

Developing a Continuum of Care: Providing Trauma-informed and Culturally Relevant Services for Male Survivors of Violence

VOCA NATIONAL CONFERENCE

August 13, 2019

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www.HealingJusticeAlliance.org

INTRODUCTIONS AND WELCOME

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Peter Pollard, Office for Victims of Crime, USDOJ

Dennis McCollins, Bay Area Community Resources

Session Overview

1. Supporting Male Survivors of Violence Initiative
2. What is Healing Justice Alliance?
3. Spotlight on: Young Men's Empowerment Collaborative – Richmond, CA
4. Questions & Comments
5. World Café

Supporting Male Survivors of Violence (SMSV)

1. Establish and expand multi-disciplinary partnerships that serve survivors of violence and their families.
2. Educate stakeholders on the adverse effects of trauma and violence.
3. Support community and system-based services that that expand policies, procedures, and messaging to appropriately serve survivors.



Supporting Male Survivors of Violence (SMSV)

- Launched in 2015
 - Partnership between OVC, OJJDP, NIJ
- 12 Demonstration Sites
- Training & Technical Assistance, HJA
- Evaluation – RTI & local evaluators



SMSV Demonstration Sites

- Brooklyn, NY
- Baltimore, MD
- Boston, MA
- Grand Rapids, MI
- Kansas City, MO
- New York, NY
- Newark, NJ
- Philadelphia, PA
- **Richmond, CA**
- Mission, SD
- Santa Cruz, CA
- Washington, DC

Training and Technical Assistance (TTA) for SMSV demonstration sites

- Monthly calls with sites
- Newsletters
- Webinars
- Collect/create toolkits, briefs, research, and other materials as needed for sites.
- Individualized TTA
- TTA plan development

Training and Technical Assistance (TTA) for SMSV demonstration sites

- TTA visits to each site for training and consultation.
- Cross-site visits to learn from other programs.
- National peer learning groups by topic: Research, Workforce Development, Mental Health, Policy, Communications and Professional Development.
- Joint development of public education campaign tools.

What is Healing Justice Alliance?

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ABOUT HJA / CONFERENCE / YOUTH ALIVE / CURE VIOLENCE / BMSG / NNHVIP

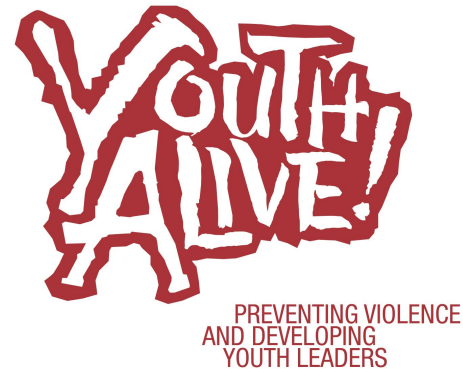


Treating Violence as a Health Issue

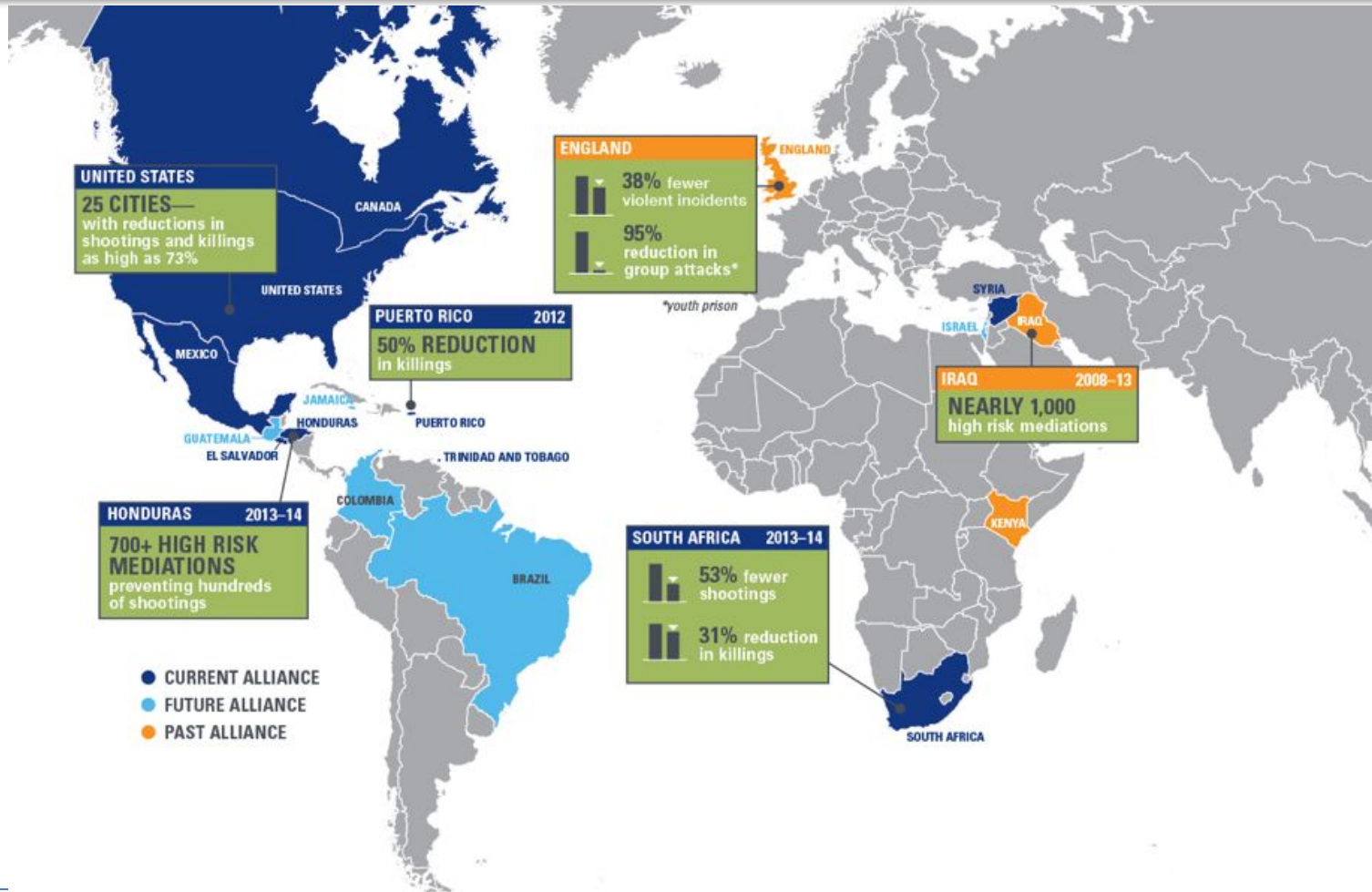
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Healing Justice Alliance TTA Provider



Cure Violence



Youth ALIVE!

CAUGHT IN THE CROSSFIRE

Impact of Violence Intervention & Case Management

YA! INTERVENTION SPECIALISTS HAVE A DIRECT & PROFOUND IMPACT ON YOUNG LIVES

OVER 100 VIOLENTLY WOUNDED YOUTH OVER A 4-YEAR PERIOD
SUCCESSFULLY RE-ENROLLED IN SCHOOL



98% OF CIC CLIENTS ARE
NOT RE-HOSPITALIZED
FOR VIOLENCE-RELATED INJURIES

90% OF CLIENTS RETURNING FROM
THE JUVENILE JUSTICE SYSTEM
WERE NOT RE-ARRESTED

National Network for Hospital-based Violence Intervention Programs



Berkeley Media Studies Group

- Research on news coverage of public health and social issues
- Media advocacy training and strategic consultation for community groups and public health advocates
- Professional education for journalists



Berkeley Media Studies Group

Public Education Campaign

Audience: Professionals in health and youth serving fields

Goal: Improve services for YMBC by incorporating trauma informed perspectives

Process: Research informed messaging

- in depth interviews
- online focus groups
- in-person focus groups (pending)
- finalize materials (pending)

Working group members: SMSV sites, BMSG, Goodwin Simon Strategic research, and Wonder for Good

Berkeley Media Studies Group

Preliminary results from
online focus groups:

Barriers
and
Opportunities

“This spoke to me because I feel like that when I see teachers or administrators do or say something to students that I don't agree with. When you work with people you don't want to come off as a tattler because you have to work with them but at the same time you have to stand up for the kids. Its hard sometimes to know what to say or do when it comes co-worker misbehavior but she did the right thing.”

– Black YSO, Kansas City

If we write off people for resistance, disengagement, we are putting the ‘failure’ on the person, not on the providers. We should be thinking, ‘What are we doing that is creating a space where people don't want our help right now?’” – White HCP, Brooklyn

Young men of color are disproportionately impacted by crime and violence.

A growing body of research indicates that young men of color are disproportionately impacted by crime and violence, but often do not get the help they need. Increased understanding of the causes and impacts of this disparity is needed in order to develop services and supports to end it.

Hurt People Hurt People

- Research shows that young people who grow up in high violence communities and who become involved as victims and/or offenders of violence are highly likely to have been prior victims and/or witnesses of violence.
- Offenders are 1.5 to 7 times more likely than non-offenders to be victims, and victims are 2 to 7 times more likely than non-victims to be offenders.

Lack of Credible Services

Over the past 30 years, the victim's services field has improved the quality of services and supports for crime victims. However, services for young men of color have not seen significant improvement.

- *Few victim services exist for the kinds of victimization and trauma young men of color are most likely to experience.*

Take Home Point 1: Violence is a health issue and a health equity issue

Health Issue	1985	2013	Disparity Change
Cardio/Stroke	20% Higher	30% Higher	Up 50%
Homicide	400% Higher	470% Higher	Up 18%
Infant mortality	110% Higher	110% Higher	No change
Cancer	30% Higher	30% Higher	No change
Diabetes	110% Higher	100% Higher	Down 9%
Cirrhosis	70% Higher	30% Higher	Down 57%
Accident (& homicide)	70% Higher	10% Higher	Down 85%

Take home point 2: Trauma Perpetuates Violence

78.6% of families experiencing violence have children who became perpetrators as adults.



Take home point 3: Changing the Narrative

Old View

New View

Bad People

Learned Behavior

Gang bangers

Negative Norms

Isolated Incidents

Contagious Process

Punishment

Disease Control

Intractable

Solvable

SMSV Demonstration Site: California School-Based Health Alliance, Young Men's Empowerment Collaborative



CALIFORNIA
SCHOOL-BASED
HEALTH ALLIANCE
Putting Health Care Where Kids Are



Mental Health Services and Outcomes

School Mental Health services are linked with...

- Increase in service accessibility for youth of color.
- Improved behavior and decreased disciplinary actions.
- Improved academic performance, reduced SPED referrals, and higher graduation rates.

What is the Young Men's Empowerment Collaborative (YMEC)?

YMEC promotes justice and healing among boys and young men of color in West Contra Costa County who have been victims of violence. YMEC scales up evidence-based and trauma-informed practices across schools in this community.

YMEC Goals

1. Create a supportive school climate for young male survivors of violence.
2. Increase the portion of young male survivors of violence who are identified and served.
3. Create an effective response to violence for young men of color.



How do we accomplish these goals?

- Screen 100 participant from each school (three high schools and three middle school)
- Place 30 - 45 participants into group (each school will have between 1 - 3 groups)
- The remainder of the students are placed into other services.
- Each group meets once a week for 6 - 10 weeks
- Each session is backed by the evidence-based curriculum (Hip Hop Heals)



Evaluation Methods

- **Service Tracking (Electronic Database/Excel Logs)**
 - Screening date and results (ACES & PC-PTSD)
 - Referrals to SBHC, YMEC, school support services
 - Individual students' individual and group counseling participation
- **Participant Surveys:** Individual and/or group counseling participants share self-reported impacts of services.
- **Quarterly Reports and Activity Logs:** SBHC staff and YMEC leaders document outreach, trainings and technical assistance provided.
- **Training Post Surveys:** Training participants share self-reported impacts.

Participant Feedback

“YMEC has helped me because whenever I'm stressing I have someone to talk to and they have helped me focus on my school work.”

“It makes me think positive even through the worst moments.”

“It has helped me share things that I was holding in.”



QUESTIONS & COMMENTS?

World Café

- How is your agency changing perceptions about **who** deserves victim services? How do you ensure victim services are available for those groups, like boys and men of color harmed by violence?

World Café

- What do you see as the greatest training need for agencies working with young men of color?

World Café

- How do you ensure that people who are impacted by violence are represented in all facets of your work? How do you ensure that your work is culturally appropriate and meeting the needs of its intended audience?

World Café

- How is your agency/organization supporting the use of best practices to support young men of color harmed by violence.

World Café

- What will success look like? How will you have proof that what you are doing is working? How will you sustain this work?

Violence Is a Health Issue!

Stay Connected

- HJA Webinars, e-bulletins, grant announcements, latest research etc.

www.healingjusticealliance.org

- BMSG News Digest www.bmsg.org
- Office for Victims of Crime www.ovc.gov
- California School-based Health Alliance
www.schoolhealthcenters.org

Thank you!

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Vision 21

Transforming Victim Services Initiative



The Vision 21: Transforming Victim Services initiative—supported by the Office for Victims of Crime (OVC), Office of Justice Programs, U.S. Department of Justice—expands the vision and impact of the crime victim assistance field. Initiated in 2013, Vision 21 was the first comprehensive examination into the crime victims field in 15 years. Vision 21 projects engage a broad spectrum of service providers, advocates, criminal justice professionals, allied practitioners, and policymakers to address crime victim issues through a lens broader than their everyday work.

Framework

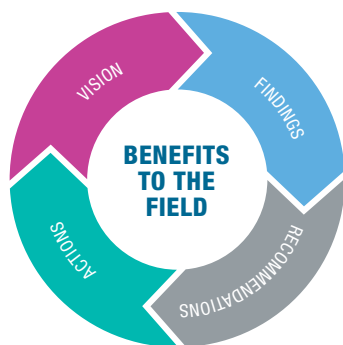
1. Examine the role of the crime victims field in the overall response to crime and delinquency in the United States.
2. Build capacity in the crime victims field.
3. Identify enduring challenges.
4. Address emerging challenges.

Progress in the Major Issue Areas

1

Conduct continuous rather than episodic strategic planning.

OVC established Vision 21 as a living framework to shape and allow apt future responses to crime victims.



2

Support research on victims and victimization.

OVC has funded a number of research and evaluation initiatives to help fill data gaps and inform program development to better serve victims. OVC supports building a body of evidence-based knowledge to generate, collect, and analyze quantitative and qualitative data on victimization, emerging victimization trends, services and behaviors, and enforcement efforts.

3

Ensure statutory, policy, and programmatic flexibility to address enduring and emerging crime victim issues.

OVC funds innovative responses to address traditional and new issues and challenges, the changing demographics in the United States, the impact of globalization and advances in technology, and to serve victims of evolving crimes (e.g., cybercrime, elder abuse, environmental crimes, human trafficking, and identity theft).

4

Build and institutionalize capacity.

OVC has undertaken a variety of steps to support and build the capacity of those who work in the field, including service providers, advocates, criminal justice professionals, allied practitioners, and policymakers. Through an infusion of technology, training, and innovation, OVC strives to build and institutionalize capacity to maintain basic services and extend assistance to all crime victims, including marginalized populations.

Visit www.ovc.gov/vision21 to learn more. Turn over for just one example of how OVC is implementing Vision 21 in the field.



Vision 21

Supporting Male Survivors of Violence Initiative



Addresses Vision 21 Recommendation #3

Ensure statutory, policy, and programmatic flexibility to address enduring and emerging crime victim issues.

Project Vision

Despite disproportionate exposure to crime, male survivors of violence often do not get the help they need to fully recover and to live safe, productive lives. OVC's *Vision 21: Transforming Victim Services Final Report* acknowledges that existing systems do not have the cultural competency and capacity to engage, respond to, and treat male victims. Too often, these survivors are left to cope silently with the harmful effects of trauma, which makes them less likely to heal. In 2015, OVC partnered with the Office of Juvenile Justice and Delinquency Prevention and the National Institute of Justice to launch the Supporting Male Survivors of Violence Initiative to bolster the field's ability to provide effective, culturally appropriate, and trauma-informed services for boys and men harmed by violence and to expand services that help normalize their lives and promote their healing.

Project Objectives

This 5-year multidisciplinary demonstration initiative is designed to—

- establish and expand multidisciplinary partnerships that provide coordinated services for male survivors of violence and their families.
- improve access to system- and community-based services for boys and men who have experienced trauma.
- educate stakeholders on the adverse effects of trauma and violence to encourage widespread adoption of trauma-informed interpretations of survivor behavior.
- support community- and system-based services that consistently communicate and expand policies, procedures, and messaging to enhance efforts to reach and appropriately serve these survivors.

Project Components

- Twelve demonstration sites across the country are following a multidisciplinary, phased approach to develop and use innovative techniques to identify male survivors of violence, remove the stigma of receiving services, and break the cycle of violence that unattended trauma can breed.
- Sites are receiving comprehensive training and technical assistance related to administrative, programmatic, and communications concerns from the Healing Justice Alliance: a collaboration of Youth ALIVE!, Cure Violence, the Berkeley Media Studies Group, and the National Network of Hospital-based Violence Intervention Programs. Each of these organizations has been in the field for years working to serve these young men.
- A tiered evaluation approach is being used with a national-level evaluation led by RTI International and local research partners paired with each demonstration site.

SMSV Sites

Make It Happen

Center for Court Innovation, Brooklyn, NY

Healing Hurt People

Drexel University, Philadelphia, PA

West Ward Victims Outreach

Newark, NJ

Safe Horizon

Brooklyn, NY

White Buffalo Calf Woman Society

Rosebud Reservation, SD

Project Change

Washington, DC

Violence Intervention

Advocacy Program

Boston, MA

Young Men's Empowerment

Collaborative

California School-Based Health Alliance,
West Contra Costa, CA

Seeking Safety

Grand Rapids, MI

Kansas City Violence and Trauma Response Network

Kansas City, MO

Project Thrive

Santa Cruz County Probation, Santa Cruz, CA

Safe Streets

Baltimore, MD

Contact Us

To learn more about Vision 21 projects, visit <https://ovc.ncjrs.gov/vision21/outcome.html>.

For more information,
contact OVC at
askovc@ncjrs.gov
and identify the
name of the
Vision 21 project
in the subject line
of your email.



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COMMUNICATIONS TOOLKIT

TOOLS FOR CHANGING THE NARRATIVE ABOUT MALE SURVIVORS OF VIOLENCE

The Healing Justice Alliance is committed to educating key stakeholders and the broader community on the adverse effects of trauma and finding ways to promote healing and safety in our communities. By working with young men of color who are survivors of violence to manage trauma, changing the community conditions that produce trauma, and communicating strategically about the importance of this approach, we are not only improving lives but also changing the public conversation about violence and trauma in our nation. At the core of this work is the understanding that trauma is preventable and that we, as a society, can and must support our young men of color who are impacted by it.

Because no one organization can change the narrative around trauma on its own, we are committed to working together to help each demonstration site hone its own core communications practices. With this approach in mind, this toolkit was compiled to help organizations of all different sizes and strategic aims identify and achieve their communications goals.

HOW TO USE THIS TOOLKIT

This toolkit is designed to be flexible, and contains hands-on worksheets that can be completed by members of your organization. If you have limited time or resources, you can focus your energies on key priority areas. If you want to write an effective letter to the editor, for example, you can use tool 11, "writing letters to the editor." If you have an upcoming call scheduled with a reporter, you can review tool 9, "responding when a reporter calls."

This toolkit is divided into two parts: *General strategic communications tools* and *Tools for working with the news media*. The general strategic communications tools are relevant whether your target audience includes the news media or not. For example, tool 3, "Message development guidelines," provides a basic formula for developing strategic messages. These guidelines will be useful whether you are delivering an "elevator pitch" to a policymaker, writing a grant report, or speaking to a reporter. The second section, *Tools for working with the news media*, are focused on the particular opportunities and challenges of engaging with news media. This will be a priority for organizations that either want to expand their media presence, or that want to become better equipped at handling inquiries from journalists.

Many organizations will want to start with tool 3, "Message development guidelines." While this tool will be useful in the widest variety of circumstances, we strongly recommend starting with tool 1, "Layers of strategy." When communicating strategically, message is never first. This tool will help to clearly define what goals we are trying to achieve, who our target audience is, and who is going to be communicating with the target audience. The "Layers of strategy" tool, and tool 2, "GOTMME" will help you establish these key parameters on which you can base your messages.

PART 1: GENERAL STRATEGIC COMMUNICATIONS TOOLS

Layers of strategy	6
This document helps ensure your message and media strategies are closely aligned to your goals.	
GOTMME: A six-step tool for communication planning	13
The GOTMME tool provides a structured set of questions that align with your Layers of strategy.	
Developing powerful messages	17
This tool describes the three components of an effective message and provides a sample message.	
Strategic communications evaluation tool	22
Evaluation helps you determine whether your efforts are leading to the outcomes you want. This tool provides guidance on how to evaluate your strategic communications.	

PART 2: TOOLS FOR WORKING WITH THE NEWS MEDIA

News monitoring	24
Because the news has a significant influence on the way decision-makers and the public think about trauma and community violence, understanding the media narrative around violence is an important starting point for strategic communications. This tool explains how organizations of varying sizes can monitor coverage of violence.	
Changing the discourse about violence: Shaping stories across sectors	27
This tool will help you develop ideas for generating news stories that connect violence prevention with stories from a variety of news sectors.	
Elements of newsworthiness	30
Gaining coverage requires getting a reporter’s attention in a highly competitive news environment. This worksheet offers suggestions for making your issue of interest to the media.	
Working with journalists	38
Tips and strategies to help you establish and maintain relationships with media professionals.	
Responding when a reporter calls	43
This worksheet includes simple questions that can help you quickly assess a reporter’s needs when they call about a specific story.	
Pitching your story	44
An effective story pitch can increase the likelihood that reporters will follow up on your story idea. We include tips for developing and delivering an effective pitch.	
Writing effective letters to the editor about violence prevention	48
This resource includes tips to help you craft compelling letters and increase your chances of getting them published.	

The Healing Justice Alliance

The [Healing Justice Alliance](#) is a partnership between Youth ALIVE!, Cure Violence, the National Network of Hospital-based Violence Intervention Programs (NNHVIP) and Berkeley Media Studies Group (a project of the Public Health Institute). HJA has over 60 years of combined experience training private and public sector agency leadership and staff – part of a comprehensive, multi-system effort aimed at responding to crime victims and addressing violence as a public health issue.

Based in Oakland, California, Youth ALIVE! works to help those who have experienced violence heal themselves and their community. Their overarching mission is to prevent violence and create young leaders through violence prevention, intervention, and healing.

Cure Violence stops the spread of violence by using the methods and strategies associated with disease control – detecting and interrupting conflicts, identifying and treating the highest risk individuals, and changing social norms. Cure Violence is guided by a clear understanding that violence is a health issue.

With over 30 member programs across the U.S. and beyond, the National Network of Hospital-based Violence Intervention Programs (NNHVIP) seeks to connect and support hospital-based, community-linked violence intervention and prevention programs and promote trauma-informed care for communities impacted by violence. Its vision is that all patients and families impacted by violence will receive equitable trauma-informed care through their hospital and within their community.

Berkeley Media Studies Group (BMSG) helps community groups and public health professionals practice media advocacy and the strategic use of mass media to advance policies that improve health. Ultimately, BMSG aims to help reshape how the news and other media present health and social issues.

The Supporting Male Survivors of Violence initiative

In 2015, the Office for Victims of Crime (OVC) awarded the Healing Justice Alliance (HJA) a grant to provide training and technical assistance (TTA) to [FY 2015 Supporting Male Survivors of Violence](#) grantees. A collaboration between OVC and the Office of Juvenile Justice and Delinquency Prevention (OJJDP), the grant initiative aims to help improve responses to male survivors of violence and their families.

In 2013, OVC released its "Vision 21: Transforming Victim Services" Final Report. OVC identified key priorities for providing services to victims of crime.

These priorities include:

- **The need to make services accessible for all victims in all communities.**
- **Development of expansive, flexible, and innovative service models.**
- **A holistic approach to addressing historical institutional, geographic, and cultural barriers.**

OVC recognizes that in order for crime victims to recover physically, emotionally and financially, there needs to be a significant shift in the way in which services are provided. This is especially true for services for young men of color. Twelve demonstration projects across the country – from Baltimore, Maryland to Santa Cruz, California – were selected to create and implement culturally relevant and trauma-informed programs and interventions to engage male survivors of violence, specifically, young men of color (YMOC) and their families impacted by trauma and violence.

The overarching goals of the initiative include:

1. **Creating a multi-disciplinary network of partners to provide coordinated services and support for male survivors of violence and their families.**
2. **Conducting outreach and training to educate stakeholders on the adverse effects of trauma and violence; and, developing methods to overcome barriers that prevent male survivors of violence and their families from accessing services and support.**

PART 1

**GENERAL STRATEGIC
COMMUNICATIONS TOOLS**

LAYERS OF STRATEGY

When talking about violence prevention with journalists, policymakers and other key stakeholders, advocates often feel compelled to share everything they know about the issue. Tempting as this may be, it's important to remember that advocates can't be comprehensive and strategic at the same time. Instead of saying everything they can about a particular issue, advocates seeking systemic change should keep their focus on an immediate, clearly-defined problem and a specific, achievable solution.

Strategic communications means letting your overall goals drive your messaging, not the other way around. Berkeley Media Studies Group recommends a **Layers of strategy** approach to help guide advocates through the process of setting goals, developing messages, and deciding whether to use the media – including social media – to elevate those messages. This tool describes these four layers.

First, developing an **Overall Strategy** helps advocates prioritize a specific problem along with a specific solution to the defined problem. Next, **Media Strategy** helps determine whether to use the media to advance goals, and if so, how to engage the media. Then, **Message Strategy** helps with the development of messages that state the problem, solution, and corresponding values. Finally, **Access Strategy** helps determine how and when to use the media to advance your cause. Below is a description of the key questions for each strategy layer, along with an example of how your organization might answer them.

OVERALL STRATEGY: PROBLEM | SOLUTION | TARGET | ALLIES | ACTION

MEDIA STRATEGY: COMMUNICATION METHOD | MEDIA ENGAGEMENT | MEDIA OUTLET(S) | MEDIA TACTICS

MESSAGE STRATEGY: REFLECT VALUES | DEVELOP CORE MESSAGE | ASSESS | MESSENGERS | MATERIALS

ACCESS STRATEGY: TIMING | ACCESS | NEWSWORTHINESS | PITCH | CAPTURE, ASSESS, & REUSE

Overall Strategy

- Define the problem you want to address.
- Clarify the policy solution for which you will advocate.
- Identify the target with the power to make the change.
- Enlist the allies who can help make your case.
- Identify what you will do to influence the target.

In the following fictitious example, the Youth Violence Prevention Center (YVPC) developed an overall strategy after first defining a specific problem to address.

PROBLEM: YVPC is a hospital-based violence intervention program that provides culturally relevant services to young male survivors of violence in the city of Addison. As a small organization based at one of three major hospitals in Addison, YVPC was concerned that patients at the city's other two hospitals often did not receive trauma-informed care after they experienced violent injury. Conversations with administrators from those hospitals suggested that they were reluctant to adopt a violence intervention program for fear that such a program might drive up costs and negatively impact their public reputation. YVPC staff defined its core problem as a lack of trauma-informed services for male survivors of color throughout the city.

SOLUTION: A specific, measurable objective: By December 2019, all survivors of violence in Addison will receive culturally appropriate, trauma-informed care, no matter which hospital initially treats them.

TARGET: Board of trustee members of the two hospitals that did not provide consistent trauma-informed care for survivors of violence. The board is responsible for making budgetary and programmatic decisions.

ALLIES: YVPC staff knew that the hospital board trustees, many of whom were doctors, would likely listen to their fellow physicians.

ACTION: After clarifying their overall strategy, YVPC decided to enlist the support of physicians who could make a direct appeal to hospital trustees about the need for comprehensive trauma-informed services in Addison.

Media Strategy

- Identify the best way to communicate with your target.
- Decide whether or not engaging the media will advance your overall strategy.
- Find the media outlets that will reach your target(s).
- Compile the media tactics you will employ.

COMMUNICATION METHOD: YVPC secured an initial meeting with the boards of trustees for the two targeted hospitals, and were able to enlist the help of several local physicians to help them make their case.

MEDIA ENGAGEMENT: Despite a cordial meeting between YVPC and the hospital trustee board members, the board was reluctant to make any firm commitments. YVPC was eventually told by board members their respective hospital budgets did not currently allow them to join the other hospital in providing comprehensive care. YVPC made the decision to reach out to the local media.

MEDIA OUTLET(S): YVPC identified the local daily newspaper, two local radio stations and a local independent TV station as the primary media outlets that could both reach their targets and create public pressure on the trustees to agree to YVPC's demands. Staff identified and followed reporters on Twitter who were covering violence and related issues at the various media.

MEDIA TACTICS: YVPC drafted a sign-on letter that was endorsed by the physicians who had earlier lent their support. The physicians also agreed to gather signatures from other doctors in the area to create a "Break the Chain of Violence -- Chain Letter" campaign. The letter called on the trustees to establish a protocol for all gunshot and stabbing victims to receive care from either a social worker or peer health educator while in the hospital by the December 2019 due date. YVPC staff decided to hold a press conference to introduce the chain letter campaign and gain public support.

Message Strategy

- Frame the issue to reflect your values and support the policy goals.
- Create a message that describes the problem, the solution, and why it matters.
- Assess and improve the effectiveness of your message.
- Decide who will convey your message, and prepare them to deliver it.
- Gather the materials you will need to make your case.

REFLECT VALUES: YVPC staff emphasized the values of caring, inclusion, and community interconnectedness to connect with outside audiences. Their message helps frame their cause as not just serving victims of trauma, but also supporting families and loved ones – ultimately, serving entire communities impacted by violence. YVPC hoped to demonstrate to their target audience that rather than damaging a hospital's reputation, the violence prevention program enhances it.

DEVELOP CORE MESSAGE: By having already identified a specific problem, a solution, and corresponding values, YVPC staff had all three components for an effective message.

ASSESS: To help test the effectiveness of their messages, YVPC invited a few allies, including local business owners and faith leaders, to a brown bag lunch to get their feedback. A few even volunteered to join the media advocacy effort as community spokespeople.

MESSENGERS: Local physicians, survivors of violence, and the local business and faith leaders who volunteered to speak on YVPC's behalf were all briefed about the core message including problem, solution, and values, and encouraged to relay the core message through their own experience and point of view.

MATERIALS: YVPC staff gathered local data that supported their proposal, compiled the chain letter campaign into a bound book complete with photographs and other compelling visuals, and produced a brochure with information about their program.

Access Strategy

- Determine when media attention could affect the policy process.
- Figure out how you will gain access to the media.
- Prepare newsworthy story elements to offer reporters.
- Pitch the story.
- Capture, assess, and reuse the news coverage.

TIMING: A YVPC staff member learned that October 2nd was International Day of Nonviolence, and knew this could be an opportunity for attracting media attention.

ACCESS: A press release and media advisory was drafted to announce the Break the Chain of Violence campaign on International Day of Nonviolence. Tweets were also sent to key reporters with information about the event.

NEWSWORTHINESS: YVPC staff determined there were a number of newsworthiness elements that would gain the interest of the news and social media: controversy – the concern over damaging the hospitals' reputations; injustice – it wasn't fair that trauma-informed services were not being provided to everyone in Addison; broad and local appeal; holiday link – International Day of Nonviolence; and personal angle – spokespeople with compelling personal stories to tell about the impact of violence.

PITCH: With newsworthy story elements in hand along with their core message, YVPC staff reached out to individual members of the media and social media along with a completed press release and media advisory.

CAPTURE, ASSESS AND REUSE: After advocates were successful in getting their news conference event in the local media and their campaign covered by social media, YVPC used the attention to get three letters to the editor published in local newspapers that supported their call for support services for trauma survivors. Two of YVPC's physician spokespeople also co-authored an op-ed explaining the value of the program to the whole community. YVPC sent examples of the local coverage to the board members, and reused the examples in a subsequent meeting with the trustees.

By having already identified a specific problem, a solution, and corresponding values, YVPC staff had all three components for an effective message.

WORKSHEET: LAYERS OF STRATEGY

Instructions: We recommend planning your media advocacy efforts by answering key questions related to the four Layers of strategy: overall strategy, media strategy, message strategy and media access strategy. Answering the questions for each layer will help give you a clearer sense of your larger goals before you start developing your messages. As your advocacy campaign changes course, you can revisit each layer of strategy.

OVERALL STRATEGY

What is the problem?

What is the solution?

Who has the power to make that change?

What is the target's position on your policy goal?

What allies must be mobilized to apply the necessary pressure?

Who opposes the policy and what will they say or do?

What advocacy actions will you take to reach or influence your target?

MEDIA STRATEGY

What is the best way to reach your target(s) at each stage of the campaign?

If it is through the media, which outlets would reach your target audience?

When would media attention make a difference in the policymaking process?

Who will be involved in developing your media advocacy strategies?

What communications protocol do you have in place?

How will you build your organizational communications capacity?

How will you evaluate your media efforts and decide when to change course?

How will you capture news clippings and/or videos, and track coverage?

Who will you send the news clips to (journalists, allies, targets, financial contributors) and what will you say?

How will you follow up with your target(s) after media coverage?

MESSAGE STRATEGY

If your issue is currently in the news, how is it framed?

Who is portrayed as responsible for the problem?

Who is portrayed as responsible for the solution?

What is left out of current coverage?

Who or what types of people are quoted often?

Who could make the case for the policy solution?

What values support your perspective and policy solution?

What is the most important message that would help convince your target to act?

Make sure to answer the questions: What is the problem? What is the policy solution? Why does it matter?

What will you need to make your case (data, visuals, social math, policy research)?

What will your opposition say? How will you respond to those arguments?

MEDIA ACCESS STRATEGY

What aspects of your story are interesting, unusual, or otherwise newsworthy?

When might be a good time of year to attract attention to this story?

What can you do to get your story in the media?

- _ Create news (release a report, hold an event)
- _ Piggyback on a breaking story
- _ Use editorial strategies (op-eds, editorial board visits, letters to the editor)
- _ Purchase paid ads

What story elements (social math, visuals, media bites, authentic voices) can support your frame and package the story for journalists?

What will you say when you call to pitch the story to reporters?

How will you develop and nurture ongoing relationships with reporters? What authentic voices, information, perspectives or contacts can you offer them?

GOTMME: A SIX-STEP TOOL FOR COMMUNICATION PLANNING

Approach to communications strategy

The Healing Justice Alliance is committed to helping programs educate key stakeholders and the broader community on the adverse effects of trauma and promote healing and safety in our communities. Achieving this goal requires that we carefully identify target audiences, determine what we want them to do, and strategize how best to communicate with them. This worksheet, a hands-on companion to Berkeley Media Studies Group's [Layers of strategy](#) document, is designed to help you develop communications strategies to support your goals.

What is GOTMME?

GOTMME stands for Goals, Objectives, Target, Message, Messenger and Evaluation. It is a 6-step strategic communications planning process. GOTMME is rooted in the key media advocacy concept that message is never first. In other words, before we can know what to include in our messages, we first need to clearly specify our goals, target audiences, and credible spokespeople to reach our target audiences.

- **Goals** are broad, overarching statements about what your organization hopes to achieve.
- **Objectives** are the specific, measurable actions that you will take to achieve your goals. Objectives describe who will do what by when. Objectives might include training community leaders to become effective spokespeople for violence prevention initiatives; holding meetings with policymakers or other key stakeholders; writing strategically timed [writing effective letters to the editor](#) or op-eds; drafting organization-wide talking points; holding events to build support for community-wide violence prevention initiatives; or creating posters. The important thing is to develop objectives that are strategically aligned with your goals.
- **Targets** are specific audiences who have the power to create the changes needed to prevent violence. Strategic communicators go beyond raising public awareness to focus on the primary targets — the key individuals and groups who have the power to institute necessary policies and norm changes. For example, primary targets might be city or county officials with the power to allocate additional resources for victims' services. Secondary targets are individuals and groups who can influence the primary targets. These might be leaders in HJA organizations, young people and others who have survived trauma and violence, faith leaders, physicians, public health officials, or other community members who can have an impact on the primary targets. The general public is usually not a target audience even though they may be exposed to the messages.
- **Messages** are the core statements your group wants to deliver to each target. Effective messages should answer three questions: What is the problem? What is the solution? Why does it matter? The three parts of the message don't have to be equal: Spend more time on the solution than the problem, and weave in values, such as fairness, interconnection, or prevention. People connect to your message when you effectively explain why your issue matters, and not just list facts or statistics.

The Healing Justice Alliance is committed to helping programs educate key stakeholders and the broader community on the adverse effects of trauma and promote healing and safety in our communities.

- **Messengers** can matter as much as the message itself, so be strategic when you select your spokespeople. Consider: Who will the targets respond to? Who might be a surprising and compelling messenger? Effective messengers might include family members who have been affected by violence, faith leaders, emergency room physicians, or local business leaders. Research shows that these important stakeholders' voices are largely absent from news coverage, so they can help fill an important void in the broader narrative about how violence affects our communities and who cares about remedying it. Because speaking to primary targets or members of the media (as a means of engaging secondary targets who can in turn reach primary targets) can be a challenge even for seasoned experts, practice is important. Messengers should be equipped with facts but also be able to express shared values. Many people can become powerful messengers. What's important is that they speak passionately to the change they want to see in the community.
- **Evaluation** is important because, ultimately, you will want to know if your communications efforts are having the desired effects. How you design the evaluation will depend on how you, your funders, or others will use it and what questions need to be answered. For example, a basic evaluation might describe the media advocacy actions taken, who completed them, what outcomes stemmed from the actions, and any follow-up steps that are needed. Or you may want answers to other questions such as: Did messengers say what they intended? Was our message conveyed accurately in news coverage? Were coalition partners satisfied with our contribution and/or do they have feedback for us?

Stay focused with your evaluation, just as you should stay focused with your overall strategy, objectives, messages and messengers.



Because speaking to primary targets or members of the media (as a means of engaging secondary targets who can in turn reach primary targets) can be a challenge even for seasoned experts, practice is important.

GOTMME PLANNING TOOL

This worksheet is designed to help guide you through the process of developing a communications strategy that is aligned with your overall goals. The six strategic questions on this worksheet are based on BMSG's [Layers of strategy](#) approach. GOTMME stands for Goals, Objectives, Target, Message, Messenger and Evaluation:

GOAL	
OBJECTIVES	
TARGET(S)	
MESSAGE(S)	
MESSENGER(S)	
EVALUATION	

GOTMME PLANNING TOOL EXAMPLE: URBAN PEACE MOVEMENT

Background: Urban Peace Movement is a nonprofit organization based in Oakland, California, dedicated to creating community conditions that prevent violence by investing in young people. To support their goals, Urban Peace Movement and its allies worked to pass California’s Public Safety and Rehabilitation Act, a bill that would create barriers to placing youth in the adult criminal justice system. Advocates did not see this piece of legislation as a panacea, but as an intermediate step toward their broader goal of violence prevention and as an opportunity to advance their overarching “Truth and Re-investment” frame. To Urban Peace Movement and its allies, Truth and Re-investment means shifting resources away from exclusively punitive approaches toward investments in education and community development in low-income communities of color. Through a combination of traditional advocacy and media advocacy, Urban Peace Movement and its partners began working toward passage of the Public Safety and Rehabilitation Act. Their GOTMME strategy, which involves policy advocacy, is below. It is important to note that organizations should carefully consider legal and grant-related restrictions before engaging in policy advocacy.

GOAL	<ul style="list-style-type: none"> • To pass the Public Safety and Rehabilitation Act of 2016. • To foster youth development, youth voice, and youth participation in setting policies related to criminal justice reform and community investment. 	
OBJECTIVES	<ul style="list-style-type: none"> • To develop and disseminate messages to advance the “Truth and Re-investment” frame. • To collect 1,000 signatures in support of the Public Safety and Rehabilitation Act. • With coalition partners, to get three op-eds published in local newspapers between April and May 2015. • With coalition partners, to get at least five letters to the editor published in local newspapers in response to news stories about community violence and related issues. 	<ul style="list-style-type: none"> • To train five spokespeople from partnering organizations who can reliably be called on to respond to interviewer requests. • With community partners, to hold at least two press conferences, rallies, or other public events that raise public awareness about the Public Safety and Rehabilitation Act, and that promote our Truth and Re-investment frame • To ensure that at least one of the events above makes it onto local TV news.
TARGET	<p>Primary target: Communities of color, new voters, allies.</p> <p>Secondary Target: All California voters.</p>	
MESSAGE	<p>Problem: Overwhelming research has demonstrated that youth in the adult system return to prison at higher rates than those in the juvenile system, and they experience lifelong consequences related to having felonies on their record such as barriers to finding employment, housing and other basic necessities.</p> <p>Solution: The Public Safety and Rehabilitation Act puts the decision-making about which youth should be sent to the adult system back in the hands of judges, instead of prosecutors. It begins to reverse the damage that</p>	
MESSENGERS	Formerly incarcerated youth; community leaders; local educators	
EVALUATION	<ul style="list-style-type: none"> • Did we successfully collect 1,000 signatures? • Did we successfully publish three op-eds? • Did we get at least five letters to the editor published? • Did we train five spokespeople from our organization? • Did these spokespeople report greater confidence in speaking to the media? 	<ul style="list-style-type: none"> • Did we hold at least two press conferences, rallies, or other public events? • Were these events covered on local TV news? How many outlets covered the event? • Monitor the news for our overall frame: Did we observe other reporters reinforcing our frame of “justice re-investment”?

DEVELOPING POWERFUL MESSAGES

Delivering effective messages that support violence prevention takes more than just having a good set of talking points. The same message can have a different impact depending on who delivers it and who hears it. While we have to mean the same thing when we talk about violence and trauma, we don't all have to say the exact same thing. Often, the most effective messages are derived from personal experience or expertise.

In this tool, we introduce three basic components of an effective message: a statement of the problem, a description of why the issue matters, and a solution. Messages do not necessarily need to follow that order, but they should include each component. We will describe each of these components, and then give an example of how they can be put together to create strong messages. The last page is a message development worksheet you can use to personalize your own messages.



Stating the problem: How can we frame violence as a public health issue?

Framing violence from a public health perspective is challenging because it runs contrary to the way violence is often understood by the public and presented in the media. News stories often depict violence as a random, inevitable occurrence. People of color are infrequently represented as survivors of violence. And the environmental contributors to violence, such as a lack of counseling services for young people who have experienced violence, are seldom brought into view. The challenges are formidable, but the good news is that research suggests audiences' understanding of how to address violence can be significantly influenced by how the issue is framed.

When deciding how to frame your message, consider the starting point for the conversation, especially for your key target audiences. What are the ideas your target is likely to hold, and how will this influence the way they make sense of your message? (You can use the [Layers of strategy](#) and [GOTMME](#) tools in this toolkit to identify your key target audiences.)

In the U.S., personal responsibility is a strongly held default frame: most people think that individuals are masters of their own destiny. The trouble with this default frame is that if individuals are solely responsible for their own success, then they are also to blame when things don't work out for them. To reframe violence from a public health perspective, we need to bring the structural and environmental context into view so that personal responsibility isn't the only consideration. People need to see the whole picture so that, for example, when we ask for institutional changes in how young people are treated, the policy proposal makes sense.

Our task, then, is to tell stories that bring the broader context and the root causes of violence into the frame. When a story focuses entirely on an individual, it can reinforce the idea that violence must be solved by individual effort alone. We call individually focused stories "portraits" because while the person is in clear view, the frame captures little of their surroundings. In contrast to portrait stories, "landscape" stories bring the broader environment into view. Because there's often more to say than time allows, it's important to be strategic about which aspects of the landscape to illustrate.

If the solution you are proposing is hospital-based, for example, then focus on the key role that hospitals must play in ending violence. The more vividly you describe how safe environments and our institutions can help prevent violence, the more clearly our audiences will understand the importance of investing in needed solutions.

Another strategy for reframing violence is telling the stories of young men of color who are survivors of violence. This is critical because until their stories become part of the broader narrative around who violence impacts, it is unlikely that resources will be allocated to ensure they get the services they need. At Healing Justice Alliance, we frequently see how the default frame of individual responsibility intersects with structural, institutional or interpersonal racism to create barriers for young men of color. For example, many in HJA have noted that when a young man of color shows up in the hospital with a gunshot wound, he is often assumed to be gang-affiliated. Telling the stories of young men of color who are not only survivors of violence, but also helping others to heal from violence, can help audiences see young men of color as partners in violence prevention and bring awareness to their need for meaningful connections, strong support, and culturally appropriate services.

Finally, we can underscore the fact that violence is preventable by explaining that trauma is one of its key causes — and one we know how to address. HJA sites have demonstrated that violence can be decreased drastically by using trauma-informed approaches in our hospitals, schools and in other places in our community. When we highlight the connection between violence and trauma, and show the powerful impacts of investing in prevention, we help the public understand the need to treat violence like any other preventable health problem.

Values

Values resonate with audiences more deeply than facts or statistics, so state the core values that support your work early on in your message. There are many values connected to violence prevention. Be open to thinking about values that resonate most strongly with your work, or that you think will resonate with your target. Here are three that are particularly relevant to HJA: fairness, interconnection and prevention.

- **Fairness:** There is enormous injustice with not only who is affected by violence, but also with the quality of care people receive when they are victims of violence. You can describe, for example, the inherent unfairness in the fact that violence is the leading cause of death for young African Americans. Link to the environment by describing how underinvestment in communities of color has led to conditions of trauma where violence can take hold. You can also describe unfairness in the overall poor quality of treatment people of color often receive when they survive violence.
- **Interconnection:** The value of interconnection evokes the idea that all people in a community are fundamentally united—what is good for one member of your community is good for all. The value reminds people that we all are part of a community and what we do can touch people we may never even meet. You can evoke this value, for example, to help people understand that a program they may not benefit from directly is still in their best interest. A powerful example of a statement invoking the value of interconnection is a frequently cited quotation from Martin Luther King Jr.: “In a real sense, all life is interrelated. All people are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly affects all indirectly. I can never be what I ought to be until you are what you ought to be, and you can never be what you ought to be until I am what I ought to be. This is the interrelated structure of reality.” (Martin Luther King Jr, Feb 1963).
- **Prevention:** Prevention is a core value for many in violence prevention who recognize that intervening early to address trauma can save lives in the long run. Prevention also saves money and is simply the smart thing to do.

Select values that ring true to you, and are consistent with the way you frame the problem and describe your solution.

Solution

Violence prevention requires a complex array of strategies—more than can be conveyed in a brief statement or interview. Time and space constraints require being strategic about elevating one core part of the solution – the part that you think your target audience has the power to change. A good rule of thumb for your solution statement is to ask yourself whether it answers the following question: **who** needs to do **what** by **when**? The answer to those questions will come from your overall strategy ([see tool #1](#)).

For example, suppose you are calling on your hospital board of trustees to increase funding for trauma services to male survivors of violence. In this case, you may want to end your message by saying, "...to ensure all patients in our city get the care they deserve, the Trustees of Roosevelt Hospital must allocate funding for trauma services for all victims of violence, especially our young men of color who are most affected by it. We have the funds to make sure we can do something about this problem right away. At their board meeting next Tuesday, we are counting on the Trustees to make the right decision."

Whatever solution you seek, make sure to name the person or group responsible for implementing the change, the specific change you want them to make, and by when. The more specific you can be with your solution, the better.

Bringing Equity and Racial Justice to the Fore

The default frame of individual responsibility means we have to do more than name disparities to cue a racial justice perspective. For example, if we only say there are different rates of exposure to violence based on race, audiences may default to the view that the group experiencing violence is on their own to solve it. To make the case for investing in violence prevention, we must include context—historical, environmental, political—to help people understand the origin of disparities. We can communicate, for example, about long-standing policies of neighborhood disinvestment, underfunded schools, and other unjust policies that made it possible for violence to take hold. This helps audiences understand why we need structural solutions that address these long-standing injustices.

When communicating about equity and racial justice, the messenger can often matter as much as the message itself. Think about who gets to develop these messages: if it's just one or two high-level people in your organization or coalition, chances are there are opportunities to be more inclusive. Many people can become powerful messengers, including young people who have survived violence, teachers, social workers, local business owners, faith leaders and others. What's important is that they can speak with conviction and convey the specific demand.

Sample Messages

The following message provides an example of how a problem statement, solution statement, and values statement invoking fairness can come together in a cohesive message:

"Many of our young men of color have had to deal with challenges no young person should have to face. After decades of disinvestment, many of our African American and Latino youth are living in communities without the resources and services needed to prevent violence. In fact, violence is the number one cause of death among young African Americans here in the city they call home. It's not fair that on top of this, those who enter our hospital system often do not get the care they need. When the city council votes on the upcoming violence prevention ordinance, it's imperative that they approve funding for trauma outreach workers. Once this ordinance is approved, we will be able to reduce trauma in the lives of our young men of color and make our whole community strong and healthy for years to come."

Below is a similar statement, this time invoking the value of interconnection. Note how the basic structure of the message can stay the same, even as you strategically change the solution and values you highlight.

"Many of our young men of color have had to deal with challenges no young person should have to face. It's unacceptable that violence is the number one cause of death among young African Americans here in the city they call home. After decades of disinvestment, The [insert the name of your city or county] school board has an opportunity today to address this crisis by creating a trauma-informed school system where all students who have survived violence get the support they need. Here in [insert the name of your city], we understand that when all our young people are supported — especially those who have experienced harms — our entire community is strengthened. We are one community, and today we call on the school board to ensure that our schools and classrooms are safe, supportive places for all our young people."

Use the worksheet below to develop your own message with these three components.

Summary

While stories about real people are deeply moving and inspiring, telling one person's story alone may not be enough to help audiences understand the importance of a public health approach to violence prevention. To expand audiences' understanding, we have to broaden the stories we tell. Painting a more complete picture by telling landscape stories can help people see that neighborhoods, schools, and hospitals all have a role to play in ending community violence. Once these connections are made, it will make more sense to our audiences why we need to support trauma-informed solutions. Remember that strong messages include three components: a statement of the problem, a statement of your values, and a description of the solution.



While stories about real people are deeply moving and inspiring, telling one person's story alone may not be enough to help audiences understand the importance of a public health approach to violence prevention.

STRATEGIC COMMUNICATIONS EVALUATION TOOL

Evaluation is important because, ultimately, you will want to know if your communications efforts are having the intended impact. One way to use this tool is at the end of a strategic communications campaign to determine what worked, and what can be improved. There may be certain activities that consume significant time and resources that you will not want to repeat. There may be other successes where you will want to invest greater energy and resources in the future.

Another way to use this evaluation tool is as an informal checklist to make sure your organization is equipped to respond to media requests and to proactively reach key stakeholders. You do not need to answer each question every time — use the questions that best suit your needs.

Developing Strategy

- Have we identified key goals and objectives?
- Have we identified specific communications strategies that will help us meet our goals?
- Have we figured out how we will know if we were successful?
- Have we decided what role, if any, the media will play in helping us reach our goals?
- Which of our communications activities have proven most successful? Which have been less helpful?

Equipping spokespeople

- How many spokespeople did we train this year?
- Of the spokespeople that we trained, how many had the opportunity to deliver their message in a real world situation?
- Were our spokespeople adequately prepared to speak to their target audiences?
- Did spokespeople report feeling confident after delivering their messages?
- Did our spokespeople report saying what they intended, or did they find themselves going “off message?”
- In subsequent efforts, who else might we want to include as a spokesperson?

Developing talking points or core messages for your organization

- Did we develop talking points for our goals and objectives?
- Are staff members familiar with our talking points?
- Do staff members feel comfortable and confident talking with community stakeholders, journalists and other audiences? Can they adapt talking points to different situations?
- Which of our talking points do we feel most comfortable with? Which of our talking points need revision?

Engaging with the media

- How many journalists have we identified that cover violence or related issues? Do we have their contact information?
- How many journalists have we invited to an event, to visit our program or to meet the young people we serve?
- How many stories did we pitch? How many pitches became stories?
- How many letters to the editor did we submit this year? Were any published?
- How many op-eds did we submit this year? Were any published?
- Does everyone on our staff know what to do when a reporter calls?
- How can we better equip staff members to respond to media requests? Do we need more staff members trained to handle media requests, or do we want to centralize this with just a few staff members?

PART 2

**TOOLS FOR WORKING
WITH THE NEWS MEDIA**

NEWS MONITORING

We encourage programs to monitor the news because of its far-reaching influence on public perceptions of trauma and community violence. In the absence of direct, personal experience with violence, much of what the public knows about the subject comes from the news media. The news has a particularly strong influence on decision-makers, who often respond to what they see in the news and sometimes even consider it a barometer of public opinion. Therefore, understanding how trauma and community violence are portrayed in the news offers important insight into how the public and policymakers may think about the causes of and solutions to community violence.

By monitoring the news, advocates seek to answer two fundamental questions: *"If the public's information about violence came only from the media, what would they know? What wouldn't they know?"* Answering these two questions helps identify gaps in news coverage and points the way toward strategies to shape news coverage in a positive direction.

Reasons to Monitor the News

HJA partners have noted that victim-blaming and an overemphasis on individual responsibility are core challenges with media portrayals of community violence. As one of our colleagues stated, young men of color who survive violence are at times asked, "What did you do to get yourself shot?" rather than, "What happened to you?"

This first question — which implies violence survivors are responsible for harms done to them — reflects distorted patterns of news coverage of violence. Typically, the news underrepresents people of color as victims of crime and depicts crime as a series of isolated events disconnected from broader social forces. In fact, research shows that news stories about individual crimes appear at roughly [10 times the rate](#) as stories about the broader issues of community violence or community safety.

News coverage that disproportionately features individual crimes reinforces a long-standing cultural bias that we call the default frame of "rugged individualism." This frame falsely attributes social and health problems exclusively to individual flaws as if everything can be solved with just more personal responsibility. Personal responsibility is important, of course, and it's important to help individuals find alternatives to violence. But when news stories frame violence as simply a matter of personal responsibility, the root causes of community violence and policy solutions to it are likely to remain hidden from view. News monitoring allows us to identify these and other patterns in news coverage which will make it easier to confront and correct it. As a society, we can't solve the problem of violence if we can't see it in its entirety. In the near term and at the local level, news monitoring can help programs identify reporters who need more background information on the root causes of violence and how trauma-informed practices can help—and monitoring can also help identify reporters who are doing a good job covering the issue.

Tools for news monitoring

Systematically monitoring the news is a powerful way to identify opportunities to insert your frame into news coverage and to evaluate progress toward changing the discourse. You don't have to do a formal research study, but you do need a way to easily find the news coverage that has an impact on how key audiences see your issue. User-friendly tools are available that can help with news monitoring:

- [Feedly](#) is a news aggregator application that combines news from different sources and stores them in one place.
- [Google Alerts](#) allows users to identify topic areas they wish to track and receive daily emails, with links to relevant stories.
- [Hootsuite](#) allows users to sort and organize Twitter and Facebook feeds by issue area, making them easier to find without endless scrolling.

To see an example of news monitoring, you can sign up for [In the News](#), BMSG's daily news monitoring service.

Key news monitoring questions

If we want to build support for the changes we seek, we need to make sure that not only the work of HJA groups is featured in the news, but also that issues of violence and trauma are framed in ways that broaden the conversation. The following are examples of the kinds of questions to consider when monitoring the news:

- **Where and when was the piece published? Who wrote the piece?** Collecting basic information allows you to identify which periodicals or stations are paying attention to the issues of violence and trauma. Knowing who wrote the article or produced the segment allows you to track and build relationships with the journalists that are covering violence ([see tool 6, “Working with journalists,”](#) for more about this).
- **Who speaks?** Journalists are constantly looking for reliable spokespeople to provide quotes and sound bites that bring their stories to life. BMSG’s research on California news coverage of violence found that law enforcement officials are currently [more likely to be quoted](#) in news stories about violence than other key stakeholders. Review news stories to see whether other key voices — such as survivors of violence, social workers, educators, physicians, business leaders and parents — are featured as well. Once you learn whose voices are missing, you’ll be better able to figure out how to fill the gap. You can start with a simple email to a reporter to invite them to a meeting and have them learn about your work.
- **How are survivors portrayed?** In light of the biases described above, it’s important to ask whether survivors of violence are portrayed in a humanized way. Are they implicitly portrayed as being at fault for the violence they survived? Are they portrayed as helpless victims, or change agents actively supporting others who have experienced violence?
- **Does the story address root causes of violence?** Because of the overrepresentation of crime stories in the news, it is worthwhile to examine the extent to which stories highlight the systemic causes of violence such as underinvestment in low-income communities of color, easy access to weapons, toxic masculinity or other social injustices.
- **Does the story provide an equity or racial justice lens?** Contemporary and historical race-based injustices are often among the most important root causes of violence, yet it is uncommon for these factors to be discussed in the news. Journalists who write compellingly about racial justice can be key allies in highlighting the work of HJA groups and elevating themes of healing and justice.
- **What solutions, if any, are discussed?** Traditionally, news highlights problems more than solutions. Stories that bring solutions to the fore, however, play an important role in helping the public and policymakers understand that violence is a solvable problem in our communities.

In an ideal world, news monitoring is done on an ongoing basis. But if that’s not feasible, you can also do news monitoring as a short-term exercise or in response to an immediate need. For example, if your organization aims to equip young people to speak with the media, a news monitoring exercise might be included as part of their training. Using one of the news aggregating tools above, you can pick out 5 or 10 print or T.V. stories, and then work as a team to analyze them, using the table below as a guide. In addition to providing a sampling of the recent news coverage, this exercise is a great way to help young people learn to critically analyze news stories about violence.

If you are planning to hold a news conference or some other media event, you also might consider doing news monitoring in the weeks leading up to the event so that you have a clear sense of what current coverage has focused on and how you can “piggyback” on it.

There is no one “right way” to monitor the news; what’s important is to go about it in a way that is realistic for your organization and as systematic as possible. You can use the table on the worksheet below, or a modified version of it, to help you organize any news monitoring process.

CHANGING THE DISCOURSE ABOUT VIOLENCE: SHAPING STORIES ACROSS SECTORS

Ensuring that our communities are safe, trauma-informed, and free of violence is a multi-sector effort. Health care, schools, businesses, public health, youth-serving organizations and other groups all have an important role to play. Yet even though violence directly impacts — and is impacted by — virtually all sectors of society, it is most likely to show up in just one section of the news: crime stories.

BMSG research found that news stories about crime outweigh stories about community violence by a 10:1 ratio. This means that when policymakers or the public read or watch a news story about violence, they are much more likely to learn about an individual person harming someone else than they are to learn about a community-wide problem that can be solved with a public health approach. What's at stake here is that if the problem is framed solely in terms of "bad people," punishment may be the only solution that comes to mind.

To help policymakers and the public understand the root causes of violence and what can be done about them, it is important to seize every opportunity to begin to tell more complete stories about violence and violence prevention across news sectors. Here are a few examples of how the public health approach to violence prevention could appear in stories outside the criminal justice realm:

- An education story about socio-emotional learning could discuss the potential impact of these programs on violence prevention.
- A story about a newly approved hospital expansion could include what that hospital will be doing (or should be doing!) to provide trauma-informed, culturally appropriate care to young men of color who have experienced violent injury.
- A business story could talk about local businesses willing to "ban the box" and hire people regardless of whether they have prior convictions.

What connections to violence prevention would you like to see in news coverage in your local area? To get started, here's a quick exercise you can do with a team of colleagues:

"Every time there's a story about _____, it should mention _____."

Although answers will vary from one site to the next, here are a few possible HJA-style responses that may help spark some ideas of your own:

"Every time there's a story about health care services it should mention trauma-informed care in hospitals."

"Every time there's a story about a shooting it should mention the work of violence interrupters."

"Every time there's a story about high school dropout rates it should mention how trauma-informed programs in school improve graduation rates."

This exercise doesn't need to take long. In fact, you could do it in just a few minutes at a staff meeting. The answers can help you focus your strategic communications goals and identify the information you will want to share with reporters.

If you're looking to take a slightly deeper dive, the worksheet below provides another way to approach the same issue. Each row lists a different news beat, and the columns ask questions that prompt you to consider whose voices are heard in the news, what stories are told, and how those stories connect back to each sector. As always, let your overall strategy guide your answers. What are the changes you want to see in the community, and how would news coverage need to change to garner public support for those changes?

WORKSHEET: SHAPING STORIES ACROSS SECTORS

Instructions: The questions below ask you to consider how you can connect community safety to news stories in sectors that are not traditionally associated with community violence and safety. The following page contains an example.

What sector does your story idea connect with?	How does community violence affect stakeholders in this sector – doctors, students, employers, etc.?	What does violence prevention look like within this sector, and how are stakeholders working to address it?	How does the sector’s work to prevent community violence contribute to building safe communities?
EDUCATION			
BUSINESS (finance, business development, private sector, etc.)			
HEALTHCARE			
OTHER			

WORKSHEET EXAMPLE: SHAPING STORIES ACROSS SECTORS

What sector does your story idea connect with?	How does community violence affect stakeholders in this sector – doctors, students, employers, etc.?	What does violence prevention look like within this sector, and how are stakeholders working to address it?	How does the sector’s work to prevent community violence contribute to building safe communities?
EDUCATION	A story about how classmates use social media to inspire hope and resilience	A story about how socio-emotional learning in schools could address the impact of these programs on students’ short and long-term coping skills and resilience – and the reduction of community violence in communities that invest in children’s emotional wellbeing.	A data-driven success story that shows lower suspension and expulsion rates in schools that implement trauma-informed practices. The story mentions how restorative school practices help promote community safety.
BUSINESS (finance, business development, private sector, etc.)	A story about how community outreach workers have succeeded in helping youth formerly involved with gangs get jobs with local businesses.	A story about how local businesses that are willing to “ban the box” and hire formerly incarcerated people create safer communities for all.	A story about how a local credit union that offers low-interest loans to low-income people explains how credit helps created a thriving, safe community.
HEALTHCARE	A story describes the unmet mental health needs of patients who have survived violence, and the toll this takes on survivors, their family members and the hospital staff who provide them with treatment.	A feature story on a trauma surgeon who has taken the initiative to create a peer support program for gunshot victims in the hospital.	A story about how increasing access to mental health services for survivors of violence reduces trauma, thereby decreasing the chances of re-victimization.

ELEMENTS OF NEWSWORTHINESS

Unfortunately, community violence happens every day – but fortunately, so do efforts to make our communities safer. When a story about community violence or trauma is covered in the news, we can ask, why did that particular story appear in the news on that particular day? While many factors influence why reporters and editors select some stories and not others, there are patterns. The elements of newsworthiness help advocates make sense of what these patterns are and give us ideas for how to make our stories compelling for reporters. Reporters commonly refer to the catalyst for a story as a "news hook." The table below provides 11 elements of newsworthiness that you can use to help find the news hook for your story. Sometimes, your news hook will "piggyback" on a story that's already been in the news. Other times, you will be pitching a new story. When you pitch your story to reporters, emphasizing what makes your story newsworthy ([see tool 9 "Pitching your story"](#)) can increase the chances of getting your story reported.

ELEMENT OF NEWSWORTHINESS	KEY QUESTIONS	EXAMPLE
CONTROVERSY	<ul style="list-style-type: none"> • What drama or controversy do you want to highlight? • What is at stake? For whom? • Should a business, institution, or government agency be doing something differently? • Are rules or regulations being violated? • Who is benefiting from this problem not being solved? • Who is losing out? How? 	<p>A controversial ballot initiative would reduce the size of the prison population and reduce recidivism in your state – but some argue it would make communities less safe by releasing low-level offenders into the community. The debate that this initiative inspired was the catalyst for a great deal of thoughtful coverage about the challenges, risks, and rewards of building and maintaining safe communities across the state.</p>
IRONY	<ul style="list-style-type: none"> • What is surprising about this story? • Is there a contradiction to point out between how things should work and how they are really happening? • Is there hypocrisy to reveal? 	<p>In an effort to drum up business and increase awareness of its services, a local hospital initiated a major billboard campaign throughout the city. Yet despite the fact that people of color are in the majority among hospital staff and the surrounding community, providers depicted in the ads were almost entirely white. The ads sparked controversy, and several local media commentators noted the ads were emblematic of deeper power imbalances within the city. Violence prevention and trauma-informed care advocates used the irony of these ads to write a letter to the editor calling for culturally appropriate services at the hospital for people of color.</p>

ELEMENT OF NEWSWORTHINESS	KEY QUESTIONS	EXAMPLE
INJUSTICE	<ul style="list-style-type: none"> • What is inequitable or unfair in the story you are pitching? • About the decision of an institution, business, or government agency? About the treatment of a community or vulnerable group? • Is this injustice serious enough for the media to adopt an ongoing watchdog role? 	<p>Advocates denounce inflammatory coverage of a proposed statewide policy that would eliminate unfair barriers to hiring formerly incarcerated people.</p>
ANNIVERSARY	<ul style="list-style-type: none"> • Can your story be connected to the anniversary of a local, national, or historical milestone – like an incident of violence, or the beginning of a safety initiative? • Was legislation passed or regulation approved that has made communities safer – or should have? • Does the anniversary offer the opportunity to ask what happened then and where we are now? • What progress has been, or should have been made? 	<p>On the two year anniversary of a high profile school shooting, politicians and gun control advocates called for stricter and more comprehensive background checks for people purchasing guns online and at gun shows.</p>
BROAD POPULATION INTEREST	<ul style="list-style-type: none"> • Does this story affect a lot of people, or does it relate to groups of special concern, like children, young men of color, or educators? • Can you think of a way that the story affects a lot of people even if it is related to a specific group? • How can your story emphasize the aspects of community violence prevention that are important, interesting, or appealing to the broadest number of viewers or readers possible? 	<p>Advocates making the case for trauma-informed care describe their city's pride in the quality of care at their world-class trauma center. They explain that, in order to live up to its reputation and make all people in their city proud, the hospital must not just treat physical trauma, but psychological trauma as well.</p>

ELEMENT OF NEWSWORTHINESS	KEY QUESTIONS	EXAMPLE
EVENT/STORY WITH LOCAL INTEREST	<ul style="list-style-type: none"> • Is there an event related to community safety (like a talk, fair, ribbon cutting ceremony, etc.) that readers or viewers should know about? If not, can you create an event? • How can your story about the event emphasize solutions and collective action? • What about your story is important or meaningful to the local audience that reads a specific outlet or watches a specific channel? • Note of caution: Planning events takes a lot of work. If you are doing an event exclusively for media attention, you may want to make sure ahead of time that your event will get covered. 	<p>Through a broad-based community effort, residents in your city have joined forces to implement a 4-day moratorium on violence.</p>
SEASONAL/HOLIDAY LINK	<ul style="list-style-type: none"> • Can your story, issue, or policy be connected to a holiday or seasonal event? 	<p>As the holidays approach, writers invoke peace and the spirit of the season in articles that point to childhood trauma as a root cause of community violence. They call for policies that would build resilience in young people – and ultimately, would lead to safer communities.</p>
BREAKTHROUGH/MILESTONE	<ul style="list-style-type: none"> • Does the story describe breaking news relating to community violence? • Does the story mark an important medical, political, or historical first? • Can you make the case that, given a particular event, decision or action, things will never be the same with respect to community violence, or to safety in your community? 	<p>A housing project in your area is the site of an innovative violence interruption program. The precedent-setting program has led to a significant milestone: 365 days without a single homicide.</p>

ELEMENT OF NEWSWORTHINESS	KEY QUESTIONS	EXAMPLE
PERSONAL ANGLE	<ul style="list-style-type: none"> • Is there a person who can serve as a representative example of the broader problem of community violence – for example, a person with direct experience who can provide an authentic voice? • Is that person prepared to talk to a reporter about community violence in a way that emphasizes the necessary policy solutions, and illustrates that prevention is possible? 	<p>A local mother who lost a child to violence comes forward to tell her personal story of loss, and advocates for greater funding for violence-prevention initiatives. People who have lost loved ones to violence are powerful and effective authentic voices for systemic changes that would prevent other families from experiencing their loss.</p>
NEW DATA	<ul style="list-style-type: none"> • Does the story describe novel data or statistics that are important for understanding community violence and what to do about it? • Is there a way to report on the data in a way that emphasizes its implications for policy solutions and preventing future incidents? • Are there national data that can be disaggregated and made local? 	<p>Your medical center just completed a 3-year study showing that the odds of re-victimization among young men in your trauma-informed program are much lower than among those who did not have access to trauma-informed care. The release of local data is an important hook for reporters that can help you disseminate important findings to a much wider audience.</p>
CELEBRITY OR POP CULTURE APPEAL	<ul style="list-style-type: none"> • Do any celebrities support your issue and policy goal? • Would they be willing to lend a hand to your efforts? • Is there a local celebrity or community leader with public standing whose affiliation with your site would bring good attention? • If you can form a partnership with a celebrity or public figure, will the relationship be worthwhile – and predictable? (A word of caution: We can't control what celebrities do, nor the media attention they attract. Would it be devastating for the organization if, in the future, the celebrity were involved in a controversy antithetical to your organization's values?) 	<p>A well known musician will be performing at a summer festival dedicated to promoting alternatives to violence. In partnership with your organization, she becomes an outspoken advocate for violence prevention initiatives.</p>

Examples of HJA in the News

Example 1

The Seattle Medium, Seattle’s largest African American newspaper, [ran a feature story](#) on the work of Dr. John Rich and Dr. Ted Corbin, who co-direct Philadelphia’s “Healing Hurt People.” The article describes the commitment of Rich and Corbin to ensure that young men of color in Philadelphia have the opportunity to heal when they experience trauma. “We see young people (8 to 30 years old) who have more potential, intelligence and strength than we had...” Rich said. “But they have the same kind of disruption in their lives — post-traumatic stress disorder — as soldiers returning from war-torn countries. Most of the time, the healthcare system treats [victims] as if they caused the injuries themselves and don’t provide them care. We realized...how critical it was to address those issues.”

What makes it newsworthy? The personal angle is what makes this story newsworthy. The Seattle Medium has a history of featuring the work of African Americans leading change in a variety of fields. In this story, they chose to feature the work of doctors Corbin and Rich.

Example 2

On April 13, 2017, [National Public Radio ran a story](#) featuring new data collected by the Vera Center on Youth Justice. Because the Vera Institute’s work built on earlier research conducted by “Make it Happen,” a Brooklyn-based HJA site, the story included an interview with Make it Happen’s Kenton Kirby. Kirby, a licensed social worker, used the interview as an opportunity to highlight the need for more culturally appropriate victims’ services: “So you have this disconnect of what does the help or support look like when [traditional health services] have been oppressive to communities of color. We approach the work we do with young men from that lens, understanding that it’s really important for us to build trust.”

What makes it newsworthy? Newly released data on an understudied issue was the news hook for this story. Because the Vera Institute’s study focused on the most effective ways to reach young men of color who survived violence, it made sense that the story would include quotes from Kirby, an expert on the issue.

Example 3

In an [op-ed published in the Huffington Post](#), Brian Pacheco of Safe Horizons piggy-backed on news stories about the sexual assault of the son of a former NBA star to highlight the need for culturally appropriate trauma-informed services. Zeke Thomas, the son of NBA legend Isaiah Thomas, is a gay African American man who publicly shared his story as a survivor of sexual assault. In his op-ed, Pacheco highlighted the fact that many young men of color experience various forms of assault yet do not get the care they need. Pacheco further described the need for taking an intersectional approach to trauma-informed care that accounts for the unique needs of LGBTQ+ young people who often fall through the cracks of traditional victims’ services.

What makes it newsworthy? Brian Pacheco used the strategy of piggy-backing on breaking news about a celebrity to make his story newsworthy and to grab readers’ attention.

“But they have the same kind of disruption in their lives — post-traumatic stress disorder — as soldiers returning from war-torn countries. Most of the time, the healthcare system treats [victims] as if they caused the injuries themselves and don’t provide them care. We realized...how critical it was to address those issues.”

- Dr. John Rich

WORKSHEET: IDENTIFYING NEWS HOOKS FOR YOUR ORGANIZATION

Instructions: Based on the description of each element of newsworthiness, try to think of a possible news hook for as many of the elements as possible. Consider what has been in the news lately in your area. Are there opportunities to piggyback on existing news? Are there opportunities to generate new leads for reporters?

ELEMENT OF NEWSWORTHINESS	KEY QUESTIONS	YOUR EXAMPLE
CONTROVERSY	<ul style="list-style-type: none"> • What drama or controversy do you want to highlight? • What is at stake? For whom? • Should a business, institution, or government agency be doing something differently? • Are rules or regulations being violated? • Who is benefiting from this problem not being solved? • Who is losing out? How? 	
IRONY	<ul style="list-style-type: none"> • What is surprising about this story? • Is there a contradiction to point out between how things should work and how they are really happening? • Is there hypocrisy to reveal? 	
INJUSTICE	<ul style="list-style-type: none"> • What is inequitable or unfair in the story you are pitching? • About the decision of an institution, business, or government agency? About the treatment of a community or vulnerable group? • Is this injustice serious enough for the media to adopt an ongoing watchdog role? 	
ANNIVERSARY	<ul style="list-style-type: none"> • Can your story be connected to the anniversary of a local, national, or historical milestone – like an incident of violence, or the beginning of a safety initiative? • Was legislation passed or regulation approved that has made communities safer – or should have? • Does the anniversary offer the opportunity to ask what happened then and where we are now? • What progress has been, or should have been made? 	

ELEMENT OF NEWSWORTHINESS	KEY QUESTIONS	YOUR EXAMPLE
BROAD POPULATION INTEREST	<ul style="list-style-type: none"> • Does this story affect a lot of people, or does it relate to groups of special concern, like children, young men of color, or educators? • Can you think of a way that the story affects a lot of people even if it is related to a specific group? • How can your story emphasize the aspects of community violence prevention that are important, interesting, or appealing to the broadest number of viewers or readers possible? 	
EVENT/STORY WITH LOCAL INTEREST	<ul style="list-style-type: none"> • Is there an event related to community safety (like a talk, fair, ribbon cutting ceremony, etc.) that readers or viewers should know about? If not, can you create an event? • How can your story about the event emphasize solutions and collective action? • What about your story is important or meaningful to the local audience that reads a specific outlet or watches a specific channel? • Note of caution: Planning events takes a lot of work. If you are doing an event exclusively for media attention, you may want to make sure ahead of time that your event will get covered. 	
SEASONAL/ HOLIDAY LINK	<ul style="list-style-type: none"> • What about your story, issue, or policy goal can be connected to a holiday or seasonal event? 	
BREAKTHROUGH/ MILESTONE	<ul style="list-style-type: none"> • Does the story describe breaking news relating to community violence? • Does the story mark an important medical, political, or historical first? • Can you make the case that, given a particular event, decision or action, things will never be the same with respect to community violence, or to safety in your community? 	

ELEMENT OF NEWSWORTHINESS	KEY QUESTIONS	YOUR EXAMPLE
PERSONAL ANGLE	<ul style="list-style-type: none"> • Is there a person who can serve as a representative example of the broader problem of community violence – for example, a person with direct experience who can provide an authentic voice? • Is that person prepared to talk to a reporter about community violence in a way that emphasizes the necessary policy solutions, and illustrates that prevention is possible? 	
NEW DATA	<ul style="list-style-type: none"> • Does the story describe novel data or statistics that are important for understanding community violence and what to do about it? • Is there a way to report on the data in a way that emphasizes its implications for policy solutions and preventing future incidents? • Are there national data that can be disaggregated and made local? 	
CELEBRITY OR POP CULTURE APPEAL	<ul style="list-style-type: none"> • Do any celebrities support your issue and policy goal? • Would they be willing to lend a hand to your efforts? • Is there a local celebrity or community leader with public standing whose affiliation with your site would bring good attention? • If you can form a partnership with a celebrity or public figure, will the relationship be worthwhile – and predictable? (A word of caution: We can't control what celebrities do, nor the media attention they attract. Would it be devastating for the organization if, in the future, the celebrity were involved in a controversy antithetical to your organization's values?) 	

WORKING WITH JOURNALISTS

Journalists covering violence will be more likely to incorporate public health perspectives into their reporting and include advocates as sources in their stories if they have developed a relationship with you and clearly understand the work you do. It's important to build relationships with reporters, producers, bloggers and other media professionals so they come to view you as a valued source of information. Once you become a trusted contact, reporters can turn to you for a statement, data or other information when they have a story to tell about violence and trauma prevention in the community. You can also connect journalists with sources who have firsthand experience with the issue of community safety and violence and are prepared not only to tell their personal stories, but also to highlight solutions.

But with so many media outlets available today, which ones should you reach out to? And with so much information competing for media professionals' attention, how can you break through the noise and cement meaningful relationships?

Here are some tips and strategies to help you establish and maintain relationships with media professionals and become a reliable source in today's saturated media landscape:

Identify reporters to connect with, and monitor their work regularly

- Which outlets reach your target audience (as determined by your overall strategy) or are otherwise important for your work? Be creative. Think daily (breaking news) as well as long-term (in-depth, like magazines). Does your target respond to national news, or local, mainstream outlets? What about outlets that target specific racial or ethnic groups?
- Identify a few local media professionals with whom it's important for you to be on a first-name basis. Watch, read and listen to the media channels that employ those reporters. Read (or watch) their coverage of issues related to community safety (including economic development, education, childhood trauma, etc.). Start with one or two and then build from there.

Build contacts with the media by watching for articles about your issue

- Starting with the reporters you have identified as crucial, build a media list and harvest bylines from your news monitoring for a contact database. Whatever program you use to build your database, make sure it's easy to use and can be regularly updated. It might be as simple as creating a folder in your contacts list on your phone called "media" and storing reporters' information there. It might be the same database you use for news monitoring. [See Tool #4 "News Monitoring."](#)
- Send an email to every media professional you add to the database, introducing yourself, letting them know the issues for which you can serve as a resource, and explaining why you would be a good contact. For example, you can talk about helping the journalist present a different perspective on community violence and offer to provide access to valuable story elements like key sources in the community, data, or visuals. Initially, you don't have to be pitching a story. Get to know reporters before you need them. Most of them are eager to have contacts and real connections the community. Invite them for coffee and get to know each other. Send them a note letting them know what you think about a story they've done and how you can be of service when the topic comes up again.
- Connect with key reporters on social media. Journalists increasingly use Twitter, Facebook, and other platforms to discover stories, find sources, connect with the public and get feedback on specific topics they are researching for a piece. Take advantage of the accessible nature of these networks to cultivate relationships. Following reporters on Twitter is an especially good way to start building a relationship, since it lets you see what they are interested in and communicate directly with them in real time.

Contact reporters — especially when they do a good job — to build relationships with them

- Positive reinforcement is a good way to establish rapport. Although journalists get a lot of exposure, they don't always get a lot of feedback, especially positive feedback. Be sure to contact reporters to let them know when they've done stories that were fair and accurate, even if the stories weren't perfect. Building relationships with reporters creates opportunities to educate them when there is a need to do so, for example, by volunteering to help them fill gaps in their reporting on communities affected by violence. Providing reporters with fact sheets about the drops in re-injury that stem from trauma-informed programs, for example, can be a good way to prove your willingness to help the reporter, not just criticize.
- Offering a new story angle can be helpful and appreciated. Think about the kinds of stories you want to see, and how to pitch them. Could you help a reporter tell a story about, for example, the hidden heroes working to sustain a recent drop in crime, or unique approaches to addressing the root causes of violence?
- Another way to help reporters is to connect them with compelling spokespeople, such as survivors of violence, community residents and leaders, researchers, people working to prevent violence, and youth. Prepare and train these sources to speak confidently with the media and create opportunities for them to practice.
- One of the best ways for reporters to develop a deeper understanding of your work is to invite them to a site visit. Groups have had success inviting reporters to attend open house events, visit their offices, or go on a guided tour of the community. Think of your relationship with journalists as a long-term investment. The more the journalist is educated about the issue of violence prevention, the more interested and effective they will be in covering this issue. Be sure to tour the "solution" and not just the problem.

When reporters are in a time crunch and can only make a few calls to fill gaps in a story, you want to be the one they call!

Provide journalists with the resources and story elements they need to tell compelling stories

- Provide journalists with resources to help them tell a complete story, such as fact sheets with relevant data and statistics; compelling visuals; and short, powerful quotations. This information makes it easier for journalists to do their job, and you increase the chances that the final news story will reflect your desired frame. You can't control how the reporter will develop their story, but information you provide can influence the form the story takes.
- Remember that reporters tell stories more than they describe issues. Good stories have a scene, a plot, action and characters. A story about a family struggling with the loss of a loved one to violence, for example, holds more interest than a story about a conference, a new grant cycle, or the components of your program. Practice tying individual stories to the broader social changes that are needed to prevent violence in the community at large.
- In preparing for a meeting with journalists, it can be helpful to prepare story elements, which are the pieces reporters put together to tell a good story. These include visuals, media bites, "authentic voices" and social math.
 - o **Visuals** are particularly important in today's visually-oriented media landscape. To determine what visuals to include, envision your story through the eyes of a camera. What images will demonstrate what your work is all about? Compelling visuals are related to the work you do, whether that is a street outreach worker engaging with young men in his or her community, a counselor meeting with a patient at their bedside, or a trauma-informed restorative justice circle in a school.
 - o **Media Bites** are short, memorable statements that help audiences understand your frame. Reporters face serious time and space constraints. A television segment on your work may be as short as 30 seconds. Therefore, a media bite should be simple enough to be copied down verbatim by a reporter, easy to repeat, and short enough to make it unedited into a short clip in the nightly news.

- o **Authentic Voices** are spokespeople who can provide an insightful perspective on violence based on their personal or professional experience. Research has shown that the perspectives of survivors of violence, community leaders, faith leaders, healthcare professionals, and teachers are underrepresented in news stories, as are the voices of people of color. Because speaking to the media is challenging, make sure that authentic voices have an opportunity to practice developing and delivering their message.
- o **Social Math** helps make large numbers more comprehensible to audiences. To calculate [social math](#), restate large numbers in terms of time or place, personalize numbers, or make comparisons that bring a picture to mind. For example, to drive home the significance of the 34,000 gun deaths that occur in the United States each year, you could say that every day, there are 96 people killed with a gun. Consider how can you use social math to describe the number of people reached by your program, the number of people in your community who die needlessly each year from violence, the racial disparities in violent injury in your area, or another important statistic crucial to your work.

Build client safety into the relationship from the beginning

- HJA organizations have noted that when engaging with reporters, it is important to clearly establish boundaries to protect client safety from the beginning. While violence survivors can be excellent spokespeople for violence prevention (and talking to reporters can be a positive experience for young people), safety is first and foremost. For clients who have recently experienced a traumatic event, safety means that their media experience should be positive and not re-traumatizing. Clients should be informed that they can stop an interview at any time if they are no longer comfortable. Educate journalists about the basics of trauma so that they can ask questions that humanize survivors and do not re-traumatize them. The Dart Center for Journalism and Trauma's [Ethical Reporting on Traumatized People](#) webpage is a helpful resource to share with journalists.
- Individuals who are far along in the recovery process, or who are past survivors that are now working to support others through trauma may be more appropriate spokespeople than a more recent survivor.
- While it is important for clients to feel free to tell their story in their own voice, practice and preparation can be helpful. Many HJA organizations provide clients with talking points and practice with them prior to their interview. Reading and discussing recent news stories about violence can similarly be an effective way of helping clients engage with the current narrative and understand gaps they can help fill. Taking the time to prepare in these ways can reduce the anxiety of the interview, ensure message consistency, and help clients understand the important role they play in changing the media narrative.

Social Math helps make large numbers more comprehensible to audiences. To calculate social math, restate large numbers in terms of time or place, personalize numbers, or make comparisons that bring a picture to mind.

WORKSHEET: WORKING WITH JOURNALISTS

Instructions: Respond to the questions below to help you identify news outlets and reporters to work with, and to prepare the materials you will need.

1. Our overall goal is to (refer to Tool 1 "[Layers of strategy](#)" or Tool 2 "[GOTMME](#)):

2. The target (person or institution) who can enact the change we want is:

3. The media outlets that could reach this target are:

a. Newspapers: _____

b. Radio Stations and Programs: _____

c. TV Stations and Programs: _____

d. Online Outlets: _____

4. The journalists we are planning to build relationships with are:

Journalist Name	Outlet	Recent articles/ segments	Twitter Handle	Email Address	Phone

RESPONDING WHEN A REPORTER CALLS

If you understand a journalist's needs, you will get better coverage of your issue, and the reporter will view you as a reliable and valuable source. Whether you have an established relationship with a reporter or are responding to a journalist you haven't met, four simple questions can help you figure out what their needs are when they call you about a specific story:

What's your story about?

When you ask a reporter this question, you are finding out a lot about the story's angle. Most likely, you will want to reframe or add a new perspective to the reporter's starting point. Hearing the answer to the question, even though it may be very short, will help you figure out how to get from the reporter's initial story idea to something that, hopefully, includes your overall strategy.

Can you tell me who else you've spoken to?

It's important to know who a reporter has talked to – and what they may already know about the issue. For instance, you'll want to know if they've spoken with people whose perspective on community violence prevention opposes yours. Be prepared for some reporters to be unwilling or unprepared to reveal their sources, and don't be afraid to suggest other contacts who can help them flesh out their reporting.

What do you need?

Will you be able to provide good visuals, compelling data, or connections to sources whose perspectives are often left out of the news about community safety (like trauma professionals, community residents, trauma survivors or education professionals)? Whatever you provide, make sure to offer current or updated information. When information gets stale or outdated, it loses its news value, so providing the most current data and alerting reporters to changes in your issue increases the likelihood that reporters will be able to use it and that they will call you back.

What are your deadlines?

If journalists are to add new sources to their mix, those sources have to be ready and willing to talk and share resources – and to do it within a tight deadline. That means you need to respond promptly to reporters. It can be inconvenient, but important. When you drop everything to get a reporter what they need to tell a more complete and accurate story, they will remember. A quick and helpful response is a good long-term investment.

Remember that there is no obligation to respond to reporters' questions the moment they call. Many HJA organizations have found it effective to take down basic answers to these questions when a reporter calls, then discuss internally who will be the best person inside the organization to follow up. Do so in a timely fashion—be responsive to deadlines when you can—but do not be rushed.

When you ask a reporter what their story is about, you are finding out a lot about the story's angle. Most likely, you will want to reframe or add a new perspective to the reporter's starting point.

PITCHING YOUR STORY

Once you've built relationships with journalists ([See tool #6, "working with journalists"](#)) and decided which of the elements of newsworthiness you will highlight, how will you get your story covered? An important first step is pitching your idea to a reporter. A "pitch" is an invitation to do a story: a short description of your story and a concise argument for why a reporter should cover it.

A good pitch explains why your story is newsworthy and how it connects with a major issue of the day or a topic you know the reporter covers. Pitching stories persuasively increases the likelihood that reporters will be able to convince their editors to let them do the story. Here are some tips for giving an effective pitch to a reporter:

Preparing your pitch

- **Pitch ideas for specific stories.** As "60 Minutes" producer Don Hewitt once said, reporters don't tell issues, they tell stories, so craft your pitch with this in mind. For instance, the general topic of "trauma-informed care" isn't a story, but when someone is doing something about it, it is. For example, you could pitch stories about a new or changed program to help violence survivors gain jobs and enlist other survivors in the community in prevention, new research that shows the effectiveness of violence interruption, or a novel hospital-based strategy that is successful at stopping the cycle of violence.
- **Remember the 5 W's (who, what, when, where and why).** Pitches can be for original story ideas or they can "piggyback" off of other news stories by applying a new angle to a story already in the news. Either way, a pitch should answer several basic questions:

What happened (or is going to happen)?

Example of pitching an original story: *"Hi. I'm calling you today because young leaders from Alameda County are calling on the Board of Supervisors to increase funding for summer violence prevention and youth outreach programs . . ."*

Example of piggybacking: *"Hi. I'm calling you today because, as you may have seen in last week's news, an East Baltimore community was recently labeled one of "America's most dangerous neighborhoods." People in that neighborhood don't buy it – and they are rallying this afternoon to highlight the things about their neighborhood that make them proud."*

Why is it interesting/important/newsworthy?

Emphasize controversy, significance and timeliness ([see tool #5, "Elements of newsworthiness."](#)) Say why the story is timely now, and if you can, link the story to some other issue in the news.

Example of pitching an original story, continued: *"Everyone is thinking about summer, but the end of the school year and the rising temperatures mean there could be more violence in many communities. These young people are asking the Board of Supervisors to dedicate more funding to youth summer programs to build job skills and prevent violence before it happens. You know, we hear every day about 'youth violence,' but this is a unique opportunity to hear from youth themselves who are working to end violence in our community."*

Example of piggybacking, continued: *"That 'most dangerous neighborhood' label puts all of us here in East Baltimore in the national spotlight – a negative one. I'm talking about a unique opportunity to highlight work that young people are doing to end violence in our community."*

Who is the story about?

Example of pitching an original story, continued: *“This is a chance to show how motivated teens from Oakland – and their families, friends, teachers and neighbors – are working to end violence in their lifetimes.”*

Example of piggybacking, continued: *“The people of East Baltimore are painted with an unfair brush. We are the residents of a resilient and vibrant community whose stories were lost when their homes – and their lives – were described as just part of ‘America’s most dangerous neighborhood.’ What is missing from the story is the fact that this community is home to one of the nation’s most innovative violence intervention programs, and it’s being led by an amazing people born and raised right here in East Baltimore. Come and meet them!”*

Where and when will it happen?

Example of pitching an original story, continued: *“Come see what these young people are doing on Wednesday afternoon at 10 a.m. on the front steps of City Hall.”*

Example of piggybacking, continued: *“Incredible work is happening every day here. I can connect you with at least four community members who would be happy to take you through their work on a typical day and share their stories about their community.”*

Who is impacted?

Broaden the base of the story to the largest possible audience that attends to the media that you are pitching. Can you help the reporter see how the benefits of the program extend beyond the people who get the direct service? If you can show the benefits to the family, the hospital and even the whole community the reporter will know there is a wide audience for the story. The more people potentially affected, the better your story’s prospects.

Example of pitching an original story: *“This is a story about everyone impacted by violence – not just the young people you’re going to see on Wednesday. That’s why we want to make sure that you have a chance to cover groundbreaking work that’s changing this city for all its residents.”*

Example of piggybacking, continued: *“As Baltimoreans, we deserve to know our neighbors and fellow residents, and to learn and celebrate what makes Baltimore so rich and so worthy of positive attention. That’s why it’s so important for you to meet our violence interrupters—they are making this community a better place for all of us.”*

- **Suggest compelling visuals.** What will the news cameras record for the story? Programs in action? Meetings or other events that bring together community residents? Local art commemorating victims and survivors of community violence? Presentations to policy makers? Whatever visuals you have, make sure you can explain or evoke them. Think of your pitch like a movie – you need to make it come alive for the reporter.

Broaden the base of the story to the largest possible audience that attends to the media that you are pitching. Can you help the reporter see how the benefits of the program extend beyond the people who get the direct service?

Delivering your pitch

- **Consider the size of your media market.** In smaller media markets, you may be able to reach a reporter by phone. In larger media markets it might be best to use email or social media (like a direct message on Twitter) since reporters will get dozens of voice messages throughout the day and may be unable or unwilling to go through all of them in a timely fashion.
- **Be brief.** However you contact a reporter, keep your pitch simple, clear and concise. Just as reporters are often told not to bury their “lede,” or main point of their story, sources should heed the same advice. To better your chances of being heard, make the purpose of your call or email clear quickly. You don’t have to tell them everything about the issue, you just have to invite them to learn more about the newsworthy event you are pitching. They will learn more when they cover the story. Ask if they are on deadline; if they say yes, ask when you should call back.
- **Anticipate multiple scenarios.** On the phone, keep your pitch to a minute or less, and be prepared to give a “quick pitch” right away – the reporter might want to hear a bit before deciding to hear more. Be ready to “pitch” to voice mail – that is, give a brief description of your story or event, and clear contact information. Remember to leave your contact information.
- **Capture attention with descriptive subject lines.** For an email pitch, keep the text of the email short (1-3 paragraphs at most), and describe the pitch in the subject line, like “Story idea: How Crown Heights students plan to end community violence in their lifetimes.”
- **Maintain a sense of urgency.** Convey an energy level that says you understand the immediacy of news reporting. Emphasize newsworthy points – remember that the person you pitch to may need to then pitch to their editor. Why do they need to do the story right now? Why should they cover your story instead of whatever else they were planning to cover?
- **Practice.** Practice out loud with a friend or colleague, but don’t over-prepare – just speak from your heart and explain why this is an important story. Likewise, don’t read your pitch from a script.

Always follow up

- **Be patient but persistent.** Reporters often work on tight deadlines and may not be able to answer every email. When one attempt at communicating goes unanswered, that does not necessarily mean that the reporter is not interested. Be patient, and try again.
- **Don’t be discouraged if the first reporter you reach isn’t interested.** You may need to pitch your story to more than one reporter at a particular media outlet. That’s why it’s good to monitor the media and get to know several reporters and to build relationships with them before you pitch your ideas. Journalists depend on sources they can trust for good information.
- **Just because a story’s gone live doesn’t mean you’ve missed your chance.** Since news stories published online are often updated throughout the day, breaking news is no longer tied to just one deadline. So, even if you miss the first story posting, it may not be too late to get your perspective included in the updated version of the story.

Pitching stories to a reporter can be intimidating, but it gets easier with practice. Keep in mind, when you pitch a story to a reporter, you’re not asking for a favor – you’re alerting them to a compelling story and helping them do their job better!

On the phone, keep your pitch to a minute or less, and be prepared to give a 'quick pitch' right away.

WORKSHEET: PITCHING YOUR STORY

Instructions: Respond each of the questions below to help hone your pitch. Time yourself. Can you respond to all four questions in a 30-second voicemail, or a brief email?

1. What happened (or is going to happen)?

2. Why is it interesting/important/newsworthy?

3. Who is the story about?

4. Where and when will it happen?

WRITING EFFECTIVE LETTERS TO THE EDITOR ABOUT VIOLENCE PREVENTION

Letters to the editor provide a useful and visible forum in which community residents, advocates, and others can express their perspectives on community violence and how to end it. For example, in the aftermath of a violent incident or in response to a story discussing violence trends in your city, you can submit letters to the editor emphasizing the importance of addressing violence from a public health perspective and highlight relevant aspects of your work. Submitting a letter within 24 hours of the initial story will greatly increase the chances of your story getting published.

Most newspapers have online forms on their website for submitting letters to the editor. While these forms are typically easy to use, check them out ahead of time so you know the process and bookmark the webpage so you can find it quickly when it's time to respond.

You can use the letter to the editor worksheet on the following page to help you organize your ideas. Be creative, clear, opinionated, and succinct – keep it under 200 words.



In the aftermath of a violent incident or in response to a story discussing violence trends in your city, HJA organizations can submit letters to the editor emphasizing the importance of addressing violence from a public health perspective and highlight relevant aspects of your work.

WORKSHEET: WRITING EFFECTIVE LETTERS TO THE EDITOR ABOUT VIOLENCE PREVENTION

Instructions: Use the following template to help structure a letter to the editor. Remember to keep it to under 200 words.

Dear editor:

Re: [PUT THE DATE AND HEADLINE FROM THE ARTICLE YOU ARE RESPONDING TO HERE]

Yesterday, you reported that

This is [timely/interesting/ironic] because

As a [parent/nurse/advocate/community member/doctor/voter], my perspective is

What people don't realize is

One thing that could really make a difference is

Sincerely,

Signature

[Your name, address, email, and phone number]



Thank you for reading!

For more information: healingjusticealliance.org @HJAlliance
youthalive.org | cureviolence.org | bmsg.org | nnhvip.org

healing JUSTICE
● ● ● ● ALLIANCE

YOUTH
ALIVE!

CURE
VIOLENCE

NNHVIP

berkeley media studiesgroup

The recommendations in this toolkit are adapted from *News for a Change* (Sage Publications, 1999) and Berkeley Media Studies Group's work with advocates across the country.

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Reaching out to **Male Survivors of Violence**

This brief was developed to provide outreach and engagement best practices for agencies, community-based organizations, and other entities that are working with male survivors of violence. Currently, the victim services field is not addressing the needs of boys and men of color, who are experiencing violence at alarming rates and are not being connected to the services that they need. Through interviews with hospital-based violence intervention programs, school-based health centers, and community-based organizations, this brief offers recommendations for working with male survivors of violence, and how to create an effective continuum of care and support for this hard to reach population.

CHALLENGES TO OUTREACH AND ENGAGEMENT

The opportunity to work with male survivors of violence is rewarding, but also presents numerous challenges that can create barriers to engagement. Male survivors of violence are often disconnected from a strong family support system and struggle developing healthy and trusting relationships.¹ This disconnect creates young men who are often reluctant to engage with community service providers, and other related support systems. A number of outreach strategies offer ideas for developing the relationships necessary for successfully working with this population.

Understanding Violence as a Public Health Issue

Violence is a health crisis in the United States, and it should be recognized and treated as one. Rather than viewing violence as a political, moral or social problem that calls for harsh measures, many community leaders need help to understand violence as a public health problem. Like an epidemic disease, violence clusters, and spreads geographically. Many types of violence are transmitted between individuals, e.g. child abuse, community violence, partner violence, and suicide.

Furthermore, exposure to one form of violence transmits between types of violence: those exposed to war violence have an increased risk of perpetrating community violence and those exposed to community violence have an increased risk of perpetrating domestic violence.² Without a public health lens, because of their race and gender, male survivors of violence are often viewed as “perpetrators” or potential perpetrators, and any victimizations they experience are viewed by society as being at least partially their own fault. A public health lens properly applied dismisses racist societal constructs of “deserving” and “underserving” victims in favor of a trauma-informed perspective: anyone who is hurt needs healing; anywhere there is hurt, communities are vulnerable without intervention.

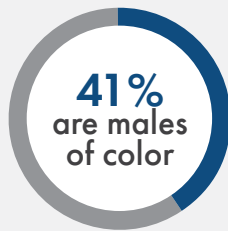
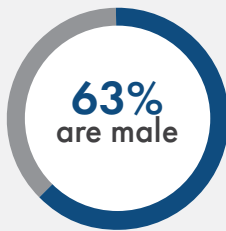
“ Male survivors of violence are often disconnected from a strong family support system and struggle developing healthy and trusting relationships. ”

“ Research indicates that victimized men and boys of color do not get the help and services they need. ”

Trauma Among Young Men of Color

Young men of color experience violence at alarming rates. Each year, over 1.5 million victims of violence are treated in hospitals nationwide for nonfatal gunshot, stabbing, and other physical assault injuries; nearly two-thirds (63%) are male, and 41 percent are males of color. Violence is the leading cause of death for African American males between the ages of 15 and 34 and the second-leading cause of death for young Latino males.³

Each year, over 1.5 million victims of violence are treated in hospitals nationwide



They are treated for:



Violence is the leading cause of death for African American males between the ages of **15 and 34**

Violence is the second leading cause of death for **young Latino males**



Young men of color are disproportionately affected by interpersonal and community violence. This uneven burden of both direct and indirect violent traumas can have negative impacts on the futures of these young men. For example, studies demonstrate that being a victim of violence places an individual at increased risk of becoming a perpetrator of violence.⁴ Violent victimization also increases the risk of being violently reinjured in the future.⁵ Research indicates that victimized men and boys of color do not get the help and services they need.⁶ Existing systems do not currently provide services nor do they have the cultural competency, capacity, or ability to engage, respond to and treat this population. The strategies often utilized by current service providers are simply not aligned with their needs.

Serving Young Men of Color

Many young men of color have directly or indirectly experienced negative encounters with systems, particularly law enforcement, that diminishes their likelihood to ask for or be referred to support services. This distrust creates a significant barrier that makes it challenging for service providers to engage these young men without first rebuilding trust and respect. This is further exacerbated by the fact that service providers generally do not have staff who are culturally diverse. Staff typically lack the necessary lived experiences and cultural awareness needed to connect and build trust with young men of color.

“As a society, we fail to recognize that some behaviors boys and young men of color express are in fact age and context appropriate. These negative behaviors are often logical responses to navigating the difficult terrain of tough urban neighborhoods.”⁷

Further, young men of color are overrepresented in communities with high concentrations of crime and victimization. This creates considerable challenges around safety. Young men of color are often reluctant to venture beyond the places where they feel safe to access services. There is a prevailing fear that their likelihood of victimization is increased once they venture beyond the immediate boundaries of their community.

“ Providers often struggle with how to respond to young men who have caused harm but have also experienced harm. ”

Additionally, issues around masculinity create a substantial barrier to engaging young men of color. Certain cultural norms of masculinity — the idea that men should be self-reliant, tough and aggressive — can lead to unhealthy behavioral patterns in all men.⁸ But for men of color, the issue is far more complex. Historically, men of color often shut down their emotions to avoid appearing vulnerable to social threats.⁹ This has resulted in a lack of willingness to seek out counseling and other trauma support services.

Lack of Culturally-Relevant and Gender-Friendly Services

Over the past 30 years, the victim services field has worked to develop and improve services and supports for crime victims, including victims of sexual assault and domestic violence. Young men of color have largely been left out of this push. This has resulted in a dearth of services and service providers who have the credibility and expertise to respond to the specific needs of young men of color. Often times, the practices and policies of service providers alienate and further traumatize young men of color.

Many services providers lack the credibility and cultural competence to engage young men in a meaningful way. Instead, the prevailing narrative of young men as “perpetrators,” even when victimized, creates an environment where young men of color are viewed as not being deserving of services.¹⁰

Further, many victim services agencies were developed to provide services to women and children. Providing services to men, particularly young men of color, presents many unexpected challenges. Program materials, policies and procedures are often developed in a manner that is not welcoming to men. As such, a significant organizational culture shift is often required.

Inflexibility of Services: Face Time is Key

Victim services providers have struggled to evolve and change the manner in which they deliver services, particularly to underserved clients such as young men of color. Service providers often require clients to come into

a physical office location at specified times in order to receive services. Staff are often unwilling to venture out beyond the confines of their offices, into the community, to engage clients in non-traditional ways. As discussed previously, many factors, such as perceived safety, make it difficult for young men of color to engage with service providers in the way they are traditionally accustomed to engaging with clients.

Young men of color are overrepresented in neighborhoods with high concentrations of economic deprivation which creates financial challenges to accessing reliable transportation. Access to reliable transportation, coupled with other factors, creates a significant barrier to service engagement. Requiring clients to consistently travel long distances to receive services creates challenges that do not take into account their financial limitations.

LESSONS FROM THE FIELD

To respond to violence in our communities and homes, reaching those most at risk for, or currently involved in, violence with effective strategies to support behavior change is crucial. However, traditional victim-service strategies for engagement may not be effective in addressing the needs of young men of color. Often, these individuals are not enrolled in academic or social services, and often may be reluctant to engage in formal help that is offered to them.



Image from 2017 Healing Justice Alliance Conference, photo credit: Move Photography

“ There is power in being able to authentically say 'I know what you've been through.' ”

Both systematic and cultural barriers, including racial inequity and masculinity and gender expectations, contribute to the challenges of engaging and providing services to this population. Effective methods for reaching males, such as hiring, training, and supporting peer counselors as outreach workers in communities most affected by violence are still tragically underutilized.

A proactive approach can include some of the following recommendations:

1. Hire Individuals with the Lived Experience

A key part of outreach is having someone that the young men can find relatable. For many of the Supporting Male Survivors of Violence sites, this means hiring a cadre of individuals that have the lived experience and the neighborhood context, and have a strong understanding of the environment that the young men are coming from. Individuals with these backgrounds can access a level with the young men that others, without it, cannot. There is power in being able to authentically say “I know what you've been through.” With or without a lot of self-disclosure, community peers have a unique opportunity to engage young men because of their shared experiences.

Remember, relationship comes before casework. Have those positive, healthy adults to build relationships with the young men and consistently be there for these even brief moments and interactions even when you think that nothing comes from that interaction. After a series of interactions, once that trust and relationship is built, then all of a sudden the young men will openly come to you, opening up about their stories and asking for help. Being there consistently for the small check-ins can amount to a stronger relationship being built. There's the famous aphorism that people don't care how much you know until they know how much you care. Young men of color who have been traumatized know how much you care by your time, attention, and consistency. Even if it is a little thing, like saying you will pick them up for lunch, showing up and doing it builds trust. Healing Hurt People, Philadelphia, found that establishing

a trusting relationship with other men in a safe and supportive manner is an important part of developing healthy behaviors. Deepening the understanding of what trauma-informed means when interacting with these young men is critical, and how you carry out those set of principles with them. Program staff stated: In doing so, the male mentors can engage the young men in a safety conversation in a way that is not prescriptive with the way that we think safety is but more so in a motivational interview perspective where we understand how they view safety and the contextual factors about what safety is to them. As a result, we make sure that whatever safety plan we are helping them to develop, that they are a lead in developing them.

2. Provide Culturally Appropriate Services

Research indicates that victimized men and boys of color do not get the help and services they need. Existing systems do not currently provide services nor do they have the cultural competency, capacity, or ability to engage, respond to and treat this population.¹¹ The strategies often utilized by current service providers are simply not aligned with their needs. Inability to access culturally appropriate services therefore increases the likelihood that men and boys of color will be forced to silently suffer the effects of victimization and trauma and less likely to heal. Further barriers to services and treatment exist in the context of male masculinity, as men struggle to self-identify as victims due to social norms that define victimization as weakness.¹²

Given these realities, it is important that those serving male survivors of violence enhance or offer more culturally relevant, trauma-informed services to better meet the needs of this population, such as:

Addressing Masculinity – Train service providers and staff on healthy masculinity. Often times, people are operating from a very limited definition of what it means to be a man or how a male should behave. Opening up that frame to include a more asset and strength-based understanding can facilitate a more positive, and healthy relationship with the young men that you are working with. Consider an organization's experience working with LGBTQ boys and young men? What support and/or resources are in place to offer LGBTQ clients?

Many males will resist identifying as a “victim” or possibly even as a “survivor.” Person-first language may be useful in separating a man’s experience or behavior from his identity (i.e. “the man who was shot” or “the person who shot me” rather than “the victim” or the perpetrator.” Person-first allows both providers and the men themselves to see an individual as more complex than a specific act or interaction.

It is important to understand the world through each man’s unique lens. By engaging in conversation with your male clients about what being a man is and to demystify and unpack what that means for them, the barriers to help-seeking may become more apparent. It may be helpful to reinforce the idea that asking for help reveals strength and leadership, and not weakness. When young men don’t ask for help when it is needed, they assume all burden that could be shared among peers, friends, and family members.

Being Trauma-Informed – Trauma impacts how individuals access services. Therefore, it is important to be aware that individuals who have experienced ongoing trauma, many of whom are survivors of violence, may encounter challenges with opening up about their experiences and building trust. Educate staff about what trauma is and how that might show up with the clients they serve, and how to respond most effectively, in order to prevent re-traumatization. There are numerous helpful resources and toolkits available online that programs can access to train staff on trauma informed practices and strategies.^{13,14}

Culturally-Relevant Content and Information – Is culturally and linguistically appropriate language at the center of an organization’s messaging? Is it strength-based? What images are used on the printed materials? Are they of other young men of color? If so, are they culturally-relevant and positive images of young men of color? One way to ensure that materials, content, and curriculum are aligned with the intended audience is to solicit input from the young men of color that are being served. Bring together a small focus group of young men to help inform and refine the materials so that they are culturally and generationally appropriate.¹⁵

Meet Young Men Where They’re At

Boys and young men often face increased risks and challenges to accessing services, waiting for them to come to request services is unlikely to result in high levels of engagement and service utilization. Strategies for working with boys and young men of color have to be targeted because there is no one-size fits all approach to reach all communities. Often times, creating universal strategies can lead to increased disparities; what works for one community might not work for another. It is important that service providers create opportunities for enhanced access to services and conduct strategic outreach and follow up with young men in the communities they seek to reach. Failure to consider this can result in frustration and burnout by direct service providers attempting to address the needs of survivors of violence.

Supporting Male Survivors of Violence sites have found that having presence in the community and face time with the young men is an invaluable strategy for recruiting them into their programs. For Healing Hurt People, Philadelphia, whose project recruit’s young men of color for a community health worker peer training academy, this proved to be successful.

Tony Thompson, Field and Training Coordinator had this to share about his outreach methods:

“There are places that of course where we have blind spots, but face time was very valuable in terms of recruitment; setting up time to meet with the client population to give context to what we were doing. After the first week of being out in the streets and meeting people, the applications started to flood in.”



Image from 2017 Healing Justice Alliance Conference, photo credit: Move Photography

“ Addressing trauma and violence often requires working with family members to examine the impact of these issues in the home. ”

For programs like the Boston Violence Intervention Advocacy Program (VIAP) at Boston Medical Center, this also means being out in the community strengthening partnerships and meeting the young men where they are. They partnered with a local community development corporation in Madison Park to provide career readiness services and full-time employment to eligible male survivors of violence in the neighborhood where they live. VIAP hosted a workforce development program that included a guaranteed job with Boston Medical Center after successful completion.

Sometimes, where services are provided can be a barrier for many young people to access; whether it is transportation and/or geopolitical, at times you have to be innovative with how and where you provide the services to reach your intended target population.

Engage Family and Community Members

The local community represents an important network for youth to access services and resources. Developing relationships, which may include their parents/guardians, friends, partners, members of their faith communities and the community-at-large, present an opportunity to expand the young men's support network. The development of this network helps to instill a belief that there is a supportive team working together for their benefit.

Addressing trauma and violence often requires working with family members to examine the impact of these issues in the home. California School-Based Health Alliance's Young Men's Empowerment Collaborative Program (YMEC), which works with young men in middle schools and high schools in West Contra Costa County, California, quickly realized that incorporating the young men's extended network is a key tenant in the success of their healing. Often times in the school settings, when parents/guardians are contacted it is usually for something that is not positive and so they are very quick to not respond

to a phone call from the school. The team has initiated a practice of small positive interactions with the parents/guardians – doing some awareness, appreciations, activities out in the community- to begin to build and strengthen relationships so that the team can be seen as a trusted support system for their youth but also for the parents as well.

CONCLUSION

Male survivors of violence come with a unique set of needs, but also with many natural talents and abilities. There are many institutional and systemic challenges that exist with serving this population that have much to do with misconceptions or stereotypes that are further perpetuated by societal, media, law enforcement and community messages regarding who victims are and whose victimization matters. This brief offers a set of practices that were informed by experts in the community working with this population with the intent of creating greater awareness for the needs of this population, and offers effective ways to better serve them in order to improve outcomes for male survivors of violence and support them on their path to healing.



Image from 2017 Healing Justice Alliance Conference, photo credit: Move Photography

ABOUT THE SERIES

The Healing Justice Alliance

The [Healing Justice Alliance](#) is a partnership between Youth ALIVE!, Cure Violence, the National Network of Hospital-based Violence Intervention Programs (NNHVIP) and Berkeley Media Studies Group. HJA has over combined 60 years of experience in training private and public sector agency leadership and staff members that are part of comprehensive, multi-system efforts that respond to crime victims and address violence as a health issue.

Based in Oakland, California, Youth ALIVE! works to help violently wounded people heal themselves and their community. Their overarching mission is to prevent violence and create young leaders through violence prevention, intervention and healing.

Cure Violence stops the spread of violence by using the methods and strategies associated with disease control – detecting and interrupting conflicts, identifying and treating the highest risk individuals, and changing social norms. Cure Violence is guided by clear understandings that violence is a health issue.

With over 30 member programs across the U.S. and beyond, the National Network of Hospital-based Violence Intervention Programs (NNHVIP) seeks to connect and support hospital-based, community-linked violence intervention and prevention programs and promote trauma-informed care for communities impacted by violence. Its vision is that all patients and families impacted by violence will receive equitable trauma-informed care through their hospital and within their community.

Berkeley Media Studies Group (BMSG) helps community groups and public health professionals practice media advocacy and the strategic use of mass media to advance policies that improve health. Ultimately, BMSG aims to help reshape how news, entertainment, and advertising present health and social issues.

“ There needs to be a significant shift in the way in which services are provided. ”

The Supporting Male Survivors of Violence initiative

In 2015, the Office for Victims of Crime (OVC) awarded the Healing Justice Alliance (HJA)¹⁶ a grant to provide training and technical assistance (TTA) to [FY 2015 Supporting Male Survivors of Violence](#) grantees. A collaboration between OVC and the Office of Juvenile Justice and Delinquency Prevention (OJJDP), the grant initiative aims to help improve responses to male survivors of violence and their families.

In 2013, OVC released its Vision 21: Transforming Victim Services Final Report. At the core of the report, OVC identified key priorities for providing services to victims of crime.¹⁷

These priorities include:

- **The need to make services accessible for all victims in all communities.**
- **Development of expansive, flexible, and innovative service models.**
- **And a holistic approach to addressing the historical institutional, geographic, and cultural barriers.**

OVC recognizes that in order for crime victims to gain physical, emotional, and financial recovery from the effects of their victimization, there needs to be a significant shift in the way in which services are provided. This is particularly evident when looking at services available to young men of color who have experienced harm.

Twelve demonstration projects across the country – from Baltimore, Maryland to Santa Cruz, California – were selected to create and implement culturally relevant and trauma informed programs and interventions to engage male survivors of violence, specifically, young men of color (YMOC) and their families impacted by trauma and violence.

The overarching goals of the initiative include:

1. **Creating a multi-disciplinary network of partners to provide coordinated services and support for male survivors of violence and their families.**
2. **Conducting outreach and training to educate stakeholders on the adverse effects of trauma and violence; and, developing methods to overcome barriers that prevent male survivors of violence and their families from accessing services and support.**¹⁸

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THANK YOU FOR READING!

For more information: healingjusticealliance.org | [@HJAlliance](https://twitter.com/HJAlliance) | youthalive.org | cureviolence.org | bmsg.org | nnhvip.org

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Best Practices for **Supporting Frontline Violence Intervention Workers**

Violence prevention and intervention programs have been at the forefront of addressing violence, trauma and victimization in communities of color. These programs work to identify individuals who are at highest risk for involvement in violence and provide them with resources and support to prevent future conflict, injury, and trauma. Programs employ a range of evidence-informed strategies and are typically housed either in community-based organizations, hospitals or city health departments. All work to reduce instances of community violence and improve access to culturally relevant and trauma informed support services.

A key component of these programs are the frontline workers. Frontline workers are often credible members from the communities they serve and they provide an important bridge between violence-impacted individuals and organizations. Their credibility stems from the respect they have earned in the community, the connections they have developed and the fact that they often have similar life experiences to the individuals they work with. The use of trained credible staff is a central tenet of public health practices, as these individuals are most likely to influence change within difficult-to-reach populations. Without support, these valuable frontline workers cannot do this work, and do not stay in this career long term.

Frontline Violence Intervention workers perform a wide range of functions including responding to the scene of violent incidents, responding to injured individuals at the hospital bedside, mediating high stress conflicts, case management, and mentoring. Performing these job functions can be extremely demanding and without adequate training support, the demands of the role can become overwhelming. Investing in frontline workers requires that organizations take into account the many ways in which staff can be impacted by the work.

The communities that frontline workers are often from, and now serve, have a long history of disinvestment and concentrated poverty. These are often communities of color that have experienced alarmingly high rates of violent victimization and trauma. The chronic exposure to violence that both the frontline workers and those they serve experience can have a long lasting impact on their well-being and quality of life.

Research indicates that young men of color experience violent crime, especially robbery and physical assault at a rate higher than their peers. The large number of young people of color who are victims of, or witnesses to violent and traumatic events highlights the significant need for relevant services and resources. Communities disproportionately affected by violence often do not have the infrastructure and capacity to comprehensively respond to this issue. Many communities lack violence reduction strategies that consider the impacts of poverty, unemployment, structural racism, and other factors contributing to trauma and victimization. Additionally, attitudes and behaviors symptomatic of trauma often go unrecognized and unaddressed. As a result, adequate services and interventions are not developed or implemented to help heal the effects of trauma. For example, if a young person is a non-critical victim of a gunshot wound, professionals will often treat the physical injury without addressing the mental, emotional, and environmental (i.e. safety) needs associated with the injury.

“ For frontline workers, addressing an individual's complex and traumatic needs increases the risk of trauma, specifically, vicarious trauma. ”

These crippling effects of violence in communities of color highlight the need to support frontline workers. Many frontline workers have experienced trauma and victimization directly or through a family member or loved one and they know the devastating and lasting impacts it can have on a person's life. Unaddressed trauma can have a range of effects on professionals, many of which are similar to those experienced by trauma survivors. Frontline staff working closely with survivors of trauma can be affected in significant ways that require care and support that is often not provided in many organizations.

As the Violence Intervention Prevention field continues to grow, training and support for frontline workers cannot be neglected. Frontline workers are the backbone of these programs; organizations must invest in their care, support, professional growth and development. The passion and commitment that frontline workers bring to the work should be enhanced through organizational investment that not only increases the capacity to reduce violence, but also the growth and development of the frontline worker.

Providing adequate training and support to staff working in this challenging field is essential to promoting a healthy and productive work environment that allows for staff to flourish and grow. When frontline staff are adequately supported, they are better able to respond to the needs of the community and the individuals they serve. This brief explores the role of frontline workers, common challenges they may face in the field, and provides recommendations for supporting their growth and development.

In order to deepen our understanding of the role that frontline workers play in Violence Intervention work and the support they need to be successful, we interviewed practitioners in Boston, Kansas City, Oakland, and Sacramento. Their reflections informed this brief, and are sprinkled throughout.

OCCUPATIONAL CHALLENGES FOR FRONTLINE VIOLENCE INTERVENTION WORKERS

Trauma and Frontline Violence Intervention Workers

Inherent in frontline Violence Intervention work is persistent exposure to trauma and traumatic events. This is particularly true for frontline staff who work closely with individuals in the community who are struggling to cope with complex and traumatic life experiences. According to the Substance Abuse and Mental Health Services Administration (SAMHSA) “trauma results from an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening with lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.” For frontline workers, addressing an individual's complex and traumatic needs increases the risk of trauma, specifically, vicarious trauma.¹

Vicarious trauma is “the transformation that occurs in the inner experience of the therapist [or worker] that comes about as a result of empathic engagement with participants’ trauma material.”² Over time, this can lead to changes in staff psychological, physical, and spiritual well-being.³ Understanding the potential impact of vicarious trauma can be useful for developing organizational strategies and policies to ensure that the health and well-being of frontline staff is prioritized. These potential impacts may include reduced feelings of sympathy or empathy, impaired decision-making, problems in personal relationships, depersonalization and poor work-life balance.⁴

“Most of the folks that we hire are close to the actual work or in some cases, the frontline staff have been injured themselves and I feel like within that it has its own challenges. The folks who want to do the work and have been affected are the perfect folks to do the work although there are so many things that can come up to actually trigger them.”⁵

Frontline workers are often motivated by their own personal experiences. However, while their personal experiences play a significant role in their ability to develop relationships with program participants, it also creates potential vulnerability to vicarious traumatization.

“ Frontline workers typically remain in their role for a few years before they experience burnout. ”

The propensity for workers in this field to have experienced personal trauma themselves and therefore be at a higher risk for experiencing vicarious trauma, underscores the responsibility of organizations and agencies to provide support to staff.

Burnout

The job responsibilities of frontline workers often entails increased exposure to stressful situations that often require immediate problem solving. These stressful demands of the frontline worker role create challenges that can significantly impact performance, job satisfaction, and their overall wellbeing. Due to their passion for the work and close ties to the community, staff often overextend themselves ultimately leading to burnout. Burnout describes a condition of persistent exhaustion and decline in overall investment and commitment to one's work due to work related stress.⁶

Frontline workers typically remain in their role for a few years before they experience burnout.⁷ This typically manifests as lower job satisfaction and a decrease in a sense of personal accomplishment. Although the passion and love for the work and the community remain, staff struggle to remain motivated and emotionally invested in the work. Burnout amongst frontline workers can also be attributed to having large caseloads with participants who are at a high risk for involvement in violence or who are in acute crisis and need intensive support. Such caseloads are particularly taxing for staff if there aren't sufficient mechanisms in place to ensure that their workload is manageable.

“A challenge for programs is trying to find the right pace for frontline workers who have also been through traumatic situations. Many of them start very ready to go but it's about finding a pace or a balance for them out the gate is very important which could mean a limited caseload, maybe those that have also been traumatized or being shot or stabbed, having a lower caseload – sitting down and having a conversation with them about where they are.”⁸

When staff experience burnout, the demands of program participants can become overwhelming. In these cases, the ability to connect and empathize with the experience of participants becomes compromised and staff can become detached from the work and from their participants. To be successful, programs must consider the many ways in which the work impacts staff and develop appropriate policies and strategies to ensure that staff are supported.

Training and Development

Frontline Violence Prevention and Intervention work requires a specific set of skills. While many programs provide formalized training to staff, this is not a consistent practice across the field. Frontline workers are usually hired because they have lived experience and credibility in their community and with those who are at highest risk for involvement in violence; however, they often required job specific training in order to perform at the highest level. They are rarely equipped with the adequate training that prepares them for the demands of the work, the level of trauma exposure, and the skills needed to develop and cultivate relationships with partner organizations.

“People come in with a lot of heart, but don't necessarily realize how demanding the role can be. When doing this work, we aren't equipping the actual workers with the tools they need to successfully do what they are doing. Also, many have the experience in the community but don't have a lot of formal work experience. The initial training that we do has to cover some of these components around correspondence, and what the work place is going to look like.”⁹



Image from 2017 Healing Justice Alliance Conference, photo credit: Move Photography

“ People come in with a lot of heart, but don't necessarily realize how demanding the role can be. ”

For many frontline workers, this work is their first form of professional employment. It is common for new frontline staff to struggle with managing a caseload, scheduling sessions with participants, documenting participant notes and other administrative functions of the work. Documentation data collection analysis plays in work. Performing these tasks is often new for many frontline workers and organizational support and training is often needed to assist with this adjustment.

In addition to the administrative functions of the job, frontline workers also need training to navigate many other aspects of the work such as maintaining personal and professional boundaries with participants, conflict mediation, and trauma informed care.

LESSONS FROM THE FIELD

Invest in Self-Care

Self-care is critical for long term program sustainability because it safeguards the health and wellbeing of frontline workers. Managers must be trained on how to promote and implement self-care practices. Sometimes, this will entail making self-care mandatory in order to normalize it. Self-care practices will differ significantly for every individual. For some it could be journaling, meeting with a counselor, music, or working out. Ultimately, it is important that staff have accessible tools they can utilize to deal with violence and trauma so that they can perform their jobs well.

*“The self-care piece is just as important as the hard skills needed to do this work. We need to do better to help frontline workers identify when they are in a situation that may cause those burnouts and reinforcing that it is okay to check-in with yourself, take a day off, and let out some of those emotions.”*¹⁰

The Sacramento Violence Intervention Program (SVIP), found that establishing a trusting relationship with staff in a safe and supportive manner is an important part of developing healthy behaviors at work.

They make it a point to have regular self-care outings as a team. Monthly or bimonthly, the team engages in a group activity such as hiking, going to the river, heading to a bowling alley, a movie – something that gets them away from the daily grind of the work. These outings serve as an opportunity to decompress and build team camaraderie.

From an advocacy standpoint, the Boston Violence Intervention Advocacy Program (VIAP) has focused on the lack of financial investment for the support and care of the frontline workforce. Program staff stated:

*“There should be a section in all grants, similar to indirect costs, goals and objectives – that mandates funding for staff self-care. It is absurd to think that we keep adding expansion of services and quality client care, and aren't investing in supporting the health and wellness of our frontline staff.”*¹¹

EFFECTIVE STRATEGIES TO INCORPORATE SELF-CARE

Mental Health Support

Mental health is a significant component of self-care but is often unaddressed because of the negative stigmas associated with accessing mental health services. This stigma makes it difficult for staff to ask for help and engage in genuine conversations about their health and wellbeing. Additionally, it can be challenging to identify mental health services that are responsive to the specific needs of frontline workers and are culturally responsive. Creating an organizational culture that normalizes the role that mental health plays in violence prevention work goes a long way in improving staff response to work related stressors. The longer and more intensely frontline workers are exposed to traumatic circumstances, both personally and through their participants, the greater the odds that they may experience vicarious trauma or secondary traumatic stress. Managers should be trained on the common symptoms and indicators associated with vicarious trauma and secondary traumatic stress such as exhaustion, avoidance of work, and social withdrawals so they can provide support to frontline staff when needed.¹²

“ Staff meetings are a great opportunity for organizations to reinforce the importance of self-care and wellness. ”

Supervisors should also seek to create a therapeutic setting designed to prevent the development of negative symptoms. This might include regular group/team meetings where frontline staff can safely discuss traumatic and emotionally draining experiences, support one another, and address their feelings about these experiences openly with people who understand. It may be necessary to have these meetings facilitated by a therapist or a professional with experience in mental health counseling.

Kyndra Simmons, Intervention Director at Youth ALIVE! had this to share about frontline staff accessing mental health supports:

*“I learned very early on that with doing this type of work, you need a place to put it. You hold a lot of heavy things for people; all day your job is focused on helping people fix their problems and at the end of the day you don't have the energy to deal with your own stuff? You need to be able to let it out instead of holding it in.”*¹³

Frontline workers should be encouraged to seek counseling or some form of therapeutic intervention without being stigmatized. If resources permit, it is recommended that there be a mental health professional on staff that dedicates part of their time to regularly scheduled sessions with frontline staff.

Staff Meetings

Staff meetings are a great opportunity for organizations to reinforce the importance of self-care and wellness. Meetings can provide a safe space for managers and staff to discuss team moral and assess the pulse of the team. Consider staff meetings as an opportunity to innovate and introduce team self-care activities by setting aside time during each meeting to focus on personal wellness. These activities can be as short as five minutes and may include guided meditation, breathing exercises, journaling and grounding techniques. Self-care activities should be identified by the team to ensure participation and buy-in. This reinforces the organization's investment in staff wellness and promotes the importance of practicing self-care consistently.

Staff meetings are also a great time to discuss staff caseloads to ensure that no one team member is feeling burned out. In these cases, managers and other team members can offer support and encouragement when needed. If a redistribution of caseloads or staff responsibilities is needed, it can be discussed and agreed upon by the team. In this way, staff meetings help foster a sense of community and collaboration.

Staff Retreats

Engaging staff in organization-wide retreats provides an opportunity for the team to leave the intensity of their responsibilities and devote uninterrupted time to self-care, team building, program planning, and professional development in a relaxed environment. This also serves as an effective medium for staff to stay integrated with organization leadership and staff from other departments in the organization. This provides frontline staff with an opportunity to contribute to the direction of the organization which creates a high level of investment in the organization.

Self-Care Plans

Self-care plans can help enhance health and wellbeing and stress management. Plans promote practices that sustain long term positive self-care. There is no “one-size-fits-all” self-care plan, but there is a common thread, making a commitment to attend to one's physical and psychological health, emotional and spiritual needs, and relationships.



Image from 2017 Healing Justice Alliance Conference, photo credit: Move Photography

“ Trauma specific education can play a significant role in decreasing the impact of vicarious trauma and burnout. ”

Self-care plans can serve as an effective tool to help staff stay engaged in those moments when they are feeling triggered or overwhelmed. Ideally, these plans are to be tangible, such as on a note card or piece of paper, so that they are readily accessible. There are numerous resources and toolkits available online that programs can access to support staff in developing effective self-care plans.^{14, 15} As a point of emphasis, managers and supervisors should discuss self-care plans routinely with staff during staff meetings and during individual supervision. When staff share their plans with the larger team, the team is then able to provide support and encouragement in the use of those identified techniques.

Training and Education

Trauma specific education can play a significant role in decreasing the impact of vicarious trauma and burnout. Information can help staff name their experience and provide a framework for understanding it. Teaching staff about trauma and vicarious trauma can begin as early as the interview stage. Organizations have a responsibility to educate potential staff about the potential risk associated with trauma work and assess their resilience. It is important that new workers are educated about the effects of trauma as they are likely to experience the most impact.

Connect Staff to a Peer Learning Community

Peer learning communities are a method for fostering collaborative learning among colleagues within a particular field of work. Generally, the main focus of these groups is improving skills and knowledge through collaborative study, expertise exchange, and professional dialogue.¹⁶ Identifying and connecting staff to a peer learning community that has shared personal and professional experiences can serve as an added support system. Peer learning communities provide an opportunity for frontline staff to process trauma material with peers. These communities can serve as a space to meet other frontline staff, troubleshoot common issues, concerns and challenges, and receive further training and development.

The National Network of Hospital-Based Violence Intervention Programs (NNHVIP) convenes a bi-annual Northern California HVIP Frontline Workers' meeting in an effort to bring together frontline staff from Northern California HVIP programs to network and share best practices around frontline staff development, training, and support for work.

Past meeting topics have included:

- **Developing professional standards for frontline workers.**
- **Professional development needs and personal boundaries around the work.**
- **Non-violent communication strategies and self-awareness techniques for working with participants in order to acknowledge the impact of their trauma, identify needs and strategies to repair harm, and develop an effective care plan.**

The annual Healing Justice Alliance (HJA) conference also features a track of presentations specifically focused on supporting frontline workers. These sessions highlight different programs and strategies being implemented around the country that promote the health and wellbeing as well as the professional development of frontline workers.¹⁷

Past conference sessions have included:

- **The Role, Challenges and Best Practices of the Credible Messenger/Violence Intervention Specialist**
- **Voices from the Frontlines**

Invest in Staff Training and Skill Building

Providing training and skill development to allow staff to perform their jobs effectively and with confidence. Frontline worker positions are often the first step towards a higher-paying professional job.¹⁸ Yet, the demands of the job and hurdles to advancement, including licensing and education requirements, often act as barriers to this advancement. Thus, frontline workers often remain in entry level positions and experience burnout after a few years. High attrition rates can lead to decreased program stability, increased training costs due to the need for continuous replacement, and can significantly impact long term program sustainability.

“ It is important that organizations provide opportunities for frontline worker to develop and learn new skills...” ”

It is important that organizations provide opportunities for frontline worker to develop and learn new skills and see the many ways in which they can contribute to healing their communities beyond frontline violence intervention work. This allows staff to grow in the organization or pursue other employment.¹⁹ The provision of career development opportunities acknowledges the value of frontline workers and demonstrates a commitment to their long term professional growth and development.

Violence Intervention and Reduction Training

(VIRT), is a 5-7 day training developed by Cure Violence for outreach workers, violence interrupters, and other administrative staff. It includes a mix of core concepts and skill development through demonstration and practice. The curriculum is organized around four core areas: 1) Introduction to interruption and outreach, including roles and responsibilities with an emphasis on boundaries and professional conduct; 2) Identifying, engaging and building relationships with participants and prospective participants, assisting participants to change their thinking and behavior as it relates to reducing risk for injury/re-injury and/or involvement in violence; 3) Preventing the initiation of violence or retaliatory acts when violence occurs through mediation and conflict resolution; and 4). Working with key members of the community, including residents, faith leaders and service providers through public education, responses to violence and community building activities. The training also includes conflict mediation, identifying the highest risk among other elements.

Frontline workers should also be trained on how to navigate different system based agencies. This training and knowledge helps to build their skillset and enables them to better respond to the needs of program participants. If a client is seeking Crime Victims Assistance funds, the frontline worker should not only be able to help the client fill out an application, but should also be knowledgeable of the eligibility criteria. Failure to comply with law enforcement, for example, can be a disqualification factor when applying for Victims of Crime Assistance (VOCA) funds.²⁰ Frontline workers should be able to explain to the client, family members, and friends how the VOCA process works and how decisions are made.

The New York State Office of Victim Services

provides training and technical assistance to victim service providers across the state.²¹ Trainings cover a wide range of topics and helps organizations to understand the policies and processes that clients must navigate when applying for financial support. Similar training and technical assistance is offered in many states across the country.

Supporting the professional development of frontline workers requires more than a single program or initiative. Organizations should develop policies that makes investing in skill building and career advancement, organizational culture and practice. Examples of supportive HR policies and benefits include training stipends that cover participation in workshops and conferences, and full or partial paid time for participation in education and training related to their work.

Organizations should also provide regular professional development opportunities such as having staff lead trainings and community meetings to develop leadership skills and connect them to advanced training opportunities focused on transferable skills, including professional writing and case management. With increased skills and knowledge, organizations can also confidently promote from within and seek to identify additional advancement opportunities. It is important to note that organizations should not feel responsible for developing and maintaining expertise in all aspects of workforce development. Rather, these resources and trainings should be made available through the organization’s network of local and national partners.²²



Image from 2017 Healing Justice Alliance Conference, photo credit: Move Photography

“ Frontline workers often come to Violence Intervention work with their own history and experience with trauma and violence...” ”

An example of a program that has found an effective way to connect workers to additional training and skill development, is Aim4Peace based out of the Kansas City, MO Health Department, a Cure Violence replication program focused on reducing shootings and homicides. Aim4Peace uses trained violence interrupters and outreach workers to mediate conflicts and work with individuals who are considered at highest risk of committing offenses due to their living or employment situation.²³

Through a grant awarded to Metropolitan Community College, Aim4Peace Outreach workers received training and certification as Community Health Workers. The six-week curriculum trained staff on the impact of culture and social determinants on community health outcomes. Other training topics included understanding public health systems, practicing personal safety, motivational interviewing, case management, conflict resolution, documentation skills, effective communication and working with the community to promote health.²⁴

In addition to the Community Health Worker certification, staff receive ongoing training on conflict mediation, de-escalation, and vicarious trauma. Frontline workers also engage in various other professional development opportunities such as public speaking engagements, presentations with Health Department leaders and media interviews.

Professionalizing Violence Intervention work increases long term professional outcomes for Frontline workers. Certifications legitimizes the work and can open numerous career opportunities would not traditionally be available.

Violence Prevention Professional (VPP) Certification Training is a training and certification developed by the National Network of Hospital-Based Violence Intervention Programs (NNHVIP) to professionalize the violence intervention community by making those who successfully complete it eligible for reimbursement for their peer-counseling services and to standardize the training for people doing violence prevention work . This capacity

building effort is meant to decrease strains on the mental health field, increase capacity of survivors of violence to become leaders in prevention efforts state-wide, and increase organizational capacity to serve communities impacted community violence.

Training Topics include but not limited to:

- Trauma-informed care practices
- Boundaries, ethics and relationships with clients
- Hospital bedside visit best practices
- Case management and advocacy
- Crisis intervention and conflict mediation

Invest in Personal Development

The commitment that frontline workers make to helping their community eradicate violence and heal from trauma does not mean that they have fully addressed their own personal trauma. As previously mentioned, frontline workers often come to Violence Intervention work with their own history and experience with trauma and violence, and many of these individuals are often still struggling with the effects of these experiences. This can include PTSD, strained family relationships, substance abuse, financial hardships, and criminal justice obligations such as probation and parole. Organizations should acknowledge that staff may be dealing with these challenges and devote resources to support them in their personal healing journey.

There are numerous steps that organizations can take to ensure that staff have the resources and support they need to succeed both personally and professionally.



Image from 2017 Healing Justice Alliance Conference, photo credit: Move Photography

“ There are numerous steps that organizations can take to ensure that staff have the resources and support they need to succeed both personally and professionally. ”

Below are a few ways in which organizations can provide support to staff.

Reduce barriers to housing: Finding housing can be a challenge for many program participants; however, many frontline workers also face similar challenges when it comes to finding affordable housing. Justice system involvement and financial challenges can create many barriers that make it difficult for staff to find suitable housing. Organizations should be aware of this potential barrier and provide support to staff who may be struggling to find housing. Supportive assistance can include first time home buyer incentives and housing vouchers.

Flexibility with Justice System Obligations: Justice system obligations can create irregular and inconsistent requirements that conflict with staff responsibilities. In these instances, organizations should be flexible in supporting staff. It is important that organizations communicate with staff to manage their outside obligations and develop schedules that allow them to satisfy these obligations without disrupting their professional work responsibilities. This support and understanding demonstrates a commitment to their long term personal growth and development.

Implement non-punitive sanctions: Organizations should develop non-punitive responses for when staff relapse or engage in behaviors that are in conflict with policies and expectations. These responses should be trauma informed and focused on staff accountability while reinforcing support from the organization. Further, it is important in these instances that staff are not ostracized but that supervisors quickly address the behavior and help chart a positive path forward for the worker.

Increased individual supervision, mandatory trainings, and a change in work schedule are examples of effective non-punitive sanctions. These sanctions hold the worker accountable but also provides increased organizational supervision and support.

Conclusion

Frontline workers are critical to reducing incidents of violence and victimization in some of the most impacted communities. The services they provide fill a significant gap by connecting individuals and families to culturally relevant and trauma informed resources and services that are typically non-existent. While most organizations recognize the important role that frontline workers play in violence prevention and intervention work, training and support for these workers is often not a top priority.

As this brief illustrates, investing in frontline workers is an important step toward limigitizing the work and building professional, credible, and well trained staff. Investment in frontline workers reduces turnover, improves job quality and overall job satisfaction. Further, investing in frontline workers helps to ensure that they are not negatively impacted by their exposure to trauma and traumatic situations.

Most importantly, the recommendations in this brief provide a framework for building strong successful programs with healthy, motivated, and passionate staff.



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THANK YOU

Special thanks to the following practitioners and programs who contributed to the content of this brief:

**Elizabeth Dugan, Clinical Director,
Violence Intervention Advocacy Program**

Boston, MA

Boston Medical Center's Violence Intervention Advocacy Program (VIAP) assists victims of community violence and their families through physical and emotional trauma recovery by using a trauma-informed care model focused on providing services and opportunities. VIAP provides participants with crisis intervention, support, and advocacy as well as ongoing case management, connections to community resources and family support services. This is all done in an effort to provide immediate and long-term 360 degree care to prevent future injuries and assist with the healing process. VIAP is a Department of Justice, Office for Victims of Crime, Supporting Male Survivors of Violence grantee.

**DeAngelo Mack, Coordinator Sacramento
Violence Intervention Program,
WellSpace Health**

Sacramento, CA

The Sacramento Violence Intervention Program (SVIP) is a peer violence intervention program serving the greater Sacramento region. The program serves violently injured youth ages 14 to 26 while reducing their chances for re-injury and recidivism. With the support of, Kaiser South Sacramento, SVIP has expanded to work in school settings with schools and youth who are at risk for getting involved in violence and/or on probation for violence.

SVIP trains and employs young adults from the community who have overcome violence in their own lives. SVIP staff members have grown up in communities similar to those of the program participants and understand the conditions their clients and their families face every day. Staff serve as case managers and mentors, working closely with youth and their families to assist them in leading a successful life without violence. These "intervention specialists" promote positive alternatives to violence and coordinate wrap-around services for youth and their families by providing information, referrals, and intensive follow-up services for up to one year.

**Kyndra Simmons, Intervention Director,
Youth ALIVE!**

Oakland, CA

Youth ALIVE!'s Caught in the Crossfire Program, operating out of three local trauma centers, is a hospital-based violence intervention program operated by Youth ALIVE! The program's Intervention Specialists, young adults from the same communities as the clients who have had similar experiences, respond to the hospital within an hour of being notified that a young person has been admitted to the hospital with a violence related injury. They work with the client, their family members and friends to provide emotional support, work to prevent retaliation, promote alternative strategies for dealing with conflicts, identify short-term needs, and develop a plan for staying safe. This case management and mentorship continues for six months to a year after the patient is discharged from the hospital.

ABOUT THE SERIES

The Healing Justice Alliance

The [Healing Justice Alliance](#) is a partnership between Youth ALIVE!, Cure Violence, the National Network of Hospital Based Violence Intervention Programs (NNHVIP) and Berkeley Media Studies Group. HJA has over combined 60 years of experience in training private and public sector agency leadership and staff members that are part of comprehensive, multi-system efforts that respond to crime victims and address violence as a health issue.

Based in Oakland, California, Youth ALIVE! works to help violently wounded people heal themselves and their community. Their overarching mission is to prevent violence and create young leaders through violence prevention, intervention and healing.

Cure Violence stops the spread of violence by using the methods and strategies associated with disease control – detecting and interrupting conflicts, identifying and treating the highest risk individuals, and changing social norms. Cure Violence is guided by clear understandings that violence is a health issue.

With over 30 member programs across the U.S. and beyond, the National Network of Hospital-based Violence Intervention Programs (NNHVIP) seeks to connect and support hospital-based, community-linked violence intervention and prevention programs and promote trauma informed care for communities impacted by violence. Its vision is that all patients and families impacted by violence will receive equitable trauma-informed care through their hospital and within their community.

Berkeley Media Studies Group (BMSG) helps community groups and public health professionals practice media advocacy and the strategic use of mass media to advance policies that improve health. Ultimately, BMSG aims to help reshape how news, entertainment, and advertising present health and social issues.

“ Frontline workers are critical to reducing incidents of violence and victimization... ”

The Supporting Male Survivors of Violence initiative In 2015, the Office for Victims of Crime (OVC) awarded the Healing Justice Alliance (HJA) 16 a grant to provide training and technical assistance (TTA) to FY 2015 Supporting Male Survivors of Violence grantees. A collaboration between OVC and the Office of Juvenile Justice and Delinquency Prevention (OJJDP), the grant initiative aims to help improve responses to male survivors of violence and their families. In 2013, OVC released its Vision 21: Transforming Victim Services Final Report. At the core of the report, OVC identified key priorities for providing services to victims of crime.²⁵

These priorities include:

- **The need to make services accessible for all victims in all communities.**
- **Development of expansive, flexible, and innovative service models.**
- **And a holistic approach to addressing the historical institutional, geographic, and cultural barriers.**

OVC recognizes that in order for crime victims to gain physical, emotional, and financial recovery from the effects of their victimization, there needs to be a significant shift in the way in which services are provided. This is particularly evident when looking at services available to young men of color who have experienced harm.

Twelve demonstration projects across the country – from Baltimore, Maryland to Santa Cruz, California – were selected to create and implement culturally relevant and trauma informed programs and interventions to engage male survivors of violence, specifically, young men of color (YMOC) and their families impacted by trauma and violence.

The overarching goals of the initiative include:

1. **Creating a multi-disciplinary network of partners to provide coordinated services and support for male survivors of violence and their families.**
2. **Conducting outreach and training to educate stakeholders on the adverse effects of trauma and violence; and, developing methods to overcome barriers that prevent male survivors of violence and their families from accessing services and support.**²⁶

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THANK YOU FOR READING!

For more information: healingjusticealliance.org | [@HJAlliance](https://twitter.com/HJAlliance) | youthalive.org | cureviolence.org | bmsg.org | nnhvip.org

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

By any measure, community violence is an epidemic in the United States. The Healing Justice Alliance was formed to spread awareness of effective strategies to reduce violence using a health approach and to help communities seeking to implement best practices. A collaboration of Youth ALIVE!, Cure Violence, Berkeley Media Studies Group and the National Network of Hospital-based Violence Intervention Programs (NNHVIP), our partnership encompasses affiliated programs in over 80 cities, including those implementing the models of hospital-based violence intervention (HVIP) and those following the Cure Violence (CV) strategy of Violence Interruption and Street Outreach. Both of these program models have been the subject of research that demonstrate their effectiveness. Both program models utilize a health approach.

While there are differences between the two models, they are compatible. In fact, they are complementary, reinforcing and, we believe, each an essential component of any community's comprehensive violence prevention strategy. Even when program models are compatible in theory, personalities and organizations are not always compatible in reality. This brief is a response to communities within and beyond the Healing Justice Alliance who are implementing, or are interested in implementing, both HVIP and CV replication sites. The goal of this brief is to help communities, and the personalities and organizations within them, to make this collaboration work. After all, there are lives that depend on it.

Cure Violence and Hospital-based Violence Intervention: Two great models that model great together

- Both are health approaches
- Both are proven effective
- Together, they address primary, secondary and tertiary prevention
- Together, they link communities and institutions in the effort to end violence

In order to deepen our understanding of how communities are actually implementing these models and collaborating on the ground, we interviewed practitioners in Boston, New York, Oakland and San Jose. Their reflections informed this brief, and also inspired the "Notes from the field" sprinkled throughout.

DEFINITIONS

Hospital-based Violence Intervention Programs (HVIPs)

An experience that almost all victims of shootings and stabbings – and many physical assault victims as well – share, is medical treatment at a hospital. The HVIP model recognizes that medical care alone is not sufficient for these survivors, since with medical care alone 44% of patients return with another injury within 5 years. A full 20% of these patients die via homicide.^{1,2} While not the answer by itself, medical treatment presents a unique opportunity for effective intervention.

“ Being trauma-informed means understanding that experiences like violence affect the way someone thinks, feels and behaves in specific ways. ”

The goals of hospital-based violence intervention are to promote healing and to reduce retaliation, re-injury and criminal justice contact by working directly with victims of violent injury treated at local hospitals. In some programs, frontline staff working directly with victims are hospital employees; in many others, the frontline staff are hospital-linked and come from a partner community-based organization, government office or university.

While programs vary in their implementation, there are 4 essential components:

1. Respond as soon as possible after an injury has occurred to take advantage of the “golden moment” when an injured person is open to receiving care
2. Address retaliation explicitly in addition to the other risk factors that a patient faces
3. Continue services post-hospital discharge and into the community for a significant time
4. Employ frontline workers from the community who share, or at least can relate to, the experiences of violence-impacted patients.

A fifth component of HVIPs is actually more of an attitude toward the work. HVIPs must be trauma-informed. Being trauma-informed means understanding that experiences like violence affect the way someone thinks, feels and behaves in specific ways – including hyperarousal and depression – and tailoring their approaches to, at least, not punish or retraumatize someone for exhibiting trauma symptoms. At best, HVIPs and other trauma-informed practices take a healing approach to help people recover emotionally, socially and practically.

Studies show the effectiveness, and cost-effectiveness, of the HVIP model in a number of cities.³ For example, the results of a randomized control trial of a Baltimore HVIP indicated that it dramatically reduced two-year injury recidivism and criminal justice contact, with the control (non-intervention) group seven times more likely to be re-injured and three times more likely to be arrested for a violent crime.⁴ Setting aside for a moment the enormous expense of incarceration, and the savings when it is avoided, the savings for a hospital when it invests in intervention and avoids the cost of subsequent hospitalizations is substantial. A San Francisco study indicated that an HVIP would provide financial benefit to a hospital if that program prevented more than one hospitalization per year.⁵

HVIPs across the country have come together to form the National Network of Hospital-Based Violence Intervention Programs (NNHVIP). NNHVIP is comprised of 34 (and counting) seasoned and effective HVIPs who share best practices, help new and emerging programs develop, and promote the model and policies that support this work and the population they serve. For more information, including free resources, visit NNHVIP.org.

Cure Violence

For nearly 20 years, Cure Violence has successfully worked to reduce violence in communities impacted by violence in the United States and around the world, advancing a new health paradigm on violence and a scientific approach to preventing it. This approach is grounded in an understanding that violence exhibits hallmarks of a health issue. It spreads from person to person: it is acquired and biologically processed, perpetuated through social norms and peer reinforcement, and can be prevented using disease control and behavior change methodology.

The Cure Violence model advances an epidemic-reversal methodology to detect and interrupt potentially violent situations; identify and change the thinking and behavior of the highest risk transmitters; and change group norms that perpetuate violence. This begins with an analysis of violence clusters and transmission dynamics, and uses several new categories of health workers to interrupt transmission and change norms around the use of violence.

“ The Cure Violence approach creates safer and healthier communities. ”

Central to the approach is the use of workers viewed as trustworthy and credible by the population being served. Through community-based partners, carefully-selected individuals with similar background and experiences as individuals most prone to violence are hired as Violence Interrupters and trained by Cure Violence to detect where violence may occur (tapping into their pre-existing networks) and intervene before it erupts. Similarly, Outreach Workers are hired and trained to work with high-risk individuals over 6–24 months, in their homes, on the streets, and in the program’s community-based office, to change thinking and behavior related to violence and connect participants to community resources. In many sites, an additional hospital-based violence intervention component is implemented. Hospital Responders (drawn from similar backgrounds as victims) are deployed to local hospital trauma centers when a gunshot, stabbing, or blunt trauma victim arrives, to intervene during the critical window of opportunity immediately after a violent incident in an effort to prevent retaliation and interrupt the cycle of violence.

In the U.S., the model is being replicated in more than 60 communities and has undergone multiple, rigorous external evaluations. Each evaluation found large, statistically significant reductions in gun violence. Multi-site studies by Northwestern University and Johns Hopkins University showed 41% to 73% reductions in shootings in neighborhoods in Chicago⁶ and 34% and 56% percent decreases in neighborhoods in Baltimore.⁷ In New York, an evaluation by John Jay College found that the Cure Violence approach creates safer and healthier communities. The study states, "New York City neighborhoods operating Cure Violence programs show steeper declines in acts of gun violence and the expression of pro-violence social norms compared with similar neighborhoods not operating Cure Violence programs." The study examined two communities and found reductions across all measures of violence, including a 63% reduction in shootings in one community and a 50% reduction in gun injuries in the other community.⁸

To learn more about Cure Violence visit cureviolence.org.

MODEL COMPATIBILITY: DISTINCTIONS AND OVERLAP

While all program models are tailored to fit the local context where they are implemented, and may include adaptations in terms of the population served, staffing patterns and service delivery, HVIP and CV replication sites are typically comprised of standard characteristics. Each model is uniquely designed, but there are similarities and areas of overlap between the two. In examining the similarities and differences, it is clear that the models not only complement each other, but that collaboration would result in a comprehensive system that allows for improved care, decreased re-injury, decreased recidivism, decreased retaliation and increased healing opportunities for the entire community.

The characteristics identified below represent the standard practices for the majority of HVIPs and CV replication sites, in terms of particular populations served, staff hired, and services provided. We draw particular attention to areas of overlap and specialization. While at the local level, there are some HVIPs that share the characteristics of CV replications, and vice versa, the diagrams below describe what is most typically associated with each model. The goal of this section is to identify general characteristics and to highlight how collaboration would improve systems at local, state and national levels to maximize impact.

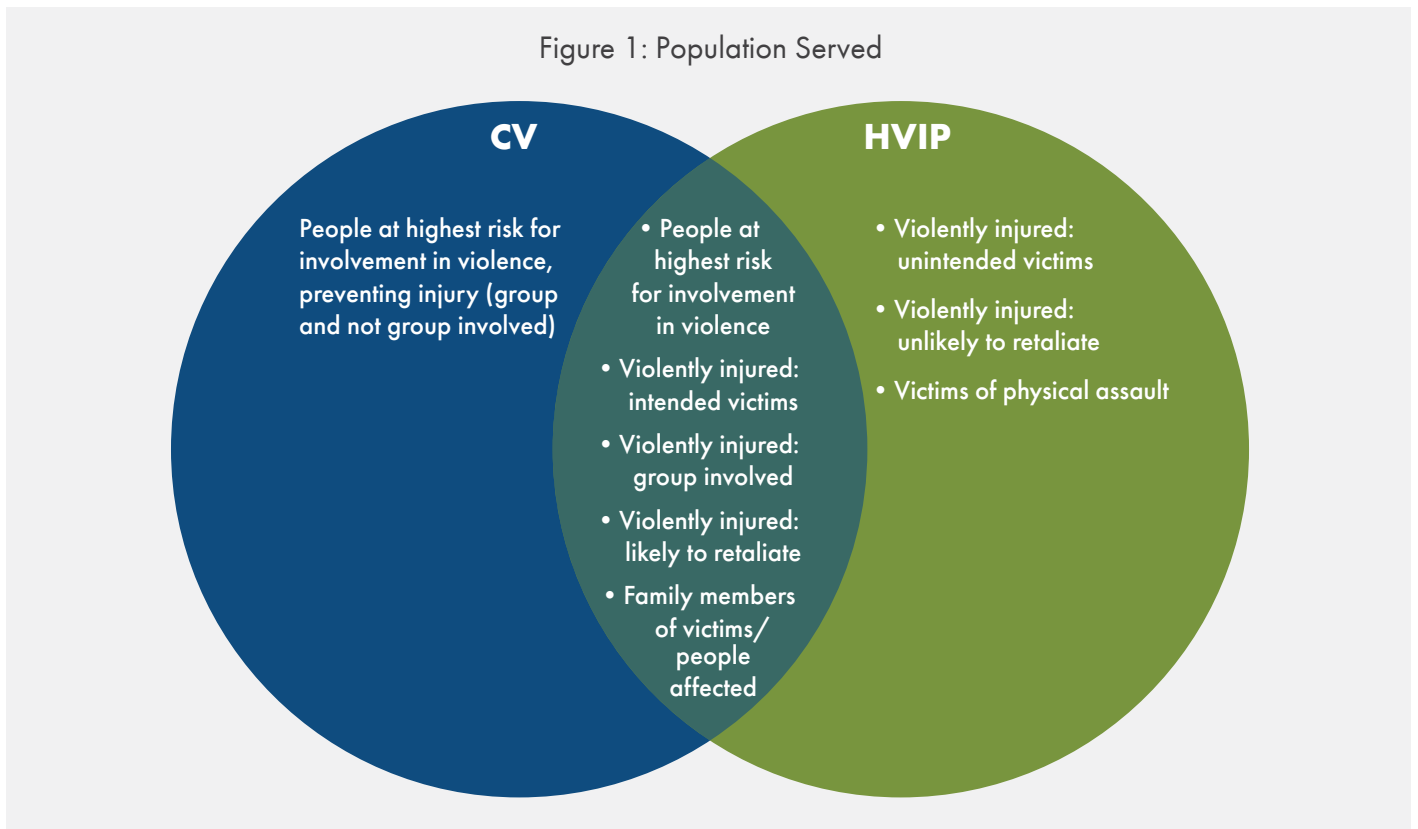


Image from 2017 Healing Justice Alliance Conference,
photo credit: Move Photography

Population Served

HVIPs and CV replication sites both serve individuals involved in violence. This includes those violently injured that were the intended target, group involved,⁹ or likely to retaliate, as well as their families. CV replication sites tend to focus on community based violence prevention and intervention, routinely working with highest risk individuals that are gang/group involved and/or formerly incarcerated, whether or not they have ever experienced a violent injury. Their primary focus is to interrupt violence before it occurs, preventing injury. HIVIPs work with all individuals that are violently injured, including unintended victims and those unlikely to retaliate, and they are more likely to work with individuals who have been physically assaulted, in addition to those shot or stabbed. Their primary focus is to promote healing and to reduce retaliation, re-injury and criminal justice contact by working directly with victims treated at local hospitals.

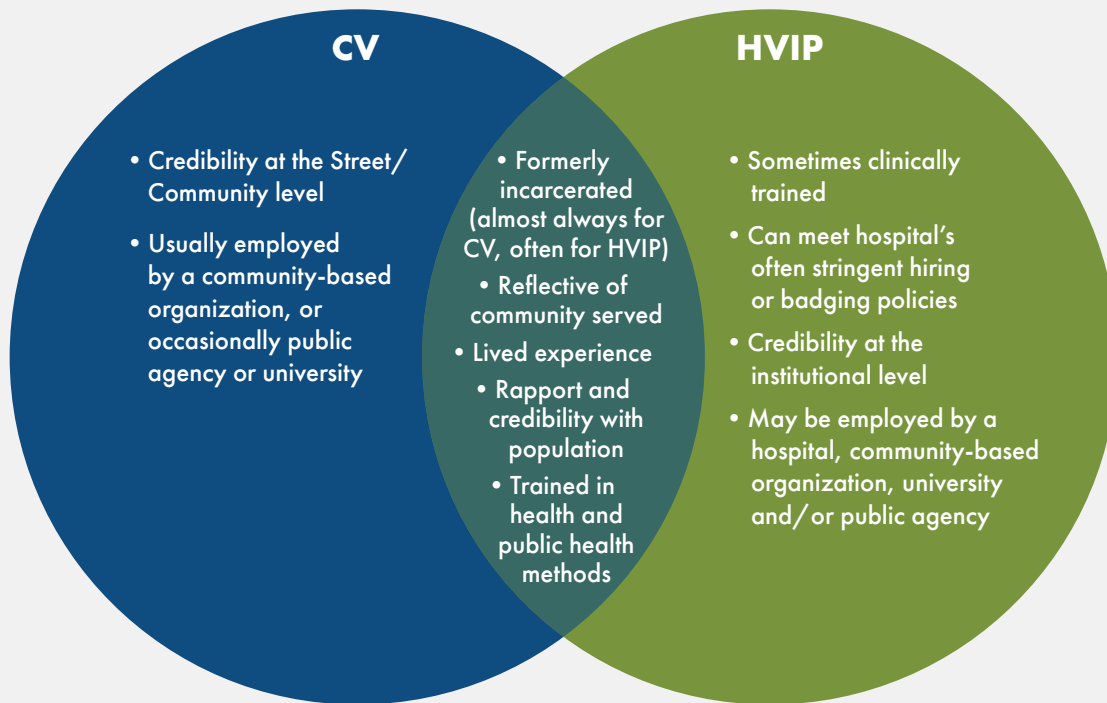
Figure 1: Population Served



Staff

The staff of both models are critical to ensuring the interventions and messages are delivered in ways that can be received by individuals, families and communities. Both HIVIP and CV staff are representative of the communities they serve. They often have had experiences similar to the individuals they are working with. Additionally, they must be able to build and maintain rapport with participants. Often rapport is established through credibility. For CV, staff have street-level, community credibility to work with those at highest risk for involvement in violence. Many are formerly incarcerated and/or formerly gang/group-involved and can share their personal experiences and relate to those with whom they work. Credibility is still required for HIVIP workers to relate to and be trusted by the client population, such as coming from the same community and/or having been involved in violence. HIVIP workers also need to convey credibility at the institutional level, to be perceived as valid health professionals by hospital employees. HIVIP staff must be able to meet the employment qualifications to work within the hospital setting, which in some cases prohibits formerly incarcerated individuals. HIVIP staff may also be clinically trained and degreed, adding additional expertise and skills to strengthen the treatment process.

Figure 2: Staff



Notes from the field

One site we interviewed had all workers – HVIP as well as CV workers based in the community – employed by the hospital. They find that this helped to create support from hospital staff and made it easy for the community-based workers when they did visit the hospital. Having everyone hired through the hospital also helped to avoid problems with HIPAA and encouraged hospital staff to reach out to the program.

Services

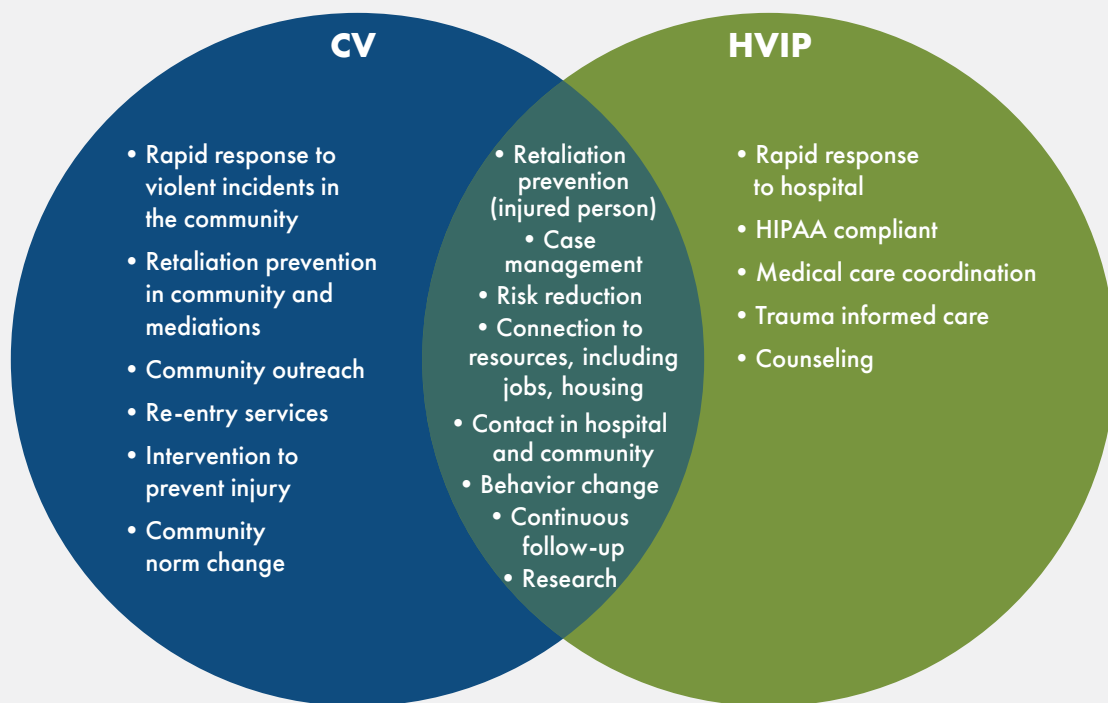
Both models provide assistance and overall case management to those they serve. This includes working to reduce risk for re-injury, re-victimization, and involvement in future violence. Often this involves promoting positive behavior and providing new skills and information so that individuals are able to resolve conflicts peacefully, healthily cope with trauma symptoms and work through their healing process, and successfully adhere to their recovery plan. This work is done within the hospital, as well as the community. Staff provide continuous follow up and work to connect the individual to resources. For both models, individuals who have successfully made significant changes in their lives and are committed to promoting positive alternatives and healing are often recruited and become trained staff.

HVIPs specialize in medical care coordination and navigation, using a trauma-informed care lens, so that clients receive the best possible care for their injury. The model requires HIPAA,¹⁰ training and compliance for medical record confidentiality. The focus is on the victim and providing him/her with counseling and services to promote their physical and emotional healing and prevent re-injury.

They also work with the victim to prevent retaliation and continued involvement in any underlying conflict or issue that may have resulted in their hospitalization. Staff tend to work with clients for a year or longer.

CV replication sites provide community level services, often coordinated by a city agency but implemented by a community based organization. Services include rapid response when violence erupts to prevent retaliation, but also daily efforts to interrupt violence and prevent conflicts from escalating. Staff routinely mediate conflicts between individuals and/or groups and conduct daily follow ups to ensure that those involved remain committed to a peaceful resolution. On a daily basis, these staff members conduct ongoing outreach to those at highest risk for involvement in violence, people with the ability to positively influence individuals and groups, and the community as a whole. CV staff work with community members and partners to change community norms around the acceptance of violence through monthly events, incident responses and public education campaigns. This work builds a community’s capacity to promote social cohesion and sustain the violence reduction long term.

Figure 3: Services



Notes from the field

The sites we spoke with reflected on the difference between community and hospital culture, and how a “very interesting evolution” had to take place for these programs to work. “It takes a long time to change the culture.” One horrific example at a hospital was the experience of a mother being tased because she was deemed “out of control” – something that HVIP and CV staff could have mitigated had hospital staff had trust in, and turned to, those programs. For some HVIPs, it took years for the hospital staff to get used to the HVIP workers being in that space and further adjustment to CV staff if they start coming into the hospital as well. HVIP staff can support CV staff in building relationships at hospitals and CV staff can support HVIP staff in building relationships in the community.

“ When there is an overlap in terms of both models working with a client or people in the same family, communication is imperative. ”

CHALLENGES TO COLLABORATION

There is clear alignment between these two models that have been developed, improved, and replicated independently for decades around the world. In many communities, these programs are the only intervention efforts. In places where both are present, they have rarely been developed and established in tandem. As a result, pre-existing roles and responsibilities can pose a challenge to restructuring the programs to identify points of collaboration.

In a number of cities that are implementing both models, they are working to formalize this partnership and explore solutions to potential challenges, including:

Turf: When there is overlap in terms of population, whose case is it? If it's a shared case, what is the role of each party and how are the roles assigned?

Approach to clients: To prevent retaliation, CV might need to get information immediately from a client, while HVIPs might take a slower approach as a way to build rapport and work towards establishing a longer term relationship.

Funding: Often identifying funding and ensuring sustainability is difficult for one model. Distributing finite resources among two effective models can pose an even greater challenge and result in the programs having to pit themselves against each other for survival.

Cultural/Philosophical: The staffing pattern for HVIPs and CV can be quite different. HVIPs often have a clinician on staff and are focused on caring for the patient and preventing re-injury and/or revictimization. CV staff are often individuals with similar backgrounds and experiences as those they serve. When responding to a violent incident at the hospital their focus is often addressing the potential for immediate violence. As such, HVIPs may sometimes view CV staff as untrained and/or uninterested in the long-term healing process, while CV staff may view HVIP staff

as less connected to the community and/or ineffective at preventing violence. Often these challenges arise simply because CV and HVIP staff do not understand what the other does, potential overlap, and how partnering would benefit the work.

Communication: When there is an overlap in terms of both models working with a client or people in the same family, communication is imperative. HVIPs and CV replication sites need to develop effective communication strategies to report out on the steps each are taking to avoid duplication of services or triangulation by the client.

Politics: Outside forces (funders/government) can have a direct impact on the relationship between HVIPs and CV replication sites. Challenges arise when these outside forces prize one model over the other or give credit for success to one and not the other.

Siloed: Working independently, whether due to communication issues, or inability to understand the role each plays (or can play), can result in an unwillingness or lack of interest in building a larger team. This singular mindset can easily lead to a lack of coordination and weaken the potential of creating a comprehensive team able to provide a multitude of services and support to clients, their families, and the community as a whole.

Moving from program to movement: Due to the challenges of this work and the overwhelming pressure and stress, it is easy to lose site of the big picture. While HVIPs and CV play a huge role in advancing how violence is viewed, treated and ultimately eradicated, the day to day responsibilities can cloud their ability to see themselves in terms of the larger system. This includes not feeling a part of the larger movement to treat violence as a health issue rather than solely a law enforcement one.

Notes from the field

As one site put it, “We have an opportunity. For the most part, people who come in have had terrible experiences with institutions. [We] have the opportunity to do something different for the first time. The window of opportunity is unique to the hospital and it comes and goes so quickly.”

“ HVIP workers are experts in addressing the psychological impact of trauma on an individual. ”

BENEFITS OF COLLABORATION

Because there is alignment and overlap between these models, there is a critical opportunity collaborate across the models, and to provide comprehensive wraparound services that address both upstream violence prevention and downstream violence intervention. The combination of physicians and other staff in the hospital, HVIP workers that straddle the hospital and community settings, and CV workers in the community, establishes a diversity of perspectives and support. This network of support is comprised of multiple messengers, each defined by their own types of credibility and expertise, to increase opportunities and methods for intervention. This larger community of peers and mentors allows for the continual identification and advancement of best practices.

Working in the violence prevention field is inherently taxing for staff due to exposure and continuous contact with those most impacted. Creating this larger network of practitioners is beneficial for all staff. It increases cross-pollination of expertise and relationships that improve personal wellness, reduce risk of burnout, promote a culture of sustainability of the work, and ultimately strengthen the services provided to clients.

Notes from the field

HVIP and CV collaboration “adds another layer of professional support” and “gives everyone a sense of being part of something bigger and something important.” The sites we spoke with found that the environment of having colleagues and interdisciplinary discussions leads to better outcomes.

The highly trained staff of both CV and HVIPs are at the crux of this challenging work. Program and hospital staff across all departments bring a cadre of skills based on their unique perspectives, resources, and experiences. This integrative and collaborative approach, rooted in trauma informed practices, establishes wraparound services to address needs and challenges at the individual and community levels and provide care within and beyond

the four walls of the hospital. Through collaboration and commitment, CV and HVIP staff working in concert reduce re-injury and readmittance, provide more effective follow-up care and planning, and increase community safety.

Establishing collaborative models between Cure Violence and Hospital-based Violence Intervention Programs has additional significant benefits at the individual, community and policy levels as detailed below:

Individual-level

Treatment Plans: When CV replication sites and HVIPs work together, they can tailor more comprehensive treatment plans for clients to meet their needs and respond to their circumstances with input and expertise from all staff working with the individual and their family and community. For example, when they speak with their HVIP worker, a patient in the hospital may not have an accurate picture of whether or not they will be safe when they are discharged to the community, but a CV outreach and violence interrupter team would assist by communicating with their networks in the streets to assess the safety risk. Someone that a CV worker is supporting in the community might be acting in paranoid and anxious ways that have more to do with being traumatized than being in danger, and an HVIP program can help identify that and support their healing.



Photo credit: Cure violence

“ By reframing violence as a health issue, healing becomes a primary focus. ”

Follow-up: Collaboration results in greater likelihood that the client would adhere to both discharge planning and follow-up protocols due to support from staff both in and outside of the hospital walls. For example, sometimes a program loses contact with clients because they move, change phone numbers or stop returning phone calls. Having a different voice or person reach out may re-engage them.

Notes from the field

As one interviewee put it, “resources are wasted when there’s no communication” because partners each have different knowledge of, and relationships with, service providers.

Removal of barriers: Barriers are addressed by bridging communication gaps, providing health care system navigation, and offering long-term direct assistance with connections to follow-up services. Barriers are different for each individual and the collaborative team model ensures flexibility to adapt to each individual’s needs. Many HVIPs have access to health and behavioral health resources that a CV replication site might not; a CV worker might have connections to reentry or employment that an HVIP does not. Together, the programs have twice as many relationships and connections.

Involvement in Violence: There are many reasons why people become involved in violence, and the expertise of CV and HVIP workers mitigate many of these. Both programs provide impactful mentoring and support to create behavior change in clients. In addition, CV staff have expertise in safety assessment and conflict mediation. They are experts in resolving beefs to prevent retaliation and continued violence. HVIP workers are experts in addressing the psychological impact of trauma on an individual, who may engage in risky behaviors like carrying a weapon, using drugs heavily, or joining a gang to cope with the paranoia, stress, depression and hypervigilance caused by their traumatization. Together, both models provide individuals with immediate and long-term support

and intervention services to address past, current, and future conflicts to reduce the likelihood of their involvement in violence.

Community-level

Reducing retaliation, violence, and exposure:

CV and HVIPs work to reduce the potential for retaliation with the understanding that the greatest predictor of violence is a previous violent event. By working with those at highest risk and intervening and mediating conflicts where the potential for violence is imminent, these programs successfully prevent violence. In addition to direct experiences, indirect exposure and fear of violence are known to have serious adverse consequences, especially for children and young adults. Reducing exposure across the entire community promotes positive health outcomes for all.

Changing community norms: Outreach Workers engage leaders in the community as well as community residents, local business owners, faith leaders, service providers, and those at highest risk, conveying the message that the residents, groups, and the community do not support the use of violence. This includes hosting shooting responses, community events, distributing materials to support positive norms.



Image from 2017 Healing Justice Alliance Conference, photo credit: Move Photography

“ Each violently injured patient faces individual and unique risk factors for future involvement in violence. ”

Addressing barriers to health/treatment: At the community-level, CV and HVIP staff work to ease barriers to accessing services related to health, social services, education, and employment. Due to their community-specific knowledge, they are able to identify the unique challenges and ensure that individuals are connected to quality, culturally appropriate resources and highlight gaps in service options.

Health equity: Communities impacted by violence typically have limited access to the necessary resources, services, and environment to ensure healthy outcomes. The compounding effects of violence on all outcomes perpetuates racial and health inequities. CV and HVIP staff are able to call out and begin to address these inequities together by both providing advocacy and working with partners across all sectors. When hospitals take on the responsibility of being an anchor institution in their community, they can bring previously unavailable resources and visibility to the issues of health equity and violence. Despite their critical and unique role in addressing violence, in many communities this role is not fully visible or appreciated, and therefore related opportunities are missed.

Improved community healing and community-based trauma response: By reframing violence as a health issue, healing becomes a primary focus. Traditional trauma informed practices are adapted to the local community context and integrated into the work of changing community norms and addressing the effects of exposure to violence. Ongoing work across the country has demonstrated that community healing reduces the risk for future exposure and subsequent involvement and/or acceptance of violence.

Policy-level

At the policy level, collaboration results in the opportunity for broader advocacy and policy development based on the identification and expansion of best practices. These efforts can be directly linked to increasing the availability of sustainable funding for intervention programming

and incorporating these approaches into other sectors. As policies and practices shift to support health-based intervention strategies, the health sector will be able to take on a larger role in facilitating changes at the city, state, and national levels to effectively treat violence as a health issue.

MODELS FOR COLLABORATION

Existing efforts to implement a collaborative model have taken several approaches and have been adapted to local context. The models below represent the three different approaches that could be taken when working to define roles:

Model 1 – Define roles by location

This model defines the role of CV and HVIP staff based on the location of their work, with CV primarily based in the community and HVIP staff based in the hospital. Within this structure, CV staff do not come to the hospital except when requested by the HVIP staff, working with violently injured clients only upon HVIP invitation. The primary role of the CV staff is to conduct initial assessments of clients referred to them within the community and offer long-term case management, mentoring, and conflict mediation/retaliation prevention to clients enrolled in the program. The HVIP takes the lead on initial assessment of all patients treated at the hospital, even if they are already CV clients. Additionally, the HVIP does not enroll clients referred from the community unless these individuals are first assessed by CV and then referred to the HVIP. For clients first seen in the hospital, the HVIP is responsible for providing the long-term case management and intervention.

Model 2 – Define roles by population risk factor

Each violently injured patient faces individual and unique risk factors for future involvement in violence, but the greatest predictor of future involvement is previous exposure. Within this model of collaboration, screenings of risk factors for violently injured people referred to the program can be conducted by either CV or HVIP staff or even a third party by agreement. This assessment is focused on determining the likelihood that the referred patient is or soon will be engaging in violence. Once the risk level is determined, CV can provide all services to the individuals at highest risk, and HVIP could serve those with lower immediate risks. It is also possible that once the CV staff have successfully reduced the immediate risk factors for the client, they are then passed to the HVIP staff for long-term case management.

“ When we work in violence intervention, we work with traumatized people. ”

Model 3 – Define roles by activities

Each staff position and role is responsible for unique activities based on the expertise and reach of the staff member. This model builds on those assets to structure the work. In this model, CV conducts safety assessments, violent incident intervention, and conflict mediations at the hospital and in the community to prevent exposure to and perpetuation of violence. Meanwhile, the HVIP does long-term case management of patients treated for violent injuries, provides counseling, and offers connections to resources. Initial bedside visits are conducted by CV staff to assess immediate safety and retaliation issues. Once they have established a connection with the patient, they invite HVIP staff to subsequent meetings with the client to enroll them in long-term care and resources. These specified and aligned activities are managed collaboratively through regular – at least weekly – case coordination meetings with all staff.

Notes from the field

One HVIP emphasized the importance of street workers to help establish credibility with the patients and help gain buy-in to facilitate the work that they do with the HVIP case manager. Street outreach workers also assist with follow-up and use their connections to maintain involvement in the program. In a sense, they act as a liaison until the hospital-based program is viewed as trustworthy.

GUIDELINES FOR COLLABORATION

Relationships take effort, even – or especially – the best ones. In order for the two program models to work together effectively, we offer you the following guidelines for collaboration. Many of these practices apply universally to partnerships, but we also offer tips and perspectives on how they particularly apply in collaborations between HVIP and CV replication sites.

Notes from the field

Advice from the sites we interviewed on collaboration include:

- *Scale appropriately. Don't try to do too much too quickly. Understand that it takes time*
- *Collaboration works best when there is an existing relationship. Start with small projects or even just time together not working on a project in order to build that relationship.*
- *Be in the same physical space as often as possible.*
- *Get buy-in from the executive level and involve leadership from the very beginning.*

Agree on shared goals and values

We are all passionate, committed, busy people. Often, people and programs are too busy doing the work to step back and reflect on why we do the work, and operate under the assumption that we all agree. It is critical to agree on some shared goals and values; you do not need to agree on all of your goals for everything you do, but you need to agree for the work you are doing together. If all parties agree on where we are going (Goals) and how we are getting there (Values), then what we are doing flows much more clearly and without misunderstanding. The discussion that leads to this agreement should be done, ideally, in at least one face-to-face meeting to build buy-in. The final agreement should be written down so that partners can reference it and remind each other and themselves.

Assume goodwill

Problems arise. Things go wrong. That is the nature of partnerships and of life. How partners respond to those problems determines the future of the relationship. Before responding to any problem or issue involving a partner, your first reaction and interpretation should assume goodwill and good intent by the other party. Remember, you have already agreed on goals and values. You have established that you both care about this community and are dedicated to addressing violence. So in trying to interpret why a partner did or said something that you do not like, you should, firstly, try not to interpret why. Don't assume anything and ask the partner first. Maybe what you heard happened is not how it actually went down. But secondly, if you must interpret, let your interpretation be based on the assumption that the partner did what they were supposed to do or at least did the best that they could and did so with integrity.

“ We recommend regular, consistent communication, face-to-face when possible. ”

This can be especially important when looking into something that a client said about another provider. When we work in violence intervention, we work with traumatized people. These are people under incredible stress who are often, understandably, desperate to get their needs met and not always aware of how systems work to support them, or trusting that they work. Clients may triangulate service providers, playing them off each other – even subconsciously – in order to get their needs met. Communication between partners that assumes goodwill builds trust and avoids unnecessary drama.

Communicate (and communicate about how you communicate)

All successful relationships are based on good communication. How communication happens with partners working in communities impacted by violence contributes significantly to each program’s success. We recommend regular, consistent communication, face-to-face when possible. This is in addition to unscheduled communications that happen in crisis or in simple problem-solving. Regularly scheduled communication meetings build the trust and comfort to have the unscheduled communication. We recommend that partners meet formally as often as once a week to discuss case coordination, especially if you are working with the same individuals or members of the same family or gang/group. We find that no more than a month should pass between meetings in order to maintain familiarity and mutual understanding.

Notes from the field

Half of the sites we interviewed met every week to communicate and coordinated between hospital-based and community-based partners. This was in addition to what one described as “constant communication.” One interviewee advised partners to “over-communicate” to make sure everyone is on the same page.

Define roles, populations, and processes

The key to communication is clarity. When a partner does not do what you asked or expected them to do, there are only 3 reasons: (1) They refuse to do it, (2) They do not have the expertise or capacity to do it, or (3) They do not know what it is you want or expect them to do. There may be nothing you can do to resolve the first reason, but the latter two can be reduced by defining, in writing, each partner’s role, service population, and processes for referral, engagement and service.

Notes from the field

At two of the sites we spoke with, one way they worked together was when a victim came through the hospital with whom street outreach workers had a prior relationship, they brought that worker in to build that relationship with the family and get buy-in into services.

After reading this brief, you should have some ideas about the different ways that programs that work together can differentiate what they do. When you determine the parameters and definitions of your roles, populations and processes with your partners, put them in writing to make sure everyone is on the same page, literally.



Photo credit: Cure violence

“ Individuals, families and communities benefit when both HVIP and CV replication sites are implemented effectively and in a coordinated fashion. ”

When defining each partner’s role, it is important not just to define what you do, but as much as possible define what you do not do. Try to conceive of it from the client’s perspective. What services do you provide? What services do you not provide or refer out? The hard part is then to stick with what you defined. Partnerships work when all sides stick to their roles when they can, and communicate what and why they do not, when they do not.

Defining populations is critical. Who do you work with? How are they identified? How do you cross-refer someone that you come across who does not fit your service population but fits that of your partner? Even more than the “what” of role and the “who” of population, the “how” of process is important to define in writing. There are many processes to consider defining, but perhaps the most important one is communication. How will regular communication happen – when, where, by phone, text or face-to-face? How will crisis communication happen? And how are those crises defined? How will you document and share information?

Notes from the field

One site discussed their detailed signed partnership MOU (Memorandum of Understanding) that included cross-training for hospital and street outreach staff, joint training on initial risk assessment, plus HIPAA training and certification for street outreach workers who then received formal badges for ease of entry to the hospital.

In addition to communication protocols, partners should define protocols for situations that both programs encounter and activities that both undertake. For example, how do you approach hospital visits? Perhaps the CV staff focus on safety assessment and the HVIP staff focus on financial, psychological and medical needs. How does each program approach case management? Do the local CV replication sites and HVIP have different lengths of service, frequencies of contacts, etc.? An easy path to misunderstanding is to use the same words – like “case management” – to mean different things.

CONCLUSION

Individuals, families and communities benefit when both HVIP and CV replication sites are implemented effectively and in a coordinated fashion. Understanding how the models overlap and differ, and what the strengths are of each, can help partners overcome the challenges and reap the benefits of collaboration. The cities highlighted in this brief are doing just that. By adopting one of the models for collaboration suggested here and following the guidelines for collaboration we suggest, your community can also benefit from these effective health approaches to address violence.

The benefits of collaboration between these two models points to the potential that combining efforts will have a multiplying effect as evidenced by multiple communities where HVIP and CV replication sites co-exist. If brought to scale and streamlined the result can lead to significant reductions in health care costs, significant reductions in costs related to the justice system, significant reductions in trauma imposed on individuals, families, communities and the health sector and most importantly significant amount of lives saved and healed. Moving forward as more communities across the country and around the world replicate these models, there is a unique opportunity to intentionally implement these recommendations.



Image from 2017 Healing Justice Alliance Conference, photo credit: Move Photography

THANK YOU

Special thanks to the following practitioners and programs who contributed to the content of this brief:

Elizabeth Dugan, Clinical Director, Violence Intervention Advocacy Program

Boston, MA

Boston Medical Center's Violence Intervention Advocacy Program (VIAP) assists victims of community violence and their families through physical and emotional trauma recovery by using a trauma-informed care model focused on providing services and opportunities. VIAP provides participants with crisis intervention, support, and advocacy as well as ongoing case management, connections to community resources and family support services. This is all done in an effort to provide immediate and long-term 360 degree care to prevent future injuries and assist with the healing process. VIAP is a Department of Justice, Office for Victims of Crime, Supporting Male Survivors of Violence grantee.

Mario Maciel, Division Manager for the Mayor's Gang Prevention Task Force

San Jose, CA

The San Jose Mayor's Gang Prevention Task Force has been working with the Santa Clara Valley Medical Center to run their Bedside Intervention Program to connect with and provide assistance to victims of gang violence within the first 48 hours following their admission to the hospital. Built upon an existing partnership with the hospital through their Clean Slate Tattoo Removal program, this program works to connect victims between the ages of 13 and 30 and their families to essential services to preventing future incidents of violence and get them the resources they need. The Task Force also has a "Technical Team" comprised of Parks, Recreation & Neighborhood Services staff, police officers, school officials, and direct-service organizations who provide prevention and intervention services in the community to curb gang violence, including street outreach workers.

Erika Mendelsohn, Program Director, Stand Up to Violence

New York, NY

Based out of the Jacobi Medical Center, Stand Up to Violence (SUV) works both in the hospital and in the community to intervene in violence incidents, prevent re-injury, change social norms, and provide essential services to victims of violence. Modeled after Cure Violence, SUV addresses violence as a health issue and employ "credible messengers" from the community as Outreach Workers to connect with victims, their families, and others at highest risk for involvement in violence at the most critical moments for intervention. These immediate services are combined with long-term case management to help participants access needed resources and receive guidance and mentorship.

John Torres, Deputy Director, Youth ALIVE!

Oakland, CA

Youth ALIVE!'s Caught in the Crossfire Program, operating out of three local trauma centers, is a hospital-based violence intervention program operated by Youth ALIVE! The program's Intervention Specialists, young adults from the same communities as the clients who have had similar experiences, respond to the hospital within an hour of being notified that a young person has been admitted to the hospital with a violence related injury. They work with the client, their family members and friends to provide emotional support, work to prevent retaliation, promote alternative strategies for dealing with conflicts, identify short-term needs, and develop a plan for staying safe. This case management and mentorship continues for six months to a year after the patient is discharged from the hospital. Youth ALIVE! is also part of a Cure Violence-based strategy, employing geographically-based violence interrupters who mediate conflicts and address safety issues, in the hospital and in the community, in partnership with street outreach workers who are employed at partner community-based organizations.

ABOUT THE SERIES

The Healing Justice Alliance

The [Healing Justice Alliance](#) is a partnership between Youth ALIVE!, Cure Violence, the National Network of Hospital Based Violence Intervention Programs (NNHVIP) and Berkeley Media Studies Group. HJA has over combined 60 years of experience in training private and public sector agency leadership and staff members that are part of comprehensive, multi-system efforts that respond to crime victims and address violence as a health issue.

Based in Oakland, California, Youth ALIVE! works to help violently wounded people heal themselves and their community. Their overarching mission is to prevent violence and create young leaders through violence prevention, intervention and healing.

Cure Violence stops the spread of violence by using the methods and strategies associated with disease control – detecting and interrupting conflicts, identifying and treating the highest risk individuals, and changing social norms. Cure Violence is guided by clear understandings that violence is a health issue.

With over 30 member programs across the U.S. and beyond, the National Network of Hospital-based Violence Intervention Programs (NNHVIP) seeks to connect and support hospital-based, community-linked violence intervention and prevention programs and promote trauma informed care for communities impacted by violence. Its vision is that all patients and families impacted by violence will receive equitable trauma-informed care through their hospital and within their community.

Berkeley Media Studies Group (BMSG) helps community groups and public health professionals practice media advocacy and the strategic use of mass media to advance policies that improve health. Ultimately, BMSG aims to help reshape how news, entertainment, and advertising present health and social issues.

“ There needs to be a significant shift in the way in which services are provided. ”

The Supporting Male Survivors of Violence initiative In 2015, the Office for Victims of Crime (OVC) awarded the Healing Justice Alliance (HJA) 16 a grant to provide training and technical assistance (TTA) to FY 2015 Supporting Male Survivors of Violence grantees. A collaboration between OVC and the Office of Juvenile Justice and Delinquency Prevention (OJJDP), the grant initiative aims to help improve responses to male survivors of violence and their families. In 2013, OVC released its Vision 21: Transforming Victim Services Final Report. At the core of the report, OVC identified key priorities for providing services to victims of crime.

These priorities include:

- **The need to make services accessible for all victims in all communities.**
- **Development of expansive, flexible, and innovative service models.**
- **And a holistic approach to addressing the historical institutional, geographic, and cultural barriers.**

OVC recognizes that in order for crime victims to gain physical, emotional, and financial recovery from the effects of their victimization, there needs to be a significant shift in the way in which services are provided. This is particularly evident when looking at services available to young men of color who have experienced harm.

Twelve demonstration projects across the country – from Baltimore, Maryland to Santa Cruz, California – were selected to create and implement culturally relevant and trauma informed programs and interventions to engage male survivors of violence, specifically, young men of color (YMOC) and their families impacted by trauma and violence.

The overarching goals of the initiative include:

1. **Creating a multi-disciplinary network of partners to provide coordinated services and support for male survivors of violence and their families.**
2. **Conducting outreach and training to educate stakeholders on the adverse effects of trauma and violence; and, developing methods to overcome barriers that prevent male survivors of violence and their families from accessing services and support.**

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9. "Group involved" refers to individuals associated with a larger group who may be involved in high-risk street activity and/or crime, although not necessarily organized or operated as a formal gang. Group involvement increases their risk for violence
10. HIPAA refers to the Health Insurance Portability and Accountability Act of 1996. HIPAA compliance requires data privacy and security provisions for safeguarding medical information that might be shared with outside parties



THANK YOU FOR READING!

For more information: healingjusticealliance.org | [@HJAlliance](https://twitter.com/HJAlliance) | youthalive.org | cureviolence.org | bmsg.org | nnhvip.org

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