

*This e-bulletin is produced as a resource for established and emerging hospital-based violence intervention programs.*

# National Network of Hospital-based Violence Intervention Programs E-Bulletin

Volume 1, Issue 2

February 2010

## Core Network

### Programs

Caught in the Crossfire (Oakland)

CeaseFire (Chicago)

Healing Hurt People (Philadelphia)

Sacramento Violence Intervention Program (Sacramento)

Project Ujima (Milwaukee)

Violence Intervention Advocacy Program (Boston)

Violence Intervention Project (Baltimore)

Wraparound Project (San Francisco)

## About the Network

The National Network of Hospital-based Violence Intervention Programs addresses the topic area of violence, specifically victims of violent injury. The philosophy of these programs is that violence is preventable and that trauma centers and emergency rooms have a golden moment of opportunity at the hospital bedside to engage with a victim of violence and to stop the cycle of violence. The Network's purpose is to strengthen the existing programs and help develop similar programs in communities across the country. The goal is to continue to strengthen the National Network (a partnership of programs across the country that provide and promote intervention services to prevent further victimization of people being treated for violent injuries) by achieving program sustainability, developing and disseminating more evidence-based resources, and informing public policies related to violent youth victimization. (continued on page 2)

## Funding Updates

### Harry Frank Guggenheim Foundation:

Research on Violence and Aggression (Applications due 08/01/2010)

### National Institute of Mental Health

Mental Health Consequences of Violence and Trauma (R03) (Applications due 2/16/10 and revolving dates)

### National Institutes of Health Grant Announcement:

Research on Emergency Medical Services for Children (R01) (Applications due 09/15/2010)

### Robert Wood Johnson Foundation Local Funding Partnerships

Peaceful Pathways: Reducing Exposure to Violence (Applications may be submitted anytime in 2010)

*"Every physician's goal is to save lives. This is another step in that process. In my mind, it's just what I should be doing."*

*Dr. Carnell Cooper, Team Leader, Violence Intervention Program, Baltimore*

### *History of the Network*

Youth ALIVE!, a non-profit, public health agency based in Oakland, CA, established one of the first hospital-based violence intervention programs, Caught in the Crossfire in 1994. In March 2009, Youth ALIVE! convened nine hospital-based intervention programs from around the country to discuss common issues and to establish common ground. At this first symposium in Oakland, participating program representatives exchanged ideas, research, and other information about how to strengthen their work and improve their capacity to support similar programs in communities across the country and to assist hospitals interested in initiating programs. They unanimously agreed to form the National Network of Hospital-Based Violence Intervention Programs.

### **News and Research Updates**

Dr. John Rich, Director of the Center for Nonviolence and Social Justice and affiliated staff of Healing Hurt People, recently published a book, [Wrong Place, Wrong Time: Trauma and Violence in the Lives of Young Black Men \(Johns Hopkins University Press\)](#).

[Children's Exposure to Violence: A Comprehensive National Survey \(Office of Juvenile Justice and Delinquency Prevention, U. S. Department of Justice\)](#)

Sponsored by OJJDP and with support from the Centers for Disease Control, this survey is a landmark attempt to measure children's exposure to violence in the home, school, and community across all age groups from birth to age 17, and to measure the cumulative exposure to violence over the child's lifetime.

[Patient Counseling for Unintentional Injury Prevention](#) (Ballesteros MF, Gielen AC. Am J Lifestyle Med 2010; 4(1): 38-41.) This article discussing the importance of injury prevention counseling by hospital staff as a way of reducing re-injury.

[The Clinical Impact of Health Behaviors on Emergency Department Visits](#) (Bernstein SL. Acad Emerg Med 2009; 16(11): 1054-9.) This article discusses the role of secondary prevention in Emergency Departments, specifically Screening, Brief Intervention and Treatment Referral (SBIRT) activities.

## Training Opportunities

### **FEBRUARY 2010**

#### **February 28-March 3, 2010**

[21st Annual National Youth At-Risk Conference](#) (Savannah, GA)

This conference for teachers, principals and assistant principals, school counselors and psychologists, health and human service counselors and personnel, criminal justice professionals, business and community leaders, and volunteer service providers will offer over 100 training sessions featuring successful programs and practices from across the United States that address risk factors, protective factors, and community conditions needed for the well-being of young people. Conference strands will be academic achievement and school leadership, social and emotional skills, safety and violence prevention, mental and physical health, and family and community.

### **MARCH 2010**

#### **March 11-14, 2010**

[36th National Conference on Juvenile Justice](#) (Orlando, FL)

This conference offers juvenile justice professionals a national perspective on the issues they face in their day-to-day efforts to make a difference in the lives of children and families. The sessions at the conference will highlight effective practice and programs, offer tips and tools, and provide an opportunity for networking. Breakout sessions will focus on a wide variety of topics, including truancy and safe schools, gangs, and substance abuse.

### **APRIL 2010**

#### **April 7-9, 2010**

[Blueprints Conference](#) (San Antonio, TX)

This conference, designed to disseminate science-based information on youth violence, delinquency, and drug prevention programs, will offer continuing education and networking opportunities for community prevention advocates, department heads of agencies responsible for violence and drug prevention efforts, state and local government leaders responsible for prevention funding and initiatives, leaders of criminal justice systems, and program implementers. Attendees will hear from practitioners in the field and be given the opportunity to network with others in the industry. The conference will set a foundation for future collaboration among evidence-based programs.

#### **April 14-16, 2010 (Ann Arbor, MI)**

[2010 Joint Annual Meeting on STIPDA and CDC Core State Injury Grantees](#)

The theme of the 2010 annual meeting of the State and Territorial Injury Prevention Directors Association and CDC core state injury grantees will be "Injury & Violence Prevention at a Crossroads: Turning Challenges into Opportunities". By building unique partnerships, integrating diverse approaches, and optimizing existing resources, injury and violence prevention programs can continue to protect the health of communities, even in the face of economic adversity. Throughout this meeting, participants will share experiences, strategies, and best practices that will help injury and violence prevention programs continue to persevere and turn challenges into innovative opportunities.

*"Hospital-based intervention is a way we can stop the cycle of violence, the revolving door in emergency rooms where a doctor will treat a gunshot wound only to see the patient return again with another. It's a golden opportunity to reach youth. The dream is to have programs like this in every trauma center across the nation."*

*Marla Becker, Youth ALIVE!, Oakland*

## **Program Spotlight**

### **Caught in the Crossfire, Oakland CA**

#### *Background*

Caught in the Crossfire is a youth violence intervention program of Youth ALIVE! that works to close the “revolving door” of violence. The program started as a joint effort between Youth ALIVE’s Executive Director, Deane Calhoun and staff of Alameda County Medical Center’s Highland Hospital. The hospital social worker, Karen West, the Chief of ACMC Trauma Services, Dr. Vern Henderson, and his patient, Sherman Spears, a young adult survivor of violence, were interested in finding ways to prevent re-injuries and stop the killings. The program started seeing clients at Highland Hospital in 1994. The program has been replicated by other programs in California and across the country.

Caught in the Crossfire is based on a public health model which views youth violence as a problem that grows out of conditions in the broader community which generate risk factors for violence. The program’s mission is to promote positive alternatives to violence in order to reduce retaliation, criminal involvement and re- injury among youth injured by violence. The program’s goal is to reduce risk factors and increase protective factors for violence. The program’s objectives are to: 1) improve educational attainment; 2) improve employability; 3) improve health status; and 4) improve social and professional skills and build sustainable support networks.

#### *Structure*

As soon as a young person is admitted to the hospital with a violence-related injury, hospital staff will call in the Intervention Specialist, who typically arrives within one hour at the hospital room, helping the injured patient and his or her family and friends cope with the injury and start talking about alternatives to retaliation. Intervention Specialists are young adults who have overcome violence in their own lives and who are from the same or similar communities. as the clients they serve.

At these initial bedside visits, the Intervention Specialist focuses on developing a trusting relationship with the patient, providing comfort and emotional support, working to prevent immediate and future retaliation, promoting alternative strategies for dealing with conflicts, identifying the youth's short-term needs, and developing a plan for staying safe.

After the young person leaves the hospital, the Intervention Specialist continues to foster a relationship, easing the youth's transition back into the community through frequent personal and telephone follow-up contact. The Specialist provides support and mentoring to the youth, as well as to his/her family, through intensive case management. The Caught in the Crossfire Specialist provides a continuum of care for up to six months (occasionally longer if deemed necessary by the Specialist), contacting the young person at least once a week.

#### *Accomplishments*

Over 1,500 youth and several thousand of their family members in Oakland and Los Angeles have been served by the program since 1994. In 2009, 95% of all active Caught in the Crossfire participants avoided re-injury and 90% were not arrested. Ten participants obtained employment in 2009, 18 enrolled or re-enrolled in school, 24 participated in a non-traditional educational program, 5 earned a GED or high school diploma, and 25 enrolled in college. A study completed in 2004 demonstrated that youth who participated in the program were 70% less likely to get arrested and 60% less likely to have any criminal involvement than injured youth who were not involved.

Kyndra Simmons-Stanley, Program Coordinator for Caught in the Crossfire, sees the benefits of the program every day. "Youth ALIVE! and Caught in the Crossfire provide stability, hope, and self-worth to its clients. These young people that we're working with, they are the future of the community. But in order for there to be some change, the community has to invest in these young people because that's who is going to be the future."

For more information about Caught in the Crossfire and Youth ALIVE!, visit our website at:

[www.youthalive.org](http://www.youthalive.org)

For a photoessay on Youth ALIVE! created by Kaiser Permanente's Community Benefit Program, please visit to the following URL:

[http://info.kp.org/communitybenefit/html/our\\_stories/northern-california/violenceprevention/index.html](http://info.kp.org/communitybenefit/html/our_stories/northern-california/violenceprevention/index.html)

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## **Additional Resources**

### **Blueprints for Violence Prevention**

#### **Centers for Disease Control, Youth Violence**

**Connecting the Dots to Prevent Youth Violence: A Training and Outreach Guide for Physicians and Other Health Professionals (American Medical Association)**

#### **National Center for Injury Prevention and Control**

#### **National Youth Violence Prevention Resource Center**

#### **SafetyLit: Injury Prevention Literature Update**

#### **Youth Violence: A Report of the Surgeon General (2001)**

#### **Youth Violence: Best Practices of Youth Violence Prevention — A Sourcebook for Community Action**

#### **Youth Violence: Measuring Violence-Related Attitudes, Behaviors, and Influences Among Youths: A Compendium of Assessment Tools**

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