Child Fatality Prevention System: Equity Toolkit

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Introduction

The purpose of this toolkit is to provide local child fatality review team coordinators with resources to promote equity in the review process. We know that generations of social, economic, and environmental inequities contribute to the deaths of infants, children, and youth. We also know that these inequities are systemic, avoidable, and unjust. It is critical that systems like the Child Fatality Prevention System (CFPS) identify and understand the life-long inequities that persist across groups in order to eliminate them. This toolkit is a living document and will be periodically updated. If you have any questions, resources to add to the toolkit, or suggestions, please contact a member of the CFPS state support team staff.

Below are a few grounding resources that provide a background of why we use an equity lens in child death review and prevention:

- **NCFRP Guidance:** Improving Racial Equity in Fatality Review
- **NCFRP Training:** Using Health Equity in Fatality Review
- **NCFRP Webinars:**
  - Exploring how FIMR and CDR teams identify and address disparities (passcode: Equity), Slides
  - Black/White Equity in the opportunity to survive the 1st year of life...A dream deferred (passcode: Equity), Slides
  - Applying the Adverse Childhood Experiences Framework to Fatality Review and Prevention (passcode: ACES), Slides

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Preparing for meetings

Promoting and increasing equity in the child fatality review process requires the right people and the right documents.

1. **Recruiting and retaining diverse team members:** Each child death review (CDR) team member has a unique set of identities, personal and professional experiences, and relationships with the community that inform them as they review the deaths of infants, children, and youth. Consider which identities, experiences, and perspectives are currently represented on your team and which may be missing. Involving a diversity of CDR team members, particularly community members with personal experience of the factors that lead to child fatalities, is an essential component of promoting equity in the work. Community members may identify life stressors, risk and protective factors, and prevention recommendations that other CDR team members may be unaware of. Lived experience and personal stories are a form of expertise and should be treated as such.

   When we speak of "community members," we're referring to team members who aren't otherwise mandated by statute to be represented. Community members may include: staff and volunteers of local nonprofit organizations, community organizers and advocates, family leaders, and youth activists. A staff member who works as a violence interrupter for a local gang violence prevention organization, a parent who lost a child to suicide and now advocates for greater action on prevention, and a young person who started a Gay-Straight Alliance club at their high school or college are all examples of community members who could bring valuable experience and knowledge to the child fatality review process. **Youth, family, and community leaders can be involved as regular review team members, on an ad hoc basis depending on the specific death or cause of death, or as members of subcommittees.**
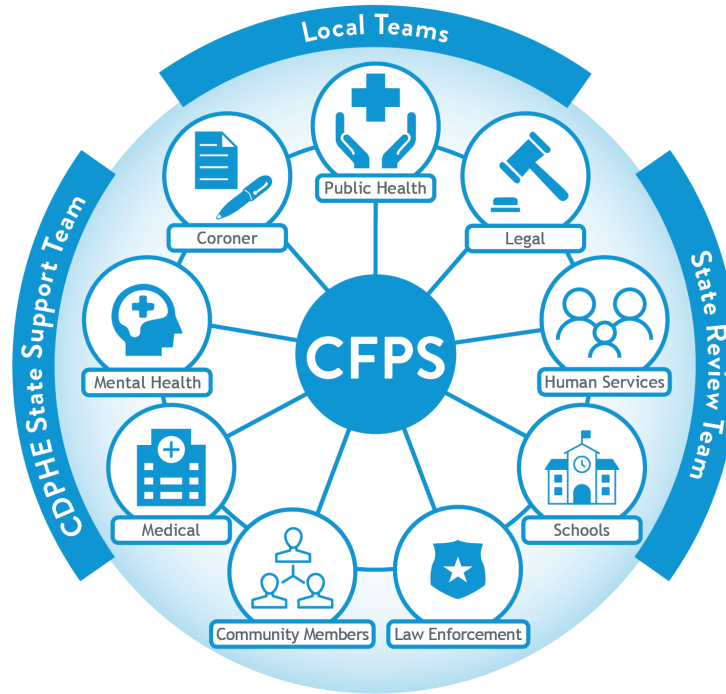
Involving community members as part of your CDR team requires more than just extending an invitation. Planning for logistical considerations as well as creating a team culture that spurns shame and stigma and discusses systemic issues that cause fatalities are both essential to creating a diverse CDR team. The following resources focus on ways to include community members, including family leaders and youth, on your CDR team. However, many of the considerations and practices can strengthen the team for all members, including those mandated by statute to participate.

a. **Logistical considerations**: Meeting location, time, online vs in-person format, and other logistics are important considerations for all CDR team members. However, you may need to consider additional factors in order to include community members as part of your team, particularly if their participation isn't part of their waged job. For example, a high school or college student may only be able to attend outside of class time; a single parent may require child care; or a participant may need language interpretation services. In addition, if a community member is participating as a volunteer, you could look into ways to use CFPS funding to provide monetary compensation for their time (*see Compensation section on page 9*).

b. [**Inviting Community Members to Your Team**](): This resource focuses specifically on including family leaders who have participated in the Family Leadership Training Institute (FLTI) and youth on your team, but can be applicable to many other types of community members.

c. **Colorado Youth Partnership for Health (YPH):** The YPH serves as a youth advisory council to state, local and community stakeholders. [This short document](#) describes YPH and the benefits and importance of involving youth and young adults in programs and decisions that impact them. One way to involve youth in the CDR process is to schedule time on the agenda during a YPH meeting, or during a meeting of a youth advisory group in your community, to get their perspective and insight into prevention recommendations and community stressors for specific causes of death, such as suicide, motor vehicle accidents, or drug overdose.

d. **Working with Tribal Communities:** When our system reviews the death of a Native American child, it is crucial that we include Native American participants in the review process. This is true whether or not the child died on Tribal land. This resource from the National Center is helpful when considering how to include Native perspectives on your team, particularly if your county/region includes Tribal lands: [Improving the Coordination of Fatality Review Programs with American Indian and Alaska Native Communities](#)

e. **Thoughtful Community Engagement:** The Office of Health Equity at CDPHE created the following resource to help state and local governments engage communities. As that document states, "community wisdom is necessary for health:" [Authentic Community Engagement to Advance Equity](#)

f. **Spectrum of CDR Involvement:** Youth, family, and community leaders can be involved as regular review team members, on an ad hoc basis depending on the specific death or cause of death, or as members of subcommittees. The entire [Improving Racial Equity in Fatality Review](#) report from the National Center for Fatality Review & Prevention is an excellent resource. The sections on [building effective teams](#) and [subcommittees](#) are especially helpful when thinking about how best to include community members.

g. **Engagement Toolbox**: This [Community Engagement Toolbox](#) from Penn State takes a deep dive into community engagement and is full of ideas that might help local team coordinators who are looking for ways to diversify their CDR teams and include more community representation.

2. **Requesting the right records to get the best information for equity considerations:** The documents that we obtain prior to, or during, our case reviews can give our teams invaluable information about the life of the child who died and their family. Our CFPS statute gives our teams authority to receive all records in the possession of the department of human services, county departments of social services, and other documents held by a state or local governmental agency. Other agencies or partners, such as schools and medical providers, may be reluctant to share documents that are

protected under privacy laws. However, these partners may be willing to verbally share information during review meetings or one-on-one with the team coordinator. Building strong relationships with a variety of partners will facilitate the sharing of information.

Standard documents such as the police report and autopsy report give us details of the fatal event, but don't give us much insight into the overall circumstances and history of the child and family. Additional records, such as those from human services, schools, and medical providers, can give teams information about life stressors, adverse childhood experiences, and risk and protective factors. We can also use resources that aren't specific to the child, but inform us about the community more broadly. Taken together, the variety of documents we obtain can help promote equity by providing teams with a better understanding of the social, environmental, and other systemic factors impacting the child and family.

Other data sources that can supplement your CFPS case reviews.

a. **State Dashboards and Surveys:** Data dashboards and survey data can be used to inform teams about risk and protective factors and spark ideas for prevention. The Colorado Health Information Dataset (CoHID) provides state and local-level data to help understand health issues. CoHID includes the CFPS data dashboard, dashboards on data related to suicide, injuries, and other topics, and data from the Healthy Kids Colorado Survey (HKCS).

   You can also find information on child welfare involvement by county using the CDHS Community Performance Center data tool. This data includes information on abuse and neglect referrals and substantiations, children in out-of-home placement, and other metrics. Exploring this data by race, ethnicity, gender, and urban/rural demographics can highlight disparities and inequities at the statewide and county level.

b. **Community-Level Context:**
   i. City Health Dashboard tracks 37 measures of health for cities across the country
   ii. March of Dimes PeriStats dashboard on maternal and infant health data
   iii. Community Health Equity Map for CO, maintained by CDPHE
   iv. CDC's PLACES dashboard provides data by county and census tract

c. **Other resources:**
   i. **NCFRP Webinar**: Using Social Determinants of Health to Inform Fatality Review (passcode: sdoh), Slides

Supporting and growing your team

1. **Group Norms and Values:** Engaging your team in a collective process to identify group norms, shared values, or commitments helps to establish a solid foundation for team members to understand and agree about how to participate in the CDR process. When a team member acts in contradiction to the agreed-upon norms, such as by shaming caregivers or making a racist remark, the coordinator or other team members can refer back to the group norms as a way to keep the review focused on prevention and remind the group of how they have agreed to be present during the meetings.

   a. **Creating group norms or values:** This should be done as a CDR team so that everyone has an opportunity to contribute and come to consensus. The CFPS state review team has norms that include: No blaming or put downs directed to the child or family; confidentiality; taking risks; listening deeply, reflecting on your own implicit bias; and learning from each other.

      Going through a process to develop and agree upon group norms, or ground rules, takes time. Rushing the process can defeat the goals of creating better team communication and a safer, more welcoming environment. In [this article about creating ground rules](#), organizer and trainer Daniel Hunter discusses how ground rules can be effective, as well as ways that they can be counterproductive.

      Another approach teams can take is to identify shared values. Southerners On New Ground ([SONG](#)), a multi-issue southern justice organization that promotes LGBTQ+ liberation, uses a visioning exercise that asks group members to envision the kind of world they want to live in and what kinds of values people would live by in that ideal world. Then they list those values and use them as a guide for the group. SONG describes this and other tactics in their document, [Alchemy: The Elements of Creating a Collective Space](#).

   b. **Using pronouns:** Including your pronouns during introductions is a way to promote respect and avoid making hurtful or embarrassing assumptions about fellow team members. We don't recommend ever forcing people to share their

pronouns. However, people could be invited or encouraged to do so. Learn more about asking people their pronouns [here](#).

Including pronouns acknowledges a diversity of genders and is one easy step toward eliminating bias towards LGBTQ+ people. This is especially relevant to child fatality prevention since we know that bias and discrimination put LGBTQ+ children and youth at an increased risk for suicide, substance use, risky driving behaviors, and other adverse outcomes when compared to their heterosexual and cisgender peers. Learn more about using pronouns from this [Human Rights Campaign guide](#).

2. **Considerations for virtual meetings:** The COVID pandemic has taught us all a lot about benefits and drawbacks to virtual meetings. While some teams may prefer to shift to in-person meetings, others may prefer to remain virtual.
   a. **NCFRP Guidance**: [Planning for Remote Fatality Reviews](#)

3. **Team building/relationship building to foster trust**
   a. **Purpose:** Team coordinators can help people get to know each other and build relationships among team members. Reviewing child deaths and having conversations that uncover systemic injustices is difficult work and having strong, trusting relationships with partners is important.
      i. Schedule time at the beginning of each review team meeting to create authentic, trusting working relationships among team members. Teams can take approximately 10-15 minutes to start with an icebreaker, group activity, or to review group agreements (e.g. virtual meetings-turn on camera if and when able to do so, lead by example, ask questions, listen more than talk, treat everyone with equal respect, give honest, respectable feedback when needed, be willing to be vulnerable, be mindful of labels).
   b. **Examples:** Here are videos for remote icebreaker activities and articles about how to begin the process of relationship building**:**
      [Four Fast Virtual Team Engagement Activities](#)
      [Ten Virtual Icebreaker Questions](#)
      [Center for Care Innovations article](#) on 10 activities to build trust and bonding
      [How Leaders Build Trust at Work Through Authenticity](#), article by Carley Hauck
      [Why Relationships Matter When Addressing Racial Equity](#), short article from Toya Barnes-Teamer with tips for building relationships
   c. **Sharing Resources:** Create a resource hub to store articles, videos and activities so team members can have access at any time. This could be as simple as having a shared Google document to compile resource links.
   d. **More Than Case Reviews:** Schedule an annual meeting where there are no case reviews, but rather the team can do training, get to know each other, or talk broadly about prevention initiatives. This could be similar in length to your

review meetings, or could be longer, such as a half-day retreat. If you are in a county that has thankfully few child deaths, consider having regularly scheduled meetings (biannualy or quarterly) to maintain team cohesion.

4. **Implicit bias check and Office of Health Equity [Checking Assumptions to Advance Equity](#)**
   a. In case reviews check for any implicit bias or assumptions before, during and after the review.
      i. Take 5-10 minutes after each case review meeting to acknowledge implicit bias and assumptions that may have shown up in the review.
      ii. Encourage team members to check in with their internal selves and recognize what may have come up.
      iii. Allow space for those who would like to share their biases with other team members during the end of the case review.
      iv. Resources on understanding and recognizing implicit bias:
          [Compendium of resources, research, and organizations](#) focusing on implicit bias, compiled by Racial Equity Tools.
          [Implicit Bias: Concepts Unwrapped](#), 8 minute video by McCombs School of Business.
          [Implicit Bias - How it Effects Us and How We Push Through](#), 16:13 minute TEDx Talk video by Melanie Funchess.
          [Our Hidden Biases](#), 4:44 minute video by Project ABC, an Early Childhood System of Care Community, on the way implicit biases impact Black children repeatedly as they grow up.
          [Harvard Implicit Association Tests](#), online tests that gauge implicit biases for a number of categories, including race (Black/white), transgenders (trans/cis), sexuality (gay/straight), and disability (disabled/abled).

5. **Supports for community representatives including youth and adult community leaders**
   a. **Benefits of having community representatives on the team:**
      i. Different perspective, not tied to an agency
      ii. Acknowledgment of strengths of the community and family
      iii. Better equity considerations and prevention recommendations

   b. **Colorado Leadership Programs -**
      i. The Colorado Family Leadership Training Institute - Learning experience utilizes a proven implementation model grounded in nonpartisan, shared leadership, diversity, and respect for the unique assets present in individual family leaders and communities at

large.The nationally recognized curriculum used in FLTI training integrates personal and child development, leadership skill-building, civic literacy, and community engagement processes. http://fltiofcolorado.colostate.edu/

ii. Additional Colorado Leadership Programs range from adult to youth.

c. **Best practices for engagement**

i. Involving youth and encouraging their participation is important in promoting positive youth development. Youth need to be fully engaged in programs as active participants. Their participation should be sustained, and they should be able to translate the skills and experiences gained within the program to promote greater health outcomes that influences policy and practice revisions, and create healthy positive relationships.
Colorado Youth Partnership for Health
The Hub Colorado 9to25
Colorado Department of Public Health and Environment -
Positive Youth Development
Colorado Department of Education -
Promoting Positive Youth Development Mini-Guide

ii. Office of Health Equity, Community Engagement Spectrum

d. **Buddy system**

i. Pair a new community or youth team member with someone already on the team who will be an advocate/support them.

e. **Using first names**

i. Use only first names to flatten the hierarchy and explicitly call this out (as a group norm).

f. **Involving team members with limited English proficiency**

i. Use closed captioning options on virtual meeting platforms.

g. **Hold space for community members to share information and ideas for prevention**

i. Invite a community member who has knowledge of the fatal incident or who knew the child to share information. As with many of the suggestions in this toolkit, local circumstances will determine what is appropriate. Two examples include:

1. A county reviewed a drowning death and invited a neighbor who helped respond to the accident to attend the beginning of the review meeting. The neighbor gave his account of the fatal

accident and his idea for a prevention measure that would increase safety. The community member then left the meeting for the remainder of the review.

2. A young person died by suicide and one of his teachers wrote a statement about her experience teaching the child, and how devastating his loss was to the school community. The teacher did not attend the meeting, but her statement was read at the beginning of the review meeting.

h. **Compensation:** Many local team members attend review meetings as a part of their jobs, but others may be volunteering their time and expertise. One way to acknowledge and appreciate their contributions is to provide compensation. Compensation can take many forms from money (gift cards, stipends, cash, etc.) to training opportunities, providing references, etc.

   i. Check in with your volunteer team members - how can you compensate them for their time in a way that is most meaningful to them?

   ii. A great article that explains the importance of compensation from Shelterforce: *Paying Community Members for Their Time* (Feb. 2021)

      1. Set clear expectations for the work and time commitment
      2. Honor the voice and expertise of team members
      3. Offer alternative ways to compensate for team members' time, not just money (e.g. serving as a professional reference for them, providing funding and access to trainings, etc.)

i. **Holding accessible review meetings:** Time of day, day of the week, child care, food, transportation, accessible building and room, audio and visual supports, online meetings - do partners have the capacity to do this? (internet and equipment) and how to foster connection/relationship virtually and which platform to use

   i. Inviting Community Members to Your Team - this resource from Christal Garcia addresses some meeting considerations.

   ii. **Child care**: Access to childcare should not be a barrier to participation. One option to address this is to provide childcare reimbursement to community members who request it.

   iii. **Transportation**: Meeting locations should be easily accessible via public transportation, if available in your area. Consider bus/rail schedules when setting meeting times. Parking: if there is no free parking available on-site or nearby, provide reimbursement for parking fees.

   iv. **Accessibility for people with disabilities:** Meetings should be held in an ADA-compliant space. The building, meeting room, and restrooms should all be accessible for anyone using mobility aids such as wheelchairs. Make sure there is designated accessible parking on-site. Set up the meeting room so that anyone using mobility aids, or anyone

with low vision/blindness can move around the room independently and safely. If you are hosting a virtual meeting via Zoom, Google Meet, or any other platform, enable the captioning feature in the meeting. [More information about creating accessible meetings and meeting spaces can be found here](#) and [here](#). You can also access a [tips sheet](#) for working with and communicating respectfully and effectively with people who have disabilities.

      1. People with disabilities often have to advocate for accessibility needs to be addressed. Ensuring that your meeting is held in an accessible location (regardless of whether any current team members have accessibility needs), and providing that information up front, helps to reduce barriers to participation.

v. You may also want to consider not hosting meetings at government buildings since some community members may not be comfortable going into those spaces.

Facilitating Case Review Meetings

1. **Start the meeting:** Before you begin the meeting, it can be helpful to set the tone for the meeting. You can do this in several ways. We suggest offering both an equity statement and a way to honor the child's life. Doing both helps the team ground into the case review meeting with a shared understanding of the purpose of the meeting and appreciation for the life lost.

   a. **CFPS Equity Statement**
      i. You can use the one developed by the CDPHE State Support Team or you can develop one specific for your team. This statement is important to remind partners as they begin the case review process that social factors impact the lives and deaths of infants, children, and youth and their families in Colorado. When reviewing individual cases it can be tempting to blame or even shame the family and caregivers who were in the young person's life. Reading this statement grounds partners in the shared understanding that this process is not about finding fault, but about understanding factors in a child or young person's life, family, and community that influenced their death so that we can prevent future deaths from occurring.
      ii. **TOOLS**: Create a printable banner or laminated sheet to pass out or display at every meeting. Takes turns reading the statement aloud before meetings to set the tone.
      iii. **ACTIVITY**: Walk through the statement together as a team to make it your own. Make any edits to the statement's words and meaning. Then have partners sign onto or endorse the statement. You can print out the statement and laminate it, pass it out at meetings, post it on your agenda or other printed materials, or hang it as a banner in your meeting room. You can also ask different partners at each meeting to read the statement aloud.

> Looking for more information about equity and implicit bias? Check out this list of resources to share with your team.

- Implicit bias
- OHE Equity Action Guide
- NICHQ's Implicit Bias Resource Guide

b. **Honor the infant, child, or youth's life**

i. Another way to start a meeting is to hold space for some way to honor the child's life. You can do that by holding a moment of silence to honor the infant, child, or young person who died. Again, you can use the moment of silence statement provided by the CDPHE state support team or develop your own. You can also do something like read a poem or share a picture and story of the young person who died. The space is meant to acknowledge and center the life of the young person who died and their family.

ii. Ideas:

1. Sample moment of silence: *A moment of silence is observed in respect to the memory of those individuals who have succumbed to child fatality. Let us remember why we are here today. Let us have the strength to undertake the task ahead and be thankful for what we have accomplished to date.*

2. <u>Credo for Compassion</u> adapted from a bereavement support group.

3. Read a poem that honors children who die.

4. Share the remembrance of the child's life by sharing a picture and short story from the child's life written by someone who knew them well. You could also share the obituary. Remind teams of ways to recognize the wholeness of the person, the personal information for the child. Not just the clinical.

2. **Middle of the meeting/Case Reviews**

a. **Use your meeting agenda** to help guide the conversation and set expectations for meeting timing at your case review meetings. CDPHE offers several templates, but you can also develop your own. We suggest that you allocate at least one hour to each case review. This gives your team plenty of time to fully and thoughtfully discuss the various sections of the Case Reporting System required for each case.

b. **Guidance for Meeting Facilitation:** As the coordinator, it is vital that you facilitate in a way that invites team members to fully participate. You may be faced with uncomfortable silences and conflict, both of which are normal and okay in the meeting. We can help you navigate them!

      i.   Tips and Guides for Facilitation
           1.   From the National Center for Fatality Review and Prevention:
               a. Effective Facilitation for Fatality Review: www.ncfrp.org/wp-content/uploads/NCRPCD-Docs/Fatality_Review_Facilitation_Guide.pdf.
               b. Improving Racial Equity in Fatality Review: www.ncfrp.org/wp-content/uploads/NCRPCD-Docs/Health_Equity_Toolkit.pdf.
               c. Planning for High-Volume Fatality Reviews: www.ncfrp.org/wp-content/uploads/NCRPCD-Docs/Planning-For-Batch-Fatality-Reviews.pdf.
               d. Planning for Remote Fatality Reviews: www.ncfrp.org/wp-content/uploads/NCRPCD-Docs/Planning-For-Remote-Fatality-Reviews.pdf.
           2.   Colorado-specific guidance:
               a. CFPS: An Introduction to the System: https://drive.google.com/file/d/1GAP3X28tUVhLUKx7Lgt-J8_XzC6_kmVC/view.

c. **Guidance for specific sections of the Case Reporting System** that include equity considerations. Please use the below guidance developed by CFPS and the NCFRP to better understand each section.
      i.   Section A2, Questions #40/#41. Child's gender identity and sexual orientation
           1.   **CFPS Guidance**: Guidance for Discussing Sexual Orientation and Gender Identity During Child Fatality Reviews
               a. This guidance was developed to increase understanding of sexual orientation and gender identity and provide strategies for the collection of this information after death.

      ii.   Section E, Question #7. Determining COVID-19 related deaths
           1.   **NCFRP Webinar**: Reviewing Deaths Related to COVID-19 (passcode: NCFRP), Slides
           2.   **NCFRP Guidance**: Review of Deaths Due to COVID-19
           3.   Sasha's Data Lab, January 2021: 2020 Child Deaths & the COVID-19 Pandemic
           4.   COVID-19 Colorado Pandemic Timeline

      iii. Section H1: Motor Vehicle and Other Transport
           1.   **CFPS Guidance**: Motor Vehicle Deaths Involving Young Drivers
               a. This guidance will increase knowledge about driver's education and licensing requirements/laws that impact

young drivers. This will improve understanding of how access to driver's education is inequitable. Further, this guidance provides strategies for the collection of this data during the death review and examples of how to capture the data in the National Fatality Review-Case Reporting System.

    iv. Section H5: Assault, Weapon or Person's Body Part
- 1. **CFPS Guidance**: Guidance to use when reviewing deaths by firearm
  - a. The goal of this guidance is to reduce unknown and missing firearm information by providing tips to assist teams in discussing aspects of firearms deaths that may not be easy to discuss or readily clear from the case review.

    v. Section I5. Child Abuse, Neglect, Poor Supervision And Exposure To Hazards
- 1. **NCFRP Webinar**: Reporting Child Abuse and Neglect in Version 5 (passcode: NCFRP), Slides
- 2. **NCFRP Guidance**: Child Maltreatment Fatality Reviews: Learning Together to Improve Systems That Protect Children and Prevent Maltreatment
- 3. **CFPS Guidance**: Coding Sections I5 and J

    vi. Section I7. Life Stressors
- 1. **NCFRP Guidance**: Completing the Life Stressors Section
- 2. **CFPS Guidance**: DRAFT

    vii. Section L. Findings
- 1. **NCFRP Guidance:** Findings Guidance
- 2. **CFPS Guidance**: DRAFT

3. **Closing the meeting.**

    a. **Conduct a gratitude exercise.** Gratitude can improve our physical and mental health, enhance empathy, and reduce aggression. Conducting a gratitude exercise at the conclusion of your meeting helps team members transition out of the mental space of difficult case reviews. Depending on how much time you have to close the meeting, choose one or more of the tools below to walk through with your team.

i. **Read and Reflect**: "Before we close, I'd like to take a moment for us to share what we are grateful for. This case review process asks us to highlight when something went wrong or what did not work well, but it's important to acknowledge the strengths of our community and what is working well, too. Please share what you are grateful for with the group, whether it is the opportunity to meet today to professionally debrief, all the various partners in the room, or something else that you think works well in our community to ensure children live happy, healthy lives."

ii. **Facilitate a gratitude reflection**: "Relax your posture. Take a few deep, calming breaths. Let your awareness move to your immediate environment: all the things you can smell, taste, touch, see, hear. Think to yourself: "For this, I am grateful." Next, bring to mind those people in your life to whom you are close, your friends, family, partner: Think to yourself, "For this, I am grateful." Next, turn your attention onto yourself: you are a unique individual, blessed with imagination, the ability to communicate, to learn from the past and plan for the future, to overcome any pain you may be experiencing. Think to yourself: "For this, I am grateful." Finally, rest in the realization that life is a precious gift. Think to yourself: "For this, I am grateful."" (Adapted from [Still Mind, 2014](#))

iii. Facilitate a grounding exercise or short guided meditation. Find a short script for a body scan meditation and other examples here: www.mindful.org/a-3-minute-body-scan-meditation-to-cultivate-mindfulness.

b. **Encourage team members to reflect on implicit biases.** Depending on how much time you have to close the meeting, choose one or more of the tools below to walk through with your team.

i. **Read and Reflect:** "I would like us to take a few minutes to reflect on how our implicit biases might have shown up during today's case reviews. As a reminder, implicit biases are subtle, hidden, and often unconscious negative attitudes towards particular social groups. Please reflect and share with the team if you would like to."

ii. **Activity**: The Circle of Trust. This is a powerful exercise for demonstrating the effect of affinity bias (our unconscious tendency to get along with others who are like us).

1. Instruct team members to write down in a column on the left-hand side of a blank piece of paper the initials of six to ten people whom they trust the most who are not family members.
2. The coordinator then reads out identity dimensions including gender, sexual orientation, nationality, first language, age, race, ethnicity, professional background, religion, etc.
3. For each identity, team members place a tick beside the people in their trusted circle who are similar in that dimension to them. For example, male participants will place a tick beside all men in their trusted circle.
4. Team members discover that their trusted circle often displays minimal diversity – for most, their inner circle includes people with backgrounds similar to their own.
5. The coordinator explains: "This tendency to associate with people like ourselves is called affinity bias or ingroup bias. Studies show that, in general, people extend not only greater trust, but also greater positive regard, cooperation, and empathy to ingroup members compared with outgroup members. How do you think this shows up in our case review meetings?" (Adapted from Include-Empower.com)

4. **Consider Burnout and Vicarious Trauma.**
   a. **What is vicarious trauma?** Vicarious trauma is a challenge for people working and volunteering in the fields of victim services, law enforcement, emergency medical services, fire services, and other allied professions, due to their continuous exposure to victims of trauma and violence.

   Vicarious resilience and vicarious transformation are newer concepts reflecting the positive effects of this work. For instance, individuals may draw inspiration from a victim's resilience that strengthens their own mental and emotional fortitude. Just as victims can be transformed in positive ways by their trauma, so can victim service providers and first responders (Office for Victims of Crime).

   Fatality review is hard work, and team members may frequently participate in difficult reviews about deaths. This exposure, whether one time or repeated over time, can bring about symptoms of burnout or vicarious trauma. Signs of vicarious trauma include, but are not limited to:
   - Hypervigilance
   - Suspicion about people's motives and behaviors
   - Difficulty sleeping, nightmares
   - Intrusive images
   - Anxiety and/or depression

- Exhaustion
- Numbness
- Inability to experience pleasure
- Cynicism
- Anger and irritability

Below are resources for how to recognize vicarious trauma and burnout and how to address it for team members and yourself.
1. [Assessment Tools](#)
2. **NCFRP Webinar**: [Recognizing and Responding to Vicarious Trauma in Fatality Review](#) (passcode: VT), [Slides](#)
3. **NCFRP Guidance**: [Guidance for CDR and FIMR Teams on Addressing Vicarious Trauma](#)

b. **Addressing vicarious trauma**
   i. Consider the ABC's of addressing vicarious trauma:
      1. Awareness (of own needs, limits, emotions, and resources)
      2. Balance (of work and play; taking care of others and yourself)
      3. Connection (to oneself, others and to something larger)
   ii. Ask for help when you need it
   iii. Create a climate that encourages self-care
   iv. Make self-care a routine, not an infrequent occurrence

c. **Activity to highlight the importance of self-care.**
   i. Share a quote (find more [online](#)). Examples include:
      1. Use affirmations to counter negative thinking. For example, read aloud: "I may not be perfect, but I'm perfectly fine. My needs and feelings count, too. I will treat myself as kindly as I treat others. I will respond to myself with compassion."-Judith Pierson
      2. "If your compassion does not include yourself, it is incomplete."-Buddha
      3. "Love yourself first, and everything else falls in line. You really have to love yourself to get anything done in this world."-Lucille Ball
      4. "Breathe. Let go. And remind yourself that this very moment is the only one you know you have for sure."-Oprah Winfrey
      5. "It is so important to take time for yourself and find clarity. The most important relationship is the one you have with yourself."-Diane Von Furstenberg
      6. "Don't sacrifice yourself too much, because if you sacrifice too much there's nothing else you can give, and nobody will care for you."-Karl Lagerfeld

ii. Share the importance of self-care with your team by highlighting a few refueling strategies for team members to take away with them. This is a good way to acknowledge that self-care is different for each and every person; one person might choose to go on a run, one person might choose to watch a movie, and another might prefer to eat a comforting meal.

   1. For example: "This work is hard. Please take care of yourselves. A few ways to refuel can be writing in a journal, sharing your feelings, listening to music, taking a walk, eating your favorite comforting food, and talking to a friend."
   2. Additional ideas for self-care strategies can be found [here](#).

iii. Encourage team members to do a breathing exercise. Can be as simple as taking a deep breath for 3 counts, and then exhaling for 6 counts.