Disclosure Information

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Disclosure of Relevant Financial Relationships

I have no financial relationships to disclose

Disclosure of Off-Label and/or investigative Uses

I will not discuss off label use and/or investigational use in my presentation.

Advancing a Community-Based Model for Violence Prevention

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Talking Points

1. Disparities related to violence in ethnic communities are well established and continue to be a challenge to health providers.

2. Statistics for the American Indian and Alaska Native communities community reflect high rates of violence, many that are never addressed. Few resources are available to these communities and jurisdictional issues can be challenging.

3. Each community is different, different histories, different resources, and the cultures vary. What intervention efforts work in one community may not work in other communities. A "Best Practice" or "Evidence Based Program" used in one community may not be effective in other communities or in ethnic communities.

4. Community Readiness, developed at Colorado State University, takes these factors into consideration and utilizes the existing resources within a community, the strength of the culture within the community, and the readiness of a community to engage and mobilize to build stronger and more effective efforts in both research and service to create a sustainable and community supported model for change.

Health Disparities in Ethnic Groups

- African Americans, Latinos, Asian Pacific Islanders, and American Indians/Alaska Natives are all groups identified as suffering from greater health disparities.

- American Indians, however, are unique as an ethnic group because we are Sovereign Nations with established, albeit broken treaties for land, mineral and water right negotiations, health and education. This group will be my focus today. Why? Stay tuned.

We Face Challenges

Impact of the media - (Controversial)

- The media portrays family and community violence as commonplace, a way to solve problems and, even normative

- One report estimates that a child leaving elementary school has witnessed 8,000 murders on television and 100,000 other acts of interpersonal violence.

- There is the thought that repeated exposure can desensitize young viewers because the pain and other effects of violence are minimized or not shown.

http://www.parentstv.org/ptc/publications/reports/stateindustryviolence/main.asp

Native Health Challenges

- Have a life expectancy that is 4.2 years less than the U.S. all races.*

- We die from alcoholism at a rate of 510% higher than others.*

- From unintentional injuries 138% higher than all races.*

- From intentional self-harm/suicide 65% higher.*

- From assault/homicide 82% higher than all races.*

- 15% of AI/AN youth are involved in gang activity, compared to 8% of Latino youth and 6% of African American youth (Aspen Institute).

* Indian Health Service Fact Sheet, 2015

What's Different About Violence in Tribal Communities?

FACTS:

- There are currently 565 federally recognized tribes and 66 State recognized tribes. North Carolina has 1 federally recognized tribe and 7 State recognized tribes.

- EACH Nation has a language, ceremonies, a history, a health service system, political system, and unique socioeconomic conditions.

- Many tribes have compacted to own and operate the health systems and legal systems in their jurisdiction.

- Jurisdictional factors have a great impact in tribes – State versus Tribal versus Federal and is very important in a discussion of violence.

- Many tribes are Sovereign, meaning that they are a Nation within the United States – *this status makes us unique and very different from other ethnicities.*

Winnipeg, Canada

First, Some Quick Statistics – Violence in Native Communities (AI/AN)

- Natives are the victims of violent crimes more than 2 times the national average (101 per 1,000).

- One in three AI/AN women have been raped or experienced attempted rape.

- In fact, the incidence of rape in AI women is 3.5 times higher than in other races.

- 57% of AI women reported having had sexual intercourse by the 12th grade with the average age being 14. Ninety two percent (92%) of those reported being forced, against their will, to have sexual intercourse. (University of Minnesota study)

- AI/AN are more likely to experience interracial violence: 60% of the assailants are White.

- Department of Justice Statistics

The Honor Project: Two-Spirit Health Study
Karina Walters, Ph.D. Indigenous Wellness Research Institute
University of Washington
6-year multi-site national study [5RO1 MH65871] 2002-2008
N=447

"Extreme" Childhood Trauma & General Trauma

	Men	Women	Total*
Sexual Abuse	31%	52%	60%
Emotional Abuse	31%	52%	69%
Physical Abuse	23%	35%	53%
Emotional Neglect	19%	31%	61%
Physical Neglect	10%	25%	58%

And Yet…..

- *Yet, arrests are made in only 13% of sexual assaults on AI/AN women. (Department of Justice)*

- And, in 2011, the Justice Department **did not** prosecute 65% of the rape cases on Indian reservations.

Some reasons…

- Rape Kits are only available in less than a third of Native health facilities.

- Native women are not pressed to report rape.

- Jurisdiction can raise challenges.

Violence Against Women Act

The Violence Against Women Act **(VAWA)**, originally passed in 1994, is a collection of funding programs, initiatives, and actions designed to improve criminal justice and community-based responses to violence against women, including sexual violence, in the United States.

VAWA

- VAWA has been reauthorized three times. It was reauthorized for the third time on March 7, 2013. (Violence Against Women Reauthorization Act of 2013, S. 47, 113th Congress 2013-2015)

- *VAWA of 2013 included Title IX* – Safety for Indian Women. Tribes are able to exercise their sovereign power to investigate, prosecute, convict, and sentence <u>both Indians and non-Indians</u> who assault Indian spouses or dating partners or violate a protection order in Indian country. VAWA 2013 also clarifies tribes' sovereign power to issue and enforce civil protection orders against Indians and non-Indians.

As of March 7th, 2015, Tribes could criminally prosecute non-Indian abusers.

What are Some Solutions?

The Community As A Healing Environment

The Cultural Connection
Why is cultural important?

Culture determines:

- What is considered a problem that needs advocacy, treatment or resources.

- How symptoms, injuries, or concerns are expressed.

- How helping information is received and the extent to which the response is accepted.

- Who should provide intervention for the problem.

- What type of intervention, treatment, or advocacy should be given.

The Community Connection

- Community members must prioritize family violence and define it within their own context and culture.

- By doing so, strategies will be developed that do not stigmatize specific populations, i.e., "those people".

- Communities must mobilize within their own cultural context.

- Communities who utilize existing resources and the strength of the people who live in the community are able to establish greater sustainability.

- Some tribal communities have found ways to hold perpetrators accountable without relying too heavily on either the criminal justice or child welfare systems.

- A community working together can better build the capacity of individuals to intervene with family members and friends.

Building Community Capacity Through Community Readiness

The Community Readiness Model

(Plested, Thurman, Edwards and Oetting)

Colorado State University

The purpose of Community Readiness is to:

Provide communities with stages of readiness for development of prevention or intervention strategies that are consistent with readiness levels and with the culture of the community and therefore, more successful and cost effective!

Strategies are based upon the resources that currently exist within the community and they are developed by the community providers, grassroots community and leaders.

What exactly IS the Community Readiness Model (CRM)

- A unique model of assessment – it assesses the "truth" of the community
- A tool for creating community investment
- A tool to build the infrastructure for mobilization and change
- It utilizes nine stages of readiness
- It measures six dimensions (or aspects) of a community
- Each dimension has a stage of readiness associated with it
- Each readiness stage has specific interventions that work most effectively for that stage
- *Integrates culture into the prevention process*

A Community's Readiness is Based on the "Community's Truth"

- "Community's Truth" vs. "The Reality"

- The perception of a community IS their reality

- The two truths may be different

- CRM scores are based on the "truth" of the "community" (example: efforts)

- Successful interventions begin with community.

We've learned that:

Trying to implement something when
a community is not
ready, can be costly in both human
and financial resources,
i.e., a waste of time and money

The Two Phases Of Community Readiness

Assessment

Application

Dimensions Of Community Readiness

A.   Community Efforts (Programs, activities, policies, etc.)
B.   Community Knowledge of the Efforts
C.   Leadership (includes appointed leaders and influential community members)
D.   Community Climate
E.   Community Knowledge About the Issue
F.   Resources for Prevention Efforts (people, time, money, space, etc.)

Stages of Community Readiness

1. No Awareness
2. Denial/Resistance
3. Vague Awareness
4. Preplanning
5. Preparation
6. Initiation
7. Stabilization
8. Confirmation/Expansion
9. High Level of Community Ownership

Process For Using
The Community Readiness Model

Identify Issue

Define "Community"

Conduct Key Respondent Interviews

Score to Determine Readiness Stages

Conduct Workshop to Develop Strategies

Implement Action Plan and Follow Up

Random Example of a CRM Diagnostic

- Dimension A: Efforts

  6: Initiation

- Dimension B: Knowledge of efforts

  4: Preplanning

- Dimension C: Leadership

  3: Vague Awareness

- Dimension D: Climate

  3: Vague Awareness

- Dimension E: Knowledge of issue

  2: Denial

- Dimension F: Resources

  5: Preparation

Interventions are then developed consistent with readiness stages so that they are more successful and cost effective

How can the CRM be used?

Applications Of The Model

- Alcohol Use

- Methamphetamine

- Partner Violence

- Child Maltreatment

- Head Injury

- Environmental Trauma

- Disaster Preparedness

- Transportation Issues

- Cultural Competency

- HIV / AIDS

- Suicide

- Environmental / Weather Conditions

- Animal Control Issues….. and many more

Final Thoughts about Community Readiness

- CRM has been used in over 4,000 communities throughout the US over the past 20 years.

- It has proven it's utility in numerous national treatment-control studies.

- It's been used in 45 other countries.

- The CRM is available in English, Chinese, Spanish, and on CD for visually impaired.

- It's required in some SAMHSA and Indian Health Service funding initiatives.

- There are over 50 published articles by CSU staff and approximately 160 articles published by other groups.

- The World Health Organization funded 5 countries to use the CRM for the development of national policies for the prevention of child maltreatment.

The Great Law of the Six Nations
Iroquois Confederacy

"In our every deliberation we must consider the impact of our decisions on the next seven generations."

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Wado!!
(Thank you)

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