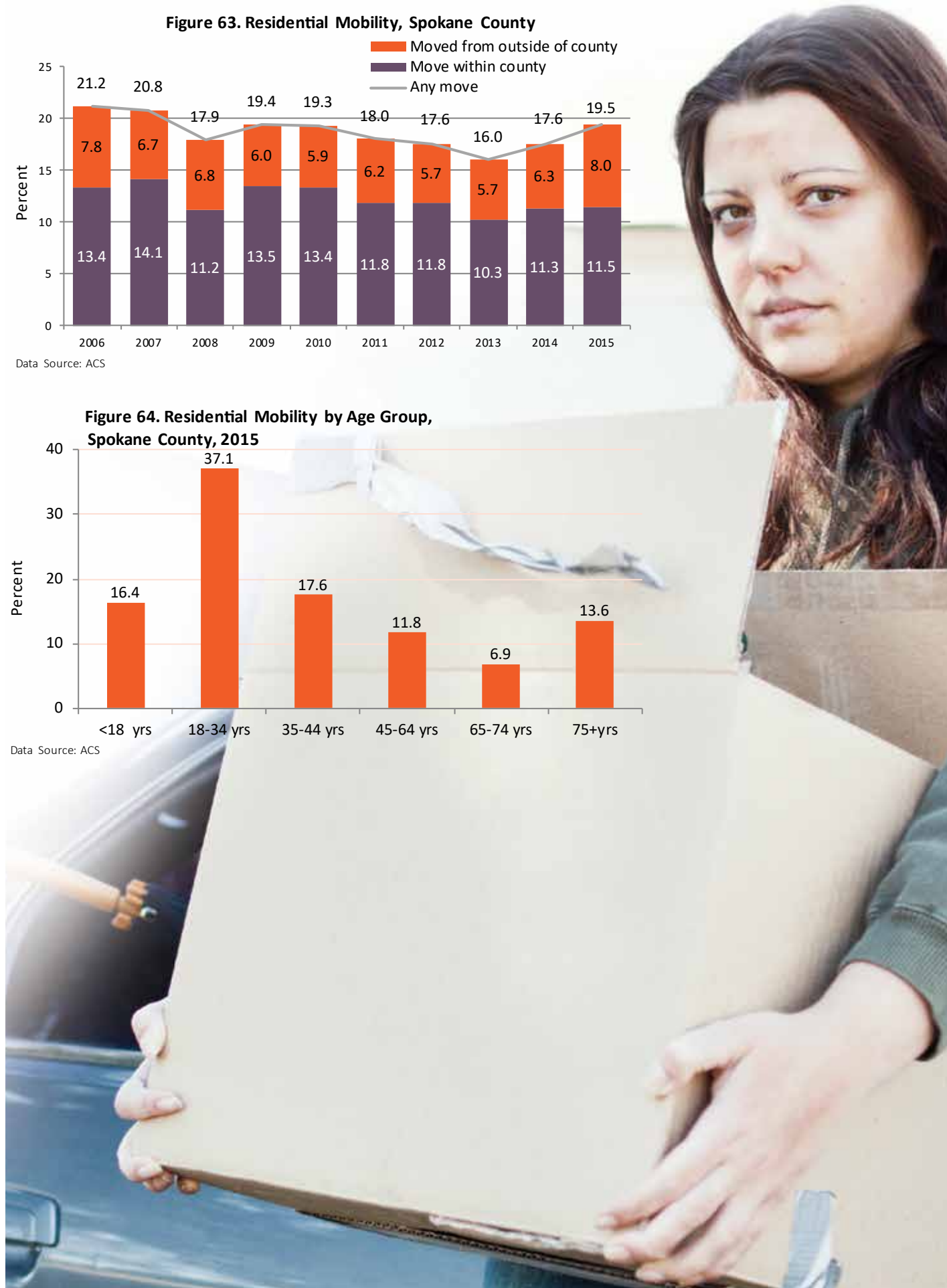


Data Source: ACS

Figure 64. Residential Mobility by Age Group, Spokane County, 2015



Data Source: ACS



Measure: Homicide

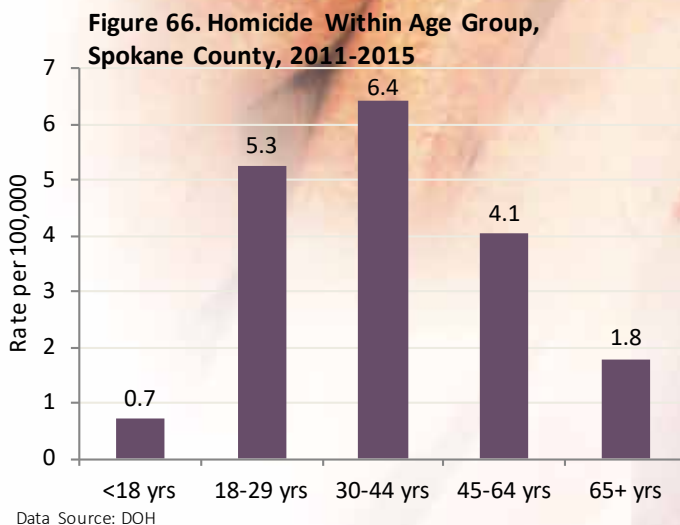
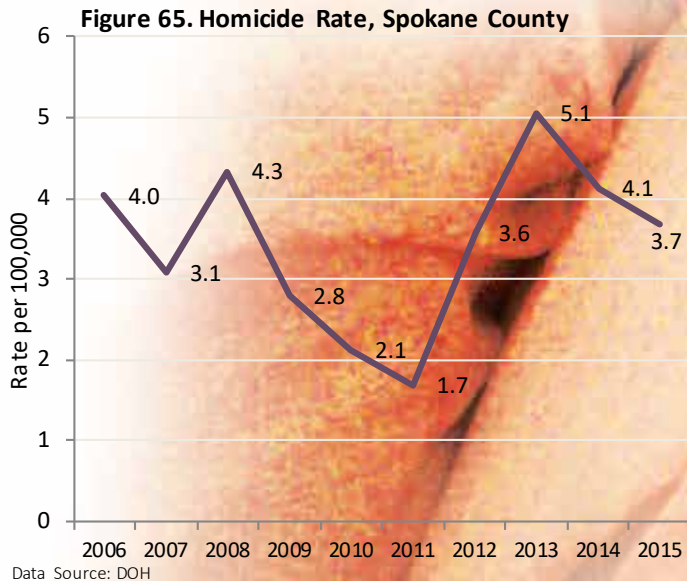
DEFINITION: Individuals who died from homicide.

DATA SOURCE: Washington State Department of Health

WHY IT MATTERS: Despite its obvious and direct measure of community violence, homicide can contribute to indirect perceptions of safety within communities and has additional, less obvious impacts. For example, research has shown that there are cognitive impacts to children who live in neighborhoods where extreme violence, like homicide, occurs, even if the violent act is not directly witnessed.²⁶

STATUS: In 2015, there were 18 deaths from homicide. The homicide rate fluctuated from year to year, but there was not a significant change over the last decade.

The homicide rate was significantly higher among younger adults.



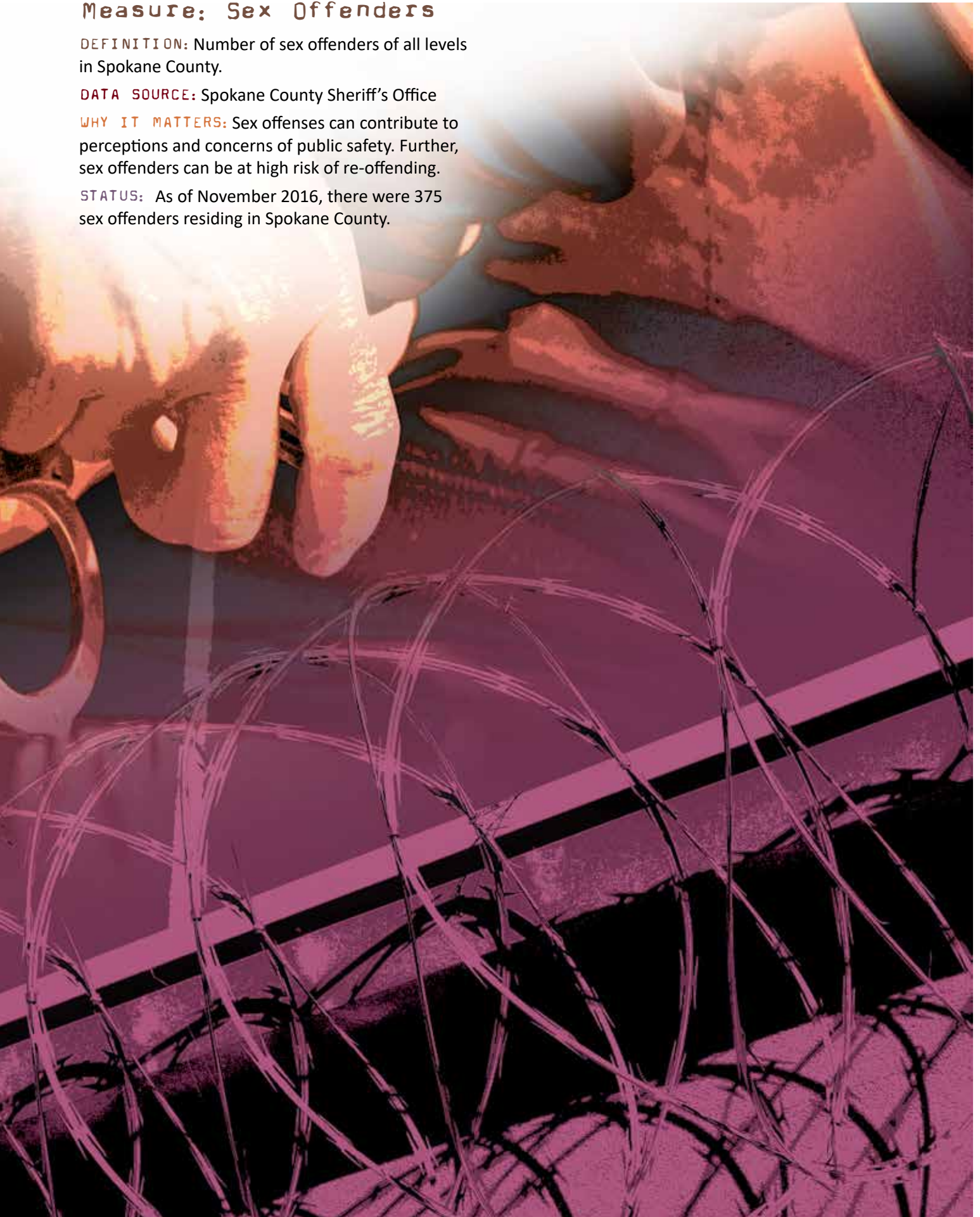
Measure: Sex Offenders

DEFINITION: Number of sex offenders of all levels in Spokane County.

DATA SOURCE: Spokane County Sheriff's Office

WHY IT MATTERS: Sex offenses can contribute to perceptions and concerns of public safety. Further, sex offenders can be at high risk of re-offending.

STATUS: As of November 2016, there were 375 sex offenders residing in Spokane County.



Measure: School Safety

“The nice thing about our population is it’s safe to tell here. So kids will tell us...‘I just want you to know that so-and-so said that this is going to go down in the park, or this is going to happen here.’ So we get a lot of that from our kids, because they want to feel safe. They want this to be a safe place. Because they know if someone else is being victimized, they could just as easily be victimized.”

Representative, Spokane Public Schools

DEFINITION: Adolescents who report they do not feel safe at school.

DATA SOURCE: Healthy Youth Survey

WHY IT MATTERS: Parents, teachers, and administrators expect schools to be safe havens of education. Acts of violence can disrupt the learning process and have negative effects on adolescents, the school itself, and the broader community.²⁷

STATUS: 14% of Spokane County adolescents report they do not feel safe at school. The proportion of youth who reported not feeling safe at school decreased over the last decade.

The proportion of adolescents who reported not feeling safe at school increased with higher grade levels compared to adolescents in 6th grade.

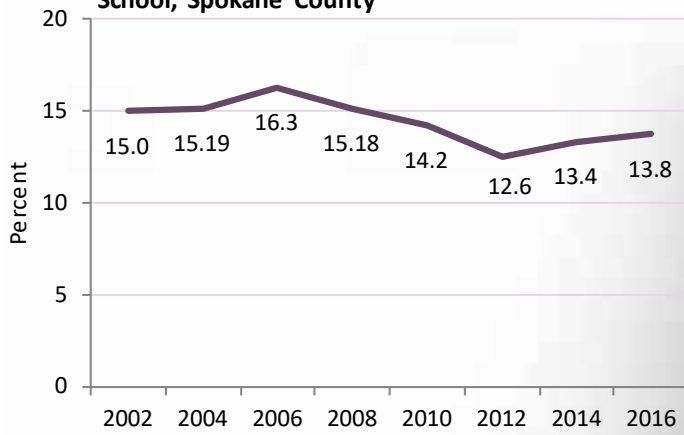
EYE ON EQUITY: Compared to white adolescents, black, Hispanic, and ‘other’ race adolescents were more likely to report not feeling safe at school.

Male adolescents were more likely than females to report not feeling safe at school.

Adolescents who reported not feeling safe at school were 2.1 times more likely to be failing in school and 4.0 more likely to report a low quality of life.

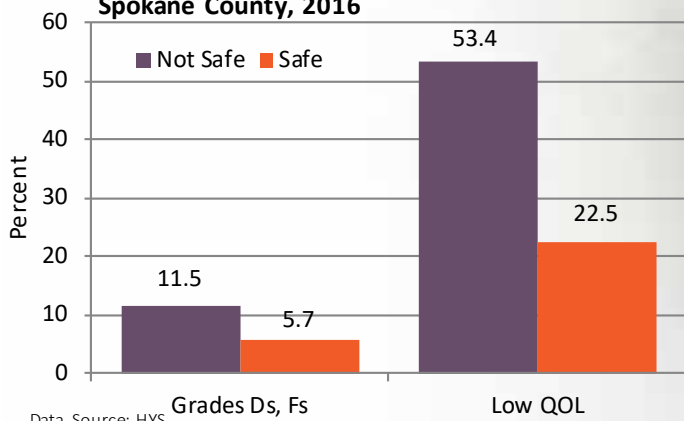


Figure 67. Adolescents Not Feeling Safe at School, Spokane County



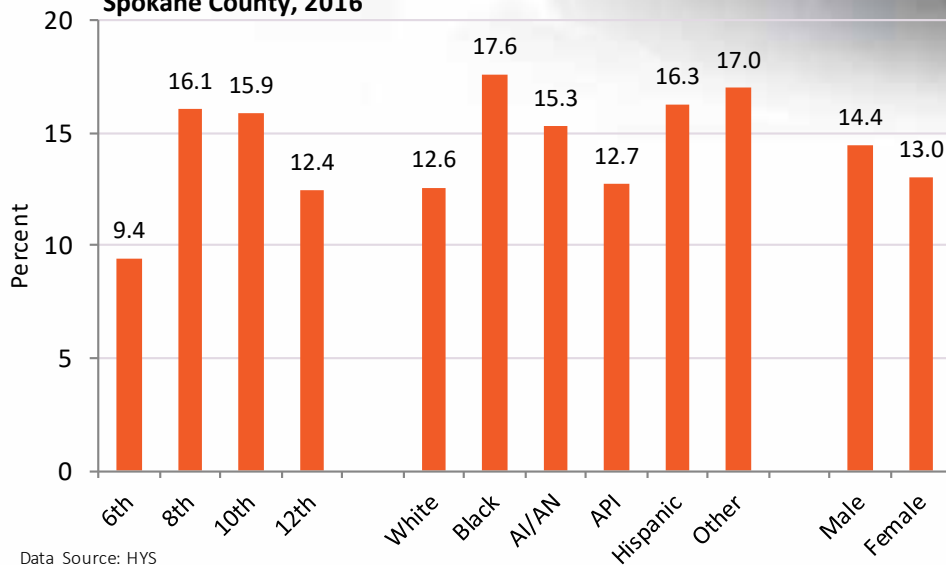
Data Source: HYS

Figure 68. Adolescents Failing in School and Quality of Life by Feeling Safe at School, Spokane County, 2016



Data Source: HYS

Figure 69. Adolescents Not Feeling Safe at School, Spokane County, 2016



Data Source: HYS

Measure: School Violence

“It’s like having to prove yourself to not only your peers, but your family. A lot of the kids that we meet with, who are about ready to explode, they end up in our office because nothing bad has happened yet. They tell us, ‘Well my dad told me this is what I have to do. He said I have to prove myself, I have to be top dog.’ How do you counter that without being disrespectful to the parent? Because that just writes you off with the kid.”

*Representative,
Communities in Schools of Spokane County*

DEFINITION: Adolescents who report they were in a physical fight on school property in the last year.

DATA SOURCE: Healthy Youth Survey

WHY IT MATTERS: Safety is paramount to learning. Youth engaged in fighting are often involved in other behaviors disruptive to the learning environment, such as bullying and drug use.²⁸

STATUS: 9% of Spokane County adolescents reported they were in a fight on school property in the last year. Overall, the proportion of youth fighting at school decreased over the last decade.

Fighting at school decreased as adolescents aged.

EYE ON EQUITY: Compared to white adolescents, black, AI/AN, API, and ‘other’ race adolescents were more likely to have been in a fight at school.

Male adolescents were more likely than females to have been in a fight at school.

Adolescents in a fight at school were 2.5 times more likely to be failing in school and were 2.5 times more likely to report a low quality of life.

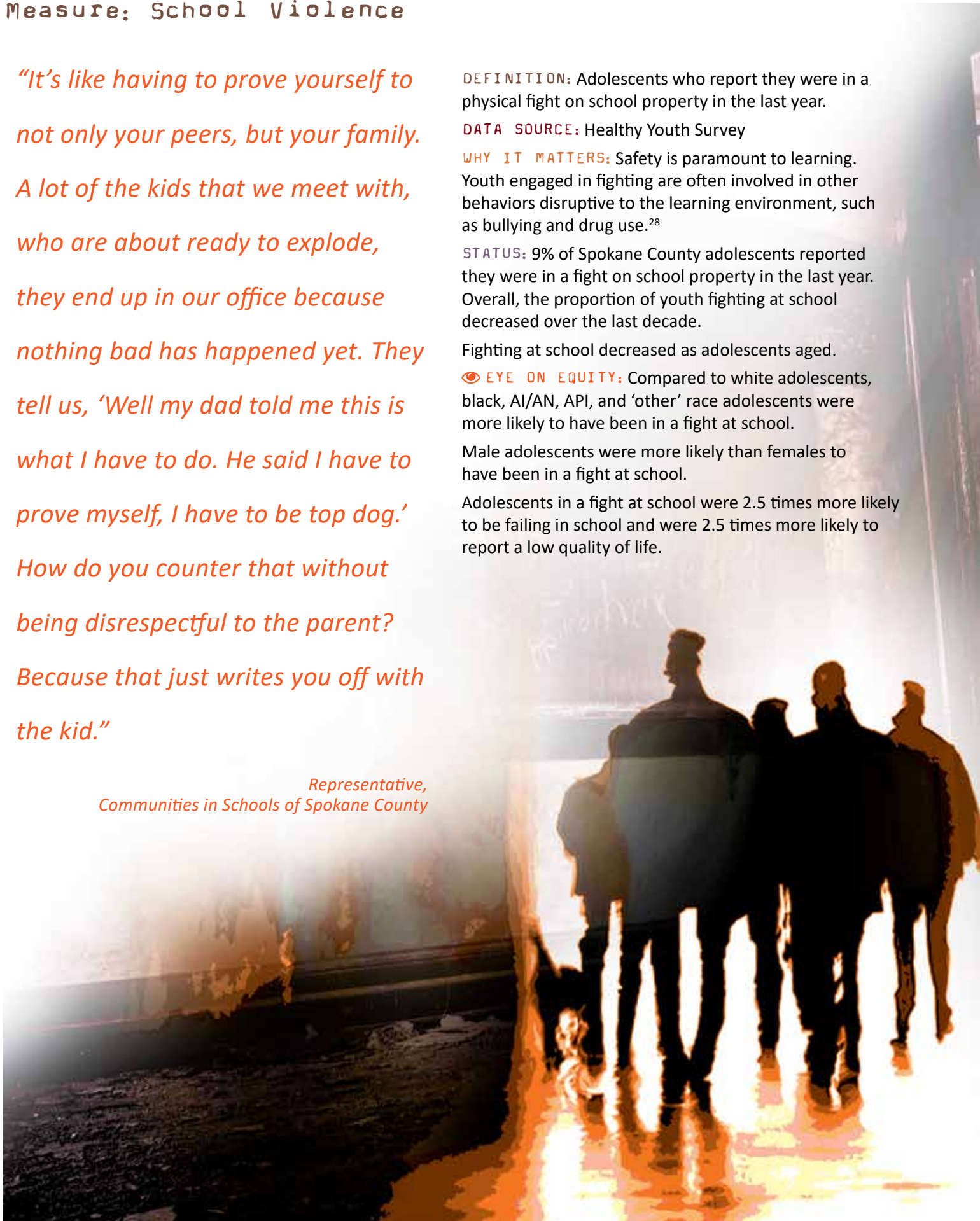
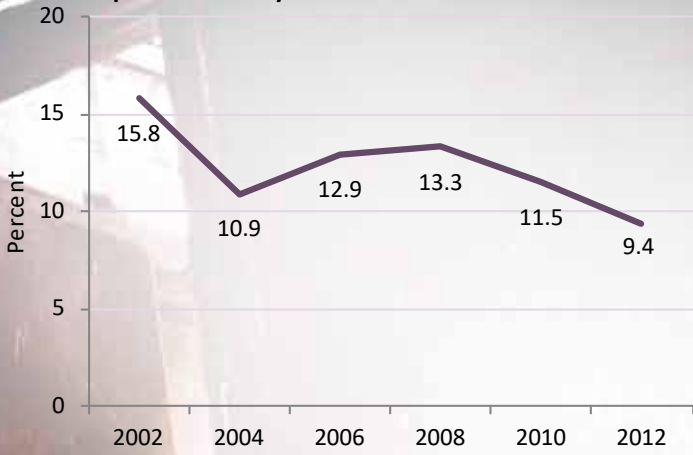
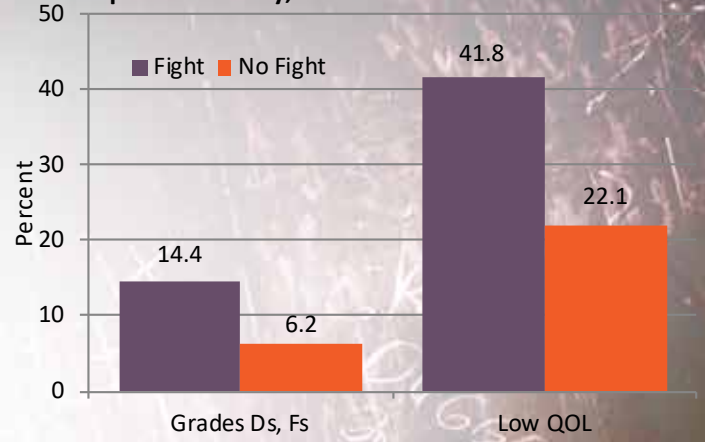


Figure 70. Adolescents Fighting at School, Spokane County



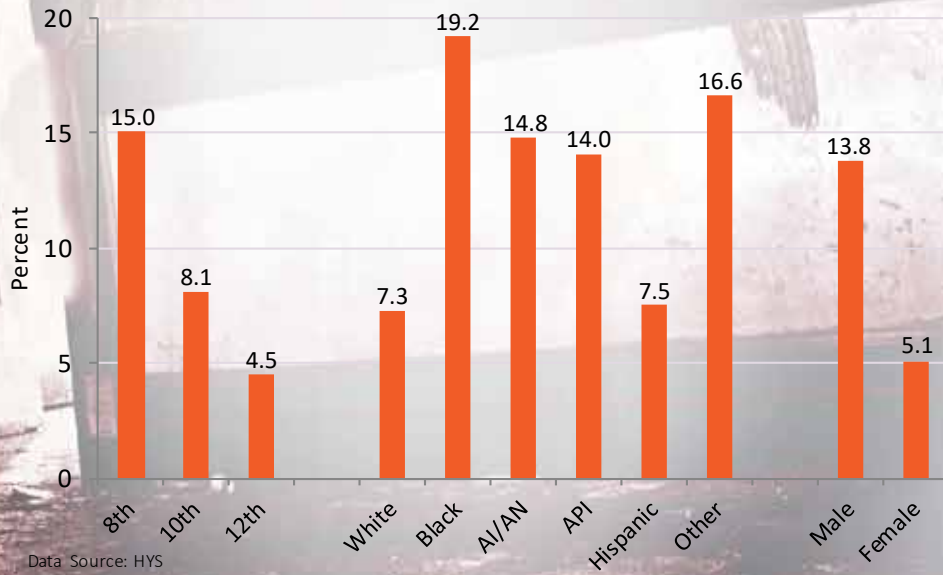
Data Source: HYS

Figure 71. Adolescents Failing in School and Quality of Life by Fighting at School, Spokane County, 2012



Data Source: HYS

Figure 72. Adolescents Fighting at School, Spokane County, 2012



Data Source: HYS

Measure: School Discipline

“There is a disproportionate number of suspensions of students of color. That’s a form of racism and you get kids who are not fully mentally developed—they don’t know why this is happening to them more so than to other students. And so they in turn use the tool they think is available to them. In other words, ‘I’m gonna be late for your class because you don’t like me anyway.’ That’s what kids do. And in exchange, what we sometimes do with our policies and procedures is, we punish them for that. Well you know, that’s a form of violence because violence is rough or injurious action or treatment. It often has greater consequences than we realize.”

Representative, Spokane Public Schools

DEFINITION: Adolescents suspended or expelled for fighting or violence. Fighting is mutual participation in an incident involving physical violence; a violent incident is when there is not mutual participation.

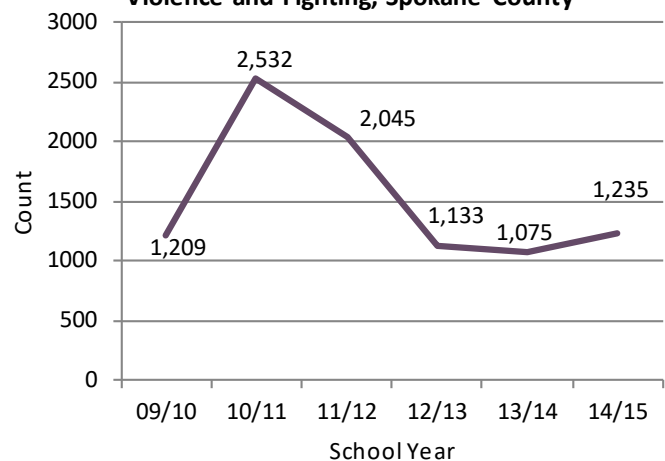
DATA SOURCE: Washington State Office of Superintendent of Public Instruction

WHY IT MATTERS: Suspension and expulsion can contribute to or even exacerbate academic decline or failure, substance use, crime, alienation, and poor mental health, among other outcomes.²⁹

STATUS: Spokane County school districts reported 1,235 suspensions and expulsions for fighting or violence during the 2014/2015 school year. The number of incidents is variable from year to year. Over the last five years, the number of incidents ranged from a low of 1,075 to a high of 2,532.

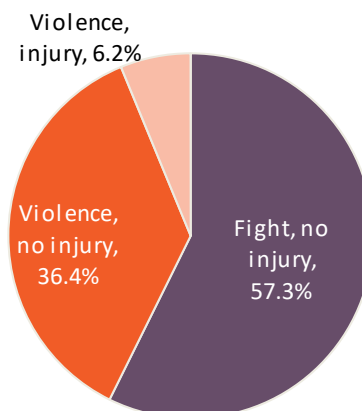
More than half of the suspensions or expulsions were for mutual fighting. A small proportion of incidents had an injury requiring medical attention.

Figure 73. Suspensions and Expulsions for Violence and Fighting, Spokane County



Data Source: OSPI

Figure 74. Types of Violence in Suspensions and Expulsions, Spokane County, 2014/2015



Data Source: OSPI

Measure: Enjoy School

DEFINITION: Adolescents who report they *almost always* or *often* enjoyed being in school over the last year.

DATA SOURCE: Healthy Youth Survey

WHY IT MATTERS: Commitment to school and academic achievement have been shown to reduce the likelihood that an individual will commit acts of violence.

STATUS: 44.5% of Spokane County adolescents reported they enjoyed being in school over the last year. Overall, the proportion of youth who reported enjoying being at school slightly decreased over the last decade.

Adolescents who reported enjoying being at school decreased as adolescents aged.

EYE ON EQUITY: API adolescents were more likely to report enjoying school compared to white adolescents.

Female adolescents were more likely than males to enjoy school.

Adolescents who reported enjoying school were 2.7 times less likely to be failing in school and were 3.7 times less likely to report a low quality of life.

Figure 75. Adolescents Enjoyed School, Spokane County

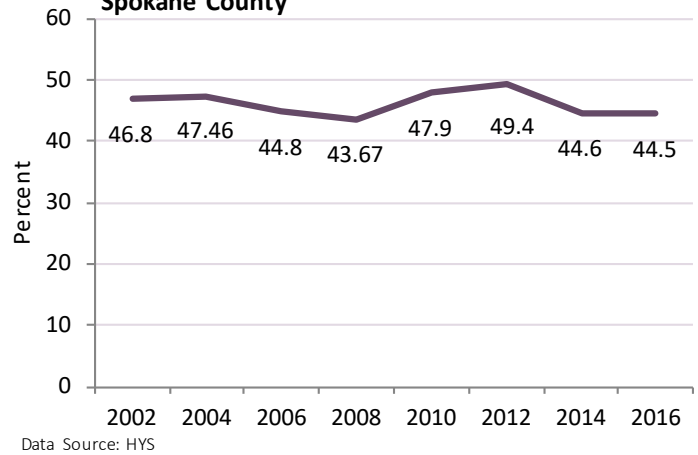


Figure 76. Adolescents Failing in School and Quality of Life by Enjoying School, Spokane County, 2016

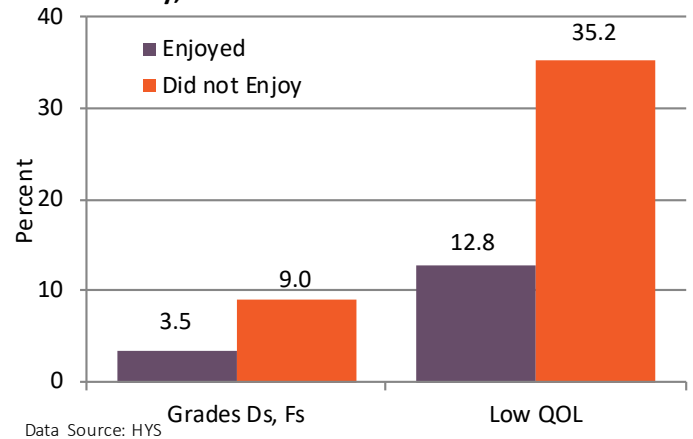
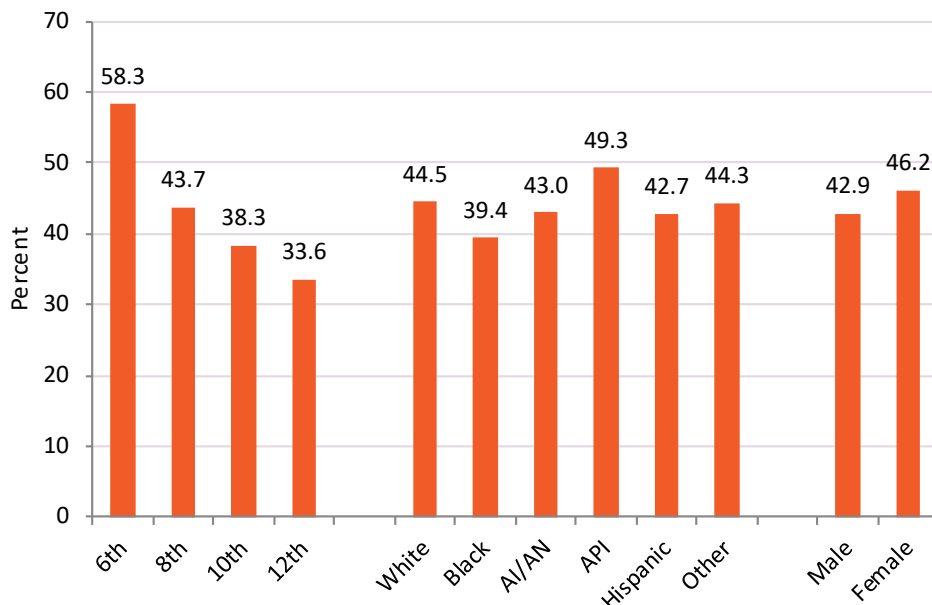


Figure 77. Adolescents Enjoyed School, Spokane County, 2016



Measure: Community Social Connections

DEFINITION: Adults who report that people in their community do favors for each other *very often* or *often*. Favors are such things as helping with shopping, lending garden or house tools, watching over property, and other small acts of kindness.

DATA SOURCE: Behavioral Risk Factor Surveillance System

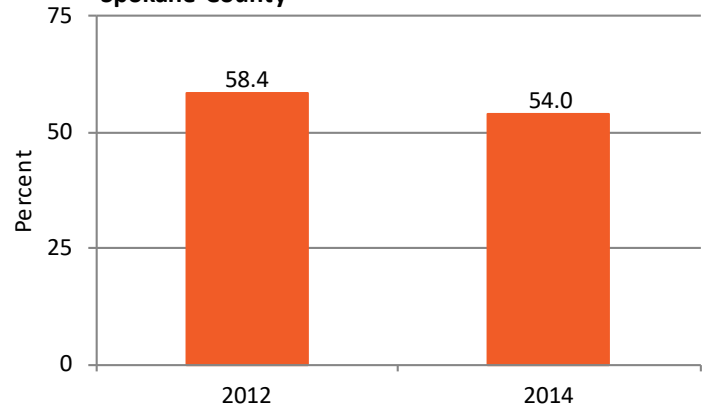
WHY IT MATTERS: Poor social connections, lack of community participation, and neighborhood disorganization increase the likelihood that individuals will commit child maltreatment or youth violence. These risk factors disproportionately affect disadvantaged neighborhoods. Violence is a health equity issue, and prevention of violence is a responsibility of the whole society. This is critical to subsets of a community who are disproportionately and unfairly impacted by violence.

STATUS: 54% of adults reported that people in their community do favors for one another.

Older adults are more likely to report that people in their community do favors for one another. There was no difference in reporting community social connections between white and non-white adults.

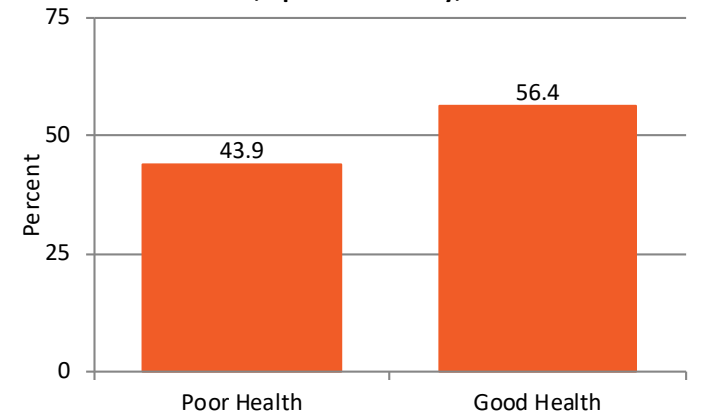
Adults who reported poor health were 1.6 times less likely to report that people in their community do favors for each other compared to adults with good health.

Figure 78. Community Social Connections, Spokane County



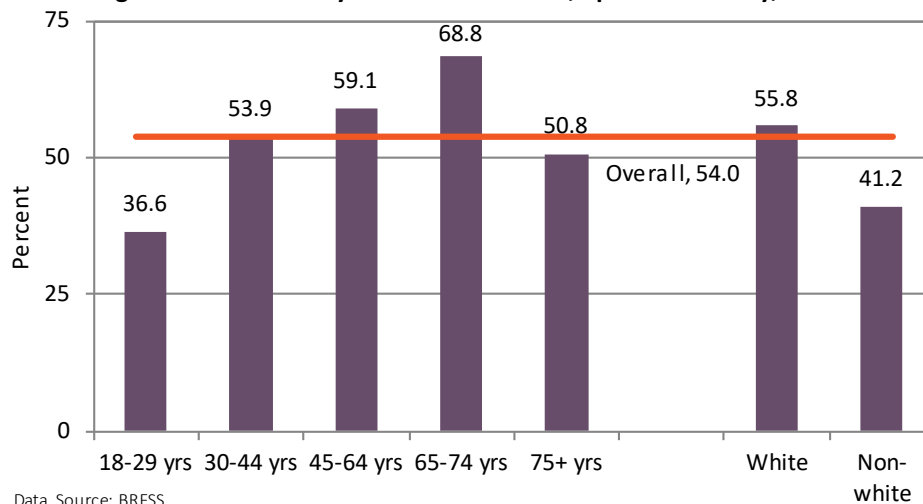
Data Source: BRFSS

Figure 79. Community Social Connections by Health Status, Spokane County, 2014



Data Source: BRFSS

Figure 80. Community Social Connections, Spokane County, 2014



Data Source: BRFSS



Societal Socioecological Level

“Until we change society we are never going to meet the needs of people who are impacted by violence.”

Representative, YWCA

The societal level of the socioecological model looks at the broad societal factors that help create a climate in which violence is encouraged or inhibited. Report authors gained local perspective through interviews with Spokane County organizations that serve victims of violence. These service providers delivered insight into the local societal influences that beget violence. One community member described how, “It’s not necessarily about just working with the client but also helping the system understand the client’s needs and accommodate them.”

Societal structures can result in, and exacerbate, inequities—for both health outcomes and experiences related to violence. Providers discussed their collective desire for cultural change, as there are long-standing community norms that accept violence or inequality. These societal and cultural norms perpetuate inequality based on an individual’s gender, race, culture, religion, socioeconomic status or sexual orientation. Spokane Regional Health District’s report on equity in Spokane, *Odds Against Tomorrow*, previously illustrated health disparities between racial and ethnic groups in Spokane. The same pattern holds true in *Confronting Violence* and its findings related to societal factors of the socioecological model.

Analysis of Healthy Youth Survey data for this report provides insights into differences in risk factors by race and ethnicity. Differences between whites and other races included:

- Blacks reported fewer opportunities for prosocial involvement and higher availability of drugs.
- White youth had higher availability of guns than blacks.

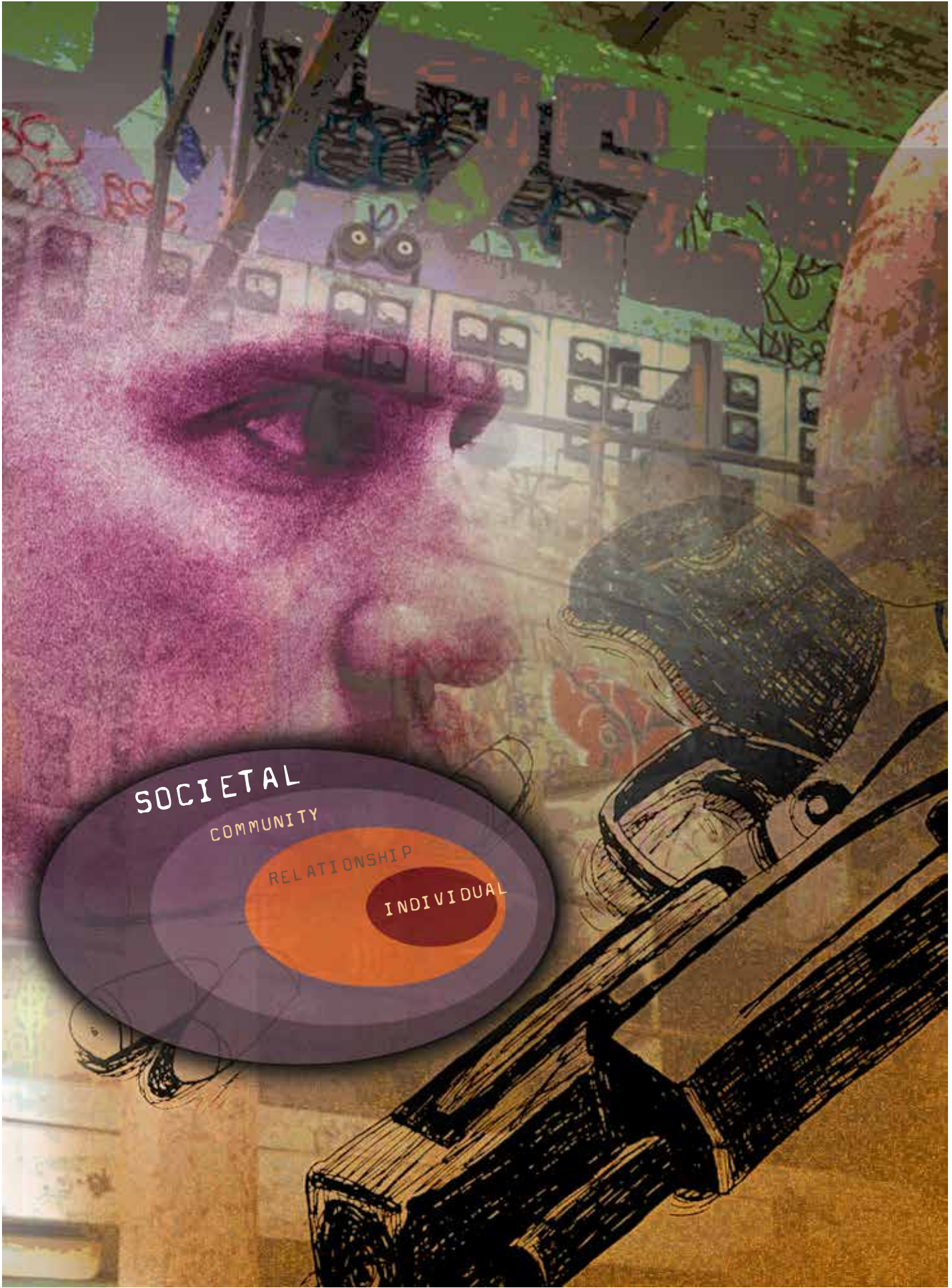
- Compared to whites, youth who reported being two or more races:
 - o Negatively experienced more laws specific to drug use.
 - o Experienced more norms favorable to drug use.
 - o Had higher availability of drugs.
 - o Had fewer opportunities for prosocial involvement.
- API and Hispanic youth also reported fewer opportunities for prosocial involvement compared to white youth.

There are also disproportionate experiences of violence by gender in Spokane County, as seen in the previous discussion on ACEs and indicators in all levels of the socioecological model. Gender violence² is often referred to as violence against women because most gender-related violence is perpetrated by men against women and girls, though men and boys can also be victims and women can be perpetrators. Research suggests that societal norms regarding gender contribute significantly to experiences of violence wherever that violence occurs, serving as risk factors for multiple forms of violence.³⁰

Though there is limited data available locally about experiences of some forms of violence by socially marginalized groups; including sex workers and lesbian, gay, bi-sexual, transgender and questioning (LGBTQ) people, anecdotal evidence indicates cause for concern. In interviews, providers identified sex trafficking as an issue in the community and expressed concerns about perceived high proportions of experiences of violence based on sexual orientation or gender expression. Statewide, approximately 81.9% of LGBTQ students in Washington State surveyed in 2011 reported being verbally harassed at school over the past year because of their sexual orientation.³¹ Additionally, 38.3% reported being physically harassed and 18.3% reported being physically assaulted because of their sexual orientation.

As evidence by the socioecological model, societal structures underpin the risk and protective factors across all the other domains of the model. These factors are related to how societal and cultural norms, as well as social and economic policies, impact a person’s risk of, or protection from, violence. Based on the availability of data, risk and protective factors associated with the societal level of the socioecological model are measured in this section. However, because of limitations and lack of data it’s important to note that there are many other societal factors at play than are presented here. Though changes are needed at the individual, relationship, and community levels, without addressing the underlying societal factors, long-term reduction in violence will be challenging.

2. Gender violence includes: intimate partner violence (IPV), rape, prostitution, sexual harassment, domestic violence, sex trafficking, physical, sociological, and emotional abuse.



Measure: Access to Weapons

DEFINITION: Adolescents who report that it would be *sort of easy* or *very easy* to get a handgun if they wanted one.

DATA SOURCE: Healthy Youth Survey

WHY IT MATTERS: Easy access to lethal weapons increases the risk for committing suicide and youth violence. Access to guns is an important issue in our society, especially when considering the presence of other risk factors such as mental illness, suicide ideation, history of aggression, or emotional problems.

STATUS: 18% of Spokane County adolescents reported that they thought it would be easy to get a handgun. Overall, the proportion of youth who reported ease-of-access to a weapon decreased over the last decade.

Adolescents who reported that it would be easy to get a gun increased as adolescents aged.

There was no difference by race for who reported that it would be easy to get a handgun.

Males were more likely than females to report it would be easy to get a handgun. Adolescents who reported easy access to a gun were 1.4 times more likely to be failing in school.

Figure 81. Adolescents With Easy Access to a Gun, Spokane County

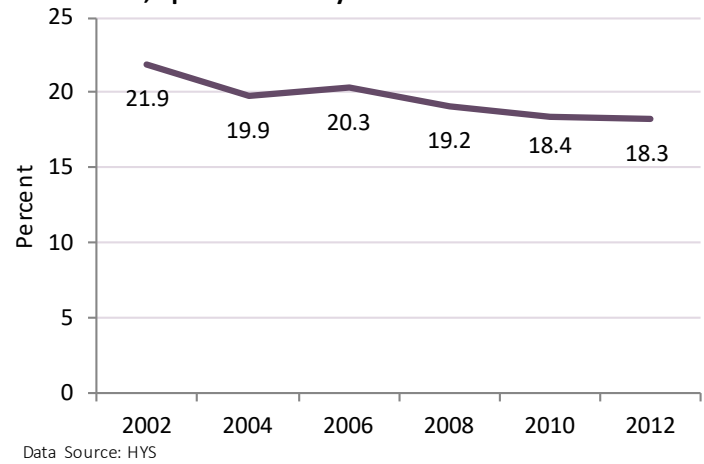


Figure 82. Adolescents Failing in School by Access to a Gun, Spokane County, 2012

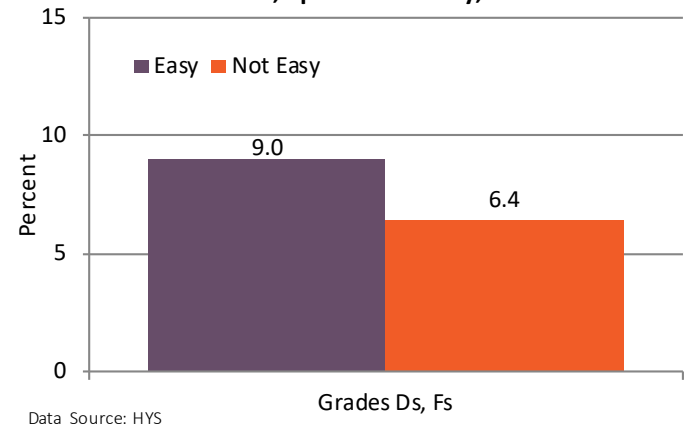
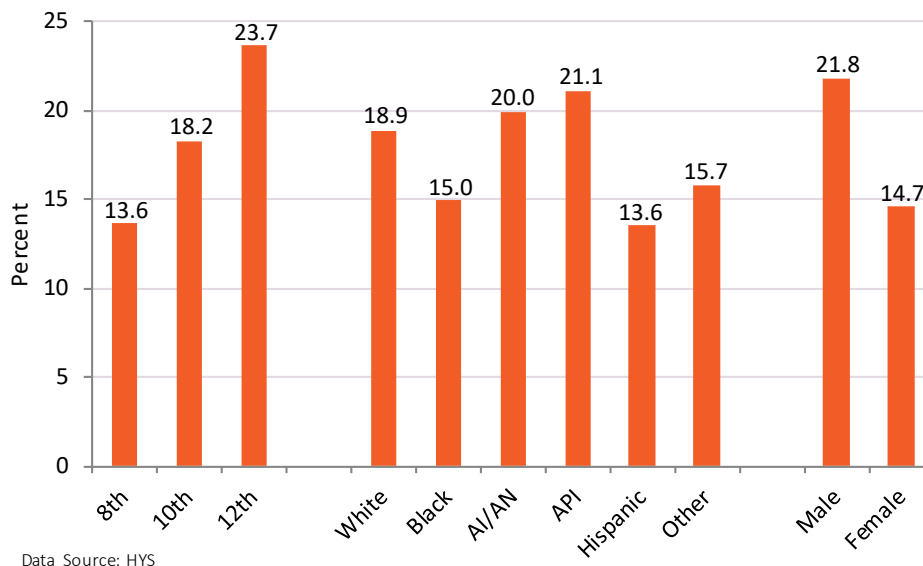


Figure 83. Adolescents With Easy Access to a Gun, Spokane County, 2012



Measure: Belief in Moral Order

DEFINITION: Adolescents who have a high composite score for questions about belief in the moral order. A high score is a protective factor. The score is based on responses from the following questions.

1. I think it is okay to take something without asking as long as you get away with it.
2. I think sometimes it's okay to cheat at school.
3. It is all right to beat up people if they start the fight.
4. It is important to be honest with your parents, even if they become upset or you get punished.

DATA SOURCE: Healthy Youth Survey

WHY IT MATTERS: Beliefs that are unsupportive of violence or deviance are protective factors, buffering the risk of perpetrating youth violence.

STATUS: 70% of Spokane County adolescents reported a high belief in the moral order. Overall, the proportion of youth who reported a high belief in the moral order increased over the last decade.

EYE ON EQUITY: Compared to white adolescents, black and 'other' race adolescents were less likely to report a high belief in the moral order. Female adolescents were more likely than males to report a high belief in the moral order.

Adolescents who reported a high belief in the moral order were 2.2 times less likely to be failing in school.

Figure 84. Adolescents With High Belief in Moral Order, Spokane County

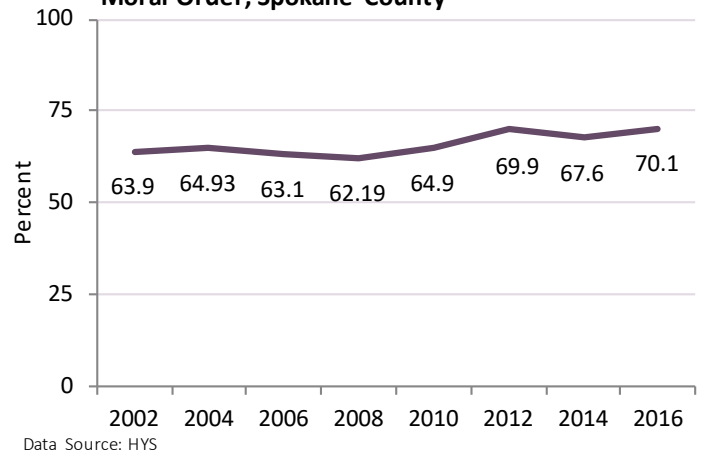


Figure 85. Adolescents Failing in School by Belief in Moral Order, Spokane County, 2016

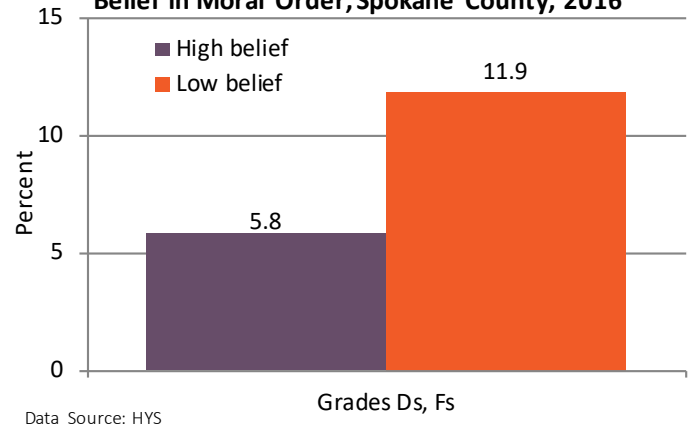
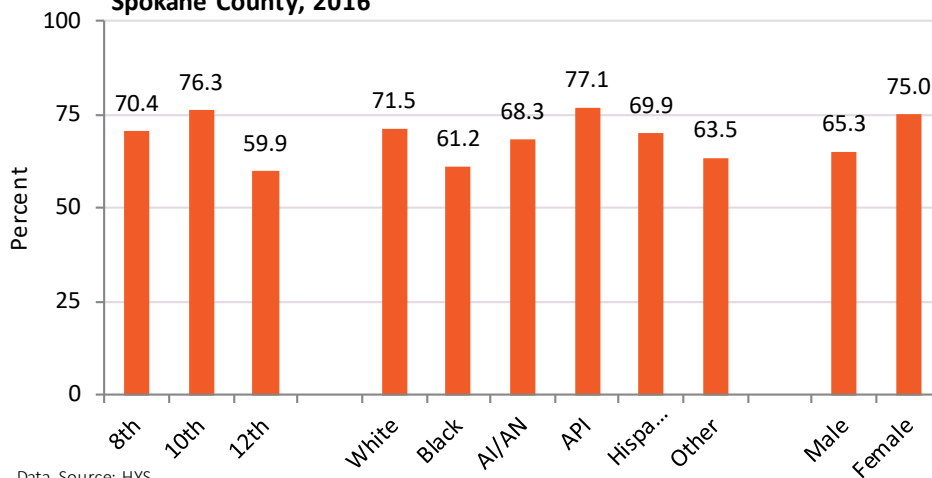


Figure 86. Adolescents With High Belief in Moral Order, Spokane County, 2016



Confronting Violence

Critical Impacts

The toll of violence in the Spokane community is substantial in terms of health, economic, and human impact. Service providers in the community were asked to describe how experiences of violence impact the health of clients. Three themes emerged from the interviews.

Physical Effects

Stakeholders described the immediate visible physical effects, such as bruising, broken bones, scarring, and knocked-out teeth. Long-term physical effects were also described and included complaints of stomach issues, fatigue, and disturbed sleep patterns.

Lasting Mental Health Issues

Stakeholders indicated that many clients who faced violence (lifestyle, situations, and relationships) often have lasting mental health issues. These issues range from clinical diagnoses of anxiety, depression, or post-traumatic stress disorder, to harder-to-treat mental effects of fear and paranoia.

Disturbances to Child Development

Finally, stakeholders highlighted the strong influence violence has on long-term child development, referring to the growing body of research on the effects of ACEs. Interviewees described how the children they serve witness domestic violence, watch parents get arrested, or use drugs, etc., and how experiencing violence during youth has lasting consequences into adulthood.

In Spokane County, adults who experienced three or more traumatic or stressful events are:

- 2.5 times more likely to have mental health problems and 3.5 times more likely to have a serious mental illness.
- 1.6 times more likely to have physical activity limitations.
- 1.7 times more likely to have *fair to poor* overall health.
- 3.8 times more likely to be unable to work.
- 1.7 times more likely to be a smoker.
- 2.8 times more likely to have poor quality of life.

A vibrant
community is
almost always
rooted in a
solid economic
base. Without it,
efforts to
achieve
excellence in
all facets of
community life
may falter.

SPOKANE COMMUNITY INDICATORS PROJECT

Service Gaps

“I think that it is a combination of factors that created a perfect storm for increased level of violence in our community.”

*Representative,
SRHD Nurse Family Partnership program*

Interviews with 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 on many different levels, from working directly with victims, to changing policies and shifting cultural views. Different representatives from agencies in Spokane explained that they are only able to meet the need by working together. Examples used to demonstrate strong collaboration between organizations included referral systems and training on other organizations' services. Despite a culture of collaboration, stakeholders indicated that resources and funding are lacking for essential care for victims of violence. Additionally, stakeholders indicated gaps in the following areas:

Preventive Work

Stakeholders indicated the need for nonprofits and service providers to move toward work that is focused on prevention. Many programs are focused on reacting to problems instead of preventing them. SRHD's Nurse Family Partnership, a visiting nurse program that serves low-income, first-time mothers, is a good example of a preventive program that nurtures mothers and children to prevent negative pregnancy and child development outcomes, including reducing child abuse and neglect.

Mental Health Resources

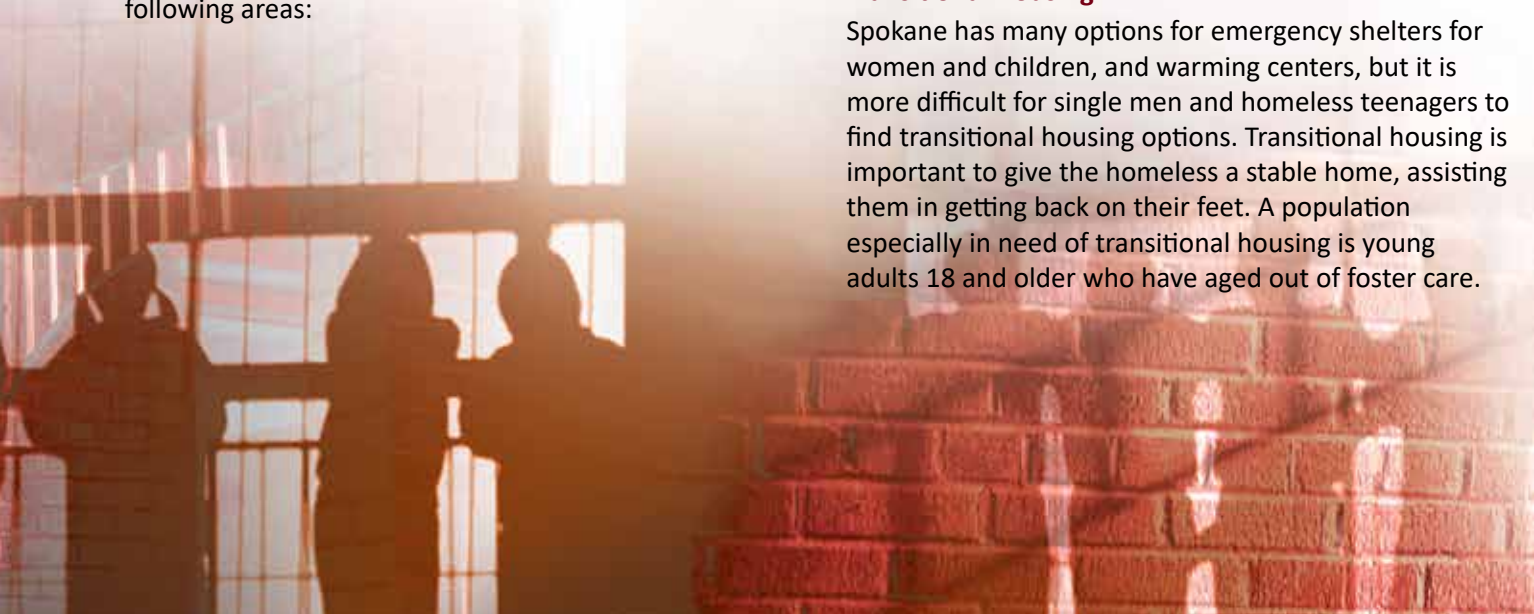
Stakeholders reported a lack of mental health resources. Improper mental health treatment often leads to increased addictions to drugs and alcohol. The factors of drugs, alcohol and mental illness aggravate violence in Spokane County.

Age Gap

From a community standpoint, there is a gap in services available for children ages 7 to 12. In circumstances where a mother immediately and temporarily needs care for her child, the only services available are for children under 6 at Vanessa Behan, or for children over 12 through Crosswalk Teen Shelter. The responsibility to keep an eye out for children in between these two age groups then falls to the school system.

Transitional Housing

Spokane has many options for emergency shelters for women and children, and warming centers, but it is more difficult for single men and homeless teenagers to find transitional housing options. Transitional housing is important to give the homeless a stable home, assisting them in getting back on their feet. A population especially in need of transitional housing is young adults 18 and older who have aged out of foster care.



Strategies

The Surgeon General of the United States, the nation's leading authority on matters of public health, issued a call to action for the elimination of health disparities, including health outcomes and risks associated with exposure to violence. The Surgeon General specifically recommended a strategic focus on communities at greatest risk. "Community" can be defined by the different social and demographic factors just discussed, including race/ethnicity, neighborhood or place, gender, and socio-economic status. Violence is a health equity issue, and thus prevention of violence is a responsibility spanning the whole of society and is especially important for subsets of a community who are disproportionately and unfairly impacted by violence. Drawing from the literature, the figure at right provides an overview of how different community groups can take action.^{35,36,37}

HEALTH CARE

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

MEDIA

Combat perceptions that violence is inevitable.
Increase 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.

NEIGHBORHOOD ASSOCIATIONS

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

INDIVIDUALS

Take parenting classes. Develop relationship with neighborhoods. Learn self-efficacy skills. Get connected to others.

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.

EVERYONE

Align efforts and collaborate for collective impact.

GOVERNMENT

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

CHURCHES AND FAITH-BASED ORGANIZATIONS

Support healthy child development programs. Reach out to troubled youth to promote inclusion in supportive programs and environments. Organize and support activities that encourage broad social participation.

NONPROFITS

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

Conclusion

Violence as a public health and social problem is rising as a top priority across the nation. Many communities are taking concerted action to address violence by applying both traditional and novel public health principles and approaches and by reframing violence and public perceptions about those who commit violent acts.

Violence is being reframed from the perception that “bad people” commit violence to an understanding that the adverse circumstances in which people live act as an exposure or risk, similar to a contagion or virus.³⁸ This systematic exposure perpetuates the spread of violence within communities like a disease. These adverse circumstances are the result of problems with the underlying societal system, policies, and practices that foster racism, poverty, and social exclusion. Spokane County is no exception.



This report is intended to paint a picture of violence in the Spokane community. The data clearly shows that violence is NOT just a national issue but is of local concern as well. There were over 1,900 violent crimes in 2015. Further, in this report the health district found inequitable distribution of crime among neighborhoods; there is an almost 90-fold difference between neighborhoods with the lowest rate of violent crime compared to neighborhoods with the highest rate of violent crime.

The increase in violence perpetuated among children and people of color in this community is especially abhorrent.

Most adults agree that the real future of a society lies in the hands of children, which follows that a community’s first priority should be nurturing its youth. Yet, presently, almost half of Spokane’s youth have directly experienced at least one violence-related incident—involvement in a physical fight, gang membership, bullying, physical abuse, or intimate partner violence. As shown in Figure 88, youth who have experienced multiple episodes of violence were more likely to be failing school.

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.

Compounding the issue of violence among children are the disparities identified. 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. Social determinants of health and well-being are unfairly distributed in Spokane County, thus the consequences are unfairly distributed, resulting in disparate risks, exposures, and outcomes by race and ethnicity, neighborhood, and other factors. **Enhancing the health district’s efforts to bolster early childhood development and reduce inequities, and supporting the efforts of like-minded organizations, is a strategic goal of Spokane Regional Health District.**

Figure 87. Distribution of Number of Violence Measures in Youth, Spokane County, 2016

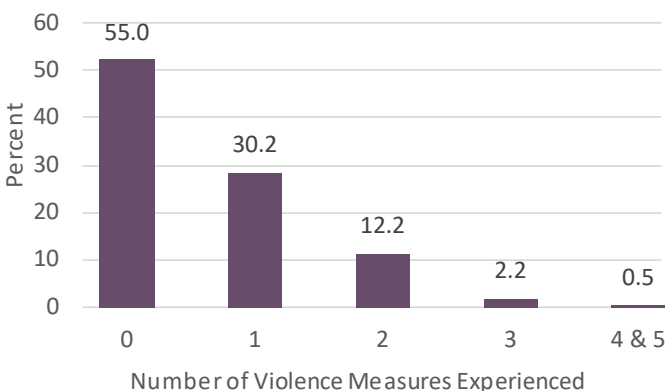
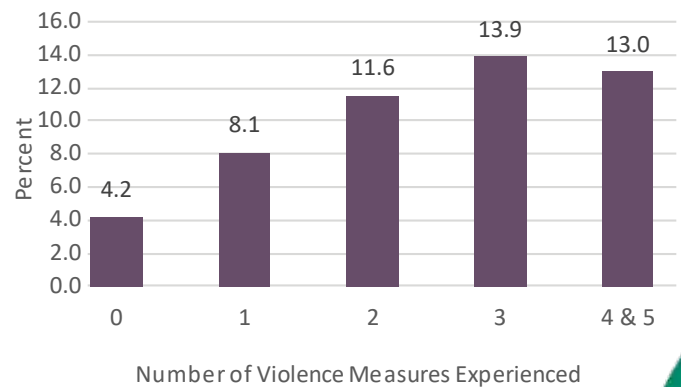


Figure 88. Academic Failure (D’s and F’s) by Number of Violence Measures in Youth, Spokane County, 2016



Violence in any form is unacceptable. Violence among children and already marginalized members of society is intolerable.

There have been over

50,000 INCIDENTS

of child abuse in Spokane in the last decade. The members of this community have a collective obligation to

CONFRONT VIOLENCE.

Other communities have and are making progress.³⁹

Spokane Regional Health District, through the work of many of its programs, has long advocated for children and marginalized members of local society. There are many organizations in this community who are doing the same in their assistance to victims of violence, and mitigation of adversity in the lives of citizens. The health district emphasizes input from diverse sectors including health, education, social services, justice, policy, and the private sector. Collective action on the part of these stakeholders can help in addressing problems like violence. An outcome of this report for SRHD is to serve as a catalyst and convener for anti-violence advocates and professionals

in the community to collaborate on data-driven and focused improvements.

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 prevention efforts and capacity to support the health and well-being of the community's children.

The health district is asking every organization and dedicated person in this community to identify how their own activities can be renewed, re-energized, and refocused to help with these efforts. Please look for more information on next steps at www.srhd.org.



Appendices

Partners in Violence Prevention

Though not an exhaustive list, the following organizations are highlighted as partners in violence prevention. These organizations represent a convenience sample of stakeholders who support victims of violence and/or otherwise have an interest in preventing violence in our community. Representatives from each of these organizations participated in interviews to gather community perspectives on violence and the impact on their clientele. SRHD would like to thank these organizations for their willingness to share their perspectives on violence in our community.

Communities in Schools of Spokane County

Communities in Schools of Spokane County (CISSC) is part of the national Communities in Schools organization, which focuses on dropout prevention. CISSC works in public schools to surround students with a community of support, empowering them to stay in school and achieve in life. By partnering with local service providers, CISSC is able to bring community services and resources directly to students in schools. In 2015, CISSC worked with at-risk youth in 26 schools in Spokane Public Schools and Cheney School Districts.

Crosswalk Teen Shelter

Crosswalk is an emergency teen shelter, school drop-out prevention program, and a group of programs dedicated to breaking the cycle of youth homelessness for teens 13 to 17 years of age. It is a service of Volunteers of America, Eastern Washington and Northern Idaho. The shelter provides a safe place where kids can eat, sleep and get back on their feet. Crosswalk restores hope and encourages personal responsibility among homeless youth.

Garry Middle School

Part of the Spokane Public Schools school district, Garry Middle School is a public middle school serving seventh and eighth graders living in the northeast corridor of Spokane. In May of 2015, 83.6% of Garry Middle School students were low-income. The school's mission is twofold: to close the achievement gap among students and to help prepare students for high school. Administrators at Garry Middle School are focused on helping students develop a "growth mindset."

Hope House

Hope House is operated by Volunteers of America, Eastern Washington and Northern Idaho, and is dedicated to making a significant difference in the lives of homeless women. Hope House offers single homeless women emergency shelter and permanent housing. It gives women protection from the streets and connections in the community to help them move forward with their lives.

Lutheran Community Services Northwest

Lutheran Community Services Northwest is a non-profit human services agency serving communities throughout Washington, Oregon, and Idaho. They connect victims of crime with an advocate and support. Lutheran Community Services Northwest provides a wide variety of services to adults, adolescents, children, families, schools, businesses, congregations, neighborhoods, and communities for health, justice, and hope.

Nurse Family Partnership

Nurse Family Partnerships is a program of the Community and Family Services division of Spokane Regional Health District. It is a relationship-based program that connects low-income, first-time mothers and their infants to evidence-based home nursing care. Nurse Family Partnership improves pregnancy outcomes and enhances parenting and child development while teaching self-efficacy and self-sufficiency.

Sheriff Community Oriented Policing Effort (S.C.O.P.E.)

Sheriff Community Oriented Policing Effort (S.C.O.P.E.) is a volunteer organization that helps provide a safe living environment in the communities where volunteers live and serve. S.C.O.P.E. works toward positive collaboration between citizens and law enforcement to create a culture of protecting one's neighbor and preventing crimes.

Spokane Police Department Domestic Violence Unit

The Spokane Police Department (SPD) Domestic Violence Unit takes a proactive and offender-based approach to reducing and preventing domestic violence, and holding offenders accountable. The SPD Domestic Violence Unit is a part of the Spokane Regional Domestic Violence Team and takes a cross-sector and collaborative approach to protecting victims of domestic violence and intimate partner violence crime.

Spokane Public Schools

Spokane Public Schools (SPS) is the largest school district in Eastern Washington and the second largest in the state of Washington. SPS offers a portfolio of school options so that families have the freedom to choose the school that is right for their child. SPS believes that a great school system builds on the strengths and gifts of each child. More choices mean they are better able to match learning styles, and are better preparing students to successfully complete some form of higher education: technical, two-year or four-year college.

Union Gospel Mission Crisis Shelter

Union Gospel Mission Crisis Shelter (UGM) is a service of Union Gospel Mission Inland Northwest, and works to get women with children off the streets or out of abusive situations. They provide temporary shelter for up to two weeks at a time, or longer if women are participating in classes. UGM partners with the region to reach the poor with the love and power of the gospel so they may become God-dependent, contributing members of society.

Vanessa Behan Crisis Nursery

Vanessa Behan Crisis Nursery serves families of children zero through six years of age by providing immediate refuge for children and support to strengthen families. They support families who are dealing with issues like substance abuse, domestic violence, homelessness, and exhaustion. While families work through challenges, Vanessa Behan keeps kids safe.

YWCA of Spokane

The YWCA of Spokane is part of a worldwide movement dedicated to eliminating racism, empowering women, and promoting peace, justice, freedom and dignity for all. The YWCA provides several services: a women's Opportunity Center teaching job readiness skills; early childhood education and advocacy programs; and the Alternatives to Domestic Violence program.



CDC Strategies for Violence Prevention

The following examples for each level of the socioecological model are meant to illustrate the concept of an individual-level strategy, relationship-level strategy, etc. and are not necessarily evidence-based. Information about evidence-based strategies at each level

can be found at registries for evidence-based practice such as The Community Guide to Prevention Services - <http://www.thecommunityguide.org/about/methods.html> or Blueprints for Violence Prevention - <http://www.colorado.edu/cspv/blueprints/>.

TABLE 5

LEVEL OF SEM	EXAMPLES OF FACTORS	EXAMPLES OF STRATEGIES
<p>Individual</p> <ul style="list-style-type: none"> • Personal characteristics • Biological factors • Behavior • Personal experience 	<p>Increase Risk (Risk Factors)</p> <ul style="list-style-type: none"> • Age / gender • Lower levels of education • Belief supporting use of violence • Anger or hostility toward others • Having few friends or being isolated from others • Being unemployed • Substance use • History of engaging in violence <p>Decrease Risk (Protective Factors)</p> <ul style="list-style-type: none"> • Positive social orientation • Highly developed social skills/competencies • Religiosity • Emotional health and connectedness • Academic achievement 	<ul style="list-style-type: none"> • School-based programs to help students develop social, emotional and behavioral skills to build positive relationships • In-home programs to teach parenting skills for age-appropriate infant and toddler care • An after-school program to provide tutoring to increase academic performance • Programs to increase knowledge and understanding of healthy dating relationships • Classroom-based health curriculums to teach ways to cope with loss and disappointment, and to recognize warning signs for depression
<p>Community</p> <ul style="list-style-type: none"> • Settings or institutions in which social relationships take place 	<p>Increased Risk (Risk Factors)</p> <ul style="list-style-type: none"> • Low level of residents' social connectedness • Low income level of neighborhood • High rate of residents moving in and out of a neighborhood • Lack of neighborhood organization • Limited economic opportunities • Lack of recreational opportunities • Poor physical layout of a neighborhood <p>Decreased Risk (Protective Factors)</p> <ul style="list-style-type: none"> • Communities that support parents • Communities that take responsibility for preventing abuse 	<ul style="list-style-type: none"> • Residents organize and make physical improvements to their neighborhoods • A city develops safe recreational areas for residents • Community associations work with the mayor's office to develop a series of after-school programs for youth • A school district creates, implements, monitors, and evaluates a policy to prevent bullying behavior • A city establishes a business improvement district to increase community employment opportunities and make other improvements in the community • A citywide policy that changes the planning procedures for the layout of new communities

LEVEL OF SEM	EXAMPLES OF FACTORS	EXAMPLES OF STRATEGIES
<p>Relationship</p> <ul style="list-style-type: none"> • Interaction between two or more people 	<p>Increased Risk (Risk Factors)</p> <ul style="list-style-type: none"> • Fights, tension, or struggles among family members • Marital instability, divorces or separations • Poor communication between parents • Poor supervision or monitoring of children • Association with aggressive or delinquent peers • Emotionally unsupportive family <p>Decreased Risk (Protective Factors)</p> <ul style="list-style-type: none"> • Supportive family environments • Parental employment • Nurturing parenting skills • Ability to discuss problems with parents • Sharing of activities in families • House rules and parental monitoring • Consistent presence of parents during key times of the day (when waking up, going to bed) • Caring adults outside the family who can serve as role models or mentors • Close relationships with non-deviant peers • Involvement in pro-social activities 	<ul style="list-style-type: none"> • Education and family support to promote positive child development offered within child-parent centers • A mentoring program that pairs youth with caring adults • A peer program that teaches youth how they can promote positive norms for dating in their circle of friends • Relationship workshops where couples work on respectful communication strategies • An art program that increases emotional support to children by pairing elders from a senior center with children from a preschool program
<p>Societal</p> <ul style="list-style-type: none"> • Societal factors that create a level of acceptance or intolerance for violence. Also included are factors that can create and sustain gaps between different segments of society or diminish them. 	<p>Increased Risk (Risk Factors)</p> <ul style="list-style-type: none"> • Social norm that it is acceptable to use violence to resolve conflict and that consequences are minimal • Cultural beliefs that support suicide or child maltreatment • Negative beliefs about aging and elders or the expectation of family to care for elders without support <p>Decreased Risk (Protective Factors)</p> <ul style="list-style-type: none"> • Access to health care and social services • Adequate housing 	<ul style="list-style-type: none"> • Legislation to encourage employers to offer family-leave options and flexible schedules • A national media campaign including TV, radio, newspaper, and internet methods of communication to create awareness and change the way people think of violence • A state sponsors a media campaign designed to reduce the stigma associated with self-directed violence being considered only a mental health problem • Statewide legislation that provides tax incentives to businesses that partner with school districts to provide learning-based technology and other academic resources in disadvantaged communities

Data Sources

ACS: US Census Bureau, American Community Survey.

BRFSS: Washington State Department of Health, Center for Health Statistics, Behavioral Risk Factor Surveillance System.

Supported in part by Centers for Disease Control and Prevention, Cooperative Agreement U58/SO000047-1 through 2 (2011-2012).

- Calculations and presentation of data by SRHD Data Center.
- Serious mental illness is a composite measure from BRFSS that is categorized as serious mental illness with a sum of scores on the Kessler-6 greater than 13 and no serious mental illness with a sum of scores on the Kessler-5 less than or equal to 13. The Kessler-6 questions are About how often during the past 30 days did you feel:
 - o Nervous?
 - o Hopeless?
 - o Restless or fidgety?
 - o So depressed that nothing could cheer you up?
 - o That everything was an effort?
 - o Worthless?

DOH: Washington State Department of Health

- Death Certificates
- Comprehensive Hospital Abstract Reporting System (CHARS)

DSHS: Washington State Department of Social and Health Services.

- Risk and Protection Profile for Substance Abuse Prevention Planning

HYS: Washington State Department of Health

Healthy Youth Survey.

- Calculations and presentation of data by SRHD Data Center.

OSPI: Washington State Office of Superintendent of Public Instruction.

- Student Behavior Data

SCSO: Spokane County Sheriff's office.

WASPC: Washington Association of Sheriffs and Police Chiefs

- Annual Jail Statistics
- Crime in Washington
- Crimes reported to the FBI's Uniform Crime Reporting program; accessed using CrimeStats Online through the Office of Financial Management.

QOL: Youth Quality of Life

- A composite measure from the HYS that is categorized as low, medium low, medium high, and high. The composite is from the following questions:
 - o I feel I am getting along with my parents or guardians. I look forward to the future.
 - o I feel good about myself.
 - o I am satisfied with the way my life is now. I feel alone in my life.

Endnotes

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2: watson - Artaud graf 2, Billy Hunt - _MG_8460

5: Dee Ashley - Art of War

6-7: Nick Kenrick - Eyelash, Guido van Nispen - L1006653

8-9: Lena Vasiljeva - relationship, Georgie Sharp - In The Wild 2

12-13: S8 - Prison Art, Riccardo Cuppini - Violence! [Explored], Paul Harvey - Tristan_Dodging, Jim - Abuse

14-15: rosipaw - #ds400 hallway, MAMJODH - Surrealistic Stormy Skies

19: Jim - Each is Both, John T Haworth - IMG_0550, Hervé Germain - mon sang

20-21: Silvia Storti - Let the rain wash away, Cristina - Killer, Live.Your.Life. - Profile!

22: Elias Ruiz Monserrat - Lucky Punch, Frank Fujimoto

25: Vahid - Zombie Attack

27: S8 - Prison Art, Tom Magliery - Prison

31: daryl_mitchell - Suicide - vuni.net - digital art, Varvara

32-33: Motorito - Fight for you right, Bart - Ancient Fresco, Thomas Ricker - Bully

35: Piers Nye - Wretched, Bart - Est In Aqua Dulci Non Invidiosa Voluptas, Pulpolux !!! - She has a painterly eye

36-37: GôDINô - Collaboration with Batabidd - The Locked-in Syndrom, Eleanor Leonne Bennett - Anger

39: Peter Clark - Homeless

41: Studio124 - Paris Gang, Zen Sutherland - Teen Gang, Tony Fischer - The Boyz (4 of 12)

42-43: Vladimir Yaitskiy - Ukrainian Woman, The Advocacy Project - The Cost of Domestic Violence, Pietro Naj-Oleari

44-45: Margherita Ballarin, Justin Norman - Danielle

46-47: Jen Novotny - mom and teen, Andrea Cavallini - illusion3

48-49: Harris County Public Library - 43

51: Birmingham News Room - Grotspot clean up

52-53: James Broad - Life of crime, dope! - Blood, Danny Wolpert - Crime

54: Danny Wolpert - Crime, Daniel Austin Hoherd - 32::278

56-57: Nathan Rupert - Arrested, Quinn Hue - Arrested!, A Gude - Arrested

58-59: Bart - Ancient Fresco, Johannes Baumgartner - EVIL, Philip Ray - Belfast Bridge jumper 2, Ryan Anderson - Suicide

58-59: Daniel Kulinski - So sad

61: Gurumustuk Khalsa - Best Seat in the House

64-65: jes reynolds - art, Kilgore Trout (Patrick Lavin) - Rusted Dreams, Ashley Ringrose - Ron Shadow: After

66: Terri Oda - Fighting kids @ Westfest 2008, Martin Kelley - Waterford Park

68-69: François - Gang with a Dog, Darrell Miller - Kisatchie Highschool

73: Gareth Williams - RHS Wisley - Oct 2011 - Autumn Sunshine, ALESSANDRO LUCIA - ask_direction, CT Senate Democrats - Helping to Help Others in New London

75: Protestor Flips Off Police Officers While Smoking, Day 212/365 - hep-cat, Amsterdam Mayor Thane says - Ghost Lady, Daniella Urdinlaiz - Gun

78-79: buck82 - Kids, Roger S. Hart - Ladder of Light, Picasa - Lockdown

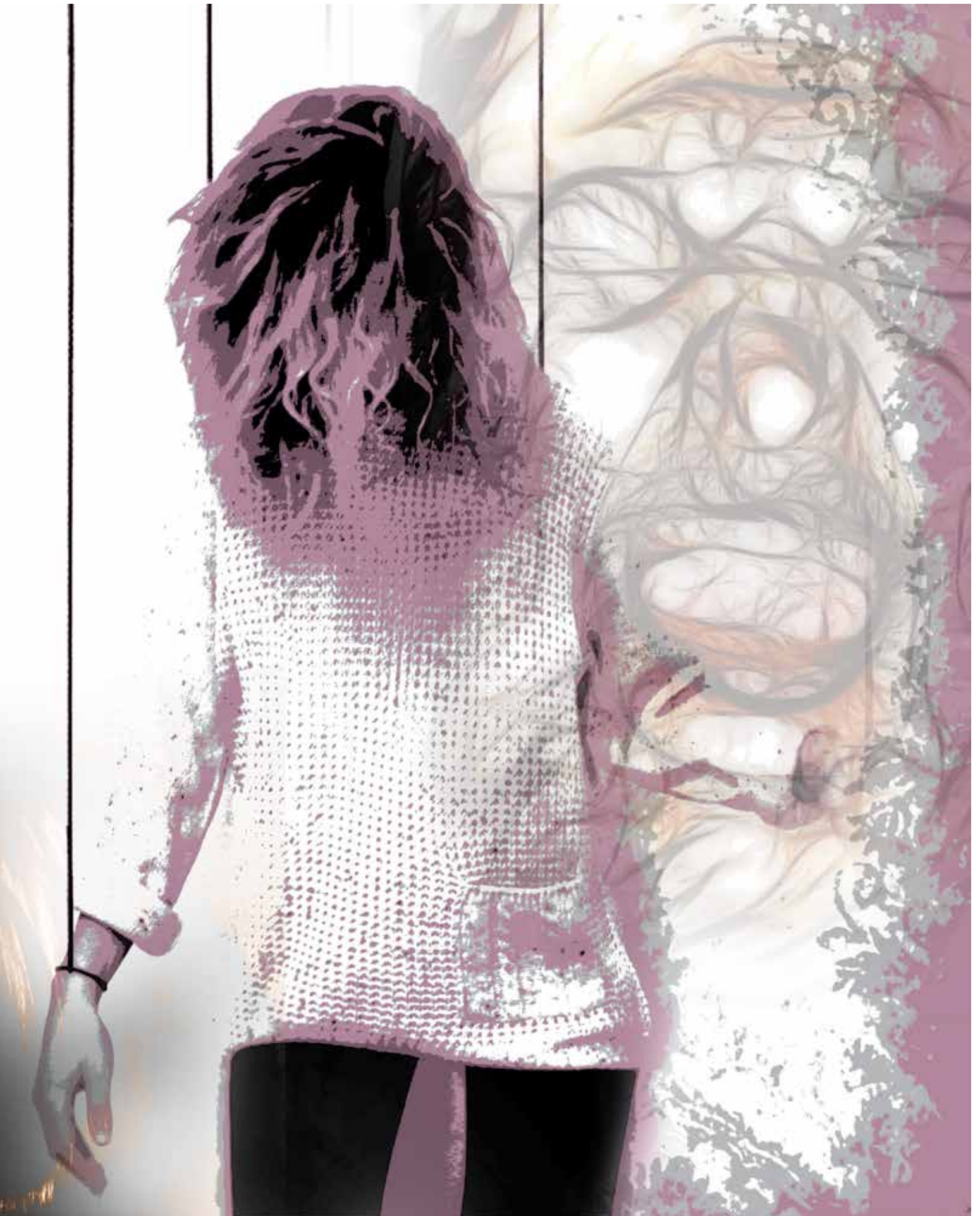
80-81: Kyle Spradley - Strat Comm Associate

83: daryl_mitchell - Suicide, Karl Davison - Windmill

85: Dee Ashley - Obstructed for My Own Good, Australian Aid Photolibrary - HIV in Indonesia

90-91: Brandon Warren - We'll Forsake Our Ages and Pretend We Are Children, Victoria Nevland - Marionette, Nick Kenrick - Midnight, Bill Barber - I Have Strep





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



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