HEALTH IMPACTS

heart disease

depression

alcoholism

kidney failure

stress

smoking   drugs

suicide

pulmonary disease

VIOLENCE

sonoma county
DEPARTMENT OF HEALTH SERVICES

Preventing violence

before it begins.

A Message from our Director

As leaders in health releasing this report on violence, we are keenly aware that violence means different things to different people and that just the use of the word can trigger a range of images and emotions. Violence in a word is many things; it can be a taboo, a secret, a fear, a trigger, a place, an event, an image, a history. Whether it is any or all these things to you, what is common to all is that violence takes a heavy toll on health. As a health department, the shadow of violence impacts our work every day. We see the hurt and trauma in the individuals we serve, we see the agonizing cyclical pattern of violence that plays out in families, and we see communities that suffer from senseless and seemingly random acts of violence. The perpetrators, victims and witnesses come from all age ranges, income levels, and backgrounds; violence spares no one.

With this report, we took the opportunity to explore the deeper relationship between health and violence, especially how exposure to violence as a child can impact one's later health. Our approach to treating and preventing violence in Sonoma County is informed by our better understanding and accounting of violence in all its forms. We believe that strong, caring and aware communities can put an end to the epidemic of violence. If the recent tragic wildfires have taught us anything it's that Sonoma County has the heart and courage necessary to stand strong together and make change happen.

We look forward to continuing this important dialogue with new partners and the many partners already working to address violence throughout Sonoma County.

Sincerely,

Barbie Robinson, MPP, JD, CHC
Director, Department of Health Services Sonoma County

Contents

Changing the conversation.
Not only is violence a criminal justice issue—
At its core, it is a health issue.

Executive Summary

As defined by the World Health Organization, violence is "The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation."[1]

Violence is a public health issue. Like other contagious diseases, certain environments and living conditions foster or limit the spread of violence. Understanding the role that political, social, and physical environments play in violence is critical to informing prevention efforts. For example, studies show that communities with more parks and green space report less violent crime.[2]

Supporting Sonoma County's strategic plan goal to have "Safe, Healthy, and Caring Communities" and in alignment with other prominent public health organizations, the Department of Health Services (DHS) has been examining the relationship between health and violence. Together, we can determine how best to lead local efforts to prevent violence and improve health outcomes. Fortunately, there is vast expertise and experience in the field of public health to jumpstart our efforts locally.

Foundational to developing a violence prevention strategy, the Violence Profile broadens our understanding of how violence affects our communities' health and expands the conversation beyond the criminal justice aspect of violence. It discusses what violence is, how individuals and communities are impacted, and how we can build upon our local capacity to promote change.

Key Messages:

Violence Impacts Health

Violence influences health in many ways, from physical health to social-emotional well-being. Exposure to violence also leads to higher rates of chronic disease, mental health issues, and addiction. When responding to violence, there is an obvious need to focus on the immediate impacts. However, the long-term health effects are many, and attention to these consequences is essential to understanding and supporting the public's health.

When violence is present on a regular basis or is severe—particularly in regard to children—the resulting level of stress, known as "toxic stress," is harmful to health. As toxic stress persists, the consequences to health can be significant and can occur throughout a lifetime. The impact can extend beyond the individual experience, influencing the health of families and entire communities.

Violence is More than Physical

Some forms of violence are less visible. At its core, violence is about power and control, and can include a combination of emotional abuse, financial abuse, intimidation, and isolation, in addition to physical abuse. All violence can leave victims traumatized. Violence takes place everywhere, in the home, neighborhoods and communities and can happen to people of any age, race, or income.

Violence is Preventable

People are not born violent; it is a behavior that is learned, especially at a young age. When violence occurs regularly in one's home or community, it becomes "normal," making the behavior more likely to repeat. All forms of violence are interconnected and share many of the same underlying causes. Addressing these root causes can break the cycle of violence.

Violence is stressful.
Prolonged stress = a measurable effect on health.

Violence is like a disease;
it spreads to its surroundings.
It can be stopped.

Connecting Violence to Health

From infants to the elderly, violence affects people of all ages. Violence is everywhere and entails a broad range of behaviors. It goes well beyond typical images of violence—fighting, weapons, and people being physically hurt. A complete profile of violence includes issues like suicide and emotional abuse.

There are real and significant monetary costs to violence as well. Here in Sonoma County, each year there is an estimated **$92 million dollars** in economic value lost due to violent crime.[3] Reducing violence becomes an opportunity to realize savings, which could fund a variety of other programs benefiting our community.

Getting to the root of any complex societal problem requires a deep, comprehensive, and multi-sector approach.[4] When addressing violence, key partners include public health, education, justice, public safety, and social service systems. Solutions require broad support; active engagement of residents, community leaders, businesses, and faith-based organizations are an absolute necessity.[5] In Sonoma County, we have strong and committed community partners. Together, these public health leaders can serve as catalysts, conveners, and initiators of change.

This Violence Profile discusses what violence is and the impact on individuals and communities. We look at local conditions and contributing factors, Sonoma County-specific data, and how we have the capacity to address violence locally.

Three Guiding Principles to understanding violence as a public health issue:

1. It impacts health
2. It is more than physical
3. It is preventable

1

Violence is a health issue—one that affects not only perpetrators and victims, but also those who witness the sounds, sights, and aftermath. Violence permeates lives in many ways. From personal experiences to what is seen in media, exposure is significant in our modern world.

The impacts on health are great. Aside from the obvious, more immediate, physical and psychological effects of violence, there are long-term health impacts. Because of this delayed impact, people often fail to connect their health issues to exposure to violence. Fortunately, this relationship is being discussed in research, and there is strong evidence to show that exposure to violence increases risk for unhealthy behaviors, such as smoking, eating-disorders, substance abuse, and decreased physical activity at any point in life. *Toxic stress*, stress that is pervasive and chronic, can be associated with experiencing trauma and can impair the cardiovascular, gastrointestinal, endocrine, and immune systems.[6]

WHAT ARE OUR SOURCES?

Data Collection *To provide a better understanding of violence in Sonoma County, the Department of Health Services engaged in both primary and secondary data collection in order to 1) define types of violence; 2) provide a brief overview of how the types of violence are realized locally; and 3) discuss the impacts of violence on the health and wellbeing of Sonoma County residents. These efforts identified eight types of violence: violent crime, domestic violence, child maltreatment, youth and school-based violence, sexual violence and human trafficking, suicide, elder abuse, and gang violence. Also discussed was the cost of violence, both social and economic. Staff met with more than 100 Sonoma County experts in 2014 and compiled local information and statistics to complete the Violence Profile for Sonoma County.*

"Hurt people, hurt people."

What Happens in Childhood Has Lasting Effects on Health

Evidence shows that exposure to violence in early childhood and adolescence, including witnessing violence in the home or community, has both short- and long-term consequences on health and social functions, including altered brain development, and immune and hormonal systems.[7] Children exposed to violence have an increased likelihood of experiencing chronic conditions as adults, including heart disease, hypertension, and diabetes, which can lead to premature death and lost productivity.[8,9,10]

The pioneering study, Adverse Childhood Experiences (ACEs), is the most comprehensive evidence that childhood exposure to significant adversity results in poor health outcomes. The study is a collaboration between the Centers for Disease Control and Prevention and Kaiser Permanente's Clinic in San Diego. One of the largest investigations ever conducted on this issue, the original research involved more than 17,000 Kaiser Permanente members who provided detailed information about their childhood experience of abuse, neglect, and/or family dysfunction along with participating in a comprehensive physical exam. The findings revealed that childhood abuse, neglect, and exposure to other traumatic stressors, are common.[11] Almost two-thirds of study participants—who were predominantly educated, middle class, and Caucasian—reported at least one ACE. More than one in five reported three or more ACEs. The ACEs Score, which is a total count of the number of ACEs reported by respondents, is used to quantify the amount of stress endured during childhood (i.e., toxic stress dose). As the ACEs score increases, so do illness, chronic disease and poor quality of life. In fact, research suggests that people with six or more ACEs die an average of 20 years earlier than people with no ACEs.[12]

People aren't born violent.

ACEs (Adverse Childhood Experiences) Impact Health

The three types of ACEs include:
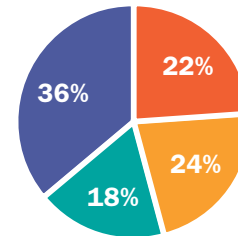
Abuse   Neglect   Household Dysfunction

Including physical, emotional, and sexual abuse; physical and emotional neglect; mental illness; incarcerated relative; mother treated violently; substance abuse; and divorce.

How common are ACEs?

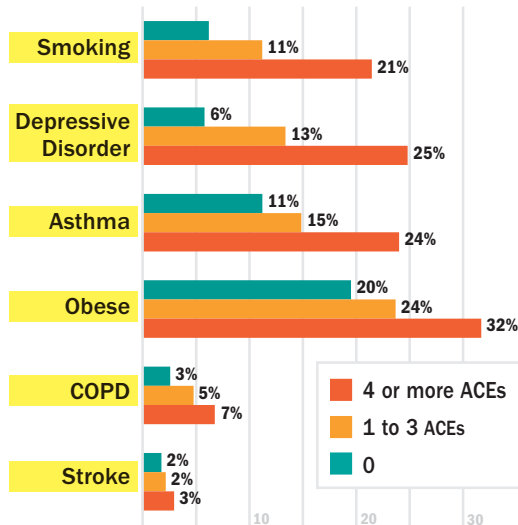Prevalence of ACEs reported among Sonoma County residents

- 4 or more
- 2 or 3
- 1
- 0

22%
24%
18%
36%

How do ACEs affect our lives?

Negative impact on health

Prevalence of Health Behaviors, Conditions, & Disease by ACEs Score

Smoking — 11% / 21%
Depressive Disorder — 6% / 13% / 25%
Asthma — 11% / 15% / 24%
Obese — 20% / 24% / 32%
COPD — 3% / 5% / 7%
Stroke — 2% / 2% / 3%

Legend:
- 4 or more ACEs
- 1 to 3 ACEs
- 0

10 20 30

Source: National Behavioral Risk Factor Surveillance System (2011 and 2013)

Shorter life expectancy

People with six or more ACEs died nearly 20 years earlier on average than those without ACEs.

60 years
80 years
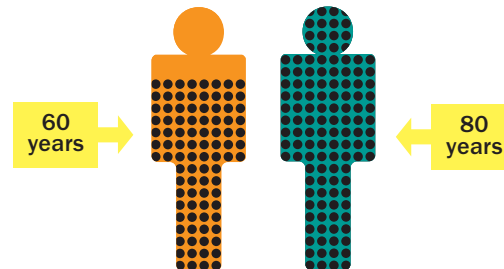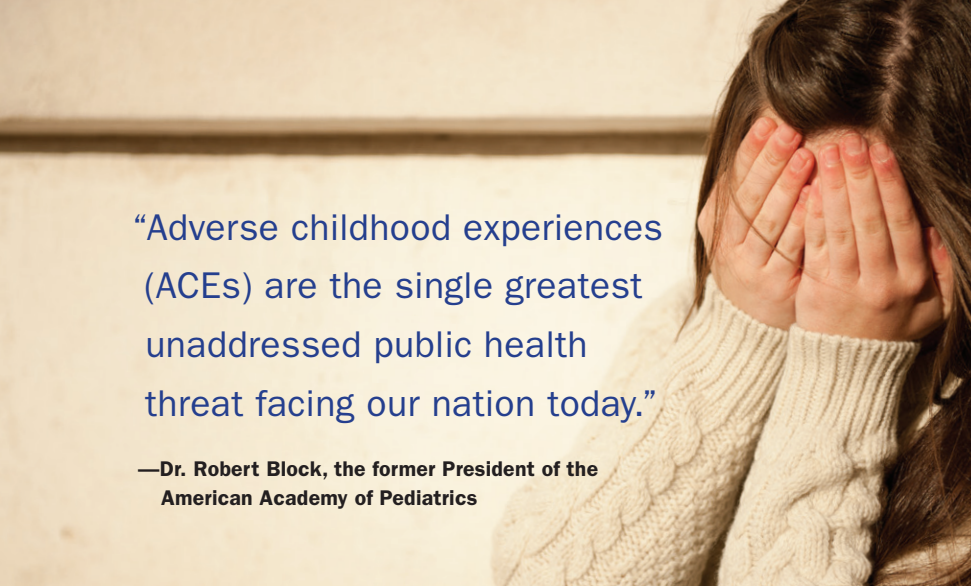
Other health conditions & behaviors

The following health conditions and behaviors show up more often for people with ACEs:

- Chronic obstructive pulmonary disease (COPD)
- Depression
- Fetal death
- Health-related quality of life
- Illicit drug use
- Ischemic heart disease (IHD)
- Liver disease
- Risk for intimate partner violence
- Multiple sexual partners
- Sexually transmitted diseases (STDs)
- Smoking
- Suicide attempts
- Unintended pregnancies
- Early initiation of smoking
- Early initiation of sexual activity
- Adolescent pregnancy

What can be done about ACEs?

Our community can invest in **home visiting programs, parenting education and training, substance abuse treatment and prevention, policies that support** families, safe living environments, **high quality child care, violence prevention programs**, etc.

"Adverse childhood experiences (ACEs) are the single greatest unaddressed public health threat facing our nation today."

—Dr. Robert Block, the former President of the American Academy of Pediatrics

EFFECTS OF VIOLENCE
- Feelings of hopelessness
- Overwhelming anxiety
- Insomnia

2 Violence is Complex and has Many Faces

Violence Defined
*The intentional use of physical force **or power**, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation.[13]*
—World Health Organization (WHO)

Links Between Multiple Forms of Violence
Violence takes on many forms - domestic violence, sexual violence, child maltreatment, youth violence, gang violence, suicidal behavior, and elder abuse. These forms of violence are interconnected and often share the same underlying causes. They can also all take place in a single household, community or neighborhood, and can happen at any stage of life.[14] Within these forms of violence, there are many types. Types range from the physical to the emotional and include abuses of power such as financial abuse, intimidation, humiliation and isolation, all of which can have lasting and damaging effects.[15] Understanding the overlapping causes of violence and the factors that protect people and communities is essential to addressing violence in all its forms.[16]

Historically, federal and state funding to address violence has been allocated based on a type of violence (e.g., child abuse, domestic violence, youth violence, etc.) and this has, unintentionally, contributed to a divided service delivery system. New knowledge about how violence and health intersect will create opportunities to better coordinate prevention strategies and move the county toward a comprehensive approach to addressing multiple forms of violence.[17]

3 Prevention is Key

Given the root causes of violence, and because violence is a learned behavior, it is preventable.[18] Violence is a behavior that can be passed down through generations, neighborhoods, and communities.[19] And, just like a contagious disease, violence thrives and sometimes spreads very quickly in certain environmental and social conditions.[20]

Some of the worst social problems arise from what happens during childhood. Violence begets violence. Those who are exposed to violence at a formative age are more likely to be victims as they grow up, more apt to engage in risk-taking behaviors, and to have suicidal thoughts and actions.[21,22] However, neither one's exposure to violence, nor their ACEs score, should seal their fate as being destined to repeat the violence and/or have poor health outcomes. The community and environment in which people live, play a strong role in shaping and preventing violence—from accessible afterschool programs to parks—all of which are factors in creating a safe place to live.

Prevention. How a community builds resilience

Employment opportunities

Access to a caring adult

School connectedness

Home visiting programs

Safe recreational areas

High quality childcare

Policies that support families

Safe living environments

Mentoring programs

Income support for lower income families

"What is predictable is preventable." —Dr. Robert Anda

Prevention That Works: Build on Protective Factors, and Minimize Risk

Definition

Protective & Risk Factors: *Any attribute, characteristic or condition that provides a buffer against (protective) or increases the likelihood of (risk) developing a disease or injury.*[23]

While it is true that violence can impact anyone at any time, data show that some communities and populations are impacted more than others. There are a number of factors that are known to put people more at risk, i.e. "risk factors" and many that are protective, known as "protective factors" or "resilience factors." For an individual, these amount to characteristics (from genealogy to self-perception), experiences, and conditions in one's environment that provide some protection or resistance to the negative effects of violence and help to foster resilience.[24] Preliminary research into protective factors associated with youth violence, for example, suggests that connectedness to family and/or caring adults outside the family and involvement in pro-social activities are factors that decrease the likelihood that young people will experience violence.[25] As the field of public health continues to shift towards the use of strength-based approaches (approaches that focus on resilience and assets rather than problems and deficits), additional research is emerging that identifies protective factors that contribute to reducing and preventing violence. Realizing these connections is the path to prevention and recovery.[26]
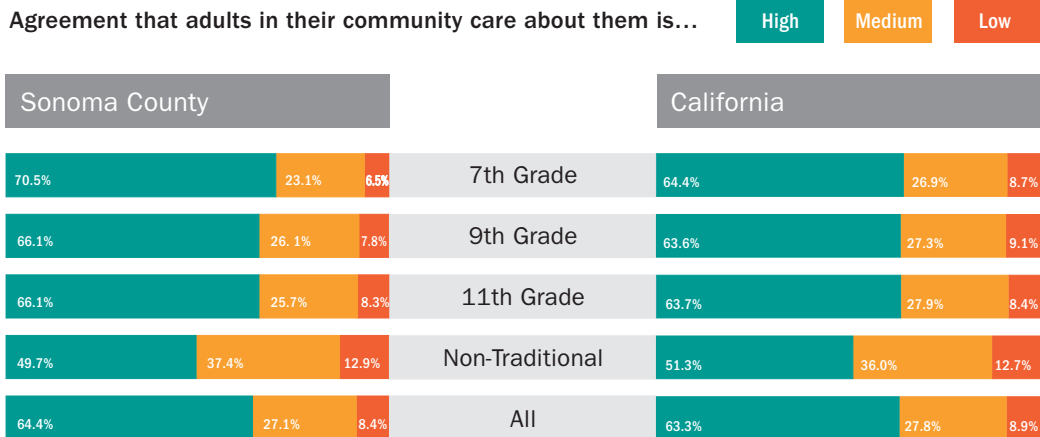
Caring Adults in the Community

Like home and school environments, communities can play a critical role in promoting the healthy development of children and youth. Research has shown that a caring relationship with an adult is linked to positive youth behavior, success in school, and avoidance of high-risk behavior such as substance use.

Youth who have adults in the community who care about them can increase their chances to flourish in school, work, and life. Research indicates that children with at least one caring adult in their lives (e.g., a relative, family friend, neighbor, after-school program worker, coach, etc.) are more likely to handle challenges well, show interest in learning, volunteer in the community, and get regular exercise; and they are less likely to feel sad/depressed and bully others.[27,28,29]

CARING ADULTS IN THE COMMUNITY (Student Reported), by Grade Level

Agreement that adults in their community care about them is…   **High**   **Medium**   **Low**

	Sonoma County			Grade	California		
	High	Medium	Low		High	Medium	Low
7th Grade	70.5%	23.1%	6.5%		64.4%	26.9%	8.7%
9th Grade	66.1%	26.1%	7.8%		63.6%	27.3%	9.1%
11th Grade	66.1%	25.7%	8.3%		63.7%	27.9%	8.4%
Non-Traditional	49.7%	37.4%	12.9%		51.3%	36.0%	12.7%
All	64.4%	27.1%	8.4%		63.3%	27.8%	8.9%

Data Source: 2011-13 California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd).

According to the *California Healthy Kids Survey*, nearly 64.4% of Sonoma County students (7th, 9th, 11th and students in non-traditional schools) reported having a high level of agreement when asked if adults in the community care about them, similar to California students (63.3%). Students at non-traditional schools (49.7%) in Sonoma County are less likely to report that adults in their community care about them than 7th, 9th, and 11th graders.

Definition: Percentage of public school students in grades 7, 9, 11, and non-traditional students reporting each level of agreement (high, medium, and low) that adults in their neighborhood or community care about them (e.g., in 2011-13, 63.3% of students in grades 7, 9, 11, and non-traditional classes in California public schools expressed a high level of agreement that adults in their neighborhood or community care about them).

Research shows it takes just one adult with positive expectations for a child to make the difference.

LANGUAGE MATTERS:

Asking a child that is acting out—
What happened to you?
instead of *"What's wrong with you?"*
or even better, *"How can I support you?"*
Empathy de-escalates and changes patterns.

In the case of violence, risk factors increase the likelihood that someone will experience violence, as either a victim or perpetrator.[30] While some risk factors are associated more strongly with one particular type of violence, a number of other risk factors are common to multiple types of violence, including: dominant cultural norms, poverty, social isolation, alcohol abuse, substance abuse and access to firearms. It is common for individuals at risk of violence to experience more than one type of violence. For example, women at risk of physical violence by intimate partners are also at risk of sexual violence.[31] Research has also found links between specific types of violence. For example, exposure to violence in the home as a child is associated with being a victim or perpetrator of violence in adolescence and adulthood.[32] These associations suggest that addressing risk at every level (i.e., individual, relationship, community, and society) may have the desired effect of decreasing more than one type of violence, as well as decreasing additional contributors to poor health outcomes.[33]

Prevention
saves dollars, saves lives

Here in Sonoma County,
an estimated
$92 million dollars
in economic value is lost
each year due to the
effects of violent crime.

What else could we do with
$92 million dollars?

The Cost of Violence

Violence is costly, not just in terms of lives, but also in dollars. The economic costs associated with violence show up throughout our society in many ways. Examples include criminal justice expenses, medical costs, lost productivity, and disinvestment in neighborhoods and communities. The monetary cost due to violent deaths alone was $77.2 billion in 2013 in the United States. This includes medical treatment and lost future wages.[34, 35]

Putting a price on the impact of violence, while not a complete picture, does help to depict the value of prevention. Both actual and opportunity costs, economic and social, indicate an enormous burden on public health. Through the life span, the economic costs vary, whether violence is experienced in the form of child abuse or in the form of elder abuse. Investing in prevention has significant social and economic benefit; funding prevention is less costly than the economic drain of actual violent events.[36]

Cost of Violence in Sonoma County

More than an estimated $92 million dollars in economic value is lost due to violent crime in Sonoma County each year.[37] This cost estimate includes both direct costs and less tangible costs, such as pain and suffering, but does not account for the economic impact violence had on the family and friends of the victim and perpetrator, as well as the community-at-large. Furthermore, this estimate excludes the long-term chronic conditions that may occur as a result of exposure to violence, as explored in the ACEs study.[38]

According to The Centers for Disease Control and Prevention (CDC), violence disproportionately impacts young people, people of color, people with mental and physical health issues, and low-income communities.

Cost of Violence in Sonoma County

What are the different types of costs?

Tangible Costs

Victim Costs → Direct economic losses suffered by crime victims, including medical care costs, lost earnings, and property loss/damage.

Criminal Justice System Costs → Local, state, and federal government funds spent on police protection, legal and adjudication services, and corrections programs, including incarceration.

Crime Career Costs → Opportunity costs associated with a criminal's choice to engage in illegal rather than legal and productive activities.
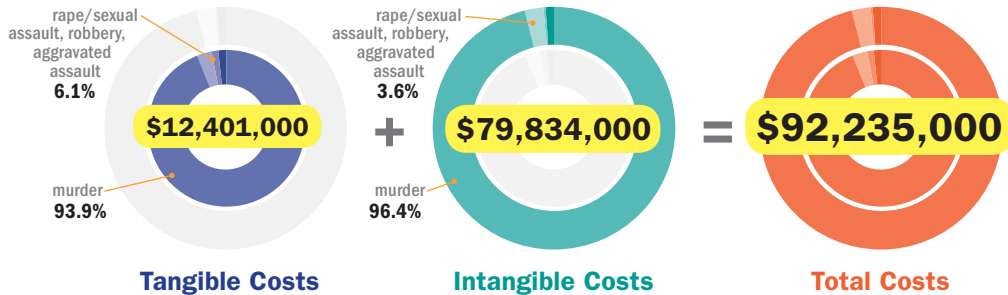
Intangible Costs

Indirect losses suffered by crime victims/immediate family → Indirect losses suffered by crime victims, including pain and suffering, decreased quality of life, and psychological distress.

How much is spent on the tangible and intangible costs of violence?

rape/sexual assault, robbery, aggravated assault **6.1%**

$12,401,000

murder **93.9%**

Tangible Costs

+

rape/sexual assault, robbery, aggravated assault **3.6%**

$79,834,000

murder **96.4%**

Intangible Costs

=

$92,235,000

Total Costs

Unpublished analysis from Sonoma County Department of Health Services (2016) using methodology from:
McCollister, K.E., M.T. French and H. Fang, 2010. The cost of crime to society: New crime-specific estimates for policy and program evaluation,
Costs were inflated from 2008 to 2015 dollars using the Consumer Price Index Calculator.

How about...

$92 million dollars spent in these sectors instead?

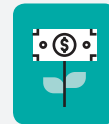Imagine how quickly violence would decline.

Housing **Education** **Health Care** **Other**

Violence Impacts Many, Some More Than Others

There are whole communities and groups of people that experience violence that stems from both local conditions and systemic health inequities. Some communities and groups are more likely to be exposed to the conditions that give rise to violence. When an overwhelming number of risk factors for violence accumulates, and there is a lack of protective factors, violence can spread more easily. A lack of economic opportunity, education inequalities, institutionalized racism, and lack of access to health care are just some of the contributing factors. These factors can be traced to a history of discriminatory actions and policies.[39]

Although violence impacts everybody to some degree, consistent with state and national research, Sonoma County stakeholders noted that the following groups are more likely to be impacted by violence locally:

- **children (under five even more vulnerable)**
- **elders (80 and older most vulnerable)**
- **pregnant women**
- **people with disabilities**
- **people with mental health issues**
- **youth involved in the foster care system**
- **people of color**
- **homeless youth**
- **communities that have experienced severe historical trauma**
- **people who are undocumented and recent immigrant communities**

Achieving equity in health is now a priority for many health departments, including for Sonoma County. Addressing underlying conditions is an essential part of a comprehensive plan to address violence.

Sonoma County

Many factors contribute to violence in our community.

The Community Perspective on Violence

Violence happens for many reasons and local conditions and factors contribute positively and negatively. This topic was discussed in focus groups with various stakeholders who shared their thoughts on why violence is happening here, and what the major contributing factors are.

Local Condition: Isolated and Remote Areas

Sonoma County is a relatively large county with urban, suburban, and rural environments. Sonoma County stakeholders noted that this dispersed geography means that some communities and individuals are isolated. While isolation can be desirable to some, this can contribute to violence by making needed services that prevent violence or help people get out of violent situations, difficult to get to with limited public transportation options. Additionally, the lack of proximity to neighbors in rural areas may contribute to underreporting of violence because the violence remains out of sight.

Local Condition: Economic Downturn

Sonoma County was among most communities across the United States to experience the economic downturn and housing market collapse that occurred from 2005–2010. According to Sonoma County stakeholders, programs and services were cut and downsized due to budget constraints during this time, and this led to victims of violence being less able to access needed services. The poor economy meant a lack of job opportunities and job security, which contributed to stressful and tense environments. During this time, there was an increase in death by suicide among specific populations in Sonoma County, including 45-60 year old white men, which some stakeholders attributed to job loss and sometimes home loss, which led to a sense of hopelessness.[40, 41] Stakeholders felt that the poor economy drew people into illegal, abusive, and/or violent work. In addition, people were forced into communal living situations, and/or were more dependent on those in the household who were earning money. This financial dependence made it especially difficult to exit an abusive situation.

Households with a High Housing Cost Burden (2014)

United States	California	Sonoma County
34.6%	44.7%	43.1%
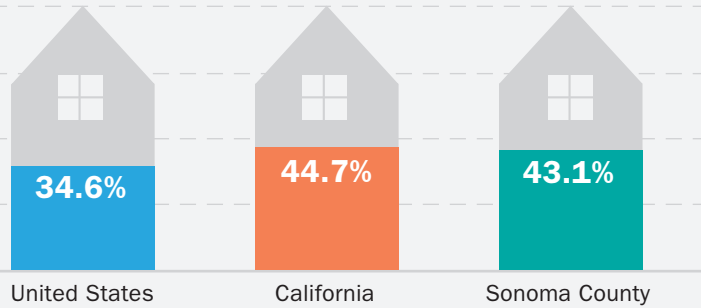
Data Source: U.S. Census Bureau, American Community Survey (Sept. 2015)

Definition: Estimated percentage of households that spend 30% or more of household income on housing costs (e.g., in 2014, 44.7% of California households spent 30% or more of household income on housing costs). The U.S. Dept. of Housing and Urban Development considers housing "affordable" if total expenses (rent or mortgage payments, taxes, insurance, utilities, and other related payments) account for less than 30% of total household income.

Local Condition: Housing in Sonoma County

California housing is among the most costly in the nation and this makes obtaining affordable housing a significant challenge for many middle- and low-income families. Housing typically is considered affordable if it comprises 30% or less of a family's income.[42] The state has the third-highest rate of homelessness in the nation.[43] Those experiencing homelessness, especially those who are unsheltered, are more vulnerable to violence.

Local stakeholders identified the high cost of living and the lack of affordable housing in Sonoma County as a risk factor associated with violence. Explored by the stakeholders was affordable housing for the elderly and the increasing homeless population, most notably among youth. If a victim is financially tied to their abuser, for example, and is unable to find affordable housing, they may stay in the abusive relationship rather than face homelessness for themselves and possibly their children. Research suggests that up to 50% of homeless women and children in the United States are homeless because they are fleeing domestic violence.[43] Research has also shown that unaffordable or unstable housing can diminish a child's opportunities for educational success by increasing the chance that he or she will have to move, change schools, and disrupt instruction.[44] In some cases, a lack of affordable housing can result in families living in crowded households. Studies have shown a link between residential crowding and the prevalence of certain infectious diseases, poor educational attainment, and psychological distress.[45]

Contributing Factor: Alcohol and Other Drugs

Though alcohol and drugs cannot be considered the direct cause of violence, national research suggests there is a strong correlation.[46, 47, 48, 49, 50] Sonoma County stakeholders felt that alcohol and drugs had a profound impact on every type of violence. For example, participants noted anecdotally, in the vast majority of arrests in Sonoma County, drugs and alcohol were a contributing factor. Youth are using drugs and alcohol at high rates, and this, according to stakeholders, is fueled by a thriving and dangerous underground drug industry in Sonoma County, which is a major activity of gangs, and violence is a common byproduct of this activity.

Contributing Factor: Technology

Sonoma County stakeholders discussed how technology is both beneficial and harmful, depending on how it is used. On the positive side, it keeps people connected and safe. For example, research suggests there is an association between mobile phones and violent crimes. Mobile phones increase surveillance and deter criminals from committing crimes against strangers.[51] Conversely, according to stakeholders, technology is also used for stalking, bullying, provoking gang violence, orchestrating drug and/or weapons deals, and soliciting online sex. There has been a big shift in the sex industry to online arrangements, making the process less noticeable on the street and more difficult for law enforcement to see.

Contributing Factor: Racism and Classism in Sonoma County

Sonoma County stakeholders discussed their observations on racism and classism. They noted that while Sonoma County may seem like a very forward thinking community, racism and classism are still apparent. This form of oppression contributes to violence, especially when it is becomes part of institutional policies and practices, which can be covert. Among their observations was that Sonoma County school districts are divided by race and income, and schools with lower per-capita funding levels are populated with mostly children and youth of color. One focus group participant discussed how racism is apparent in our child welfare system and provided an example:

> *"There is an over representation of African American and Native American children in foster care placement. This could be related to poverty and racism in the community. People may be more apt to view an interaction between an African American mother and her child more negatively than the same interaction between a white mother and her child, contributing to a disproportionate number of reports to child protective services. When the cases of abuse are substantiated, it evens out between all race/ethnicities, but then when it comes to where the child is placed, there is over representation in placement into foster care. Once abuse cases have been substantiated, African American and Native American children are more likely to be removed from their home than White or Latino counterparts. This is a pattern across the state."*

Contributing Factor: Cultural Competency and Cultural Humility

According to Sonoma County stakeholders, understanding the importance of culture and valuing cultural differences is an area where service providers could improve. Lack of cultural knowledge can lead to misunderstandings about what defines abuse and result in false allegations that hurt entire communities. This can reinforce a narrative of distrust among cultures that have historically been oppressed. Stakeholders discussed a need for culturally relevant programs to address specific populations, such as the Native American community, noting that outreach and the programs themselves need to be tailored to those impacted most by violence.

Health departments play a critical role in facilitating, promoting, and supporting community-level violence prevention efforts.

Public Health

Local Health Departments Can Prevent Violence

Effective prevention efforts are everywhere, from small-scale individual and community efforts, to national policy and legislative initiatives.[52] A public health approach to violence prevention involves defining the problem, identifying risk and protective factors, determining how they work, designing programs to prevent or stop the violence, and making the public aware of these findings.[53] A prevention approach maximizes limited resources and moves from treating the after-effects of violence to stopping them from ever happening.[54]

Roles for Public Health Agencies

In protecting and improving community well-being by preventing disease, illness, and injury, local health departments look to impact social, economic, and environmental factors fundamental to excellent health.[55] Health departments play a critical role in facilitating, promoting, and supporting community-level violence prevention efforts. The data available to health departments (e.g., public health records, crime databases, public surveys), the insights and understanding developed through scientific method, and the dedication to finding effective responses are important assets that the field of public health can bring to the effort to prevent and reduce violence.[56]

A Step-by-Step Process

The Public Health Model is being used internationally (World Health Organization), nationally (The Centers for Disease Control and Prevention), and locally (The Santa Rosa Violence Prevention Partnership).

It involves a four-step process based on the rigorous requirements of the scientific method, designed to guide participants through program planning, evaluation, and dissemination.[57]

This Violence Profile walks us through steps 1 and 2, as it establishes a clear understanding of what the issues are, where they are occurring, and who is most affected. Successful violence prevention requires strengthening the factors that protect and support individuals, families, and communities, as well as reducing factors that threaten well-being. Moving to

step 3, which would include setting an agenda for action and planning strategies that address locally-identified violence-related issues, will be a future decision point for leadership and the community to come together on.

The Public Health Model
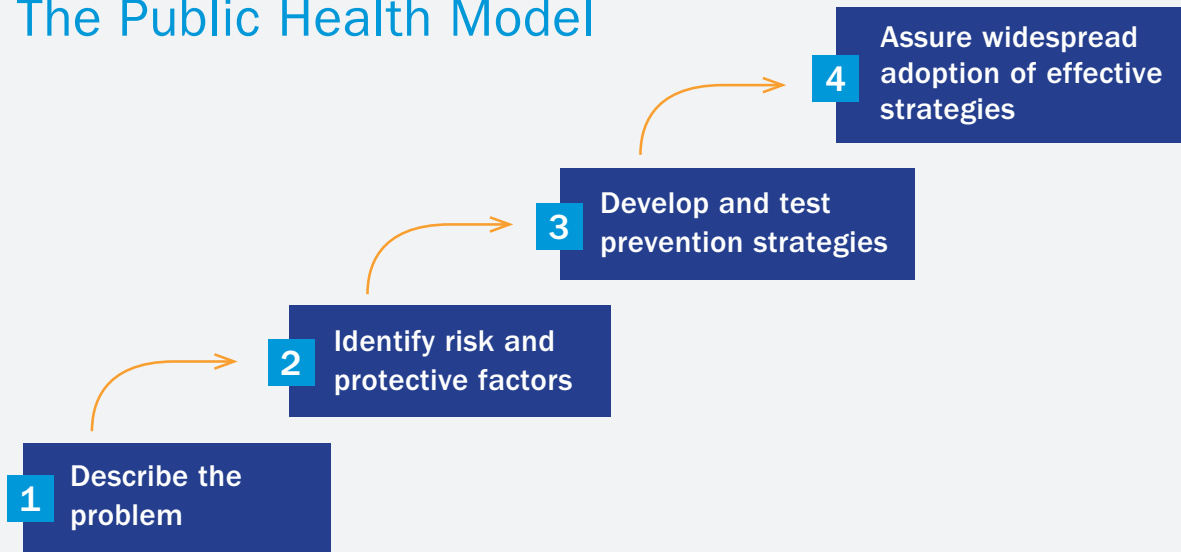
1 Describe the problem

2 Identify risk and protective factors

3 Develop and test prevention strategies

4 Assure widespread adoption of effective strategies

Source: Centers for Disease Control and Prevention. National Center for Injury Prevention and Control. Division of Violence Prevention. (n.d.) The Public Health Approach to Violence Prevention. The Public Health Model. Retrieved from https://www.cdc.gov/violenceprevention/overview/publichealthapproach.html

As the causes of violence are multiple and interrelated, selecting successful strategies involves using interventions that span multiple levels of intervention. The Spectrum of Prevention identifies six levels of activity that are necessary for developing a sustainable prevention initiative: strengthening individual knowledge and skills, promoting community education, educating providers, fostering coalitions and networks, changing organizational practices, and influencing policy and legislation.[58] Successful efforts to prevent violence require an understanding of the policies and systems that affect individuals, families, and communities. That understanding is then integrated into a plan of action that strategically coordinates, supports, and strengthens multiple efforts across all levels of the Spectrum of Prevention.[59]

The Spectrum of Prevention

A tool for comprehensive action and norms change

Level of Spectrum	Definition of Level in Relationship to Violence
Influencing Policies and Legislation	Enacting laws and policies that support healthy community norms and a violence-free society
Changing Organizational Practices	Adopting regulations and shaping norms to prevent violence and improve safety
Fostering Coalitions and Networks	Bringing together groups and individuals for broader goals and impact
Educating Providers	Informing providers who will transmit skills and knowledge to others and model positive norms
Promoting Community Education	Reaching groups of people with information and resources to prevent violence and promote safety
Strengthening Individual Knowledge and Skills	Enhancing an individual's capability of preventing violence and promoting safety

We met with more than 100 Sonoma County experts
and compiled local information and statistics to complete
the Violence Profile for Sonoma County.
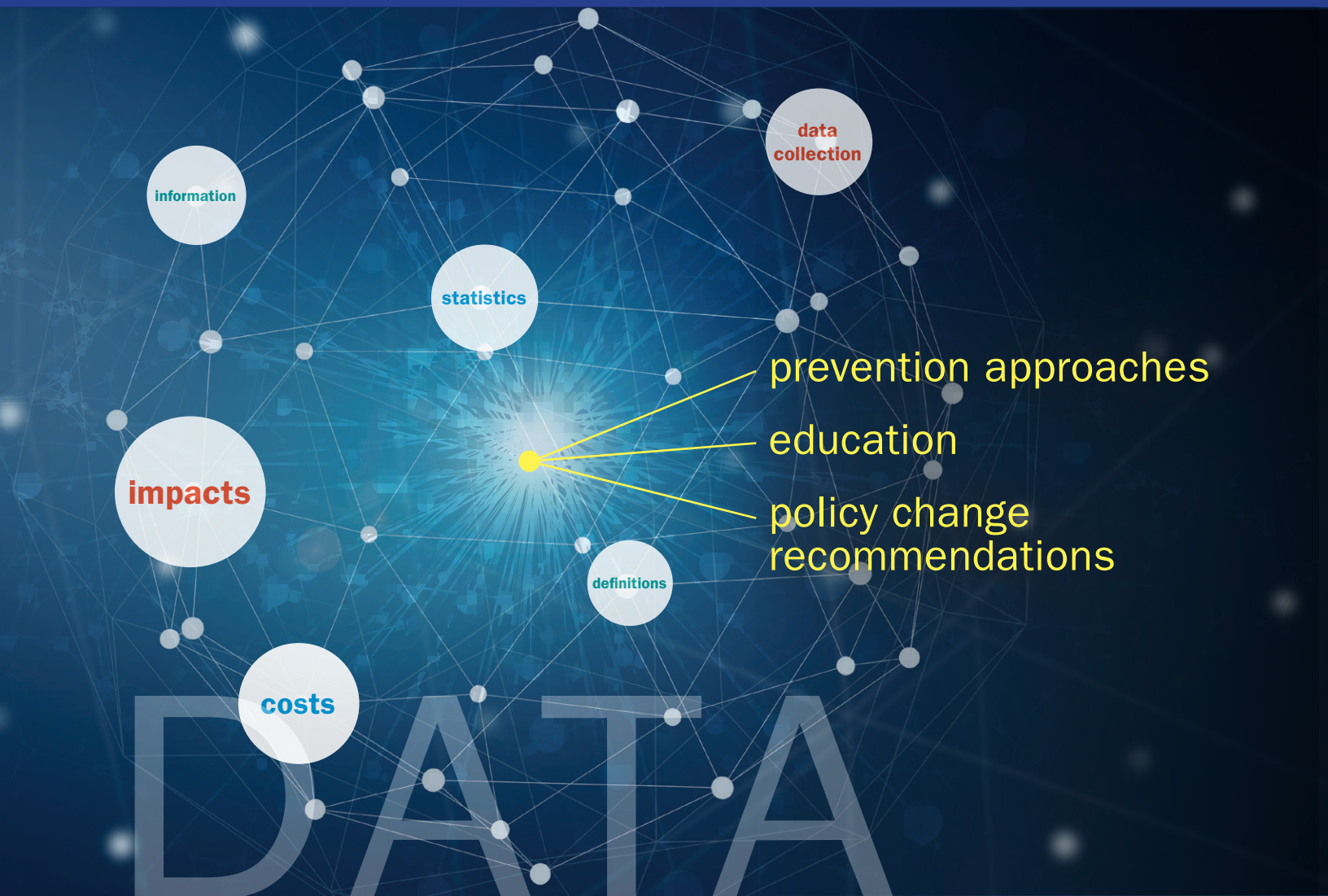
Using Data to
Change the Conversation:
The Sonoma County Story

To better understand violence in Sonoma County, the Department of Health Services engaged in both primary and secondary data collection in order to 1) define types of violence; 2) provide a brief overview of how the types of violence are realized locally; and 3) discuss the impacts of violence on the health and wellbeing of Sonoma County residents. Staff met with more than 100 Sonoma County experts and compiled local information and statistics to complete the Violence Profile for Sonoma County. These efforts identified eight types of violence: violent crime, domestic violence, child abuse, youth and school-based violence, sexual violence and human trafficking, suicide, elder abuse, and gang violence. See Appendices for more information on methodology.

VIOLENT CRIME

Violence Data and Related Health Impacts by Type of Violence

This series of information makes up a snapshot of violence in Sonoma County. It serves as a guidepost for taking action to reduce and prevent violence locally. It prepares us for more in-depth planning by establishing a common understanding of violence and a more complete picture of how violence and health are so intertwined. It presents information on violence by type, including an agreed upon acting definition; an overview of local data; and a discussion of the health consequences and/or impacts of each type of violence. This section also explores the strengths and limitations of data.

Violent Crime in Sonoma County

> *Definition*
>
> *Violent Crime:* *Those offenses that involve force or threat of force consisting of: murder and non-negligent manslaughter, forcible rape, robbery, and aggravated assault.*[60]

Overview

An estimated 1,246,248 violent crimes occurred in the United States in 2010, a decrease of 6.0 percent from the 2009 estimate. There were an estimated 3.9 violent crimes per 1,000 inhabitants in 2010.[61]

Violent Crime Rate

Rate of Violent Crime Sonoma County, 2005–2014

- Rate per 1,000
- Lower Limit
- Upper Limit
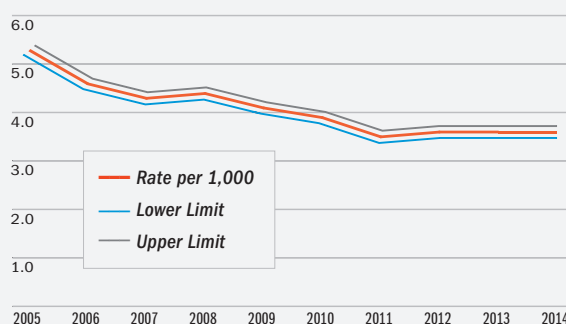
In 2014, there were 3.6 (n=1,821) violent crimes per 1,000 residents in Sonoma County.

Since 2005, the violent crime rate in Sonoma County has significantly decreased from 5.3 (n=2,407) to 3.6 (n=1,821) violent crimes per 1,000 residents. The majority of the decrease in the violent crime rate occurred between 2005 and 2007. Despite the violent crime rate decreasing overall, some communities within Sonoma County are seeing higher rates than previous years.

Health Consequences

In addition to contributing to death and disability, violence exacerbates various chronic diseases by inducing stress and fear. Constant stress and fear can evoke an unhealthy physical response (e.g., high blood pressure). Fear also confines residents to their homes, which means they do not reap the health benefits of physical activity that come with outdoor neighborhood activities like walking dogs and playing with children. In addition, residents in high-crime areas may mistrust neighbors and public institutions, leading to further social disintegration, which in turn perpetuates further violence and stifles economic development.[62]

Gun Violence in the USA

From violence among school children to victims of domestic violence to people taking their own lives, gun violence is a factor in all types of violence. It is especially apparent when mass shootings occur, drawing much public attention to this issue.[63] Research suggests that the United States has more guns and gun deaths than any other developed country in the world. One study found that the U.S. has 88 guns per 100 people and 10 gun-related deaths per 100,000 people—more than any of the other 27 developed countries studied.[64]

Every year, over 108,000 people in the United States are shot in murders, assaults, suicides & suicide attempts, unintentional shootings, or by police intervention.

32,514 people die from gun violence

- 19,992 people die by suicide
- 11,294 people are murdered
- 561 people are killed unintentionally
- 414 people are killed by police intervention
- 254 people die but intent is not known

Each square = 100 people
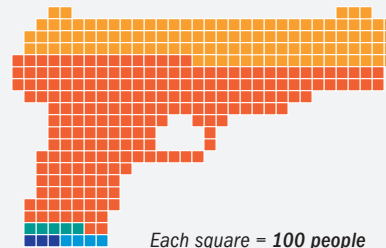
75,962 people survive gun injuries

- 55,009 people are injured in an attack
- 16,334 people are shot unintentionally
- 3,791 people survive a suicide attempt
- 827 people are shot by police intervention

Each square = 225 people
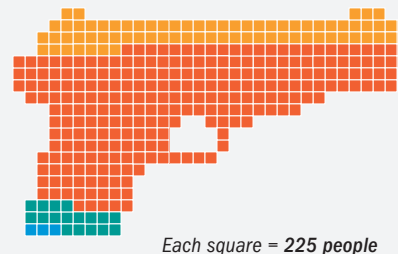
Domestic Violence

Definition

Domestic Violence: *A pattern of abusive behavior in an intimate relationship where one partner abuses in order to gain or maintain power and control over the other. Domestic violence can be physical, sexual, emotional, economic, or psychological actions or threats of action, that influence another person. This includes any behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound someone.[65]*

As is used here, the term domestic violence refers to partner violence, but the term can encompass abuse by any member of a household. Intimate partner violence (IPV) refers to any behavior within a relationship that causes physical, psychological, or sexual harm. IPV can encompass more than people that live together in a household to include dating or intimate relationships.

Overview

An estimated 3 in 10 women and 1 in 10 men, in the United States have experienced intimate partner violence.[66] Among teens, national survey data show that about 1 in 3 youth ages 14–20 years report experiencing dating violence, including physical, sexual, or psychological aggression.[67] In 2009, nearly 1 in 5, an estimated 54,000, Sonoma County residents had experienced physical or sexual violence by an intimate partner as an adult. This estimate was statistically similar to California adults.[68]

Domestic and dating violence occurs across all incomes, races, cultures, sexual orientations, and education levels.[69] However, a number of factors put individuals or families at greater risk. These risk factors include substance abuse, seeing or being a victim of violence as a child, experiencing stressful life events such as financial hardship or unemployment, and many others. Findings from Sonoma County focus group participants reveal these same risk factors occur locally.[70]

Sonoma County Youth Who Have Experienced Dating Violence in the Past Year

During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose? (n=5,869)

Percentage who experienced dating violence in past year	
7th graders	5.9%
9th graders	8.9%
11th graders	10%
Students at non-traditional schools*	16.7%

Data source: California Healthy Kids Survey unweighted Sonoma County data, 2013-14.
*Nontraditional schools include continuation, community day, and other alternative school types.

Health Consequences

Violence between intimate partners or former partners in dating or marriage relationships can result in physical injury, psychological trauma, and even death.[71] Youth who are victims of dating violence are more likely to experience symptoms of depression and anxiety; engage in unhealthy behaviors, like using tobacco, drugs, and alcohol; or exhibit antisocial behaviors; and think about suicide.[72, 73, 74] The negative effects of domestic violence also can extend beyond the direct victim.[75] For example, children who are exposed to domestic violence, even if they are not targets of the violence, tend to exhibit the same emotional, behavioral, and academic problems as abused children. Children exposed to family violence are at higher risk of becoming abusers or victims themselves during adolescence or adulthood.[76, 77]

Child Abuse & Neglect

Definition

Child Abuse & Neglect: *Any act or series of acts of commission (child abuse) or omission (child neglect) by a parent or other caregiver (e.g., clergy, coach, teacher, etc.) that results in harm, potential for harm, or threat of harm to a child.*[78]

Overview

An estimated 679,000 U.S. children were documented victims of abuse in 2013, and approximately 1,520 of these children died from abuse or neglect.[79] Because of the hidden nature of child abuse, these figures are considered underestimates, as child abuse is underreported.[80]

In Sonoma County in 2014, the rate of child abuse substantiations was 4.5 per 1,000 children compared to a California rate of 9.0 per 1,000. The number and rate of child abuse substantiations decreased from 2008 to 2014 in Sonoma County and California. Local Sonoma County stakeholders knowledgeable about child abuse are unclear whether the decrease in child abuse is in fact an actual trend or if there are other reasons for the decline (e.g. different definitions, fewer staff, less reporting, etc.).

Child abuse and neglect occur in families of all socioeconomic levels and ethnic groups.[81] Research suggests major risk factors for becoming a child abuse and neglect victim include being under 4 years old, having special needs, parental substance abuse, parental mental illness, major stress (e.g. poverty, social isolation) and the presence of domestic violence in the home.[82, 83] These research findings were validated locally by Sonoma County focus group participants.

Children (0–17 years) with Child Maltreatment Substantiations
Incidence per 1,000 Children

Data note: Rates are based on unduplicated counts of children.

	2008	2009	2010	2011	2012	2013	2014
County	9.1	7.9	7.5	7.6	5.7	5.2	4.5
California	10.2	9.9	9.6	9.5	9.3	9.2	**9.0**

Citation: Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., King, B., Morris, Z., Sandoval, A., Yee, H., Mason, F., Benton, C., & Pixton, E. (2015). CCWIP reports. Retrieved 8/4/2015, from University of California at Berkeley California Child Welfare Indicators Project website. URL: <http://cssr.berkeley.edu/ucb_childwelfare>

Health Consequences

Children who are abused or neglected, including those who witness domestic violence, can exhibit emotional, cognitive, and behavioral problems, such as anxiety, depression, suicidal behavior, difficulty in school, use of alcohol and other drugs, and early sexual activity as a result of the abuse.[84, 85] Abuse causes toxic stress that has been shown to disrupt brain and physical development, particularly when experienced at a young age, placing mistreated children at higher risk for health problems even into adulthood.[86, 87] A concern and opportunity for prevention comes with knowing that children who are abused or neglected are more likely to repeat the cycle of violence by entering into violent relationships as teens and adults or abusing their own children.[88, 89]

Youth and School Violence

Definitions

Youth Violence: Violence can be defined as "the intentional use of physical force or power, threatened or actual, against another person or against a group or community that results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation."[90] Research and programs addressing youth violence typically include persons between the ages of 10 and 24, although patterns of youth violence can begin in early childhood.[91]

School-based Violence: School violence is youth violence that occurs on school property, on the way to or from school or school-sponsored events, or during a school-sponsored event. A young person can be a victim, a perpetrator, or a witness of school violence.[92]
Examples of violent behavior include: bullying, fighting (e.g., punching, slapping, kicking, etc.), weapon use, and electronic aggression (i.e., harassment or bullying that occurs through e-mail, website, text messages, social media, etc.).[93]

Overview

Every day, 13 young people are victims of homicide and more than 1,600 are treated in emergency departments for nonfatal physical-assault-related injuries in the United States.[94] Homicide is the third leading cause of death among youth aged 10–24 years, killing more youth than the next seven leading causes of death combined.[95] Youth violence causes young people to avoid school and residents to avoid public activities. Seven percent of high school students in the United States have missed school in the past month because of safety concerns.[96] Nearly 600,000 young people were treated in emergency departments for physical assault-related injuries in 2012, and these injuries often result in life-long physical and emotional consequences and limitations.[97] Youth account for 40% of all arrests for violent crime in the U.S.[98] In a 2013 nationwide survey, 20% of high school students reported being bullied on school property in the 12 months preceding the survey.[99]

In 2014, there were 96 juvenile arrests for felony violent offenses in Sonoma County. Of these, 70 (73%) were assaults; 21 (22%) were robberies; 5 (5%) were rapes; and there were no homicides or kidnappings. There were also 193 misdemeanor assault and battery juvenile arrests in Sonoma County in 2014.[100]

In the 12 months preceding the California Healthy Kids Survey (2013/14), nearly 14% of Sonoma County 9th grade students reported having been in a physical fight one or more times on school

property. For students from non-traditional schools (*continuation, community day, and other alternative schools)* this percentage jumps to 26%, which is nearly two times higher than for 9th grade students attending traditional/mainstream school.

Over 32% of Sonoma County 9th grade students reported being harassed one or more times in the last 12-month period preceding the California Healthy Kids Survey in 2013/14. Fifteen percent of 9th grade students reported being harassed or bullied one or more times on school campus because of their race, ethnicity, or national origin in Sonoma County. In almost all cases, students at non-traditional schools experienced harassment or bullying significantly more than students in traditional school settings.[101]

Health Consequences

Deaths resulting from youth violence are only part of the problem. Many young people need medical care for violence-related injuries. These injuries can include cuts, bruises, broken bones, and gunshot wounds. Not all injuries are visible. Exposure to youth violence and school violence can increase the risk for a wide array of negative health behaviors and outcomes, including alcohol and drug use, academic failure, and suicide. Depression, anxiety, and many other psychological problems, including fear, can result from school violence.[102] Violence and fear of violence hinder students' development, concentration, and ability to learn.[103] Bullying and harassment also interfere with students' education and healthy development. In addition to the risk of physical injury, victims of bullying have higher rates of depression, suicidal ideation, and suicide attempts than youth who are not bullied.[104]

There were 96 juvenile arrests for felony violent offenses in Sonoma County in 2014. The majority of these were assaults.

Sexual Violence, including Human Trafficking (Sex Trafficking)

Definitions

Sexual Violence: *A sexual act that is committed or attempted by another person without freely given consent of the victim or against someone who is unable to consent or refuse.*[105]

Sex Trafficking: *Federal law defines trafficking in persons as "Sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age."*[106]

Overview

In a national representative survey of adults, nearly 1 in 5 (18.3%) women and 1 in 71 men (1.4%) reported experiencing rape at some time in their lives, and about one in three female rape victims were first raped between ages 18-24.[107] In a study of undergraduate women, 19% experienced attempted or completed sexual assault since entering college.[108] Forty-two percent (42%) of female rape victims were first raped before age 18. Twelve percent (12%) of female rape victims and 27.8% of male rape victims were first raped when they were age 10 or younger.[109]

Among female rape victims in the United States, perpetrators were reported to be intimate partners (51.1%), acquaintances (40.8%), strangers (13.8%), and family members (12.5%). Due to reports of multiple perpetrators, percentages exceed 100%. Among male rape victims, the majority (52%) of reported perpetrators were acquaintances (52.4%) and strangers (15.1%). Among adult women surveyed in 2010, 26.9% of American Indian/Alaska Natives, 22% of non-Hispanic blacks, 18.8% of non-Hispanic whites, 14.6% of Hispanics, and 35.5% of women of multiple races experienced an attempted or a completed rape at some time in their lives.[110]

RATE OF FORCIBLE RAPE, SONOMA COUNTY AND CALIFORNIA

	2008		2009		2010		2011		2012		2013*		2014	
	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate
Sonoma County Crude Rate per 100,000	145	30.42	163	33.92	126	26.03	138	28.35	152	31.07	126	25.78	172	34.94
California Crude Rate per 100,000	8,906	24.14	8,698	23.46	8,325	22.31	7,678	20.44	7,828	20.69	7,459	19.61	9,397	24.27

Source: California Department of Justice and California Department of Finance Estimates
*The definition of rape changed from 2013 to 2014 and is therefore not comparable.

From 2008 to 2014, the rate of Forcible Rape (which includes Rape by Force and Attempted Rape) in Sonoma County remained consistently above the state of California rate. The rate of Forcible Rape appears to be slowly declining in California, while Sonoma County's rate of Forcible Rape appears to fluctuate.

According to former California Attorney General Kamala Harris, human trafficking (including sex trafficking) is a pervasive issue which continues to evolve and become more sophisticated. Victims of human trafficking are often lured by false promises of a lucrative job, stability, education, or a loving relationship. Victims can be men or women, adults or children, foreign nationals or U.S citizens. Victims have diverse ethnic and socio-economic backgrounds, but there are some circumstances or vulnerabilities that lead to higher susceptibility to victimization, such as being a runaway or homeless youth, having experienced past violence and trauma, and others.[111]

In just two years of reporting between 2010 and 2012, California's nine regional anti-trafficking task forces initiated over 2,500 investigations, identified nearly 1,300 victims of human trafficking, and arrested almost 1,800 individuals. According to Attorney General Harris' report, the sheer number of victims identified bears emphasis because actual number of victims is certain to be significantly larger, as these numbers do not represent the entire scope of human trafficking in California. These numbers are inclusive of both labor and sex trafficking; however, the vast majority of victims were identified as victims of sex trafficking. In general, the number of investigations initiated, number of victims identified, and number of arrests reported by anti-trafficking task forces have been increasing.[112]

Definition of Rape Revised

In December 2011, the FBI Director approved revisions to the 80-year-old formal definition of rape. The new definition of rape has expanded to include all forms of penetration and is inclusive of male victims. The Uniform Crime Reporting (UCR) Program's definition is now "Penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim." As of 2013, the FBI has been reporting on data collected using this new definition. As a result, officials expect that the number of reported rapes will show an increase.[113]

Human Trafficking (Sex Trafficking) in Sonoma County

From 2011-2016, 161 human trafficking and prostitution cases were filed by the District Attorney's (DA's) Office of Sonoma County. Notable is the considerable increase in felony cases involving traffickers since 2012: Prior to 2012, the DA's Office averaged 3.6 felony trafficking cases per year; from 2012-2014 the rate was 9.0 felony cases per year. These figures are even more alarming when one considers that victims of this crime live in fear and often avoid law enforcement, so human trafficking violations are less likely to be reported.

Sonoma County is recognizing some changes: The increase in felony cases since 2012 has come with a corresponding decrease in misdemeanor cases. Pre-2012, the DA's office saw an average of 65 misdemeanor cases per year; since 2012, the average has been 27 misdemeanor cases. This trend is reflective of the recognition of the role of the victim in trafficking crimes being reported to the DA's Office.[114] Although human trafficking is gaining more public attention than ever before, limited data is available on the national, state, and local level.

Underreporting

At the national level, major victimization surveys suggest that most sexual assaults go unreported. The National Crime Victimization Survey, conducted each year by the U.S. Department of Justice, found that only 32% of sexual assault cases were reported to police in 1994.[115] The Rape in America survey conducted as a part of the National Women's Study found that only 16% of rape cases were reported to police or other authorities.[116] Data from the National Survey of Adolescents indicated that only 14.3% of sexual assault cases had been reported. [117]Thus, these national studies indicate that somewhere between 14% and 32% of all sexual assaults or rapes are ever reported to police. It is expected that local instances are also underreported based on stakeholder feedback and national trends. These findings suggest that unreported rape constitutes a serious public safety problem.

Sexual Assault on College Campuses

According to a National Intimate Partner and Sexual Violence Survey, one in five women have been sexually assaulted while in college.[118] The dynamics of college life appear to add additional risk factors to the problem, as many victims are abused while they're intoxicated, under the influence of drugs, passed out, or otherwise incapacitated. Most college victims are assaulted by someone they know—and parties are often the site of these crimes. Notably, campus assailants are often serial offenders: one study found that of the men who admitted to committing rape or attempted rape, some 63% said they committed an average of six rapes each. College sexual assault survivors suffer from high levels of mental health problems (like depression and Post-Traumatic Stress Disorder) and drug and alcohol abuse. Reporting rates are also particularly low.[119]

Health Consequences

Sexual violence is a health issue known to have negative short and long-term health consequences. Victims of sexual violence face both immediate and chronic psychological consequences, some of which may include: shock, denial, anxiety, post-traumatic stress disorder, withdrawal, attempted suicide, and death by suicide.[120] While the immediate harm of sexual violence can be devastating, the long-term health impact can be equally damaging. Adult survivors of sexual violence experience an increased risk for depression, obesity, autoimmune disorders (i.e., irritable bowel syndrome, asthma, fibromyalgia), eating disorders, and addictions.[121] Other long-term consequences include chronic pelvic pain, premenstrual syndrome, gastrointestinal disorders, gynecological and pregnancy complications, migraines, back pain, and disability that prevents work.[122] Some research suggests health behaviors such as engaging in high-risk sexual behaviors, using harmful substances, and unhealthy diet-related behaviors are both consequences of sexual violence and factors that increase a person's vulnerability to being victimized again in the future.[123, 124, 125]

SEXUAL VIOLENCE

Suicide

> *Definition*
>
> **Suicide:** *Death caused by self-directed injurious behavior with any intent to die as a result of the behavior.*[126]

Overview

In 2013, suicide was the 10th leading cause of death for all ages in the United States. Suicide makes up a larger proportion of deaths among youth ages 10-14 and 15-34 years than it does for other age groups.

There were 41,149 suicides in 2013 in the United States—a rate of 12.6 per 100,000 and is equal to 113 suicides each day or one every 13 minutes.[127] While females are more likely than males to have suicidal thoughts, males die by suicide at nearly four times the rate of females and represent 77.0% of all suicides.[128] Among racial/ethnic groups nationwide, American Indian/Alaska Native youth have the highest suicide rates.[129, 130]

Each year, death by suicide claims the lives of approximately 69 Sonoma County residents, almost three times the number of deaths due to motor vehicle crashes. To understand the full extent of the issue, it is important to remember that for every person who dies by suicide in the County, about ten others attempt suicide. Additionally, more than one in ten adults in Sonoma County report that they have seriously thought about committing suicide.

The suicide rate among Sonoma County residents (13.1 per 100,000 population) was significantly higher than the California rate (10.1) in 2008-2012. In addition, after remaining constant from 2000-2004 to 2005-2009 in Sonoma County, the rate increased significantly from 11.6 per 100,000 in 2005-2009 to 13.1 per 100,000 in 2008-2012. The state rate did not change significantly over the same period.

From 2008 to 2012, there were 346 suicide deaths in Sonoma County. The suicide death rate for Sonoma County men was almost three times the rate for women. White residents (16.0 per 100,000 population) had a significantly higher suicide death rate than Hispanics (5.4 per 100,000).

While suicide is the second leading cause of death among Sonoma County youth aged 10 to 24 years, this group had a significantly lower suicide death rate than all other age groups. Adults aged 45 to 64 years and 65 years and older had significantly higher suicide rates than younger Sonoma County residents.[131]

The issues surrounding suicide are complex, and answers are often elusive to questions of why people die by suicide. There are a number of factors that put someone more at risk for suicide, including biological, psychological, social, environmental, and cultural influences. According to local experts as well as national research, some risk factors associated with suicide include family history of suicide, history of substance abuse and/or mental illness, stressful life circumstance, isolation, access to lethal means, unwillingness to seek help because of the stigma attached to mental health issues, exposure to suicidal behavior of others, and history of trauma. Some protective factors include easy access to interventions and support for help seeking, and family and community support.[132, 133, 134]

Health Consequences

Suicides that result in death reveal the most devastating impact of a much larger issue, as many more people attempt suicide, and even more have seriously considered and planned a suicide (ideation).[135] Suicide causes pain, suffering and loss to individuals, families and communities. Surviving family members and close friends are deeply impacted by a suicide, and can experience a range of complex grief reactions including, guilt, anger, abandonment, denial, helplessness, and shock.[136] Suicide attempts can lead to emergency department visits and lengthy hospital stays, contributing to significant social, emotional, and medical costs.

The North Bay Suicide Prevention Project provides a 24-hour Hotline 1(855)587-6373 for Sonoma and Marin County residents.

Suicide & Guns

Unknown to most people, the most common type of gun death in our nation is suicide. Also not commonly known, and just as misunderstood, is that the vast majority of suicides are preventable. People who die of suicide using a gun are not necessarily more suicidal than those who use other means. They just have the tragic misfortune of having the most lethal means available to them in their time of depression and turmoil. A lethal weapon available to a person in the depths of despair can end a life in an instant. Approximately 85 percent of suicide attempts with a firearm are fatal. Many of the other most widely used suicide attempt methods have case fatality rates below five percent. Guns, unlike other methods, require less preparation and planning. Nearly half (48 percent) of suicide attempt patients reported less than 20 minutes elapsed from first thought of suicide to actual attempt. In Sonoma County, guns made up 25-60% of the mechanism of death by suicide, depending on the age group, with adults 65 years and older using guns 60% of the time.

Elder Abuse

Definition

Elder Abuse: *Any abuse and neglect of persons age 60* and older by a caregiver or another person in a relationship involving an expectation of trust. This includes physical abuse, sexual abuse or abusive sexual contact, psychological or emotional abuse, neglect, abandonment, and financial abuse or exploitation.*[137]

*Sixty five is the legal age used by Adult Protective Services in California

Overview

Elder abuse is a serious problem in the United States. Elder abuse, which includes neglect and exploitation, is experienced by one out of every ten people ages 60 and older who lives at home.[138] People over 60 now make up a larger proportion of the population of the country than ever before in history, and with this population shift comes the reality that the problem of elder abuse will grow too. Sonoma County's population of seniors age 60 and older is projected to grow from 99,553 (21% of total population) in 2010 to 143,636 (24% of total population) by the year 2030. The growth of the senior population will impact the number of elder abuse cases reported locally.[139]

Sonoma County's elder abuse rates have been steadily increasing since 2011 and have consistently been nearly twice as high as the California rates. This is an abuse that goes largely unreported; for every one case of elder abuse that is detected or reported, it is estimated that approximately 23 cases are not reported.[140]

Total number of Adult Protective Services (APS) cases with a confirmed finding, by year for Sonoma County*

	2011	2012	2013	2014
Cases	603	858	977	1108
Rate per 100,000	864.78	1148.08	1233.6	1342.44

Data Source: According to Trendex Report published December 14, 2015 - Adult and Aging Division - Adult Protective Services

Total number of APS cases with a confirmed finding, by year for California*

	2011	2012	2013	2014
Cases	22,011	24,166	26,220	27,627
Rate per 100,000	528.11	561.93	589.62	650.58

*65+ population. Rates are not adjusted for age

Data Source: California Adult Protective Services database

Health Consequences

Elder abuse can have multiple effects on an individual. Many victims suffer physical injuries. Some are minor, like cuts, scratches, bruises, and welts. Others are more serious and can cause lasting disabilities, constant physical pain, and soreness. These include head injuries and broken bones. Physical injuries can also lead to premature death and make existing health problems worse.[141, 142, 143] Elder abuse can have emotional effects as well. Victims are often fearful and anxious and may experience depression and post-traumatic stress disorder. They may have problems with trust and be wary around others, which can inhibit socialization and being part of the community.[144]
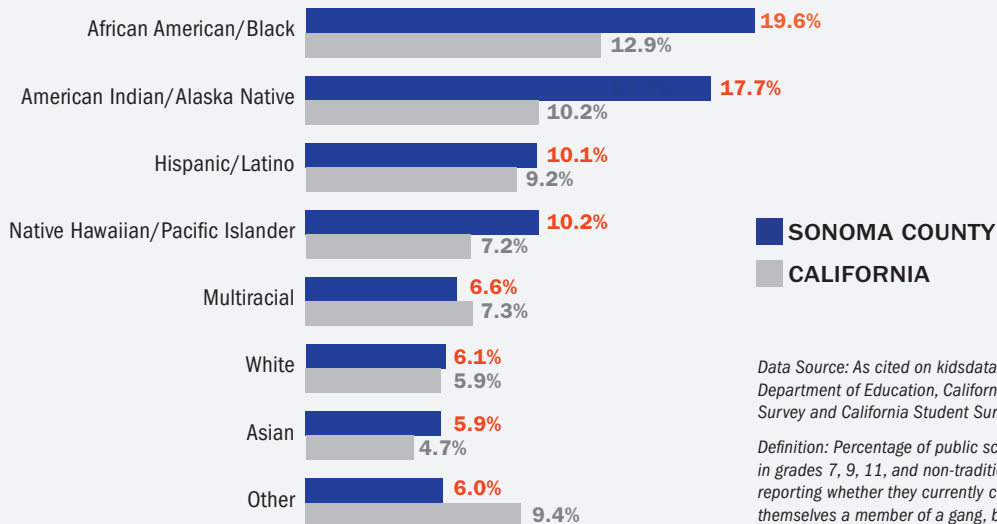
Gang Violence

Definitions

Criminal Street Gang: California state law defines a criminal street gang as "any ongoing organization, association or group of three or more persons, whether formal or informal, having as one of its primary activities the commission of one or more of the criminal acts […], having a common name or common identifying sign or symbol, and whose members individually or collectively engage in or have engaged in a pattern of criminal gang activity."[145]

Gang Violence: While there is not one all-encompassing and agreed upon definition of gang violence, for the purposes of this report, gang violence will be defined as criminal and non-political acts of violence committed by a group of people who regularly engage in criminal activity against innocent people. The term may also refer to physical hostile interactions between two or more gangs.[146]

Overview

For complex reasons, fueled by community inequities, people join gangs. Recent data indicate that there are an estimated 850,000 gang members in the U.S. Most youth who join gangs are between ages 11–15.[147, 148] Nearly one in five U.S. 6th–12th grade students report that their school has gangs.[149] The majority of serious violent crimes committed by youth are tied to gangs. Gang members are more likely to bring weapons to school than other youth.[150]

GANG MEMBERSHIP (Student Reported), by Race/Ethnicity: 2011–2013

Race/Ethnicity	Sonoma County	California
African American/Black	19.6%	12.9%
American Indian/Alaska Native	17.7%	10.2%
Hispanic/Latino	10.1%	9.2%
Native Hawaiian/Pacific Islander	10.2%	7.2%
Multiracial	6.6%	7.3%
White	6.1%	5.9%
Asian	5.9%	4.7%
Other	6.0%	9.4%

■ SONOMA COUNTY
■ CALIFORNIA

Data Source: As cited on kidsdata.org, California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd).

Definition: Percentage of public school students in grades 7, 9, 11, and non-traditional students reporting whether they currently consider themselves a member of a gang, by race/ethnicity.

Due to the mobile nature of gang members, a gang member may be entered into the CalGang system by more than one law enforcement agency; therefore, the statewide number of gang members and gangs in the CalGang system may be less than the totals reported by each county.

Health Consequences

While youth involved in gangs comprise only a small portion of the adolescent population, gang membership is a significant threat to youth health and well-being.[151] Although youth in gangs are far more likely than youth not involved in gangs to be both victims and perpetrators of violence, the risks go far beyond crime and violence.[152, 153] The effects of gang activity extend beyond the individuals involved. For example, when youth are exposed to violence or feel unsafe at school, it can negatively affect their health and well-being as well as their academic performance.[154, 155] Youth involved in gangs are more likely to abuse substances, engage in high risk sexual behavior, drop out of school, and have unstable employment. Communities also can be affected in terms of reduced quality of life, increased crime, families moving out of neighborhoods, and economic costs, e.g., losses in property values, local businesses, and tax revenue.[156, 157]

PERCENT OF YOUTH WHO CONSIDER THEMSELVES GANG MEMBERS, Sonoma County, 2013-14

		Grade 7	Grade 9	Grade 11	NT
	Total # Surveyed	3,926	3,913	3,238	643
Percentage Now	No	96	95	93	89
	Yes	4	5	7	11
Percentage Ever	No	95	93	93	80
	Yes	4	6	6	16

Data Source: CHKS data for 2013-14 comes from the CHKS Sonoma County Secondary Main Report, 2013-14.

GANG MEMBERS AND GANGS, Sonoma County and State, 2010

	Total gang members	2010 pop	Rate per 100,000	Total gangs
California	235,579	37,253,956	632	6,442
Sonoma County	3,413	483,878	705	160

Data Source: California Department of Justice, Bureau of Investigation and Intelligence, 2010 Annual Report

Strengths & Limitations of the Data

There are strengths and limitations to the data provided in the Violence Profile. Strengths include utilization of survey data that benefits from a dual-frame, random-digit dial technique that is representative of the Sonoma County population. The majority of survey questions presented were validated measures. Many local experts were consulted about the data presented in the Profile to ensure accurate interpretation and local context. The diversity of data sources utilized allowed a more complete description of violence than the usage of just criminal statistics alone. Limitations of the data include underreporting, and how data are sometimes collected and categorized.

Underreporting Across All Forms of Violence

According to national research and corroborated by Sonoma County stakeholders, all forms of violence are severely underreported. During the period from 2006–2010, an estimated 52% (or an annual average of 3,383,200) of all violent victimizations in the United States were not reported to the police.[158]

There are many reasons for underreporting. For example, Sonoma County stakeholders noted that some victims experience fears associated with reporting, while others feel pressure not to report from families, peers, and school administration. Some victims lack trust in "the system," especially among disenfranchised communities that have historically been isolated and discriminated against by the institutions they are supposed to report to (Native American communities were noted specifically here). One stakeholder explained, "We only see things when they get really bad and it is the tip of the iceberg." Many times violence is occurring long before it is reported. An additional reason for underreporting is that the victim may not fully understand they were victimized, and they may feel it was their fault, having been manipulated or coerced into this belief. Furthermore, some people do not have an understanding of what it means to report. This lack of understanding leads to questions such as: How do I report? What's going to happen if I report? Will the police immediately come and take my neighbor's kids away? Will I get deported if I report?

Data Collection and Categorization

Sonoma County stakeholders also discussed the different ways in which reported data are categorized. This may vary across jurisdictions and organizations, making it difficult to compare data and can lead to an inaccurate or incomplete picture, especially when making comparisons. Different data definitions create further challenges. For example, when reporting elder abuse, Adult Protective Services considers 65 to be the legal age of a senior, while the Centers for Disease Control & Prevention (CDC) definition includes people 60 and over as seniors.[159]

What's Next?

Strategies for Violence Prevention

There are many existing, evidence-based services, programs, and policies proven to prevent violence. The National Community Preventative Services Task Force, an independent panel of public health and prevention experts, provides findings and recommendations based on systematic reviews of strategies. For example, some Task Force recommendations related to preventing violence experienced by youth include early childhood home visitation, reducing psychological harm from traumatic events, and school-based programs.[160] With many proven interventions to consider, some of which are already in progress, the County of Sonoma and community partners are well-positioned to move existing research into action.

Domestic Violence

Family Justice Center Sonoma County
707-565-8255
http://www.fjcsc.org/

YWCA Sonoma County
24 Hours Crisis Line 707-546-1234

The National Domestic Violence Hotline
1-800-799-7233
http://www.thehotline.org/

Child Maltreatment

Child Abuse Hotline (Sonoma County)
707-565-4304 Toll Free: 800-870-7064

National Child Abuse Hotline
800-422-4452

Prevent Child Abuse Sonoma County
http://preventchildabuse-sonomacounty.org/
about/

Sexual Violence and Human Trafficking

Verity
Crisis Line: 707-545-7273
http://www.ourverity.org/

Crossing the Jordan
http://crossingthejordan.org/contact/

Rape, Abuse, and Incest National Network
National sexual assault hotline: 800-656-HOPE
https://rainn.org/get-help

National Human Trafficking Resource Center
Hotline: 888-373-7888
http://traffickingresourcecenter.org/

Elder Abuse

Sonoma County Adult Protective Services
707-565-5940 Toll Free 800-667-0404

**National Committee for the Prevention
of Elder Abuse**
http://www.preventelderabuse.org/elderabuse/
help/help1.html

Gang Violence

**Multi-Agency Gang Enforcement Team
of Sonoma County**
http://www.sonomasheriff.org/multi-agency-gang-
enforcement-team-magnet/

National Gang Center
https://www.nationalgangcenter.gov/Publications

Suicide

The North Bay Suicide Prevention Project
24 Hour Hotline 1-855-587-6373

Know the Signs
http://www.suicideispreventable.org/

Each Mind Matters
http://www.eachmindmatters.org/

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CONTRIBUTORS

METHODOLOGY

To guide the Violence Profile design process, a 12-member Steering Committee was established, with representatives from: Department of Health Services (Public Health, Behavioral Health and Health Policy, Planning and Evaluation); Human Services (Adult Protective Services and Child Welfare); Sonoma State University; Santa Rosa Junior College; Sonoma County Indian Health Project; and, Santa Rosa City Mayor's Gang Prevention Task Force. This Steering Committee met monthly from 2013 to spring 2015.

Definitions and data on violence vary greatly across communities, jurisdictions, and data sources. To focus data collection efforts into manageable and relatable segments, the Steering Committee looked to major leaders in public health, including the Centers for Disease Control and Prevention, Robert Wood Johnson Foundation, and the World Health Organization for how violence was structured in their analyses and publications on the topic. It was decided as a group that the predominant topical areas of violence would be formed into the following eight categories:

· Elder Abuse
· Suicide
· Domestic Violence
· Sexual Assault/Human Trafficking
· Gang Violence
· Youth and School-based Violence
· Criminal Violence
· Child Maltreatment

The Steering Committee provided input on all data collection. In this role, they determined it would be useful to collect secondary, quantitative data, and to supplement that with qualitative, primary data collection.

Primary data collection (qualitative). In order to identify potential participants for each focus group, the Steering Committee initially identified over 20 expert community stakeholders to assist with identifying additional knowledgeable stakeholders to participate in focus groups (i.e., snowball sampling). At this preliminary meeting, over 150 stakeholders were identified as knowledgeable about specific violence themes. Of those invited, 73 people participated in the focus groups, with each themed focus group consisting of six to fourteen stakeholders. Focus groups explored localized violence-related trends; discussed data points that best depict the violence theme; examined existing data to understand context, limitations, and where gaps exist; identified populations most impacted by violence; dialogued about what was unique to the Sonoma County area; and discussed the risk and protective factors associated with violence.

All focus group sessions were audio recorded, and a dedicated note-taker took notes. Key informant interviews were used to gather information when certain expert stakeholders were unable to attend the focus group, and meetings were set up to discuss specific themes and questions with local experts. Focus groups and interviews were conducted over a three-month period and participants were assured confidentiality. NVivo 10 qualitative data analysis software was used to assist in the analysis of the focus group and interview data.

After findings were presented and discussed with the Steering Committee, electronic surveys were developed and sent to all Steering Committee members to solicit feedback about which indicators to include in the Violence Profile. Specific criteria were attached to each survey, along with focus group findings, to aid Steering Committee members in making informed decisions. The selected indicators were discussed at the monthly meeting. Initially, it was decided that "indicators" would be selected for the Violence Profile, but after discussing this more thoroughly, staff decided to refrain from selecting indicators, but instead select data points for the purpose of the Violence Profile. Staff wanted to maintain the integrity of what was discussed during the focus groups, as well as what indicators the Steering Committee had chosen, without committing to measure progress on nearly 60 selected indicators. Based on the many selected data points, a limited number of indicators to measure and track progress will be chosen in the next phase of planning.

Secondary data (quantitative). Data were obtained using numerous online databases and websites, including: U.S. Census, American Community Survey, The California Department of Justice, Federal Bureau of Investigations, California Healthy Kids Survey, California Health Interview Survey, California Child Welfare Indicator Project, as well as soliciting information from local County and community partners (e.g., Law Enforcement Agencies, District Attorney's office, Courts, YWCA Sonoma County, Verity, North Bay Suicide Prevention Hotline, etc.). Analysis of violence-related data was limited by the availability of existing data (i.e., secondary data). The Violence Profile Report was drafted by staff from the Health Policy, Planning, and Evaluation Division within the Department of Health Services, in collaboration with the Violence Profile Steering Committee.

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