



How to Support Male Survivors of Violence: A 5-year Initiative

In 2015, OVC collaborated with the Office of Juvenile Justice and Delinquency Prevention (OJJDP) and the National Institute of Justice to launch the Supporting Male Survivors of Violence (SMSV) Initiative. OVC invested \$26 million in funding to support this initiative over a five-year period. Approximately \$20 million was awarded to twelve demonstration sites selected to implement their strategic plan intended to support male survivors of violence and their families. These sites spanned the country, from Richmond and Santa Cruz in California; to Kansas City, Grand Rapids, and the Rosebud Reservation in the heartland; to Boston, Brooklyn, and Newark in the Northeast; and Philadelphia, Baltimore and Washington, DC in the mid-Atlantic.

This is the Healing Justice Alliance's final brief highlighting the 5-year initiative and an overview of how the twelve demonstration sites collectively served over 10,000 program participants and their families, educated community partners who interact with male survivors of violence, and transformed victim services in their region. The main points covered include an in-depth overview of different program models, program components, referral processes and outreach strategies, understanding the service population and practical lessons learned from serving survivors and boys and young men of color (BYMoC). The goal of this brief is to share the wisdom gleaned from the initiative so that other communities can start or improve their own programs for male survivors.

THE NEED TO TRANSFORM VICTIM SERVICES

In 2013, the Office for Victims of Crime (OVC) initiated a plan to transform victim services and address the disproportionate exposure to trauma that many underserved and unserved victim populations experience, including male survivors of violence and BYMoC. OVC's Vision 21: Transforming Victim Services Final Report acknowledged that existing victim services lacked culturally relevant services designed to engage, respond and treat male survivors of violence. There was a need to not only transform victim services, but also have a targeted plan of action that would expand access to services and positively affect these survivors on a national scale.

Vision 21 identified 4 major progress areas necessary for transforming victims services:

- 1. Conduct continuous rather than episodic strategic planning.**
- 2. Support research on victims and victimization.**
- 3. Ensure statutory, policy, and programmatic flexibility to address enduring and emerging crime victim issues.**
- 4. Build and institutionalize capacity.**

“ Transforming victim services for male survivors and their families begins with an individual and organizational acknowledgment of the disproportionate exposure of trauma and violence on BYMoC. ”

The SMSV initiative addressed recommendation 3, a call to action that would provide an opportunity for twelve demonstration sites to offer innovative, evidence-based and trauma-informed services and help break the cycle of violence throughout the United States. SMSV sites would later find that after project implementation began the need to shift the narrative from “victim to survivor” was an important step in participants being receptive to services. The foundation and structure of the SMSV initiative was organized into three core components:

The foundation and structure of the SMSV initiative was organized into three core components:

- 1. Twelve demonstration sites serving different regions of the country received funding in 2015 to implement transformative services and engage male survivors of violence, their families, and other youth serving providers.**
- 2. Dedicated comprehensive and communications-related training and technical assistance to support demonstration site efforts. The training and technical assistance (TTA) provider Healing Justice Alliance includes a collaboration of Youth ALIVE!, Cure Violence Global, Berkeley Media Studies Group, and the Health Alliance for Violence Intervention.**
- 3. A tiered national and local evaluation process led by Research Triangle International (RTI) with local research partners selected by each demonstration site.**

SMSV sites established innovative strategic plans to improve access to community-based, school-based, or hospital-based services for BYMoC who have experienced trauma. SMSV sites began implementing these strategies in 2015 and received additional funding to support their efforts in 2017. Among other SMSV initiative objectives, all demonstration sites were able to educate stakeholders on the adverse effects of trauma and violence and develop coordinated community partnerships to better serve male survivors and their families.

SMSV Demonstration Sites

Make It Happen

Center for Court Innovation - Neighbors In Action, Brooklyn, NY

Healing Hurt People

Center for Nonviolence and Social Justice, Drexel University, Philadelphia, PA

West Ward Victims Outreach

Newark Health Department, Newark, NJ

Safe Horizon

Brooklyn, NY

Sicangu MVP Project

White Buffalo Calf Women's Society, Rosebud Reservation, SD

Project CHANGE

District of Columbia Office of Victim Services and Justice Grants, Washington, DC

Violence Intervention and Advocacy Program

Boston Medical Center, Boston, MA

Young Men's Empowerment Collaborative

California School-based Health Alliance, Richmond, CA

Seeking Safety Modification Project

City of Grand Rapids, MI

Kansas City Violence and Trauma Response Network

Kansas City Health Department, Kansas City, MO

Project Thrive

Santa Cruz County Probation Department, Santa Cruz, CA

SMSV Baltimore

Baltimore City Health Department, Baltimore, MD



Photo courtesy of Stephanie Mathena

“ It takes more than one service provider to transform victim services to provide adequate services and support to male survivors of violence. ”

PROGRAM MODELS: SUPPORT IN SCHOOLS, HOSPITALS AND COMMUNITIES

Implementation of evidence-based practices known to successfully intervene and reduce exposure to violence and trauma was only one of many prerequisites for SMSV sites to discover how to support male survivors of violence. SMSV sites took on unique approaches to leverage the existing infrastructure and services offered by their already established organization. There was however, a challenge of strategizing how to integrate a new and innovative project that would increase healing-centered engagement and access to a continuum of care in their community. The SMSV initiative was founded on the understanding that there can never be one strategy, system or structure designed to support BYMoC. Given that, different agency types were awarded OVC funding to implement either community-based, school-based, or hospital-based services ideal for successful program outcomes. Although programs primarily used one of these models, many SMSV sites adopted a multi-pronged approach to serving BYMoC, and were operated and directed by local government departments, community-based organizations (CBOs), hospitals, or a university.

Hospital-based Violence Intervention Model

Violence is treatable especially in moments when a credible messenger and trusted violence prevention professional can make life-changing contact with a recently injured survivor admitted to the hospital. Key foundational components of establishing an effective hospital-based violence intervention program (HVIP) include securing hospital buy-in, selecting a target population, establishing goals and objectives, and developing a reliable referral process. (For more

information on the HVIP model, visit the Health Alliance for Violence Intervention website at theHAVI.org.) HVIPs not only help prevent reinjury, but save hospitals millions of dollars in return and interrupt the cycle of violence amongst boys and young men of color in over 50 cities internationally. Three SMSV sites were founded as HVIPs, Healing Hurt People, Project CHANGE (a network of HVIPs), and the Violence Intervention Advocacy Program in Boston. The OVC funded SMSV initiative helped generate new or existing components of their HVIP projects.

School-based Model

School-based programs utilize the school setting to identify and support young male survivors on school campuses. Young Men’s Empowerment Collaborative, Seeking Safety Modification Project and Make It Happen facilitated support groups and engaged 7th - 12th grade scholars through evidence-based psychoeducational and group engagement curriculum. The school-based program model requires a strong partnership with school administrators, staff and district leadership. SMSV found that their school-based programs provided a safe place for BYMoC to discuss their trauma, improve academic performance and learn new coping skills.

Community-based Model

Meeting survivors of violence and BYMoC where they are in their community and reliable community-based services was a popular approach implemented by seven SMSV sites. Community-based programs can ensure a flexible system of care that considers the home, school, family, neighborhood, and other community-based resources and partnerships. There was a tremendous amount of success in supporting survivors through a community-based model. SMSV sites operated by Community-based organization (CBO) demonstrated an enhanced level of flexibility when adapting to organizational changes to better fit the needs of BYMoC versus the incremental changes and complex processes associated with offering services through a hospital and/or government-based system. SMSV sites operated by hospitals or local governments were able to develop partnerships with CBOs to direct community-based services for male survivors of violence.

UNDERSTANDING THE SERVICE POPULATION

The SMSV initiative focused on serving BYMoC and male survivors of violence as young as 8 years old and as old as 26 years old. Demonstration sites coordinated with their local evaluators to screen program participants for trauma to better understand direct and indirect forms of unaddressed harm. SMSV sites served participants that were either recently victimized, system-involved, or coping with adverse childhood experiences including but not limited to household dysfunction, abuse, neglect, substance abuse, and incarceration. Offering full wraparound services to survivors also meant expanding services to families and close friends.

IMPLEMENTATION AND PROGRAM COMPONENTS

Sites implemented multiple program components, yet all aligned with the common goal of increasing the access of care and culturally relevant services for the service population. The main SMSV demonstration site components identified were the need to train partners and stakeholders on serving BYMoC, offer comprehensive case management, facilitate support groups, assist with resource navigation, develop career pathways, address housing instability, and overcome mental health stigma. Many sites implemented program components that could not be ignored and were targeted needs in their community. The SMSV program component chart outlines program components implemented by each site.

Figure 1: SMSV Program Component Chart

Program	Comprehensive Case Management	Housing	Peer Learning and Training	Mental Health	Crisis Response	Training Providers	Support Groups
Boston VIAP	✓	✓		✓	✓		
Kansas City Violence and Trauma Response Network	✓		✓		✓		✓
Healing Hurt People	✓		✓	✓	✓		✓
Make It Happen	✓		✓	✓	✓	✓	✓
Project Thrive	✓					✓	
Project CHANGE	✓			✓	✓	✓	
Safe Horizon					✓	✓	✓
Seeking Safety Modification Project				✓		✓	✓
Sicangu MVP Project	✓		✓		✓		✓
SMSV Baltimore	✓			✓		✓	✓
West Ward Victims Outreach	✓		✓	✓	✓		
Young Men's Empowerment Collaborative (YMEC)	✓					✓	✓

“ Topic-based group sessions and culturally relevant programming has been a successful part of serving a population that values community built on trust, culture, and peer participation. ”

Training Providers and other key Stakeholders

It takes more than one service provider to transform victim services to provide adequate services and support to male survivors of violence. Community stakeholders and partners are often interested in joining the movement to better serve BYMoC and male survivors of violence, but lack collaborative spaces for training, capacity building, and systems change. Training providers and key stakeholders on how to better serve male survivors of violence was an essential component necessary to develop more trauma-informed systems and organizations. Project Thrive, SMSV Baltimore, Make It Happen, Seeking Safety and Young Men's Empowerment Collaborative are SMSV sites that held trainings for providers and key stakeholders to begin this transformation in their regions.

Project Thrive is led and directed by the Santa Cruz County Probation Department and partnered with core community-based partners, Community Action Board (CAB) and United Way of Santa Cruz County (UWSCC). Project Thrive was ambitious to take on the challenge of systems change and training county youth service providers on implicit bias, racial justice, and other best practices to consider when serving BYMoC. They developed a coordinated countywide trauma informed system to increase the wellbeing and quality of life for BYMoC surviving exposure or direct involvement with community violence. Before SMSV started and throughout the entire project, UWSCC helped lay the foundation by organizing various community forums to increase knowledge of racial equity issues and collaborated with criminal justice reform organizations like W. Haywood Burns Institute to hold forums on racial and ethnic disparities in justice and education systems. Project Thrive completed six leadership cohort convenings bringing together key Santa Cruz County partners from various sectors of work covering topics such as trauma-informed systems of care, culturally responsive organizations, implicit bias and more. The chart below lists sectors that attended Project Thrive activities.

Figure 2: Participation in Project Thrive Activities by Sector

Sector	TIS Conference (2017)	CRO Workshop (2018)	IB Training (2018)	LC Convening #1 (2019)	LC Convening #2 (2019)
Behavioral Health	3	9	8	9	4
Community-Based Organization	76	30	17	37	15
Criminal Justice	4	8	5	4	3
Education	32	6	1	3	2
Government	22	8	4	6	4
Health Care	24	1	0	2	1
Law Enforcement	11	6	3	5	0
Other*	5	0	0	0	0
TOTAL	177	68	38	66	29

*Other includes students and community members
 Note: Sectors are not mutually exclusive

“ Comprehensive case management is an approach that meets participants where they are and develops a strength-based and goal oriented plan for where they would like to go. ”

Peer Learning and Training

Training survivors to be providers of healing services themselves is an emerging strength-based approach used to empower, employ and show value for their lived experiences. Healing Hurt People, Make It Happen, Sicangu MVP, and West Ward Victims Outreach implemented components of this peer learning and training approach in their programs.

The Center for Non Violence and Social Justice at Drexel University was founded in 2008 giving birth to their nationally recognized HVIP, Healing Hurt People (HHP) in Philadelphia, Pennsylvania. HHP engages and cares for male survivors of violence, especially those violently injured between the ages of 18 and 30. HHP's OVC-funded project focused on providing care to these survivors, but sought new methods of engaging male survivors of violence and a focus on survivors who may not identify themselves as victims. HHP developed an HVIP centered training model to promote the training, certification and deployment of Community Health Worker Peers (CHWP).

CHWPs support the positive physical, emotional and behavioral health needs of male survivors of violence.

HHP successfully completed five training academy cohorts. Academy training participants were paid a competitive entry-level hourly rate for their participation and graduated as a Community Health Worker (CHW) and Certified Peer Specialist (CPS). The training academy introduced 27 program graduates to the human services workforce, which enabled partner organizations across Philadelphia to harness the expertise of youth survivors of violence in the creation of trauma-informed, culturally competent health and human service systems. Training Academy graduates work with children, youth, and young adults in settings across the city, where they encounter male survivors of violence and shape their care for the better. Within one-year of post-training enrollment, 90% of participants were placed in jobs in the Philadelphia area.

Support Groups and Cultural Activities

One of the many challenges identified by SMSV sites was ensuring that survivors and BYMoC feel safe and supported to share their experiences, ask for support and seek commonality amongst other survivors. Topic-based group sessions and culturally relevant programming has been a successful part of serving a population that values community built on trust, culture, and peer participation. Young Men's Empowerment Collaborative, Sicangu MVP, Make It Happen, Healing Hurt People, and Seeking Safety all implemented components of a support group and culturally relevant group activities in their programs.



Photo courtesy of Stephanie Mathena

“ Making contact with a recently injured survivor in real time or soon after a violent incident is a crucial part of interrupting the cycle of violence. ”

The White Buffalo Calf Women's Society (WBCWS) located on the tribal lands of the Sicangu Sioux in Rosebud, South Dakota, is a great example of a CBO's capacity and flexibility to go from traditionally serving women through their crisis shelter to addressing the growing need to support young men 10 - 18 years old. WBCWS started the Sicangu MVP Project, a program that engages young men through Lakota-based programming. Sicangu MVP staff facilitates and attends various cultural events, provides virtual and in-person group gatherings, and access for participants to call and receive support through their 24/7 crisis line. The Sicangu MVP Project provides culturally supportive responses for young males and their families. Lakota values are the foundation and a natural guide for providing individual and group sessions. Sicangu MVP group activities include participating in sweat lodges, fishing, horseracing, lacrosse and other Lakota-based practices.

Anchored in two middle schools and three high schools in Richmond, California, Young Men's Empowerment Collaborative (YMEC) is a school-based program administered by the California School-based Health Alliance and closely partnered with the West Contra Costa School District. Local community-based organizations, YMCA and Bay Area Community Resources used their relationship with school administrators to engage with young scholars on campus, screen them for trauma, and facilitate trauma-informed and culturally relevant group sessions.

Below are a list topics covered in YMEC group sessions.

- Community violence
- Complex trauma
- Conflict and stress management
- Decision making
- Emotion regulation
- Gratitude
- Goal setting
- Loss and grief
- School success
- Team building

“YMEC has helped me because whenever I'm stressing, I have someone to talk to and they have helped me focus on my schoolwork.”
– YMEC Group Participant



Photo courtesy of Stephanie Mathena

“ Training survivors to be providers of healing services themselves is an emerging strength-based approach used to empower, employ and show value for their lived experiences. ”

Comprehensive Case Management & Resource Navigation

Comprehensive case management is an approach that meets participants where they are and develops a strength-based and goal oriented plan for where they would like to go. SMSV sites that implemented this component worked with participants to address their individualized needs. The comprehensive case management and resource navigation offered varied from workforce development, academic support, mental health referrals, personalized advocacy and more. This program component was implemented in most SMSV sites including SMSV Baltimore, Safe Horizon, YMEC, Project Thrive, and Boston VIAP, Project CHANGE, and West Ward Victims Outreach.

Safe Horizon in Brooklyn, NY serves BYMoC aged 6-26 in the New York City (NYC) boroughs of Brooklyn and Manhattan. Safe Horizon community programs assist young men of color and their families in applying for a

New York City Housing Authority (NYCHA) Emergency Housing Transfer after victimization. Safe Horizon recognized how important it is to direct resources to participants and their families during critical times of crisis and healing. As a result, they developed their NYCHA Emergency Transfer Program to allow NYCHA residents to apply for an emergency transfer if they believe they, or other individuals covered under the program, qualify as a victim under one of four emergency transfer categories. In addition, Safe Horizon staff work with the client to create a safety plan around the emergency housing transfer process. Many times, supporting BYMoC color requires not only sharing relevant and effective resources, but also helping young victims navigate systems and filter through targeted resources that will support their healing and safety.

Make It Happen in Brooklyn, NY is a project of Neighbors in Action (formally the Crown Heights Community Mediation Center). Make It Happen works with young men of color between the ages of 16 and 24 who have experienced violence. It aims to support participants in both developing new tools to overcome traumatic experiences in their lives, and in uncovering existing strength and resilience within themselves. Neighbors in Action (NIA) seeks to demonstrate how communities once torn apart by violence and disinvestment can become peaceful, vibrant communities through the collaborative efforts of local residents, nonprofit organizations, businesses, elected officials, and faith-based leaders.



Photo courtesy of Stephanie Mathena

“ There is more work to be done in supporting male survivors of violence and more allies to be reached. ”

Make It Happen had many unique approaches to servicing this population that included providing advocacy for young men by accompanying them to court appearances, providing advocacy letters on behalf of participants and providing mental health crisis management for young men harmed by violence. Make It Happen also implemented the Community Healers And Mentors for Personal Success (CHAMPS) program. CHAMPS are young leaders who have become peer mentors after completing a six-week summer program. CHAMPS are trained in group facilitation and receive training from community partners and engage them in conversations around healthy masculinity, trauma and healing, violence, and trust building.

Coordinated Crisis Response

Making contact with a recently injured survivor in real time or soon after a violent incident is a crucial part of interrupting the cycle of violence. Project CHANGE, West Ward Victims Outreach Center, Healing Hurt People, Boston VIAP, and Kansas City Violence and Trauma Response Network implemented this public health

approach to reducing violence. A coordinated crisis or critical incident response system is rooted in the belief that survivors must access and receive support immediately after being shot, stabbed or violently assaulted. Violence Prevention Professionals and credible messengers that come from the community are able to work with survivors to begin the process of healing and thriving after their injury. Many SMSV sites that had an established coordinated crisis response system were either an HVIP or linked to an HVIP to serve survivors.

Project CHANGE, Washington D.C. is a network of five hospital-based and linked violence intervention programs administered and spearheaded by the District of Columbia Office of Victim Services and Justice Grants (OVSJG). Project CHANGE was able to expand HVIPs throughout D.C. consisting of four Level 1 trauma centers, MedStar Washington Hospital, Prince George’s Hospital Center, Howard University Hospital Center and George Washington University Hospital. Project CHANGE also adopted United Medical Center as one of its core partner hospitals. United Medical Center is not a trauma center but a community-based hospital servicing violently injured patients in a Ward with one of the highest rates of violent crime. Project CHANGE Washington D.C. developed a coordinated multi-site HVIP program model for district-based hospitals to cross learn and share best practices with an overall goal of treating and responding to violently injured patients over 18 years old.



Photo courtesy of Stephanie Mathena

“ The Seeking Safety reported that 51% of participants experienced a decrease in PTSD symptoms. ”

Throughout the 5-year initiative, Project CHANGE sought to expand and increase access to vertical advocacy, legal services, case management, medical forensic evaluation, and mental health services for male survivors of violence in each of the partner hospitals.

The City of Newark’s West Ward Victims Outreach Services (WWVO) targets and serves male victims of violence ages 18 to 30 year-old. As a city government program, WWVO aims to increase access to both systems and community-based services for male survivors of violence. Like other SMSV sites, WWVO’s violence intervention and prevention plan is based on key elements of a variety of community-based violence prevention models that includes comprehensive case management, responding to short-term crisis, providing counseling and linkage to community resources. In addition to their primary services offered, WWVO was also able to increase participant access to victim service providers.

Kansas City’s Violence and Trauma Response Network, also referred to as Aim4Peace (A4P) Violence Prevention Program has worked with male survivors since its inception. A4P worked within the Kansas City Public Schools (KCPS) and the Missouri Department of Corrections, by providing

life skills classes, conflict resolution and mediation services. A4P has also taken on the task of working with male survivors at the scene of a violent incident, as well as the survivor’s friends and family members referred to A4P from other community partners. In order to prevent participants from being re-injured and interrupt the cycle of violence the A4P team provides comprehensive case management and crisis response within seven life domains (education, employment, housing/shelter, health, social, nutrition, legal).

Housing

Boston Violence Intervention Advocacy Program (VIAP) has served almost 5,000 patients, the majority of whom are black males. Founded in 2006, Boston VIAP is committed to the mission of assisting victims of violence in recovering from physical and emotional trauma, as well as empowering survivors with life skills, housing, financial literacy, and job opportunities. Boston VIAP is a HVIP serving individuals intentionally shot or stabbed that are treated at Boston Medical Center’s Level 1 Trauma Center. In partnership with community-based organizations, Boston VIAP offers comprehensive case management, behavioral health, financial literacy training, workforce development and other support services aimed to help survivors through their healing process and go on to live a thriving life.

A core part of Boston VIAP’s project focused on providing housing for their program participants. The Boston housing crisis is one of the major obstacles experienced by survivors that are in dire need of housing stability and safety.



Photo courtesy of Stephanie Mathena

“ A coordinated crisis or critical incident response system is rooted in the belief that survivors must access and receive support immediately after being shot, stabbed or violently assaulted.

Lack of affordable housing in Boston and the surrounding areas is a major barrier to creating and maintaining stability in survivor’s lives. Boston VIAP collaborated with HomeStart, Inc, a local nonprofit agency committed to finding housing solutions to end and prevent homelessness. Boston VIAP covered all housing-related expenses for participants and still managed to help participants overcome common barriers to securing housing such as: credit score, unemployment, no housing history, and an unfamiliar and uncomfortable change of environment.

Boston VIAP staff were able to connect and work with participants to achieve transformative outcomes for their housing program including:

- Weekly Client Support Meetings
- Stable/Alternative Housing
- Maintain Rental Agreement
- Established Tenant History
- Utility Management
- Financial Responsibility
- Secured/Retain Health and Wellness

Mental Health Services

The Baltimore City Health Department received their program funding at a time when the community lacked trust in local government and the systems directing policy and services as a whole. SMSV Baltimore was able gain trust with the community and BYMoC surviving direct and indirect forms of violence and trauma by providing care for those at greater risk for experiencing symptoms of depression, anxiety, post-traumatic stress disorder (PTSD), substance use disorder, homelessness, and poor academic functioning. SMSV Baltimore secured a partnership with a local church where they saw an influx of referrals and a new wave of receptiveness to receiving Baltimore City Health Department support. Through this partnership, the project identified the need to break the stigma of receiving mental health services. SMSV Baltimore was positioned to do just that by utilizing the S.E.L.F Model Curriculum, an evidence-based psychoeducational curriculum that identifies “loss of safety, inability to manage emotions, overwhelming losses, and a paralyzed ability to plan for or even imagine a different future”. SMSV Baltimore also completed behavioral health screenings to identify clinical needs, and provided individual, group and family therapy.

The Seeking Safety Modification Project in Grand Rapids, MI aims to meet the mental health needs of black male survivors of trauma and violence. Seeking Safety helps survivors overcome barriers to services through an approach that addresses basic needs and then offers evidence-based therapeutic services and curriculum for participants ages 14 through 24 years old.



Photo courtesy of Stephanie Mathena

Individual and group therapy sessions support participants with short-term outcomes and tools including healthy coping skills, self-awareness, confidence, efficacy and reliable support system.

The Seeking Safety reported that 51% of participants experienced a decrease in PTSD symptoms. Seeking Safety measured traumatic events experienced by participants using the Adverse Childhood Experiences (ACEs) survey. After screening participants for trauma, Seeking Safety staff helped participants with finding positive outlets for coping like sports, meditation, or music to counter the stress they felt in daily life.

"We talked about coping a lot... I told them I pop Xanax to cope with issues I have. So they said you got to find something else. So lately I either listen to music—music really chills me out—or I play video games, or I go play basketball. Those are the things that I found that do better for me than doing the pills and the weed."

– Seeking Safety participant

10 KEYS FOR SUCCESSFUL OUTREACH TO MALE SURVIVORS AND BYMOC

An effective outreach strategy, referral process and communications plan has always been an important part of ensuring that SMSV sites positioned to promote their services and stay connected to the service population. In HJA's third brief, *How can we best educate others about the impact of violence on boys and young men of color?* HJA's communications training and technical assistance provider for the SMSV initiative, Berkeley Media Studies Group mentioned:

Show connections between youth and professionals. *Seeing and hearing from young people who have been harmed by actions large and small in school, health care settings, in community, and in youth organizations helps to reignite the motivations that initially drove them to their work.*

Shelly Seasley, Project Coordinator for Seeking Safety Modification Project said passionately:

"We need a strategic plan for finding them, engaging them and keeping them engaged."

SMSV sites also learned and shared these keys for successful outreach and communication.

1. Integrate credible messengers and frontline staff in direct outreach efforts
2. Develop meaningful and sustainable community partnerships
3. Establish trust and have patience with survivors and families
4. Leverage social media and interactive virtual platforms
5. Meet survivors where they are
6. Shift your messaging from "victims to survivors"
7. Facilitate focus groups and spaces that lift youth voices
8. Lead with culture
9. Describe why race matters and name your audience
10. Develop a multi-sector and multi-disciplinary approach to reaching survivors

CONCLUSION: REFLECTING AND LOOKING AHEAD

Chris Cooper, Youth ALIVE!'s Training Officer interviewed SMSV site leads to learn more about the most successful and challenging parts of these programs. The first success noted by the majority of SMSV sites is the connection staff developed working directly with the population. SMSV frontline staff built a positive rapport with survivors, as staff were mostly from the community they served and were able to relate, listen and keep participants engaged. Shahad Wright, YMEC Case Manager described his best recipe for successful program implementation by saying:

"you have to build trust, understanding, and no judgement."

In addition to leveraging the expertise of staff offering direct services, many SMSV sites built meaningful partnerships and collaborations with other service providers to help expand and sustain their work. Dr. Cortney Fisher with Project CHANGE mentioned, "a coordinated community response with a wide range of community service providers helps to develop a holistic system of care". Every SMSV site that developed new partnerships or worked to improve existing partnerships increased coordination and more aligned support for survivors in their service region.

Measuring success strictly by the quantity of survivors reached and served was not the top priority for SMSV sites. Instead, SMSV sites advocated and implemented projects that focused on successfully increasing the level of quality resources and care. When asked how the Kansas City Violence and Trauma Response Network measured success, Nephateri Hill made sure to mention:

“It’s not always about the quantity of work but the quality of work that makes a difference.”

SMSV sites succeeded in implementing their project objectives but sustaining their project beyond the conclusion of the OVC-funded SMSV initiative remained a challenge for some sites. Boston VIAP, Make It Happen, Project CHANGE, Sicangu MVP, West Ward Victims Outreach, Healing Hurt People, and Kansas City Trauma and Response Network were all able to sustain most of their program components and continue supporting male survivors of violence. The Sicangu MVP program in particular was the second largest VOCA awardee in South Dakota. They’ll use their VOCA funds to expand their services for boys 10-18 years old on the Rosebud Reservation. Project CHANGE in Washington D.C. will receive funding from the Office for Victim Services and Justice Grants as a result of \$9.67 million redirected from the Metropolitan Police Department to violence interruption, restorative justice, and victim services.

In 2017, Lynn Tiede an expert in a collaborative approach to program sustainability introduced the sites to the OJJDP Sustainability Framework developed by National Forum for Youth Violence Prevention. This included the related sustainability tool, and how to use the tool in their work. Lynn also hosted a webinar session on sustainability planning. The HJA team acknowledged program sustainability as an ongoing challenge for the SMSV sites and ten of the twelve SMSV sites worked with Lynn to develop an updated sustainability strategy. Although many sites found success in receiving sustainability support, sites learned that sustainability should have been a priority for their project from the very beginning and throughout the five-year initiative.

“There needs to be a heavy emphasis from the very start on how to sustain the work.”

– Robert Doty, Project Thrive

There is more work to be done in supporting male survivors of violence and more allies to be reached. Transforming victim services for male survivors and their families begins

Navigating through the COVID-19 Pandemic

SMSV sites navigated through many service barriers that the COVID-19 pandemic presented. Survivors and their families were still served as the initiative was coming to an end. Organizational policies for all SMSV were updated to follow the guidelines from the Center for Disease Control and Prevention on social distancing, quarantine and isolation. This was a challenging, yet unique opportunity for SMSV to leverage technology, training and technical assistance, social media, interactive communication software, and HIPPA compliant software for telehealth appointments and group therapy sessions. On April 8, 2020, HJA staff convened all SMSV sites to discuss the impacts of COVID-19 and how to support male survivors during the pandemic. The April SMSV all-sites meeting generated new programmatic ideas and COVID-19 related resources national webinars and meetings, and access to virtual training opportunities.

Throughout the pandemic SMSV sites made it a priority for their program participants to have access to masks, hand sanitizer, food, stable housing, public education on the pandemic and other essentials items and services.

with an individual and organizational acknowledgment of the disproportionate exposure of trauma and violence on BYMoC. The SMSV initiative affected and increased the access of care for over 10,000 participants, their families and community stakeholders across twelve targeted communities (and the surrounding areas) in the United States. The 5-year initiative will help expand the work and assist others that want to learn how to best serve a population that is in dire need of transformative healing services and engagement.



Photo courtesy of Stephanie Mathena

THANK YOU

A Special Thank You to All the Contributors of the How to Support Male Survivors of Violence: A 5-Year Initiative

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Shahad Wrightl	YMEC, Richmond, CA
Shelley Seasley	Family Outreach Center, Grand Rapids, MI

ABOUT THE SERIES

The Healing Justice Alliance

The [Healing Justice Alliance](#) is a partnership between Youth ALIVE!, Cure Violence, the Health Alliance for Violence Intervention (HAVI) 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.

To heal communities affected by violence, the Health Alliance for Violence Intervention (HAVI) fosters hospital and community collaborations to advance equitable, trauma-informed care for violence intervention and prevention programs. We envision a system of healthcare that mobilizes hospitals and communities to end violence, together.

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.

“ The 5-year initiative will help expand the work and assist others that want to learn how to best serve a population that is in dire need of transformative healing services and engagement. ”

Ultimately, BMSG aims to help reshape how news, entertainment, and advertising 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) 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.**



Photo courtesy of Healing Hurt People Center for Nonviolence and Social Justice, Drexel University, Philadelphia, PA



THANK YOU FOR READING!

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

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THE HEALTH ALLIANCE for VIOLENCE INTERVENTION

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