



Community Connections

**Reducing Violence in
Our Communities**



**American Hospital
Association®**

Reducing Violence in Our Communities



Violence impacts nearly every community in America, shattering bodies and lives.

The caregivers who work in America's hospitals see first hand the devastating effects violence can have as they care for victims. Because of this, violence prevention and intervention programs have increasingly become a part of the care and treatment that hospitals provide to, what are too often, young victims.

Engaging with patients and their families while victims are still recovering in the hospital is an opportune time to connect, educate and influence what can often become a cycle of violence. Many hospitals are working with community partners to provide these patients with a variety of services, such as “peer” counseling, access to social resources and life-skills coaching. These types of interventions can change lives and reduce retaliation and recidivism rates.

This Community Connections resource contains a sampling of case examples that illustrate the many ways in which hospitals are leading and engaging in innovative and replicable community outreach programs that focus on violence prevention.

Reducing Violence in Our Communities



R. Adams Cowley Shock Trauma Center University of Maryland Medical Center – Violence Intervention Program (VIP)

Baltimore, MD

What is it? VIP is an intensive hospital-based intervention program that assists victims of intentional violent injury. Victims receive assessment, counseling and social support from a multi-disciplinary team. The program model embraces four basic phases of change for program participants: Stabilization, Recovery and Rehabilitation, Community Reintegration, and Self-Reliance and Referral. The priorities for intervention include safety issues such as retaliation, domestic violence and risk-taking behavior; medical, mental and social adjustment; healthy coping skills; and connection to community-based services. The priorities for intervention are incorporated into the four phases of change.

Who is it for? At-risk community members – adult and youth – and victims of violent injuries and their families.

Why do they do it? The program is designed to reduce the frequency and the severity of recidivism for violent injury and criminal activity among persons living in and around Baltimore.

Impact: The program model is strongly rooted in evidence-based research. In 2000, a study of program participants found that VIP clients had an 83% decrease in repeat hospitalization, a 66.7% decrease in violent crime and an 82% employment rate at the time of follow-up (compared to a 20% rate for those not in the program).

Contact: Ruth Adeola RN, MS
Violence & Injury Prevention
Program Coordinator

Telephone: 410-328-9601 Office
410-303-4839 Cell

E-mail: radeola@umm.edu

Virginia Commonwealth University Medical Center – Bridging the Gap

Richmond, VA

What it is? Bridging the Gap is a combined hospital-community youth violence prevention program designed to reduce the risk of re-injury of patients who have been hospitalized with violence-related injuries. While an inpatient, the young person receives a brief hospital-based intervention that provides an opportunity to review the incident, review conflict-resolution strategies, increase the patient's awareness of risk factors for recidivism, explore coping skills, develop a safety plan and connect with community agencies that provide services to patients and their families. Post discharge, a case manager provides intensive youth and family case management services for six months in partnership with community organizations in order to offer families the support needed to break the cycle of violence.

Who it is for? Richmond area youths, ages 10-24, who have been hospitalized with violence-related injuries including gunshot wounds, stab wounds and assault injuries.

Why do they do it? Richmond has a high rate of violence and intentional injury among youth. The homicide firearm fatality rate for youths under the age of 25 in Richmond significantly exceeds both state and national rates. A significant number of youth hospitalized for an intentional injury continue on a trajectory that places them at risk for re-victimization or re-injury.

Impact: In addition to supporting and facilitating appropriate follow up health care post-discharge, Bridging the Gap has assisted youths and their families to find housing, enroll in educational and vocational programs, and access mental health services. Each family receives intensive case management for six months in order to offer them the support needed to break the cycle of violence. Currently more than 50 youths have participated in this program.

Contact: Anne Jordan, MSW
Violence Prevention Coordinator

Phone: 804-827-1704

E-mail: jordana2@vcu.edu





Reducing Violence in Our Communities

Catholic Health Initiatives (CHI) – United Against Violence

Denver, CO

What it is? In 2008 CHI introduced the United Against Violence initiative, the first-of-its-kind to be sponsored by a national non-profit health system. This program is the health system's formal commitment to violence prevention. It provides funding and support to help CHI's local hospitals create or expand violence prevention programs in the communities they serve. United Against Violence provides millions of dollars in grants to support violence prevention programs in local hospitals. These programs address many forms of violence, including child abuse, youth dating violence, gang violence and domestic violence.

Who it is for? All CHI hospitals and the patients and communities they serve.

Why do they do it? The epidemic of violence in America is killing tens of thousands of people each year, destroying families and tearing apart entire communities. CHI is committed to creating and promoting a culture of non-violence as an essential element of healthy communities and a healthier society. CHI's advocacy for non-violence builds on a rich legacy of its founding congregations. Their work includes: public policy initiatives, community-based programs, sharing of leading practices, external networking and socially responsible investing.

Impact: This work is having a positive effect in communities across the health care system. Just one of many examples is Sankofa, a gang violence prevention program in Grand Island, NE, supported by Saint Francis Medical Center. The program registered 56 students and has been meeting since February 2013 in an effort to keep at-risk youth away from gangs and violence.

Contact: Diane Jones
Vice President for Healthy Communities

Telephone: 303-298-9100

E-mail: dianejones@catholichealth.net

Boston Medical Center (BMC) – Violence Intervention Advocacy Program (VIAP)

Boston, MA

What is it? The VIAP was created by BMC physicians along with community partners to better equip victims of violence with the skills and services they need to return to their communities and avoid future high-risk situations. VIAP staff conduct assessments to determine the patients' risk for recurring violence and the social services they will need after discharge and then services are arranged to align with patients' recovery and development levels. For example, some patients simply engage in a dialogue about peaceful alternatives to violence, while others need short-term inpatient outreach or long-term case management. The program also connects patients with counseling, job training and safety education.

Who it is for? Patients and families who have experienced or been impacted by a violent crime.

Why do they do it? The goal of the program is to strengthen the local communities and significantly reduce the number of return victims of violence in BMC's emergency department.

Impact: Each year, approximately 400 patients between the ages of 15 and 30 go through BMC's VIAP, and reports indicate that VIAP reduced gunshot wound recidivism by about 30% from 2007 to 2012 and stab wound recidivism by about 49% from 2007 to 2012. BMC is now looking for ways to sustain the program internally by offering more services in-house, such as life skills training and alumni meeting groups. The hospital also is working to develop relationships with local corporations as a way to support an in-house job readiness training program.

Contact: Thea James, M.D.
Emergency Physician

Telephone: 617-414-3564

E-mail: thea.james@bmc.org

Reducing Violence in Our Communities



United General Hospital – Sedro-Woolley Interpersonal Violence Prevention Project (SWIVPP)

Sedro-Woolley, WA

What it is? SWIVPP is a collaborative, multi-tiered effort to prevent and reduce youth violence within the Sedro-Woolley School District. What began as a one-year pilot project can now be replicated in other schools and school districts by incorporating the following strategies and activities:

- Monthly SWIVPP Board meetings (invite 15-20 parents, teachers, counselors, coaches, social service providers, juvenile justice representatives, community coalitions, health care professionals and others).
- Coaching Boys into Men (CBIM) training program for high school coaches – reaching male athletes with a social norms-based program intended to alter norms that foster interpersonal violence, promote bystander intervention and reduce interpersonal violence by engaging athletic coaches as positive role models to deliver violence prevention scripts and tools to athletes.
- Additionally, through this program the hospital coordinated a community Film and Forum Workshop for Professionals, as well as dating-violence prevention media materials including posters and public service announcements for radio.

Who it is for? High school and middle school students in the Sedro-Woolley community. Program includes education and training for middle and high school peer educators, coaches, teachers, etc.

Why do they do it? With youth violence appearing on the 2010 Skagit County Healthy Youth Survey, this program works to provide prevention and early intervention information, resources and support for the Skagit County communities to reduce the impact and incidence of the abuse of alcohol, tobacco, other drugs and violence through community organization and mobilization.

Impact: Close to 1,000 students have been reached in school and community settings.

Contact: Marjorie Bell
Program Coordinator

Telephone: 360-856-7372

E-mail: Marjorie.bell@unitedgeneral.org

Northwestern Memorial Hospital – CeaseFire Chicago, IL

What is it? As a CeaseFire partner site, Northwestern Memorial Hospital's emergency department is staffed with violence interrupters who are trained to intervene and minimize the risk of retaliation or repeat injury following a violent incident.

This [evidence-based violence prevention strategy](#) provides the tools necessary to not only treat the physical injuries, but also address the psychosocial needs of patients. After life-threatening injuries are addressed, the CeaseFire Hospital Response Coordinator is notified a violence interrupter is dispatched to the hospital while concurrent intervention takes place at the street level. The violence interrupters are familiar with the ongoing issues in the neighborhoods and are able to determine who else might be affected; the intervention isn't always intended for the patient. Another important goal is to decrease retaliation and repeat injuries.

Who is it for? Community members — patients and families — who have been injured or impacted by violence.

Why do they do it? Northwestern Memorial Hospital's emergency department treats approximately 1,200 traumas annually, one third of which are related to shooting or stabbing incidents. Often patients with violence-related injuries are at risk for perpetrating violence or associated with individuals who will retaliate on their behalf. By offering immediate intervention to minimize the risk factors associated with a shooting, Northwestern Memorial and CeaseFire hope to reduce violence.

Impact: Northwestern Memorial Hospital considers trauma a teaching opportunity; because these patients have been touched by mortality, it helps them reflect and be more open to violence interrupters who use this opportunity to impact patients and help them down another path. As a CeaseFire partner site, the hospital is better equipped to respond to the social aspect of violence-related injuries using an evidence-based public health approach to preventing shootings and killings. Learn more about the CeaseFire approach: <http://cureviolence.org/violence-interruption/>.

Contact: Marie Crandall, MD
Trauma Surgeon at Northwestern Memorial Hospital, Associate Professor of Surgery at Northwestern University Feinberg School of Medicine

Telephone: 312-695-4835

E-mail: mcrandall@northwestern.edu





Reducing Violence in Our Communities

Massachusetts General Hospital Chelsea HealthCare Center – Police Action Counseling Team (PACT)

Chelsea, MA

What is it? Established in 1998, the PACT program arranges for Massachusetts General Hospital clinical social workers to ride along with Chelsea police officers responding to 911 calls where children are present. In an effort to reduce the effects of trauma, social workers provide immediate, on-scene intervention to children who are victims of violence or have witnessed violence. PACT social workers also work with parents to educate them about the consequences of violence and help them access ongoing medical and mental health care. The social workers are available to Chelsea police 24 hours a day, seven days a week. The program is funded by the Massachusetts General Hospital Community Benefit Program.

Who is it for? Children and their families who have been exposed to violent behavior or traumatic events.

Why do they do it? Early attention is given to children who experience or witness family and community violence in an effort to reduce the effects of trauma on these children. Ultimately, PACT's goal is to interrupt the devastating cycle of family and community violence.

Impact: Since the program's inception, PACT clinicians have served 1,867 children. In FY 2012, clinicians and police officers collaborated on 137 cases involving children exposed to violence. PACT clinicians have participated in police training on topics including police suicide, death notification and culturally informed interventions with immigrant populations. PACT also participates in the newest police initiative, CASA Divert, a program engaging all community agencies to target domestic violence offenders in the service of the safety of children and families. PACT police and clinical staff presented a half-day conference at Anna Maria College, Paxton, MA, in 2011 to an audience of social work and law enforcement students and local professionals.

Contact: Georgia Green, LICSW
PACT Clinical Director

Telephone: 617-889-8543

E-mail: ggreen1@partners.org

Wishard Health Services – Prescription for Hope

Indianapolis, Indiana

What is it? The Prescription for Hope program was created because the hospital felt they were releasing patients – specifically those with gun, stabbing or assault wounds – back into the same environments in which their injuries occurred and without intervention those patients are likely to return with a similar injury. Wishard teams up with various community partners to develop health, education and employment opportunities for program participants that help these patients develop effective life skills for responsible behavior and reduce repeated criminal activity, arrest and traumatic injury and create safer homes and neighborhoods.

Who is it for? Prescription for Hope is an initiative geared toward Marion County residents who have been involved in criminal behaviors or violent personal injury and are at an increased risk for recurrence. The program also reaches Wishard patients who are recovering at the trauma center from gunshot wounds, stabbing or other assaults are encouraged to enroll in Prescription for Hope before leaving the hospital.

Why do they do it? By implementing a number of violence prevention programs, including Prescription for Hope, Wishard is working to reduced recidivism (repeat behaviors) for patients who have been in the hospital due to a violent injury and in doing so are hoping to create a safer, less violent community.

Impact: The hospital saw significant results during the first three years of the program; enrolling 174 patients and 83 family members in the program. During this same period, only 3.1% of patients have returned to the hospital with a similar traumatic injury, compared to the over 30% return rate prior to the program.

Contact: Gerardo Gomez, M.D.
Trauma Chief and Medical Director,
Prescription Hope

Telephone: 317-630-7186

E-mail: ggomez@iupui.edu

Reducing Violence in Our Communities



Crozer-Keystone Health System – New Pathways

Springfield, PA

What is it? This program provides intensive behavioral health treatment in the public school setting. Blending education with constant specialized mental health support, the 12-month program focuses on instilling confidence, self-worth and positive coping skills. Students are required to attend school 12 months a year; the program does not suspend or expel students. Children are expected to transition back to their home classrooms.

Who is it for? Children in kindergarten through eighth grade who exhibit severe and high-risk social and emotional disturbances in the school district; students for whom there are no other special education options other than out-of-district school placement.

Why do they do it? The community is impoverished, with high rates of violence, crime, addictions and illness.

Impact: Since 2008, more than 100 students have passed through the program, gaining control over obstacles to success, garnering self-confidence and experiencing academic achievement.

Contact: Colleen Healy
Director Clinical Outreach
Dept. of Psychiatry

Telephone: 610-619-8441

E-mail: colleen.healy@crozer.org

Northwest Hospital – Domestic Violence (DOVE) Program

Randallstown, MD

What is it? DOVE provides 24/7 crisis intervention to victims of domestic violence in the emergency department, complete documentation of physical and psychological injuries, referrals to community and legal resources, as well as follow-up case management, support groups and counseling. Staff includes crisis interventionists, a forensic nurse, case managers and a psychotherapist.

Who is it for? Area victims of domestic violence.

Why do they do it? The hospital's service area has a high rate of domestic violence. In 2009 alone, nearly 1,600 incidents were reported to police.

Impact: DOVE has experienced a 20-fold increase in victims identified by hospital staff and local police: from 24 victims in 2004 to 536 victims in 2010. All DOVE clients are offered assistance to develop and implement a safety plan and are provided with forensic and medical records for court proceedings.

Contact: Audrey Bergin
DOVE Program Coordinator

Telephone: 410-496-7555

E-mail: abergin@lifebridgehealth.org





Reducing Violence in Our Communities

UMass Memorial Health Care – Healthy Options for Prevention and Education (HOPE) Coalition

Worcester, MA

What it is? The HOPE Coalition is a teen-led group that aims to increase youth leadership, involve more youth in decision-making processes and reduce youth violence, substance abuse and smoking in order to make the City of Worcester a healthier place for young people to live and grow.

Who it is for? Area youth and the broader city of Worcester.

Why do they do it? UMass Memorial Health Care has a strong commitment to preventing youth violence and HOPE presented an excellent opportunity for the organization to support its commitment while partnering with other stakeholders.

Impact: At-risk youth are a priority for UMass Memorial Community Benefit programming and the hospital credits HOPE with reducing youth violence and smoking while nurturing youth leadership. UMass Memorial's participation is part of a long-term commitment to area youth – through both improving their health and valuing their voice.

Contact: Monica Lowell
Vice President Community Relations

Telephone: 508-334-7640

E-mail: monica.lowell@umassmemorial.org

About Community Connections



America's hospitals are about people taking care of people, often at the most vulnerable times in their life — a responsibility hospitals take very seriously. Hospitals are a vital part of their communities, and the services they provide extend well beyond the four walls of the hospital. They are working not just to mend bodies, but also to make their patients and communities healthier — bringing free clinics, job training, smoking cessation classes, back-to-school immunizations, literacy programs and so many other resources, often with little fanfare, directly to the people of the community.

As hospitals address growing and changing health care needs, along with the changing landscape of health care delivery, effectively connecting with their communities— with their patients, with their caregivers and with their neighbors – will become increasingly more important.

Hospitals alone will not be able to meet all of the varied health care and social needs within their communities, but through connecting, working and partnering with other community organizations, wonderful results can occur. The strength and scope of a hospital's ability to care for its community are substantially leveraged and enhanced through collaborative projects and partnerships made up of hospitals and other organizations working together to meet the health needs and improve the health status of the community.

Community Connections is a long-term initiative of the American Hospital Association (AHA) that was created to support and highlight the work hospitals do every day in America. It is the hope of the AHA that the concept of Community Connections will be an anchoring theme as hospitals formulate their own effective strategies for listening, communicating and collaborating with their communities.



American Hospital Association

155 North Wacker Drive
Chicago, IL 60606

Liberty Place
325 Seventh Street, NW
Washington, DC 20004-2802

www.aha.org
(800) 424-4301

© 2013 American Hospital Association
September 2013



**American Hospital
Association®**