

*The RoadMap for Preventing Violence is Dedicated In Loving Memory of
John Blake West, EdD, MPH
May 13, 1949 - April 10, 2001*

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*please forgive us if we unintentionally omitted your group/agency.

Marin Institute

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John B West, EdD, MPH, San Francisco State University

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Introduction

Violence invades our homes, schools, work sites and neighborhoods, too often making us prisoners in our own communities. It is a society out of balance when we forbid our children to walk to school alone, we are too afraid to go to our own home, or when we fear all those individuals not known to us. Whereas, violence is tolerated, expected and glamorized in our society, the San Francisco Violence Prevention Network (**Appendix A**) seeks to replace the culture of violence with a social norm that promotes peace, non-violence and respect for all people.

Over the past century, significant strides have been made toward improving the health and safety of our communities – through scientific breakthroughs, a strong public infrastructure and medical advances.

Communicable diseases are no longer the greatest threat to American health, having been replaced by chronic disease, injuries and violence. Addressing these newer health issues is difficult – particularly when they are as complex, widespread and seemingly as ingrained as violence.

Because of intolerably high levels of violence, the Surgeon General declared

violence a public health problem in 1984. The public health approach to violence prevention focuses on decision-making with a wide range of individuals from different backgrounds, perspectives and disciplines based on data and best practices. The Violence Prevention Network adopted the public health approach (**Appendix B**) in its planning process (**Appendix D**) and, in so doing, identified the root causes and community risk factors of violence (**Appendix C**). The next phase is to identify primary prevention strategies addressing root causes and risk factors for violence. Root causes include economics, oppression and mental health.

Although poverty and racism may not directly cause violence, they play an important, underlying role. Most poor people or people of color are not violent – to suggest a causative relation would be inaccurate, disrespectful and biased. What seems more likely is that poverty and racism, especially when they are severe and chronic and extend over generations, are associated with violence which stems from a sense of hopelessness, despair, anger and resentment. Dr. Deborah

Prothrow-Stith, a national violence prevention expert, notes that disproportionately high levels of violence in certain minority populations are indicators of the underlying economic and social conditions in which the population is likely to find itself. The devastation of some communities by violence is best understood as a reaction to poverty and to overcrowding. This occurs in the context of an American culture where “violence is as American as apple pie.”

A health and social issue as challenging and significant as violence requires an equally significant and complex response. Addressing violence at numerous levels – individual, community, organizational and policy – as well as working with an interdisciplinary body like the Violence Prevention Network– is an important first step. Creating an environment conducive to peace and non-violence is accomplished by changing social norms, building healthy individuals, families and strong communities, as well as making environmental changes, such as decreasing the presence of certain risk factors like alcohol and firearms.

RoadMap Directions

This RoadMap was designed to provide guidance to different entities – communities, public/private agencies, and neighborhood groups – interested in preventing violence in their areas.

To make this a useful tool, each section has a brief overview of the issue area followed by data. Then all the goals and objectives for that issue area are listed, followed by the same objectives in a chart with more specifics, and a case study that describes examples as to how an earlier version of this document has helped guide groups working in violence prevention.

Data

Local data, to the degree it is available, are provided for each of the 3 issue areas covered in this document: alcohol, firearms and witnessing acts of violence. The data are provided as a tool to identify where efforts might best be focused.

Goals and Objectives

The work of the Violence Prevention Network was founded on a public health approach. An important part of that

approach is the development of specific, measurable objectives. The outcome objectives provide a longer term measure and are, for the most part, linked to the national Healthy People 2010 objectives (the national health objectives for the United States for the first decade of the 21st century: www.health.gov/healthypeople). The process objectives are more specific objectives that will help us to define strategies to meet the outcome objectives.

Of the 20 objectives and accompanying strategies identified and developed by the Violence Prevention Network, some are ideal for community groups, others are best suited for a public agency, and others are ideally implemented as a collaboration between public and private organizations. The charts, described below, give some ideas on whom to work with, what steps to take and how to evaluate the work you are doing.

Chart

The chart provides specifics for each process objective. It suggests strategies and

methods for accomplishing the objective, potential partners, and possible evaluation tools. In some cases, the strategies are fairly specific; in other instances they are broader. In either case, they are in no way intended to cover the entire range of activities that might achieve that specific objective. These are the detailed ideas that came from the planning process. We hope that the lists of strategies, partners and evaluation tools provide some foundation or inspiration for other ideas and activities.

No element of the chart is prioritized. Ideas for strategies are sometimes grouped because they made sense to be placed together. The objectives themselves are not prioritized, because it is important for those interested in taking action to select those issue areas, objectives, strategies, partners, etc., that work best for the environment in which they are working. The list of potential partners for each objective is there to give you ideas of some of the organizations that might help you get started or might be useful partners for achieving that objective. Those lists, however, are only some of the

groups you might want to work with, as identified by the conference "Peace It Together (described below). They are not intended to be exclusive.

Case Studies

At the end of each of the issue areas is a case study, demonstrating how a group could use the RoadMap to prevent violence in their communities. The examples are based, in part, on principles from the Community Action Training (described below) and an earlier version of this document.

If you or your group are interested in working on one of the objectives or strategies, take a look at the case studies at the end of each issue area to see how others have worked on the issue. We also encourage you to attend the Community Action Training, sponsored by community agencies, in coordination with the San Francisco Department of Public Health.

Community Action Training

The San Francisco Department of Public Health is coordinating a series of community action trainings. The purpose of

these trainings is to work with groups that are interested in making a positive change in their community for the health and well being of all. The training builds skills and provides tools for effective assessment, planning, and action for community groups. For an overview of the model see **Appendix E**. For information about upcoming trainings contact the Health Education Training Center at 415-554-2747.

We hope that you will find this document a valuable guide as you chart a course to prevent violence in your community.

ALCOHOL

GOAL: San Francisco will be free from alcohol-related violence.

Outcome Objective 1: By 2010, achieve a significant reduction in intentional injuries resulting from alcohol-related violence.

Process Objective A-1: By 2002, a “good neighbor policy” will be enacted whereby owners/operators of liquor outlets will be held responsible for adverse incidents (including inappropriate trash disposal, graffiti, etc.), in close proximity to their property.

Process Objective A-2: By 2003, develop and implement a data mapping system to demonstrate the extent to which alcohol and violence are linked.

Process Objective A-3: By 2005, achieve consistent enforcement in the sale and use of alcohol by fostering the development of collaborative agreements between appropriate regulatory and enforcement agencies.

Process Objective A-4: By 2005, significantly increase funding for community alcohol-free events.

Outcome Objective 2: By 2010, achieve a significant decrease in the number of under-age persons who consume alcohol.

Process Objective A-5: By 2003, implement a neighborhood-based counter-advertising campaign developed by and specifically directed to youth in communities that are disproportionately the focus of the alcohol industry.

Process Objective A-6: By 2005, significantly reduce the amount of alcohol advertising that originates and/or is placed in San Francisco.

Outcome Objective 3. By 2010, achieve a significant reduction in the incidence of domestic violence where alcohol is involved.

Process Objective A-7: By 2005, develop baseline data on the incidence of acts of domestic violence that are related to alcohol use.

Goals

Provide a hopeful vision of the future - may or may not be attainable.

Outcome objectives

Provide a long term measure for health outcomes. In the RoadMap the outcome objectives are, for the most part, linked to the national Healthy People 2010 (HP2010) objectives. *HP2010 are national health objectives for the US for the first decade of the 21st century: for more info go to: www.health.gov/healthypeople*

Process objectives

Provide more specific measures and strategies to meet the outcome objectives.

FIREARMS

GOAL: San Francisco will be free from firearm-related deaths and injuries.

Outcome Objective 1: By 2010, reduce firearm-related deaths to 4.9 deaths per 100,000 population and reduce firearm-related injuries to 10.9 injuries per 100,000 population.

Process Objective F-1: By 2002, all restraining order subjects will be checked for firearm ownership and weapons will be confiscated.

Process Objective F-2: By 2002, organize three neighborhood-based Community Action Teams (CATs) to reduce risk for firearm-related injuries and deaths.

Process Objective F-3: By 2003, develop and implement a protocol for medical, mental health, and social services providers to assess and address health risks associated with firearm availability.

Process Objective F-4: By 2005, develop collaborative relationships with appropriate city and county officials in adjacent jurisdictions to ensure consistent laws and complementary enforcement of laws relating to firearm possession, transport, and transfer.

Outcome Objective 2: By 2010, reduce the proportion of persons living in homes with firearms.

Process Objective F-5: By 2003, conduct a baseline survey of San Francisco households for gun ownership.

Outcome Objective 3: By 2010, reduce weapon carrying by adolescents.

Process Objective F-6: By 2003, all youth aged 11-15 who participate in City-funded after school activities will receive training on firearms as a risk factor for injury and violence.

Process Objective F-7: By 2003, incorporate violence prevention screening, training, and referral protocols (including a specific module on firearms as a risk factor for violence) into the in-take procedures for juveniles entering the criminal justice system.

Goals

Provide a hopeful vision of the future - may or may not be attainable.

Outcome objectives

Provide a long term measure for health outcomes. In the RoadMap the outcome objectives are, for the most part, linked to the national Healthy People 2010 (HP2010) objectives. *HP2010 are national health objectives for the US for the first decade of the 21st century: for more info go to: www.health.gov/healthypeople*

Process objectives

Provide more specific measures and strategies to meet the outcome objectives.

WITNESSING ACTS of VIOLENCE

GOAL: Children in San Francisco will not be subjected to or witness violent acts.

Outcome Objective 1: By 2010, increase the number of San Francisco residents who believe that violence is preventable through individual and societal action.

Process Objective W-1: By 2003, implement a comprehensive public media campaign to demonstrate how violence occurs and the impact of violence on San Francisco residents.

Process Objective W-2: By 2003, all City-funded family services and parenting programs will include a module to educate providers about the effect that exposure to violence has on children.

Process Objective W-3: By 2004, appropriate City-funded service providers and appropriate City agency employees will receive training on violence as a public health issue.

Outcome Objective 2: By 2010, achieve a significant reduction in intimate partner violence in homes where children are present.

Process Objective W-4: By 2003, all City service providers will be trained to identify and prevent intimate partner violence.

Process Objective W-5: By 2003, develop and implement appropriate protocols for medical, mental health, and social services providers to assess and address post-traumatic stress disorder in children who have witnessed violence.

Process Objective W-6: By 2008, 100% of children who are identified by City and County agencies as having witnessed violence in their homes, communities, or schools will be identified, by name, in incident reports, with the sole purpose of offering appropriate counseling and follow-up services.

Goals

Provide a hopeful vision of the future - may or may not be attainable.

Outcome objectives

Provide a long term measure for health outcomes. In the RoadMap the outcome objectives are, for the most part, linked to the national Healthy People 2010 (HP2010) objectives. *HP2010 are national health objectives for the US for the first decade of the 21st century: for more info go to: www.health.gov/healthypeople*

Process objectives

Provide more specific measures and strategies to meet the outcome objectives.

ALCOHOL**RoadMap for Preventing Alcohol-Related Violence**

The relationship between violence and alcohol and other drugs is complex, which is further complicated by limited data about the extent of the problem. What is known is that violent incidents frequently involve alcohol. In fact alcohol is more frequently associated with violence than are other drugs. As underscored in this document, poverty and oppression are among the biggest contributors to violence. Whereas it is very difficult to eradicate poverty or oppression, we *can* control the availability of alcohol, which is tied to alcohol consumption, which in turn has an influence on violence.

The Violence Prevention Network originally considered alcohol and other drugs as a root cause of violence. Ultimately, it turned its focus toward alcohol, for many reasons. Alcohol is the drug most commonly associated with violence. Alcohol is the most easily available legal drug, and is consistently associated with violence. Efforts around the nation, and international research indicate that limiting availability of alcohol is an effective prevention strategy - not only as it relates to violence, but also as it relates to other indicators such as car crashes or chronic diseases like cirrhosis.

Violence & Alcohol-Related Data for San Francisco*From Burden of Disease, SF Department of Public Health, 1998*

- Between 1990-1995 in San Francisco, alcohol was identified as a contributing factor in 46% of homicides (256 out of 557). Those homicides added up to over 13,000 years of premature life lost.
- Between 1990-1995 in San Francisco, alcohol was identified as a contributing factor in 28% of suicides (237 out of 845). Those suicides added up to over 9,000 years of premature life lost.
- Alcohol negatively contributes to five of the top 10 leading causes of death: drug poisoning, suicide, homicide, pneumonia, and chronic liver disease.

From Health and Well Being of San Francisco Children, SDPH, 1998

- In 1997, over half of middle school (53%) and high school (59%) students reported that they had tried alcohol at least once in their lives. Use of alcohol in middle school students increased since 1992 (39%), but had little change for high school students.
- In 1997, 21% of middle school students and 30% of high school students reported alcohol use in the past 30 days.

From Facts & Figures, Community Substance Abuse Services – Epidemiology, SFPDPH, 1996

- San Francisco has the second highest density of retail liquor outlets of any county in California – twice as dense as any other county with lower outlet density; 492 per 100,000 population or 3.602 active retail liquor licenses in 1997.
- Thirteen percent (13%) of deaths due to firearms in San Francisco were positive for an abuse of drug or alcohol in 1995-96.
- Sixty-four percent (64%) of child abuse and neglect cases in the U.S. are associated with parental alcohol and drug use. San Francisco reported 7,929 child abuse cases in 1996, and 5,075 cases were alcohol or drug related.
- Every day in San Francisco in 1995, there were 14 reports of domestic violence involving alcohol.

ALCOHOL

Alcohol & Violence: Facts in brief from the Trauma Foundation

The relationship between alcohol and violence is complex. Whereas violent incidents frequently involve alcohol, alcohol is considered a risk factor or cofactor for violence not a cause of violence:

- In 42% to 66% of all homicides and serious assaults the perpetrator, victim, or both had been drinking.
- The offender had been drinking in 13% to 50% of rapes and sexual assaults, according to victims' perceptions and police reports.
- Thirty-six percent (36%) of convicted violent offenders reported drinking at the time of the offense.
- Alcohol consumption is associated with increased risk of suicide in the home. People who drink are twice as likely, and people whose drinking results in trouble at work are six times as likely as others to commit suicide in the home.
- Alcohol availability is related to violent assaults. Communities or neighborhoods that have more bars and liquor stores per capita experience more assaults.

For citations see the Trauma Foundation website:
<http://www.tf.org/tf/alcohol/ariv/facts/fact5.html>

Alcohol Outlet Density: Facts in Brief from the Trauma Foundation

- Alcohol availability is related to violent assaults. Communities or neighborhoods that have more bars and liquor stores per capita experience more assaults.
- A study of Mexican American neighborhoods in three northern California cities found that for every area with 1,000 residents and no alcohol outlets nearby, there were 1.19 violent crimes committed by youth, compared to 2.57 crimes per 1,000 residents in areas with at least one outlet nearby.
- One study estimated that a typical city in Los Angeles of 50,000, with 100 alcohol outlets and 570 assaults in 1990, adding one outlet would be associated with 3.4 additional assaults per year.

For citations see the Trauma Foundation website:
<http://www.tf.org/tf/alcohol/ariv/facts/fac15.html>

Alcohol Advertising: Facts in Brief from the Trauma Foundation

- Alcohol advertising contributes to increased alcohol consumption.
- According to one study, 33% of people who had a "high exposure" to alcohol advertising reported having five or more drinks in a single day or night at least once per week, compared to 16% of those with "low exposure."
- Children who are more aware of alcohol advertising tend to be more knowledgeable about beer brands and slogans; have more favorable attitudes toward drinking; and report a greater intention to drink as adults.
- In San Francisco, African American neighborhoods had more than three times as many, and Latino neighborhoods more than twice as many alcohol billboards per resident, as white neighborhoods.
- Alcohol advertising targeting Latinos and African Americans often uses harmful or distorted images of these communities' cultures.

For citations see the Trauma Foundation website:
<http://www.tf.org/tf/alcohol/ariv/facts/adv5.html>

ALCOHOL

Alcohol & Partner Abuse: Facts in brief from the Trauma Foundation

The relationship between alcohol and partner abuse is also very complicated. Although there is a link (see the statistics below), the nature of the association is unclear. While the research does not show that alcohol abuse definitively causes domestic violence, alcohol has consistently emerged as a risk or “co-” factor for partner abuse in studies that have specifically considered its contribution. A variety of factors, including alcohol, may lead to partner abuse incidents.

Criminal justice statistics

- Two-thirds of partner abuse victims (those abused by a current or former spouse, boyfriend or girlfriend) reported that alcohol had been a factor; for *spouse* abuse victims, the offender was drinking in three out of four cases (Greenfeld, 1998).
- About half of alcohol-related violence incidents reported to police involved current or former spouses, boyfriends or girlfriends of the offenders (Greenfeld, 1998).
- The offender had been drinking in 6% to 85% of incidents of domestic violence, according to victims' perceptions.

For citations please see the Trauma Foundation website:

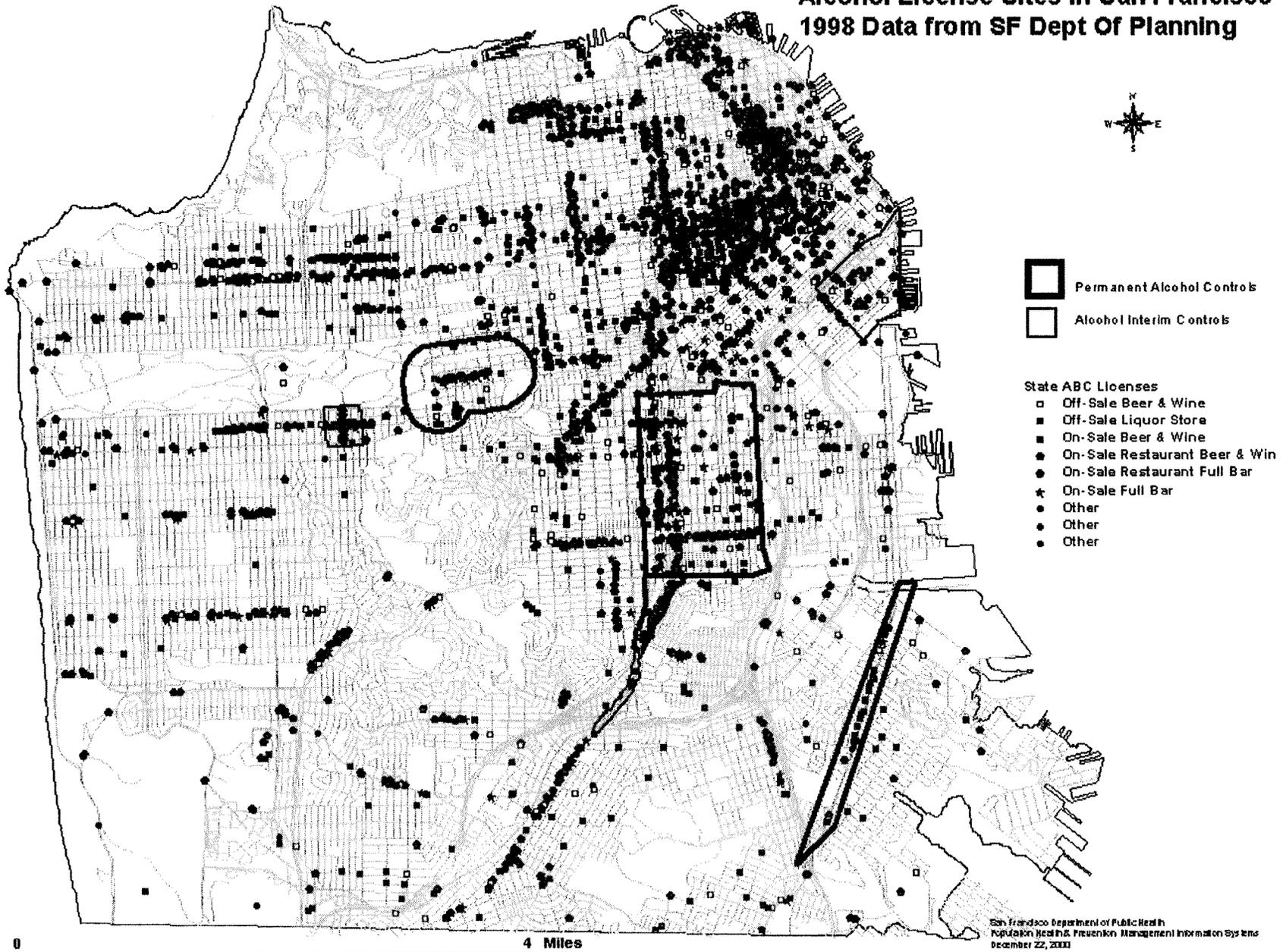
<http://www.tf.org/tf/alcohol/ariv/facts/dv5.htm>

Mapping Alcohol Outlets in San Francisco

On the following page, a map documenting the alcohol outlets and areas with a moratorium - either interim or permanent - are detailed.

ALCOHOL

Alcohol License Sites in San Francisco 1998 Data from SF Dept Of Planning



ALCOHOL

Alcohol Objective A-1 Research shows that alcohol availability is related to violent assaults. Communities or neighborhoods that have more bars and liquor stores per capita experience more assaults. Making existing

alcohol outlets more responsible for their property and activities in the near vicinity or their property using a good neighbor policy can help decrease the negative impact of the outlet. Challenges identified at Peace It

Together in relation to this objective included possible difficulties in providing incentives for merchants to comply and difficulties in enforcing such a policy.

alcohol objective a-1

<p>GOAL: San Francisco will be free from alcohol-related violence</p> <p>Outcome Objective 1 By 2010, achieve a significant reduction in intentional injuries resulting from alcohol-related violence.</p> <p>Process Objective A-1 By 2002, a "good neighbor policy" will be enacted whereby owners/operators of liquor outlets will be held responsible for adverse incidents (including inappropriate trash disposal, graffiti, etc.), in close proximity to their businesses.</p>	Selected Potential Strategies to Achieve Objective		Potential Lead and Participating Agencies	Evaluation Tools
	<p>Community Action</p> <ul style="list-style-type: none"> • Establish hotline to report neighborhood concerns and collect data on violent incidents that occur within the immediate area of alcohol sales • Encourage local residents and business owners to self police • Establish teams to monitor terms of licenses, establish relationship with ABC • Work with non-profits to connect with residents and businesses • Work with store owners and educate on consequences of violating the good neighbor policy <p>Enforcement</p> <ul style="list-style-type: none"> • Enforce codes comparable to those of the Housing Agency • Enforce existing City, State, and local ordinances <p>Policy</p> <ul style="list-style-type: none"> • Establish limits on types of alcohol sales (e.g., malt liquor, large containers, high alcohol content, etc.) • Establish limits on hours and locations where alcohol can be sold • Review ABC's policies for outlets in neighborhoods • Establish moratorium on new outlets • Offer choice to owner to decrease alcohol sales (e.g., incentives for selling more fresh produce and less alcohol) <p>Best Practices</p> <ul style="list-style-type: none"> • Replicate Tobacco Free model in relation to alcohol • Responsible Beverage Service Training • Review best practices (e.g., Oakland's experience) 	<p>Lead Agency</p> <ul style="list-style-type: none"> • Alcohol Policy Coalition <p>Participating Agencies</p> <ul style="list-style-type: none"> • ABC • Business owners • Community centers • Community stakeholders • DPH and other City Agencies • Faith community • Government officials at the City & County level • Hospitals/ERs • Law enforcement • Youth organizations • <i>Other specific stakeholders identified by the participants of Peace It Together include Board of Supervisors, City Attorney, Planning Department, SF Police Department*</i> 	<ul style="list-style-type: none"> • Reports of enforcement activities • Community activities convened • Surveys of business owners 	

* This list is not intended to be exclusive. It was developed during the one day Peace It Together conference and reflects the opinions & knowledge of participants at the conference.

ALCOHOL

Alcohol Objective A-2 Reliable data are key to effective violence prevention. Solid data regarding the role of alcohol in violent crimes is lacking, in part because it is difficult to collect; often only victim data - not perpetrator data - are available, and even

these data are not consistently collected or reported. This objective will serve to create a baseline of information that can help determine necessary policies or programs. Specific challenges may include difficulties in achieving interdepartmental coordination

within City and County government and possible inconsistencies in definitions and validity and reliability of data collected by community groups.

alcohol objective a-2

GOAL: San Francisco will be free from alcohol-related violence.	Selected Potential Strategies to Achieve Objective	Potential Lead & Participating Agencies	Evaluation Tools
<p>Outcome Objective 1 By 2010, achieve a significant reduction in intentional injuries resulting from alcohol-related violence.</p> <p>Process Objective A-2 By 2003, develop and implement a data mapping system to demonstrate the extent to which alcohol and violence are linked.</p>	<p>Agency-Level Activities</p> <ul style="list-style-type: none"> • Centralize data collection and sharing • Determine what agencies are collecting data and which should collect data • Develop MOUs for data collection; coordinate data collection • Education on data collection and scope of collection • Encourage other ways of gathering information through third parties; e.g., rape crisis centers • Identify line staff to coordinate data collection and analysis activities among departments • Utilize mapping technology to illustrate where incidents of violence occur <p>Community-level Activities</p> <ul style="list-style-type: none"> • Promote community dialogue • Empower and involve community residents and groups in conducting data collection and mapping (e.g., through CATs) • Work with youth to develop and administer survey 	<p>Lead Agencies</p> <ul style="list-style-type: none"> • DPH • SF Trauma Foundation • San Francisco Injury Prevention Center • Batterer treatment programs <p>Participating Agencies</p> <ul style="list-style-type: none"> • Alcohol Policy Coalition • CBOs • City agencies (e.g., SFPD, other departments) • Commission on the Status of Women • Create teams among different CBOs and agencies—citywide approaches • Government officials at the City & County level • Homeless shelters • SFUSD • Domestic Violence programs • Youth groups • <i>Other specific stakeholders identified by the participants of "Peace It Together" include CUAV, DV shelters, Rape treatment center, Batterer treatment programs, Commission on the Status of Women, DA's Office, High school wellness centers, Black Infant Health Program, Tenant organizations, Women's programs*</i> 	<ul style="list-style-type: none"> • Periodic reports on status of data management activities • Final data/mapping reports

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ALCOHOL

Alcohol Objective A-3 Focus group discussions prior to Peace It Together focused on the need for better coordination across enforcing agencies. Lack of consistent enforcement appeared to be concerns for

several of participating agencies. The need to involve agencies at the State and local level was imperative because of the many agencies that enforce alcohol related laws. Participants of Peace It Together identified

possible difficulties in achieving standardized actions and coordination among regulatory and enforcement agencies.

alcohol objective a-3

GOAL: San Francisco will be free from alcohol-related violence.	Selected Potential Strategies to Achieve Objective	Potential Lead and Participating Agencies	Evaluation Tools
<p>Outcome Objective 1 By 2010, achieve a significant reduction in intentional injuries resulting from alcohol-related violence.</p> <p>Process Objective A-3 By 2005, achieve consistent enforcement in the sale and use of alcohol by fostering the development of collaborative agreements between appropriate regulatory and enforcement agencies.</p>	<p>Community Advocacy</p> <ul style="list-style-type: none"> • Develop community reporting/enforcement system • Replicate Community Action Team model for alcohol enforcement • Collect qualitative data to document need for consistent enforcement (e.g., undercover purchasing) • Conduct community education classes/presentations • Establish community hotline (anonymous) • Empower community groups to collect evidence—funded by alcohol industry • Conduct focus groups—teens, schools, parents • Form partnerships (CBOs, faith, schools, vendors, etc.) and coordinate joint planning • Industry watchdog to oversee alcohol industry marketing <p>Enforcement</p> <ul style="list-style-type: none"> • Develop mechanisms to hold ABC accountable • Identify responsible parties for enforcing laws • Establish special unit in each police station to address alcohol • Conduct sting operations of off-sale outlets and clubs; enforce ID checks <p>Policy</p> <ul style="list-style-type: none"> • Develop tracking technology to determine alcohol sales • Increase penalties for sales to minors or drunks • Develop lawsuit strategy • Enact three strikes policy for alcohol violations 	<p>Lead Agencies</p> <ul style="list-style-type: none"> • ABC, SFPD, DA, Planning Department • Alcohol Policy Coalition <p>Participating Agencies:</p> <ul style="list-style-type: none"> • Association of Bay Area Governments • Association of liquor store owners • Bartenders • CBOs • Chamber of Commerce • City Departments • Faith community • Government officials at the City & County level • Retail Industry/Store owners • Schools • State legislators • Youth agencies • <i>Other specific stakeholders identified by the participants of Peace it Together include ABC, MADD, DA, Horizon, Marin Institute, Planning department, Safety Network/NSP, SFPD*</i> 	<ul style="list-style-type: none"> • Interviews with enforcement personnel • Number of CATs and community initiatives established • Number of collaborative agreements established • Reports on efficacy of enforcement activities • Change in number of reported violations

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alcohol objective a-4

ALCOHOL

Alcohol Objective A-4 Increasing funding for community alcohol free events is an important way to promote family and community building as well as decreasing the availability of alcohol, thereby the potential for violence at community based events.

Additionally, it shows commitment to supporting family friendly events. Free flowing alcohol at community events signals that alcohol is an acceptable drug without an accompanying message that underscores the importance of responsible consumption.

Peace It Together participants acknowledged the difficulties in changing norms relating to alcohol use, as well as the ability to find sources of funding to compensate for loss of support from the alcohol industry for events.

GOAL: San Francisco will be free from alcohol-related violence	Selected Potential Strategies to Achieve Objective	Potential Lead and Participating Agencies	Evaluation Tools
<p>Outcome Objective 1 By 2010, achieve a significant reduction in intentional injuries resulting from alcohol-related violence.</p> <p>Process Objective A-4 By 2005, significantly increase funding for community alcohol-free events</p>	<p>Community Advocacy</p> <ul style="list-style-type: none"> • Sponsor alternative street fairs • Assure balance in exposure at fairs—alcohol and non-alcoholic beverages • Secure financial support from recovery community • Identify alternative funding sources; e.g., create a fund from e-businesses, seek funding from socially responsible industries and local corporations/merchants (including liquor stores), foundations • Invite smaller sponsors (new model) to allow for community reinvestment • Involve parents in alcohol-free events • Solicit health-related sponsors (Calistoga, Golds Gym, Kaiser Permanente) • Develop programs/ads to promote responsible drinking • Compile information on success stories/case studies <p>Policy</p> <ul style="list-style-type: none"> • Sponsor alcohol-free weeks (like “smoke-outs”) • Develop policy statements or proclamations for alcohol-free work • Develop vision statement around balance in drinking • Do not accept money from alcohol industry for sponsorship of events at which alcohol is served • Establish different fee structure for alcohol and non-alcohol events • Enact legislation to limit alcohol industry sponsorship of community events • Ear-mark taxes or special fees to enable sponsorship of alcohol-free community events (from a tax placed on the industry) 	<p>Lead Agency</p> <ul style="list-style-type: none"> • Alcohol Policy Coalition <p>Participating Agencies</p> <ul style="list-style-type: none"> • CBOs/community groups • Chamber of Commerce • Planning Department • Corporations/big businesses • Event organizers • Local merchants (e.g., Beverages and more—stores that sell both types of beverages • Restorative Justice agencies • <i>Other specific stakeholders identified by the participants of “Peace it Together” include Business associations, Chamber of Commerce, Marin Institute, Maxine Hall Health Center, RAMS, Recovery community, Safety Network Program, Sheriff’s Department, Tobacco Free Coalition*</i> 	<ul style="list-style-type: none"> • Reports of formal policies enacted by Board of Supervisors and other governmental and community bodies • Reports that demonstrate increase in funding of events that do not serve alcohol • Reports that display funding sources for events

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ALCOHOL

Alcohol Objective A-5 Alcohol advertising helps create an environment that suggests that alcohol consumption and over-consumption are normal activities. Moreover, some advertising, particularly beer advertising, appeals to the youth market. Increased consumption, in turn, increases the risk of alcohol-related injury and violence. Community based interventions have been

shown to be effective, not only as they relate to alcohol, but also tobacco. Children who are more aware of alcohol advertising tend to be more knowledgeable about beer brands and slogans; have more favorable attitudes toward drinking; and report a greater intention to drink as adults. Because youth are often the target of the alcohol industry, it is important to involve them in development

of a counter advertising campaign. The most likely challenges, according to participants of Peace It Together, are to identify the most relevant and culturally competent messages and the most appropriate media for communicating the messages to the intended populations.

alcohol objective a-5

GOAL: San Francisco will be free from alcohol-related violence.	Selected Potential Strategies to Achieve Objective	Potential Lead and Participating Agencies	Evaluation Tools
<p>Outcome Objective 2 By 2010, achieve a significant decrease in the number of under-age persons who consume alcohol.</p> <p>Process Objective A-5 By 2003, implement a neighborhood-based counter-advertising campaign developed by and specifically directed to youth in communities that are disproportionately the focus of the alcohol industry.</p>	<p>Policy</p> <ul style="list-style-type: none"> • Develop advertising regulations/standards • Establish incentives and provide funding to local organizations to initiate counter-advertising campaign <p>Implementation/Oversight</p> <ul style="list-style-type: none"> • Conduct focus groups of young people • Identify CBOs and community centers to initiate action • Involve parents, community organizations, faith community • Involve schools • Analyze image content of ads • Define the message that should be conveyed • Identify existence of and funding for current counter-ads • Identify the range of media opportunities • Develop photo/video documentation 	<p>Lead Agency</p> <ul style="list-style-type: none"> • Alcohol Policy Coalition <p>Participating Agencies</p> <ul style="list-style-type: none"> • Advertising industry • Church and faith-based groups • Community centers and CBOs • DPH • Medical community • Neighborhood organizations • PTA and schools • SF Trauma Foundation • Tobacco and alcohol industries • Tobacco Free Project • Youth groups • <i>Other specific stakeholders identified by the participants of "Peace it Together" include Asian American Recovery Services, MADD, Marin Institute, SF Trauma Foundation, Tobacco Free Project*</i> 	<ul style="list-style-type: none"> • Focus group results • Number of community and neighborhood activities initiated • Qualitative assessment of content and effectiveness of counter-advertising initiative

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ALCOHOL

Alcohol Objective A-6 Research shows that community based interventions such as alcohol bans are successful in reducing alcohol consumption. Research also shows that alcohol advertising contributes to increased alcohol consumption. A reduction

in industry advertising coupled with a counter advertising campaign can carry strong weight in a community. It is important to note that advertising campaigns alone are not enough, but when conducted in concert with other environmental strategies

to reduce access to alcohol they can be powerful companions. Peace It Together participants generally agreed that it may be difficult to develop baseline data from which to measure progress on this objective.

alcohol objective a-6

GOAL: San Francisco will be free from alcohol-related violence.	Selected Potential Strategies to Achieve Objective	Potential Lead and Participating Agencies	Evaluation Tools
<p>Outcome Objective 2 By 2010, achieve a significant decrease in the number of under-age persons who consume alcohol.</p> <p>Process Objective A-6 By 2005, significantly reduce the amount of alcohol advertising that originates and/or is placed in San Francisco.</p>	<p>Community Advocacy</p> <ul style="list-style-type: none"> • Encourage local officials to enact restrictions on advertising • Increase community involvement in oversight of community advertising <p>Implementation/Oversight/Enforcement</p> <ul style="list-style-type: none"> • Enforce current alcohol advertising regulations • Identify how much advertising exists—baseline • Establish media campaign to encourage alcohol industry and ad agencies to cease glamorization of alcohol use <p>Policy</p> <ul style="list-style-type: none"> • Establish new restrictions on alcohol advertising—billboard ordinance, window displays, radio ads (KMEL) • Enact policies to restrict alcohol advertising on television and in other media 	<p>Lead Agencies</p> <ul style="list-style-type: none"> • Alcohol Policy Coalition • Board of Supervisors <p>Participating Agencies</p> <ul style="list-style-type: none"> • AA recovery programs • ABC • Advocacy groups • Businesses/merchants • CBOs and neighborhood groups • Churches/faith groups • DPH and other City departments • Hospitals an medical community • Parents • SFUSD • Youth groups • <i>Other specific stakeholders identified by the participants of "Peace it Together" include AA recovery programs, Board of Supervisors, BV HEAP*</i> 	<ul style="list-style-type: none"> • Actions by Board of Supervisors and enforcement agencies • Number of coalitions/groups formed • Qualitative assessment of content of alcohol-related advertising • Assessment of change in amount of alcohol advertising (pre- and post-assessments through 2005)

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ALCOHOL

Alcohol Objective A-7 The relationship between alcohol and partner abuse is very complicated. Although there is clearly a link (see the statistics below), the nature of the association is unclear. While the research does *not* show that alcohol abuse *definitively* causes domestic violence, alcohol has

consistently emerged as a risk factor for partner abuse in studies that have specifically considered its contribution. A variety of factors, including alcohol, may lead to partner abuse incidents. In order to better understand the complexity of this relationship, data must be consistently

collected, analyzed and reported. However, it may be cumbersome to develop and assure validity and consistency of database, given the plethora of agencies involved in domestic violence work.

alcohol objective a-7

GOAL: San Francisco will be free from alcohol-related violence	Selected Potential Strategies to Achieve Objective	Potential Lead and Participating Agencies	Evaluation Tools
<p>Outcome Objective 3 By 2010, achieve a significant reduction in the incidence of domestic violence where alcohol is involved.</p> <p>Process Objective A-7 By 2005, develop baseline data on the incidence of acts of domestic violence that are related to alcohol use.</p>	<p>Community Advocacy</p> <ul style="list-style-type: none"> • Enlist support of community groups/CBOs (i.e., CBOs serving/educating survivors; MOVE; Domestic Violence providers; CUAV; RSVP) to gather data • Educate public on anonymous reporting <p>Implementation</p> <ul style="list-style-type: none"> • Conduct negotiations with alcohol industry to secure data • Determine how ABC can be made accountable • Develop advertising campaign to demonstrate link between alcohol and domestic violence • Involve DA's office and SFPD • Involve health centers/hospital staff <p>Policy</p> <ul style="list-style-type: none"> • Enact City resolutions to encourage public awareness • Develop and implement tax incentives for ad agencies that refuse accounts from alcohol industry 	<p>Lead Agencies</p> <ul style="list-style-type: none"> • DPH • Alcohol Policy Coalition <p>Participating Agencies</p> <ul style="list-style-type: none"> • ABC • Advocacy groups • CBOs • City Departments • Domestic violence service providers • Neighborhood centers in especially saturated districts • Religious/faith community • SFUSD • Business/merchants • Youth organizations • <i>Other specific stakeholders identified by the participants of "Peace it Together" include Bay View HEAP, Board of Supervisors, DA's office*</i> 	<ul style="list-style-type: none"> • Evaluation of validity, reliability, and quality of data • Number of agreements with community groups relating to data collection • Reports from enforcement agencies • Reports from CBOs

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Navigating the RoadMap: ALCOHOL CASE STUDY

Alcohol Case Study

In 1999, BVHP-HEAP organized community members in Bayview Hunters Point address the concentration of liquor stores on Third Street and the problems that occur near them. In this case, the work the advocates did relates very clearly and directly to the Violence Prevention Network's RoadMap. It addresses the following alcohol objectives. Process Objective A-1: By 2002, a "good neighbor policy" will be enacted whereby owners/operators of liquor outlets

will be held responsible for adverse incidents (including inappropriate trash disposal, graffiti, etc.), in close proximity to their property; and Process Objective A-3: By 2005, achieve consistent enforcement in the sale and use of alcohol by fostering the development of collaborative agreements between appropriate regulatory and enforcement agencies. In this case study, most of the elements of both objectives were addressed by the

advocates, or they are still working on achieving elements of these objectives. Ultimately, the objectives are offered to provide some direction and some suggestions, but are not intended to stifle creativity. This case study should give you some idea of how the different pieces of this document can be used to support or guide your work. The case study is based on the Community Action Model (Appendix E).

Step 1



Train the Advocates

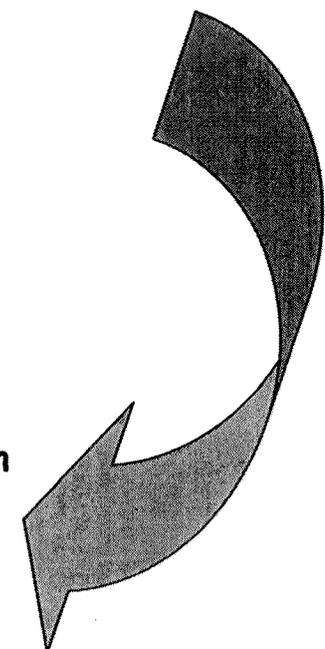
Neighborhood advocates were trained in laws and regulations governing the sale of alcohol, the roles of the different enforcing agencies - Alcohol Beverage Control, police department, planning/zoning departments, etc. They also received training in alcohol industry pricing, promotion and marketing practices.

Name the Issue

Advocates identified the over concentration of alcohol outlets as well as the difficulty in buying fresh fruit and vegetables at corner markets. Alcohol industry pricing and promotion practices were also identified as concerns.

Choose Area of Focus:

Decrease number of alcohol outlets in BVHP and increase opportunities for purchasing healthy food



Step 2

Define, Design & Do Community Diagnosis

The advocates designed a survey to document and prioritize concerns of community residents. billboards, in stores, etc.

Step 3

Analyze results of Community Diagnosis

The advocates then analyzed the survey and put together their findings. What they learned was that their neighbors were aware of the fact that their neighborhood in comparison to other SF neighborhoods had a much higher ratio of alcohol outlets to residents than other parts of the city.

Step 4

Select Action or Activity & Implement

Advocates held a press conference to announce results of the survey. They received a lot of press coverage for the event.

Advocates ensured code enforcement of violations.

Advocates got an extension of the existing moratorium on new alcohol outlets along Third Street.

Step 5

Maintain & Enforce Action or Activity

Take ACTION!

Courtesy of Alcohol Policy Coalition and Youth Leadership Institute

Do you have a problem alcohol outlet* in *your* San Francisco Neighborhood?

Alcohol outlet related problems may occur in the business, in the parking lot, on the sidewalk in front of the business, or in front of adjacent properties within 20 feet of the boundaries of the property.

- Illegal drug sales
- Sale of alcohol or cigarettes to minors
- Sale of alcohol or cigarettes for food stamps
- Lewd conduct
- Violence and fighting
- Loud music and noise
- Trash
- Graffiti
- Loitering/drinking in front of the alcohol outlet
- Any activity that affects the public health and safety
- Other illegal or nuisance activities _____
- _____

Name & Address of the Problem Alcohol Outlet: _____

*An alcohol outlet is any *bar, cabaret, restaurant, liquor store, convenience store, market or supermarket* that is LICENSED by the California Department of Alcoholic Beverage Control (ABC) to sell beer, wine or hard liquor.

**This is a citizen's advocacy project. Without your involvement, we can't make a change.
Join the San Francisco Alcohol Policy Coalition!**

- Yes! I want to get involved!**
Name _____ Address _____
Phone _____ Email (optional) _____
- No, but keep me informed (fill in the above).**



Youth Leadership Institute

Return by fax: 415-397-2256 or mail: YLI, 870 Market St, Rm 708, San Francisco CA 94102

FIREARMS

RoadMap for Preventing Firearm-Related Violence

In addition to societal, economic, and psychological forces, availability of firearms has profoundly contributed to the public health epidemic of violence. In 1998, firearms were the leading cause of death among San Francisco youth aged 0-24. Firearms are involved in the majority of homicides and suicides in San Francisco. Studies have found that the rate of youth suicide is lower in populations that have fewer guns due to more restrictive gun control laws, and that death rates are higher for both suicide attempts and assaults when firearms are used. Although, reducing availability or completely removing guns won't eliminate violence, it will make violent acts less deadly.

“The death rate from firearms in the United States is 8 times higher than in the nation’s economic counterparts - children younger than 15 die of gunshot wounds at 12 times the rate of their peers in 25 other industrialized countries.”

JAMA, 8/5/98

Violence & Firearm-Related Data for San Francisco

Preliminary 1999 Firearm Data, San Francisco Public Health Department (SFDPH)

- There were 64 firearm related deaths in San Francisco in 1999. Of those deaths 84% (54) were males 16% (10) were females; 22% were white non-Hispanics, 23% were Hispanic, 39% were African American, 8% Filipino, 3% Vietnamese, 2% each Asian, Chinese, Korean.
- Suicides accounted for 33% (21) of firearm deaths and homicides accounted for 63% (40), and 5% (3) of the cases were of legal intervention.
- 37 of the 64 (58%) victims had prior contacts with law enforcement.
- Homicides accounted for all of the African American firearm deaths (24); there were more firearm suicides (11) than homicides (3) among white non-Hispanics; there more Hispanic/Latino suicides (7) than of Asian/Pacific Islanders (3). Similar frequencies for homicides and legal interventions were found for both those of Asian/Pacific Islander and Hispanic/Latino decent.

From Report of Firearm Hospitalizations & Deaths of San Francisco Residents, SFDPH, 1992-95.

These data do not reflect all incidents of firearm related injuries – only those instances requiring hospitalization are reported – firearm victims using emergency room service or not receiving treatment are not included. All cited statistics reflect data between 1992-1995.

- Between 1992 – 1995, there were 989 firearm-related injuries that required hospitalization and 398 firearm deaths among San Francisco residents.
- Eighty percent of firearm related injuries and deaths were assaultive, 12% were self-inflicted, 5.4% were unintentional, 1.2% were undetermined, and 1.1% were of legal intervention.
- In San Francisco between 1992-1995, there were five instances in which firearms were used for legal intervention and resulted in death. These fatalities represent 0.54% of all firearm deaths during this time period – fewer than one time in 100 is a gun used as part of a legal intervention. Firearms were used for legal protection 1 in 200 times.

FIREARMS

Homicides: 1992 - 1995

- Between 1992-1995 of all firearm deaths in San Francisco, homicides accounted for 59% and suicides accounted for 37%. Also, during this time period there were 451 homicides and 398 or 88.2% were the result of a firearm.
- Although the African American population during this time period comprised 11% of San Francisco's population, African Americans were victims in 49% of the homicides.
- African Americans had the highest firearm homicide average age-adjusted rate of 41.5 per 100,000 (standardized using California 1990 population).
- A review of San Francisco fatality data reveals that males, ages 15 to 24, are most at risk of being killed by a firearm.

Suicides: 1992 - 1995

- Suicide accounted for 37% of all San Francisco firearm deaths.
- White males accounted for 63% (n=92) of all suicides.
- White males were more likely to commit suicide with a firearm than any other race/ethnic/sex/group. The age-adjusted suicide rate for white males was 13.9 per 100,000.

Suicides: 1992 - 1995 (cont')

- White males had the highest firearm suicide rate of 11.0. The African American male population experienced 23 suicides during the period. Hispanic males had a total of 16 deaths, and Asian/Other males had 31 deaths.

Hospitalizations 1992 - 1995

- Eighty-nine percent of all firearm-related injuries that required hospitalizations were assaults, 7% were unintentional, 2% were self-inflicted, 1.2% were of legal intervention, and 1% were undetermined.
- Assaults accounted for 89% of all firearm hospitalizations
- African Americans were victims in 50% of all assaults.
- African Americans had the highest firearm assault average age-adjusted rate of 157.4 per 100,000 (standardized using California 1990 population), or 153.3 per 100,000. The Hispanic male firearm assault rate was significantly higher when compared to White and Asian/Other male assault rates.

From SF Profile of Injury, 1998

- Firearms were second only to poisoning/drug overdose in leading mechanisms of injury death of San Francisco residents in 1996, accounting for 88 deaths. Among young, male San Franciscans aged 15-24, firearms accounted for 43% of all injury deaths in 1996.
- The numbers of firearm deaths were consistently high among males between the ages of 15 and 44 years in 1996; males accounted for 85% of firearm injury deaths in 1996

Youth & Firearms

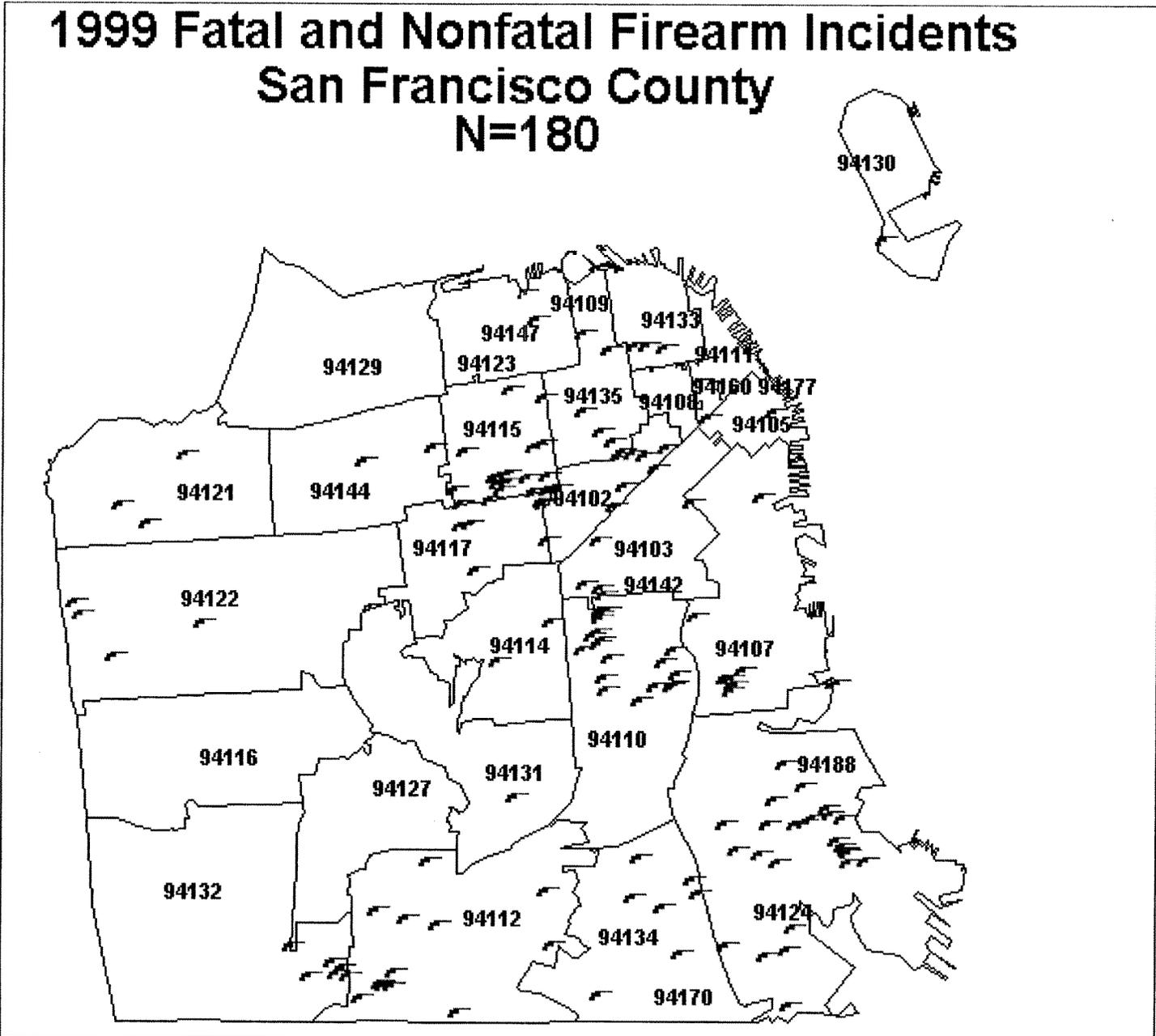
From 1997 Youth Risk Behavior Survey, SF Unified School District

- Eight percent (8%) of high school students carried a gun knife or club on school property in the last 30 days.
- Sixteen percent (16%) of middle school students did not go to school at least once because they felt unsafe at school.
- Seven percent (7%) of high school students did not go to school within the past 30 days due to safety concerns at or on the way to/from school. In 1997, 9% of high school students were threatened or injured by someone with a weapon, such as a gun, knife or club on school property in the previous 30 days.

FIREARMS

Mapping Firearm Incidents in San Francisco

This map shows the number of firearm incidents in San Francisco in 1999. Each gun on the map, indicates where a firearm related incident occurred, but it does not document the number of people involved because multiple victims or perpetrators may be involved in each incident.



Department of Public Health, Firearm Injury Reporting System

FIREARMS

Firearm Objective F-1 is designed to increase the safety of those filing restraining orders. The most dangerous time for a person in a violent relationship is when they try to leave or take legal action, such as filing a restraining order. Under existing law,

firearms can be confiscated when restraining orders are served, but they are not always confiscated. Focus group participants indicated several gaps in current procedures, many of which are included in the activities section below. Some of the challenges that might be encountered in implementation of

this objective includes: how will youth/minors be treated; civil liberties issues; false accusations of subjects "permanent vs. temporary" restraining orders; gun rights groups.

GOAL: San Francisco will be free from firearm-related deaths and injuries.	Potential Strategies to Achieve Objective	Potential Lead & Participating Agencies	Evaluation Tools
<p>Outcome Objective 1 By 2010, reduce firearm-related deaths to 4.9 deaths per 100,000 population and reduce firearm-related injuries to 10.9 injuries per 100,000 population.</p> <p>Process Objective F-1 By 2005, all restraining order subjects will be checked for firearm ownership and weapons will be confiscated.</p>	<p>Agency level</p> <ul style="list-style-type: none"> • Develop database allowing courts, law enforcement (Police Dept and Sheriff) BATF to share updated information regarding emergency protective orders and restraining orders as it relates to firearm confiscation orders. • Increase awareness of judicial system of need to enforce existing law allowing confiscation of firearms from DV restraining order subjects. • Develop protocols for questioning restraining order subjects re: firearm ownership <p>Community Level</p> <ul style="list-style-type: none"> • Educate requestors of restraining orders of their rights and services available to them and family 	<ul style="list-style-type: none"> • SF Police Dept & Sheriff • Criminal Justice System - district attorney, courts, public defender • DV agencies; e.g., DV Consortium agencies; Family Violence Prevention Fund; Commission on Status of Women; CA Alliance Against DV • Victim/Survivor Groups (e.g., Million Mom March, RSVP, etc.)* • Lawmakers: Board of Supervisors, national/state/regional elected officials 	<ul style="list-style-type: none"> • Development of protocol • Distribution of education tools for those requesting restraining orders • Qualitative assessment of how coordination is taking place

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FIREARMS

Firearm Objective F-2 Addressing firearm related issues is a tremendous challenge at any level. In addition to utilizing policy and enforcement, the voice of the community must also be heard. There is no better solution to a problem than one developed by

people living and working in the affected community. This objective seeks to support communities as they take action to reduce gun violence in their neighborhoods. Peace it Together participants identified a number of challenges for this objective including: SF as

a very political city; how to address root causes of violence such as racism and stereotyping; communities most affected by gun violence may not see it as a pressing issue

firearm objective f-2

GOAL: San Francisco will be free from firearm-related deaths and injuries.	Potential Strategies to Achieve Objective	Potential Lead & Participating Agencies	Evaluation Tools
<p>Outcome Objective 1 By 2010, reduce firearm-related deaths to 4.9 deaths per 100,000 population and reduce firearm-related injuries to 10.9 injuries per 100,000 population.</p> <p>Process Objective F-2: By 2002, organize three neighborhood-based Community Action Teams (CATs) to reduce risk for firearm-related injuries and deaths.</p>	<p>Policy</p> <ul style="list-style-type: none"> • Allocate funding for CATs <p>Implementation</p> <ul style="list-style-type: none"> • Identify organizations in the community doing work already • Build broad based coalitions in different neighborhoods • Identify community leaders and recruit Community Action Teams (CATs) to reduce risk of firearm related deaths and injuries • Train CATs. • Conduct neighborhood assessments identifying resources and gaps as it relates to firearm violence • Work with CATs to determine key firearm-related issues, prioritize and form community action team reflective of the neighborhood • CATs identify activities and actions, e.g.: <ul style="list-style-type: none"> • Conduct Media awareness campaign in salons • Hold street based events, rallies etc. • Media campaign • Media literacy training regarding glamorization of firearms • Trigger lock distribution, gun buybacks 	<p>Lead Agencies</p> <ul style="list-style-type: none"> • DPH & VPN <p>Participating Agencies</p> <ul style="list-style-type: none"> • Community, Beacon, Health & Family resource centers • Faith community • Merchants/business • Policy makers • Affected family members • Sports outlets/centers • CBOs • <i>Other specific stakeholders identified by the participants of Peace it Together include: MMM/Trauma Foundation, Peaceful Streets, Brothers Against Guns*</i> 	<ul style="list-style-type: none"> • Formation of Community Action Teams • Documentation of activities and actions of CATs

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FIREARMS

Firearm Objective F-3 In focus group discussions, it became apparent that there are several key early intervention points that providers can take, particularly as it relates to availability of firearms and suicides. Certain professionals see clients/patients at key

junctures in a person's life and can play a key role simply by asking about firearm availability and providing counseling as to the dangers of firearms. Challenges that might be faced when implementing this objective include: full

participation by necessary agencies; quality, culturally appropriate services; fear of consequences on part of patients AND providers; asking providers to complete another task; and need for increased training for providers.

firearm objective f-3

GOAL: San Francisco will be free from firearm-related deaths and injuries	Potential Strategies to Achieve Objective	Potential Lead & Participating Agencies	Evaluation Tools
<p>Outcome Objective 1 By 2010, reduce firearm-related deaths to 4.9 deaths per 100,000 population and reduce firearm-related injuries to 10.9 injuries per 100,000 population.</p> <p>Process Objective F-3 By 2003, develop and implement a protocol for medical, mental health, and social services providers to assess and address health risks associated with firearm availability.</p>	<p>Implementation</p> <ul style="list-style-type: none"> • Identify and invite parties who need to be involved in determining protocol / confidentiality issues • Hold community focus groups to identify appropriate approaches for information gathering regarding firearms • Develop culturally and linguistically appropriate protocol(s) and approaches for each discipline • Pilot protocol(s) • Develop evaluation tool(s) to collect relevant data • Provide comprehensive and ongoing training support to educate providers about protocols • Educate providers about CBOs/resources for clients • Work with appropriate agencies/organizations to incorporate protocols into institutional practices • Media campaign directed to providers (for publicity and support) 	<p>Lead Agencies</p> <ul style="list-style-type: none"> • DPH with Community Health Network & SFGH <p>Participating Agencies</p> <ul style="list-style-type: none"> • Hospitals, health care plans, health clinics • Graduate Schools training medical, health, social service, mental health providers • Professional associations (nursing, American Academy of Pediatrics) • CBOs 	<ul style="list-style-type: none"> • Development of protocol • Level of participation by agencies • Qualitative assessment of training • Qualitative assessment of media campaign

FIREARMS

Firearm Objective F4 The lack of strong laws at the federal level as it relates to preventing firearm related injuries and deaths has resulted in local and state jurisdictions creating their own policy and legislation. In accord with that practice, firearm laws vary dramatically from state to state, county to

county and even city to city. This recommendation focuses on bringing together jurisdictions in the Bay Area modeled on the experience of the East Bay Public Safety Corridor Partnership. Some of the challenges for achieving this objective as identified at Peace it Together include: gun

rights groups; suspicion of government; gun manufacturers, dealers, and distributors; black market - illegal trafficking; incidents are not widely publicized; private sales; inertia to regional action/cooperation; time and money; and intimidation.

firearm objective f-4

GOAL: San Francisco will be free from firearm-related deaths and injuries	Potential Strategies to Achieve Objective	Potential Lead & Participating Agencies	Evaluation Tools
<p>Outcome Objective 1 By 2010, reduce firearm-related deaths to 4.9 deaths per 100,000 population and reduce firearm-related injuries to 10.9 injuries per 100,000 population.</p> <p>Process Objective F-4 By 2005, develop collaborative relationships with appropriate city and county officials in adjacent jurisdictions to ensure consistent laws and complementary enforcement of laws relating to firearm possession, transport, and transfer.</p>	<p>Policy</p> <ul style="list-style-type: none"> • MOUs between participating jurisdictions <p>Implementation</p> <ul style="list-style-type: none"> • Identify jurisdictions/representatives willing to participate in cross jurisdictional partnership • Collaborate with local organizations within and across regions • Identify firearm laws and regulations in participating jurisdictions (cities, counties, unincorporated areas) • Hold recurring regional meetings • Identify priorities to promote consistent gun legislation (e.g., consistent gun show standards) • Formulate proposals for consideration by chief executives and lawmakers across jurisdictions • Conduct regionally coordinated events for prioritized issues as identified by the collaborative • Develop communication mechanisms between participating counties and cities etc, of upcoming proposals, laws, etc. • Develop regional database to share information regarding gun sales, local laws, distribution channels, etc. 	<p>Lead Agencies</p> <ul style="list-style-type: none"> • Elected Officials and DPH from all regions (mayors, supervisors, councilmembers) <p>Participating Agencies</p> <ul style="list-style-type: none"> • Legislators/aides • City Attorneys • Transportation Authorities • Department of Commerce • East Bay Public Safety Corridor participants • Regional law enforcement agencies • Single issue non-profits/CBOs • Faith based organizations • Medical associations • <i>Other specific stakeholders identified by the participants of Peace it Together include: Brothers against Guns; Peaceful Streets; MMM; Legal Community Against Violence; RSVP; Jack Berman Advocacy Center; CUAU; parents of murdered children; La Casa / DV agencies)*</i> 	<ul style="list-style-type: none"> • Assessment Report documenting legislation in different areas • Report documenting change in legislation based on Assessment Report • Meeting notes, conferences, etc. • Status report of MOU activity • Assessment of established communication channels

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FIREARMS

Firearm Objective F-5 Lack of information regarding levels of firearm ownership makes it difficult to provide appropriate prevention and intervention programs, messages and

policies. Additionally, gathering such information can help evaluate, over time, the effectiveness of different programs intended to reduce firearm injuries and deaths.

Naturally, among the challenges are lack of funding and desire to respond truthfully to questions about firearm ownership.

firearm objective f-5

<p>GOAL: San Francisco will be free from firearm-related deaths and injuries.</p> <p>Outcome Objective 2 By 2010, reduce the proportion of persons living in homes with firearms.</p> <p>Process Objective F-5 By 2003, conduct a baseline survey of San Francisco households for gun ownership.</p>	Potential Strategies to Achieve Objective	Potential Lead & Participating Agencies	Evaluation Tools
	<ul style="list-style-type: none"> • Identify funding • Conduct over-sample of Behavioral Risk Factor Survey, or other valid and reliable instruments to determine gun ownership, in San Francisco 	<ul style="list-style-type: none"> • DPH 	<ul style="list-style-type: none"> • Reports documenting level of firearm ownership in SF

FIREARMS

Firearm Objective F-6 The need to reach young people at critical ages becomes increasingly clear when one looks at statistics, which show that young men are at greatest risk of dying due to firearm injuries. In combination with other training that

provide refusal skills training, self-esteem/respect training, and confidence building, a training module focusing specifically on the dangers of firearms can help provide our young people the skills and information needed to stay safe. Several

challenges were identified for this particular objective they include: money, NRA; tailoring trainings to needs of specific communities; and community buy in.

firearm objective f-6

GOAL: San Francisco will be free from firearm-related deaths and injuries.	Potential Strategies to Achieve Objective	Potential Lead & Participating Agencies	Evaluation Tools
<p>Outcome Objective 3 By 2010, reduce weapon carrying by adolescents.</p> <p>Process Objective F-6 By 2003, all youth aged 11-15 who participate in City-funded after school activities will receive training on firearms as a risk factor for injury and violence.</p>	<p>Policy</p> <ul style="list-style-type: none"> Allocate funding to support training (Tax gun industry to fund initiative) <p>Implementation</p> <ul style="list-style-type: none"> Identify agencies currently doing training young people on firearms as a risk factors for violence Conduct focus groups with youth to learn their views, understanding of firearms and reasons for carrying Develop standards for curriculum module. Develop different learning techniques (use variety of creative media and as strategies; e.g., theater, art/mural paintings, music, speak outs/ testimonials by survivors of gun violence) Develop evaluation component Pilot training modules to ensure cultural competence Train youth and youth service providers, including CBOS and school health programs 	<p>Lead Agencies</p> <ul style="list-style-type: none"> Funding organizations (DCYF; Mayor's Office of Community Development; DPH, MOD, Recreation and Parks) Agencies conducting trainings: Peaceful Streets, Brothers Against Guns <p>Participating Agencies</p> <ul style="list-style-type: none"> SFUSD - school health programs, Beacon Centers, School Health Centers SFPD (Community outreach)/Neighborhood Precinct/council meetings Youth Guidance Center Youth leadership programs Churches/faith community CBOs <i>Other specific stakeholders identified by the participants of Peace It Together include: Safety Network; Omega boys; Bayview Hunters Point SB programs; Handgun Control *</i> 	<ul style="list-style-type: none"> Level of interagency collaboration Pre/post tests Number of trainings conducted Qualitative assessment of trainings

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FIREARMS

Firearm Objective F-7 New San Francisco firearm data indicate that over half of firearm victims have a history of involvement with the juvenile and adult court systems. This objective is intended as early intervention,

whereby, young people entering the juvenile justice system get appropriate training on the likely long term impact that crime, violence and firearms can have on their lives.

Some of the challenges identified at Peace it Together included: money; qualified staff; getting at magnitude of underlying problems, evidence that this training impacts recidivism.

firearm objective f-7

GOAL: San Francisco will be free from firearm-related deaths and injuries	Potential Strategies to Achieve Objective	Potential Lead & Participating Agencies	Evaluation Tools
<p>Outcome Objective 3: By 2010, reduce weapon carrying by adolescents.</p> <p>Process Objective F-7 By 2003, incorporate violence prevention screening, training, and referral protocols (including a specific module on firearms as a risk factor for violence) into the in-take procedures for juveniles entering the criminal justice system.</p>	<p>Policy</p> <ul style="list-style-type: none"> • Mandate incorporation of modules on firearms as risk factors for all youth entering juvenile system. <p>Implementation Ideas</p> <ul style="list-style-type: none"> • Improve intake procedure • Develop screening protocol • Make training mandatory for release or as part of diversion programs • Training through diversion programs • Incorporate firearms as a risk factor into everyday history, English, science curricula—co-produced by youth • Train on media literacy • Conduct ongoing counseling/training on-going, conflict resolution, community action skills • Bring speakers from trauma centers, ERs, and victims • Conduct tours and field trips to provide reality of repercussions • Include families in training provided to children 	<p>Lead Partners</p> <ul style="list-style-type: none"> • YGC & youth/parents • Diversion programs <p>Participating Agencies</p> <ul style="list-style-type: none"> • CBOs • Faith community • ACLU • <i>Other specific stakeholders identified by the participants of Peace it Together include: MOVE; The Beat Within; Community boards; Mission Neighborhood Centers (calles); Log Cabin; Omega Boys Club; BVHP Foundation; Nation of Islam; Third Eye Movement*</i> 	<ul style="list-style-type: none"> • Data gathered from screening protocol • Pre/post test of training offered to youth

* This list is not intended to be exclusive. It was developed during the one day Peace It Together conference and reflects the opinions & knowledge of participants at the conference.

Navigating the RoadMap: FIREARMS CASE STUDY

Firearms Case Study

In fall 1999, Peaceful Streets organized young people from throughout San Francisco to work on the issue of toy guns as described below. Although the Violence Prevention Network's RoadMap does not have any specific objectives for toy guns, the work of Peaceful Streets works toward the goal of a city free of firearm injuries and deaths by changing social norms around firearms. It also addresses the following

firearm objectives: Process Objective F-2 - organize neighborhood-based Community Action Teams (CATs) to reduce risk for firearm-related injuries and deaths; and Process Objective F-6: youth aged 11-15 receive training on firearms as a risk factor for injury and violence.

Because the process objectives are very specific, the work of Peaceful Streets addressed some, but not all, elements of

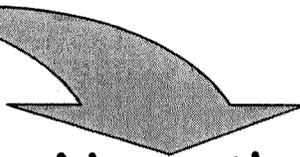
those objectives, which will most likely be the case of most groups or agencies interested in working on these objectives.

The objectives provide some direction and some suggestions, but are not intended to stifle creativity. This case study should give you some idea of how the different pieces of this document can be used to support or guide your work. The case study is based on the Community Action Model (Appendix E).

Step 1

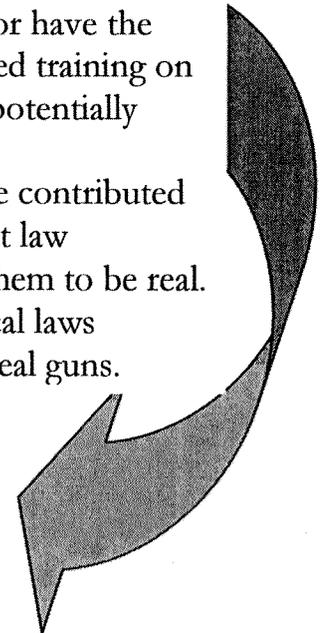
Train the Advocates

Project staff recruited a core of 6-8 young people from local youth serving organizations, and trained them on the culture, significance and danger of firearms. Youth advocates also learned about how difficult it is for children, adolescents and adults to tell the difference between a real gun and a toy gun. Project staff attended training for community capacity and Community Action Teams.



Name the Issue

Youth were trained on the history and culture of firearms in the US. They shared how guns have affected or have the potential to affect their lives. They also received training on refusal skills, and strategies to get away from potentially dangerous situations involving firearms. Youth were also trained on how toy guns have contributed to the deaths of young people when pointed at law enforcement officers or others that believed them to be real. Youth received information about existing local laws forbidding the sale of toy guns that look like real guns.



Choose Area of Focus: Stop Local Stores from Selling Toy Guns that look like Real Guns

CASE STUDY FIREARMS

Step 2

Define, Design & Do Community Diagnosis

The youth advocates designed a survey then implemented it by going to stores throughout San Francisco - including grocery stores, toy stores, variety stores and checking store shelves for the kinds of, if any, toy guns they sold.

Step 3

Analyze results of Community Diagnosis

The advocates then analyzed the survey and put together their findings. What they learned was that there were several stores that sold no toy guns.

Key findings: lots of smaller shops didn't know about the legal restrictions against selling toy guns that look real; several large chain stores sold look-alike guns. Advocates decided to announce the results of their survey to raise awareness of the law; to encourage those stores selling look-alike toy guns to stop; and to ask gift givers (this was right around Christmas/Chanukah) not to buy toy guns as gifts; and gain momentum for new legislation.

Step 4

Select Action or Activity & Implement

Advocates held a press conference to announce results of the survey. They received a lot of press coverage for the event

Advocates publicized those stores not selling toy guns

Advocates wrote letters to stores selling look alike toy guns asking them to stop selling guns to 1) comply with the law and 2) respectfully serve the community wishes that toy guns not be offered for sale.

Youth advocates made posters about the danger of toy guns that were posted in several local stores.

Advocates developed model policy asking that penalties be imposed on stores that sell look-alike guns.

Step 5

Maintain & Enforce Action or Activity

WITNESSING ACTS OF VIOLENCE

**RoadMap for Preventing
Witnessing Acts of Violence**

Experiencing violence can produce Post Traumatic Stress Disorder, similar to that experienced by war veterans. Exposure to or direct involvement in violence is likely to create the belief that violence is a normal form of expression. Being immersed in a violent culture, and growing up in a community where violence is prevalent, is likely to produce further acts of violence.

Increasingly research shows that the damage done to a child who witnesses violence, particularly violence between those they love, significantly affects the child and often increases the risk that that child will be a future victim or perpetrator of violence. Any comprehensive plan to prevent violence, particularly family violence, must include programs that respond to the effects of violence on child witnesses. As a relatively new area of focus for social scientists, statistics are thin and results of studies vary greatly but, taken as a whole, they point to a disturbing intergenerational cycle of violence.

Witnessing violence involves seeing violence as well as hearing violence and seeing the aftermath of violence - disheveled home, loved ones with bruises or broken bones.

San Francisco Data for Witnessing Acts of Violence

Getting reliable estimates for children witnessing violence is very difficult because these statistics are not regularly recorded and are vastly underreported. The most common arena from which statistics are gathered or estimated are young witnesses of violence in the home. The SF Department of Children, Youth and Their Families received the Safe Start Grant from the Office of Juvenile Justice and Delinquency Prevention. Among other outcomes, this grant will help gather more reliable statistics for youth, aged 0-6, exposed to violence. What remains even more uncertain is the number of children exposed to violence in their communities, schools or streets on a regular basis.

Following are statistics for Domestic Violence agencies providing shelter services funded by Commission On the Status of Women (COSW) during the fiscal year 1998 – 1999:

- 424 women and 391 children received shelter
- 1069 women and 623 children were turned away lack of space
- 856 women and 155 children were turned away for other reasons
- A total of 24,271 phone calls were made to crisis lines for domestic violence; 634 for sexual assault; and 25 for violence against women prevention.

*For more information, please contact COSW:
415-252-2570*

WITNESSING ACTS OF VIOLENCE

San Francisco Data for Witnessing Acts of Violence (con't)

- Data from a 1995 Gallup Poll of family violence suggest that between 1.5 million to 3.3 million children witness parental domestic violence each year.
- Researchers have found that men who as children witnessed their parents' domestic violence were twice as likely to abuse their own wives than sons of nonviolent parents.
- Adolescents who have grown up in violent homes are at risk for recreating the abusive relationships they have seen. They are more likely to attempt suicide, abuse drugs and alcohol, run away from home, engage in teenage prostitution and other delinquent behavior, and commit sexual assault crimes.
- Research suggests that between 80 and 90% of these children are aware of violence in their home. Even if they do not see a beating, they hear the screams and see the bruises, broken bones, and abrasions sustained by their mothers

*For citations please see the Family Violence Prevention Fund website:
<http://www.fvpf.org/kids/youth.html>*

Effects on children

- Infants exposed to violence may not develop the attachments to their caretakers, which are critical to their development; in extreme cases they may suffer from "failure to thrive."
- Preschool children in violent homes may regress developmentally and suffer sleep disturbances, including nightmares.
- School-age children who witness violence exhibit a range of problem behaviors including depression, anxiety, and violence towards peers.
- Adolescents who have grown up in violent homes are at risk for recreating the abusive relationships they have seen.

*For citations please see the Family Violence Prevention Fund website:
<http://www.fvpf.org/kids/#overlap>*

- Violent juvenile delinquents are four times more likely than are nonviolent juveniles to come from homes in which their fathers beat their mothers

(Miller, 1989)

- Children witnessing domestic violence are six times more likely to commit suicide, 24 times more likely to commit sexual assault, 60 times more likely to exhibit delinquent behavior and 1000 times more likely to become abusers

(Arbitrell, Bowker and McFerron, in Yilo and Bogard, eds. 1988.)

- Research shows that children who have witnessed family violence have difficulties in a number of areas including health problems, cognitive difficulties, adolescent hostilities, and difficulties in adult relationships with the opposite sex.
(Jaffe, Sudermann, and Reitzel, 1990).

WITNESSING ACTS OF VIOLENCE

Witnessing Objective W-1 There is no comprehensive database that documents the magnitude and extent of the impact on children of witnessing acts of violence. Consequently, it is difficult to define the most effective public health interventions to

address this risk factor. Nonetheless, public health and mental health officials recognize that children who witness violence may suffer an emotional response similar to Post-Traumatic Stress Disorder, which also may affect their future behaviors. Many experts

in the field have suggested implementation of a social marketing campaign that identifies violence as a public health issue with the emphasis on primary prevention; the focus of such prevention efforts would be to stop violence before it can occur.

	Selected Potential Strategies to Achieve Objective	Potential Lead & Participating Agencies	Evaluation Tools
<p>GOAL: Children in San Francisco will not be subjected to or witness violent acts.</p> <p>Outcome Objective 1 By 2010, increase the number of San Francisco residents who believe that violence is preventable through individual and societal action.</p> <p>Process Objective W-1 By 2003, implement a comprehensive public media campaign to demonstrate how violence occurs and the impact of violence on San Francisco residents.</p>	<p>Policy</p> <ul style="list-style-type: none"> • Create funding mechanisms and incentives for development and implementation of media campaigns <p>Implementation</p> <ul style="list-style-type: none"> • Identify target audiences and how to communicate to those audiences • Involve communities in project development • Create and implement media blitzes that are specific to issues and events (i.e., back to school, special issue awareness months, etc.) • Develop appropriate logos and slogans to relate to the specific media campaigns • Pilot test messages for different audiences to ensure cultural competency • Identify mechanisms through which messages can be delivered to specific audiences; e.g., billboards, Internet web sites, pamphlets, PSAs • Incorporate "media literacy" component in campaign to demonstrate how media appear to glamorize violence, particularly to children • Utilize "real-life" stories from diverse communities to relay the message 	<ul style="list-style-type: none"> • DPH • DV Consortium • Child abuse agencies/organizations • Elder abuse agencies/organizations • CBOs, particularly DV agencies • City and County Departments and Agencies • City and County elected officials • Educational institutions in San Francisco (elementary, secondary, and higher education) • Faith communities • VPN • Youth-oriented/serving organizations • <i>Other specific stakeholders identified by the participants of "Peace it Together" include "Before the After" Program, MOVE, CUAV, Family Violence Prevention Fund, RSVP, SF Recreation and Parks, Safe Start, Youth Commission, Commission on Status of Women, Wellness Foundation*</i> 	<ul style="list-style-type: none"> • Consumer survey of the public who have had exposure to the media campaign • Qualitative assessment of content and processes employed in media campaign • Numbers of: <ul style="list-style-type: none"> • PSAs presented • "Hits" on Internet sites • Billboards placed • Pamphlets distributed • Completion and distribution of educational materials

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WITNESSING ACTS OF VIOLENCE

Witnessing Objective W-2 It is essential that social service providers, particularly those who interact with children and families, be appropriately trained about the potential impact of violence on both children and

adults. Family services and parenting program providers must be able to recognize symptoms of adverse effects of exposure to violence and to formulate specifically tailored strategies for referral to

mental health professionals and, as appropriate, intervention. Any curricula must be culturally appropriate in relation to the target populations served and the backgrounds of the trainees.

GOAL: Children in San Francisco will not be subjected to or witness violent acts.	Selected Potential Strategies to Achieve Objective	Potential Lead and Participating Agencies	Evaluation Tools
<p>Outcome Objective 1 By 2010, increase the number of San Francisco residents who believe that violence is preventable through individual and societal action.</p> <p>Process Objective W-2: By 2003, all City-funded family services and parenting programs will include a module to educate providers about the effect that exposure to violence has on children.</p>	<p>Policy</p> <ul style="list-style-type: none"> • Include provision in appropriate City contracts to mandate staff training on the effects of violence on children <p>Implementation</p> <ul style="list-style-type: none"> • Identify funding • Convene interested stakeholders • Research range of curricula that are currently used; develop new curricula, when appropriate • Implement parent education programs • Pilot test curricula for different audiences to ensure cultural competency • Provide technical assistance resources for DV, family services, parenting programs, and other health and social service providers • Develop and evaluate survey instruments and administer surveys to both service providers and clients to assess level of knowledge and availability of relevant information • Monitor the status and accomplishments of educational activities 	<ul style="list-style-type: none"> • DPH • DV Consortium • Child abuse agencies/organizations • Child care facilities/organizations • CBOs, particularly DV agencies and family services and parenting programs • City and County elected officials • City and County Departments and Agencies (particularly DPH and DCYF) • Educational institutions in San Francisco (preschool, elementary, secondary, and higher education) • Faith communities • VPN • Youth-oriented/serving organizations • <i>Other specific stakeholders identified by the participants of "Peace it Together" include Safety Network, Child Trauma Project, Black Infant Health Program, Children and Youth DV Free, Commission on the Status of Women, Coleman Advocates, LINC, Head Start*</i> 	<ul style="list-style-type: none"> • Numbers of trainings conducted, by Agency • Assessment of level of community and stakeholder involvement • Qualitative assessment of the content of the curriculum • Post-training evaluations by trainees • Reports of technical assistance provided

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WITNESSING ACTS OF VIOLENCE

Witnessing Objective W-3 Similar to Process Objective W-2, this objective focuses on City-funded service providers and City officials and employees whose responsibilities include providing services to children and adults who have been exposed to violence. These officials must also receive appropriate training about potential impact

of exposure to violence. The range of service providers may include medical, mental health, public health, other social service, criminal justice, and other disciplines. Although curricula currently exist to train providers to consider the impact of violence on physical and mental health, any curricula developed or modified to address this

objective must be culturally competent and should include a process through which relevant communities are involved in identifying needs. At Peace It Together, several suggestions were made to incorporate the experiences of victims of violence, as well as rehabilitated perpetrators of violence.

	Selected Potential Strategies to Achieve Objective	Potential Lead and Participating Agencies	Evaluation Tools
<p>GOAL: Children in San Francisco will not be subjected to or witness violent acts.</p> <p>Outcome Objective 1 By 2010, increase the number of San Francisco residents who believe that violence is preventable through individual and societal action.</p> <p>Process Objective W-3 By 2004, appropriate City-funded service providers and appropriate City agency employees will receive training on violence as a public health issue.</p>	<p>Policy</p> <ul style="list-style-type: none"> • Mandate training to all city and county employees and city-funded programs on violence as a public health issue, with the emphasis that violence is preventable <p>Implementation</p> <ul style="list-style-type: none"> • Develop community-based violence prevention training that incorporates the experiences of both victims and rehabilitated perpetrators • Distinguish violence prevention frameworks in public health, as compared to criminal justice • Pilot curricula for different audiences to ensure cultural competency • Involve the community in planning and conducting training • Assure that training and technical assistance resources are available to community groups • Assure that training focuses on needs of providers and community • Develop and administer surveys and conduct on-going evaluation of training; and make refinements based on feedback from community groups • Conduct training on an on-going basis 	<ul style="list-style-type: none"> • DPH • CBOs, particularly DV agencies • City and County Departments and Agencies (particularly DPH, DHS) • City and County elected officials • Educational institutions in San Francisco (preschool, elementary, secondary, higher education) • Faith communities • Organizations that work with perpetrator population • VPN • Youth-oriented/serving organizations • <i>Other specific stakeholders identified by the participants of "Peace it Together" include MOVE, Commission on the Status of Women, RSVP, La Casa de las Madres, Mothers against Murderers and Assault, SF Probation Department, SF Sheriff's Office, SFPD, DV Consortium*</i> 	<ul style="list-style-type: none"> • Number of trainings conducted, by Agency • Assessment of level of community and stakeholder involvement • Qualitative assessment of the content of the curriculum, particularly in relation to violence as a public health problem • Post-training evaluations by trainees • Reports of technical assistance provided

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WITNESSING ACTS OF VIOLENCE

Witnessing Objective W-4 Data have consistently demonstrated that violence in the home, particularly between intimate partners, poses a significant risk of trauma, as well as possible physical risk, to children who witness violence. Consequently, prevention of intimate partner, as well as appropriate

and early diagnosis, should be a high priority. Such a focus on preventing intimate partner violence clearly demonstrates application of a public health-oriented approach to address this problem. As with the prior two process objectives, training of front-line service provider staff is essential. This training

should be based on an understanding of the needs and cultural characteristics of the target populations. Integral to any training initiative is the need to assure that data elements have common and consistent definitions.

	Selected Potential Strategies to Achieve Objective	Potential Lead and Participating Agencies	Evaluation Tools
<p>GOAL: Children in San Francisco will not be subjected to or witness violent acts.</p> <p>Outcome Objective 2 By 2010, achieve a significant reduction in intimate partner violence in homes where children are present.</p> <p>Process Objective W-4 By 2003, all City service providers will be trained to identify and prevent intimate partner violence.</p>	<p>Policy</p> <ul style="list-style-type: none"> • Zero tolerance policies (i.e., school reports on child abuse) • All agencies contracting with City require annual training <p>Implementation</p> <ul style="list-style-type: none"> • Develop and implement reporting forms that capture common data elements (with common definitions) • Pilot curricula for different audiences to ensure cultural competency and population-specific • Establish network of experienced trainers • Increase visibility of intimate partner violence during October (DV Awareness Month) • Assure that trainees have access to trainers as a technical assistance resource after training has occurred • Implement neighborhood-based training • Develop web site on intimate partner violence • Establish mechanisms for communication and networking, such as e-mail lists, newsletter, fax trees, etc. 	<ul style="list-style-type: none"> • DPH • DV Consortium • CBOs, particularly DV agencies • City and County elected officials • City and County Departments and Agencies (particularly DPH, DHS) • Educational institutions in San Francisco (elementary, secondary, and higher education) • Faith communities • Organizations that work with perpetrator population • VPN • Youth-oriented/serving organizations • <i>Other specific stakeholders identified by the participants of "Peace It Together" include SF Juvenile Probation, CUAV, SFPD, La Casa de las Madres, SWIC, RAMS, MOVE, Young Community Development, TAPP, Commission on the Status of Women, Child Protective Services, LINC*</i> 	<ul style="list-style-type: none"> • Numbers of trainings conducted, by Agency • Assessment of level of community and stakeholder involvement • Qualitative assessment of the content of the curriculum • Post-training evaluations by trainees • Reports of technical assistance provided

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WITNESSING ACTS OF VIOLENCE

Witnessing Objective W-5 Research has demonstrated that the effects of violence on young children are substantial. For example, preschool children in violent homes may regress developmentally and suffer sleep disturbances, and many exhibit a range of

problem behaviors including depression, anxiety, and violence towards peers. Adolescents who have grown up in violent homes are at risk for recreating the abusive relationships they have seen. Thus, it is necessary that consistent and comprehensive

protocols be in place to assure timely and appropriate screening and treatment of affected children. Ideally, protocols should be standardized across disciplines, and should utilize common data elements.

<p>GOAL: Children in San Francisco will not be subjected to or witness violent acts.</p> <p>Outcome Objective 2 By 2010, achieve a significant reduction in intimate partner violence in homes where children are present.</p> <p>Process Objective W-5 By 2003, develop and implement appropriate protocols for medical, mental health, and social services providers to assess and address post-traumatic stress disorder in children who have witnessed violence.</p>	Selected Potential Strategies to Achieve Objective		
	Policy	Potential Lead & Participating Agencies	Evaluation Tools
	<p>Policy</p> <ul style="list-style-type: none"> • Develop policies to implement protocols for each discipline <p>Implementation</p> <ul style="list-style-type: none"> • Establish a collaborative planning group of medical, mental health, and social service providers to guide protocol development and training • Develop appropriate referral mechanisms and resources • Develop PTSD assessment protocol • Develop protocols to ensure that confidentiality is maintained, particularly in record-sharing • Develop and conduct appropriate training for providers on reporting protocols, procedures, resources, and referrals • Pilot curricula for different audiences to ensure cultural competency • Ensure that "safety assessment" is included in training curriculum • Ensure inclusion of a component on PTSD diagnosis, DSM-IV definitions, and standardized definitions for each discipline 	<ul style="list-style-type: none"> • City and County Departments and Agencies (e.g. DPH) • CBOs, particularly DV agencies and shelters • City and County officials • Educational institutions in San Francisco (elementary, secondary, and higher education) • Faith communities • Medical institutions (hospitals, clinics, private providers, etc.) • VPN • <i>Other specific stakeholders identified by the participants of "Peace it Together" include Safe Start, Trauma Foundation, LINC, Women Inc., CPS, Manaliva, Commission on the Status of Women, Family Violence Prevention Fund, DV Consortium *</i> 	<ul style="list-style-type: none"> • Qualitative assessment of the content of the protocol • Reports of data collected from the protocol • Level of provider involvement (both health service providers and DV service providers) • Surveys of providers regarding training • Surveys of providers regard use of protocol • Reports of technical assistance provided

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WITNESSING ACTS OF VIOLENCE

Witnessing Objective W-6 Experience in San Francisco has reflected that incident reports of violent acts completed by law enforcement, social service, and other mandated reporters of violence have not consistently included identifying information

about children who were present at the scene of the violence. Without such information, it may not be possible to timely identify and screen children who may have been adversely affected by witnessing violence. A critical component of any names reporting process

relates to confidentiality and security concerns, as well as the potential for further stigmatizing and traumatizing affected children.

	Selected Potential Strategies to Achieve Objective	Potential Lead and Participating Agencies	Evaluation Tools
<p>GOAL: Children in San Francisco will not be subjected to or witness violent acts.</p> <p>Outcome Objective 2 By 2010, achieve a significant reduction in intimate partner violence in homes where children are present.</p> <p>Process Objective W-6 By 2008, 100% of children who are identified by City and County agencies as having witnessed violence in their homes, communities, or schools will be identified, by name, in incident reports, with the sole purpose of offering appropriate counseling and follow-up services.</p>	<p>Policy</p> <ul style="list-style-type: none"> • Develop and implement a policy to mandate that City-funded agencies incorporate and implement protocols to identify children, by name, who have witnessed violence • Ensure inclusion of a provision that names can only be used to offer referrals • Ensure that protocols assure confidentiality • Develop a policy to assure that referrals for counseling will be offered and provided, irrespective of a family's ability to pay for services. <p>Implementation</p> <ul style="list-style-type: none"> • Involve community policing unit • Ensure that officials who are involved in collecting information and initiating action are culturally competent • Develop and implement specific protocols to assure that officials identify and record the names of all children who witness acts of violence • Provide training to all officials who would be involved in reporting 	<ul style="list-style-type: none"> • City and County Departments and Agencies (e.g. Dept of Children Youth & Families, DPH) • DV Consortium • CBOs, particularly DV agencies and DV shelters • City and County elected officials • Educational institutions in San Francisco (elementary, secondary, and higher education) • Faith communities • Medical institutions (hospitals, clinics, private providers, etc.) • VPN • <i>Other specific stakeholders identified by the participants of "Peace It Together" include Juvenile Probation, CPS, Safe Start, Cop Watch, Green Book Project, Child Trauma Research Project *</i> 	<ul style="list-style-type: none"> • Qualitative assessment of the content of the reporting protocol • Reports of data collected and referrals for counseling made • Surveys of law enforcement and social service personnel who are involved in reporting. • Surveys of the participants in training on use of the protocol

* This list is not intended to be exclusive. It was developed during the one day Peace It Together conference and reflects the opinions & knowledge of participants at the conference.

Navigating the RoadMap: WITNESSING ACTS OF VIOLENCE CASE STUDY

Witnessing Acts of Violence Case Study

The Community Action Team, Bay Area Youth Against Violence, BAYAV formed in January 2000 to work on issues around dating violence. Research indicates that witnesses, victims or survivors of violence are often more likely to be affected by violence in some way in the future, so working with young people may help break the cycle.

In this case, the work the advocates did relates fairly directly to the Violence Prevention Network's RoadMap. The group addressed one of the witnessing objectives: **Process Objective W-1:** By 2003,

implement a comprehensive public media campaign to demonstrate how violence occurs and the impact of violence on San Francisco residents.

Although the process objective was quite broad, some elements of the objective was addressed by this work group. Due to a number of constraints, the group did not develop a comprehensive campaign, but they addressed an important audience: youth..

This scenario may occur with many groups or agencies interested in working on this or any of the other objectives.

Ultimately, the objectives provide some direction and some suggestions, but are not intended to stifle creativity. If not all elements can be addressed by one group, it should not prohibit the group from working on their project. Instead, we hope it motivates them to see how their work fits into and contributes to a larger framework.

This case study should give you some idea of how the different pieces of this document can be used to support or guide your work. The case study is based on the Community Action Model (Appendix E).

Step 1

Train the Advocates

Youth were trained about the root causes of relationship violence. Additionally they learned about and shared personal stories about the impact that witnessing violence has on young people and families. They also learned about group decision making processes and the steps needed to create meaningful community action.

Name the Issue

Advocates identified the lack of understanding and information for other young people about how they can be affected by violence in their own lives or in the community. They also identified that young people may not know how personal experiences shape behaviors and attitudes that affect their attitudes and behaviors as it relates to dating.

Choose Area of Focus:

Educate young people about causes and consequences of dating violence

Navigating the RoadMap: WITNESSING ACTS OF VIOLENCE CASE STUDY

Step 2

Define, Design & Do Community Diagnosis

The youth advocates assessed the information available to young people about witnessing violence and dating violence, through a review of available community programs, discussions, guest lectures and focus groups.

Step 3

Analyze results of Community Diagnosis

Based on their research the advocates learned was that there were not enough programs developed by and for youth that engage them in honest, open dialogue or encourage action to prevent youth dating violence.

Step 4

Select Action or Activity & Implement

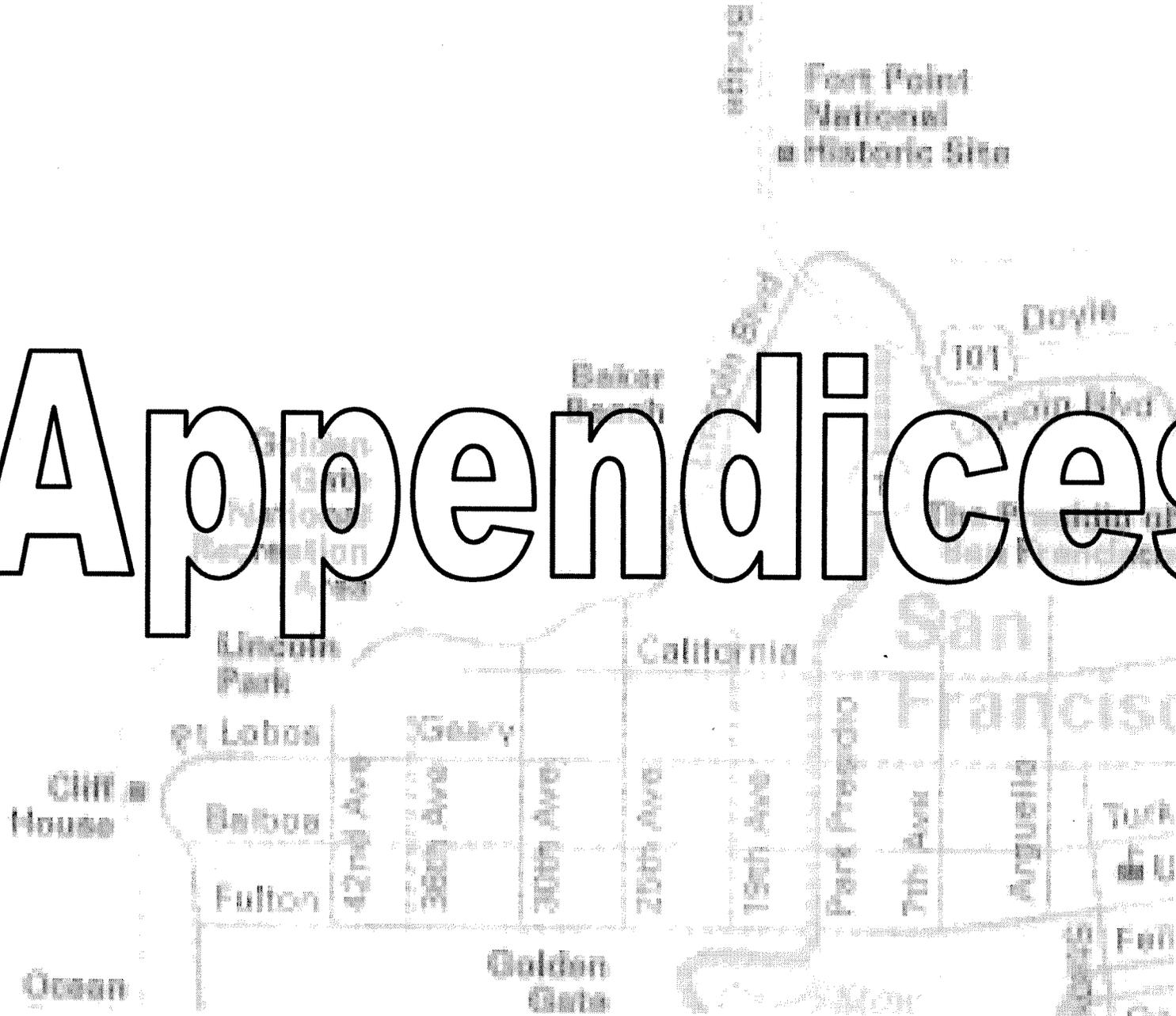
Advocates decided to do community presentations about effects of exposure to violence and how it's related to family violence

Advocates created a portable mural that could be used as a backdrop for future presentations given to youth and that would be a lasting product of their work

Step 5

Maintain & Enforce Action or Activity

Appendices



APPENDIX A

San Francisco Violence Prevention Network

A network of individuals, communities, public & private organizations

Who we are

VISION

The San Francisco Violence Prevention Network envisions San Francisco as an inviting, safe and peaceful city for all. Our vision of a peaceful city embraces the following, but is not limited to, diversity of: opinions, lifestyles, languages, religion, gender, age, sexual orientation, race and ethnicity, citizenship and economic status, ability/disability and backgrounds of the people who live in and visit San Francisco.

MISSION

The mission of the Violence Prevention Network is to facilitate collaboration and cooperation in San Francisco by using a systematic **public health approach to prevent violence and promote peace.**

VPN Definition of Violence

The threatened or actual use of physical, psychological, or economic force or power against oneself, another person, or against groups or communities that either results in, or has the high likelihood of resulting in death, physical or psychological injury, or injustice. *(adapted from Centers for Disease Control & Prevention)*

VPN GOALS

- ★ To provide a forum for violence prevention practitioners to network, and keep current on the latest violence prevention issues, as well as to share information, data and resources.
- ★ To provide education and training to communities throughout San Francisco about violence as a public health issue, with an emphasis on primary prevention, addressing the root causes and risk factors for violence, as well as protective factors to guard against violence.
- ★ To provide a framework for action, using a public health approach.
- ★ To develop a Citywide violence prevention strategic plan that emphasizes collaboration, best practices/models, and data driven decisions.
- ★ To support communities within the City and County of San Francisco as they organize for violence prevention actions.
- ★ To advocate for effective violence prevention policies and programs.

APPENDIX B

Public Health Approach to Violence Prevention

For its planning effort, the Violence Prevention Network adopted a public health approach to prevention which includes the following elements:

primary prevention orientation – efforts designed to prevent violence before it occurs

community emphasis – including the community as a resource for identifying and understanding the problem, and for helping find solutions and implementing prevention programs;

focus on root causes – the VPN has identified three root causes and six risk factors upon which it is basing its work:

root causes: oppression, poverty, mental health/family dynamics

risk factors: alcohol, firearms, witnessing acts of violence, media, community deterioration, incarceration;

data-driven – approaches based on data that describe the nature of the problem, as well as contributing risk and resiliency factors;

collaborative – stressing importance of multiple perspectives and partners from many different disciplines in order to effectively utilize expertise and resources and to coordinate responses and approaches; and

integrated approach – stressing community-wide, holistic and systemic solutions to prevent violence that are based on the continuum of prevention strategies and interventions.

Public Health Definitions of Prevention

Multiple levels of prevention and intervention require a comprehensive continuum of effort among an array of health, education, welfare and human service providers in partnership with law and justice systems.

Primary Prevention – prevents violence so that it does not occur; taking proactive steps to keep people safe and healthy and to address attitudes, behavior, conditions and environment.

Secondary Prevention – focuses on early identification or intervention and addresses attitudes, behaviors, conditions and environment.

Tertiary Prevention – relates to reactive efforts and intervention where there are recognized problems.

APPENDIX C

Identifying Root Causes & Community Risk Factors

Primary prevention saves lives and reduces the emotional, physical and financial toll on society. In order to implement primary prevention strategies, it is important to understand the root causes and risk factors

of the issue being addressed. Below are brief descriptions of some of the root causes and risk factors for violence. Because violence is a complex issue, nine content areas have been identified. The SF Violence

Prevention Network developed the RoadMap for Preventing Violence and recommendations based on its understanding of and available data for root causes and risk factors of violence.

Root Causes

Economics: The depressed economic conditions within a given community, as well as individual cases of unemployment and underemployment, lead to significantly higher levels of violence.

Oppression: Oppression, and the resulting feelings of inequality and powerlessness, are an underlying component of many types of violence. This category includes: sexism, racism, discrimination based on age, ethnicity, class, cultural background, income, or sexual orientation.

Mental Health: An unsupportive home life, including physical or psychological abuse, can produce low self-esteem in both the victim and perpetrator. Violence begets violence; it is frequently cyclical. A sense of isolation and fear for one's personal safety can adversely affect one's ability to resolve conflict without violence.

Community Risk Factors

Alcohol & Other Drugs: Research does not generally support a causal link between illicit drug use and violence. With some drugs, however, there is a strong association with violence. The drug most frequently associated with violence is the one subsidized by the government and legally marketed to consumers: alcohol.

Firearms: Because guns are involved in the vast majority of homicides and suicides, their availability and lethality is a major concern that needs to be addressed. In 1991, firearms were involved in two-thirds of the murders committed in the US, and a quarter of aggravated assaults. Between 1986 and 1991, the number of firearms used

in the commission of crime increased faster than the number of violent crimes. Even if a reduction of hostilities could not be accomplished, reducing the availability of guns and ammunition would decrease the morbidity and mortality produced by such hostility.

Witnessing Acts of Violence:

Experiencing violence can produce Post Traumatic Stress Disorder (PTSD), similar to that experienced by war veterans.

Exposure to or direct involvement in violence is likely to create the belief that violence is a normal form of expression. Being immersed in a violent culture, and especially growing up in a community where violence is prevalent, is likely to produce further acts of violence. The absence of opportunities to express one's feelings or to "re-visit" these experiences in a supportive environment will perpetuate violence.

Media: The entertainment industry tends to justify the sensationalization of violence and sexual objectification by claiming that it is what the public wants for entertainment.

By age 16, most North Americans have already witnessed 200,000 acts of violence on television, ranging from fights to rapes to murders. The relationship between real life violence and television and movie violence has been documented, but free speech concerns as well as powerful entertainment industry lobbies have impeded regulation of the industry. Another damaging effect of media results from its amplification and perpetuation of racial, gender, ethnic and other stereotypes. These powerful images are generalizations that fuel oppression and perceptions of inequality that can lead to anger and violence.

Incarceration: The number of people in prisons is expanding dramatically in the US.

Instead of fulfilling its purported role as a deterrent, prison becomes a training ground and communication center for criminals. Building and maintaining prisons uses resources that could be allocated to violence prevention efforts.

Community Deterioration: The funding for community services throughout the United States has taken a notable downturn. Schools, health and mental health services, libraries, recreational centers and parks are all critical institutions that provide a buffer against the likelihood of violence. At the same time, the "web" of community participation seems to be unraveling, with people's attention focused more on the needs of their own families than the health of the community as a whole.

APPENDIX D

Overview of the San Francisco Violence Prevention Network Planning Process

The San Francisco VPN, which is staffed by the San Francisco DPH, was formed in 1995 after DPH received planning grant funding from the State and Local Injury Control Section of the California Department of Health Services. The mission of the VPN is to facilitate collaboration and cooperation in San Francisco by using a systematic public health approach to prevent violence and promote peace.

A Public Health Approach

The VPN's work is predicated on the assumption that violence is preventable and that the most effective violence prevention strategy is to prevent the occurrence of violence. A primary prevention approach involves taking proactive steps to keep people safe and healthy and to address attitudes, behavior, conditions, and the environment within which violence potentially can take place.

The VPN has organized its activities around the typology presented by Cohen and Swift (1993), which outlined a public health approach to violence prevention. According

to Cohen and Swift, the three root causes are: economics, oppression, and mental health/family dynamics. The six community risk factors identified in Cohen's and Swift's work include: firearms, the media, alcohol, incarceration, witnessing acts of violence, and community deterioration.

Development of a Framework for Violence Prevention

In October 1998, the VPN developed a framework for violence prevention, which emanated from two community conferences that focused on root causes of violence and community risk factors for violence. This planning framework concentrated on three of the six risk factors for violence: alcohol, firearms, and witnessing acts of violence.

Subsequently, in May 1999, the VPN convened representatives from government, academic institutions, and community-based organizations (CBOs) involved in violence prevention to develop preliminary goals and objectives for the three above-specified risk factors. This planning activity represented an important first step in developing a

specific and targeted strategy for violence prevention in San Francisco. Some of those preliminary goals and objectives were unrealistic in terms of timeframes for accomplishment of the objectives, availability of data with which to measure performance, or feasibility in terms of the social and political context of San Francisco. Further, several objectives represented activities that were already being addressed, while others required actions that were not within the purview of City and County authorities or community agencies to address (i.e., activities requiring enactment of State legislation or regulation).

Although the VPN recognized the limitations of the preliminary goals and objectives, there was also acknowledgment that the efforts of the conferees in 1999 should be respected and served as the basis for subsequently reviewing and revising the goals and objectives.

Development of the RoadMap for Preventing Violence

The next step was to review and finalize the goals and objectives and begin identifying

strategies to achieve those goals and objectives. During July and August 2000, the VPN conducted a series of three focus groups - one for each of the priority risk factors - to further review and refine the preliminary goals and objectives. The preliminary goals and objectives from the May 1999 conference served as the basis for focus groups' deliberations. These focus groups were successful in systematically reviewing and recommending modifications to the earlier goals and objectives for the three risk factors. Each of the focus groups was comprised of individuals who possess expertise (either personal or professional) in the respective risk factor for violence; participants represented community-based interests, researchers, and government representatives, including law enforcement.

After each focus group, VPN staff conducted follow-up activities with focus group members, as well as invitees who were not available to personally participate in the sessions. Based on these interactions, VPN staff methodically revised the goals and objectives for each of the three risk factors.

The guiding framework for this activity was Healthy People 2010, the national health

objectives for the United States for the first decade of the 21st century. Healthy People 2010, like its predecessor national health objectives for the Nation for 1990 and 2000, is a comprehensive strategic planning activity that incorporated the input of thousands of health officials and members of the public at the Federal, State, and local levels.

For purposes of San Francisco's violence prevention goals and objectives, Healthy People 2010 influenced the local criterion levels for accomplishment, and served as a useful framework for organizing San Francisco's goals and objectives. Another important consideration was that if San Francisco agencies and organizations ultimately intended to seek funding for violence prevention initiatives, it would be prudent to relate local strategies to the national model, which was conceived to provide an overall framework for health promotion and disease prevention in the United States.

Based on the findings from the focus groups, Peace It Together, a Violence Prevention Issue Forum, was conducted on October 25, 2000. The intended audience for this event included the broad-based membership of the

VPN, representatives from CBOs, San Francisco City and County policy-makers and staff, and other interested parties.

Peace It Together's agenda featured violence prevention experts who discussed the intersection of risk factors; it also included working sessions during which participants were able to review and comment on the revised objectives for alcohol, firearms, and witnessing acts of violence. Through this activity the VPN anticipated that greater community support for the VPN's goals and objectives would be generated. Participants were afforded the opportunity to provide specific input to guide the implementation of objectives; the identification of relevant follow-up activities, gaps in existing data, and necessary resources to develop a strategic plan for violence prevention in San Francisco. The anticipated outcome from the Issue Forum was to develop preliminary recommendations to serve as guiding principles to assist neighborhood-based efforts to prevent violence within the context of a Citywide violence prevention strategy. Over 60 individuals participated in the one-day conference.

APPENDIX D

RoadMap for Preventing Violence: A Work in Progress

The resulting product of Peace It Together and the previous planning process, is presented in this document. The objectives outlined in the charts associated with each topic have not been prioritized.

Additionally, the accompanying strategies have also not prioritized; rather, staff attempted to group the different strategies

or in other cases to put them in chronological order. We chose not to prioritize because it is important for those interested in taking action to select those issue areas, objectives, strategies, partners, etc., that make the most sense for the environment in which they are working.

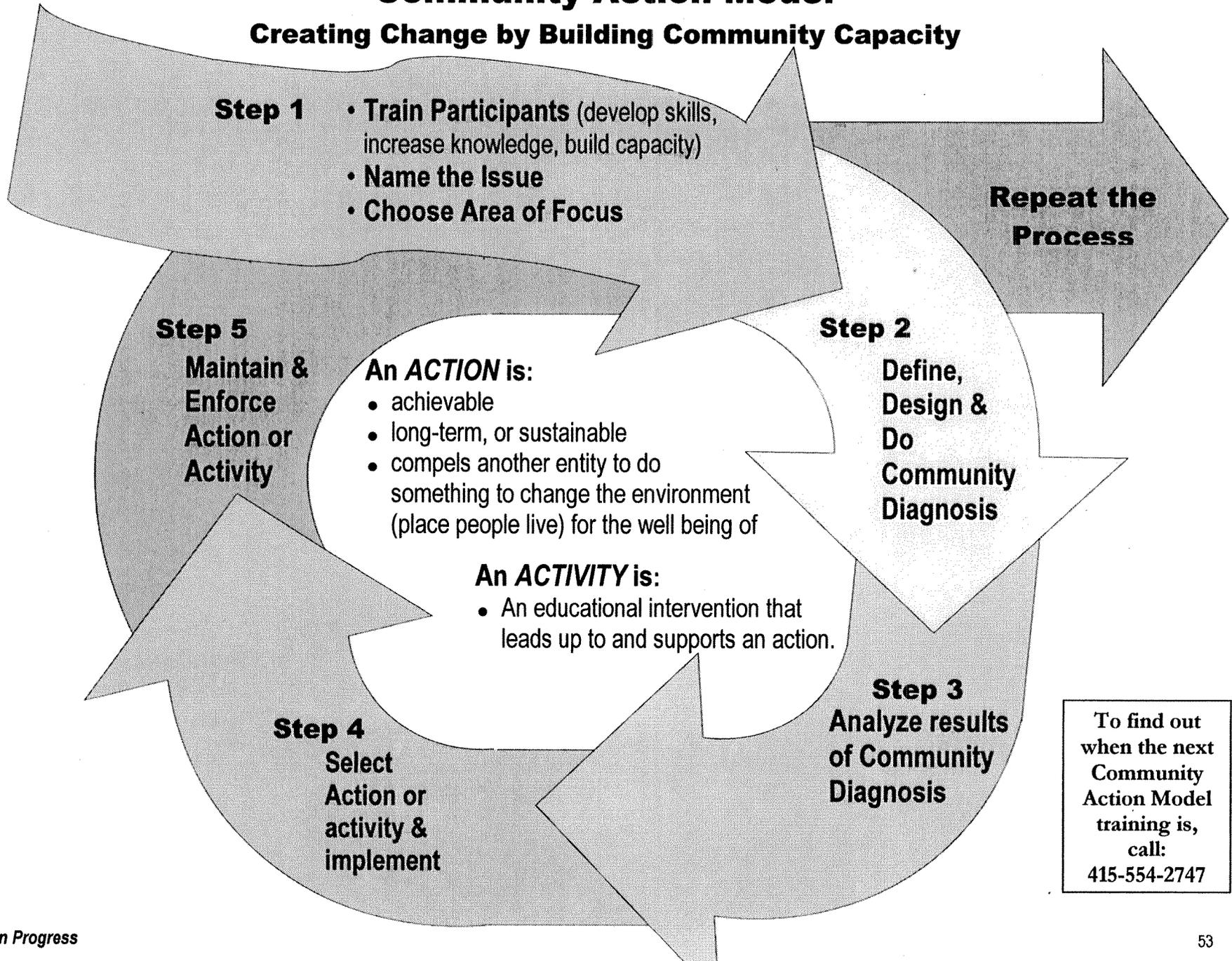
We view this document as a living document; that is, we look forward to hearing your actions and approaches, so

that they may be incorporated into this document. The RoadMap provides numerous suggestions, but it does not begin to capture all the innovative and effective strategies in existence and those to come. To that end, we urge you to contact us about your work, so that we may begin to document the work that is being done and perhaps develop a series of case studies of effective practices in San Francisco.

APPENDIX E

Community Action Model

Creating Change by Building Community Capacity



To find out when the next Community Action Model training is, call: 415-554-2747

Useful References

On the Internet

Organization	Focus area	Address
Center for the Prevention of School Violence	School Violence	http://www.ncsu.edu/cpsv/
Center for the Study and Prevention of Violence	Community violence prevention	http://www.colorado.edu/cspv/
Center to Prevent Handgun Violence	Firearms	http://www.handguncontrol.org/
Coalition to Stop Handgun Violence	Firearms	http://www.csgv.org/
Common Sense About Kids and Guns	Firearms	http://www.kidsandguns.org/
Family Violence Prevention Fund	Family Violence	http://www.fvpf.org/
Join Together Online	Firearms, alcohol & substances	http://www.jointogether.org/
Justice Information Center	Statistics	http://www.ncjrs.org/
Legal Community Against Violence	Firearms	http://www.lcav.org/index.html
Marin Institute	Alcohol	http://www.marininstitute.org
Million Mom March	Firearms	http://www.millionmommarch.org
Minnesota Center Against Violence & Abuse	Info Clearinghouse	http://www.mincava.umn.edu/
National Campaign Against Youth Violence	Youth Violence	http://www.noviolence.net http://www.nomasviolencia.com
National Center for Injury Prevention & Control	Statistics, research - Violence Prevention	http://www.cdc.gov/ncipc/about/about.htm
National Network of Violence Prevention Practitioners	Community Violence Prevention	http://www.edc.org/HHD/NNVPP/
National PTA Community Violence Prevention	Community Violence	http://www.pta.org/events/violprev/
National Institutes of Mental Health, NIH, SAMHSA	Suicide, substance abuse, mental health	http://www.nimh.nih.gov/
Pacific Center for Violence Prevention	Alcohol, firearms, community violence	http://www.pcvp.org/
PAXIS Institute	School Peace/Violence Prevention	http://www.paxis.org/
Partners Against Violence (PAVNet)	Violence Prevention	http://www.pavnet.org
Prevention Institute	Community Violence	http://www.preventioninstitute.org/home.html

Organization	Focus area	Address
Prevention Research Center	Alcohol	http://www.prev.org/index.html
RAND	Research – violence prevention	http://www.rand.org/
Safe Schools & Violence Prevention, CA DOE	Safe Schools	http://www.cde.ca.gov/spbranch/safety/safetyhome.html
Search Institute	Youth – resiliency	http://www.search-institute.org/
Trauma Foundation	Injuries, firearms, alcohol	http://www.tf.org/
Trauma Foundation - Alcohol	Alcohol	http://www.tf.org/tf/alcohol/ariv/index.html
UC Davis Violence Prevention Research Program	Firearms, Violence	http://web.ucdmc.ucdavis.edu/vprp/index.html
US Department of Education	Safe Schools	http://www.ed.gov/index.html
US Department of Justice	Community Crime/Violence	http://www.usdoj.gov/
Violence Policy Center	Firearms, violence prevention	http://www.vpc.org/
Violence Prevention Resources	Youth violence	http://www.child.net/violence.htm

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San Francisco Violence Prevention Network

Peace It Together Participants

- Mauricio Acevedo, CARECEN
- Paul Aguilar, Safety Network
- Fabiola Alejandre, Community Bridges Beacon
- Lindsey Anderson, Family Violence Prevention Fund
- John Beem, MOVE
- Judi Behnken, Department of Public Health
- José Burgos, CARECEN
- Emily Cabrera, Bay Area Legal Aid
- Ramon Cardona CARECEN
- Betty Crowder, Bayview Hunters Point Foundation
- Ernestine Daniel, Polaris Research & Development
- David Duffey, Rally: Family Visitation Services
- Judy Edmond, Safety Network
- Karen Fishkin, S. F. Neighborhood Safety Partnership
- Cheryl Foston, Safety Network
- Liz Garcia, Safety Network
- Janine Grantham, SF WAR
- Bridgette Grogans, Bayview Hunters Point Foundation
- Lisa Gutierrez, Mayor's Office
- Phyllis Harding, Community Substance Abuse Services
- Mai-Mai Ho, Asian Perinatal Advocates
- Oriana Ides, Safety Network
- Katrina Jackson, Dept of Children, Youth & Families
- Vanessa Kelly, S.F. Rape Treatment Center
- Paulita Lasola-Malay, Center for Domestic Violence Prevention
- Marie Lavin, SF Adult Probation
- Mijin Lee, Korean Center Inc

RoadMap for Preventing Violence

- Ntanya Lee, S.F. Youth Commission
- David Mauroff, Columbia Park Boys & Girls Clubs
- Carol McGruder, Polaris Research & Development
- Kate Monico-Klein, Office of Women's Health SFDPH
- Liz Napasindayao, Asian Youth Prevention Services Japanese Community Youth Council
- Rex Navarrete, Haight Ashbury Free Clinics
- Alan Oliver, Safety Network
- Ethan Patchell, Community Bridges Beacon
- Amy Petersen, Safety Network
- Lisa Polacci, La Casa de las Madres
- Rosalyn Roddy, SECFTC
- Susana Rojas, Columbia Park Boys & Girls Clubs
- Gene Royale, District Attorney's Office - Community Courts
- Mitch Salazar, District Attorney's Office - Community Based Programs
- Jose Santiago Vaquerano, St. Anthony Foundation -SWC
- Susan Shensa, St. Anthony Foundation
- Hamish Sinclair, manalive
- Gloria Soliz, Safety Network
- Joe Tasby III, Visitacion Valley Beacon center
- Mary Vassar, S.F. Injury Center
- Alejandra Vila, Columbia Park Boys & Girls Clubs
- Marta Villela, Safety Network
- Mary Weitzel, Million Mom March
- Cynthia Yannacone, Arriba Juntos
- Debi Tsan, Community Youth Center
- Sarah Wan, Community Youth Center

Feedback Form

On a scale of 1 - 7, where 1 is NOT useful and 7 is VERY useful, how useful do you find this RoadMap for Preventing Violence?

1	2	3	4	5	6	7
NOT useful			useful		VERY useful	

How would you change the RoadMap to make it more useful for you/your group? _____

Which issue area(s) are you most interested in or already working on? Alcohol Firearms Witnessing Acts of Violence

Which process objectives will you work on _____

Can we follow up with you to learn about your progress as part of our documentation process? Yes No

Name _____ Title _____

Organization _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

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The RoadMap is on the web at <http://www.dph.sf.ca.us/PHP/PreventViolence.htm>

