Guest editorial

Alliance Against Childhood Violence—an update

The challenge

THE CHILDREN

The facts about violence to Chicago's children are sobering: in 1996, 258 children and adolescents were the victims of homicide. Gunshots are the leading cause of death in adolescents.^{1,2} Forty five per cent of the children in one of Chicago's public high schools had seen someone killed, and 66% had seen a shooting.² For each child who dies of violence there are perhaps dozens who survive, often with permanent physical and psychological disability, and with families and friends whose lives have been disrupted.

THE DOCTORS

Despite its prevalence, we know and teach less about violence and its prevention and management than we do about the many less common (and even uncommon) diseases of infancy and childhood. Consequently, the chairs of the six pediatric departments in Chicago—who often find themselves in competition—undertook an unprecedented collaborative initiative. Based on their shared recognition that the academic pediatric community has both an obligation and the opportunity to work to prevent childhood violence, they formed the Alliance Against Childhood Violence with the goal of combining their efforts and resources to protect Chicago's children from violence and its consequences. They pledged to work to mobilize their departments, medical schools, and universities to begin to learn how best to reduce the toll of violence on children and families, to educate the next generation of physicians and medical personnel (many of whom are trained in the six institutions) about violence and its causes, and to pursue collaborative research, with each other and with others.

The process

A planning committee of the Chairs and alternates produced a mission statement acceptable to all that focuses on the things academic departments of pediatrics do best: *clinical care, education, and research and evaluation*. It was also agreed that one of the responsibilities of the Alliance is *advocacy*—based on best data and practices—to influence public policy and understanding about violence to children toward effective prevention and treatment.

The planning committee identified a long term goal of collaboration with and assistance to community groups. However, early on it became apparent that there was too little shared knowledge to do this quickly. Many faculty were unfamiliar with the relevant work at their own institutions! Therefore, the first step for the Alliance was the creation of a forum for the founding departments, and those in their larger institutions with interests in or programs relating to violence.

The purpose of the forum (held in April 1998) was two-fold: first, to announce the ground breaking interinstitutional collaboration and so to energize our academic departments and colleagues; and, second, to develop an inventory of existing programs and interested individuals at the six institutions. To meet these goals, several steps were taken. Three nationally known outside speakers (Profes-

sors Richard Krugman, Chukwudi Onwauchi-Saunders, and Barry Pless) were invited to challenge the Chicagoans, and vigorous small group discussions were led by the pediatric department Chairs themselves.

Key public officials—the Commissioner of the Chicago Department of Health, the Director of the Cook County Bureau of Health Services, and the Superintendent of the Chicago Public Schools—joined the Chairs and the planning group at a working dinner. A frank discussion clarified, among other things, how little the academic pediatric departments (indeed, all of medical academe!) are perceived as likely partners in the work that these officials and their agencies do every day as they deal with violence to children in Chicago.

The forum presentations and workshops produced a long list of potential projects and expanded the planning committee's inventory of existing efforts in violence prevention, education, research, and clinical care for victims. Possibly most important, several discussions between faculty members and staff—previously unknown to each other—led to many ideas for new projects and collaborations, both within and across institutions. Based on the presentations and discussions, the planning group and the six Chairs selected several projects for the initial efforts of the Alliance.

The criteria for selection were explicit. Candidate projects were ones that involved: (1) programs or projects already in place in one institution which were ready for dissemination to others; (2) projects which were in advanced stages of planning and/or could be brought to fruition with small cost; or (3) projects which, while a long way from realization, were so important to the mission that early initiation was highly desirable. Further, there was strong consensus that priority would be given to working with the Chicago public schools, which had recently launched a series of initiatives in violence reduction and prevention.

The initial organization of the Alliance forum and the subsequent development of a first year strategic plan was led by the authors and the planning committee (which includes the six Chairs), with a part time administrator (Mr Tom Foster). This effort was underwritten with support from the Northwestern University Department of Pediatrics (as AFK and KKC effort) and philanthropic funds donated to Children's Memorial Hospital and its Foundation (for an administrator's salary, space, office support, and meeting costs). Since the forum, the six Chairs have committed to sharing the cost of the Alliance's first year operations, which will include fundraising for continuing operating support and for specific projects.

The strategic plan

In addition to continued exploration of ways to work with the Chicago public schools, nine projects were chosen for implementation in the coming year. These include:

In clinical care:

- A survey of the six institutions to identify all care programs related to violence to children, with special attention to rehabilitation and aftercare programs. This is intended to guide the development of a coordinated citywide network using the best available practices.

- Development of a common reporting format including circumstances, causes, weapons, injuries, outcomes, etc, about child and adolescent victims of violence for use in all six institutions.
- Development of protocols for establishment of violent injury care teams in all six institutions, to coordinate medical and psychosocial services.
- A feasibility study for development of citywide violent injury review teams (akin to child fatality review teams).

In research and evaluation:

- Development of a citywide database (from the reporting system described above) about the nature and circumstances of violent injuries to children, to help identify critical intervention and prevention points.
- Development of a citywide documentation of follow up care and clinical, social and educational outcomes of survivors of violence, with special attention to the effects of various rehabilitative services.
- Collection and evaluation of existing research instruments and data sets relevant to research in violence—in essence, construction of a “tool kit” for use by all doing such research.

In education:

- Collection and evaluation of existing curricula on violence and violence prevention designed for health professionals in English speaking countries, to assist individual institutions in integrating violence prevention into their teaching programs.
- The design of consultation services and educational programs related to childhood violence, violence prevention and violent injury management for interested community groups and agencies in the Chicago area; these will focus on child development and related issues.

The work of the Alliance is being coordinated by an operations committee of the planning group, with continuous input from and oversight by the department Chairs. It is anticipated that individual project workgroups will grow to include people who are not directly associated with one or another of the founding departments, for example, from other medical institutions and human services agencies.

The future form of the Alliance—as a network or as an independent not-for-profit entity—will depend upon the results of current initiatives and responses from future funders.

The promise

The Chairmen hope that the Alliance will foster collaborations between institutions, physicians, and scientists that will make their violence related efforts in education more effective. We look forward to a generation of health professionals trained in Chicago who will understand what is known (and what is not) and what needs to be done to prevent violence to children and to manage its physical and psychosocial consequences. We are confident that this effort will raise standards of care, make possible better and more useful research, and—most important—increase the ability of the six distinguished academic pediatric departments to serve the City of Chicago and its children.

It remains to be seen if the Alliance will contribute materially to reducing the toll of violence on Chicago's children and their families and how best to measure its effects. It is a step forward, we think, that these questions and this effort are on the table in Chicago.

The Chairs of the six departments of pediatrics in the Alliance are: Chicago Medical School/Cook County Hospital, Phil Ziring, MD, Chair; Loyola University Stritch School of Medicine/Ronald McDonald Children's Hospital, Craig Anderson MD, Chair, then Tom De Stefani MD, Acting Chair; Northwestern University/Children's Memorial Hospital, Martin Myers MD, Chair, then Tom Green, MD, Acting Chair; Rush University/Rush Children's Hospital, Sam Gotoff MD, Chair; University of Chicago Pritzker School of Medicine/Chicago Children's Hospital, Herb Abelson MD, Chair; University of Illinois Abraham Lincoln School of Medicine-Chicago, George Honig MD, PhD, Chair.

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- 1 Chicago Police Department. *Annual report*. Chicago: Chicago Police Department, 1997.
- 2 *Fact sheet: Chicago and Illinois violence statistics*. Springfield: Illinois Council for the Prevention of Violence, 1997.