Voices from the Field: Raising Awareness on Gun Violence

March 14, 2018

in collaboration with
Violence Transformed 2018 Exhibition: Guns and Gun Violence: Too Many, Too Close

Cambridge College

The Privilege of Safety

Sarah Deschenes, LMHC

What is In-Home Therapy?

- Working largely with families in crisis who have layers of complex needs

- Meeting individuals and families where they are at

Children Exposed to Violence

- From my personal perspective in this work, children who are living in dangerous neighborhoods often start pairing their living conditions with:

    "I must not be good enough"

Framing Safety

- Safety plan with the family
  - Natural supports
  - Places and people they feel safe with
  - Develop step-by-step protocol
  - Not a set plan – it's a process

- Name the pink elephants
 - Embrace humility
  - Embrace transparency

Who Defines Safety?

- Using your own measuring stick does not work to measure another's lived experience

- Build awareness of the tendency to judge another's lived experience by your own definition and lived experience

Equality VS. Equity

Equality doesn't mean **Equity**
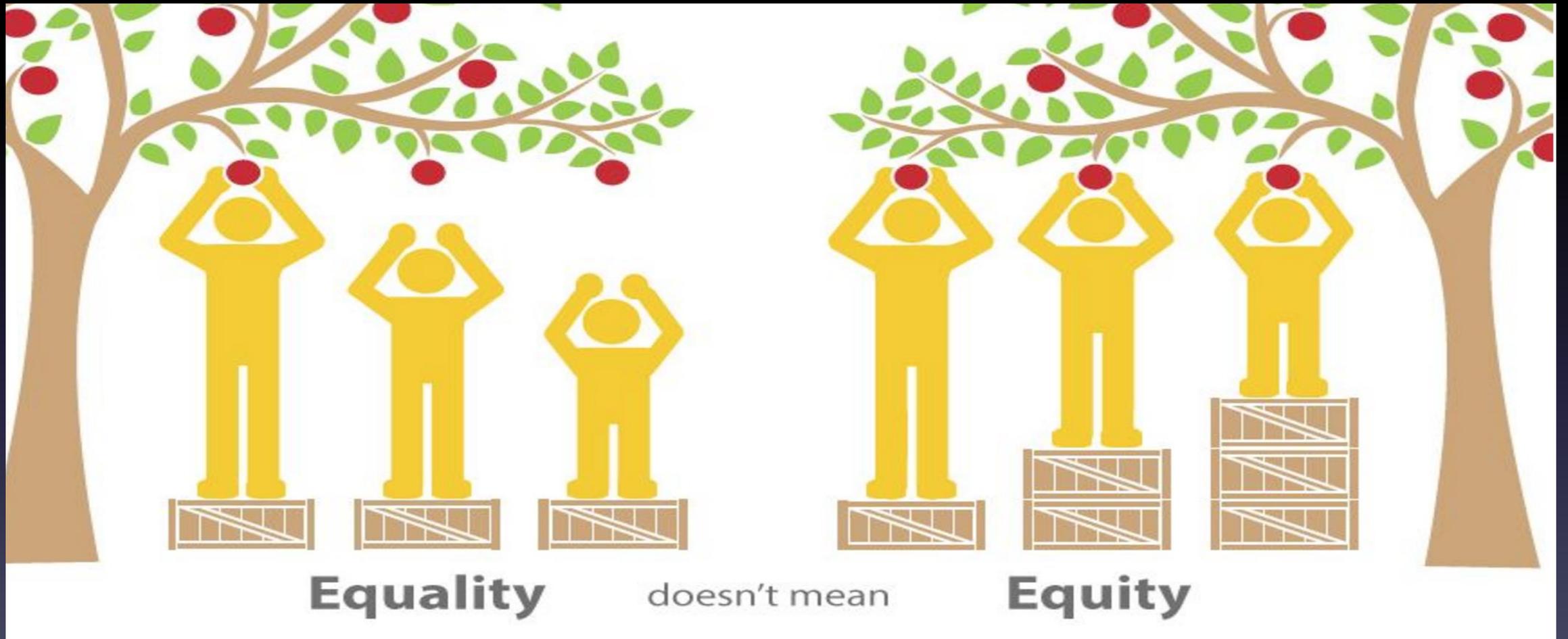
As we become

peaceful and safe individuals,

hopefully that will help us

move forward in

creating a

safe and peaceful society
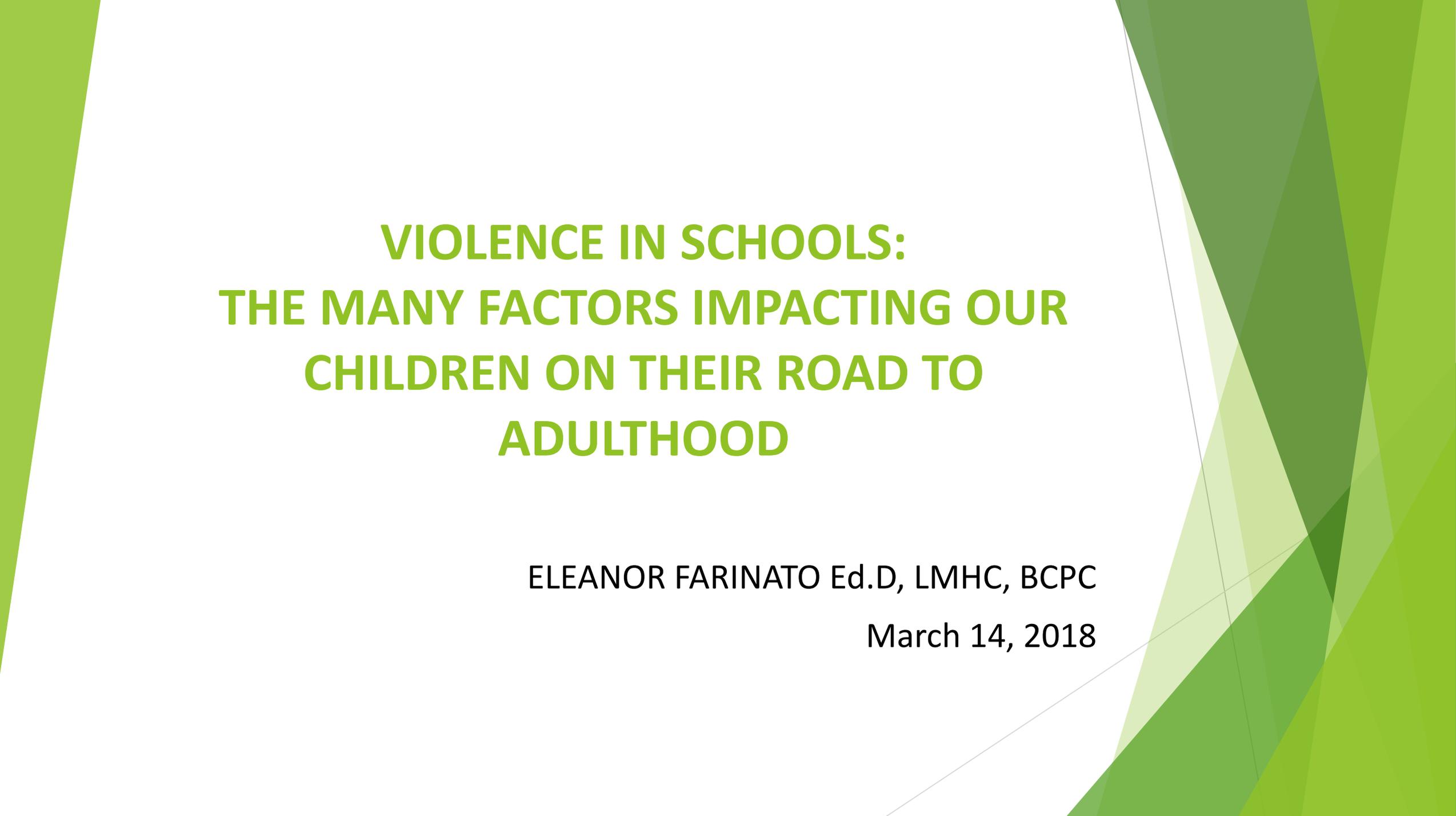
VIOLENCE IN SCHOOLS:
THE MANY FACTORS IMPACTING OUR CHILDREN ON THEIR ROAD TO ADULTHOOD

ELEANOR FARINATO Ed.D, LMHC, BCPC

March 14, 2018

AS I PROGRESS THROUGH THIS PRESENTATION, I ASK THAT YOU KEEP CERTAIN THINGS IN MIND:

► ARE SCHOOLS MICROCOSMS OF SOCIETY?

► ARE SCHOOLS SOCIAL SERVICE AGENCIES OR INSTITUTIONS OF EDUCATION/LEARNING?

► WHERE DO ONE PERSON'S RIGHTS END AND ANOTHER PERSON'S RIGHTS BEGIN?

► CAN YOU BE AN AGENT FOR CHANGE?

SO MANY FACTORS IMPACT OUR CHILDREN'S LIVES; WE NEED TO KEEP THESE IN MIND, AS WE ADDRESS VIOLENCE IN SCHOOLS.

WE WILL LOOK AT THE IMPACT OF:

- ▶ SOCIETY/COMMUNITY
- ▶ FAMILY
- ▶ PEERS
- ▶ SCHOOLS

LET'S LOOK AT SOCIETY/COMMUNITY FIRST:

- VIOLENCE AROUND THE WORLD

- PEOPLE SEEM TO BE VERY ANGRY

- VIOLENCE IN PLACES OTHER THAN SCHOOLS

- SEE SOMETHING/SAY SOMETHING, FOR SOME, THIS MEANS SNITCHING

- SOCIAL MEDIA

LET'S LOOK AT THE FAMILY:

▶ MUST ASSUME THAT PARENTS ARE DOING THEIR BEST AT A VERY DIFFICULT JOB, BUT THERE ARE SO MANY CHALLENGES:

  o PARENTAL SUBSTANCE ABUSE

  o PARENTAL MENTAL HEALTH ISSUES

  o PARENTAL PHYSICAL HEALTH ISSUES

  o UNEMPLOYMENT

  o IMMIGRATION STATUS ISSUES

  o SOCIOECONOMIC STATUS (SES)

  o DOMESTIC VIOLENCE

▶ EMPATHY AND RESILIENCY

▶ FAMILIES TAKE MANY FORMS

▶ GANGS AS A FAMILY

LET'S LOOK AT PEERS:

- PEER PRESSURE

- BULLYING

- PHONES ARE CONNECTIONS TO THE OUTSIDE WORLD

- SEXTING

- SOME MEASURE SELF WORTH BY NUMBER OF "LIKES," BUT SOCIAL MEDIA SHOULD BE A WAY TO CONNECT NOT COMPETE

LET'S LOOK AT SCHOOLS: CAN WE BE EVERYTHING TO EVERYONE?

▶ EDUCATE

▶ BREAKFAST, LUNCH AND CLOTHING

▶ DEALING WITH PHYSICAL AND MENTAL HEALTH OF STUDENTS

▶ DEALING WITH CHILD ABUSE/NEGLECT

▶ SCHOOL CLIMATE

▶ SECURITY IN SCHOOLS AND TRAINING <u>ALL</u> STAFF

LET'S LOOK AT SCHOOLS: CAN WE BE EVERYTHING TO EVERYONE?

- STUDENTS ARRIVING AT SCHOOL ARMED

- ARRANGED AGGRESSION

- ARMING TEACHERS

- YOU CAN HELP BY BEING AGENTS FOR CHANGE

IT DOES TAKE A VILLAGE TO RAISE A CHILD!

ADDITIONAL RESOURCES:

▶ *MASSACHUSETTS TASK FORCE REPORT ON SCHOOL SAFETY AND SECURITY* (JULY2014)

▶ *VIOLENCE RISK ASSESSMENT OF THE WRITTEN WORD*, BRIAN VAN BRUNT, Ed.D, THE NCHERM GROUP, LLC

▶ *GIFFORD LAW CENTER* WWW.GIFFORDSLAWCENTER.ORG

▶ NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS WWW.NASPONLINE.ORG

▶ SCHOOL SHOOTERS WWW.SCHOOLSHOOTERS.INFO

▶ TEACHING TOLERANCE WWW.TOLERANCE.ORG

CLINICAL RESPONSES TO TRAUMATIC EVENTS IN SCHOOL SETTINGS

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CLINICAL RESPONSES TO TRAUMATIC EVENTS IN SCHOOL SETTINGS

DSM – 5

Post Traumatic Stress Disorder

Criterion A: Stressor

The person was exposed to death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, as follows: (one required)

Direct Exposure

Witnessing in person

Indirectly, by learning that a close relative or close friend was exposed to trauma. If the event involved actual or threatened death, it must have been violent or accidental.

CLINICAL RESPONSES TO TRAUMATIC EVENTS IN SCHOOL SETTINGS

This does not include indirect non-professional exposure through electronic media, television, movies or pictures

CLINICAL RESPONSES TO TRAUMATIC EVENTS IN SCHOOL SETTINGS

RECENT HIGHLY PUBLICIZED SCHOOL TRAUMAS

School shootings – Florida and others

Other school violence

Students killed in car accidents

Suicide

Terrorism / hostage taking

Sudden child deaths

Sudden unexpected death of teacher or other school personnel

Natural disasters (earthquakes, hurricanes, other)

CLINICAL RESPONSES TO TRAUMATIC EVENTS IN SCHOOL SETTINGS

THE COMMUNITY RESPONSE:

Even before the news begins to cover the tragedy, teams are being assembled for the response which will be reported as:

"COUNSELORS WILL BE ON HAND FOR STUDENTS"

CLINICAL RESPONSES TO TRAUMATIC EVENTS IN SCHOOL SETTINGS

Community agencies cooperate and collaborate to form a coordinated response to sudden traumatic events.

Lead Agency: has the contract with the city or school district to provide the emergency clinical response to tragedy.

Cooperating agencies: provide trained clinicians to requests for "teams" to go into the schools, usually early the following morning.

CLINICAL RESPONSES TO TRAUMATIC EVENTS IN SCHOOL SETTINGS

Team members arrive at the assembly site before students arrive.

Team leader coordinates with the school representative

Teachers participate with their students or have separate sessions

Group sessions – NOT THERAPY

Some individuals may be referred to therapy

CLINICAL RESPONSES TO TRAUMATIC EVENTS IN SCHOOL SETTINGS

DEBRIEFING

1. Assess the impact
2. Identify immediate issues involving "safety" and "security"
3. Use "defusing" for venting and provide validation of reactions
4. Predict events and reactions expected in the aftermath
5. Conduct "Systematic Review" of the incident and its impact
   a. Look for maladaptive behaviors or responses to the trauma
   b. Referrals for these individuals
6. Bring closure to the incident; assist in understanding resources
7. Assist in re-entry to a sense of "normalcy"

CLINICAL RESPONSES TO TRAUMATIC EVENTS IN SCHOOL SETTINGS

Working with emergency response efforts requires responders to be flexible team players who can change their plans on a moments notice.

Confidentiality is critically important

QUESTIONS

Ed Stone

LICSW
School Adjustment Counselor

No Exceptions: The Case for Normalizing a Trauma Informed Approach to Social Support

Impact of Trauma on the Individual

- Hypervigilance
- Difficulty recognizing internal cues
- Affective dysregulation
- Attachment difficulties
- Memory disturbances
- Learning difficulties
- Damaged/fragmented sense of self

Heightened Risk Factors

- Depression
- Substance use
- Suicidality
- Obesity
- Stress-related health problems (digestive issues, headaches, sleeplessness, sadness, anger, irritability, frequent and severe viral infections, panic attacks/disorders, etc.)
 - Stress can exacerbate just about any health condition you can think of

Impact of Trauma on Development

- Prioritization of skills, behaviors, adaptations which help the child **survive** their environment and meet physical, emotional, and relational needs
- De-emphasis of domains of development that are less immediately relevant to survival
- Practically speaking, without addressing trauma related symptoms, new learning and new narratives cannot effectively occur

Complex Trauma

- A type of trauma that occurs repeatedly and cumulatively, usually over a period of time and within specific relationships and contexts (Courtois, 2004)

- Ex. Domestic violence, community violence, prolonged exposure to abusive relationships, chronic health problems, familial substance abuse, chronic poverty, etc.

Ramifications of Trauma on Society
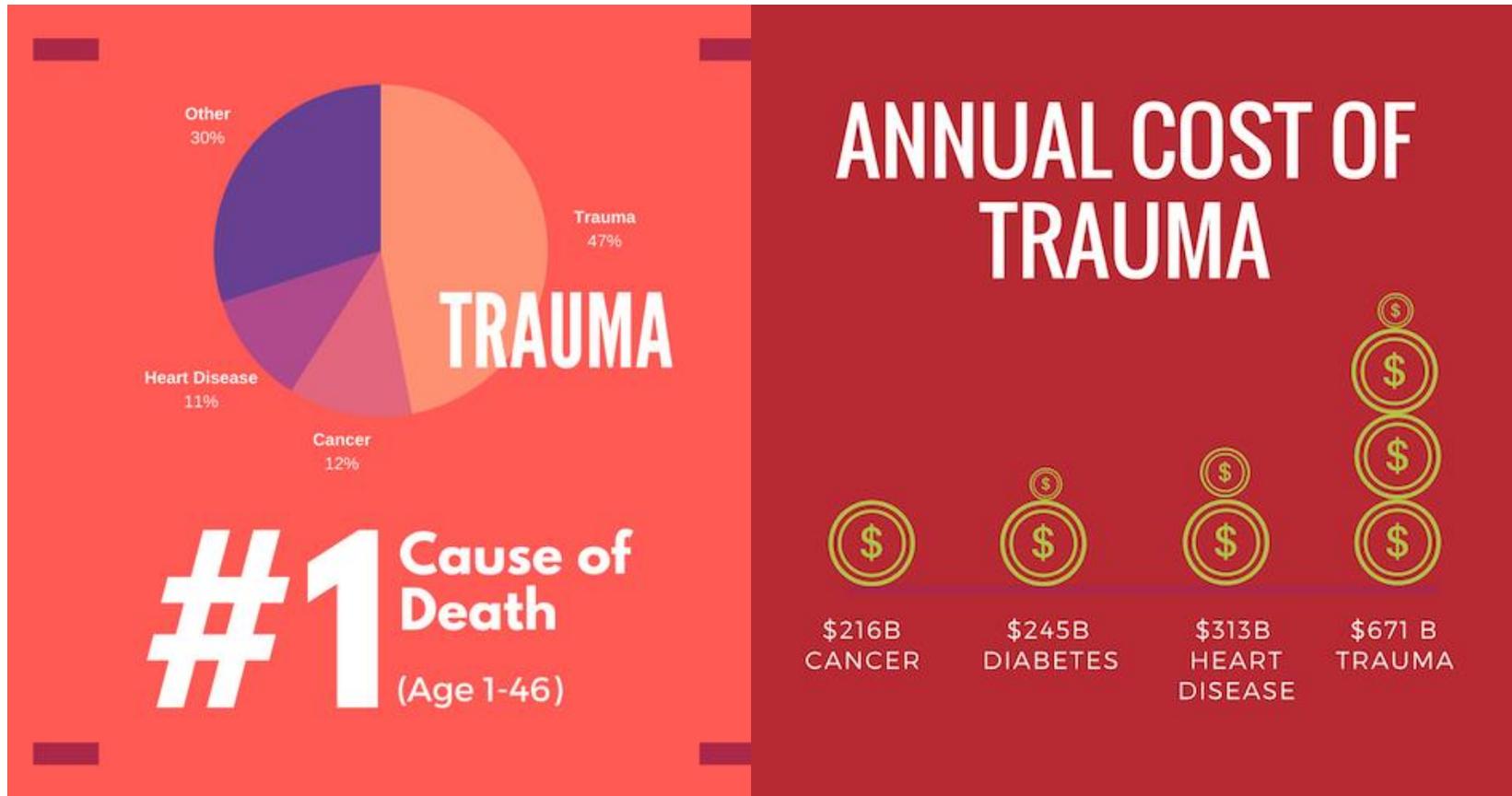
SOURCE: Data retrieved from NCIPC. 2015b

SOURCES: WISQRS, CDC, NIH, MEDICAL NEWS TODAY 9/21/15

Source: Center for Disease Control and Prevention

GUN DEATH BREAKDOWN

38,658 Americans died from gun violence in 2016, with many more suffering debilitating injuries. Nearly 60% of all gun deaths are suicides. The majority of homicides can be attributed to urban gun violence and domestic gun violence.[1]

- ■ 59% SUICIDE
- ■ 37% HOMICIDE
- ■ 1.3% UNINTENTIONAL
- ■ 1.3% SHOOTINGS BY LAW ENFORCEMENT
- ■ 0.8% UNDETERMINED

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AMERICA HAS EXCEPTIONALLY HIGH RATES OF GUN VIOLENCE

Over 14,000 Americans were murdered with guns in 2016[5]—a rate nearly 25 times higher than in peer countries.[6]

Women in the United States are 11 times more likely to be murdered with a gun than in peer countries.[7]

Americans are eight times more likely to die by **suicide** using a gun than in peer countries.[8]

Young Americans ages 15 to 19 are 82 times more likely to be murdered with a gun than in peer countries.[9]

Gaps in Treatment

- We primarily focus on the effects of trauma on the individual – however the rates of occurrence are, and have been, at epidemic proportions. **We live in a society that creates conditions that promote complex trauma but fails to support individuals in coping with trauma.**
- Societal conditions (chronic poverty, community violence, poor access to adequate health care, fear of police, mistrust in government officials etc.) are ongoing - which means individuals confronted with these issues on a daily basis are unable to begin the process of coping/resolving trauma as the trauma is continuous
- Additional complicating factors in treating trauma include:
  - Systems failures – we tend to rely on a series of short term fixes that fail to address the scope of the issue
    - Ex. Insurance companies dictate length of hospital stays, what kinds of services can be accessed and for how long, etc.
    - Affluent school districts can afford to send students out-of-district to receive school-based therapeutic supports while districts serving students with the highest need are unable to do so
  - Societal tendency to dismiss, discredit, and shame trauma victims, partially due to our unwillingness to recognize the pervasiveness of trauma and the ways in which we as a society further the conditions that produce complex trauma.

Taking Cues From Around the World

- U.K. appointed a Minister of Loneliness in 2018 in response to known associations between loneliness and cardiovascular disease, dementia, depression, and anxiety (Yeginsu, 2018).

- Finland and the city of Livorno in Italy are already piloting unconditional monthly sums for their unemployed and low-income citizens while Ontario (CA) and several cities in the Netherlands have plans to do so in the coming years. Scotland is also in the process of considering a pilot program working towards instituting a universal basic income (Henley, 2017).

- However, our staunch commitment to unrestrained capitalism, which necessitates the delineation between "haves" and "have-nots" make such steps unlikely in the immediate future of the U.S., begging the question **what can we do within the current framework of society to move the needle?**

Laying the Foundation for a Trauma-Informed Approach To Social Support

- Build awareness and generate buy-in for a trauma-informed approach
    - Recognize and educate others about the pervasiveness of trauma and complex trauma within our society
- Support a culture of wellness and health (mental, physical, emotional, spiritual)
    - Lead by example: Normalize self-care, practice collaborative problem solving, encourage empowerment, demonstrate open-mindedness, embrace a humanistic perspective
- Embody the values of trauma-informed care in all that we do
    - Avoid making assumptions, take steps to ensure comfort for all, recognize telltale signs of stress and trauma exposure, and act as a resource for those in need
- Create a safe physical, social, and emotional environment for all
    - Champion intersectionality, acknowledge competing perspectives, accept people for who they are and where they are in their journey, challenge those who would continue the status quo

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