

HVIPS

Hospital-based violence intervention programs (HVIPs) - Multidisciplinary programs that combine the efforts of medical staff with trusted community-based partners to provide safety planning, services, and trauma-informed care to violently injured people, many of whom are boys and men of color.

Retaliation and recidivism reduction - Engaging patients in the hospital during their recovery is a golden opportunity to improve lives and reduce retaliation and recidivism. The support network continues once patients are released with a pathway for outpatient care and other services.

Targeted approach - Instead of waiting for the patient to seek care, HVIPs bring trauma-informed care to the patient while in a hospital-based setting.

Trauma informed care - An approach to a patient's care that acknowledges that health care organizations and care teams recognize a complete picture of a patient's life situation, both past and present, to effectively provide health care services with a healing-oriented goal and avoids re-traumatization. *

Teachable moment - Victims of interpersonal violence are at elevated risk for re-injury and violence perpetration, thus reaching them during these "teachable moments" is key to a successful hospital-based intervention. Several studies have demonstrated that individuals are particularly receptive to interventions that promote positive behavior change at these moments in healthcare settings.

Services offered - Victims are provided links to community-based services, mentoring, home visits, follow-up assistance, and long-term case management during these interventions. HVIPs also work to identify and reduce risk factors, such as substance misuse and chronic unemployment, and promote protective factors, such as social support, job readiness, and educational attainment.

Linkage - HVIPs are multidisciplinary programs that identify patients at risk of repeat violent injury and connect them with hospital- and community-based resources aimed at addressing underlying risk factors for violence.

1. **Intervention:** Begins with a brief intervention in the emergency department or at the hospital bedside.
2. **Care:** Followed by intensive, long-term community-based case management services in the months following the injury.
3. **Follow up Services:** Crisis intervention, linkages to community-based services, mentoring, home visits, follow-up assistance, and long-term case management are provided by culturally competent frontline workers who are from the same or similar communities as the clients they serve.

4. **Addressing Social Determinants of Health:** HVIPs elevate the issues of the revolving door of violence while addressing inequity and building partnerships with communities and survivors of violence.

Social Determinants of Health - Conditions in places where people live, learn, work, and play affect a wide range of health risks and outcomes, according to the Centers for Disease Control and Prevention.

Importance of Violence Prevention Professionals (VPPs)

Many high-risk people who have suffered violent injuries are extremely distrustful of mainstream institutions like the healthcare and criminal justice systems. Using a trauma-informed approach, VPPs can often break through this distrust.

These highly trained paraprofessionals, who often come from communities in which they are working, can quickly engage violently injured patients and their families in the emergency department, at the hospital bedside, or soon after discharge.

After gaining trust and introducing the program, violence prevention professionals work with clients and their families to develop a plan for after their discharge that meets their immediate safety needs, provides services, and establishes goals. This form of intensive case management promotes survivors' physical and mental recovery while also improving their social and economic conditions and proven by long-term tracking data.

Since the introduction of the first HVIP in the mid-1990s, this successful model has continued to proliferate across the country. To date, there are over 40 member programs across the United States and in three other countries, dozens of emerging programs, and a community of more than 350 practitioners, researchers, and policymakers who meet annually.

HVIPS were formed under the auspices of The Health Alliance for Violence Intervention (The HAVI), whose mantra is: Together, we can reframe violence as a preventable healthcare issue that can be transformed through trauma-informed care in partnership with communities.

Cure Violence Global

Cure Violence stops the spread of violence by using the three methods and strategies associated with disease control:

1. Detecting and interrupting conflicts,
2. Identifying and treating the highest risk individuals
3. Changing social norms

1. Detect and interrupt potentially violent conflicts

- Detect potentially violent events and interrupt them to prevent violence through trained credible messengers/violence interrupters/outreach workers and follow up to ensure the conflict does not reignite.
 - Mediate ongoing conflicts by workers identify ongoing disputes during interactions with key members of the community about ongoing discourse, recent arrests, or prison releases, utilizing mediation techniques to resolve them peacefully.
 - Workers follow up with conflicts to ensure that the dispute does not become violent.
- 2. Identify and treat highest risk**
- Provide ongoing behavior change and support to the highest-risk individuals through credible messengers.
 - Culturally-appropriate outreach workers assist participants in dealing with issues such as education, employment, criminal justice, mental health, alcohol, drugs, trauma, reentry, and related life skills, through the utilization of existing social services.
- 3. Mobilize the community to change norms**
- Change community norms that encourage and exacerbate violence.
 - Whenever a shooting occurs, violence interrupters organize a response where dozens of community members voice their objection to the shooting.

Data analytics and training

- Analyze data to ensure proper implementation and identify changes in violence by monitoring measured variations in targeted areas versus other comparable neighborhoods.
- Provide training and technical assistance by the Cure Violence national training staff to workers, program managers, and implementing agency.
- The Cure Violence approach has been implemented in more than 50 cities across more than 15 countries in 5 continents.

Follow Up

The Cure Violence Response Program partners with local hospitals via memorandum of understandings (MOUs) in attempts to provide a response whenever a gunshot, stabbing, or blunt

trauma victim arrives at the health care facility. Not all programs can provide the services they may want to render. An understanding of expectations should be clearly delineated for adequate quality control.

References

1. The Hospital Alliance for Violence Intervention. www.thehavi.org
2. Cure Violence Global. www.cvg.org/resources/

*Trauma-informed Care Implementation Resource Center.
www.traumainformedcare.chcs.org