

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, Number 4

April 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 (Massachusetts)

Violence Intervention Program (Baltimore)

Wraparound Project (San Francisco)

About the Network

The National Network of Hospital-based Violence Intervention Programs is a partnership of programs across the country that provide intervention services to individuals being treated for violent injuries. 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 existing programs and help develop similar programs in communities across the country. The National Network works to achieve sustainability of hospital-based violence intervention programs, develop and disseminate evidence-based resources, and inform public policies related to violent youth victimization. (continued on page 2)

Funding Updates

Bureau of Justice Assistance (BJA):

Project Safe Neighborhoods National Training and Technical Assistance Program (Applications due 5/18/10)

Harry Frank Guggenheim Foundation:

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

National Institutes of Health Grant Announcement:

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

Substance Abuse and Mental Health Services Administration:

Mental Health Transformation Grants (Applications due 04/30/2010)

“We need to shift away from the notion of ‘let’s make these young people do better’ to asking what can WE do better.” (Dr. John Rich, Director of the Center for Nonviolence & Social Justice)

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

The Office of Juvenile Justice and Delinquency Prevention (OJJDP) has released [“Highlights from the 2008 National Youth Gang Survey.”](#)

The Medical College of Wisconsin is committing \$8.2 million to stem youth violence, as part of a youth violence prevention initiative in Milwaukee. Article [here](#).

The Centers for Disease Control and Prevention have published a manuscript tracking the history of violence and how it emerged as a public health issue: [The History of Violence as a Public Health Issue](#). Dahlberg LL, Mercy JA. AMA Virtual Mentor, February 2009. Volume 11, No. 2: 167-172.

[Exposure to community violence and adolescents' internalizing behaviors among African American and asian American adolescents](#). Chen WY. Youth Adolesc. 2010 Apr;39(4):403-13. Epub 2009, Jun 28.

[The "second injury" to victims of violent acts](#). Symonds M. Am J Psychoanal. 2010 Mar;70(1):34-41.

[Screening Adolescents in the Emergency Department for Weapon Carriage](#) Cunningham RM, Resko SM, Harrison SR, et al. Academic Emergency Medicine. 2010, Feb; 17(2): 168-176.

[Prevalence and correlates of handgun access among adolescents seeking care in an urban emergency department](#). Loh K, Walton MA, Harrison SR, et al. Accident Analysis and Prevention. 2010, Mar; 42(2): 347-353.

Training Opportunities

June 1-4, 2010

[18th Annual Meeting of the Society for Prevention Research](#) (Denver, CO)

This meeting will present the latest in prevention science from across international regions in the areas of epidemiology, etiology, preventive intervention trials, demonstration projects, policy research, natural experiments, program evaluations, clinical trials, prevention-related basic research, pre-intervention studies, efficacy and effectiveness trials, population trials, and studies of the diffusion/dissemination of science-based prevention. Relevant focus areas will include mental health/mental disorders, family conflict, substance abuse and addiction, violence, delinquency, academic failure, dropping-out of school, and policy-based interventions. The conference will offer more than 300 organized symposia, roundtable discussions/scientific dialogues, and paper presentations.

June 14-16, 2010

[National Institute of Justice Conference 2010](#) (Arlington, VA)

This conference will bring together criminal justice scholars, policy makers, and practitioners at the local, state, and federal levels to share findings from research and technology. The conference will showcase what works, what does not work, and what the research shows as promising, emphasizing the benefits to researchers and practitioners who work together to create effective evidence-based policies and practices. In addition, the conference will feature opportunities for practitioners and presenters to exchange ideas.

VARIABLE DATES

[MENTOR-VIP](#)

This global mentoring program for injury and violence prevention developed by the World Health Organization will be accepting applications between February 13 and May 15, 2009 for mentees to be mentored during 2009-2010. A general orientation of the program is to initially target skills development needs among more junior practitioners in low- and middle-income countries. The skill categories targeted by MENTOR-VIP include planning and conducting research; designing, planning, implementing, managing, monitoring, and evaluating evidence-based programs; developing and analyzing policy; imparting knowledge and skills; advocating and communicating; and ensuring funding support. Applicants who apply to the program indicate which categories of skills they would like to develop, and this, along with other information in their application profile, will be used to match the best suited applicants with one of the available mentors.

[Institute for Youth, Education, and Families Audio-conferences](#)

These free, hour-long audio-conferences offered by the Institute for Youth, Education, and Families will allow participants to listen by telephone to talk-show style discussions between Institute staff, national policy experts, and city officials on best practices and key opportunities for municipal leadership on behalf of children, youth, and families. Listeners will have opportunities to question panelists during each call. Audio-conference titles include "The Mayors' Action Challenge for Children and Families," "Neighborhood-Based Approaches to Improving Child and Family Well-Being," and "Ceasefire: An In-Depth Look at Using Street Outreach Workers to Stop the Epidemic of Youth Violence."

"You have these assumptions—everybody does—about these individuals, that they'll be difficult to work with, hard to reach. I've actually found none of this to be true. They've been very motivated to make some changes in their lives. I get to see how resilient our clients are." (Dionne Delgado, Injury Prevention Coordinator, Healing Hurt People)

Program Spotlight

Healing Hurt People, Philadelphia, PA

Background

Healing Hurt People is a hospital-based program designed to reduce recidivism among youth aged 15-30, seen in emergency departments for violence related injuries, through immediate and powerful opportunities for healing and connection. Healing Hurt People (HHP) is a project of Drexel University College of Medicine Department of Emergency Medicine-Hahnemann University Hospital and Drexel University School of Public Health's Center for Nonviolence and Social Justice.

The Center for Nonviolence and Social Justice's mission is to transform current policies, systems and practice toward a more *trauma-informed* model. The objective of the Center is to reduce violence by applying an innovative approach. The Center builds on the Sanctuary Model, developed by trauma expert Dr. Sandra Bloom, to transform the way that health care and behavioral health addresses the needs of young victims of violence and trauma. This shift in approach is intended to stimulate a transformation of the public conversation about violence -- from the current criminal justice perspective toward a broader, public health dialogue. Our hope is that this new dialogue, in turn, will lead to new ways to reduce violence in the inner city, while simultaneously developing more effective helping institutions and more compassionate care for traumatized people. The Center has undertaken its work through a broad range of tactics to effect a movement towards a trauma-informed system. Strategies include:

- Trainings for direct service providers, mental health therapists, policymakers, elected officials and community members;
- Innovative programs aimed at healthcare institutions and community-based organizations;
- Advocacy for policy change;
- Community-based, multi-method research.

Staff at the Healing Hurt People program follow a trauma-informed approach in treating those impacted by violence. This type of care looks at the trauma that the patient has dealt with over the course of many years or even a lifetime. Utilizing the trauma informed approach there are four primary components of the program:

- Navigation
- Case Management
- Mentorship
- S.E.L.F. Groups (a facilitated, psycho-educational curriculum)

Dionne Delgado, the Injury Prevention Coordinator for Healing Hurt People, says that for her, the most rewarding part of the job is that her clients challenge assumptions. "You have these assumptions—everybody does—about these individuals, that they'll be difficult to work with, hard to reach. I've actually found none of this to be true. They've been very motivated to make some changes in their lives. It's great how much you learn from the client. I get to see how resilient our clients are."



Recent Accomplishments

Expansion to Area Children's Hospital

In October of 2009, the program expanded to St. Christopher's Hospital for Children. To date, they have received over 100 referrals and the Community Intervention Specialist is actively working with a case load of over 20 young clients and their families.

City-Wide Case Review

In February 2010, HHP conducted a City-wide case review attended by the Commissioner of the Philadelphia Department of Human Services, the Director of the Philadelphia Department of Behavioral Health, the Dean of the Drexel University College of Medicine, and representatives from the Philadelphia Police Department, the Anti-Violence Partnership of Philadelphia, and the School District of Philadelphia, as well as regional trauma experts and clinicians. Several HHP client cases were presented and a rich discussion followed about how various systems can better serve these youth by building upon efforts to share data and coordinate services across systems. This was the first convening of what will hopefully grow into a City-wide "Youth Adversity Review Team" that will meet regularly to address youth violence in a proactive manner, with a focus on trauma-informed practice and prevention. "This case review went extremely well," reports Dr. Ted Corbin, Director of Healing Hurt People. "It was an opportunity to highlight how these violently-injured youth are deserving of services and heightened awareness about the need for more coordinated service delivery."

Philadelphia Police Department

The HHP program staff continues to foster a relationship with the Philadelphia Police Department's Office of Violence Prevention and Victim Services, who were first engaged in June 2009 in an effort to connect the respective work. In October 2009, the Center presented a trauma training by Dr. Sandra Bloom that was attended by 27 Police Officers from the Department of Victims Services. Dr. Bloom presented on the impact of trauma on individuals, and its connection to violence, crime and negative life outcomes. The officers were highly engaged in the training and expressed the need and desire to learn more about trauma and how to apply this knowledge to their work.

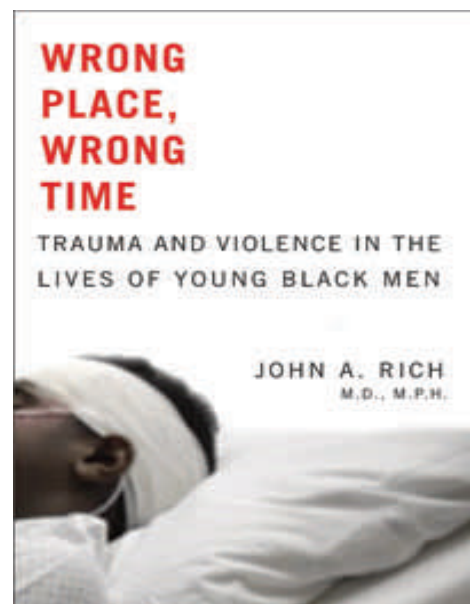
School District of Philadelphia

Staff of the Healing Hurt People program have developed a relationship with the Philadelphia School District. Staff met with the Chief of Staff to the Superintendent, the Chief of School Operations, the Deputy in the Office of School and Climate, and a representative from the Office of Specialized Services to talk about the work of Healing Hurt People and the school-related issues of our younger clients. Most of HHP's clients at St. Christopher's Hospital for Children present to the ER with school-related intentional injuries. This relationship with the School District is a critical one that they plan to foster in order to better serve our school-age clients. In April 2010, the Center has scheduled a trauma training with Dr. Sandra Bloom for 100 employees of the School District of Philadelphia's School-Based Social Services program (SBSS). The participants are Bachelor and Master level individuals who provide social service supports to children throughout the District.

HHP as a model for hospital-based violence interventions

Several hospitals have asked Healing Hurt People to consult with them about how to implement a violence intervention program or how to build upon existing violence intervention efforts. Currently, HHP is talking with hospital staff in Savannah, GA, Camden, NJ, and Brooklyn, NY.

Program Spotlight: Interview with Dr. John Rich, Director of the Center for Nonviolence & Social Justice



1) You've been interested in urban violence and racial disparities in health for a long time. Tell me how you first became involved in these issues.

I think it really started when I was growing up and my father was practicing dentistry in a relatively poor area in Queens, NY. My father had grown up in DC and had gone to dentistry school, and then had chosen to practice in an area where people were underserved. As I began my medical training, I began to see these disparities with my own eyes. I worked at Boston City Hospital and started thinking about how people got health care and what the public health implications were of [these disparities]. After a number of years there, I went to work at the health department at the City of Boston, and began to really think about public health approaches to health disparities.

2) Tell me a little about how you came to write Wrong Place, Wrong Time.

I began in the early 1990's doing qualitative research about what it was about getting injured that changed the lives of these individuals. I began hearing these stories, which contradicted the stereotypical notions that I, and others in the medical community, had. Our thought was that individuals who were getting injured were at fault, but what came out was this issue of trauma. These young men had been exposed to lots of trauma in their lives, and were continuing that cycle of violence.

3) How did the stories of these young African-American men inform the planning and development of Healing Hurt People?

A group of us came together who had the same perspective. Ted Corbin [Healing Hurt People Director and Emergency Physician] had many of the same experiences and insights, dealing with young people in the Emergency Department. A critical element was the development of the Center—we worked with Sandra Bloom, who has been working for 20 years in this field. Her model, the Sanctuary Model, is a framework for understanding trauma. The elements of the Sanctuary model are SELF—safety, emotions, loss, and future. It really informs what we are focusing on in terms of treating people. In addition to helping clients navigate the system and offering referrals to services, Healing Hurt People runs 10-week SELF groups. The first part, safety, focuses on how do you become psychologically safe, morally safe, and safe in groups. The second part, emotions, is obviously about dealing with the emotional impact of trauma. Then, loss—many of these young people have had losses in their lives and witnessed violence and loss is what these young people have to deal with. There is also the issue of loss around leaving the streets behind and making their way to other opportunities? Finally, the future—how do they envision a future in light of the traumatic circumstances they've been through. How do we help them identify a future beyond that trauma?

4) *What role can the medical community play to address these root causes of violence?*

My first thought is that we can transform our view of these young people by not so quickly stereotyping and putting them into categories. We need to shift away from the notion of “let’s make these young people do better” to asking what can WE do better. We need to be able to identify the trauma in their lives to prevent further trauma. We need to understand that trauma is a root cause of violence. We can do lots of shaking our fingers in people’s face, without understanding the social context and the level of trauma. A colleague of mine puts it like this—instead of asking “What’s wrong with this person?” we should ask “What happened to this person?” We should identify trauma-specific services for these people—groups, referrals to mental health services, and using a variety of approaches to treat trauma.

5) *What is the future for you and Healing Hurt People?*

I think we’re looking to establish the model by doing the kind of research that is evidence-based—using standardized assessment, looking at what works, what doesn’t work, replicating our work. We need to think about ways to engage these young people as co-participants so that young people who come through can develop their leadership capacity. The young people who have healed through their trauma are the best people to help others.

I think that what is powerful about the National Network is the thinking and learning from one another. We’ve created a learning community—one of the next steps we’ll all have to take on is how we deal with the trauma that we experience by working with victims of trauma. It’s hopeful to be part of a community that’s working together on this issue.

About Dr. John Rich

John A. Rich, MD, MPH, is Professor and Chair of Health Management and Policy at the Drexel University School of Public Health. He has been a leader in the field of public health, and his work has focused on serving one of the nation’s most ignored and underserved populations—African-American men in urban settings. In 2006, Dr. Rich was granted a MacArthur Foundation Fellowship. In awarding this distinction, the Foundation cited his work to design “new models of health care that stretch across the boundaries of public health, education, social service, and justice systems to engage young men in caring for themselves and their peers.” Prior to coming to Drexel, Rich served as the medical director of the Boston Public Health Commission. He earned his Dartmouth A.B. degree in English, his M.D. from Duke University Medical School, and his Master’s from the Harvard School of Public Health. He completed his internship and residency at the Massachusetts General Hospital and was a fellow in general internal medicine at Harvard Medical School. As a primary care doctor at Boston Medical Center, Rich created the Young Men’s Health Clinic and initiated the Boston HealthCREW, a program to train inner city young men to become peer health educators who focus on the health of men and boys in their communities. He received an honorary Doctor of Science degree from Dartmouth in 2007 and now serves on its Board of Trustees.

For more information on Healing Hurt People and the Center for Nonviolence & Wellbeing:

The Center for Nonviolence & Social Justice and Healing Hurt People’s website: <http://www.nonviolenceandsocialjustice.org/>

Dr. Ted Corbin and Dr. John Rich were interviewed on March 16th, 2010 on WHY?’s Radio Times. The interview can be heard on: <http://why.org/cms/radiotimes/2010/03/16/violence-and-trauma-in-the-lives-of-young-black-men/>

<http://www.sanctuaryweb.com/Main/Publication%20List.htm> (a list of resources related to the Sanctuary Model, developed by Dr. Sandra Bloom, upon which the Healing Hurt People model is based)

**THE NATIONAL
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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

For a listing of hospital-based violence intervention programs operating across the country, please click [here](#).

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