A PUBLIC HEALTH APPROACH TO VIOLENCE PREVENTION

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Shelby County Office of Early Childhood and Youth
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“A population that does not take care of the elderly and of children and the young has no future, because it abuses both its memory and its promise.”

– Pope Francis –

WHAT WE WILL COVER

- Why we should be interested in Violence Prevention
- Using a Public Health Approach – Defending Childhood Initiative (DCI) - Network for Overcoming Violence and Abuse (Network)
- What’s Next?
WHY ARE WE INTERESTED IN VIOLENCE PREVENTION?

- One of the leading causes of death, disability and injury
- Burden on health and public health systems - Costs to Society

LONG-TERM CONSEQUENCES/HEALTH IMPACTS OF VIOLENCE

<table>
<thead>
<tr>
<th>Health-risk Behaviors</th>
<th>Mental health</th>
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<tbody>
<tr>
<td>Multiple and concurrent partners</td>
<td>Depression, Anxiety, PTSD</td>
</tr>
<tr>
<td>Unsafe sexual practices</td>
<td>Aggression</td>
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<tr>
<td>Smoking/Alcohol/Drugs</td>
<td>Somatic complaints</td>
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<tr>
<td>Depression, Anxiety, PTSD</td>
<td>Social ostracism</td>
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<tr>
<td>Aggression</td>
<td>Revictimization</td>
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<tr>
<td>Somatic complaints</td>
<td>Unwanted pregnancy</td>
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<table>
<thead>
<tr>
<th>Disease and Injury</th>
<th>Maternal and Child Health</th>
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<tbody>
<tr>
<td>Physical injury</td>
<td>Unintended and adolescent pregnancy</td>
</tr>
<tr>
<td>STDs, including HIV</td>
<td>Pregnancy complications</td>
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<tr>
<td>Heart disease</td>
<td>Fetal death</td>
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<tr>
<td>Diabetes</td>
<td></td>
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<tr>
<td>Stroke</td>
<td></td>
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<tr>
<td>Cancer</td>
<td></td>
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<td>Suicide</td>
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The Influence of Violence Against Children Throughout Life
TOXIC STRESS DAMAGES BRAIN ARCHITECTURE

- Excessive & repeated stress causes the release of chemicals that impair cell growth & interfere with the formation of healthy neural circuits in the brain.
- Toxic stress can damage the brain’s stress response system and contribute to premature aging of the body.

VIOLENCE CAN BE PREVENTED

Figure 1: Estimated Number of Substantiated Cases of Sexual Abuse in the United States, 1990-2000


Public health connects us all. Public health is the science of protecting and improving the health of families and communities through promotion of healthy lifestyles, research for disease and injury prevention and detection and control of infectious diseases. (CDC)

WHAT IS THE PUBLIC HEALTH APPROACH TO VIOLENCE PREVENTION?
PUBLIC HEALTH APPROACH

Focus on:
- The health of the population
- Prevention through health promotion
- Collective Action/Collective Impact
- Across the lifespan
- Primary prevention

Using:
- Data driven/evidence-based approaches
- Comprehensive, multi-level approaches
- 4-step process model

MOVING UPSTREAM

- Preventing violence BEFORE it occurs
- Examining individual behavior AND large scale political, economic, cultural, or organizational processes

THE SOCIAL ECOLOGICAL MODEL: A FRAMEWORK FOR PREVENTION
Violence Across the Lifespan

- Child Maltreatment: physical, sexual, emotional, neglect
- Youth Violence
- Dating Violence
- Intimate Partner Violence
- Sexual Violence

The Public Health Approach to Prevention

- Define the Problem
- Identify Risk and Protective Factors
- Develop and Test Prevention Strategies
- Assure Widespread Adoption

DEFINING THE PROBLEM

- Who, what, when, where, how?
- Are rates increasing or decreasing?
- How does the data compare across communities and over time?
FORMER ATTORNEY GENERAL
ERIC HOLDER’S INITIATIVE

* DOJ prosecutor, Superior Court Judge, US Attorney
* Deputy Attorney General in the Clinton Administration
* Holder led an interagency effort on CEV and convened National Summit that led to a blueprint for action:
  - Safe From the Start: Taking Action on Children Exposed to Violence
* Attorney General

NATIONAL SURVEY ON CHILDREN EXPOSED TO VIOLENCE (NATSCEV)

- Children’s exposure to violence, whether as victims or witnesses, is often associated with long-term physical, psychological, and emotional harm.
- Children exposed to violence are also at a higher risk of engaging in criminal behavior later in life and becoming part of a cycle of violence.


NATSCEV STUDY FINDINGS

- Children exposed to violence are more likely to abuse drugs and alcohol; suffer from depression, anxiety, and post-traumatic disorders; fail or have difficulty in school; and become delinquent and engage in criminal behavior.
- Sixty percent of American children were exposed to violence, crime, or abuse in their homes, schools, and communities.
Almost 40 percent of American children were direct victims of two or more violent acts, and one in ten were victims of violence five or more times.

Children are more likely to be exposed to violence and crime than adults.

Almost 15 percent of children experienced an assault with a weapon and were injured as a result.

Almost one in ten American children saw one family member assault another family member, and more than 25 percent had been exposed to family violence during their life.

10 percent suffered some form of child maltreatment.

A child’s exposure to one type of violence increases the likelihood that the child will be exposed to other types of violence and exposed multiple times.
DATA ON MORTALITY/FATALITY

- National Violent Death Reporting System
- School-associated Violent Death Surveillance System

NON-FATAL SURVEILLANCE SYSTEMS

- NEISS-AIP
- Youth Risk Behavior Survey
- BRFSS
- Add Health
- NatSCEV
- NISVS

IDENTIFY RISK AND PROTECTIVE FACTORS

- What protects an individual/what increases their risk of victimization?
- What prevents an individual/what increases their risk of perpetrating violence?
- Identify modifiable factors (i.e. attitudes and behaviors, policies)
- Identify groups most at risk (i.e. age, gender, ethnicity, income, location)
DEVELOPING AND TESTING PREVENTION STRATEGIES

- Using evidence to inform the development or selection of programs and strategies
- Evaluation to understand what works

DEMONSTRATION PROJECT

Goals of Defending Childhood Initiative

- Prevent children's exposure to violence.
- Mitigate the negative effects experienced by children exposed to violence.
- Develop knowledge about and spread awareness of this issue.

DEMONSTRATION PROJECT SITES

- City of Boston, MA
- Chippewa Cree Tribe, MT
- City of Grand Forks, ND
- Shelby County, TN
DEFENDING CHILDHOOD INITIATIVE

PRIMARY PARTNERS:

- AGAPE Child & Family Services
- Center for Community Building and Neighborhood Action
- Consilience Group
- Data for Good
- Exchange Club Family Center
- Family Safety Center
- Kingdom Quality
- Law Enforcement
- LeBonheur Community Health & Wellbeing
- Memphis Area Women’s Council
- Memphis Child Advocacy Center
- Memphis and Shelby County Juvenile Court
- Splash Creative
- Victims to Victory
- University of Memphis Dept. of Social Work
- UTHSC – Boling Center

DEFENDING CHILDHOOD INITIATIVE KEY PARTNERS

- Early Success Coalition
- UT Center of Excellence - TIES
- TN Department of Children Services
- Shelby County Schools
- Just Care Family Network
- Memphis Shelby County Health Department
- Center for Court Innovation

MARKETING - SUSTAINABILITY

NOVA is a network of public and private agency partners connecting a community of trained adults to children and youth exposed to violence—for trauma counseling, parenting support and other family assistance.
MARKETING AND PROMOTION
NOVA Marketing Partner — Splash Creative
Build public awareness with emphasis on digital communications, Social Media tools, Public/Media Relations & events support

AWARENESS & EDUCATION
• NOVA Advocacy Partner — Memphis Area Women’s Council
• Connecting NOVA to the community
• Connecting NOVA to related collaborative bodies and to the Coordinated Community Response to Domestic Violence

COMMUNITY ADVOCACY
NOVA Advocacy Partner — Memphis and Shelby County Crime Commission
RESEARCH AND EVALUATION

NOVA Research Partner: Center for Community Building and Neighborhood Action at the University of Memphis

• Data-driven Interventions
• Performance Measurement
• Collective Impact

COMMUNITY ENVIRONMENT FOR CHILD VICTIMIZATION

High crime areas are child-rich

Memphis: High Probability of Child Exposure to Violence

<table>
<thead>
<tr>
<th>Census Tracts High in Violent Crime</th>
<th>Children Under 5</th>
<th>Children 5-17</th>
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<tbody>
<tr>
<td></td>
<td># children</td>
<td>% of all children</td>
</tr>
<tr>
<td>Top 10%</td>
<td>13,070</td>
<td>21.5%</td>
</tr>
<tr>
<td>Top 20%</td>
<td>21,381</td>
<td>35.1%</td>
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PERFORMANCE MEASUREMENT: WHAT DO WE EXPECT TO ACCOMPLISH?

• Reach at-risk children, youth, and families where they live
• Collaborative and intensified identification, outreach, support, and follow-up as a model that would be replicated from neighborhood to neighborhood in Memphis

Measuring Success: Residents in demonstration areas will be more likely to access and sustain involvement with preventive and intervention services, leading ultimately to reduced victimization on dashboard indicators.
COLLECTIVE IMPACT

- "Dashboard Indicators" where we expect to see progress over time if our NOVA strategy is working
- Collective impact means
  - Designated interventions and programs produce positive outcomes/measures of success
  - Successful programs and interventions are taken to scale and reaching a critical mass of the at-risk population
  - The overall probability of children experiencing violence in Shelby County is reduced
  - Reductions are demonstrably linked to the NOVA strategy

SERVICE DELIVERY MODEL

NOVA Partner: Concilience Group

HOW NOVA’S ‘NO WRONG DOOR’ PROCESS WORKS
1. NOVA Family Support Provider Process and Primary Partner Diagram

   - Assessments
   - Potential Interventions
   - NOVA Coordinator Partner
   - Family Support Provider Services
   - System Model

   - Family Violence & Child Abuse
   - Domestic Violence Services
   - Sexual Assault Services
   - Child Abuse Services
   - Family Safety Center
   - Juvenile Court
   - Children's Home Society
   - Family Violence Prevention
   - Sexual Assault Services
   - Child Abuse Services

   - NOVA Family Support Provider Process and Primary Partner Diagram

2. Primary Partner and Family Support Provider Services

   - Access to High Level
   - Treatment (incl. DSH Approaches)
   - Family SAFETY
   - Juvenile Court
   - Children's Home Society
   - Victims' Rights
   - Youth Programs
   - Family Violence Prevention
   - NOVA Coordinator Partner
   - Family Support Provider Services
   - System Model

3. NOVA ASSESSMENT TOOLS

   - Universal Screening for Exposure to Violence: Juvenile Violence Questionnaire (JvQ)
   - Family Strengths and Needs Assessment: VanDenburg Wraparound Strengths and Needs Assessment Tool
   - Child Trauma Assessment: UCLA PTSD Index

   - Consilience Group, LLC
   - 7/14/12
   - pg. 4
SITE-BASED SERVICES AND ROLE OF FAMILY SUPPORT PROVIDERS

Nova Partners:
- Safeways
- Agape
- Memphis/Shelby Co. Juvenile Court
- Family Safety Center
- UT Boling Center for Dev Disabilities

PROFESSIONAL AND COMMUNITY DEVELOPMENT

Nova Partners:
- University of Memphis Dept. of Social Work
- Early Success Coalition
- Memphis Child Advocacy Center/ Stewards of Children
- Victims to Victory / Healing Homes
- LeBonheur Center for Health and Well-Being

CLINICAL SERVICES

NOVA Partners:
- Shelby County Crime Victims Center
- Exchange Club Family Center
- LeBonheur Center for Health and Well-Being
- Memphis Child Advocacy Center
- Victims to Victory
EVIDENCE-BASED STRATEGIES ACROSS MULTIPLE DOMAINS AND SECTORS

TIMELINE OF NOVA

- 2010 – One year comprehensive assessment and program planning
- 2011 – Two years to implement comprehensive plan – Roll Out – Oct 2012
- 2013 – Additional funding to continue implementation of comprehensive plan; and enhance existing DCI strategic plan

TIMELINE OF PROJECT

- 2014 – 2016 – Additional funding to complete implementation of DCI – NOVA sustainable work
- Projected final 2 years – Continue Integration of work into the community – public education, professional development, public awareness, policy and procedure changes
**PROJECT ACTIVITIES**

- Roll out events – Oct, Nov 2012
- Website, Facebook, brochure, magnet, press release, newspaper articles, posters, radio and television interviews
- Staff hired at Partner sites
- DCI-NOVA Project Coordinator hired
- COPS training – MPD and Sheriff’s Dept
- Wraparound training
- ShelbyConnect - NOVA forms finalized

**PROJECT ACTIVITIES**

- Apt sites identified, resources for place based staff
- More than 800 families served by NOVA Partners including more than 500 children
- Over 900 community awareness events
- 28 centers and 300+ providers trained in CESFEL – Pyramid Model
- 100+ families engaged in Nurture for Parenting classes

**ACCOMPLISHMENTS**

- MPD – NOVA Video – Aug 2013
- Family and Youth Violence Faith Based Curriculum – Over 100 faith based leaders trained
- NOVA-DCI training collaborative convened – new partners engaged
- DCI Partnership with NCTSN site – UT Boling Center
- Trauma training for first responders initiated – DCS, MPD
**ACCOMPLISHMENTS**

- NOVA-DCI collaboration with major initiatives – JDAI, DMC
- Men Healing Men National Conference – Memphis/Shelby attendees
- Stewards of Children – 900 trained
- CB IM training by FWV of 65 coaches -

**ACTIVITIES**

- Partnered with Just Care to build capacity of trained clinicians in evidence based TF CBT – 40 clinicians trained
- Funding for messaging – public awareness campaign
- Funding to engage grassroots organizations in violence prevention programming in their communities
- DCI All Sites Meeting Convened in Memphis – June 24 - 26, 2014

**ACCOMPLISHMENTS**

- Grantees and participants from all 3 AG Holder signature violence prevention initiatives- DCI, Youth Forum, Community Based Violence attended.
- DCI- Coordinator accepted in Reducing Racial and Ethnic Disparities in Juvenile Justice Certificate Program - CCJR
**CHALLENGES**

- Zip Code Restrictions
- Unable to accomplish client data system implementation
- Low compliance rates on follow up for counseling services by children, families –
- Public awareness of CEV – its impact, call to action
- Lack of safe, independent space for groups for women, children
- Reduction in DCI funding each cycle

**SUSTAINABILITY**

- Training – Professional Development – builds capacity in the community, community awareness – change norms
- Collective Partnerships – JDAI, DMC, In Home TN, Just Care, Shelby County Ace Awareness, ACE Awareness Foundation, TN initiative
- New funding opportunities – Embedding framework, partnerships

**STEP 4: ASSURE WIDESPREAD ADOPTION**

- Clinical Capacity - Trained professionals all over the community in evidence based TF CBT.
WHAT’S NEXT!

- Working with partners to build a trauma informed community – connecting to local, state, national resources – Coaching Boys into Men, Trauma training for Youth Workers
- Public Awareness Campaign
- Embedding structure, key components in the community
- Engaging youth, families in violence prevention activities

WHAT CAN YOU DO?

- Get involved in the conversation, in the work
- Learn about trauma, violence, adverse childhood experiences
- When working directly with children, youth - the question is not “what’s wrong with you”, but “what happened to you”
THANK YOU

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NOVA is a local program of the U.S. Department of Justice Defending Childhood Initiative.