Youth & Young Adult Violence Assessment

City of Tacoma

August 2022

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Abbreviations

- ACEs: Adverse Childhood Events.
- API: Asian and Pacific Islander.
- EMS: Emergency Medical Services.
- ER: Emergency Room.
- HYS: Healthy Youth Survey.
- RFP: Request for Proposals.
- TPD: Tacoma Police Department.

Executive summary

We assessed violence among youth and young adult populations in the City of Tacoma. We reviewed data on and perceptions of physical violence among people under age 30. We looked at physical violence but didn't include accidents or self-harm.

While violence can mean many things, for this report, violence refers to physical harm from one person against another. This includes assault (fatal and non-fatal), violence in the home, intimate partner violence, fighting, human trafficking, sex crimes, weapons offenses and violent crime.

To get a clear picture of violence in the community, we use many different types and sources of data. Data comes from:

- Health systems (hospitalizations, emergency room visits).
- Emergency response (Tacoma Police Department and Tacoma Fire Department EMS)
- Education (Healthy Youth Survey—a behavioral health survey given to youth in schools and Office of the Superintendent of Public Instruction).
- Vital records (mortality data).
- Community survey.

We wanted to understand what the community thinks about youth and young adult violence in the city. We released a survey of 13 questions, which received 152 responses. We invited community members and partner organizations to participate in focus groups and key informant interviews. A total of 13 representatives from community organizations and 6 community members participated in either a focus group or key informant interview. We used a strengths-based approach to develop questions

for community member focus groups to learn what community aspects and resources participants already enjoy and find helpful. Focus groups with representatives from community organizations focused on what places youth at a higher or lower risk for violence and potential prevention strategies.

Key findings in this report:

- Violent injury and death.
  - o Violent deaths occur in Tacoma at the same rate as deaths from car crashes and at a higher rate than Pierce County. People used firearms in most of the deaths and hospitalizations.
- Risk factors in youth.
  - o Youth in schools who were experiencing violence at home or in school are much more likely to engage in violent activity.
  - o LGBTQIA+ youth in schools were the most likely to report being victims of violence, which included bullying and fighting. These youth were the most likely to experience risk factors for violence, such as lack of parental involvement and abuse at home.
  - o Kids with supportive family, like parents who planned activities for them and who the youth felt they could confide in, were much less likely to engage in violent behavior.
- Community perceptions.
  - o Focus groups emphasized the importance of family-based resources that are easily accessible, especially to promote healthy parent/guardian-child relationships.
  - o Community survey results highlighted the need for trusted adults in youths' lives who they can go to for help and guidance.
  - o Survey respondents and community members expressed a greater need for activities after school and during the summertime, as well as safe spaces for youth to gather like parks and community centers.
  - o Focus groups with community organizations highlighted the need for holistic services that address financial support, housing and overall stability.

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Acknowledgements

Staff members of Tacoma-Pierce County Health Department's Office of Assessment, Planning & Development produced this report. We appreciate the support of the Tacoma Police Department and Tacoma Fire Emergency Medical Services who shared their data. Thank you to current and former health department staff who were critical to the success of this assessment:

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- Naomi Wilson, MPH.

A youth-centered violent tragedy took place in Uvalde, Texas during the time of this assessment. Our hearts go out to the victims, their families and the community. We are dedicated to addressing the critical need for trauma-informed services and systems change to prevent violence among the youth, young adults and families we serve.

Assessing violence among Tacoma's youth and young adults

We assessed violence among youth and young adult populations in the City of Tacoma. We reviewed reports and perceptions of physical violence among people under age 30. We looked at physical violence but didn't include accidents or self-harm.

While violence can mean many things, for this report, violence refers to physical harm from one person against another. This includes assault (fatal and non-fatal), violence in the home, intimate partner violence, fighting, human trafficking, sex crimes, weapons offenses, and violent crime.

To get a clear picture of violence in the community, we use many different types and sources of data. Data to describe this situation comes from:

- Health systems (hospitalization, emergency room visits).
- Emergency response (Tacoma Police Department and Tacoma Fire Department EMS)
- Education (Healthy Youth Survey—a behavioral health survey given to youth in schools—and Office of the Superintendent of Public Instruction).
- Community survey.
- Vital records (mortality data).

Violence is a complex issue to assess as no single data source can include all people who experience, perpetrate or observe violence. Each data source provides a partial view of the issue but isn't comprehensive. (See Figure 1.) Some data sources represent all people who visit and reside in the City of Tacoma rather than only people living in the City of Tacoma (e.g., emergency services data). Data sources categorize people in different ways (e.g., separating assault vs. suicide for firearm EMS calls).

The victims and potential perpetrators of violence may not live in Tacoma, and both hospitalization and police data refer to events and not a single person. A person can appear multiple times in one or many datasets. With these limitations, we compare the results from our disparate data sources to the current estimate of the city of Tacoma population. In addition, none of these sources are comprehensive without qualitative input from the community. Preventing violence requires understanding people's lived experiences and addressing systemic inequities.
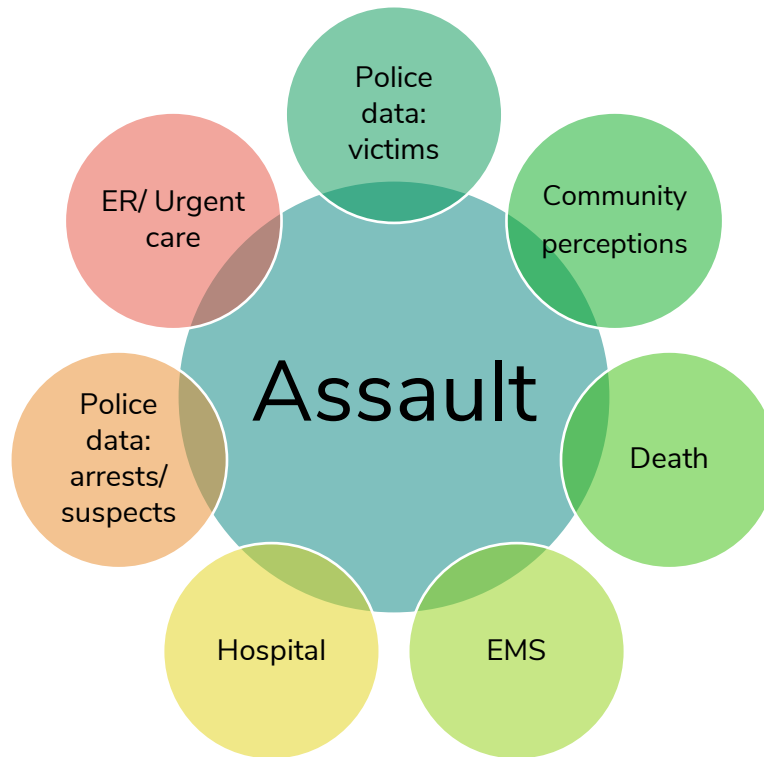
Figure 1. Multiple data sources for understanding assault in the community

Section 1: What's going on in the community

In this section, we review different aspects of youth violence in the City of Tacoma.

Death

Death certificates

People under age 30 die from assault in the City of Tacoma at a rate of 6.1 per 100,000. This is higher than the overall Pierce County rate of 4.8 per 100,000. It accounts for 11% of all deaths from injury (including accidents and self-inflicted injuries). Those under age 30 die from assault in Tacoma at a similar rate as they die from car crashes (6.0 per 100,000)[i]. The specific values vary from year-to-year but have not significantly changed over the past 10 years.

Five-year rates of assault deaths in the under-30 population of City of Tacoma, over time

Period	Rate
2007-2011	4.95
2008-2012	4.96
2009-2013	4.43
2010-2014	5.15
2011-2015	6.13
2012-2016	6.69
2013-2017	5.85
2014-2018	6.38
2015-2019	6.47
2016-2020	6.14
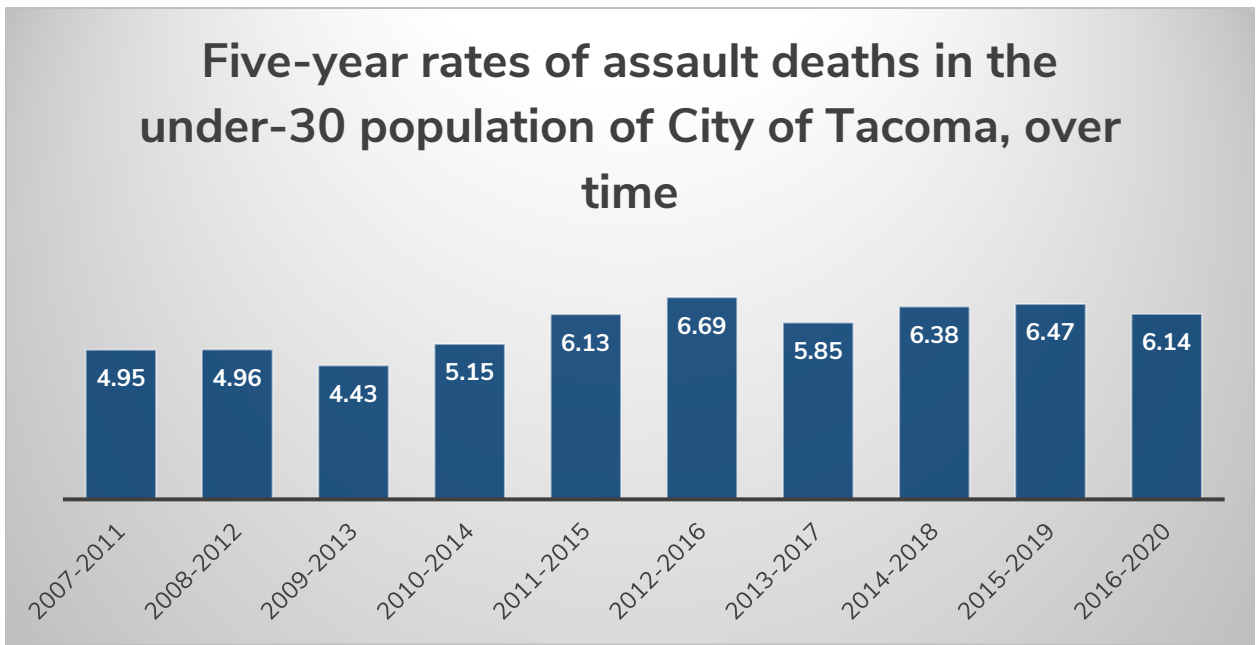
Figure 2. Youth assault deaths, 2007-2020

These deaths are unevenly distributed through the population (Figures 3 & 4). The rates are different across different racial groups, with more than half of assault deaths being in the Black population[ii]. These rates imply approximately twice as many Black youth die of assault annually than either Hispanic or White youth, based on their population proportions. They are also divided unevenly across age groups, with those most likely to die from violence under the age of 30 being 18-19 and 25-29 years of age.

Rate of assault death per 100,000 in Tacoma, under 30 years old, by race

Race	Rate
American Indian/Alaskan Native	9.64
Asian	5.45
Black	24.46
Hispanic	5.59
Multi-race	0
Native Hawaiian Pacific Islander	10.84
White	3.31
City of Tacoma Total	6.1
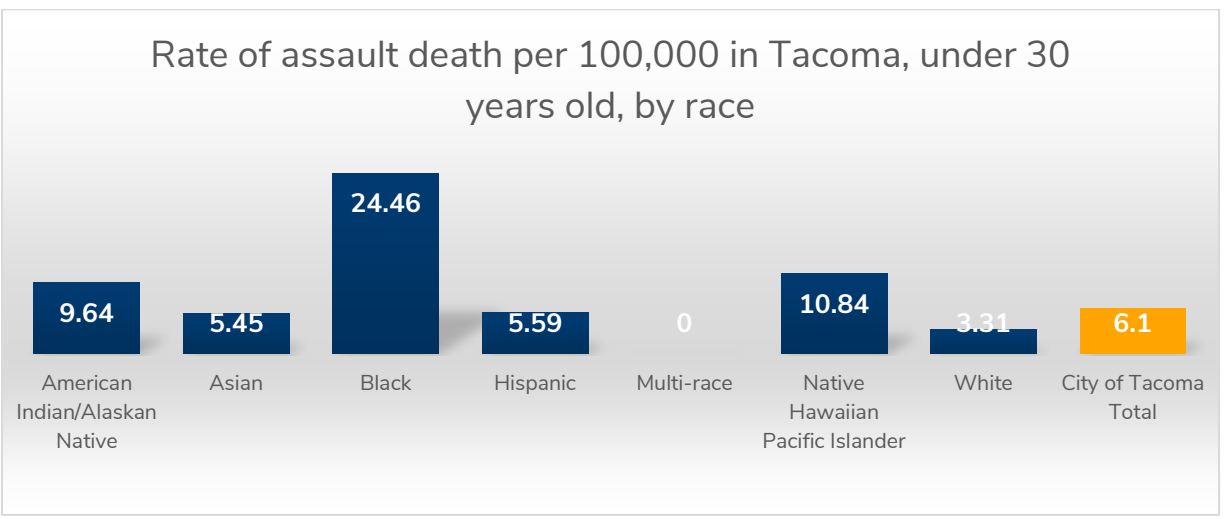
Figure 3. Youth assault deaths by race

Rate of assault death per 100,000, under 30 years old, by age

7.69	2	0	0	6.9	13.93	7.72	14.01	6.1
<1	1-4	5-9	10-14	15-17	18-19	20-24	25-29	City of Tacoma Total
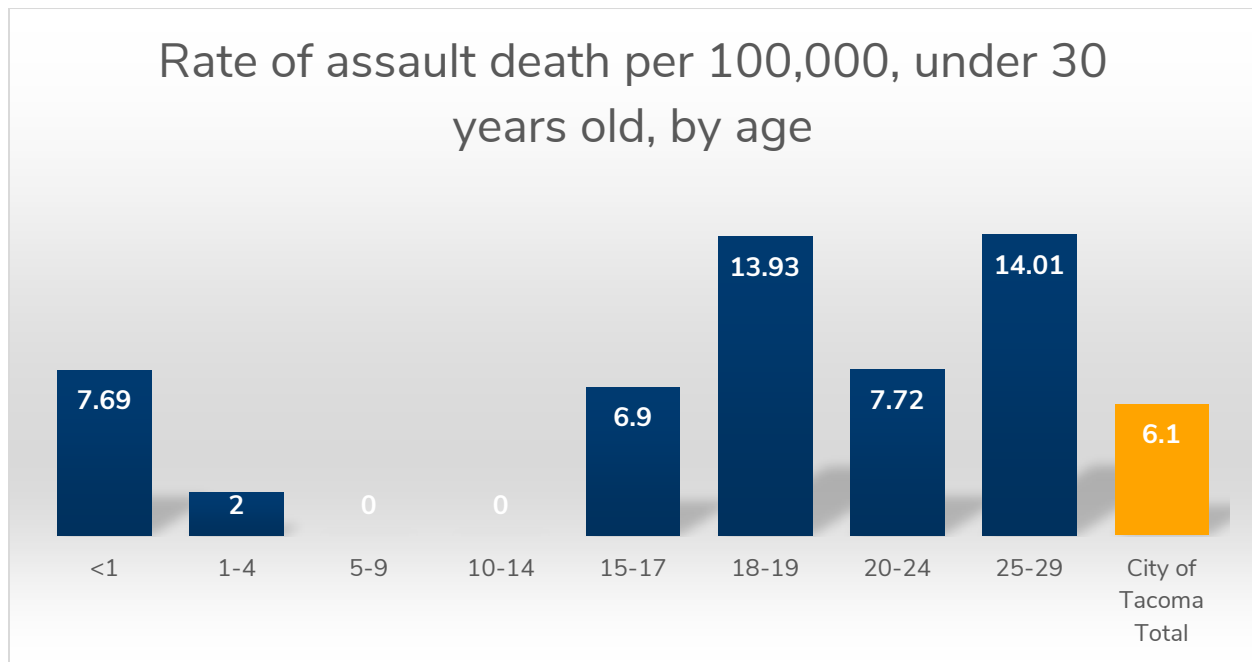
Figure 4. Youth assault deaths by age category

Homicide data

Tacoma Police Department (TPD) data include homicides on and by youth in Tacoma[iii]. Males account for 86% of the victims. A higher proportion of youth homicide victims in 2020-2021 are perceived to be Black (~40%) by the reporting officer than would be expected based on their population proportion while fewer are perceived to be White (~30%). Self-reported race data are preferred over perception, but this is not possible in this situation. In addition, the small number of victims means that we cannot rely on the description of sub-populations to be accurate. However, the race and ethnicity data from the police department appears to be somewhat like the vital statistics estimates above which include assault deaths of Tacoma residents regardless of where they occur.

Limitations

We lack a single comprehensive and reliable source of data, including self-reported race and ethnicity, to understand who these victims are as well as who caused the death. Most sources lack an assessment of whether victims or perpetrators were associated with adverse childhood events, homelessness, sexual orientation, or gender identity to identify and measure populations most at risk. Also, missing people who are never found or never reported will not appear in these data sources. This may underestimate the level of mortality in our community.

Non-lethal assault

Most assaults don't lead to a homicide or a death. We attempted to piece together an overall picture of non-lethal assault based on different sources as described earlier (figure 1). We assess violent injuries by looking at those who were hospitalized for assault, emergency room visits for assault-related causes, police responses to assault and EMS transport for assault.

Hospitalizations

Not everyone admitted to the hospital for an assault injury dies. Hospitalizations for assaults occur in youth at a rate of 26 per 100,000 hospitalizations in 2016-2019, higher than the youth rate of deaths from assault. Race and ethnicity data are not available for hospitalization admission. The most common assault injury that led to hospitalization was caused from people using firearms, followed by an 'other' category and by striking (Figure 5). Striking could mean hitting someone with a fist or other body part, or with or against an object.

Rate of hospitalization for assault injury in the under-30 population of City of Tacoma, by type of injury (2016-2019)

Firearm	Other	Struck By/Against	Cut/Pierce	Not Specified	Falls	Not classifiable	Motor Vehicle-...	Poisoning Drug
8.21	7.02	5.65	2.74	1.2	0.51	0.51	0.17	0.17
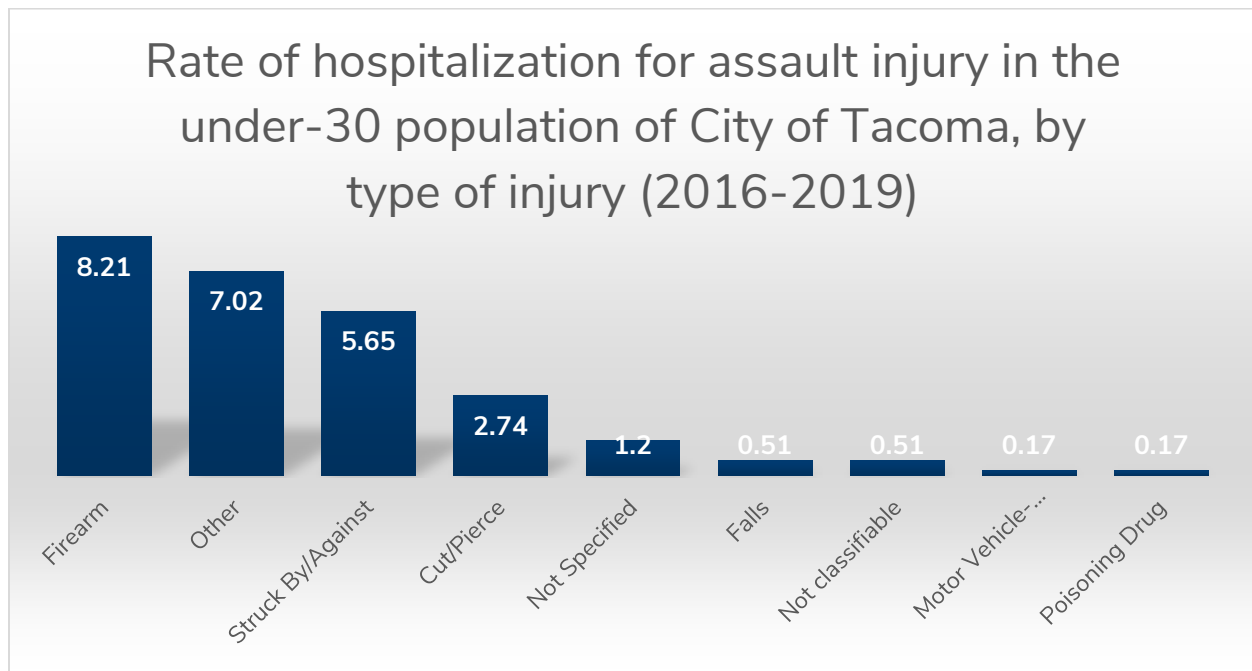
Figure 5. Youth assault hospitalizations by injury type

Emergency room info

Some people may go to the emergency room to have an assault treated, without needing to be admitted to the hospital. Emergency room assault visits includes those with chief complaints[1] like domestic violence, fight, physical abuse, child abuse, sexual abuse, or keywords for specific acts of violence like beat, stab and punch face. All data are based on visits, not people. Race and ethnicity data are not reliably available for these data.

Of all assault emergency room visits in Pierce County for 2021 (2,141 total visits), 48% of visitors were under the age of 30[iv]. The rate of assault emergency room visits for those under 30 in 2021 was higher for females than for males (87.2 per 10,000 visits for those under 30 for females, 69.6 per 10,000 visits for males). (Figure 6)

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[1] See methods in the appendix for more details on how this was calculated.
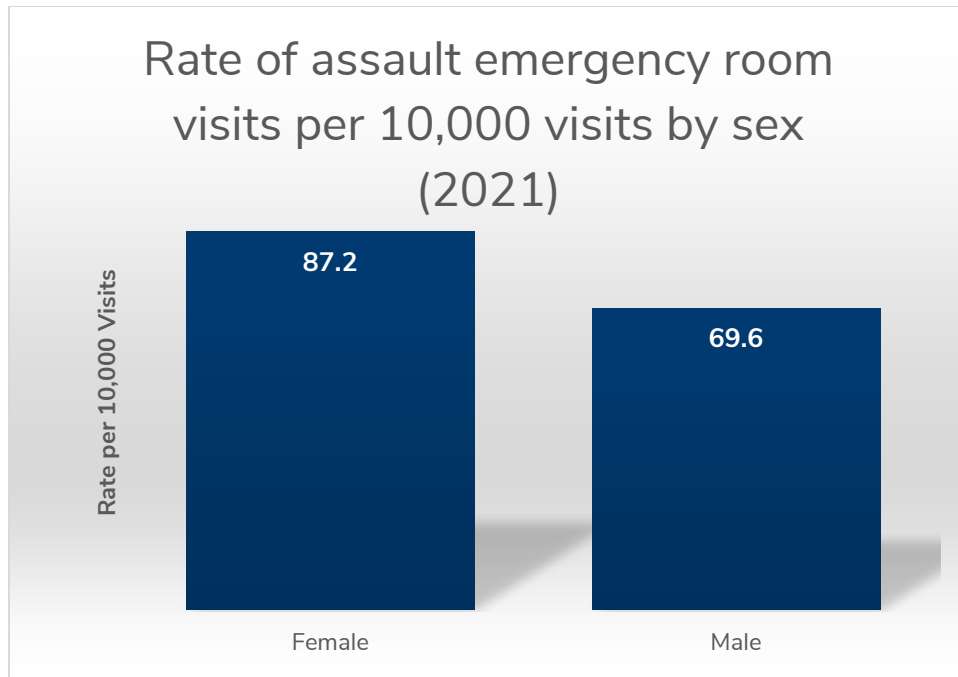
Figure 6. Youth assault emergency room visits by sex

The 2021 assault emergency room visit rate for those under the age 30 was highest in the 10–19-year-old age group (109.4 visits per 10,000), followed by 20-29 years old (89.9) and 0-9 years old (42.2). (Figure 7.)
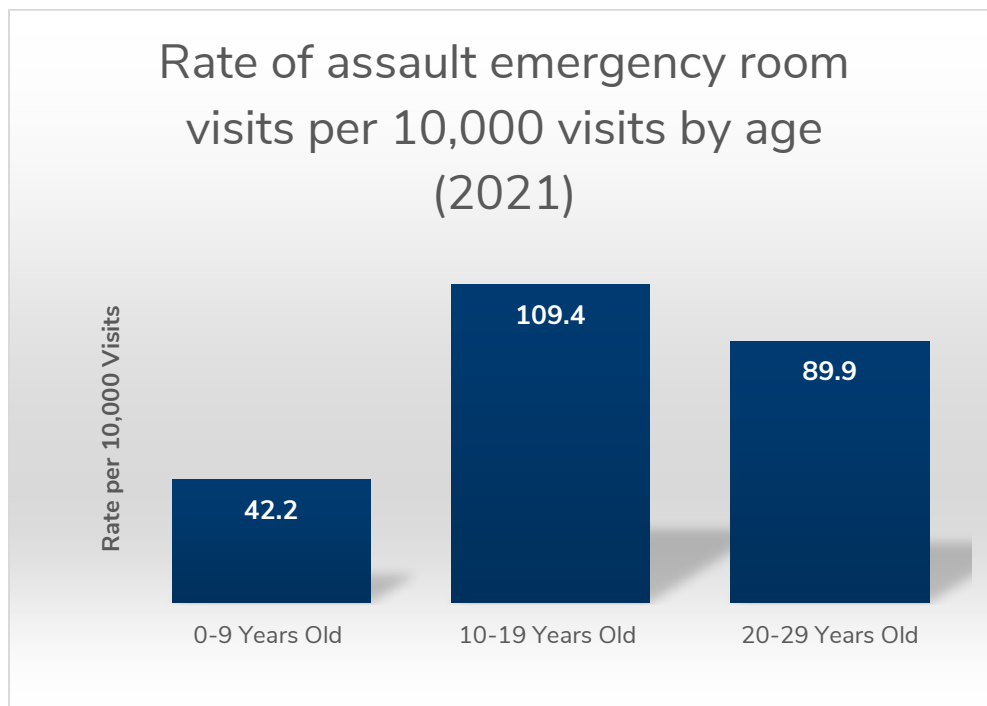
Figure 7. Youth assault emergency room visits by age category

The rate of assault emergency room visits per 10,000 visits for those under 30 in 2021 (79.8) was down from the rate in 2020 (90.4). (Figure 8) This 11.7% decline appears to be statistically significant.

However, since both years were during the COVID-19 pandemic, and we don't have a full year of data for earlier years, we don't know if this change is real or long-lasting.

2020-2021 under-30 assault emergency room visits per 10,000 visits

Rate per 10,000 Visits

90.4	79.8
2020	2021
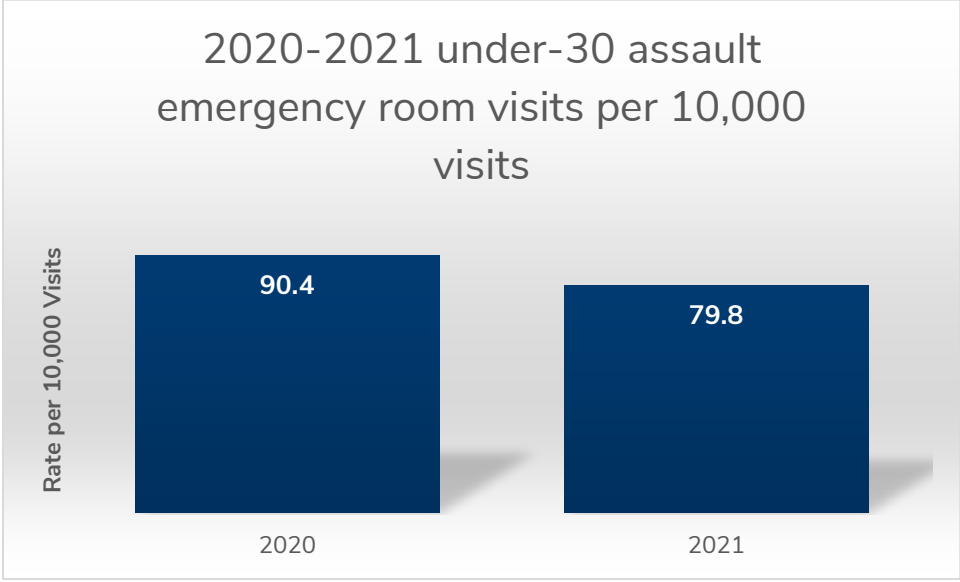
Figure 8. Trends in youth assault emergency room visits

EMS data

The most common reason someone with an injury was transported by Tacoma Fire Emergency Medical Services (EMS) was for bodily force assault[v]. This response category made up 38% of responses for violence in youth and young adults through age 25 years. The second most common reason was related to firearms (21%), including 5% called "assault – firearm".

In 2021, Tacoma Fire EMS responded to 198 calls for some form of assault. They were most heavily concentrated in zip codes 98405, 98402 and 98421. (Figure 9) Zip codes with EMS rates for suspected violence were contiguous and had rates more than 85% higher than the city average.

Tacoma Fire EMS response rate per 10k to violent injuries among youth and young adults, by zip code
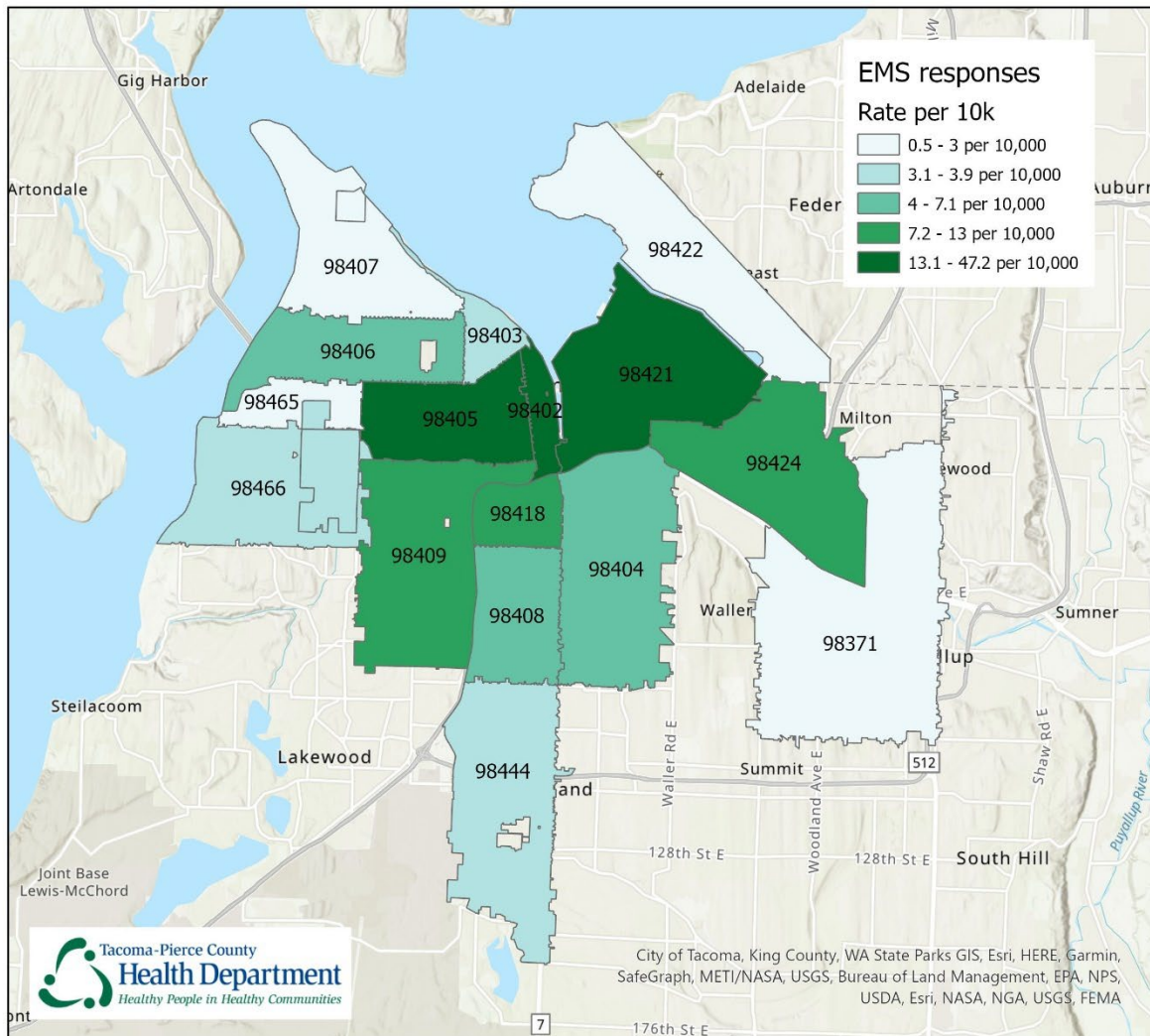
Figure 9. Youth emergency response (EMS) rates by zip code

Assault victims in Tacoma Police data

People report relatively few assaults with youth victims to the police department. These calls may, or may not, overlap with those who call EMS, visit the emergency room, or are hospitalized. An individual can be a victim of multiple crimes during a single incident. We call each event a 'victim-incident' as a single person can be a victim multiple during multiple different events.

Among the 2,258 violent victim-incidents[2] among people 30 and under reported in 2020-2021, 48% or 1,085 were considered assault. They make up the largest proportion of the violent crime victims reported to police.

This ranges from 43% among White victim-incidents to 61% among Black victim-incidents. 54% are male and 45% female with 2% unknown. 31% of the assaults are reported as domestic violence with no notable trends across the different racial and ethnic groups. (Figure 10.) Although the American Indian/Alaska Native, Asian and Pacific Islander (API), and White victim-incident proportions are similar to their overall proportion of the population people under 30 years old, the Black and Hispanic are not.
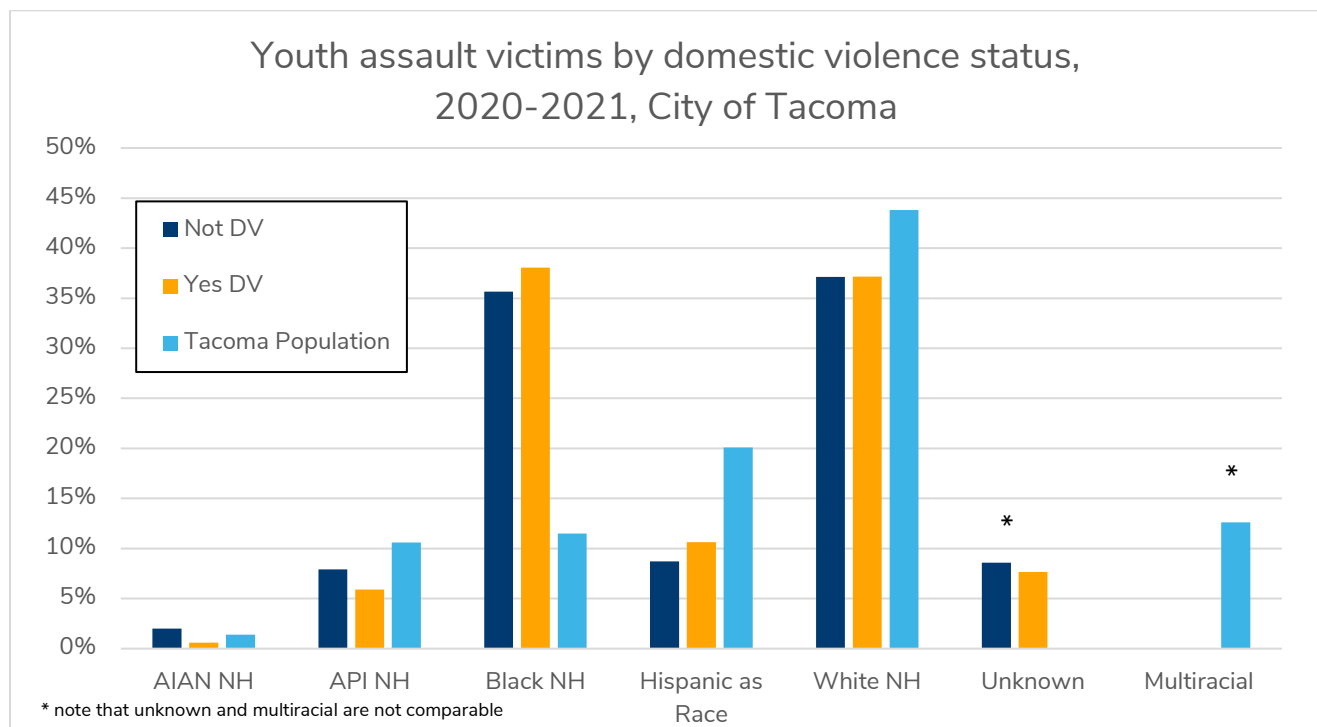
Figure 10. Youth assault victims by domestic violence status

Black people are more likely to report being a victim of an assault while the Hispanic population is less likely to report this. We can't assess the independent association of Native Hawaiian and Pacific Islanders in this source, as the underlying race/ethnicity data don't align with population categories available from the state.

Police data includes victims without a known racial/ethnic categorization but doesn't include a multiracial category. Population data does include a multiracial category and not an unknown category, thus these data are not truly comparable. Although the Black assault numbers reported to police are consistent with their proportion of assault mortality (above), they are not for the Hispanic data. This suggests that incidents in the Hispanic population may be under-reported to the police in the city of Tacoma.

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[2] See appendix for details on methods and terminology.

We categorized the locations of assaults in 6 broad categories (see Appendix). These are not standardized categories and are intended to create discussion rather than to formally classify all locations where assaults occurred. These were public spaces, residences, businesses, hotel/motel, vehicle/transportation, or other.

Most assaults (47%) of youth occurred in public places followed by within residences. None of the other locations accounted for more than 7% of all assault victim-incidents. The proportion in public places ranged from 39% of Hispanic assaults to 57% of API assaults. The proportion in residences ranged from 32% among API to 57% in Hispanic. Females were far more likely to be assaulted at a residence (53%) than a public place, while males were more likely to be assaulted in public places (65%). 76% of domestic violence assaults were at a residence.

Potential youth perpetrators of assault

Violent crime is under-reported, and evidence suggests some groups report less than others. Available data on suspects and arrestees can elevate understanding even when incomplete. Only 61% of violent events with at least 1 victim 30 and under also had either a suspect or arrestee under the age of 30. A significant proportion (approximately 4 in 10) of violent events with youth victims had either at least 1 older suspect or arrestee or no one was identified.

Suspect demographics are assigned based on a description provided by the victim. They may or may not represent the actual age or race or ethnicity of the person.

We can't compare directly the victims and the arrestees 30 and under, because they are not related on a 1-1 basis. But we can understand the characteristics of these arrestees. Similar to other data, the Hispanic population is under-represented in these datasets relative to their population in the community while the Black population is over-represented. At the same time, the API and White populations are modestly underrepresented. This is similar to national data[vi].

Racial and ethnic distribution of assualt victims and arrestees

Legend:
- ■ Assault Victims (dark blue)
- ■ Assault Arrestees (orange)

Categories: AIAN NH, API NH, Black NH, Hispanic as Race, White NH, Multiracial, Unknown
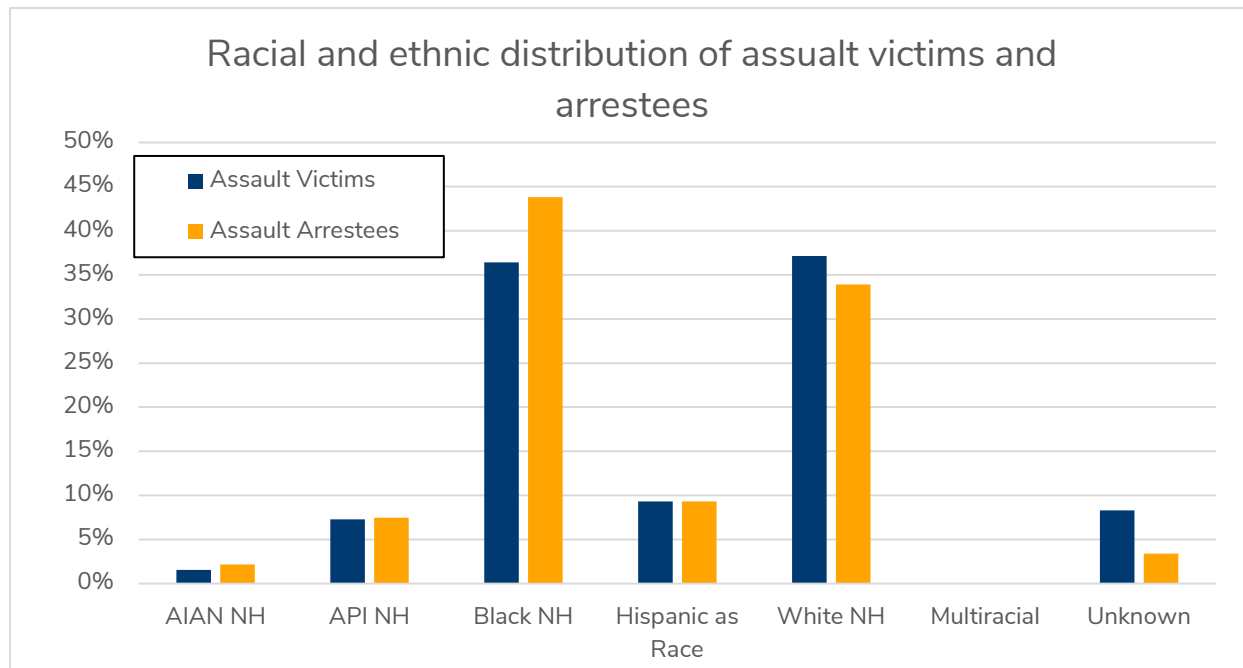
Figure 11. Assault victims and arrestees by race

Limitations

The year 2020 was the first full calendar year in which all hospitalizations were reported to Washington state. The indicators looking at proportion of visits are likely skewed and unstable because of COVID-19, where 0.7% were related to COVID-19 in 2020 and 3% in 2021. Lack of routinely self-reported race/ethnicity data in many data sources limits our ability to understand these demographic characteristics. Incomplete estimates of proportion of homelessness and mental health status exist in all data sources.

When available from sources outside the Washington State Health Departments Community Health Assessment Tool (CHAT), we calculated race and ethnicity to align with that source. But we couldn't always separate Asian and Pacific Islander populations because of incompatible source data collection. Multiracial can be an option while other sources include unknown. Police estimates of unknown for suspects often indicates that the suspect was not seen clearly enough to make any valid estimation.

Firearm violence

Firearm sales and new laws

Washington State had an increase in firearm sales in 2020 compared to prior years, particularly in June 2020. This was during the start of global racial-political protesting. In the first few months of 2021, the number of firearm background checks (a proxy for firearm demand) decreased overall but maintained the level set in 2020[vii].

Experts predicted a national surge in firearm-related injuries, deaths and mass casualty events associated with increased gun sales and the country's reopening in 2020-2021. Recent studies show increases in the number of firearm deaths and firearm-related injuries seen at the emergency department during the pandemic[viii][ix].

In June 2022, a record number of background checks were done (greater than 80,000) in Washington State. This may have been in advance of new state laws which went into effect in June and July relating to magazine restrictions, untraceable firearms, and open carry.

Local firearm data

Young people are using firearms in violent crime and assaults. Around 10% of Tacoma Public School students participating in the Healthy Youth Survey in 2021 thought it would be easy to get access to a gun. Students in grades 8, 10, and 12 grade were asked about this. The numbers were lowest among students in grade 8 (8.3% said it would be easy to get a gun) and highest among the students in grade 12 (13.5% said it would be easy to get a gun). Also, 4.5% of students in grade 12 reported having carried a weapon like a gun at school.

Firearm violence is the most common cause of assault death and hospitalization. 64 people under the age of 30 died from gun violence in Pierce County between 2016-2020. More than half of those deaths occurred within the City of Tacoma. People die from gun violence in the City of Tacoma at a rate of 4.9 per 100,000, which is higher than the Pierce county average (3.6 per 100,000).

Although we reviewed emergency room visits for assault firearm injuries, the number of visits in Pierce County among people under 30 years old were too small to determine any trends (<10 assault firearm injuries reported in 2021). Violent incidents where people used firearms were the second most common cause of assault injury that Tacoma Fire EMS responded to among youth and young adults in 2021, making up 21% of all assault responses.

46% of the victim-incidents reported to TPD are associated with firearms. 40% of the assault victim-incidents were associated with gun crimes. Almost half of the gun-related assault victim-incidents were associated with drive-by-shootings, according to TPD data. Only 18% of the unique case-arrests were associated with guns.

Household and sexual violence

Domestic and household violence are among the most difficult forms of violence to measure because they are often not reported. The very nature of domestic violence means law enforcement involvement is quite rare. Many forms of abuse can go on for years without knowledge of the abuse ever leaving the household. We consider all household/domestic violence numbers to be an undercount.

About one-third of arrests (130) for violent crime involved domestic violence, and the home was a frequent location listed for this crime. About 24% of victims were associated with domestic violence, or around 350. While we know domestic violence is difficult to investigate and many reports go without an arrest[x], this doesn't mean that of 350 reports, only 130 were arrested. The dataset only contains info on victims, suspects and arrestees under 30. If the abuser was older than 30, they may have been arrested and not appear in this dataset.

Emergency room info

We get data for intimate partner violence emergency room visits through syndromic surveillance. The number of visits in Pierce County among people under 30 were too small to determine any specific trends. This is likely because of underuse of data system's fields.

We identified suspected child abuse and neglect emergency room visits through keywords in the chief complaint and discharge diagnosis to monitor trends. Suspected child abuse and neglect visits are related to physical, sexual, and emotional abuse perpetrated by a parent or caregiver[3][xi].

The rates of suspected child abuse and neglect emergency room visits are similar across age subgroups under 30 (56.9 per 10,000 visits for 0-4 years old, 56.3 for 5-11 years old and 58.6 for 12-17 years old).
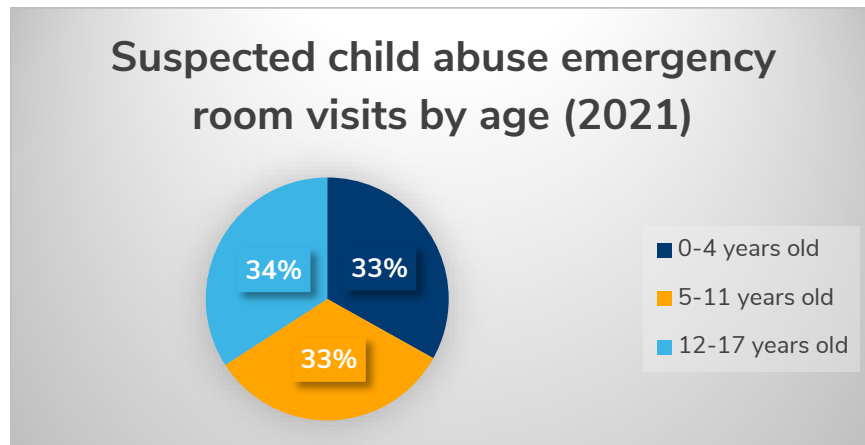
Figure 12. Child abuse emergency room visits, by age

The rate of emergency room visits for those under 30 was higher for females than for males (30.8 per 10,000 visits for females, 22.2 for males).
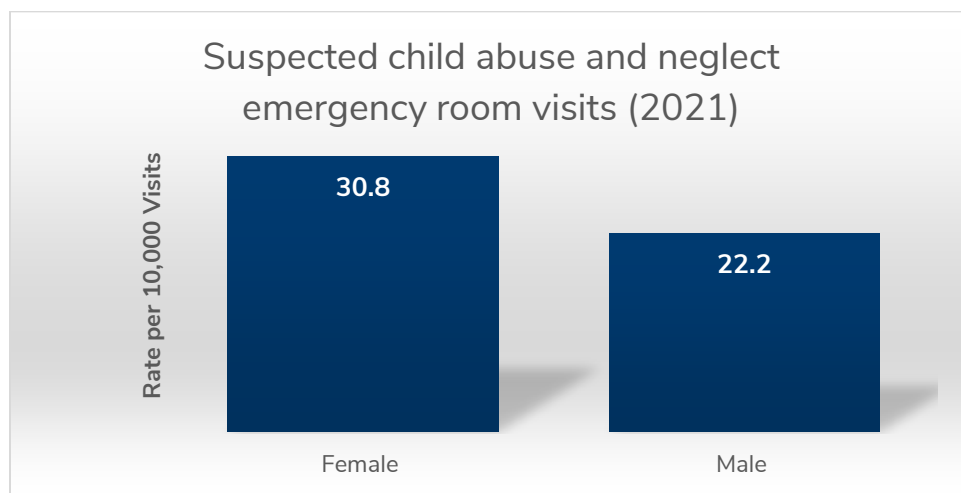
Figure 13. Child abuse emergency room visits by gender

The rate of suspected child abuse and neglect emergency visits per 10,000 visits for those under 30 in 2021 (27.1) was down from the rate in 2020 (36.4), potentially due to changes in emergency room visit patterns from COVID-19.

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[3] The standard definition of suspected child abuse and neglect emergency room visits excludes suspected or confirmed violence by peers, siblings or intimate partners. Contact the RHINO/Essence team for more details.
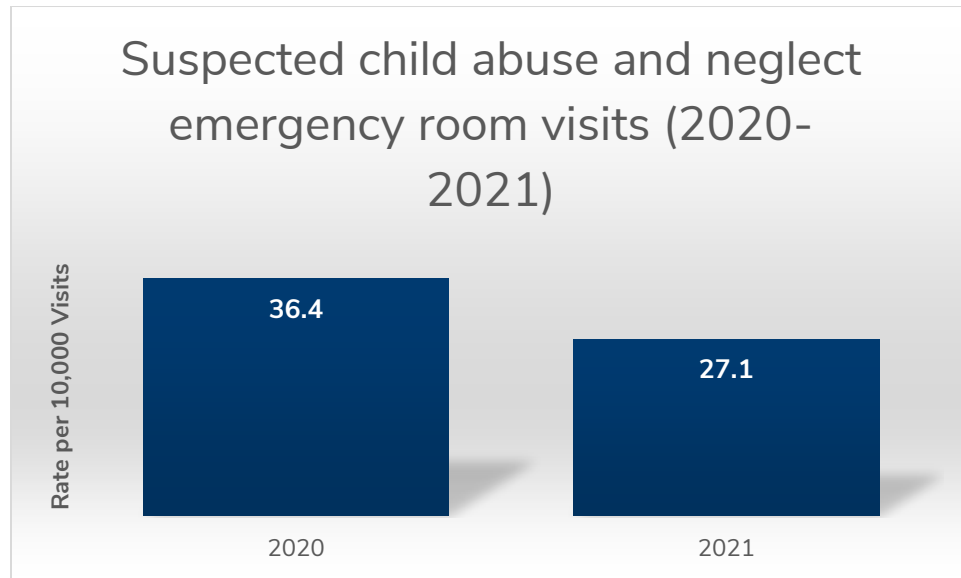
Figure 14. Trends in child abuse emergency room visits

Sexual violence

Sexual violence appears infrequently in all data. Like domestic violence, sexual violence is frequently not reported. About 3% of the violence-related calls Tacoma Fire EMS responded to involving the under 30 population were for sexual assault.

Additionally, youth made up most sexual violence visits to emergency room care in Pierce County in 2021. People under 30 represented 72% of all sexual violence emergency room visits in 2021. Visits for people under 18 years old represented 45% of all sexual violence emergency room visits, 18-24 years old 18% of visits and 25-29 years old 9% of visits.
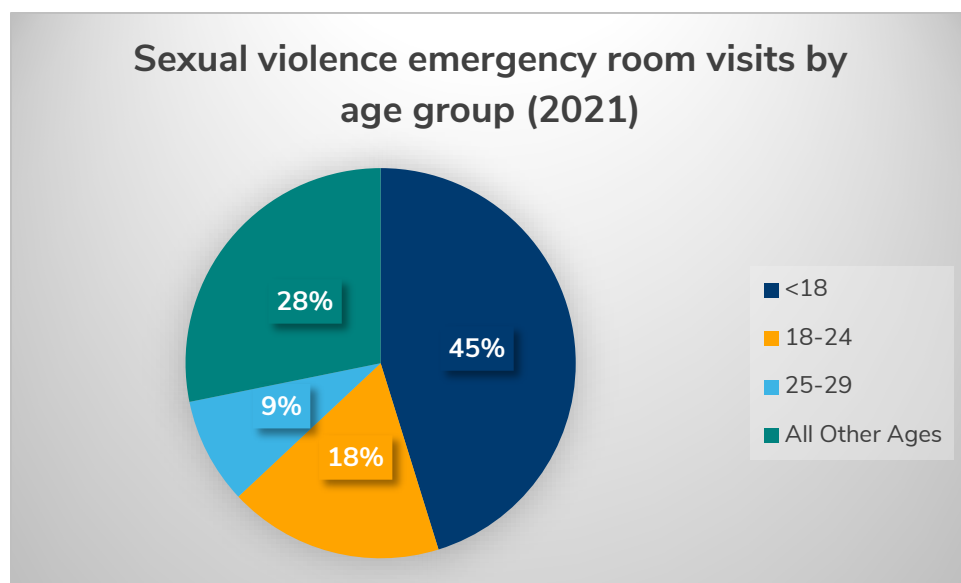
Figure 15. Sexual violence emergency room visits, by age category

The rate of sexual violence emergency room visits in 2021 was 4 times higher for females under 30 than for males under 30 (40.1 per 10,000 visits for females, 9.4 per 10,000 visits for males).
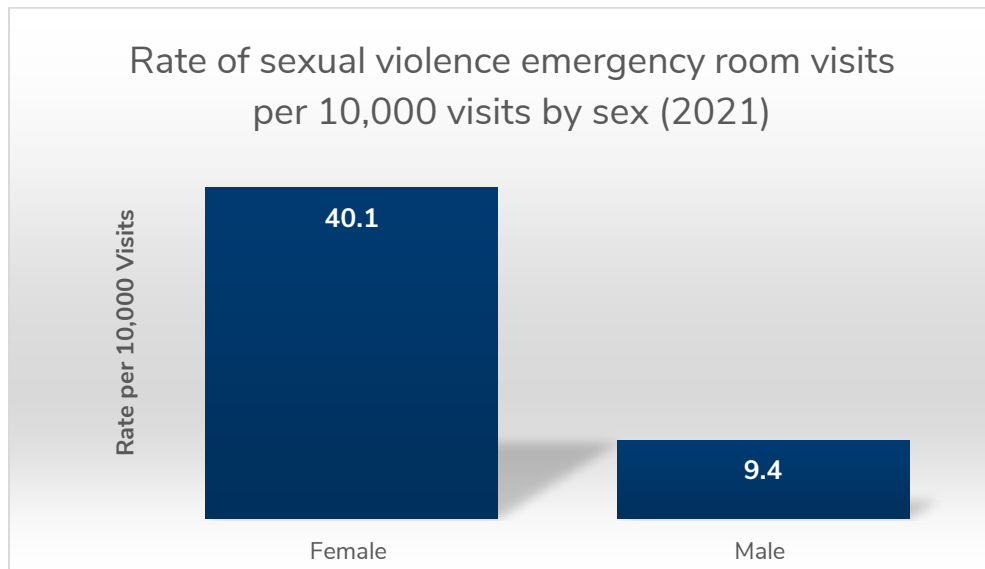
Figure 16. Youth sexual violence emergency room visits by sex

Emergency room sexual violence visits in 2021 for people under 30 occurred at the highest rates for the under 18 age group (37.6 per 10,000 visits compared to 24.7 for 18-24 years and 14.5 for 25-29 years).
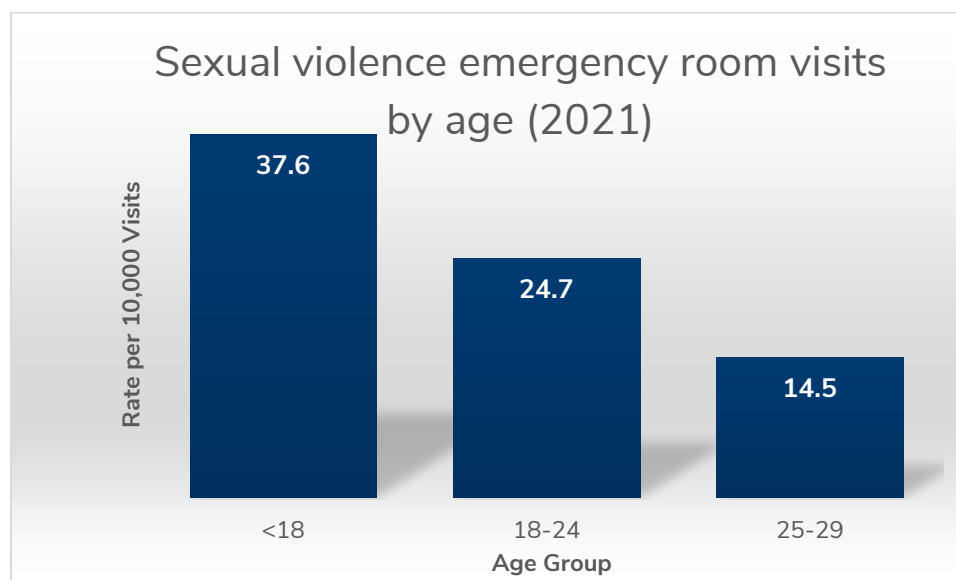
Figure 17. Youth sexual violence emergency room visits by age

The rate of sexual violence emergency room visits per 10,000 visits for those under 30 in 2021 (28.4) was down from the rate in 2020 (38.1), potentially due to changes in use patterns due to COVID-19.

Under-30 sexual violence emergency room visits per 10,000 visits (2020-2021)

Rate per 10,000 Visits

| 2020 | 2021 |
| 38.1 | 28.4 |
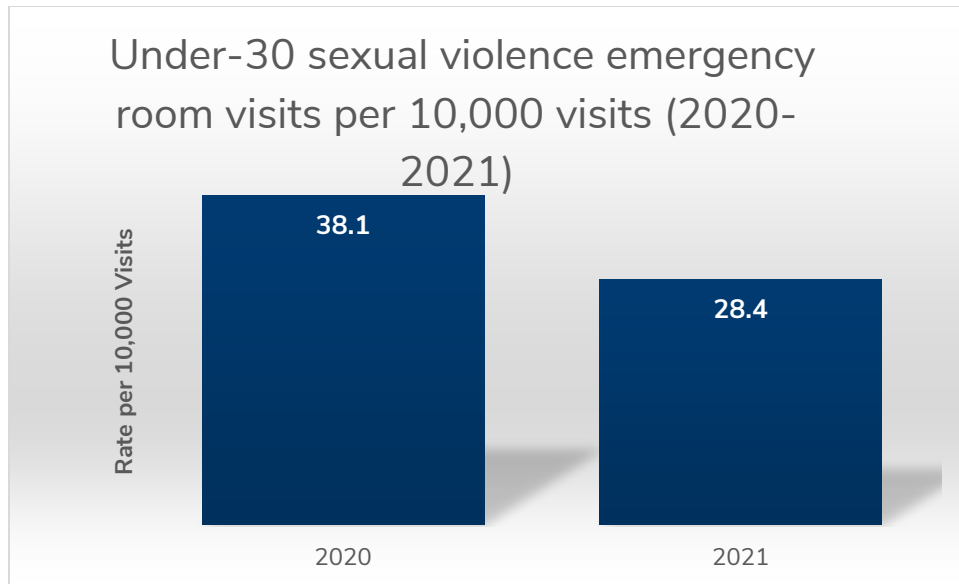
Figure 18. Trends in youth sexual violence emergency room visits

Domestic violence in Tacoma police data

Domestic violence is a complex issue. The victim and perpetrator are not always clear in domestic and household violence incidents. The data represents those who were involved in the incident. In addition, a single person may be listed as both a victim and an arrestee for a single event (although the uniqueness of the person is not visible in the dataset).[4]

About 24% of the victim-incidents were domestic violence in the police dataset. More than 60% of these crimes included assault with approximately 25% including a sex-crime. Intimidation accounted for 10% of all domestic violence crimes. More than 75% of domestic violence related victim-incidents occurred at a residence with only 15% in a public place.

Approximately 41% of the victim-incidents were White, 32% Black and 12% Hispanic. Black people appear to be overrepresented while Hispanic and White people appear to be under-represented.

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[4] The responding officer codes their encounter as 'domestic violence' based on the call to the police and their perception of the event.

Racial and Ethnic distribution of domestic-violence victims, suspects and arrests*
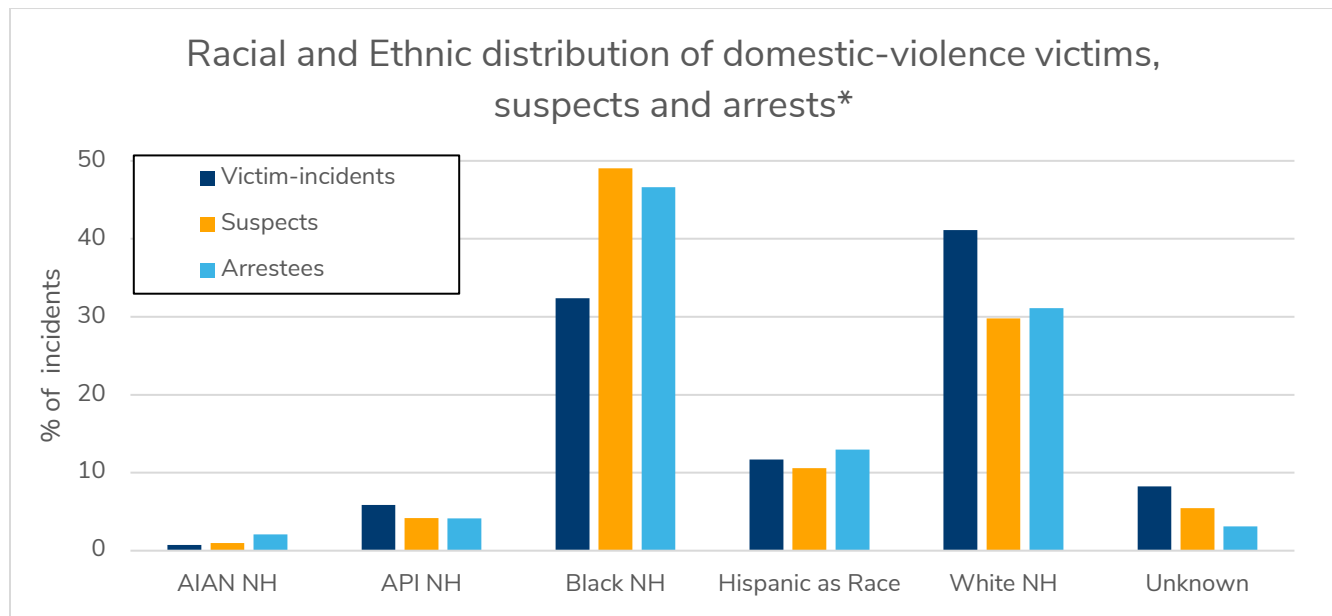
*People can appear multiple times as victim, arrestee and suspects within individual events and for multiple events.

Figure 19. Youth domestic violence victims, suspects and arrestees, by race

The differences between arrestees and suspects are minimal for most racial and ethnic categories. However, differences between these groups and their population and hospitalization/death proportions exist. For example, although the Black population accounts for about 10% of the youth population in Tacoma population and the Hispanic population accounts for about 20% of the youth population, we don't see the same in their interaction with the police department. The Hispanic population is underrepresented in all categories, suggesting many incidents may not be reported.

The White non-Hispanic population accounts for approximately 40% of the victim-incidents but only 30% of the suspects or arrests. This is notably smaller while the proportion of Black suspects or arrestees is greater than their proportion of the victims. While many factors contribute to these statistics, it is important to understand the underlying conditions which lead to this situation[xii]. We need to assess the level of and reasons for these inequities, considering population level basic needs, ongoing exposure to violence and willingness to interact with official government service providers. These correlations are not notably different than the findings for non-domestic violence events (see Appendix).

Sex crimes and human trafficking in police data

Sex crimes accounted for approximately 23% of the victim-incidents associated with youth violent crime in Tacoma in 2020-2021. Of these, nearly 27% were associated with domestic violence and the vast majority (83%) were female. 70% of the offense locations were in residences, 11% in public spaces. 8% were other types of locations (see Appendix for definitions).

71% of the victims were under age 20, qualitatively like the proportion of those under age 18 in the emergency room information above. The racial and ethnic distribution of victims of sex crimes mirrored the entire population, specifically the Black and African American population, much more closely than

many of the other categories of violent crime victims. The exception is nearly 17% of victims didn't have a race/ethnicity associated and only 11% of victims were identified as Hispanic (instead of their 20% of the youth population). These differences from other violent crime suggest different pathways leading to sex crimes vs. assault.

We can't present detailed racial and ethnic data for sex crimes arrests as we saw only 23 arrests. One was associated with use of a firearm, 61% occurred at a residence, and 17% at a business. All the arrestees were male and 30% were associated with domestic violence. As with other police data we analyzed we didn't include any suspects or arrestees over age thirty in the dataset.

Limitations

COVID-19 related use of the emergency room increased in 2021 to 3% of visits, which could account for any declines in rates in 2021 relative to 2020, where only 0.7% of visits were from COVID-19. Evidence suggests that policing has changed during the COVID-19 pandemic[xiii].

The under-estimates and under-reporting associated with domestic violence, sexual violence and household violence may mean the conclusions here are not solid. We need to consider community voice and alternative data sources. Similarly, abuse in ER data records parents and caregivers only and excludes peers and siblings, potentially resulting in an underestimate. We can't distinguish firearm data in ER visits between self-inflicted, accidental or assault.

Section 2: Risk and protective factors for violence

We tried to better understand factors which lead to greater risk of experiencing or conducting violence. We also tried to identify the factors which protect youth and young adults from being involved in violence. We call these concepts risk factors and protective factors. Well known risk factors include Adverse Childhood Experiences (ACEs). ACEs are potentially traumatic events that occur in childhood including experiencing or witnessing violence in a home or community.

Quantitative data

The data to assess risk factors for violence are mostly derived from the Healthy Youth Survey[xiv]. Around 5,000 8th, 10th and 12th graders in Tacoma City Schools take this every other year, which includes many behavioral health questions. This allows us to look more closely at items statistically associated with violent behavior, as well as self-reported incidences of being victimized by violence.

Among youth in schools, violence is a deeply interconnected issue. Kids experiencing violence or any type of abuse (including verbal) at home or in school are much more likely to be involved in violent activity, either as a perpetrator or a victim. The odds of experiencing physical abuse in the home were about 6 times higher among those who were also experiencing verbal abuse compared to those who were not.

Marginalized youth were much more likely to be victims of violence, especially youth belonging to the LGBTQIA+ community, and youth who do not identify as the sex they were born. Youth who did not identify as heterosexual reported physical abuse from an adult in their home at a much higher rate than their heterosexual counterparts.

Additionally, 15% of gay and lesbian youth report being verbally abused "Very often" at home. This also correlated strongly with an increased likelihood of being bullied at school. No significant association with race exists. Since we only looked at a single school district, often the numbers of non-White students were too low to draw conclusions.

Bullying occurred with much greater frequency for non-heterosexual students compared to their heterosexual counterparts. The highest rates of bullying occurred among those students who selected 'Something else fits better' when describing their sexual orientation (not identifying as gay/lesbian, bisexual, questioning/unsure or heterosexual).

Additionally, those who did not identify as the sex they were born were more likely to experience bullying. About 30% of non-cisgendered students reported experiencing bullying, compared to 10% of cis males and 17% of cis females. Bullying was also associated with higher odds of being in a physical fight at school. The odds of getting into a physical fight were about 2.8 times as high among those who said they had been bullied at school compared to those who had not been bullied.

Physical fighting had a strong association with not having supportive parents. We saw this through every risk factor we reviewed. Youth who did not feel they could talk to their parents about things and whose parents did not promote a supportive family life (like planning family activities, doing things together and noticing what's going on in their child's life) were much more likely to engage in physical fighting.

The Healthy Youth Survey also asks about gang involvement. This provides a view into an area that is difficult to summarize with data however, it comes with inherent biases. Only students in school take the survey. Students who have dropped out of school (as may be common with gang involvement) aren't represented in this survey. However, of those still in school, no racial group self-identified as being in a gang with more or less than another. Those who self-reported being in a gang were about 2.6 times more likely to get into a physical fight on the school campus compared to those who did not.

While racial disparity is not readily seen in the Healthy Youth Survey data, we see evidence of racial disparities in other data sources. The Black community seems to be more affected by violence in the community. They have the highest rate of assault death in Tacoma (see above chart). Additionally, the Black community was also over-represented as both victims and suspects/arrestees of assault crime.

The strongest observed protective factor that prevented violence among youth was having an active parent in their lives. Youth who felt they could talk to their parents about things happening in their lives were much less likely to report engaging in violent behaviors like fighting at school. A supportive family life had a positive effect on nearly every measurable outcome, even things like bullying. A student with a supportive family life was less likely to experience severe bullying, defined as bullying happening nearly every day. This kind of bullying occurs in 8% of students who don't feel like they can turn to a parent for help, and only in 2% of students who do feel they can turn to a parent for help.

Community voice

Collection methods and participant selection

We invited community members and partner organizations to participate in a brief focus group or key informant interview. We used a strengths-based approach to develop questions for community members. We focused the questions on community resilience, valued community aspects and existing resources. We spoke with a total of 6 community members and 13 representatives from community organizations in a focus group or key informant interview. See Appendix for details.

Representatives from community organizations had the opportunity to participate in a focus group or a key informant interview. Participants held various roles in supporting youth and families, like housing assistance, mental health services, community outreach and other social service supports. We developed questions for community organizations to discuss trends in violence, risk and protective factors seen among youth and families they serve, programs currently in place and potential future strategies. Table 1 lists the specific questions we asked. Detailed participant information and locations can be seen in the Appendix.

Table 1. Questions for community members and representatives of community organizations

Questions for Community members	Questions for Community Organization Representatives
What do you like about living in your community?	Within the last couple years, have you experienced changes in your work in response to prevention of youth violence or violence involving youth, including human trafficking and sexual exploitation? If so, what were those changes? (changes in types of services, communities served, partnerships, etc.)
What resources, programs, community events, etc. do you find most helpful?	Have you seen changes in youth and young adult violence among specific geographical areas? (Especially Eastside, Hilltop, West of the Tacoma Mall) If so, what do you think has caused these changes?
Who in your community do you go to, or feel like you can go to, when you need help? Why do you trust these people, groups, or organizations?	What risk factors, if any, do you see among the youth, young adults, and families you serve that can or does lead to perpetration of violence? (Including household violence)
What resources, services, or programs in your community do you feel most benefit youth and young adults?	What risk factors, if any, do you see among the youth, young adults, and families you serve that can increase potential for victimization of violence? (Including human trafficking and sexual exploitation)
	What prevention strategies (for individuals, families, & communities)in place are you aware of to reduce or prevent youth and young adult violence in Tacoma/Pierce County?

Qualitative analysis methods

We considered using an inductive approach, a concept, suggestion, or answer to a focus group or interview question a theme if it was mentioned by more than 1 participant. We categorized themes under higher risk, based on known risk factors for youth violence and lower risk for protective factors that decrease violence. We also included themes that address risk and protective factors for household violence, human trafficking and sexual exploitation. We listed key themes identified by both community members and representatives of community organizations in Table 2.

Results/themes

Table 2. Select key themes identified which put youth at higher and lower risk of violence

	Community members	**Representatives of community organizations**
Higher Risk	Lack of activities and safe places for youth to gather	Lack of trusted or relatable adults to turn to for help
	Disconnect from schools	Barriers to accessing services
	Access to substances and or firearms	Distrust in systems
	Homelessness/ Housing Instability	Poverty and lack of economic opportunities
Lower Risk	Having trusting adults to go to for help and guidance	More culturally relevant programs and services
	More afterschool and summer activities for youth	Involve youth in decision making processes
	Create timely and low-barrier access to mental health services	

Both community members and organizations stressed the importance of meeting basic needs before other needs could be addressed. Participants placed great emphasis on addressing poverty and low socioeconomic status as a root cause for violence. Participants spoke about youth and families needing a safe place to live for other needs to be addressed like academic success and employment.

Both groups stressed the need for trusted and relatable adults. Representatives from organizations shared youth they work with often don't have a consistent adult figure in their life they trust and can go to for help. Participants shared they most often turn to their family unit, community centers or local organizations, church community, or neighbors for a trusted sense of community. Closing this gap may lead to reducing youth violence.

A lack of connection with schools increases risk for violence. Participants shared more school-related activities such as mentoring, after-school support, and activities on weekends and during the summer would help youth stay away from violence. This perception that school has a key role to play should be assessed further. It may be the place to start for trusted adults, activities, or connecting parents and communities with schools.

Other factors mentioned included access to services, especially those that are low barrier. Factors such as cost, transportation to services, and disqualifying criteria such as an earlier criminal record can prevent youth from accessing services. Participants shared grassroots and community-based programs tailored to specific communities are often effective in reaching underserved groups. Participants also expressed that when seeking mental health services, youth and families are often met with high-cost barriers, long waiting lists or fall outside the criteria to participate.

Limitations

Youth who are out of school are not included in HYS data and we may be excluding information on those youth who are at greatest risk of participation in violence. In addition, our best source for data on ACEs (potentially traumatic events that occur in childhood including experiencing or witnessing violence in a home or community) is the Behavioral Risk Factor Surveillance study. However, youth under the age of 18 are not included in that survey.

Section 3: Household violence, human trafficking and child sexual exploitation

Quantitative data

Human trafficking includes people who are trafficked for sex, labor, both or for other reasons. It can affect all ages, sexes, citizens and non-citizens. Anyone can be trafficked and held against their will, not only for sex, not only women, and not only teens. Those who are trafficked may also have their proof of identity or other important papers taken from them, or family and friends threatened and may feel like they have no options but to comply. Neighbors, friends or family also exploit people, and technically "traffic" them.

The Polaris Project[xv] indicates that 16,658 victims of human trafficking were reported to the U.S. national Human Trafficking Hotline, likely a bare minimum of the total volume of people who are victims. "The U.S. department of state estimates that 14,500 to 17,500 people are trafficked into the United States each year. However, these numbers don't include the many people trafficked within U.S. borders."[xvi]

U.S. State Department on human trafficking released a new report in June 2021.[xvii] COVID-19 increased online enticement of victims as many people were staying home. At the same time, support networks were less active or less able to provide aid to victims.

Indigenous women and girls are at high risk of being trafficked. In Washington State in 2022, the nation's first alert system for missing Indigenous people was created, highlighting the increased visibility of this population.[xviii] Advocates recommend increased data collection as well as an increase in culturally appropriate and community services.

Community voice

We asked representatives of community organizations questions around risk and protective factors for household violence, human trafficking and sexual exploitation.

Household violence, human trafficking and sexual exploitation are important issues associated with violence. However, community members shared it can be difficult to find information about services unless you know exactly what you are looking for or who to contact. We need clear and easy pathways to access info.

Community organizations suggested we create safe spaces for youth to get away from violence. Overnight shelters and shared housing for victims or those fleeing from violence might be of use. However, the underlying need was to provide economic opportunities for youth and families. We need more opportunities for youth employment to deter the possibility of engaging in violence or becoming involved in dangerous situations.

Limitations

We have little local data on human trafficking. Less than 1% of all violent crime reported by the police was coded as trafficking. Between inaccurate public perceptions of trafficking and the significant increases and changes because of the COVID-19 pandemic, we need to improve both data quality and awareness. Community members may feel uncomfortable discussing household violence, human trafficking, or sexual exploitation in public settings such as focus groups. Alternative methods for collecting qualitative data around these topics that are trauma-informed and protect anonymity may be necessary.

Section 4: Community member and community partner focus groups and key informant interviews

The community member focus groups identified 3 key themes associated with higher risk for violence:

- **Lack of activities and safe places for youth to gather.** Participants expressed greater need for recreational opportunities and safe places to gather for youth and families, especially after-school and during the summer.
- **Disconnect from schools**. Participants appreciate school-based events, but often find it difficult to stay informed or receive consistent info about such opportunities.
- **Access to substances and or firearms.** Participants shared they believe it is easy for youth to access weapons and substances such as drugs and alcohol.

> *"Access to mental health resources. Some issues are tied to neurodivergencies that cannot even begin to improve without diagnosis and treatment, but there are significant financial and practical barriers to access."*
>
> -Community Member

These were quite different than those themes community organization representatives identified:

- **Lack of trusted or relatable adults to turn to for help.** Representatives from organizations shared that youth they work with often don't have a

> *"Places where kids can get together and actually do things, not just 'hanging out' at a friend's house."*
>
> -Community Member

consistent adult figure in their life they trust and feel like they can go to for help.

- **Barriers to accessing services.** We saw a greater need for services that are low barrier, considering factors such as cost, transportation to services, and disqualifying criteria like having a prior criminal record.
- **Distrust in systems.** Participants shared that youth and families they engage with often had unfortunate prior experiences working with government or service agencies. This caused distrust or hesitation to seek further services. Staff within organizations are often not representative of the populations they serve.

Community members and community organization representatives suggest we address the following gaps to lower the risk for violence:

- **Provide more after-school and summer activities for youth.** Participants shared that more school related activities like mentoring, after school support, and activities on weekends and during the summer would help youth stay away from violence.
- **Address homelessness/housing instability.** Participants spoke about youth and families needing a safe place to live for other needs to be addressed such as academic success and employment.

> *"After school and summer programs, conducted in a safe environment, is a must. That along with social and emotional learning opportunities where children have an opportunity to talk about and become more connected with their thoughts and feelings."*
>
> -Community Member

- **Create timely and low-barrier access to mental health services**. Participants expressed that when seeking mental health services youth and families are often met with high-cost barriers, long-waiting lists or fall just outside the criteria to participate.
- **Create or fund more culturally relevant programs and services**. Participants shared that grassroots and community-based programs that are tailored to specific communities are often effective at reaching underserved groups.
- **Reduce poverty and increase economic opportunities**. Participants placed great emphasis on addressing poverty and low socioeconomic status as a root cause for violence.

The following themes from community member and community organization focus groups and interviews offer methods to prevent household violence.

- **Create clear and easy pathways for accessing information**. Community members shared that it can be difficult to find info about services unless you know exactly what you are looking for or who to contact.
- **Create more safe spaces for youth to go to get away from violence**. Participants suggested overnight shelters and shared housing for victims or those fleeing from violence.
- **Provide economic opportunities for youth and families**. Participants suggested more opportunities for youth employment to deter the possibility of engaging in violence or becoming involved in dangerous situations.

> *"Let's not be afraid to specify services…all programming is not for every youth and that's ok. We can do things on a smaller scale but do them well. That can have just as much impact as a blanket intervention that tries to cover as many youth as possible but maybe not in as great of quality"*
>
> -Community Organization Representative

Section 5: Community survey: Perceptions and priorities

We collected 152 responses to a 13-question community survey from April 25 to May 30. The electronic survey, offered in English and in Spanish, allowed community members to rank potential strategies and approaches to address youth violence. Respondents could include more feedback or suggestions. We derived strategies and approaches from Centers for Disease Control and Prevention's Comprehensive Technical Package for the Prevention of Youth Violence and Associated Risk Behaviors[xix]. This resource offers evidence-based strategies for communities to prevent youth violence as well as broader community issues that affect the likelihood of youth violence. In this assessment, we categorized potential methods under supporting all youth, supporting families, building safe communities and supporting youth at high-risk.

Table 3. Survey respondent demographics

Demographic Indicator	Values
Age*	Adults (N=126) Youth/Young Adults (N=15) Did not answer (N= 11)
Gender	Female (N=106) Male (N=26) Prefer not to say (N=<5) Non-binary (N= <5) Transgender male (N=<5) "My gender is not listed" (N=<5) Did not answer (N=13)
Race	White (N=86) Black or African American (N=11) Prefer not to say (N= 15) Multiple Race (N= 6)

	Asian (N= 5)
	American Indian or Alaskan Native (N= <5)
	Other (N=<5)
	Native Hawaiian or Pacific Islander (N= <5)
	Did not answer (N=14)
Hispanic/Latinx	Not Hispanic/Latinx (N=122)
	Hispanic/Latinx (N=16)
	Did not answer (N=14)
Top three zip codes entered**	98405 (N=18)
	98404 (N=13)
	98409 (N=9)
	Did not answer (N=20)

* Adults: older than 30 years of age; youth/young adult: 30 years and younger. ** All 132 respondents entered a zip code within city of Tacoma.

All survey questions were optional. Some participants chose not to respond to demographic questions or responded to some but not others or selected multiple options for Race. To avoid potentially identifying respondents, we included values as N=<5 for 5 or fewer responses.

Survey results

Of those who responded, 89% felt youth violence is increasing in their community, while 11% did not think youth violence is increasing.

Respondents were asked to rank strategies to address youth violence from most important to least important to them.

- *What do you think is most important for addressing youth violence in your community?*

Respondents overall ranked the following strategies from most to least important for addressing youth violence:

1. Connect youth to caring adults, mentoring and after-school programs.
2. Promote healthy family and home environments.
3. Help youth develop skills in communication, problem solving, and conflict management.
4. Increase cultural resources and supports for high-risk youth.
5. Create safe community environments and increase community events.
6. Provide quality education early in life and opportunities for families to engage with schools.

Respondents were asked to select 1 out of 3 approaches they thought were most important to address youth violence for all youth, families, communities and youth at elevated risk for victimization and perpetration of violence. The idea behind asking this question is to give the City of Tacoma insight into the types of strategies the community is interested in or believes would be most effective. The boxes in light blue show the most selected option per category.

- *Select the method you think is most important for <u>supporting all youth</u>:*

(37%) School-based violence intervention programs:

help students build skills in communication, problem solving, emotional awareness and regulation, conflict management, and teamwork

(36%) Mentoring:

pair youth with a trusted adult with the goal of building a relationship that will contribute to the young person's personal growth, skill development, and academic success

(27%) After-school programs:

opportunities for youth to strengthen their social and academic skills and become involved in school and community activities

- *Select the method you think is most important for <u>supporting families</u>:*

(13%) Early childhood home visits:

help families with young children access services, provide information, caregiver support, training about child health, development, and care to families in their homes

(75%) Build parenting skills and family connections:

provide caregivers with support and teach communication, problem-solving, and skills to manage youth behavior

(12%) Preschool with more family engagement:

provide high-quality early education and support to families to build a strong foundation for children's future learning and healthy development

- *Select the method you think is most important for <u>building safe communities</u>:*

(28%) Create safer public spaces:

increase lighting, monitor access to buildings, street cleaning, increasing security, remodel abandoned buildings and vacant lots, create green space, and host community events that bring residents together

(20%) Expand street outreach:

connect trained community outreach staff with residents to resolve conflicts, promote nonviolence, and connect youth and families to community resources

(52%) Increase community level support:

change, enact, or enforce laws, city ordinances, and local regulations and policies to promote safety, affordable housing, and economic opportunities for neighborhoods

- *Select the method you think is most important for <u>supporting youth at high-risk</u>:*

(43%) Treatment to address trauma related to violence.

help youth process traumatic experiences, manage trauma-related stress, and develop coping strategies and skills

(51%) Treatment to prevent problem behavior and further involvement in violence:

assist youth and families in making changes in behavior in order to prevent future acts of violence

(6%) Strengthen partnerships between hospitals and communities:

provide support to youth after receiving care in emergency departments for acute issues including case-management support

Limitations: Community survey and focus groups

We can't generalize focus group and interview results and limitations to the strength of conclusions exist. We held community member focus groups in set locations on set days, which may have created transportation or scheduling barriers. Interpretation services were not available for focus groups, which limited accessibility for non-English speakers to participate.

The community survey was available electronically, which may have excluded people with limited access to technology. The survey was available in English and Spanish, which may have excluded non-English and non-Spanish speakers. Respondents identified mostly as white and female, therefore, results are not representative of the Tacoma population or those experiencing violence within all geographic areas of the city and among all races.

Conclusions

The conditions we live in can either remove or create barriers to violence.

Figure 20. An example of the many components to address in youth violence prevention

Every day, youth violence affects young people in Tacoma as well as their families, schools and communities. Youth violence is a public health issue. The health and economic consequences of youth violence have lasting effects on the physical, mental, and social wellbeing of youth and young adults. Victimization, perpetration and witnessing violence increases the likelihood of behavioral and mental health issues, including future victimization and perpetration, substance abuse, high-risk behavior, depression, academic difficulties, school dropout and suicide.

Many risk and protective factors influence youth violence. Community members and partners as well as a large body of research consistently report increased risk for violence is associated with several factors including housing instability, unemployment, poverty and lack of supportive adults.

The community also recognizes evidence that reduces the likelihood of youth violence including healthy home environments, positive family dynamics, skills in problem-solving and conflict resolution, more support in schools, safe public spaces, and economic opportunities for both youth and families.

It is also essential to continue to address racism and discrimination as a factor in violence and health disparities. Interventions should be community-based, trauma-informed, and reduce the impact of Adverse Childhood Experiences (ACEs). ACEs are potentially traumatic events that occur in childhood including experiencing or witnessing violence in a home or community. These events can be linked to chronic health problems, mental illness, and substance abuse as youth age, as well as negatively affect educational and economic outcomes. The same strategies to prevent ACEs are used to prevent youth violence.[xx]

Recommendations

In this report, we evaluated the data available to enhance our understanding of youth and young adult violence in Pierce County.

The City of Tacoma asked us to identify gaps in current programming it Violence Prevention Program supports. We reviewed the RFP publicized in 2018. We triangulated the proposal text with the strategies that community survey members identified as most critical. We found a potential gap in formally directed programming to "Connect youth to caring adults, mentoring and after-school programs" and "Promote healthy family and home environments."

Representatives from community organizations and community members highlighted the importance of having trusted adults in the community youth can turn to for help and guidance, whether in a school setting, through community groups, or mentoring programs. Both groups also shared the belief that more low-barrier resources to strengthen family units would encourage healthy family dynamics and that a stable home life can decrease violence.

> *"Lots of organizations working on efforts, but we ultimately have the same goals, how can we bring people together?"*
>
> -Community Organization Representative

These activities need to start when youth are at a young age to prevent their exposure to verbal abuse and other ACEs which that put them at high risk of later involvement in violence.

Additionally, because of ethics and privacy considerations, we did not formally include the perspective of youth themselves in this report. Youth should have more opportunities to be involved in decision-making processes, especially around issues that most affect them. Their perspectives and experiences can inform youth and young adult violence prevention in our community.

Below we highlight a few additional items that will improve the experience of youth as well as our ability to correctly identify and intervene in support of youth in need.

1. Because of incomplete data on race, ethnicity, sexual orientation, gender identity, homelessness, and mental health in all data sources, we are unable to fully investigate these populations at risk. We recommend organizations routinely gather these indicators in all datasets.

> *"Our teens need timely access to mental health care, safe housing, and nutritious food."*
>
> -Community Member

2. This report highlights that victimization, perpetration and witnessing violence are results of both immediate experiences as well as developmental experiences around violence, bullying and verbal abuse. Organizations should consider of and cultivate non-traditional data sources.

> *"I think the economic empowerment of our young people is paramount to this issue…a lot of times we talk about what we can do for the young people as opposed to what we can teach the young people so they can do for themselves."*
>
> -Community Organization Representative

For example, using a single data source to identify the locations of violent crime can misrepresent the most critical areas when differential reporting occurs. Coordination between law enforcement, emergency responders, and health systems could produce a more comprehensive understanding of violence than any one data system.

3. Representatives from community organizations emphasized the need to address systemic barriers to prevent youth and young adult violence. This includes meeting basic needs such as food, stable housing, access to health care and mental health resources, resources for academic success, and employment opportunities.

4. Along with addressing the needs of families and youth on an individual level, the community also shared an increased need for programs that build youth's interpersonal skills, including those that teach how to effectively communicate with peers, manage conflict, and problem solve.

> *"Give teens community involvement opportunities. Bring back youth employment opportunities. Engage youth in the solutions."*
>
> -Community Member

APPENDIX

Population

Demographics

Age and race/ethnicity description of the population of the City of Tacoma and Pierce County.

	Population Under 30			Population 30+		
	City of Tacoma	Rest of Pierce County	Pierce County	City of Tacoma	Rest of Pierce County	Pierce County
AIAN	1.4%	1.1%	1.2%	1.3%	0.9%	1.0%
Asian	8.4	4.7	6.1	10.6	6.6	8.1
Black	11.4	5.8	7.9	10.7	4.5	6.8
Hispanic	20.1	15.4	17.2	8.6	6.5	7.3
Multi-Race	13.4	10.7	11.7	3.9	3.2	3.5
Pacific Islander	2.7	1.9	2.2	1.5	1.1	1.2
White	42.5	60.5	53.8	63.4	77.2	72.1

Source: Community Health Assessment Tool (CHAT)

Methodologies

We used multiple data sources to summarize the information on youth violence in Tacoma. Each of these sources has different constructions and limitations.

Community member focus groups

We held 3 focus groups with a combined 6 community members at community centers in Hilltop (Peace Community Center), Eastside (Eastside Family Resource Center) and South Tacoma (STAR Center).

Participation was voluntary and people could choose to leave a discussion at any point. We advertised the focus groups at the community centers and through community partners. We required participants to be at least 13 years old and gave them a consent form before the activity. (Included in Appendix) We held each group on a Thursday evening for one hour. Each participant received a $25 gift card. We facilitated groups in English.

Participant breakdown

Community member focus groups	Number of participants
Peace Center	2
Eastside Family Resource Center	3
STAR Center	1

Community partner focus groups and key informant interviews

City of Tacoma supplied a list of suggested organizations to contact. We encouraged organizations to share the opportunity with others. Participants held various roles in supporting youth and families, such as through housing assistance, mental health services, community outreach and other social

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service supports. We provided participants with an overview of the project and asked for their consent to take part and record the discussion. We held each 1-hour group or interview virtually via Microsoft Teams or Zoom.

Community organization discussions	Number of participants
Focus Group (1)	8
Key Informant Interviews	5

While we didn't collect demographic information, community member participants identified as parents, youth and residents of geographic areas of interest. Some participants regularly visited a community center. Thirteen community partners participated in either a focus group or one-on-one key interview, representing 9 different organizations.

Emergency room data

We based all healthcare emergency room data on visits, not people. We have no way to deduplicate the same person for multiple visits. We didn't include emergency room data on race and ethnicity in this report because of significant limitations. Race and ethnicity can be entered by the clinician and not be based on self-report resulting in a high percentage of other or unknown.

We excluded data prior to 2020 because we had incomplete data submission from healthcare networks. We didn't include firearm injuries in this report because of limitations separating injuries from self-harm. We excluded data on intimate partner violence and human trafficking emergency visits because we had inadequate numbers.

Emergency room assault visits includes those with chief complaint general keywords like domestic violence, fight, physical abuse, child abuse, sexual abuse, or keywords for specific acts of violence like stab, punch face. We based all data on visits, not people.

Tacoma Fire Emergency Response System (EMS) data

Tacoma Fire Department supplied an EMS dataset, which included all injury incident responses for people 25 years and younger. These data only include Tacoma Fire Department EMS responses and only the cases for which an injury was the main reason for EMS response. Each response included a zip-code location reflecting where the EMS response was sent. They do not refer to residence, so non-Tacoma residents are included in this database.

We aggregated the causes of injury to reflect firearm violence from "firearm – handgun", "assault – firearm", "firearm – rifle/shotgun" and "firearm – Not specified." Injuries because of suicide attempts and accidents are included in these injury data. Injuries in the following list were potential violence.

- Assault – Blunt object.
- Assault – Bodily force.
- Assault – Child battering, suspected.
- Assault – Fire/flame/smoke.
- Assault – Firearm.
- Assault – Human bite.

- Assault – Motor vehicle.
- Assault – Sexual.
- Assault – Sharp object/stabbing.
- Firearm – Handgun.
- Firearm – Not specified.
- Firearm – Rifle/shotgun.
- Intent – Physical assault.
- Other harm – Maltreatment suspected (e.g. Abuse, abandonment, neglect).
- Struck by – Person.

We calculated rates based on the most recent census data estimates of the number of total residents.

Tacoma Police Department (TPD) data

We re-arranged the database to include only 1 row for each victim-incident and 1 row for each case-arrest. A single victim could have been involved in multiple incidents, but we could not know. A victim could have been a victim of multiple activities in a single incident, which is compressed to a single activity.

Similarly, the percent of arrestee events adds to more than 100% as a person could have been arrested for more than one violent crime that occurred at the same time. Four events in this dataset had obvious potential data quality issues out of more than 6,000 data points. Three events were labelled as both domestic-violence and not as domestic violence. We counted these as domestic violence. One person was listed as both male and female. This was recoded as unknown.

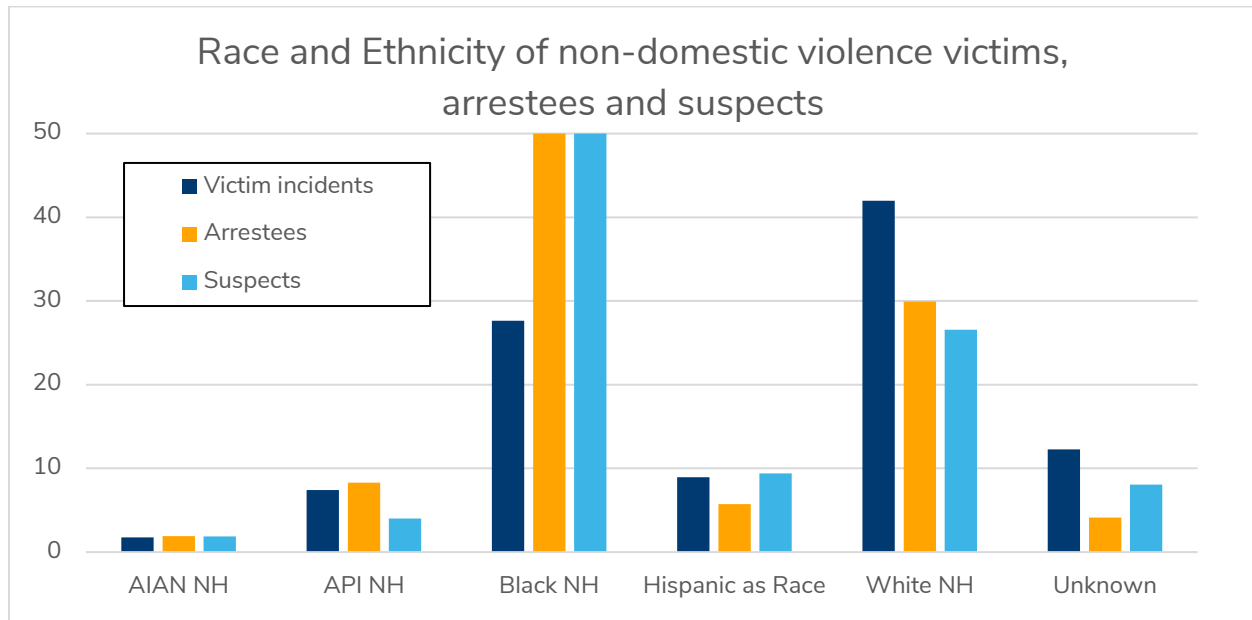Figure 21. Example of how the police data categorized violence

Figure 22. Race and Ethnicity of non-domestic violence victims, arrestees and suspects

Location categories

We categorized the list of locations where violent offenses occurred. This is not a standardized list. The data could be categorized in different ways with similarly good explanation.

Table 4. Categorization of Violent Crime Locations

Location Category	Raw Location Name	Location Category	Raw Location Name
Business	Auto Related Business	Public Space	Alley
Business	Bank/Savings & Loan, etc.	Public Space	Athletic Field
Business	Barber/Beautician	Public Space	Bridge
Business	Bowling Alley	Public Space	Camp/Campground
Business	Building Supply Company	Public Space	Dock
Business	Clothing Store	Public Space	Field/Pasture
Business	Cocktail Lounge	Public Space	Other Common Area
Business	Coffee Shop	Public Space	Park
Business	Convenience Store (7-11)	Public Space	Parking Lot
Business	Day Care	Public Space	Sidewalk
Business	Department Store	Public Space	Street/Right of Way
Business	Drug Store	Public Space	Wooded Area
Business	Dry Cleaning or Laundry	Residence	Apartment
Business	Gambling Facility/Casino/Racetrack	Residence	Condominium
Business	Grocery Store	Residence	Driveway
Business	Gym/Recreational Facility	Residence	Garage (Residential)
Business	Hardware Related Business	Residence	Mobile Home/Travel Trailer
Business	Jeweler or Jewelry Store	Residence	Other Residence
Business	Liquor Store	Residence	Progress House/Group Homes
Business	Medical/Dental/Hospital	Residence	Retirement, Convalescent
Business	Other Business	Residence	Single Family Residence
Business	Other Office	Residence	Sorority/Frat/Dorm, etc.
Business	Other Place of Entertainment	Residence	Yard (Residential)

Business	Pawnshop/Secondhand Store	Vehicle/Transportation	Boat/Ship/Vessel (Non-Residence)
Business	Rental Business/Office	Vehicle/Transportation	Bus
Business	Rental/Storage Facility	Vehicle/Transportation	Bus Stop
Business	Restaurant/Fast Food Establishment	Vehicle/Transportation	Bus/Train Depot, Airport
Business	Service (Gas) Station	Vehicle/Transportation	Commercial Vehicle
Business	Shopping Mall/Plaza Common Area	Vehicle/Transportation	Other Vehicle
Business	Sporting Goods Store	Vehicle/Transportation	Private Vehicle
Business	Tacoma Dome	Vehicle/Transportation	Recreational Vehicle
Business	Tavern		
Hotel/Motel	Hotel Office, etc.		
Hotel/Motel	Hotel/Motel		
Other	Auditorium		
Other	Church		
Other	College Common Area		
Other	Corrections Facility/Jail		
Other	Cyberspace		
Other	Garage (Non-Residential)		
Other	Other Misc. Structure/Outbuilding/Shed		
Other	Other Public Building		
Other	School (Except College)		
Other	Shelter/Mission		

Community survey: Perceptions and priorities

We coded responses to open text questions with Atlas.ti 9, a data analysis software, and analyzed for themes.

All responses were confidential. For this survey, youth and young adult refers to anyone 30 years old and younger.

Survey questions

1. **Do you think youth violence is increasing in your community?**
       Yes
       No

2. **What is most important for addressing youth and young adult violence in your community? Please rank the following options. 1= Most Important, 6= Least Important**
    a. Connect youth and young adults to caring adults and activities such as mentoring and after-school programs
    b. Create protective community environments (Ex: increase lighting, create green spaces, expand public transportation, increase community events)
    c. Increase trauma-informed and culturally relevant resources and supports for high-risk youth and young adults
    d. Help youth and young adults develop skills in communication, problem-solving and conflict management
    e. Provide quality education early in life and opportunities for families to engage with schools

     f.   Promote family and home environments that support healthy youth development

3. **Is there anything else you think is important for addressing youth and young adult violence in your community that is not listed above? (Open-ended)**

4. **Please select the method below you think is most important for <u>supporting youth and young adults:</u>**
   a. **School-based violence intervention programs:** programs held in schools to help students build skills in communication, problem solving, emotional awareness and regulation, conflict management, and teamwork
   b. **Mentoring**: programs that pair youth with a trusted adult from the community with the goal of building a relationship that will contribute to the young person's personal growth, skill development, and academic success
   c. **After-school programs:** opportunities for youth to strengthen their social and academic skills and become involved in school and community activities to expand their social experiences and relationships

5. **Please select the method below you think is most important for <u>supporting families:</u>**
   a. **Early childhood home visits:** programs that help families access services, provide information, caregiver support, and training about child health, development, and care to families in their homes
   b. **Build parenting skills and family connections:** programs that provide caregivers with support and teach communication, problem-solving, and behavior management skills
   c. **Preschool with more family engagement:** programs that provide high-quality early education and support to families to build a strong foundation for children's future learning and healthy development

6. **Please select the method below you think is most important for <u>building safe communities:</u>**
   a. **Create safer public spaces:** increase lighting, monitor access to buildings, street cleaning, increasing security, remodel abandoned buildings and vacant lots, create green space, and sponsor community events that bring residents together
   b. **Expand street outreach:** connect trained community outreach staff with residents to resolve conflicts, promote nonviolence, and connect youth and families to community resources
   c. **Increase community-level supports:** change, enact, or enforce laws, city ordinances and local regulations, policies to improve household financial security, safe and affordable housing, and the social and economic opportunities of neighborhoods

7. **Please select the method below you think is most important for <u>supporting high-risk youth and young adults:</u>**

a. **Treatment to address trauma related to violence:** help youth process traumatic experiences, manage trauma-related distress, and develop coping strategies and skills- referrals may come from social services, schools, or other local community organizations

b. **Treatment to prevent problem behavior and further involvement in violence:** assist youth and families in making changes in behavior in order to prevent future acts of violence- referrals may come from the juvenile justice system, schools, or other community organizations working with young people and families who at-risk for violence

c. **Strengthen partnerships between hospitals and communities.** provide support to youth after receiving care in emergency departments for acute issues including case-management support

8. **Feedback or other comments you'd like to share (open-ended)**

9. **Please provide your zip code:** (text entry)

10. **Please select your age:**
    a. Youth/Young Adult (30 years and younger)
    b. Adult (Older than 30 years)

11. **Please select your ethnicity:**
    a. Hispanic/Latinx
    b. Not Hispanic/Latinx

12. **Please select your race: (select all that apply)**
    a. American Indian or Alaskan Native
    b. Asian
    c. Black or African American
    d. Native Hawaiian or Pacific Islander
    e. White
    f. Multiple Race
    g. Prefer not to say
    h. Other (enter text)

13. **Please select your gender:**
    a. Non-binary
    b. Two-spirit
    c. Transgender male
    d. Transgender female
    e. Male
    f. Female
    g. My gender is not listed
    h. Prefer not to say

i. Other (enter text)

Flyers for the community survey

Participant consent form

Participant Consent Form
Youth and Young Adult Violence Assessment Focus Groups

PUBLIC HEALTH
Centers for Excellence

The Public Health Centers for Excellence will lead focus groups for the City of Tacoma's Youth and Young Adult Violence Assessment. Participation is completely voluntary, and participants may leave the group at any point. All responses are confidential. Participation will not affect any service or benefit you or your child receive from the City of Tacoma.

Why are we holding focus groups?
The conversations from the focus groups will help to inform the development of strengths-based programs to address issues of violence for youth in Tacoma. The focus groups will help identify what community members consider as strengths and resources in the community that could reduce violence among youth and young adults. We believe in the importance of including youth in these conversations, however we prefer youth participants be at least 13 years of age.

What will be discussed?
The goal is not to collect personal identifiable information, personal stories or experiences, but to gain insight into what resources community members want to see in their communities and what resources are currently considered as strengths or assets.   For example:

- What do you like about living in your community? What resources, services, programs, community or civic events, etc. do you find most helpful for you and your family and why?

- Who in your community do you go to, or feel like you can go to, when you need help? Why do you trust these people, groups, or organizations?

- What resources, services, or programs in your community do you feel most benefit youth and young adults and why? What qualities of your community do you think youth and young adults would see as promoting safety?

What will be done with the information collected?
Information collected will not be distributed in any kind of research capacity. If answers are quoted in the final summary, they will be done so without using the participant's name. Information will be put into a report to share with the City of Tacoma to improve and inform programs/services, and may also be presented in public settings such as planning meetings or conferences for the same purposes.

What are the possible risks or discomforts?
While we ask everyone in the group to respect each other's privacy and confidentiality, it is possible that other participants in the group may not adhere to these guidelines.

Will I be compensated for participating?
We will be offering $25 gift cards to any participant who stays for the duration of the conversation and fills out a form acknowledging they received the gift card.

For any additional questions or comments, please contact:

Arianne Sandel at asandel@tpchd.org or (253) 722-3593.

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PUBLIC HEALTH
Centers for Excellence

Evaluation of RFP

To evaluate the gaps in youth and young adult programming available, we reviewed three documents and correlated them with the CDC Prevention of youth violence strategies. The first document is City of Tacoma's 2021 RFP, "Neighborhood & Community Services Request for Proposals Youth and Young adult Violence Reduction Specification No. NC20-0369F." The second was the projects funded under this RFP. Finally, we reviewed the full list of human services contracts for 2021-2022. For the final document, we did not have any estimate of services, funding or investments, so we did not develop any analyses.

For the RFP, we created a spreadsheet comparing the RFP domains on pages 7-9 with the CDC Prevention of Youth Violence toolkit recommended strategies. Five of the team members responsible for this report independently categorized the RFP domains into whether the responses to the City RFP would likely provide any of the strategies. We assigned each agreement a value of 1 and then summarized on a scale from 0-5. We calculated the average and median values for each CDC strategy. We compared the three lowest values to the three strategies the community survey respondents ranked the highest. We labeled as gaps any services or strategies that were not called for in the RFP, which community members consider to be a need. The same team reviewed the five funded projects and noted they appeared consistent with the coding above, although details were not available to confirm this. The table below indicates the summary statistics and average value across each strategy.

Table 5. Correlation between RFP domains and toolkit strategies

	Strategy					
	Promote family environments that support healthy development	Provide quality education early in life	Strengthen youth's skills	Connect youth to caring adults and activities	Create protective community environments	Intervene to lessen harms and prevent future risk
School-Based Interventions: Evidence-based programs designed and implemented for youth in middle and high school. These programs are meant to change how youth think and feel about violence, group crime ("gang") participation and enhance interpersonal and emotional skills such as communication, problem solving, empathy and conflict management	1	1	5	1	1	3
Culturally responsive services:(creating and implementing services responsive to the unique needs of Black, Indigenous, People of Color (BIPOC) community, girls/women, and LGBTQ+ youth and young adults)	1	0	3	1	2	1
Employment and Training programs	1	1	5	0	1	1
Education Services (tutoring, mentorship, and peer support)	0	0	4	4	2	1
Financial Literacy	1	1	4	0	1.5	0
Family Workshops: Designed to educate families on violence and group crime ("gang") participation	3	0	1	1	2.5	2
Legal Services	0	0	0	0	3	4
Crisis Intervention (Mental Health and Substance Use Disorder)	0	0	1	1	3	4
Connection to Housing Services	2	0	0	0	5	1
Connection to Food Security	2	0	0	0	4	1
Commercial Sexual Exploitation of Children (Human Trafficking)	0	0	0	0	1	0
Culturally responsive human trafficking awareness training designed to meet the unique needs of Black, Indigenous, People of Color (BIPOC), girls/women and LGBTQ+ Individuals.	0	0	4	0	4	1
Legal service for victims	0	0	0	1	2	5
Employment and education services for victims	1	0	2	1	3	2
Average*	0.86	0.21	2.07	0.71	2.50	1.86

* High values indicate likely alignment with strategy.

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[ii] [ii] Community Health Assessment Tool, Washington State Department of Health, City of Tacoma zip codes aggregated 2016-2020.

[iii] Datasets kindly provided by Tacoma Police Department for 2020-2021.

[iv] https://essence.syndromicsurveillance.org/nssp_essence/servlet/SyndromeDefinitionsServlet

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