



In This Issue

- [Brief: Keys to Collaboration between Hospital-based Violence Intervention and Cure Violence programs](#)
- [2018 Healing Justice Alliance Conference – Registration Now Open](#)
- [Program Spotlight: Seeking Safety, Grand Rapids, MI](#)
- [In Case You Missed It](#)
- [Trauma-Informed Care Corner](#)
- [Funding Opportunities](#)
- [Research Desk](#)

Brief: Keys to Collaboration between Hospital-based Violence Intervention and Cure Violence programs



The most recent brief released by the Healing Justice Alliance takes an in depth look at the various ways that hospital-based violence intervention programs (HVIPs) and street outreach programs can form collaborations to more effectively interrupt violence and provide those at highest risk of involvement with the necessary support. The brief focuses specifically on the potential for how the two evidence-based models of HVIPs and Cure Violence can work collaboratively to strengthen intervention, prevention, and recovery services to those at highest risk for involvement in violence.

Based on the many years of experience of these programs and insight derived from interviews with several existing HVIP and street outreach program partnerships, the brief examines the compatibility of the two models in addition to the benefits, challenges, and models and guidelines for collaboration. As stated in the brief, “Because there is alignment and overlap

between these models, there is a critical opportunity to collaborate across the models, and to provide comprehensive wraparound services that address both upstream violence prevention and downstream violence intervention.” By expanding the network of professionals, mentors, and messengers involved in the prevention and intervention process, programs can build on existing opportunities to respond to the needs of those at highest risk both at the hospital and in the community.

This brief can be used as a tool for programs that already have a partnership between HVIPs and community-based street outreach programs and for those interested in expanding their reach through partnerships to effectively prevent future violence. As is highlighted time and time again, there is a significant need to increase collaboration, communication, and referral between programs effectively working at various points of intervention to provide comprehensive

[Subscribe](#)[Past Issues](#)[Translate ▼](#)

[Click here to view the brief](#), and for more information about HJA, please visit healingjusticealliance.org.

2018 Healing Justice Alliance Conference – Registration Now Open

It's that time of the year again! Registration is now open for the 2018 Healing Justice Alliance Conference.

The Healing Justice Alliance is the annual conference of the National Network of Hospital-based Violence Intervention Programs (NNHVIP), Cure Violence replication sites, and other health-based approaches to ending urban violence and supporting survivors. We invite you to join public officials, gang intervention workers, doctors, nurses, social workers, service providers, violence interrupters, administrators, researchers, philanthropists and community members - all committed to interrupting the cycle of violence and providing healing.

This year, the Healing Justice Alliance Conference is taking place September 13-14, 2018 in Denver, with a pre-conference networking event happening on September 12. General registration pays for the conference on September 13-14, and registrants can participate in pre-conference activities for an additional fee.



This year's theme is Treating the Symptom, Healing the Root, which will continue to draw on a diverse audience committed to breaking the cycle of violence, promoting healing and moving closer to equity in communities nationwide.

Early Bird Registration until June 26, 2018

MD registration (which includes Continuing Medical Education credits) at \$470, and \$495 after June 26. General Registration (non-Physician) at \$270, and \$295 after June 26.

Hotel Reservations

To reserve, click here for \$249/night discounted rate. Limited spots available, deadline is Monday, August 13, 2018 by 5pm local time.

To learn more about this year's conference and to stay updated, please visit the *new and improved NNHVIP website and [REGISTER NOW](#)*

Program Spotlight: Seeking Safety, Grand Rapids, MI

Interview with Shelley Seasly, Project Coordinator for Seeking Safety



Briefly introduce your program and the population that it serves:

The [Grand Rapids Modified Seeking Safety program](#) provides culturally informed, evidence based trauma support services to young men of color who have experienced trauma and victimization. We modified the original Seeking Safety curriculum so that is developmentally and culturally relevant for African American males.

When designing the Modified Seeking Safety program, the component from other successful programs in Grand Rapids were incorporated into the design such as using persons of lived

The program provides holistic wraparound support services to participants that do not currently exist for this population in Grand Rapids.

Services for program participants include:

- Comprehensive assessment
- 12 week Seeking Safety group-adapted to make it culturally and gender relevant, also considering learning styles of male participants
- Peer Support services (persons of lived experience)
- Support Coordination services (help with basic needs)
- Individual mental health and substance use disorder counseling as requested
- EMDR-an evidence based practice to reprocess trauma for a person that is having symptoms that interfering with life functioning (flashbacks)

What have you found to be the biggest need for this population and how has your program addressed that need?

Safety is a great need for the population we serve. Many of these young men have had multiple traumatic experiences and their lives have been and remain very complicated. Stabilizing their lives so that they can focus on treatment is one of the first goals we focus on. Housing is a huge issue in Grand Rapids but especially but for these young men, some of which may have a criminal history and may have a poor history of successful housing experiences. Finding resources in the community that are willing to provide housing to these young men has been a challenge but there has been some success. Wellhouse (an organization to assist with homelessness in the Grand Rapids community) has been one resource. 3:11 has been another housing resource that is particularly focused on young people has also been helpful.

Finding employment is another challenge. Our peer supports have been building relationships in the community which has led to employer's willingness to give these young men a chance. Hearthside is an employer that is need of people to work and often calls our Peer Supports directly when they need referrals of young men interested in work. We have also worked with another program called Job Start and temp agencies to help with job skills and employment.

What are you proudest of regarding your work through the SMSV grant?

We are extremely proud of the work and dedication that our team puts into supporting the community. The grant has allowed us to provide culturally relevant services to a population that has been disenfranchised. Having staff with lived experience increases our ability to engage with these young men who are typically overlooked by traditional service providers. We feel fortunate that we can provide a service to these young men for the length of the grant, now 5 years, so that over time we can "be there" during different points in their lives where they may need the support.

We are also proud of:

- Hearing about the successes and transformation some young men have made while being in the Seeking Safety program
- The number of young men that we have been able to reach
- Relationships that have been built in the community to work together to assist this demographic
- Determination and passion by the staff to assist these young men

What new relationship or resource have you found to help move your work forward?

The "Wrapping around" of different community members/businesses/organizations has led to assistance from a number of organizations. We have 10 MOUs with different organizations throughout the community. For instance, Job Corp has been providing referrals and also provided a site for groups. We have held 5 groups at Job Corps so far with continued interest. Other sites include Lifequest Ministries, [Steepletown](#) and [Baxter Community Center](#).

[Subscribe](#)[Past Issues](#)[Translate ▼](#)

assisting with resources and counseling, which may occur on site. Covenant House Academy South East Career Pathways, and more recently Alger Middle School have been some of the school sites. Recently, Juvenile Probation Officers have been referring young men into the Seeking Safety program, recognizing the level of trauma that these young people have experienced and hoping that our involvement will keep their probationers on track and avoiding further legal problems.

Other community partners include:

- Meritage (Wendy's)-provides meal cards, have done practice interviews with the young men, and have been hiring some of the young men
- Realism is Loyalty- provides emergency needs (hotel room to avert a crisis, boots and/or clothes for a new work opportunity)
- Local churches providing holiday baskets
- Hall Street Deli-providing at cost pizzas for Seeking Safety group
- BP- has provided financial donations to help with basic needs
- Local barbershops providing free haircuts

What is something positive a client or partner said about your work related to the SMSV grant?

Participants, family members, and staff at different sites have expressed gratitude for providing the Seeking Safety program and have noticed a difference the program has made.

What have you learned that you will carry with you as you continue this work?

We have had numerous opportunities to learn from other programs on how they are addressing trauma and other issues for young African American men in their communities. This grant has also provided the Seeking Safety program with learning opportunities to apply what we can to programming. We have also had trainings from professionals working with young African American males to assist us in reaching and maintaining engagement with this population.

COMMUNICATIONS CORNER

Linking Trauma and Racial Justice on Twitter



Trauma and racism are closely linked, but is that message coming through on social media? A Twitter

analysis on #blacklivesmatter and childhood trauma from BMSG reveals there are gaps in making the connection between these social justice issues, and provides recommendations to shape the social media conversation.

Here's one of them: "When you see a Tweet that deals with the impacts of childhood exposure to racism, amplify it. A Retweet will elevate the voices of the user, and commenting on the Retweet allows you to add context or commentary."

Read [our blog](#) for more tips on using twitter to amplify the connection between trauma and

NEXT WEBINAR

Keys to Collaboration between Hospital-based Violence Intervention and Cure Violence Programs

Wed., July 11, 2018 | 3:00 - 4:30 pm [NEXT WEEK!]



The most recent brief released by the Healing Justice Alliance takes an in depth look at the various

ways that hospital-based violence intervention programs (HVIPs) and street outreach programs can form collaborations to more effectively interrupt violence and provide those at highest risk of involvement with the necessary support. The brief focuses specifically on the potential for how the two evidence- based models of HVIPs and Cure Violence can work collaboratively to strengthen intervention, prevention, and recovery services to those at highest risk for involvement in violence. During this webinar,

Subscribe

Past Issues

Translate ▼

opportunities and collaborative aspects of these two models and explore examples of how some programs have already started cultivating these partnerships. Participants will learn how to build this kind of partnership within their own programs and some key points to consider in order to provide successful and comprehensive wraparound prevention and intervention services. [Register now!](#)



In Case You Missed It

Violent Injury Case Reviews: Creating systems change

Last month's webinar was an important look at programs that have successfully implemented a Nonfatal Violent Injury Review Panel as a means to increase interagency collaboration and respond to the needs of youth who are violently injured. This model serves as a best practice guide for how systems can work more effectively to prevent violent reinjury and provide a coordinated continuum of care to support youth and their families. [You can listen to the recording here.](#) (password is EndViolence1)

“Public health is the collective effort of a society to create the conditions in which people can be healthy; relative to violence, the public health approach has never been fully implemented.”

— Dr. David Satcher, 2015 Kelly Report

Have you educated people on what the full health approach to preventing violence looks like - covering all sectors in your community? Here's how you can act now:

- [Share this infographic](#) with your colleagues
- [Share this summary of the health system](#) with people in your community

In the News

[What if we treated violent crime the way we treat Ebola?](#)

Washington Post

[Louisville must treat violence like a public health issue](#)

Courier Journal

[CNN Hero Dr. Rob Gore](#)

CNN

[Health systems teams up with YouTube to stop violence](#)

KMTV

[Preventing Gun Violence, One Street at a Time](#)

NY City Lens

[Treating violence like a disease: Grand Rapids considers new approach](#)

MLive.com

[Treat gun violence like public health issue, Kent ISD School Board says](#)

MLive

[How Living in](#)

[Violent Communities Can Affect Children's Behavior](#)

The Independent

[Doctors come together to address gun violence as public health issue](#)

My Northwest

[10 Modest Steps to Cut Gun Violence](#)

New York Times

Trauma-Informed Care Corner

Our work in violence intervention brings us into connection with some of the basic needs and longings of human beings. For example, there is the need for safety and the creation of a future that maintains that safety and makes room for reaching beyond safe base to connect youth with their goals and longings. A recent presentation by Dr. Howard C. Stevenson, University of Pennsylvania professor and researcher on negotiating racial conflicts using racial literacy skills, used an African proverb to capture and reflect the difference between belonging and fitting in. The proverb goes, “The lion’s story will never be known as long as the hunter is the one to tell it.” He distinguished between “belonging”—an acceptance of MY difference and confidence in my competence and “fitting in”—dependence on OTHERS’ acceptance of me, my difference, my competence. He emphasized that belonging is about creating your own story and that fitting in often involves shape shifting to fit into another’s story of me. He concluded that belonging is the lion’s story while fitting in is the hunter’s story. Our violence prevention and intervention work is enriched by an understanding of the longing youth have for belonging and by expecting ourselves to think deeply about the ways we might help them fill their longings without losing themselves to others’ definitions of who they are. For our mostly brown and black youth that is a complex endeavor as the culture is filled with narratives about who they are predominantly told by “the hunter.” Dr. Stevenson advocates for going beyond racial conversations, critical though they are to understanding and appreciating difference, to developing a “racial literacy” that not only helps youth develop a sense of belonging but promotes healing of the still present racial divides and discrimination via listening to the lion tell the story.



For more information on this topic:

[Howard C. Stevenson at TEDMED, 2017. How to resolve racially stressful situations. www.ted.com](http://www.ted.com)

Funding Opportunities

JRM Construction Management – New York

[2018 Community Impact Grants](#)

Amount: up to \$20,000

Deadline: August 31, 2018

To be eligible, projects must take place in New York City, Westchester County, or Long Island, New York. Proposals from national organizations will be considered as long as they have a local presence. Through the program, JRM will award four grants of up to \$20,000 each to nonprofit organizations working in one of three focus areas: health, education and/or youth services, or housing and food security. The Health category supports organizations or projects dedicated to supporting the physical, mental, and social well-being of individuals and communities. Grants may be used for program/project support or for general operating support.



The Laura and John Arnold Foundation

[Demonstrating the Power of Evidence-Based Programs to “Move the Needle” on Major U.S. Social Problems](#)

Amount: approx. \$50,000 to \$500,000

Deadline: Rolling

The Laura and John Arnold Foundation’s (LJAF) Moving the Needle initiative seeks to spur expanded implementation of such programs in order to make significant headway against U.S. social problems. Specifically, the initiative is designed to encourage state or local jurisdictions, or other entities, to:

- (i) Adopt social programs shown in well-conducted randomized controlled trials (RCTs) to produce large, sustained effects on important life outcomes;
- (ii) Implement these programs on a sizable scale with close adherence to their key features; and
- (iii) Determine, through a replication RCT, whether the large effects found in prior research are successfully reproduced so as to move the needle on important social problems.

Research Desk

Levas MN, Hernandez-Meier JL, Kohlbeck S, Piotrowski N, Hargarten S. Integrating Population Health Data on Violence Into the Emergency Department: A Feasibility and Implementation Study. *J Trauma Nurs.* 2018;25(3):149-158. doi: 10.1097/JTN.0000000000000361.

evaluation of novel interventions for the prevention of violence in cities outside of the United States. First implemented in Cardiff, United Kingdom, collection of these data provides public health agencies, community organizations, and law enforcement with place-based information on assaults. The purpose of this study was to assess the feasibility of translating this model within the electronic medical record (EMR) in the United States. A new EMR module based on the Cardiff Model was developed and integrated into the existing ED EMR. Data were collected for all patients reporting an assaultive injury upon arrival to the ED. Emergency department nurses were subsequently recruited to participate in 2 surveys and a focus group to evaluate the implementation and to provide qualitative feedback to enhance integration. Nurses completed EMR questions in 98.2% of patients reporting to the ED over the study period. More than 90% of survey respondents were satisfied with their participation, and most felt that the questions were useful for clinical care (79/70%), were integrated well into workflow (89/90%), and were congruent with the ED and hospital goals and mission (93/98%). Focus group themes centered on ED culture, external factors, and internal workflow. It is feasible to implement place-based, assault-related injury-specific questions into the EMR with minimal disruption of workflow and triage times. Nurses, as key members of the ED team, are receptive to participating in the collection of population health data that may inform community violence prevention activities.



Laytin AD, Shumway M, Boccellari A, Juillard CJ, Dicker RA. Another “Lethal Triad”- Risk Factors for Violent Injury and Long-Term Mortality Among Adult Victims of Violent Injury. J Emerg Med. 2018;54(5):711-718. doi: 10.1016/j.jemermed.2017.12.060. <https://www.ncbi.nlm.nih.gov/pubmed/29665985>

Mental illness, substance abuse, and poverty are risk factors for violent injury, and violent injury is a risk factor for early mortality that can be attenuated through hospital-based violence intervention programs. Most of these programs focus on victims under the age of 30 years. Little is known about risk factors or long-term mortality among older victims of violent injury. To explore the prevalence of risk factors for violent injury among younger (age < 30 years) and older (age 30 ≥ years) victims of violent injury, to determine the long-term mortality rates in these age groups, and to explore the association between risk factors for violent injury and long-term mortality. Adults with violent injuries were enrolled between 2001 and 2004. Demographic and injury data were recorded on enrollment. Ten-year mortality rates were measured. Descriptive analysis and logistic regression were used to compare older and younger subjects. Among 541 subjects, 70% were over age 30. The overall 10-year mortality rate was 15%, and was much higher than in the age-matched general population in both age groups. Risk factors for violent injury including mental illness, substance abuse, and poverty were prevalent, especially among older subjects, and were each independently associated with increased risk of long-term mortality. Mental illness, substance abuse, and poverty constitute a “lethal triad” that is associated with an increased risk of long-term mortality among victims of violent injury, including both younger adults and those over age 30 years. Both groups may benefit from targeted risk-reduction efforts. Emergency department visits offer an invaluable opportunity to engage these vulnerable patients.

Culyba AJ, Miller E, Ginsburg KR, Branas CC, Guo W, Fein JA, Richmond TS, Halpern-Felsher BL, Wiebe DJ. Adult Connection in Assault Injury Prevention among Male Youth in Low-Resource Urban Environments. Journal Of Urban Health: Bulletin Of The New York Academy Of Medicine. 2018;95(3):361-371. doi:10.1007/s11524-018-0260-8. <https://www.ncbi.nlm.nih.gov/pubmed/29700679>

Strengths-based strategies to reduce youth violence in low-resource urban communities are urgently needed. Supportive adolescent-adult relationships may confer protection, but studies have been limited by self-reported composite outcomes. We conducted a population-based case-control study among 10- to 24-year-old males in low-resource neighborhoods to examine associations between supportive adult connection and severe assault injury. Cases were victims of gunshot assault injury (n = 143) and non-gun assault injury (n = 206) from two level I trauma centers. Age- and race-matched controls (n = 283) were recruited using random digit dial from the same catchment. Adolescent-adult connections were defined by: (1) brief survey questions and (2) detailed family genograms. Analysis used conditional logistic regression. There were no significant associations between positive adult connection, as defined by brief survey questions, and either gunshot or non-gun assault injury among adolescents with high prior violence involvement (GSW OR = 2.46, 95% CI 0.81-7.49; non-gun OR = 1.59, 95% CI 0.54-4.67) or low prior violence involvement (GSW OR = 0.92, 95% CI 0.34-2.44; non-gun OR = 1.96, 95% CI 0.73-5.28). In contrast, among adolescents with high levels of prior violence involvement, reporting at least one supportive adult family member in the family genogram was associated with higher odds of gunshot assault injury (OR = 4.01, 95% CI 1.36-11.80) and non-gun assault injury (OR = 4.22, 95% CI 1.48-12.04). We were thus unable to demonstrate that positive adult connections protected adolescent males from severe assault injury in this highly under-resourced environment. However, at the time of injury, assault-injured adolescents, particularly those with high prior violence involvement, reported high levels of family support. The post-injury period may provide opportunities to intervene to enhance and leverage family connections to explore how to better safeguard adolescents.

Goldstick JE, Bohnert KM, Davis AK, Bonar EE, Carter PM, Walton MA, Cunningham RM. Dual Trajectories of Depression/Anxiety Symptoms and Alcohol Use, and their Implications for Violence Outcomes Among Drug-Using Urban Youth. Alcohol And Alcoholism. ePub ahead of print. doi: 10.1093/alcalc/agy036. <https://www.ncbi.nlm.nih.gov/pubmed/29846511>

This paper examines dual trajectories of anxiety/depression symptoms and alcohol use among drug-using

[Subscribe](#)[Past Issues](#)[Translate ▼](#)

depression/anxiety symptom trajectories. Individuals with concurrently high-alcohol use and depression/anxiety symptom trajectories reported that the most delinquent peer affiliations, and had the highest rates of severe violence over time.

We analyzed data from 599 drug-using (primarily marijuana) youth ages 14-24 (349 assault-injured) recruited from December 2009 to September 2011 into a 24-month longitudinal study at a Level-1 ED in Flint, Michigan. Youth self-reported substance use, depression and anxiety symptoms, peer/parental behaviors, and severe violence involvement at baseline and four biannual follow-up assessments. Bivariate latent trajectory models identified homogeneous groups with similar trajectories on alcohol use and anxiety/depression symptoms; we compared baseline characteristics of each trajectory group and concurrent trajectories of severe violence (victimization and aggression). Our model identified five trajectory groups: Low drinking/No symptoms (LN; 10.4%; n = 62), No drinking/Moderate symptoms (NM; 15.7%; n = 94), Low drinking/Moderate symptoms (LM; 30.2%; n = 181), Low drinking/High symptoms (LH; 16.4%; n = 98) and High drinking/High symptoms (HH; 27.5%; n = 164). The HH group was characterized by more delinquent peer associations, and rates of community violence were higher among the high symptom groups. The HH group had the highest severe violence perpetration and victimization rates across time points; the LH group had similar violence rates to the LM and NM groups and the LN group had the lowest violence rates across time. Among drug-using youth, alcohol use interventions could benefit from a focus on peer influences, and those with a joint focus on violence involvement may be improved via inclusion of content related to mental health and community violence exposure.

Scarlet S, Rogers SJ. What Is the Institutional Duty of Trauma Systems to Respond to Gun Violence?. *AMA Journal Of Ethics*. 2018;20(5): 483-491. doi: 10.1001/journalofethics.2018.20.5.msoc2-1805. <https://www.ncbi.nlm.nih.gov/pubmed/29763395>

In the past, trauma centers have almost exclusively focused on caring for patients who suffer from physical trauma resulting from violence. However, as clinicians' perspectives on violence shift, violence prevention and intervention have been increasingly recognized as integral aspects of trauma care. Hospital-based violence intervention programs are an emerging strategy for ending the cycle of violence by focusing efforts in the trauma center context. These programs, with their multipronged, community-based approach, have shown great potential in reducing trauma recidivism by leveraging the acute experience of violence as an opportunity to introduce services and assess risk of re-injury. In this article, we explore the evolving role of trauma centers and consider their institutional duty to address violence broadly, including prevention.



This newsletter is funded in part through a grant from the Office for Victims of Crime, Project # 2015-VF-GX-K025, Office of Justice Programs, U.S. Department of Justice. Neither the U.S. Department of Justice nor any of its components operate, control, are responsible for, or necessarily endorse, this Web site (including, without limitation, its content, technical infrastructure, and policies, and any services or tools provided).

Copyright © 2018 Healing Justice Alliance, All rights reserved.

Want to change how you receive these emails?

You can [update your preferences](#) or [unsubscribe from this list](#)

