

VIOLENCE PREVENTION STRATEGIC PLAN FOR RIVERSIDE UNIVERSITY HEALTH SYSTEM - PUBLIC HEALTH



 **Riverside
University**
HEALTH SYSTEM
Public Health

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January 2025

Dear Partners in Violence Prevention,

The purpose of this strategic plan is to increase the capacity of Riverside University Health System - Public Health (RUHS-PH) to play a role in violence prevention within our County. We recognize that community safety is a pillar of our work, and our programs and services reach diverse populations who are impacted by violence. We need to ensure that our staff are informed and prepared, and that violence prevention is recognized as a priority throughout RUHS-PH. This plan lays that foundation. We look forward to working with our many community and county partners to build on this foundation and launch into the next phase together.

Kim Saruwatari, MPH
Director of Public Health

A handwritten signature in blue ink that reads "Kim Saruwatari".



THE PUBLIC HEALTH APPROACH TO VIOLENCE PREVENTION

The Public Health Approach to Violence Prevention.

Violence takes many forms and can occur in many settings, including homes, workplaces, schools, and in communities. Violence directly and indirectly affects millions of people each year. The impacts of violence can be long lasting and lead to adverse consequences on an individual's overall health and wellbeing across their lifespan.

While anyone can experience violence, underserved communities are more impacted than others. Community members who have been exposed to violence may interact with many different systems such as law enforcement, healthcare, behavioral health care, social services, education, employment, housing, and more. The "touch points" an individual has with people in these systems and organizations are key opportunities to identify and respond to the impacts of violence throughout systems and organizations in Riverside County. The impacts of violence on population health are substantial and intersect with many other public health issues such as maternal, child and adolescent health, substance use and physical activity, among others.

Fortunately, violence is preventable. There are evidence-based strategies at the individual, family, community and societal levels that reduce the likelihood of violence occurring in the first place, identify problems early, and mitigate the short and long-term adverse effects across populations. Violence prevention is most effective when embedded across multiple sectors and systems with participation from a broad range of partners.

" By addressing multiple forms of violence and their shared risk and protective factors, we can also address overall health. "

- California Public Health Department (2017). Preventing Violence in California Volume 1: The Role of Public Health. Sacramento, CA: California Public Health Department

Definition of Violence

The Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO) define violence as, "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

For the purposes of this Strategic Plan, the definition of violence will include:

- Child abuse and neglect
- Community and gang violence
- Domestic and intimate partner violence
- Elder abuse and neglect
- Firearm violence
- Hate crimes
- Homicide
- Human trafficking
- Sexual violence
- Suicide

This plan expands and interweaves current efforts addressing adverse childhood experiences (ACEs), overdose, and suicide to form a more comprehensive approach to violence prevention across RUHS-PH branches.

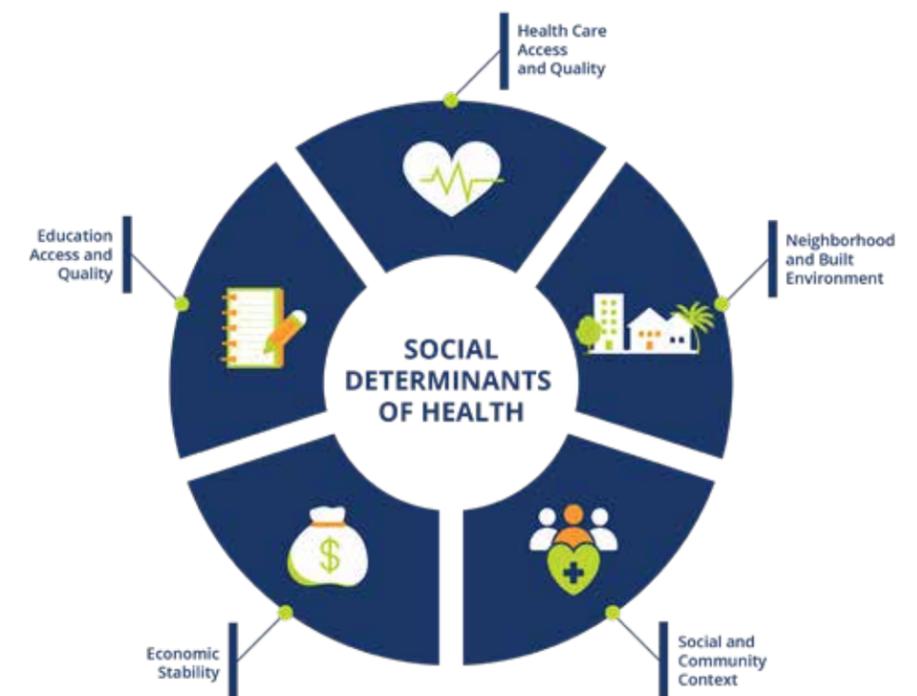
The mission of RUHS-PH is to meaningfully enhance and extend life for all in Riverside County. Central to this mission is community safety. For individuals, families and communities to thrive, they must feel safe. While the effects of violence are profound, there are effective prevention strategies that can reduce the likelihood and impact of multiple forms of violence.

In its *Preventing Violence in California* report, the California Department of Public Health outlines the role of public health as an important convener and catalyst for action, bringing together stakeholders from multiple sectors to promote collaboration and alignment of efforts.² Providers of a range of public health services can use violence prevention training and education to ensure that staff and system interactions with clients and employees are trauma informed, policies and programs support holistic care and wellbeing, and understand the public health impacts of violence.

RUHS-PH aims to create healthy communities, promote healthy behaviors, and connect and invest in people. Violence prevention is at the heart of RUHS-PH's mission and is essential to each of its programs and services. This plan lays the foundation to enhance data surveillance and expand community engagement among partners in violence prevention spaces.

Addressing Social Determinants of Health

Addressing Social Determinants of Health (SDOH) is central to violence prevention. SDOH are the non-medical factors that influence health outcomes and create environments where individuals are more likely to experience violence. They include "the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life."³ Healthy People 2030 organizes the social determinants of health into five domains: Economic Stability, Education Access and Quality, Health Care Access and Quality, Neighborhood and Built Environment, and Social and Community Context.⁴



² California Public Health Department (2017). Preventing Violence in California Volume 1: The Role of Public Health Sacramento, CA: California Public Health Department.

³ Accessed from CDC web site, Social Determinants of Health, <https://www.cdc.gov/health-disparities-hiv-std-tb-hepatitis/about/social-determinants-of-health.html>

⁴ Accessed from Healthy People 2030 website, Social Determinants of Health, <https://health.gov/healthypeople/priority-areas/social-determinants-health>

¹ CDC, VetoViolence Principles of Prevention Guide, https://vetoviolence.cdc.gov/apps/pop/assets/pdfs/pop_notebook.pdf

Social-Ecological Model

The Social-Ecological Model is a framework to better understand the complex interactions between the individual, relationship, community, and societal factors that increase or decrease the likelihood of violence. It highlights strategies at each of these levels to prevent violence (primary prevention), identify problems early and reduce the short-term effects of violence (secondary prevention), and services and supports that reduce the long-term effects of violence (tertiary prevention).



Individual -

biological and personal factors such as education, income, substance use, self-esteem, problem-solving skills, access to health and behavioral healthcare, ACEs, prior exposure to violence.

Relationship -

close relationships that influence the risk of experiencing or perpetrating violence such as social connectedness, family support, relationship skills, and peer norms.

Community -

safe, resourced and supportive schools, workplaces, and neighborhoods, availability of nutritious food, density of alcohol outlets, green space, and coordinated community resources and services.

Societal -

health, economic, cultural and social policies influence the risk of violence and the safety of environments.

A Comprehensive Approach

A comprehensive approach to violence prevention brings together an array of public and private partners across sectors and disciplines to address the root causes of violence and promote healing. With its mission to prevent negative health outcomes, promote healthy communities and resilient individuals, and protect the health of entire populations, public health has a key role to play in convening multi-sector stakeholders around community violence prevention initiatives.

Multi-sector collaboration involves high-level leadership catalyzing and leading policy change, building public will, ensuring financial and staffing resources, and building partnerships across sectors to increase efficacy and sustainability. Community engagement is a critical part of this process, ensuring community involvement in decision-making, governing, and implementation as well as public accountability.

The public health approach to violence prevention includes strategies across all four levels of the Social Ecological Model, by addressing the root causes of violence, identifying problems early, and mitigating its impacts in the short and long term. The CDC Prevention Resources for Action lists several prevention strategies that reduce multiple forms of violence:

- **Strengthen economic security through policies and programs that bolster individual and household financial security and help increase neighborhood and community safety and security.** Examples include income support policies, social insurance programs, and employment opportunities.
- **Create protective environments to reduce the conditions that contribute to risk for violence.** Protective environments also support healthy development and increase community safety and inclusion. Examples include modifying the home environment to increase safety from exposure to toxins or sources of potential injury, and facilitating connections between community members and opportunities to safely recreate and play.
- **Promote healthy family relationships and parenting behaviors that play a key role in shaping youth and young adults' emotional, social, and behavioral health.** Examples include early home visitation programs and parenting skills programs.
- **Connect young people to caring adults and activities to cultivate positive relationships and improve school engagement.** Examples include mentoring and after-school programs for youth.
- **Intervene to lessen harms and prevent future risk by supporting those who have been exposed to violence, including Adverse Childhood Experiences, to recover, heal, and thrive.** Examples include treatment for health and behavioral health effects of violence exposure, hospital-based violence intervention, street outreach programs, and community-justice partnerships.
- **Provide quality education to promote social and emotional development and help provide a foundation for sustaining healthy relationships and participating actively in society.** Examples include preschool enrichment and family engagement programs, increasing resources for schools, and vocational education for individuals returning to the community after incarceration.
- **Strengthen youth and young adults' social, emotional, and vocational skills to help promote healthy relationships and economic stability throughout life.** Examples include school-based programs on healthy relationships, emotional regulation, and conflict management as well as job training and employment programs.

Source: CDC Prevention Resources for Action website, <https://www.cdc.gov/violence-prevention/php/resources-for-action/index.html#:~:text=A%20Prevention%20Resource%20for%20Action%20has%20three%20parts.,programs%2C%20policies>



THE ROLE OF RIVERSIDE UNIVERSITY HEALTH SYSTEM - PUBLIC HEALTH (RUHS-PH) IN VIOLENCE PREVENTION

The public health approach to violence prevention includes strategies to address the root causes of violence as well as ways to address the impacts of violence on individuals, families, and communities. Addressing the complex causes of violence requires coordinating activities across multiple systems and sectors and engaging with those communities most impacted. Public health uses data to understand the prevalence of violence, when and where it occurs and who is the most vulnerable, and to identify data-driven approaches to reduce risk factors and enhance those factors that protect individuals and communities from violence and promote healing when it does occur.⁵

There are opportunities across the lifespan to prevent and stop violence, and mitigate its impacts on individuals, families and communities through increasing protective factors and reducing risk. Effective, comprehensive strategies address a broad range of social, health, and economic conditions, reducing immediate risk and mitigating the short- and long-term impacts of violence when it occurs.



Data Surveillance

Applying a public health approach to violence prevention requires robust data collection and ongoing data surveillance to identify, monitor, and track various forms of violence. As with other public health issues, data is essential for understanding the extent and impact of violence and is used to inform prevention and intervention strategies and programs. It can also show the relationship between violence and other health and social issues.

What we do know from available data is that violence impacts not only individuals and families but whole communities. Exposure to violence occurs among all demographic groups, but certain populations are disproportionately impacted.⁶ Exposure to violence early in life increases the risk of further victimization later in life.⁶ Exposure to violence is linked with numerous adverse health and behavioral health outcomes, and people who experience one form of violence are more likely to experience other forms of violence as well.⁶

The prevalence of violence (e.g., domestic violence, elder abuse, sexual assault, etc.) is difficult to adequately measure for various reasons. Violence and abuse often carry extreme stigma and are in turn severely underreported. Unlike many other public health issues with concrete definitions, different forms of violence are not defined the same across reporting systems, making comparisons across datasets nearly impossible. Violence can also take different forms, for example, domestic violence can consist of physical, sexual, psychological, emotional and financial abuse.

⁵Source: CDC website, Public Health Approach, <https://www.cdc.gov/violence-prevention/about/about-the-public-health-approach-to-violence-prevention.html>
⁶Wilkins, N., Tsao, B., Hertz, M., Davis, R., Klevens, J. (2014). Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention Oakland, CA: Prevention Institute.

Data on incidents of violence are collected based on the roles of individual systems. For example, law enforcement tracks 911 calls and arrests, and hospitals collect information on patients treated for physical injuries. Non-physical injuries and those that are not reported or treated are not captured and may remain unknown.

Self-reported surveys are one way to fill this gap in data. Anonymous surveys can help address issues around stigma and inquire about experience with violence that is otherwise not reported. However, surveys have limitations. They can be costly and labor intensive and therefore may not be conducted consistently over time. Population based surveys may suffer from inconsistent definitions, time frames, and reporting bias. It can also be difficult to obtain data at the county or zip code levels.

RUHS-PH works within these limitations to gather, analyze and report the most accurate data available to prioritize violence prevention efforts and resources across Riverside County. Currently data from local emergency departments, hospitals, law enforcement, and other county departments such as the coroner, behavioral health, education, etc. are used to piece together the best estimates. Qualitative and anecdotal data from community providers and members serve as another piece of the data puzzle. This strategic plan includes steps to increase RUHS-PH's internal data capacity through dedicated resources for collecting, analyzing and reporting on injury and violence related data.

As a first step toward this implementation, RUHS-PH conducted a community needs assessment and series of focus groups in the fall of 2024 to gather feedback from community members on their experiences and perspectives around violence. Findings from the survey and focus groups will be used to guide implementation of the RUHS-PH Violence Prevention Plan.

Relationship of Violence to Other Public Health Issues

Violence and the impacts of violence intersect with a myriad of public health issues. As stated throughout this plan, multiple forms of violence share root causes at the individual, family and community levels and are also influenced by the same social determinants of health as many other public health issues. For example, physical activity and obesity are strongly correlated, less physical activity has been shown to correlate with higher rates of obesity. Physical activity has been strongly correlated with both individual and community level risk and protective factors such as actual and perceived community violence, and the availability of green space and safe places for individuals and families to recreate.⁶

Research has shown that as neighborhood violence rises so does the fear of violence (or perceived violence) and resident physical activity levels decrease. Additionally, social determinants of health such as economic and educational opportunity are strongly correlated with violence and crime. Communities with lower levels of crime and violence have typically been found to have more community economic and educational opportunities, investments and resources.⁷ Here is just a snapshot of how violence can influence other health related behaviors, outcomes and system involvement.

⁶Singleton, C.R., Winata, F., Parab, K.V. et. al. Violence Crime, Physical Inactivity, and Obesity: Examining Spatial Relationships by Racial/Ethnic Composition of Community Residents. *J Urban Health* 100, 279-289 (2023).

⁷Santalaria, N.J., Ramirez, M.R., Osypuk, T.L., and Mason, S.M. Economic hardship and violence: A comparison of county-level economic measures in the prediction of violence-related injury. *J Interpers Violence*. 2023 Mar; 38(5-6): 4616-4639.



Child Abuse

Children with disabilities and long-term illnesses experience a higher burden of all forms of violence; roughly 3x risk of mental violence, 3.5x risk of serious violence, and over 4x risk of disciplinary violence.⁹

As a result of experiencing more severe maltreatment, children with intellectual disabilities were more often referred to ongoing child protection services.¹⁰

Childhood Lead Exposure

Blood lead levels (BLL) have been shown to play a mediating role in the relationship between externalizing behavior problems and social adversity.¹¹

Adolescent Health

Exposure to violence during adolescence has been shown to negatively impact cognitive and emotional development including reduced interpersonal skills, problem solving, academic performance, ability to cope with stress and an increased risk of chronic conditions in adulthood (e.g., tobacco and substance use, obesity, depression, and negative socioeconomic outcomes).¹²

Nutrition and Health Promotion

Food insecurity rises consistently with more exposure to ACEs; 23% of survey respondents who experienced four or more ACEs reported food insecurity and each additional ACE increases the odds of food insecurity by approximately 21- 40%.¹³

Maternal Health

A U.S. study found that verbal abuse (31%), economic abuse (25.9%), physical violence (8%), and sexual abuse (6%) was associated with increase in pregnancy related symptoms.¹⁴

A large global meta-analysis found that on average 25% of pregnant women are exposed to interpersonal violence; 9% experienced physical abuse, 5.5% sexual abuse and 18.7% psychological abuse.¹⁵

Infectious Diseases

Over half of HIV positive women have experienced intimate partner violence at some point during their lifetime.¹⁶

Women who experienced domestic violence are three times more likely to contract a sexually transmitted infection.¹⁶

Factors related to poverty, inadequate housing, overcrowded institutions, and lack of access to healthcare are drivers of tuberculosis infection rates.¹⁷

See Reference Section for Citations



VIOLENCE PREVENTION STRATEGIC PLAN

In 2024 the RUHS-PH's Injury Prevention Services branch received a grant to build capacity among RUHS-PH staff. A portion of grant funds were allocated to developing a Violence Prevention Plan to guide programming among RUHS-PH staff.

Developing the Riverside County Violence Prevention Strategic Plan

The strategic planning approach included several components to gather information and input. A review of data on the prevalence and impacts of violence and frameworks for violence prevention was conducted. Four listening sessions were held, three with RUHS-PH branch managers and one with executive leadership. Finally, a staff survey gathered what resources they would need to feel more comfortable and confident addressing violence prevention within their varied roles. Findings were organized into focus areas, goals, and strategies.

Key Findings

- Violence is highly relevant to the work of RUHS-PH, and impacts many of the clients it serves.
- Integrating violence prevention throughout the Department would demonstrate that violence is an important public health issue.
- Violence prevention training would help staff better understand how violence impacts clients and how to support those who have experienced it.
- Staff would benefit from resources to educate the community and tools for supporting clients who have been impacted by violence.
- Collecting and sharing data is an important role for public health, and strategies to increase capacity in this area would support the Department and the county.
- Compiling comprehensive resource lists across different branches and programs would facilitate timely referrals to meet the needs of those impacted by violence.
- Establishing relationships with organizations that focus on violence prevention and convening a broad array of stakeholders are promising ways to mobilize and build multi-sector partnerships.

" My assumption is that every individual or group I connect with is impacted by some form of violence."

- Staff Survey respondent



SUMMARY OF FOCUS AREAS



Focus Area 1: Violence as a Public Health Issue

RUHS-PH recognizes violence prevention as a priority for public health work that is reflected in internal policies, data measures, and dedicated resources. This includes exploring capacity building efforts that integrate violence prevention throughout RUHS-PH program and services.



Focus Area 2: Workforce Development & Training

Workforce development and training opportunities will build knowledge, capacity, confidence, and skills of RUHS-PH staff to understand their role in violence prevention education, intervention, and provision of referrals and support. These workforce development and training opportunities will leverage existing RUHS-PH expertise and skills, be tailored to fit various roles of staff, and explore opportunities to support staff who are experiencing vicarious and secondary trauma.



Focus Area 3: Violence Prevention Awareness & Resources

RUHS-PH staff, as well as youth and adults served by RUHS-PH and community programs will have an increased understanding of the impact of violence on a person's overall mental and physical health, and be aware of violence crisis and community resources, as well as strategies to heal from trauma. As a result of awareness activities, barriers to help-seeking, including public and self-stigma, will be reduced.



Focus Area 4: Multi-Sector Partnerships for Violence Prevention

RUHS-PH staff, service providers, staff from other county agencies, and community-based organizations have a shared understanding of violence prevention as a key element in social determinants of health and well-being of Riverside County community members, feel informed about how violence is impacting their communities, and understand the role they can play in working together to serve the needs of the community.



FOCUS AREAS



Focus Area 1: Violence as a Public Health Issue

In 1979, the Surgeon General's Report, Healthy People, documented the dramatic gains made in the health of the American people during the previous century, mostly due to preventing and treating infectious diseases. In 1996, The World Health Assembly passed a resolution declaring that "violence is a leading worldwide public health problem." With this declaration violence started to be seen and treated as a public health issue. This increased formalized data surveillance, education about the health impacts of violence, acceptance of the notion that violence is preventable, and outreach and educational programs to address violence at the individual, family, community and societal levels.

In this Violence Prevention Strategic Plan, the first goal involves RUHS-PH recognizing violence as a public health issue and addressing it through a public health approach. This requires increasing awareness and understanding of violence as a public health issue and the health impacts of violence among RUHS-PH staff, its multidisciplinary partners (governmental and community), and the community members of Riverside County. Other activities include expanding the current Injury Prevention Services Branch to include violence prevention, determining the role of RUHS-PH in violence prevention, developing robust violence data surveillance (collecting and disseminating) of the impacts of violence and connections between multiple forms of violence, and examining RUHS-PH's own violence related system policies and responses.

GOAL: RUHS-PH recognizes violence prevention as a priority for public health work, reflected in internal policies, data initiatives, and dedicated resources.

POTENTIAL STRATEGIES:

<p>1.1. Identify violence prevention as a priority public health issue for RUHS-PH.</p>	<p>Indicators of Success</p> <p>Increased awareness, understanding and prioritization of violence as a public health issue by RUHS-PH leadership and staff.</p>	<p>Potential Inputs/Outputs</p> <p>Meetings with agency and community leaders to discuss violence prevention.</p> <p>Inclusion of violence prevention goals within the next Community Health Improvement Plan.</p> <p>Expand Injury Prevention Services Branch to include violence prevention.</p> <p>RUHS-PH website includes information on violence as a public health issue.</p>
<p>1.2. Collect and share data on the impact of violence; ensure that data is accessible and inclusive.</p>	<p>Indicators of Success</p> <p>Expanded capacity of RUHS-PH's Epidemiology branch to collect and share violence-related data.</p> <p>A Violence Prevention Data Briefing is published and shared on the RUHS-PH website.</p>	<p>Potential Inputs/Outputs</p> <p>Dedicated staff and resources within the RUHS-PH Epidemiology branch to conduct injury and violence data surveillance.</p> <p>RUHS-PH Epidemiology branch data reports and available local, state and national databases.</p>
<p>1.3. Review RUHS-PH departmental policies and responses related to violence (e.g. workplace violence prevention, domestic violence, suicide prevention) and develop RUHS-PH departmental violence prevention policies as needed, including resources and support for staff who have experienced or witnessed violence.</p>	<p>Indicators of Success</p> <p>RUHS-PH managers and staff are aware of and trained in applying violence prevention policies and response protocols.</p> <p>Resources to support staff with their own experiences of violence are available and provided.</p>	<p>Potential Inputs/Outputs</p> <p>RUHS-PH policies related to violence prevention and response.</p> <p>Number of managers, supervisors, employees trained and acknowledging violence prevention and response policies for staff.</p>
<p>1.4. Develop "Role of RUHS-PH in Violence Prevention" communication materials outlining the intersection of RUHS-PH programs with violence prevention/SDOH, crisis and community resources.</p>	<p>Indicators of Success</p> <p>Increased awareness of the role of RUHS-PH in violence prevention across programs and branches.</p>	<p>Potential Inputs/Outputs</p> <p>Number of communication materials (e.g. emails) shared with RUHS-PH staff.</p> <p>Number of staff that understand and support RUHS-PH's role in violence prevention based on annual staff survey.</p>



Focus Area 2: Workforce Development and Training

To effectively address violence and work towards preventing it overall, the RUHS-PH workforce needs to be adequately resourced through workforce development and training opportunities and have access to supportive services for their communities and themselves. Staff need to understand violence is a public health issue in order to confidently promote and engage in messaging, data surveillance, and implementation of strategies to reduce and prevent violence, in all of its forms, across Riverside County. This starts with creating a baseline comprehension of what violence is, its multiple health impacts, and how to prevent and address violence in a trauma informed manner.

This plan takes a tiered approach to exploring how to equip RUHS-PH employees with the knowledge, tools and resources to address violence across the many roles and services they provide. Through leveraging existing branch and program staff skill sets, internal training for client-facing staff, data, evaluation, policy, administrative and executive leadership, employees can be rooted in in-house expertise and resources from staff across RUHS-PH branches, programs and public health issues. This strengthens the knowledge and confidence of staff while also illustrating the connections between multiple forms of violence across all branch topic/focus areas and its relationship to the well-being of individuals, families and communities.

GOAL: Workforce development and training opportunities will build knowledge, capacity, confidence, and skills of RUHS-PH staff to understand their role in violence prevention education, intervention, and provision of referrals and support. These workforce development and training opportunities will leverage existing RUHS-PH expertise and skills, be tailored to fit various roles of staff, and explore opportunities to support staff who are experiencing vicarious and secondary trauma.

POTENTIAL STRATEGIES:

<p>2.1. Explore the development of a general violence prevention training for all staff; explore integrating into existing required training and into new employee onboarding practices. The training could include de-escalation techniques and general understanding of the root causes and impact of violence.</p>	<p>Indicators of Success</p> <p>A general violence prevention training is offered to new and existing RUHS-PH staff.</p>	<p>Potential Inputs/Outputs</p> <p>Number of activities in the exploration/development of this training (e.g. meetings with leadership, branch and program director feedback, RUHS-PH staff involved in the training development).</p> <p>Number of employees who complete the training.</p>
<p>2.2. Explore the development of a protocol and toolkit for assessing and responding to violence.</p>	<p>Indicators of Success</p> <p>RUHS-PH staff that provide direct services across all branches and programs are provided with guidance on how to ask about violence and appropriate steps to take to support clients who are impacted by violence.</p>	<p>Potential Inputs/Outputs</p> <p>Assessment scripts and protocols are developed and shared with staff.</p> <p>Number of staff that self-report they are confident in how to assess and support clients who are impacted by violence.</p>
<p>2.3. Explore offering RUHS-PH staff that provide direct services with client-centered training that will help foster healthier and safer communities by increasing their understanding of (1) how violence can impact the health and the health-related behaviors of their clients, and (2) how to connect clients who have witnessed and/or experienced violence to resources and supports.</p>	<p>Indicators of Success</p> <p>Staff who provide direct client services feel confident to ask about exposure to violence and know what resources to provide.</p>	<p>Potential Inputs/Outputs</p> <p>Number of employees who complete the training.</p> <p>Percentage change in staff knowledge (pre- and post-training survey).</p> <p>Percentage change in staff confidence (pre- and post-training survey).</p>
<p>2.4. Explore offering training, policies and resources to educate and support staff experiencing vicarious and secondary trauma.</p>	<p>Indicators of Success</p> <p>Increase in staff knowledge and understanding of vicarious and secondary trauma.</p> <p>Ongoing education, support, and resources around self-care is provided for all staff.</p>	<p>Potential Inputs/Outputs</p> <p>Number of employees who complete training on secondary and vicarious trauma.</p>



Focus Area 3: Violence Prevention Awareness & Resources

The impact of violence in a community can be difficult to assess, but we know it has ripple effects that can persist through generations. Through a broad range of awareness activities RUHS-PH staff, along with the youth and adults served by RUHS-PH and community programs, will develop a deeper understanding of the physical and mental health impacts of violence. Activities may include creation of a universal resource card with violence prevention and crisis resources, as well as digital toolkits (shareables), and outreach materials.

As a result of these efforts, there will be greater understanding of various forms of violence and strategies for healing from their impacts.

- **Child abuse and neglect**
- **Community and gang violence**
- **Domestic and intimate partner violence**
- **Elder abuse and neglect**
- **Firearm violence**
- **Hate crimes**
- **Homicide**
- **Human trafficking**
- **Sexual violence**
- **Suicide**

In the summer and fall of 2024 RUHS-PH contracted with HARC, Inc. to conduct a community needs assessment to gather feedback from community members on exposure to violence, the impact of violence, and the most pressing issues for violence prevention. Findings from the needs assessment can guide the development of outreach materials most pressing for the community.

GOAL: RUHS-PH staff, as well as youth and adults served by RUHS-PH and community programs, will have an increased understanding of the impact of violence on a person’s overall mental and physical health, and be aware of violence, crisis and community resources, as well as strategies to heal from trauma. As a result of awareness activities, barriers to help-seeking, including public and self-stigma, will be reduced.

POTENTIAL STRATEGIES:

<p>3.1. Develop a violence prevention resource card and outreach kit that can be utilized by all RUHS-PH staff to explain the impact of violence, and refer clients to crisis and community resources.</p>	<p>Indicators of Success</p> <p>Increased awareness of violence crisis and community resources.</p>	<p>Potential Inputs/Outputs</p> <p>Number of resource cards disseminated.</p> <p>Number of outreach events with violence prevention and/or education materials.</p> <p>Number of communication pieces (e.g. blog, podcast, earned media).</p>
<p>3.2. Develop a violence prevention landing page on the RUHS-PH website with information about the impact of violence on mental and physical health, RUHS-PH commitment to violence prevention, crisis and community resources, and the role everyone can play in violence prevention. This page can also include educational information, toolkits and shareables.</p>	<p>Indicators of Success</p> <p>Increased understanding of violence prevention and its impact on mental and physical health.</p> <p>Increased understanding of crisis and community resources.</p>	<p>Potential Inputs/Outputs</p> <p>Landing page on RUHS-PH website.</p>
<p>3.3. Identify existing resources and explore developing needed resources for toolkits and shareables on different forms of violence and their impacts (informed by HARC community needs assessment).</p>	<p>Indicators of Success</p> <p>Increased awareness of different forms of violence, their impact, healing strategies and resources.</p>	<p>Potential Inputs/Outputs</p> <p>Number of toolkits and shareables created, shared, and downloaded.</p>



Focus Area 4: Multi-Sector Partnerships for Violence Prevention

Effective and comprehensive violence prevention work depends on multi-sector partnerships. No single system, discipline or agency can prevent or address violence on its own. This collaboration needs to occur within and across systems and also with community and education partners. This necessitates relationship building, trust, shared visions and goals, and everyone taking a part in preventing violence. To build this collective ownership, RUHS-PH will explore opportunities to convene partners in an effort to facilitate information and resource sharing. RUHS-PH can also have a presence in forums such as task forces, workgroups, advisory boards and coalitions addressing multiple forms of violence and other significant public health issues for Riverside County; bringing the “voice” and perspective of violence prevention to fields such as substance use, mental and behavioral health, immunization, HIV and STIs and maternal, child, adolescent and environmental health.

As these relationships grow, and are guided by data and the need for capacity building, RUHS-PH will explore opportunities to invest in community and education agencies and partnerships that address various forms of violence and specialize in primary, secondary and tertiary prevention. RUHS-PH can further provide data and research and leverage non-county partners in advocacy and policy reform. These relationships must be bidirectional and incorporate the lived expertise of survivors and peers.

GOAL: RUHS-PH staff, service providers, staff from other county agencies, schools, and community-based organizations have a shared understanding of violence prevention as a key element in social determinants of health and well-being of Riverside County community members, feel informed about how violence is impacting their communities, and understand the role they can play in working together to serve the needs of the community.

POTENTIAL STRATEGIES:

<p>4.1. Explore hosting an annual violence prevention symposium or community event.</p>	<p>Indicators of Success</p> <p>Increased public private partnership and community collaboration.</p> <p>Increased visibility of RUHS-PH as a community leader in violence prevention.</p>	<p>Potential Inputs/Outputs</p> <p>Example event fliers.</p> <p>Number of event participants.</p>
<p>4.2. Identify and build relationships with agencies and organizations doing violence prevention work in Riverside County, with a longer term goal of exploring the development of a violence prevention focused workgroup or network.</p>	<p>Indicators of Success</p> <p>RUHS-PH has identified and met with key violence prevention programs and organizations in Riverside County to learn about their work and share information about RUHS-PH's violence prevention plan.</p> <p>A recommendation has been developed for how multi-sector partnerships to advance violence prevention in Riverside County should be organized (e.g. through integration with an existing network or by creating a new body).</p> <p>Individuals representing multi-sector partners in Riverside County convene to discuss violence prevention.</p>	<p>Potential Inputs/Outputs</p> <p>Number of agencies and organizations identified.</p> <p>Number of meetings between RUHS-PH and violence prevention organizations and programs.</p> <p>Number of agencies and organizations that implement violence prevention strategies within their programs/activities.</p> <p>Number of RUHS-PH violence prevention materials shared.</p>
<p>4.3. Participate in other key county coalitions such as suicide prevention, substance use, maternal child and adolescent health, children's medical services, and others to represent intersections with violence prevention.</p>	<p>Indicators of Success</p> <p>Staff who provide direct client services feel confident to ask about exposure to violence and know what resources to provide.</p>	<p>Potential Inputs/Outputs</p> <p>Number of employees who complete violence prevention training.</p> <p>Percentage change in staff knowledge (pre- and post-training survey).</p> <p>Percentage change in staff confidence (pre- and post-training survey).</p>
<p>4.4. Explore ways to invest in building the capacity of communities and community-based agencies to implement violence prevention activities, collect data, and evaluate their violence prevention strategies.</p>	<p>Indicators of Success</p> <p>Increase in staff knowledge and understanding of vicarious and secondary trauma.</p> <p>Ongoing education, support, and resources around self-care is provided for all staff.</p>	<p>Potential Inputs/Outputs</p> <p>Number of employees who complete training on secondary and vicarious trauma.</p>



CLOSING

At Riverside University Health System - Public Health, we work to promote and protect the health and well-being of all Riverside County people and communities. Data surveillance, collaboration, education and policy are cornerstones for all public health issues, and violence prevention is no exception.

This plan outlines a foundation for RUHS-PH to make violence prevention a priority across our programs and services. It represents our commitment to building the confidence and skills of our workforce to provide violence prevention education, intervention, and support.

We all have a role to play in fostering communities in which people in Riverside County feel safe and thrive; no one agency can do it alone. This plan will help RUHS-PH strengthen existing relationships and build new ones to enhance collaboration across multiple sectors, with the ultimate aim of improving safety and healing in our communities.

Through building our own capacity within RUHS-PH, and with the necessary resources and funding, we hope to take this work into a new phase in the future. This next phase would include a focus on planning, developing, and implementing strategies that expand focused prevention practices into the communities that are most impacted by violence.



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Citations 1-7 provided within the text of the report.

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