Co-Occurring Cycles of Violence:
Risk assessment and safety planning for women surviving violence in the context of community violence and trauma

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**LEARNING OBJECTIVES**

- Explore how major cycles of violence against women are mediated by street violence in urban communities of color

- Learn innovative trauma-informed tools for more comprehensive risk assessment and safety planning for survivors and their loved ones

- Delve into the fluid and complicated relationships between victimization and perpetration within these social networks
  - Looking at women’s relationships to gangs and illegal firearms markets
  - Acknowledging the impact of racism and other forms of oppression on safety-seeking
Guiding Principles

Everyone deserves to be safe

Hurt people hurt people

Our clients experience violence and are traumatized from interpersonal acts of aggression as well as structural and institutional oppression

Our clients exist in community, and in relation to social networks that have complicated histories and fluid dynamics

Access to safety, healing and peacemaking are key social determinants of health that impact other outcomes for individuals, families and communities
**Why we must be explicit about race though not exclusive**

- **Homicide:** 4th most common cause of death in white women. **#2 most common for women of color ages 15-24**

- **Homicide:** #1 cause of death for men and boys of color 15-24. **#7 for their white peers**

- 12-14: average age of entry into prostitution for girls. **60% of children surviving CSE are first recruited by peers**

- The overwhelming majority of runaway, homeless, abused and at-risk youth are approached by pimps and drug dealers **within 48 hours** of landing on the streets

- **Black women in America:** 13% of the U.S. population and **40% of missing persons**, over 64,000 missing

- **Close to ½ of all GLBTQH homicides are of trans women**, who only account for 1% of the entire GLBTQH community

- **Most victims of violence survive.**

- **Survivors** of penetrating wounds are **up to 45% more likely** to get shot or stabbed again.

- **Exposure to violence is the #1 change indicator for weapon carrying behavior.**
IPV RISK FACTORS
• Strangulation
• Access to Guns
• Stalking

CV RISK FACTORS
• Previous GSW/ SW Victimization
• Articulated Gang Involvement

What we are working on:

• Threats to Kill
• Violence During Pregnancy

Context of Trauma

What we are working on:
Some important things to consider...

1. Access to firearms, proximity to firearms
2. Articulated gang involvement, neighborhood beefs
3. Primary exposure to other forms of violence. Is it ongoing?
4. Secondary/ cohort victimization. Is there ongoing risk?
5. Familial exposure/ relationship to street violence
6. Violence perpetrated/ experienced in front of others (friends, family, in public, etc.)
7. Lived experiences with stripping, prostitution, substance abuse/ co-dependence, homelessness
8. Violence- indicated CORI/ criminal history (not just DV)
9. Negative past experiences with police, courts, systems
10. Non-penal modes of justice, accountability and safety making
When is a victim of street violence at higher risk because of his intimate relationship?

What do women’s relationships to illegal firearms networks look like?

How does gang involvement put a partner or family member at higher risk in the context of abuse?

How are CSE and Human Trafficking present in these cycles?
Social Determinants of Health

Oppression

- Institutionalized Safety, Healing, Peacemaking
- Surveillance and Policing
- Environmental Exposure
- Services vs. Agency/ Efficacy
- Jobs/ Income
- Health Services
- Housing
- Education

Health Outcomes

ACROSS THESE INSTITUTIONS AND STRUCTURES, WHO IS “SEEN” AS A VICTIM?

WHO REMAIN INVISIBLE?
“Can a state that is thoroughly infused with racism, male dominance, class-bias and homophobia, and that constructs itself in and through violence act to minimize violence in the lives of women? Should we rely on the state as the answer to the problem of violence against women?”

Framing inequities across violence victimization i.e. Who qualifies as an ‘innocent’ victim?

How does differential access to peace and safety drive these cycles?