Commission on Domestic Violence and Sexual Assault

April 2015 - June 2016 Report

Think Health Act Now!
CITY OF
MILWAUKEE
HEALTH DEPARTMENT

Erin Perkins

MCDVSA Coordinator

June 2nd, 2016

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Current Trends - SFPC

|	2013	2014	2015
Hotline Calls	21,651 Calls	18,711 Calls	18,581 Calls
Shelter	430 Clients 11,790 Nights	375 Clients 9,243 Nights	408 Clients 10,214 Nights
Beyond Abuse Program	385 Clients	473 Clients	452 Clients
Community Domestic Abuse Advocacy Program	5,337 Referrals 7,979 Contacts	5,047 Referrals 4,587 Contacts	5,485 Referrals 6,306 Contacts
Courthouse Advocacy Program	4,458 Clients 9,711 Contacts	4,345 Clients 9,269 Contacts	4,563 Clients 8,667 Contacts
		8,501 Clients* 64,707 Contacts	9,571 Clients* 66,647 Contacts

*Unduplicated clients

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## Current Trends – IPV Homicides & Non-Fatal Shootings
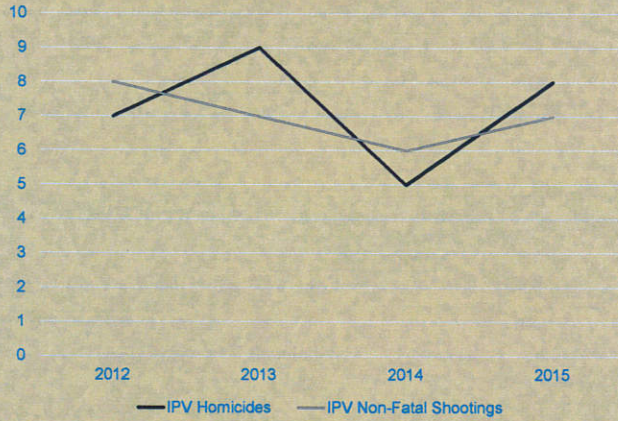
Data from 2013 and 2015 Annual Reports, Milwaukee Homicide Review Commission

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Current Trends - MPD

	247,970	239,619	233,998	246,507	241,423
	7,425	7,241	7,397	7,418	7,844
	2009	2010	2011	2012	2013
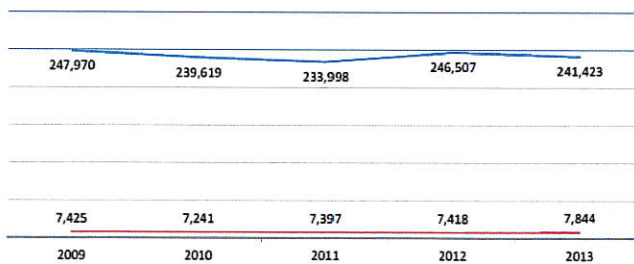
CALLS FOR SERVICE

Year	CFS	Batt DV
2009	247,970	7,425
2010	239,619	7,241
2011	233,998	7,397
2012	246,507	7,418
2013	241,423	7,844

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Current Trends - MPD

ASSAULTS

	2009	2010	2011	2012	2013
Assaults	9,595	8,888	8,259	9,677	9,412
DV	4,603	4,393	4,210	4,725	4,916
Percentage	48%	49%	51%	49%	52%

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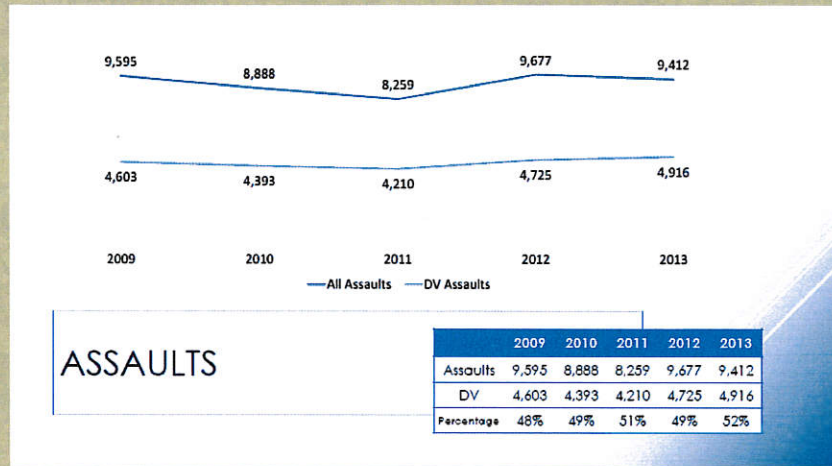
Current Trends - MPD

ARRESTS

	2009	2010	2011	2012	2013
Arrests	34,304	38,292	36,885	34,327	30,272
DV Arrests	3,235	3,204	3,299	3,351	3,282

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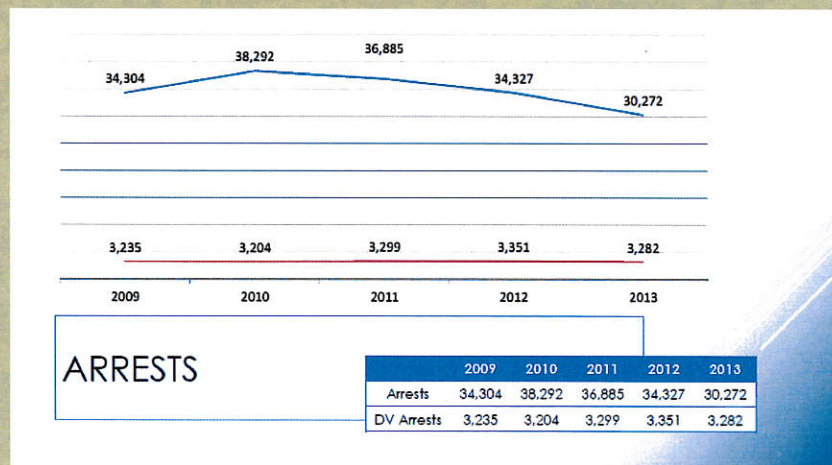
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Current Trends - MPD

Year	Forcible Rapes	Cleared by Arrest
2012	233	174
2013	239	141
2014	249	152
2015	247	137

Current Trends – Milwaukee DA's Office, DV Unit

	2013	2014	2015
Total Cases Referred	8,951	8,552	8,879
Misdemeanors	7,783 Total 2,483 Issued 4,561 No Prosecution 149 Pending	7,356 Total 2,562 Issued 4,225 No Prosecution 57 Pending	7,575 Total 1,621 Issued 4,802 No Prosecution 63 Pending
Felonies	1,159 Total 413 Issued 513 No Prosecution 19 Pending	1,191 Total 491 Issued 496 No Prosecution 13 Pending	1,298 Total 376 Issued 637 No Prosecution 22 Pending

Count of Victims			
Male	1,012	1,088	1,151
Female	7,266	6,762	6,998

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Commission Overview

- **Purpose**: Increase safety for victims of domestic violence and their children and for victims of sexual assault, and to hold abusers accountable for their behavior

- **Responsibilities and Duties**: Coordinate the community's response to domestic violence and sexual assault by promoting communication and collaboration among its membership
  - Training for the Milwaukee Police Department
  - Policy and Protocol Review
  - Monitoring and Promoting Legislation
  - Community Awareness Efforts

General Duties and Responsibilities

- **Monthly Commission Meetings & Subcommittees**
- **Policy & Protocol Review**
  - Ongoing Committee Membership: CJC, Coming Together Partnerhship, I-Team, MHRC, SART, UMOS Trafficking Coalition
  - Elder Abuse & Gerald L. Ignace Indian Health Center
  - Safe Exchange and Visitation Center
- **Legislation**
  - Supported Victim Accompaniment Legislation, AB673, AB767, AB737
  - Monitored Mej Koob, Sex Offender Residency, Safe Harbor, VOCA Funding

General Duties and Responsibilities (Cont.)

- **Community Awareness**
  - Literature Distribution – YANA & YHRTBS
  - Resident & Community Calls
  - Resource Fairs
    - Back to School Health Fairs
    - National Night Out Health Fair/Community Event
    - MPD District 7 Cops & Kids
    - Unite Milwaukee Summit
    - National Crime Victim Rights Week

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General Duties and Responsibilities (Cont.)

  - Trainings
    - Housing Authority
    - MPD District 3 Businesses
    - Building Bridges: Making the Case for a Coordinated Practice Approach in DV Custody and Placement Cases Across the Court System
    - St. A Trauma Event
  - Other Community Presentations & Trainings
    - Center for Quality Community Life
    - Community High School
    - Ladlake
    - UWM Panel on Violence and Public Health

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General Duties and Responsibilities (Cont.)

- Awareness Events
  - Denim Day 2016
  - Human Trafficking Task Force Press Conference
  - Zonta Says No Walk
  - Walk a Mile in Her Shoes (Marquette)
- Other Community Awareness Efforts
  - EMS Outreach
  - Partnership with Aurora on SA Outreach
  - Cosponsored Hmong Women's Courage Banquet

Continuing Efforts & Other Activities

- **Milwaukee Visitation Center**
- **City-County Trauma Project**
- **Homicide Review Commission**
  - Recommendation Follow-Up through Subcommittees
  - Sexual Assault Review Planning
- **Conferences & Meetings Attended**
  - End Violence Against Women International
  - Results-Based Facilitation Training
  - CART Protocol Training
  - Statewide SART & CCR Conference (June 2015)
  - State Coalition Regional Meetings (3)

- **Other Activities**
  - Unite Milwaukee Planning
  - Anti-Gang Summit Planning
  - Restorative Justice Conference Planning
  - Health Department Community Health Assessment
  - FJC Planning Session Participation
  - MPS Summer Violence Reduction Grant Review

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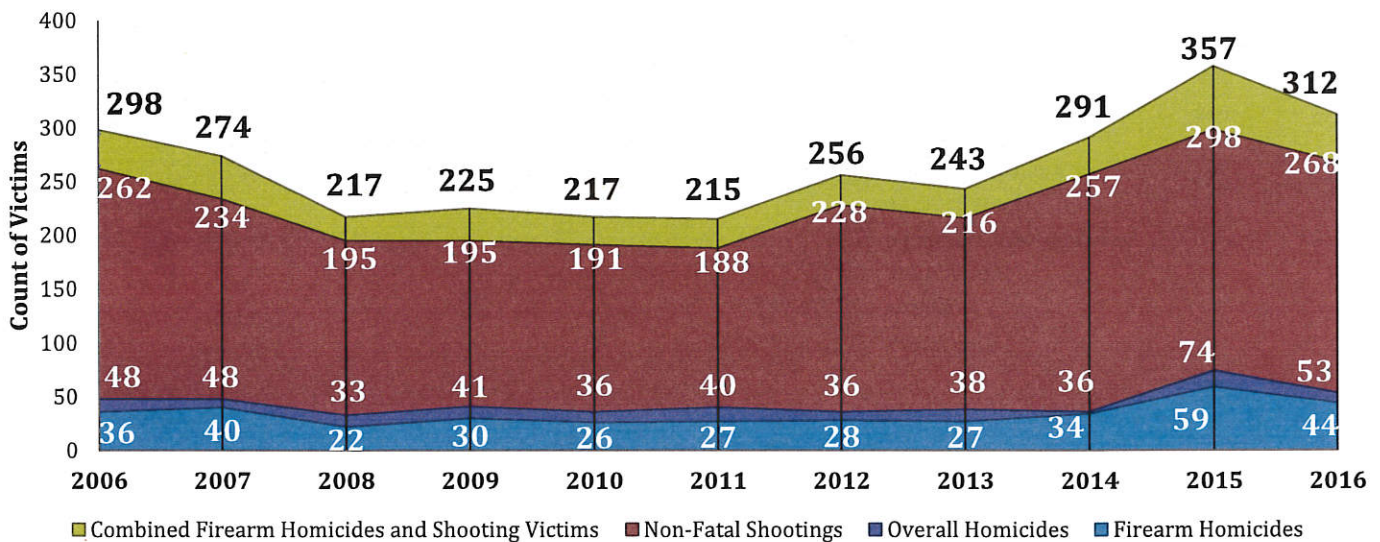CITY OF
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2016 Milwaukee Homicide Review Commission
Mid-Year Report

Combined Firearm Homicide and Shooting Victims by Year through 2nd Quarter (1/1 - 6/30)

Count of Victims

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Combined Firearm Homicides and Shooting Victims	298	274	217	225	217	215	256	243	291	357	312
Non-Fatal Shootings	262	234	195	195	191	188	228	216	257	298	268
Overall Homicides	48	48	33	41	36	40	36	38	36	74	53
Firearm Homicides	36	40	22	30	26	27	28	27	34	59	44

■ Combined Firearm Homicides and Shooting Victims ■ Non-Fatal Shootings ■ Overall Homicides ■ Firearm Homicides

Combined firearm homicides and non-fatal shooting victims data provides the best measure of firearm violence in a city. Comparing 2016 to last year's first six months, Milwaukee is down **13%** but up **7%** compared to 2014. Looking at this year compared to prior years, we are still ahead of previous years in terms of overall firearm violence in the city. Emerging trends include:

⇒ **Intimate partner homicides** are up from **4 to 8** (100%)*

⇒ **Intimate partner shootings** are up from **1 to 8** (700%)*

⇒ Increases of homicides caused by an **edge weapon and blunt instrument are up 13%** from the prior year

⇒ Homicides are down by **28%** this year compared to 2015, but up **47%** compared to 2014

⇒ Non-fatal shootings (NFS) are down by **10%** this year compared to 2015, but up **4%** compared to 2014

⇒ Map at right reflects 1/1/2016 - 6/30/2016 combined firearm homicide and shooting density

⇒ *Intimate partner violence (IPV) is not mutually exclusive with Domestic Violence related cases. Some IPV-related cases are also classified as DV-related. DV-related follow the statutory definition, which includes roommates in a non-intimate living situation.*
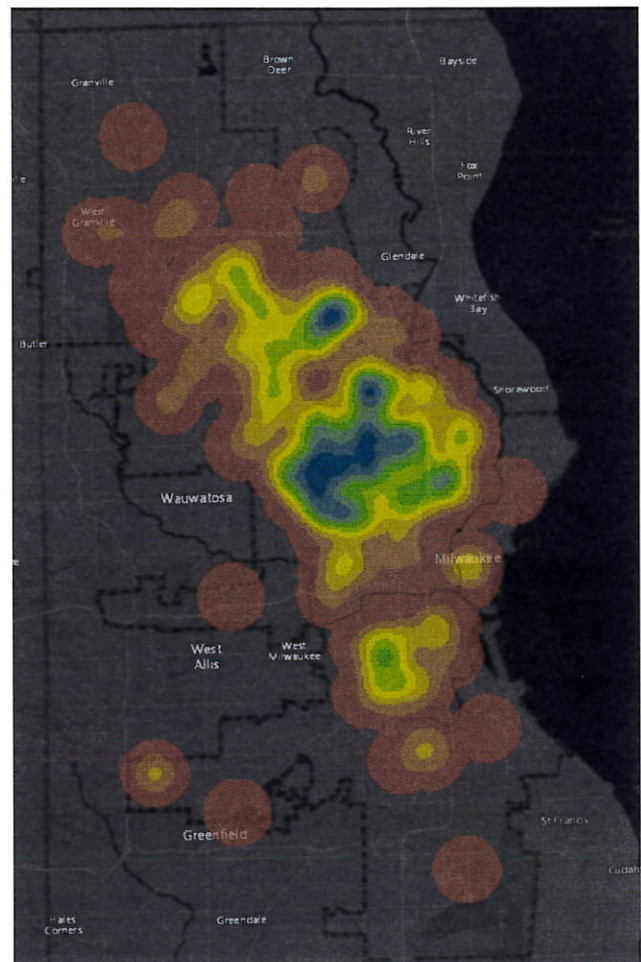
HOMICIDES (1/1 - 6/30)

Homicide by Primary Factor and Year 1/1 - 6/30

Bar chart legend: ■ 2014 ■ 2015 ■ 2016
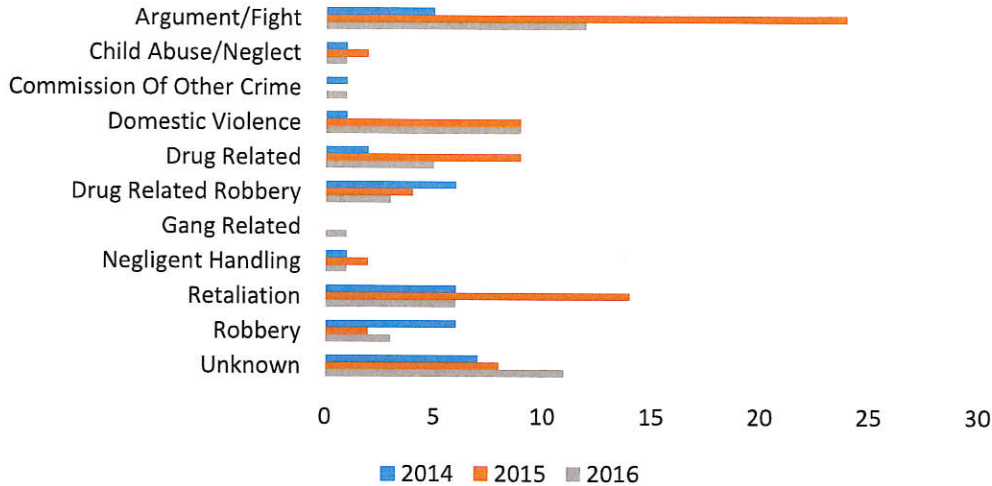
Primary Factor	2014	2015	2016	% Change 15 to 16	% Change 14 to 16
Argument/Fight	5	24	12	-50%	140%
Child Abuse/Neglect	1	2	1	-50%	0%
Commission Of Other Crime	1	0	1	NC	0%
Domestic Violence	1	9	9	0%	800%
Drug Related	2	9	5	-44%	150%
Drug Related Robbery	6	4	3	-25%	-50%
Gang Related	0	0	1	NC	NC
Negligent Handling	1	2	1	-50%	0%
Retaliation	6	14	6	-57%	0%
Robbery	6	2	3	50%	-50%
Unknown	7	8	11	38%	57%
Total Victims	**36**	**74**	**53**	**-28%**	**47%**

1/1/2016 - 6/30/2016 Homicide Victims
Median age: 31
Female: 23% (12)
Male: 77% (41)
Race/Ethnicity
Asian: 2 (4%)
Black: 70% (37)
White - Hispanic: 13% (7)
White - Non-Hispanic: 13% (7)
Criminal Histories
None : 32% (17)
Prior Criminal History : 68% (36)

1/1/2016 - 6/30/2016 Homicide Suspects
Median age: 30
Female: 17% (7)
Male: 83% (34)
Race/Ethnicity
Black: 80% (33)
White - Hispanic: 10% (4)
White - Non-Hispanic: 10% (4)
Criminal Histories
None : 10% (4)
Prior Criminal History : 90% (37)

Juvenile Homicide Involvement:
8% (4) homicide victims were juveniles, a decrease of 20% (5) from 2015
2% (1) of the homicide suspects were juveniles, a decrease of 75% (4) juvenile suspects from 2015

NON-FATAL SHOOTINGS (1/1 - 6/30)

Shooting by Primary Factor and Year 1/1 - 6/30
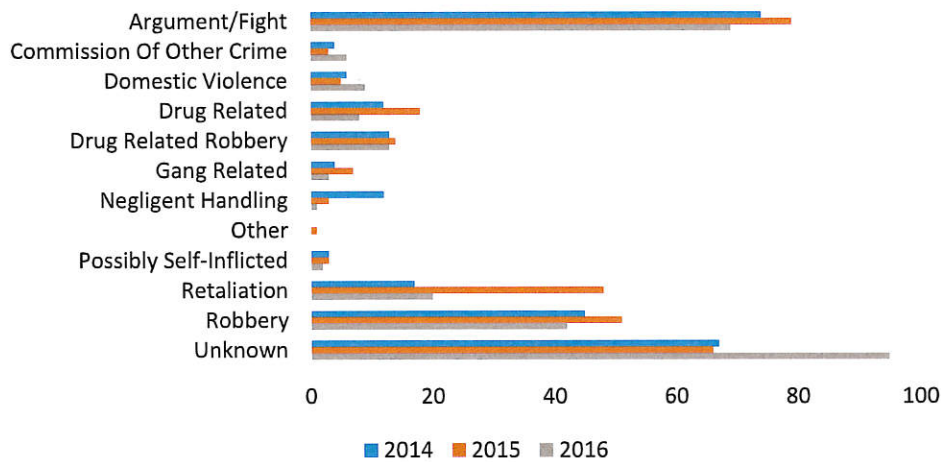
Primary Factor	2014	2015	2016	% Change 15 to 16	% Change 14 to 16
Argument/Fight	74	79	69	-13%	-7%
Commission Of Other Crime	4	3	6	100%	50%
Domestic Violence	6	5	9	80%	50%
Drug Related	12	18	8	-56%	-33%
Drug Related Robbery	13	14	13	-7%	0%
Gang Related	4	7	3	-57%	-25%
Negligent Handling	12	3	1	-67%	-92%
Other	0	1	0	-100%	NC
Possibly Self-Inflicted	3	3	2	-33%	-33%
Retaliation	17	48	20	-58%	18%
Robbery	45	51	42	-18%	-7%
Unknown	67	66	95	44%	42%
Total Victims	**257**	**298**	**268**	**-10%**	**4%**

1/1/2016 - 6/30/2016 Shooting Victims
Median age: 25
Female: 12% (33)
Male: 88% (235)
Race/Ethnicity
Am. Indian: 1 (0%)
Asian: 1 (0%)
Black: 86% (231)
White - Hispanic: 6% (17)
White - Non-Hispanic: 7% (18)
Criminal Histories
None: 27% (73)
Prior Criminal History: 73% (195)

1/1/2016 - 6/30/2016 Shooting Suspects
Median age: 26
Female: 13% (7)
Male: 87% (47)
Race/Ethnicity
Black: 89% (48)
White - Hispanic: 4% (2)
White - Non-Hispanic: 7% (4)
Criminal Histories
None: 6% (3)
Prior Criminal History : 94% (51)

**Juvenile Shooting Involvement:**
13% (35) of shooting victims were juveniles, an increase of 13% (31) from 2015
9% (5) of the shooting suspects were juveniles, an increase of 25% (4) from 2015

3

Intimate Partner Violence

In the first six months of 2016, there was a **100% increase (4 to 8)** in homicides involving intimate partner violence (IPV). During that same timeframe, a **700% increase (1 to 8)** occurred in IPV-related non-fatal shootings (NFS). Combining the IPV-related homicides with IPV-related NFS allows a larger sample size for analysis and yields these trends:

⇒ **100% (16)** IPV-related incidents had only one suspect
⇒ **100% (16)** incidents were precipitated by an argument
⇒ **100% (16)** incidents had prior history of IPV with either the couple or in past relationships
⇒ **88% (14)** incidents occurred in a residence

Day / Time	Count	% of Total
Sunday	**3**	**18.8%**
12:10:00 AM	1	6.3%
2:55:00 AM	1	6.3%
9:40:00 AM	1	6.3%
Monday	**4**	**25.0%**
4:00:00 AM	1	6.3%
1:50:00 PM	2	12.5%
6:30:00 PM	1	6.3%
Wednesday	**2**	**12.5%**
12:44:00 PM	1	6.3%
10:45:00 PM	1	6.3%
Thursday	**3**	**18.8%**
2:45:00 AM	1	6.3%
7:55:00 PM	1	6.3%
8:10:00 PM	1	6.3%
Saturday	**4**	**25.0%**
2:40:00 AM	1	6.3%
2:45:00 AM	1	6.3%
4:10:00 AM	1	6.3%
9:00:00 PM	1	6.3%
Grand Total	**16**	**100.0%**

1/1/16-6/30/16 Density of IPV Related Homicides and Shootings
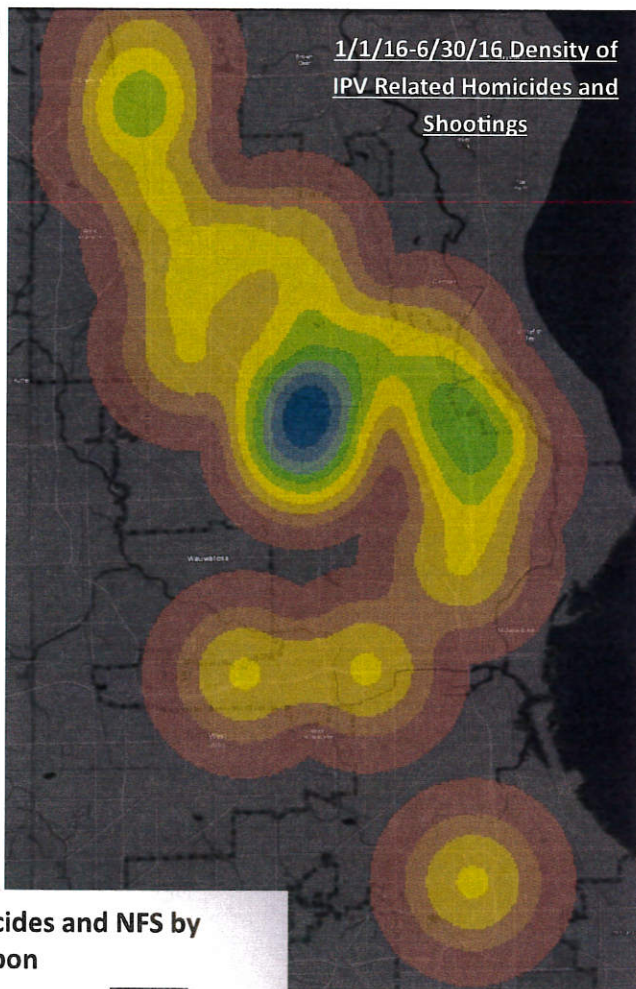
1/1/2016 - 6/30/2016
IPV Victims
Median age: 27.5
Female 75% (12)
Black Female 56% (9)
White Hispanic Female 6% (1)
White Non-Hispanic Female 13% (2)
Male 25% (4)
Black Male 25% (4)

1/1/2016 - 6/30/2016
IPV Suspects
Median age: 30.5
Female 25% (4)
Black Female 25% (4)
Male 75% (12)
Black Male 69% (11)
White Hispanic Male 6.25% (1)

IPV-Related Homicides and NFS by Weapon

Knife/Edge Weapon 3 (19%)
Blunt Inst 2 (12%)
Handgun 11 (69%)

4
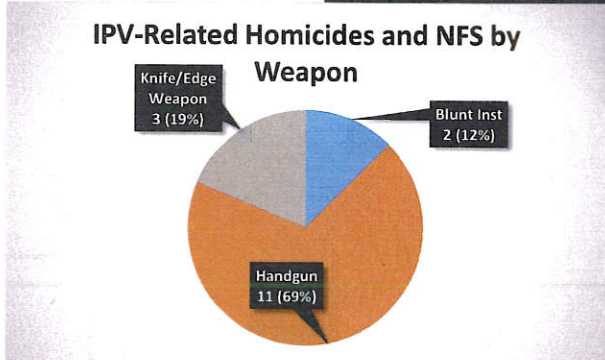
Moving Forward...

To address the upward trend of violence, a multi-level, multi-disciplinary and multi-agency approach will be needed.

The MHRC is comprised of law enforcement professionals, criminal justice professionals and community service providers who meet regularly to exchange information regarding the city's homicides and other violent crimes to identify methods of prevention from both public health and criminal justice perspectives.

The MHRC makes recommendations based on trends identified through the case review process. These recommendations range from micro-level strategies and tactics to macro-level policy change. Many of the recommendations made to date have been implemented. The Milwaukee Homicide Review Commission provides a unique forum for addressing violence in the city of Milwaukee.

Many of the recent MHRC recommendations in progress include:

⇒ **Finalize list of providers focusing on mediation type services that can stem argument/fight related violence**

⇒ **Reconvene with youth participants (15-24 years old) for the youth homicide reviews focusing on youth prevention**

⇒ **Support the work of the City Attorney's Office and Licensing focusing on a citywide license premise training for new and existing licensees**

⇒ **Review IPV-related fatalities with DV Review team to determine trends prevention strategies**

⇒ **Support implementation of city-wide public safety plan**

Compiled by: Michael Totoraitis
Milwaukee Homicide Review Commission
Released: 7/10/2016

OFFICE OF VIOLENCE PREVENTION LOGIC MODEL 2016

PRIORITIES

- Expand the OVP's focus to include youth development and engagement as a critical prevention strategy.
- Strengthen OVP's existing efforts to address domestic violence, sexual assault, and human trafficking—in the areas of service accessibility, quality and coordination.
- Support the coordination and provision of violence reduction strategies focused on results-driven Prevention, Intervention, Enforcement, and Re-Entry activities.
- Advocate for the provision of public services that advance public health and racial equity.
- Advocate for policies and resources to advance and sustain effective strategies.

INPUTS

Infrastructure
MHD OVP Staffing
1 FTE Director
1 FTE VP Manager
1 FTE VP Coordinator
1 FTE DV Coordinator

Beyond the Bell MKE via partnership with CYE
- 1 FTE Director of Partnerships and Engagement
- 1 FTE Director of Training and Technical Assistance
- 1 FTE Director of Evaluation and Assessment*
- 1 FTE Americorps Service Volunteer

Short and long-term funding

Strategy
- Cross-sector community and institutional engagement in the development and pursuit of comprehensive violence reduction efforts.
- Coordination among systems and institutions to improve quality and impact of services and supports

OUTPUTS

Engagement

- Cross Sector Engagement
  - Health
    - Physical Health
    - Mental Health
  - Education
    - Youth Dev.
    - K-12
    - College/Univ.
  - Human Services
    - State
    - County
  - Justice
    - US Attorney
    - District Attorney
    - Law
    - Enforcement
    - Courts
    - Probation/Parole
    - Corrections
  - Philanthropy
  - Transportation
  - Media
  - Parks and Recreation
  - Cultural
  - Faith
  - Workforce
  - Business
  - Community
    - Coalitions
    - Networks
    - Associations
  - Government
    - City of Milwaukee
    - Milwaukee County
    - State of Wisconsin
    - US DOJ, DOL, DOE, Health and Human Services

Activities

- Mapping of prevention programs, partnerships, and activities
- Analysis of current trends related to public safety
- Cross sector engagement
- Coming Together
- Partnership
- Develop process for action plan
- Commission on Domestic Viol. and Sexual Assault
- Trauma response initiative
- Ceasefire Sabbath
- Homicide Review
- Beyond the Bell
- Rapid Response
- Youth Offender outreach
- School-based violence prevention
- Safe Zones/CURE Violence

OUTCOMES / IMPACT

Short Term

- Increased awareness of a public health approach to violence prevention
- Comprehensive community violence prevention action plan rooted in public health model
- Cross sector engagement
- Hiring of 1 FTE YVP Manager and 1 FTE Coordinator
- Implementation of Safe Zones in at least two high value neighborhoods
- Improved coordination and delivery of quality services for Domestic Violence, Sexual Assault, and Human Trafficking survivors
- Development and launch of Action Planning process
- Central clearinghouse for data, practices, and policy related to violence prevention
- Shift in cultural norms and attitudes concerning violence
- Violence prevention analysis

Long Term

- Increase in amount of prioritized protective factors
- Decrease in prioritized risk factors

The following to be determined by comprehensive violence prevention plan

BELIEF

Violent behavior — like all behavior — responds to structures, incentives, and norms. A public health approach to reducing violence can effectively counter-act the normalization of violence and create incentives to encourage desired behavior and to discourage unwanted behavior.
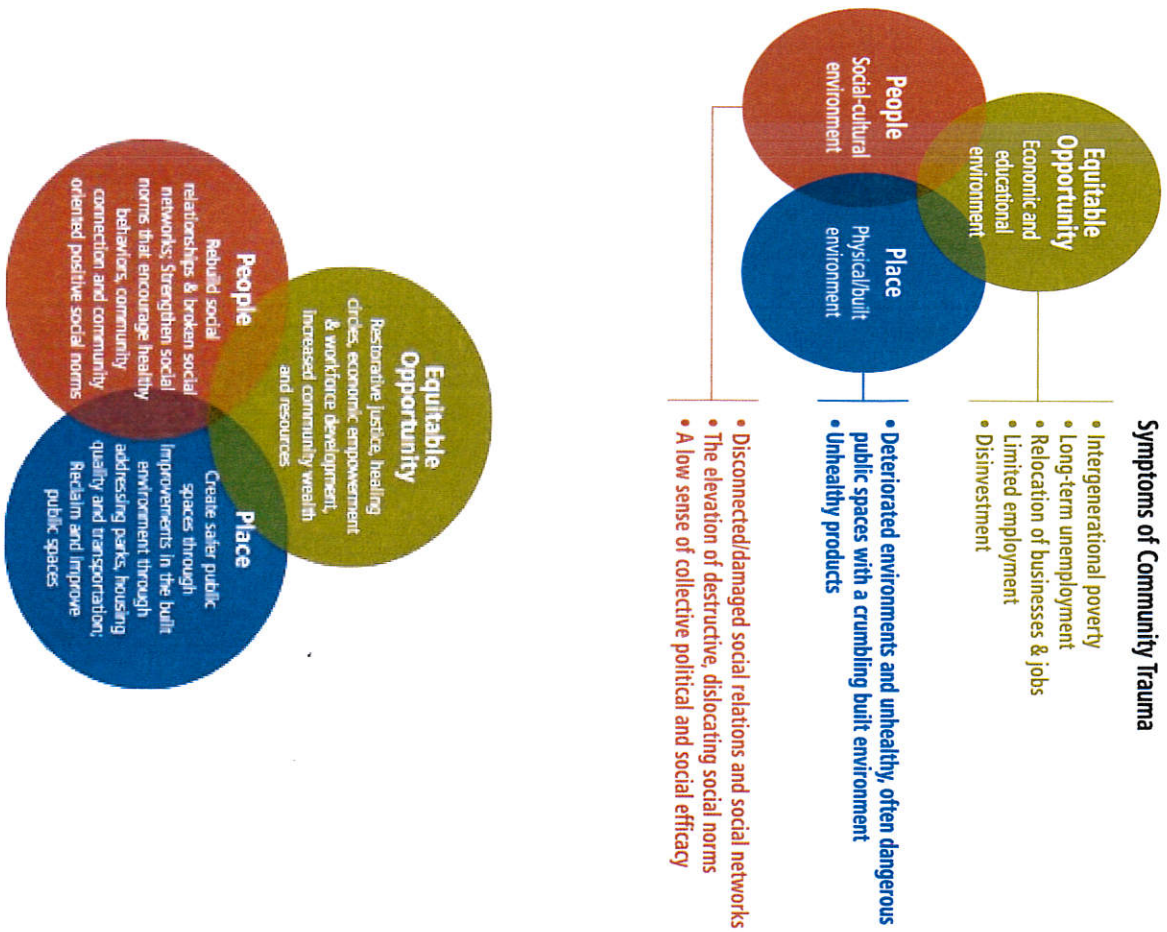
ENVIRONMENTAL FACTORS

Opportunity: Economic and Educational Environment
People: Social-cultural Environment
Place: Physical/Built Environment

Symptoms of Community Trauma

People — Social-cultural environment

Equitable Opportunity — Economic and educational environment

Place — Physical/built environment

- Intergenerational poverty
- Long-term unemployment
- Relocation of businesses & jobs
- Limited employment
- Disinvestment

- Deteriorated environments and unhealthy, often dangerous public spaces with a crumbling built environment
- Unhealthy products

- Disconnected/damaged social relations and social networks
- The elevation of destructive, dislocating social norms
- A low sense of collective political and social efficacy

People
Rebuild social relationships & broken social networks; Strengthen social norms that encourage healthy behaviors, community connection and community oriented positive social norms

Equitable Opportunity
Restorative justice, healing circles, economic empowerment & workforce development, Increased community wealth and resources

Place
Create safer public spaces through improvements in the built environment through addressing parks, housing quality and transportation; Reclaim and improve public spaces

Figure 3 Community Strategies to Address Community Trauma

Figure 5 Promoting Community Resilience: From Trauma to Well-being

INDIVIDUAL APPROACHES
- Trauma-informed care
- Mental health services

Reduced individual and community trauma

Reduced risk of violence, threat of violence

COMMUNITY STRATEGIES

People
- Rebuild relationships and networks
- Strengthen healthy social norms
- Promote community connection

Equitable Opportunity
- Restorative justice
- Healing circles
- Economic empowerment
- Workforce development
- Investment in resources

Place
- Create safer public spaces
- Improve the built environment
- Invest in parks, housing and transportation

RESILIENT COMMUNITY

People
- Strong social networks
- Trust
- Willingness to act for the common good
- Norms/culture that support health and safety

Equitable Opportunity
- Adequate living wages
- Local wealth
- Quality education

Place
- Safe parks and open spaces
- Arts and cultural expression
- Perceptions of safety
- Availability of healthy products
- Availability of quality housing

Increased well-being for individuals, families and communities

Public Health Contributions to Preventing Violence

got public health?

We know how to prevent violence before it occurs. There is a strong and growing evidence base, grounded in research and practitioner and community wisdom, that prevention works. Investments in preventing violence pay off, and reducing violence is an effective way to stimulate economic development in communities. The public health field complements criminal justice approaches and brings an important perspective to addressing the problem of violence that affects young people. This fact sheet summarizes important contributions made by the public health field.

A public health approach to preventing violence:

- **Researches and implements effective models.** The public health-based CeaseFire Chicago model has reduced shootings and killings by 41 to 73 percent, dropped retaliation murders by 100 percent, and promotes norms change in communities.(1) The Centers for Disease Control and Prevention (CDC) funded a study of Baltimore's Safe Streets program, which showed that the program not only reduced overall gun violence, but also reduced non-fatal shootings by up to 44 percent and homicides by up to 56 percent.(2) Research from the CDC demonstrates that schools can reduce violence by 15 percent in as little as six months through universal school-based violence prevention efforts.(3) Public health research has documented a 44-percent reduction in overall crime, including an 18-percent reduction in violent crimes, in neighborhoods that created Business Improvement Districts.(4)

- **Reduces juvenile crime and homicides.** Minneapolis documented a 40-percent drop in juvenile crime in its most violent neighborhoods in just two years after implementing its four-point, public health-based approach.(5) Homicides of youth decreased by 77 percent between 2006 and 2009 and the decline in juvenile crime was accompanied by a decline in arrest rates.(6) The number of youth suspects has dropped by 60 percent from 2006 to 2010, and the number of youth arrested for violent crime for 2011 is down by one-third of what it was four years ago.(7)

- **Promotes return on investment.** The Nurse Family Partnership trains public health nurses to make regular home visits to low-income, first-time mothers. Children who did not participate were up to twice as likely to be arrested by age 15, compared to children involved in the program, and a RAND study demonstrated that the program saves at least $4 for every $1 spent.(8,9) The Triple P Parenting program has demonstrated a $47 benefit to society for every $1 invested in the program.(10)

URBAN NETWORKS TO
INCREASE THRIVING YOUTH
UNITY
through Violence Prevention

- **Ensures that prevention is part of the solution.** A UNITY assessment of one-third of the largest U.S. cities found that prevention was the most overlooked strategy for cities addressing violence.(11) A five-year evaluation in 2010 demonstrated that UNITY shapes the approach that cities are taking to violence and increases their focus on prevention.(12)

- **Provides data to inform action.** The CDC's surveillance systems provide invaluable information to help law enforcement, policymakers and practitioners direct funding and other assets where resources will have the greatest impact.

- **Engages community in transformational solutions.** The Boston Public Health Commission employs neighborhood residents to organize, lead and implement community-based solutions that prevent violence.(13) In the Sobrante Park neighborhood of Oakland, California, the public health department helped design initiatives to strengthen community, such as bartering among neighbors and youth economic development programs.(14) Evaluation data from 2007 shows that violent crime in Sobrante Park has dropped by more than 40 percent since the initiative began in 2004, even as overall rates of violent crime in Oakland increased. Communities That Care has demonstrated reductions in rates of violence and its risk factors through a public health approach emphasizing a coalition-based system.(15)

- **Identifies what contributes to violence in the first place.** Public health research and analyses clarify the factors that increase the risk of violence and those that are protective against it. This research uncovers information that enables communities to put effective, money- and life-saving strategies in place.

- **Reduces the frequency and severity of other health issues.** Public health approaches to youth violence help us understand the connections between violence and the development of chronic disease. Early exposure to trauma is a risk factor for chronic disease later in life, and violence and fear of violence in the community are barriers to healthy eating and active living.(16, 17) UNITY has informed efforts to address violence as it relates to chronic illness, which make up the most costly and fastest growing portion of health care costs for individuals, business and government. A community coalition in Detroit, for example, is planning a transportation system for residents that simultaneously promotes safety and community reinvestment, increases access to safe places to play and healthy food, and creates job training and employment opportunities.

What Does This All Mean?

Violence is a terrible burden on young people, families, neighborhoods and taxpayers, and cities need help achieving sustainable results. Public health tools, methodology and expertise support communities in preventing violence before it occurs. These contributions underscore the added value that the public health field brings to balanced approaches that address violence.

TO LEARN MORE

- Visit the UNITY homepage: www.preventioninstitute.org/unity. Access strategies, tools and resources at the Prevention Institute website's Preventing Violence & Reducing Injury focus area: www.preventioninstitute.org/focus-area/preventing-violence-and-reducing-injury

- Read other publications in the Making the Case publication series: www.preventioninstitute.org/unity-making-the-case

- Visit the Centers for Disease Control and Prevention website on Violence Prevention: www.cdc.gov/ViolencePrevention

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FACT SHEET
Violence and Mental Health

Experiencing, exposure to and fear of violence have known emotional and mental health consequences. These consequences are often lifelong, require extensive treatment, and can, in turn, affect physical health as well as bring stress and consequences to others.

- **Youth with past exposure to interpersonal violence (as a victim or witness) have significantly higher risk for Post-Traumatic Stress Disorder (PTSD), major depressive episodes, and substance abuse/dependence (1)**

- **Women who experience Intimate Partner Violence are 3 times more likely to display symptoms of depression, 4 times more like to have PTSD, and 6 times more likely to have suicidal ideation (2)**

- **77% of children exposed to a school shooting and 35% of urban youth exposed to community violence develop PTSD as compared to 20% of soldiers deployed to combat areas in the last 6 years (3)**

- **Teenagers who witness a stabbing are 3 times more likely to report suicide attempts; those who witness a shooting are twice as likely to report alcohol abuse (4)**

It is generally accepted that there are emotional implications for those who are directly victimized by violence. Those who witness violence, as well as those who fear violence in their community, suffer emotional and mental health consequences too.

Current research has identified the following mental health conditions as significantly more common among those exposed to violence either directly (e.g., as a victim or perpetrator) or indirectly (e.g., as a witness):

- Multiple mental health conditions (5-9)

- Depression and risk for suicide (1,4,7,10-12)

- Post-Traumatic Stress Disorder (PTSD) (1,10,12)

- Aggressive and/or violent behavior disorders (7,10,12,13)

So what does all this mean?

There are a number of implications from our growing understanding of the relationship between violence and mental health. Firstly, most of those who experience or witness violence require mental health interventions and supports that extend beyond the short term and recognize the longer term consequences of their experience. Secondly, when communities experience significant violence, and the fear generated by that violence, there is a need to both recognize the consequences that creates for all community members and identify strategies for addressing those consequences. Lastly, and maybe most importantly, recognizing the emotional and physical toll violence imposes on the entire community (especially children and youth) requires that preventing violence before it occurs be a basic component and priority for all communities. There is a strong and growing science base that confirms that violence is preventable. Further, there are a number of effective strategies that not only prevent violence but also foster good mental health. These include: fostering social connections in neighborhoods; promoting adequate employment opportunities; ensuring positive emotional and social development; providing quality family support services; and making sure young people have connections with non-judgmental, caring adults/mentoring.

TO LEARN MORE

- Visit the UNITY homepage   www.preventioninstitute.org/unity.html

- Access strategies, tools and resources in Prevention Institute's Preventing Violence & Reducing Injury focus area   www.preventioninstitute.org/focus-areas/preventing-violence-and-reducing-injury.html

- Read the UNITY Policy Platform. Developed partnership with UNITY cities, the UNITY Policy Platform describes the kinds of strategies that need to be in place to prevent violence www.preventioninstitute.org/component/jlibrary/article/id-290/127.html

UNITY builds support for effective, sustainable efforts to prevent violence before it occurs so that urban youth can thrive in safe environments with supportive relationships and opportunities for success.

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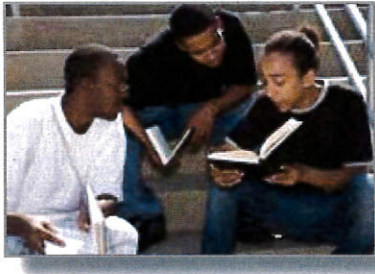unity@preventioninstitute.org
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FACT SHEET
Violence and Learning

Violence and/or the fear of violence have serious implications in terms of school performance, attendance, and graduation. (1) The presence of violence impacts communities, individuals, and community institutions (particularly schools) in ways that interfere with learning and success in academics.

- One in four middle and high school students from around the country report being a victim of violence at or around school (2)

- Fear of danger at school and in the community have measurable effects on school attendance, behavior, and grades (3,4)

- Children in early elementary school with a history of exposure to violence and/or are victims of violence score significantly lower on IQ and reading ability (on average, over 7 points lower on IQ and almost 10 points lower in reading achievement) (5)

- Urban elementary and middle school children who report witnessing violence in the community display lower levels of academic achievement that persists over time (6,7)

At the community level, violence:

- Disrupts the social networks essential for a supportive environment for quality schools (8)

- Discourages investment in community institutions such as schools (8)

At the individual level, violence:

- Affects the emotional health of parents, influencing their ability to attend to school issues (9)

- Creates stress and anxiety among children, affecting their ability to concentrate and focus on learning (in some cases related to Post Traumatic Stress Disorder, (PTSD) (2,3,10-14)

- Leads to decreased attendance related to fears of violence either when walking to school or at school (12)

At the institutional (school), violence:

- Creates an environment of restrictiveness and fear that interferes with the learning process and encouragement of exploration and creativity

- Takes up resources to assure student and building security and address discipline issues, resources that could otherwise be invested in academic agendas

- Instills fear into volunteers, administrative and teaching staff, affecting their ability to focus on educating and supporting students

- Creates an environment of fear that affects the ability to recruit and maintain a quality teaching and administrative staff in the system

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So what does all this mean?

Given the extensive focus in this country on improving the performance of schools and academic achievement of students, it seems clear that reducing or eliminating violence in the lives of children must be part of the solution. As we know that hungry and malnourished children do not learn well, such is also the case with children who fear, experience or witness violence in their homes, the community and/or their schools. While schools alone cannot fix all of this, there are things that schools can do ranging from addressing the school climate, teaching and promoting healthy social and interpersonal skills, addressing bullying and conflict resolution, and developing relationships with other

> "No school can be a great school
> unless it is a safe school."
>
> — Secretary Duncan, April 4, 2011 to
> National Forum for Youth Violence Prevention

community resources for family outreach/support, extracurricular activities, and mental health services. Schools, teachers and staff, and students and their families live with the serious consequences of violence and, in turn, can be an important part of the solution.

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