THE HAVI VIRTUAL CONFERENCE
September 29-October 1, 2020
12:00PM-4:15PM Eastern Standard Time
Rising To Face The Moment

SEPTEMBER 29, 2020

12:00PM-5:00PM    AHVS All Sites Meeting - Closed Session

6:00PM-9:00PM    Pre-Conference Social Activities

SEPTEMBER 30, 2020

12:00PM-12:15PM    WELCOME

12:15PM-12:45PM    KEYNOTE SPEECH
Deborah Prothrow-Stith, MD, Dean and Professor of Medicine, Charles R. Drew University of Medicine and Science

12:45PM-1:00PM    TRANSITION
1:00PM-2:15PM      BREAKOUT SESSION 1: WORKSHOPS

Identifying Stakeholders, and Engaging and Advocating for Local Funding for HVIPs

Catherine Velopulos, Associate Professor of Surgery, University of Colorado School of Medicine
Katie Bakes, Emergency Medicine Physician & At-Risk Intervention and Mentoring (AIM) Program Director, Denver Health
Laurie Lovedale, Injury Prevention Specialist, University of Colorado Hospital - UC Health

This workshop is designed to help form a roadmap for advocacy efforts to fund start-up or ongoing programming for hospital-based violence intervention programs. As most programs cannot rely on state and federal funding, programs must know how to approach local resources and advocate for these programs. This includes understanding the local environment, such as whether the hospital is public or private, similar efforts in place either historically or currently, relationship with the community, and competing interests of administrators and clinicians. After assessing the environment, next steps include identifying the relevant stakeholders from the environment and choosing which ones to engage, in order to then advocate at the institutional and local governmental level for funding and resources. This workshop will involve interactive elements that include outlining by participants throughout the presentation to create their starting “roadmap” for approaching the assessment of resources in their particular area or institution. A portion of the time will be spent in giving practical examples of how one program started, has continued to grow, and is now expanding to another location with different types of stakeholders and institutional resources, and a different city government. The panel includes a physician employed by her public hospital, a physician working at a large health system but employed by her school of medicine, and an injury prevention specialist who has worked in many different environments, but now employed by the health system.

Keeping Us Safe: UK Perspectives on Holistic Safeguarding for Young People Experiencing Harm

Anthony Scott, AMBIT Consultant, Redthread
Eleanor Riley, Communications and Policy Manager, Redthread
John Poyton, CEO, Redthread
Lucy Knell-Taylor, Practice Development Lead, Redthread

Redthread delves into two leading, innovative systemic practices- Contextual Safeguarding and the Adolescent metallisation model. The session will focus on how Redthread ‘scaffold’ young people from acute care settings into the community in a way that ensures they are safe and receiving the support they need. Contextual Safeguarding is an approach to understanding, and responding to, young people’s experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse. Parents and carers have little influence over these contexts, and young people’s experiences of extra-familial abuse can undermine parent-child relationships. AMBIT is a framework to support developing practice, rather than a self contained model of therapy. AMBIT is a collaborative project that involves feedback from practitioners, clients and evidence based treatment designers. It has been designed by and for community teams from Mental Health, Social Care, Youth work, or that may be purposefully multi-disciplinary/multi-agency. It emphasises the need to strengthen integration in the complex networks that tend to gather around such clients, minimising the likelihood of an experience of care that is aversive. AMBIT uses well evidenced ‘Mentalization-based approaches, that are at their core integrative (drawing on recent advances in neuroscience, psycho-analytic, social cognitive, and systemic “treatment models”). Evaluations at local levels have offered very promising results, and to date (2014) over 80 teams have been trained in the UK, Switzerland and USA. Publications in peer reviewed journals and presentations at international conferences have been well received, and demand for AMBIT training is very high. We will explore how Redthread applies these to our hospital- based work in London, Birmingham and Nottingham, and how these approaches could perhaps be extrapolated to a US context.
Bridging The Gap - A Multidisciplinary Team (MDT) Approach to Treating Complex Trauma in Youth While Maintaining Continuity of Care

Abigail Batha, Clinical Case Manager, Life Outside of Violence - Barnes Jewish Hospital
Kateri Chapman-Kramer, Project Manager, Life Outside of Violence - Washington University in St. Louis
Keyria Jefferies, Clinical Case Manager, Life Outside of Violence - Barnes Jewish Hospital
Melik Coffey, Clinical Case Manager, Life Outside of Violence - SSM Health Cardinal Glennon Children's Hospital
Stephanie Harris, Clinical Case Manager, Life Outside of Violence - Washington University Institute of Public Health

Bridging the Gap is a workshop intended to promote a better understanding of the intersections of medicine, mental health, client advocacy, and ethics when establishing continuity of care for youth affected by complex trauma. A case study presentation will help participants cultivate their clinical expertise and learn how to make use of a multidisciplinary (MDT) approach, to promote wellness, healing, and overall health, in treatment of victims of community violence, with an emphasis on gun violence. Presenters will rely on traditional definitions and descriptions drawn from literature in social work to define MDT and why it is essential to strengthen the alliance of organizational networks, frontline workers, and the community at large. Advocacy strategies and ethical dilemmas will explore the complexity and nuances that typically emerge in practice and while utilizing an MDT approach, when supporting and providing treatment to victims of community violence. At the conclusion of the presentation, participants are encouraged to develop thoughtful questions, engage in discussion, and provide constructive feedback and analysis.

A National Movement: Leveraging Public Policy to Address Community Violence

Brittany Nieto, Community Violence Program Manager, Giffords Law Center to Prevent Gun Violence
Kyle Fischer, Policy Director, The HAVI
Michael McLively, Senior Staff Attorney & Community Violence Initiative Director, Giffords Law Center to Prevent Gun Violence
Tiffany Garner, Community Violence Initiatives State Manager, Giffords Law Center to Prevent Gun Violence

There is a growing movement from advocates across the country to compel local, state, and federal governments to make significant investments in programs to scale up evidence-based violence intervention and prevention strategies to address community violence. Last year alone, state-level investments in such programs increased by more than $60 million, driven by funding increases in California, New Jersey, Illinois, and Virginia. Giffords has been a partner and convener in connection with many of these efforts, where we seek to serve as a bridge between policymakers and on-the-ground practitioners. During this presentation, staff from Giffords and Kyle Fischer from The HAVI will present on major policy wins in California in 2019, with a particular emphasis on the $21 million increase of the budget for CalVIP, and the passage of AB 1603, which dramatically improved the structure of this program. Attendees will hear about how the CalVIP Coalition, which now includes more than 40 organizations and over 150 practitioners, researchers, city leaders, and advocates, successfully pushed for this increased investment with a coordinated campaign designed to highlight some of the most successful violence reduction work from around the state and the need to scale up best practices in impacted communities. Simultaneously, a coalition of organizations, including Giffords, advocated for a package of bills in New Jersey in 2019 that included a $20 million investment of VOCA dollars in the expansion of Hospital-based Violence Intervention Programs. A similar investment was made in Virginia. Illinois greatly expanded existing investments in violence intervention work and is earmarking funds from the legalization of marijuana for the purpose of expanding violence reduction services. Attendees will learn about this effort and other successes from 2019, ongoing work in 2020, and the impact of COVID-19 on this year's advocacy agenda as well as the budgetary challenges states will face in the years ahead. Presenters will connect the state-level work to a nationwide movement that is taking place to increase investment in evidence-based violence reduction strategies that are grounded in community, rather than in traditional suppression tactics. At the federal level, Senator Cory Booker also introduced legislation designed to fund violence intervention work in impacted communities at $90M per year for ten
years and Vice President Biden included significant funding to address community violence as part of his plan to prevent gun violence in America.

Attendees will walk away with a much better understanding of the nationwide movement for increasing public investment in violence reduction strategies and ways in which they can participate and engage with this growing movement and replicate some of the policy successes in California, New Jersey, Virginia, and others.

Supporting Leadership Through Crisis

Colleen Smith, Clinical Director, Newark Community Solutions  
Lorenzo Nash, Peer Mentor, Newark Community Solutions  
Mike Martinez, Peer Mentor Fellow, Newark Community Solutions  
Shakia Mayer, Coordinator of Victim Services, Newark Community Solutions

Violence intervention work is unique in the world of mental health and community-based services, requiring strong interdisciplinary collaborations between credible messengers and mental health practitioners. Each field brings its own expertise and capital such that both have lots to learn from, and to teach to, one another. Credible messengers drive assertive outreach and fill the gap between therapeutic limitations, while clinicians contribute a formal knowledge base around conflict resolution, boundary setting, and burnout. As an emerging field, training for this type of collaborative team building can often be scarce. Because violence intervention is done in homes, on porches, and in parks instead of only a traditional office setting, many organizations struggle in providing the appropriate support that balances healthy work environments with innovative, community-driven services. In this workshop, credible messengers and mental health practitioners from a Newark-based victim service program, will share strategies intended to increase an organization's capacity to invest in the positive wellbeing and professional development of violence interrupters and clinicians. Clinicians will share how credible messengers helped them view their work from a different vantage point and find ways to shift to new spaces. Credible messengers will discuss strategies that prepared them to de-escalate the crisis, reduce burnout, and implement professional boundaries. Particular attention will be given to organizational support to preserve self-care and how irregular hours can make it difficult to be "on or off the clock."

Organizations and managers must understand and appreciate the work that is asked of its frontline staff. Since violence interrupters and intervention work aims "to identify and resolve potentially dangerous conflicts before they escalate into shootings" (Webster, Whitehill, Vernick, & Curriero, 2013, p. 28), it is vital for organizations to equip their frontline staff with effective strategies to deal with traumatic experiences while also providing formal organizational support. SAMHSA (2014) provides guidance for trauma-informed leadership in recognition that organizational practices can shape how employees experience and recover from work-based trauma. This means empowering staff, giving them voice, and providing the tools and organizational resources necessary for them to support themselves. During the workshop an experiential exercise would be conducted to help guide participants through scenarios that will illustrate how to create cross-discipline learning and development. These exercises will highlight how specific training and onboarding practices coupled with trauma-informed leadership techniques help organizations adapt to "unconventional" engagement between the team, program participants, and the community. Onboarding and training practices include regular goal-setting, professional boundaries, messaging (how to be mindful of co-workers or community members, while still speaking the language of the community), understanding biases, supervised hands on experience, contributing to weekly staff meetings, and highlighting what it means to work as a member of a team with a common goal.
Linking Front Line Workers with Home-Based Medical Providers to Optimize Recovery
Andrew Woods, Executive Director, Hartford Communities That Care
Larry Johnson, Lead Crisis Intervention Specialist, Hartford Communities That Care
Shenell Benjamin, Lead Case Manager, Hartford Communities That Care

This workshop presents a model that combines a partnership with Front-Line Workers, UConn physicians and Licensed Practicing Nurses (LPN's) that provide routine medical health visits in the home, the frequency of which are determined by victims willingness to be seen after discharge from hospital to avoid a return to the E.R. for injury related complications and to be seen by physicians and nurses to improve medical outcomes and compliance. This model has demonstrated its effectiveness with supporting victims of gun violence, stabbing and blunt force trauma victims with emergency crisis intervention when a victim has been violently injured then seen beside by Front Line Workers at the hospital, provision of in-home physician and skilled nursing care to assist with wound care, psychical, prescribe medication and arrange outpatient medical follow-up. This approach provides immediate and on-going medical, emotional, psychological, communal and spiritual support for victims of urban gun violence and ensures proper follow-up care that optimizes recovery and positive long-term outcomes for the victims, and reduces hospital emergency room utilization.

Opening Doors to Wellness: How Collaboration Between Trauma Recovery Centers and Hospital-based Violence Intervention Programs Increases Access to Mental Health Services for Survivors of Violent Crime
Carla Richmond, Psychiatric Social Worker, UCSF Trauma Recovery Center
Julia Orellana, Case Manager, UCSF Wraparound Project
Lynsey Clark, Clinical Social Worker, UCSF Trauma Recovery Center
Stacey Wiggall, TRC Technical Assistance Coordinator, UCSF Trauma Recovery Center

The Trauma Recovery Center (TRC) model is designed to remove barriers to mental health care for survivors of violent crime, with a focus on engaging survivors from underserved communities. Many people who experience violence deal with resulting social and psychological difficulties, such as depression, PTSD and other forms of anxiety, isolation, substance abuse, and problems with work and relationships. Early intervention is essential to help deal with the immediate consequences of violence and prevent long-term negative impact. TROs aim to overcome barriers to care, such as the stigma of mental health treatment, a need to prioritize immediate safety and stability over emotional wellness, and a desire to avoid all reminders of trauma. By combining assertive outreach, clinical case management, and evidence-based psychotherapies that target symptoms of distress, TRCs provide comprehensive, survivor-centered care. The Bridge program is a collaboration between the Wraparound Project at Zuckerberg San Francisco General Hospital and the UCSF Trauma Recovery Center. Both programs serve survivors of acute violence, are based at or affiliated with a level one trauma center, and were developed to engage survivor populations who have not been well-served by traditional victim services or mental health services. A TRC clinician is embedded part-time at Wraparound and works with frontline case managers to help identify and engage clients who can benefit from trauma-informed mental health services, in addition to their Wraparound care. This workshop will discuss areas of overlap and differences between the TRC and HVIP models, and explore both the challenges and benefits of collaboration. It will also feature a speaker from the SF TRC speakers bureau, CHATT (Communities Healing and Transforming Trauma), talking about their experiences of trauma and mental health services.
Youth ALIVE's Violence Interrupters Ambassador Program: The Work Starts Before You Get Hired

Glen Upshaw, Lead Violence Interrupter, Youth ALIVE!
Kyndra Simmons, Intervention Director, Youth ALIVE!

Youth ALIVE has created the Violence Interrupters Ambassadors Program to assist with hiring individuals from the community who are committed to decreasing violence. Ambassadors are individuals who are not quite ready for full-time employment, nevertheless have strong ties within their community and want to make an impact. As Ambassadors ride alongside Youth ALIVE’s Violence Interrupter Team, they learn the valuable skills needed to intervene and mediate conflicts stemming from community violence. Violence Interrupters work closely with Ambassadors to not only assist them with training and skills needed for violence intervention, Violence Interrupters have the ability to observe how the community responds to the Ambassador during intense situations. Ambassadors are not paid employees of Youth ALIVE however, small stipends are issued based on their community involvement and participation with Violence Interrupters. Youth ALIVE has been successful in expanding our Violence Interrupter Program by hiring Ambassadors as full-time Violence Interrupters and for other positions within Youth ALIVE.

New Research in The Field A

Risk Terrain Modeling Accurately Predicts Individuals at Geospatial Risk of Gunshot Wounds
Stephanie Bonne, Assistant Professor of Surgery, Rutgers New Jersey Medical School

**Background:** Risk Terrain Modeling (RTM) is a spatial risk assessment technique used to model the influence of varying physical environments on the distribution of an outcome. We hypothesized that RTM modeling predicts the home addresses of gunshot wound (GSW) victims.

**Methods:** We abstracted Urban Level 1 trauma GSW patients from 2015-2017. Previously identified risk factors were matched to home addresses of patients and weighted contribution to the geospatial environment was calculated. RTM uses cross-validation to build an elastic net penalized regression model, simplified by bidirectional stepwise regression. Cells measuring 41,000 sq. ft, were assigned high, medium or low risk. Actual 2017 data determined the sensitivity, specificity and positive (PPV) and negative predictive values (NPV).

**Results:** 5.7% of the city was classified high risk and 8.8% medium risk. Spatial factors relaying highest risk included vacant lots, liquor stores, and bodegas. Of 251 city residents-GSW victims, 54 were excluded, leaving 197 addresses to test against the RTM model. 155 (79%) of victims lived in any area predicted by RTM, and 67 (34%) lived in high-risk areas. The sensitivity of the model was 75%, specificity 86%, PPV 5.7% and NPV 99.6%. For the subset of high risk cells, there was 35% sensitivity, 95% specificity, 6.5% PPV and 99.0% NPV.

**Conclusion:** RTM represents a dynamic risk modeling technique that does not rely on retrospective examination of gunshot wounds, but instead adapts predictions to changing environmental conditions. RTM provides a high negative predictive value indicates areas where prevention strategies would be lower fidelity.

**Significance and Contributions to Violence Intervention & Prevention Science:** This powerful technique allows centers to geospatially align public health prevention strategies to those at highest
Characterizing Homicides of People Experiencing Homelessness

Maxwell Presser, Injury Prevention Research Fellow and Medical Student, University of California, San Francisco

Background: 550,000 people were experiencing homelessness (EH) in the US in 2018, facing increased mortality for many reasons, including homicide. Half have experienced violence, and homicide rates are up to 15% in this population. We seek to understand how characteristics of homicide of people EH compare to those of housed individuals.

Methods/Approach: The National Violent Death Reporting System (NVDRS) was employed to examine homicides of people EH from 2003-2017. Chi-squared and nonparametric tests were used to analyze 81,215 homicides.

Results: There were 1,196 homicides of people EH in the NVDRS from 2003-2017. Compared to homicides of housed individuals, victims EH were older (43 vs. 35 years old, p<0.05), more commonly male (85% vs. 78%, p<0.05) and White (41% vs. 30%, p<0.05), and more frequently injured by blunt assault (35% vs 13%, p<0.05) or stabbed (23% vs 13%, p<0.05). Victims EH were more likely to have been previously assaulted (RR=1.6, 95% CI 1.1 2.3), have schizophrenia (RR=3.0, CI 1.5-5.8), have used alcohol (RR=2.1, CI 1.9-2.4) or amphetamines (RR=3.1, CI 2.6-3.7), have been recently released from jail/prison (RR=2.4, CI 1.4-4.2) or a hospital (RR=4.8, CI 2.8-8.3), and have been hospitalized prior to death (RR=1.2 CI 1.1-1.4).

Conclusion: Homicide victims EH are often violently injured and spend time in jail/prison or a hospital before the fatal incident. Therefore, there are opportunities for preventative interventions in these institutions. Many of these incidents were initially non lethal and required hospitalization before eventual death, so reducing injury would reduce hospital admissions.

Significance: Violence and homelessness are complex, intertwined issues, and these findings underscore the need for violence prevention by addressing social determinants of health. Hospital-based violence intervention programs may be useful in identifying needs of people EH and providing critical social resources to reduce known risk factors for reinjury.

Evaluating the Association between Legal Needs and Violent Injury Risk Factors in a Hospital-Based Violence Intervention Program

Tiffany Hu, Medical Student, Temple University

Background: Following a violent injury, over 50% of victims encounter a legal issue; however, only 20% of legal needs (LNs) are met among low-income individuals. Unmet LNs are associated with poorer health outcomes and are predictors of reinjury, especially among low-income communities. We seek to explore the ability of a hospital-based intervention program (HVIP) to address LNs and other known risk factors for reinjury in individuals with concurrent LNs.

Methods/Approach: We identified participants with LNs (i.e., court advocacy, incarceration, probation, immigration) in an HVIP database from 2005-2018. We explored demographics and risk factors for reinjury (e.g., education, housing). Chi-squared and nonparametric tests were used to identify participant needs.

Results: Over a quarter (26.6%) of participants had at least one LN. Compared to HVIP participants without LNs, participants with LNs were more often males (90.2% vs 85.2%, p<0.05) and had less education (57.1% without high school diploma vs. 51.9%, p<0.05). Age, race/ethnicity, mechanism of injury, and drug/alcohol use were not associated with having LNs. Participants with LNs were more likely to require assistance obtaining a driver's license (RR=2.59, CI 2.07-3.24), educational services (RR=2.08, CI 1.66-2.60), employment (RR=1.80, CI=1.43-2.25), housing (RR=1.54, CI=1.22-1.95), and mental health services (RR=1.97, CI=1.55-2.50). The majority (80.6%) of LNs were met. Victim of crime service needs were met less often in participants with LNS (RR=0.53, CI 0.37-0.77), but case managers successfully addressed other risk factors for reinjury at similar rates for participants with and without LNs.

Conclusions: HVIP case managers are able to meet a much higher proportion of LNs among low income victims of injury than cited in literature while also addressing non-LNs in these high-risk participants. Significance: Although LNs are associated with morbidity and reinjury, HVIP case management is a demonstrably useful method to address LNs and other risk factors for reinjury among victims of violent injury.
Mechanism of Injury and Odds of Admission to the Adult vs Pediatric Intensive Care Unit among Pediatric Trauma Patients in California, 2005-2020
Nicole Kravitz-Wirtz, Assistant Professor In-Residence, University of California, Davis

**Background**: There is an extensive body of research on systemic and sociodemographic inequities in pre-hospital determinants of violence and in post-discharge outcomes following violent injury. However, less is known about disparities in hospital care for violently injured youth. This is despite research in related areas on the “adultification” of youth of color and the socially constructed, often racialized, tendency to equate injury from certain types of violence, particularly gun violence, with personal shortcomings, criminality, and blame. This study considers the extent to which assumptions like these might influence the care and treatment received by violently injured young people. **Methods/Approach**: Data come from the trauma registry for a Level I adult and pediatric trauma center in the inland Northern California region for January 2005 February 2020 (N=3,417). Applying multivariate logistic regression methods, we explore the relationship between mechanism of injury and placement in the adult vs pediatric intensive care unit (ICU) among pediatric trauma patients 13-17 years of age. Results: Compared to pediatric patients admitted for motor vehicle crash injuries, violently injured pediatric patients had significantly higher odds of being placed in the adult vs pediatric ICU: 4.7 times greater odds among stabbing victims (95% CI: 2.8-7.8), 3.7 times greater odds among gunshot victims (95% CI: 2.7-5.2), and 1.9 times greater odds among victims of blunt assault (95% CI: 1.3-2.7). Conclusion: These preliminary findings suggest that violently injured pediatric patients may be subject to stereotypes and implicit biases about age and dangerousness. Because the adult ICU may lack appropriate pediatric equipment, staff training, and support personnel (e.g. child life specialists), disparities in adult vs pediatric ICU bed placement may have important implications for the ways in which hospital-based violence intervention specialists develop rapport and help to support healing and recovery among violently injured pediatric patients within and beyond the hospital setting.

New Research in The Field B

Position Public Health Surveillance for Observational Studies and Clinical Trials
Kristen Mueller, Assistant Professor of Emergency Medicine, Washington University in St. Louis

**Background** Firearm injuries are a public health epidemic in the United States, yet a comprehensive national database for patients with firearm injuries does not exist. Here we describe the methods for a study to develop and query a new regional database of all patients who present to a St. Louis level I trauma hospital with a violent injury, the St. Louis Hospital-Based Violence Intervention Program Data Repository (STL-HVIP-DR). We hypothesize that the STL-HVIP-DR will facilitate identification of patients at risk for violent injury and serve as a comparison population for participants enrolled in clinical trials. **Methods** The STL-HVIP-DR includes all patients who present with violent injury to level I trauma hospitals in St. Louis, Missouri between January 1, 2010 and December 31, 2019. Two health systems representing the four participating hospitals executed a data sharing agreement to aggregate clinical data on firearm injuries, stabbings, and blunt assaults. Dataset variables include demographic information, hospital information and timestamps, medical information, and insurance information. **Results** A preliminary cross-sectional query of the STL-HVIP-DR reveals 121,955 patient visits among the four partner level I trauma hospitals for a violent injury between 2010 and 2019. This includes over 18,000 patient visits for firearm injury. **Conclusions** The STL-HVIP-DR is among the first registry of its type in the US to allow for data sharing in pursuit of linking ED and hospital trauma data among multiple hospital and health systems at the regional level. This repository fills a critical gap regarding identification and outcomes among individuals who are violently injured, especially those with non-lethal firearm injuries. **Significance** It is our hope that the methods presented in this paper will serve as a primer to develop repositories to help target violence prevention services in other regions.
Boston Violence Intervention Advocacy Program: Challenges and Opportunities for Client Engagement and Goal Achievement
Elizabeth Pino, Data Coordinator, Boston Medical Center

Objectives A better understanding of the factors affecting client engagement in hospital based violence intervention programs (HVIPs), and which types of client needs prove most challenging to achieve, may be of key importance in developing novel, targeted strategies to violence intervention. In this study, we examined the demographics and injury characteristics of violently-injured patients by their level of engagement with the Boston Violence Intervention Advocacy Program (VIAP), and determined the probability of client goal achievement through VIAP client services. Methods This retrospective study was performed using a cohort of patients presenting to the Boston Medical Center (BMC) emergency department (ED) for a violent penetrating injury due to community violence between 2006 and 2018. Data on client demographics, injury characteristics, and client needs were collected from the VIAP data repository. Cox proportional hazard regression models were used to estimate hazard ratios and 95% confidence intervals to assess the difference in probability of client goal achievement by need type. Results Significant predictors of client engagement with VIAP include younger age, black race, permanent home, existing mental health diagnosis, gunshot wound, and more severe injuries. Conversely, older age, homelessness, substance use, stab wound, and less severe injuries significantly predicted refusal of VIAP services. For clients who choose to engage with VIAP, client needs related to basic needs, injury recovery, and medical and mental health were most likely to be successfully achieved, while needs related to education, employment, housing, and legal issues were significantly less likely to be achieved. Conclusions This study demonstrates that VIAP is effectively engaging the client population that HVIPs have been designed to support. HVIPs should consider novel strategies to engage vulnerable populations not typically targeted by intervention programs. These results speak to the difficulties of program attrition and the complexities of altering the life course for victims of violence.

A Novel Pediatric Hospital-Based Violence Intervention Program—Lessons Learned from the First Year
Monica Larson, Medical Student, Case Western Reserve University School of Medicine

Background: Hospital-based violence intervention programs (HVIPs) aim to reduce reinjury, but research is needed to elucidate intermediate measures of success. The purpose of this study is to evaluate the ability of the Antifragility Initiative, a novel pediatric HVIP, to address participant needs. Additionally, we will evaluate how addressing patient needs could contribute to retention rates and ultimate success of the program in reducing reinjury. Methods: AI enrolls consenting patients aged 6-15 years who present to a Pediatric Trauma Center (PTC) with violent injuries. Participants receive individualized case management services for 12 months involving regular visits with patients and families. Using a systematic review of all case worker notes with participants and families, this project identified and categorized needs expressed by participants. Identified needs were then categorized as "met", "unmet", or "addressed" during the 10 months of programmatic activity evaluated. Results: During the first 10 months, 53 pediatric victims of violence consented to participate, and 74% (n=39) of initially consented patients remain enrolled. Of note, 18% (n=7) of participants have a history of prior violent injury from January 2010 - December 2018. Basic needs and mental health were the most cited participant needs. During engagement with AI, 34% of reported needs were met, and 47% are being actively addressed at the time of review. Conclusions: Our data indicate that our holistic program engages and addresses the basic needs, mental health needs, and educational needs of our participants. Our data suggests that an inability to fully address safety and employment domains may impact retention. Further long analysis is needed to assess program effectiveness in reducing violent reinjury in urban youth. Contributions: This research adds to the evidence base of efficacy of pediatric HVIPs. Additionally, this research identifies an intermediate measure of success for HVIPs to inform programmatic practices.
Risk of death and violent re-injury within three years after surviving a violent penetrating injury: dual epidemics of violence by injury type

Elizabeth Pino, Data Coordinator, Boston Medical Center

Objectives While hospital-based violence intervention programs (HVIPs) are primarily designed to aid youth victims of gun violence, the root causes and complex outcomes of community violence are varied. The Boston Violence Intervention Advocacy Program (VIAP) serves all victims of penetrating injury due to community violence. In this study, we examined the risk factors for violent penetrating injury and how the risk of adverse outcomes after surviving a violent injury differs by injury type (stab wound versus gunshot wound). Methods This retrospective study was performed using a cohort of patients presenting to the Boston Medical Center (BMC) emergency department (ED) for a violent penetrating injury due to community violence between 2006 and 2015. Cox proportional hazard regression models were used to estimate hazard ratios (HR) and 95% confidence intervals (95%CI) for the risk of all-cause mortality and violent re-injury within three years after surviving a penetrating injury. Results There were 79 deaths (2.0%) and 536 violent re-injuries (13.7%) within 3 years after surviving initial penetrating injury. Compared to gunshot wound victims, stab wound victims were 30% less likely to be re-injured with a gunshot wound (HR=0.70, 95%CI=0.52-0.95), 50% more likely to be re-injured with a stab wound (HR=1.50, 95%CI=1.05-2.15), and 34% more likely to be re-injured by assault (HR=1.34, 95%CI=1.01-1.77). While no significant differences were observed in the overall risk of death by injury type, stab wound victims were 4.8 times more likely to die within three years by a drug/alcohol overdose (HR=4.80, 95%CI=1.11-20.76). Conclusions Patients surviving a stab wound have a significantly higher risk of violent re-injury by stabbing or assault, and risk of death by drug/alcohol overdose. HVIPs with similar patient populations should explore options to expand partnerships with drug treatment programs. These results illustrate distinct dual epidemics of violence firearm violence and stabbing/assault violence—with separate risk factors and outcomes.

1:00PM - 2:15PM  HEALING SPACE

1:00PM - 2:15PM  1:1 NETWORKING

2:15PM - 2:30PM  TRANSITION

2:30PM - 3:45PM  BREAKOUT SESSION 2: WORKSHOPS

Workshop on Racial Trauma
Kenneth V. Hardy, Director, Eikenberg Institute for Relationships

The Hierarchy of Human Value and Gun Violence
Brian Malte, Executive Director, Hope and Heal Fund
Refujio “Cuco” Rodriguez, Chief Equity and Program Officer, Hope and Heal Fund

While mass shootings make up only 1% of total gun deaths across the country, our response is considerably different when compared to day to day violence experienced by low-income communities of color. This workshop will explore the significant differences in societal, media, and resource response to gun violence across race and community. The workshop will also provide appropriate recommendations that move responses towards an equitable place.
Lessons Learned from COVID: Remaining Healing Centered in Mental Health Services Amidst Crisis - A Virtual Sharing Circle

Nicky MacCallum, Clinical Services Director, Youth ALIVE!
Shawn Deverteuils, Community Clinical Services Coordinator, Neighbors In Action
Susan Little, Therapist, WellSpace Health

This offering will provide a virtual sharing circle, where participants can listen, learn, and share best practices that supported clients and staff, and mental health services during COVID. This will include discussion around what worked, challenges and successes, what was helpful, engaging clients, documentation, and intervention tools that were used to continue to build trust, support relationships, and empower clients in creating their own path to healing. Members of the HAVI Mental Health Workgroup will be sharing, and inviting other providers to share their own success stories and challenges.

The Stress-Less Initiative

Caroline Menapace, Child and Family Therapist, Children’s Hospital of Philadelphia
Laura Vega, Clinical Manager of Program Operations, Children’s Hospital of Philadelphia

The Stress-Less Initiative arose from an unmet need to “help our helpers.” Often, frontline staff learn about secondary traumatic stress (STS), but they do not know the personal symptoms or how to address them in order to prevent short and long term effects of STS. Organizations often observe behavioral changes in staff and trainees who may be unprepared to address their own self-care needs in the face of emotionally challenging work with program participants. While efforts to address these needs in one-on-one clinical supervision is important, a group model provides an opportunity to learn and share strategies for addressing STS among colleagues in a supportive atmosphere. Stress-Less Initiative is one such model, developed by members of the CHOP Violence Intervention Program, which engages all program staff, including frontline case managers, trainees, trauma therapists, clinical supervisors, administrative, and research team members. This group meets monthly and provides opportunity for program staff and trainees to maintain their own health while providing trauma-informed care to violently injured youth and their families. Stress-Less Initiative provides a safe space for staff and trainees to share how violence intervention work affects them individually, and offers a way to provide support and encouragement to one another. This presentation will begin with an overview of STS and the need for organizational support around this issue. As part of this session, audience members will be invited to participate in a demonstration of the Stress-Less Initiative. Participants will have the opportunity to share how their work affects them, discuss the skills and techniques used to remain productive, and share their reasons for pursuing this work. As part of the Stress-Less Initiative demonstration, all participants will have the opportunity to participate in a group activity to enhance their resiliency. Self-care resources will be discussed and shared.

Human Trafficking 101: Dispelling the Myths

Holly Gibbs, Program Director, Violence and Human Trafficking, CommonSpirit Health

In this workshop, Holly Austin Gibbs, a survivor of child sex trafficking and program director for victim response, will provide basic education on labor and sex trafficking. This includes definitions and misconceptions associated with human trafficking, prevalence of the crime, and common red flags in the health care setting.
Insider/Outsider: Collaborations Between VIPs and Trauma Centers - How To Navigate Hospital Spaces
Andrew Wheeler, Patient & Family Support Coordinator, Department of Trauma & Burns, Cook County Health
Carol Reese, Violence Prevention Coordinator, John H. Stroger, Jr. Hospital of Cook County
Leah Tatebe, Trauma Surgeon, Cook County Health

For more than 25 years, community based organizations and urban hospitals serving violently injured youth and adults have worked to forge partnerships with each other. Chicago is no exception. Presenter has a 15-year history working with two VIP - one with an organization formally linked to the hospital, the other, a program implemented by hospital staff. Over the past several years, as the epidemic of urban violence has grown, community-based programs have emerged focusing on violence intervention and prevention. Additional funding streams have also become available for both hospitals and VIPs to address community violence. Based on one Chicago trauma center's experience, there seems to be a growing insider/outside dynamic that may polarize these programs rather than create a lively and robust partnership to address the issues facing our communities. The presenters acknowledge a more robust knowledge of the way hospitals work and some of the concerns those institutions hold. Examples of issues/concerns for hospitals: Saving lives - the first few moments of admission to a trauma center are all about saving a life. All eyes are on the patient, no matter how severe the injury. Staff experience anyone posing a distraction as interfering the delivery of medical care. Coping with/recovering from trauma - both physical and emotional healing are of primary concern to the medical team. Creating a safe and healing environment in the hospital and promoting such in outpatient and community settings is a priority. Unable to give information about patients or allow visitors without consent. Outside partners must also protect patients/families who are in a vulnerable state. Safety - hospitals are concerned about the physical, social, and emotional safety of patients, visitors and staff. When a large number of people gather, security personnel can become overwhelmed and move to shut down visitation altogether. your lane" challenge from the gun lobby. Preventing injury and reinjury weighs heavy on healthcare professionals and their institutions. Examples of concerns for VIPs: Access to patients/families during the "golden hour" so they can establish a working relationship that extends into the community. Intervention in the immediate aftermath of injury to stave off retaliatory violence. Create culture change by addressing individual concerns and structures that support community violence. including exposure to multiple forms of trauma, poverty, involvement in the criminal justice system, other health conditions, unemployment, and limited education. Key to making these interventions work better is developing an understanding of how both VIP and trauma centers operate in a crisis environment. This workshop will identify challenges hospitals and VIPs experience navigating the common space of serving those with violent injuries. Rather than collide and struggle because our methods, timing, and foci do not always align, the workshop will explore prescriptions for success to better serve patients, families, and communities impacted by violence.

My Brain Does What? Translating Neurobiological Trauma Concepts for the Rest of Us
Samantha Roth, Clinical Social Worker, University of Maryland Medical Center Violence Prevention Program

Samantha is a self-proclaimed "nerd for neurobiology." Over the years she's been practicing as a clinical social worker, the more she has found that the better her clients and even fellow staff understand how trauma affects brains, bodies, and behaviors, the easier it has been for them to apply new knowledge and coping skills to process trauma and traumatic stress. However, the concepts behind the neurobiology of trauma are often complex and difficult to understand, especially for clients who have lower health literacy levels. By taking these concepts and using more colloquial language and familiar metaphors, Samantha has discovered avenues of understanding opening up for those she works with on multiple levels. In this presentation, Samantha will explain the neurobiological processes behind experiencing trauma and show how she applies that to working with both clients in therapy and coworkers in the office.
Youth Voice - Innovative Approaches to Community Engagement

Jackie Holland-Baldwin, Direct Service Team Lead, Children's Wisconsin Project Ujima
Reginald Riley, Crime Victim Advocate, Children's Wisconsin Project Ujima
Will Dunmire, Crime Victim Advocate, Children's Wisconsin Project Ujima

In this workshop, Project Ujima will give an overview of a number of dynamic, cost-effective group programming options for teens that can be run by front-line staff. In addition to an overview of successful programs, the Project Ujima staff will also go in depth about a program that ran in the Fall 2019. In partnership with the Zeidler Center for Public Discussion, this program focused on the relationship between Milwaukee Police Officers and youth in the community. Ten youth, ages 12 to 17, were chosen to participate in this initiative. The aim of the initiative was to not only establish a relationship between youth and police, but also to help each subset better understand the trauma that each group has experienced, thus leading to a greater level of trust. The youth that were selected for the group all had various levels of interaction with police officers, ranging from speaking with officers directly following a homicide of a family member, to witnessing police engagement in the community, to even being involved in the criminal justice system. The aim was to establish a baseline of general effect that each member of the group held towards the other, and determine what talking points and facilitated interactions can affect these feelings. The youth were encouraged to provide feedback to the officers, while working together to develop a goal for their own future and the future of the City of Milwaukee. Throughout the Youth Police Initiative, the officers and the youth were tasked with thinking about times in their lives when they made mistakes, had successes, or wished they had handled a situation differently. The group worked to develop their public speaking skills and confidence levels by standing up and presenting in each category. They would then receive a "glow", an aspect of their speech that went well, and a "grow", a speaking behavior they could change to enhance their skills. This not only gave the youth a chance to grow, but it also encouraged an open line of communication with the officers when they suggested that the officers "speak louder" or "try to relax" when speaking. Over the course of the week, the atmosphere developed from an uncomfortable, challenging setting to one where respectful, lively conversations were possible. As a result, the youth and police each reported a newfound understanding and level of respect for each other. For many of the youth, these ongoing relationships with the officers have resulted in attending Milwaukee Bucks games, enrollments in Milwaukee Law Enforcement Explorers program, and officers attending other youth programs hosted by Project Ujima. Other opportunities for programming discussion will focus on such as cooking classes, papermaking and peace banner productions with a local university, hands on wooden boat building, peer mentor groups, and community service based programs will also be addressed. The goal of this workshop is to provide front-line staff with tangible program options that can be implemented throughout the country to improve the outcomes of victims of violence.

ISAVE: A Medical Community’s Response to Firearm Injury Prevention

Rochelle Dicker, Professor of Surgery and Anesthesia, UCLA and HAVI Advisory Board Chair
Thea James, Associate Chief Medical Officer, Boston Medical Center
Theodore Corbin, Associate Professor of Emergency Medicine, Drexel University College of Medicine

The American College of Surgeons, Committee on Trauma is convening, ISAVE: Improving Social Determinants to Attenuate Violence, a collaborative working group of experts to address structural racism and social determinants of health. ISAVE has identified priorities around the following four themes: (1) Develop a nimble curriculum for Trauma Informed Care; (2) Create a roadmap for investment in at-risk communities; (3) Integrate social care into the trauma system; (4) Characterize the trauma center’s role in advocacy around social determinants of health and equity. In this session, you will learn about the vital role that the trauma community can play to address the upstream causes of the downstream effects of firearm violence.
This Brave Space session will be exclusive to Front-line Workers (FLW), offering individuals a safe space to renew their excitement and spark for hospital-based violence intervention. During this 90-minute session FLW will share the collective impact they have had in successfully producing quality work and explore ways to maintain this work regularly at a high level. This session will discuss next steps in creating actionable items to advance the work of FLW such as; universal pay matrix, a Frontline Worker Resource Guide and the Empowering Frontline Workers working group.

Research Strategies and Methodologies
Benefits and Challenges of Integrating Research and Service: Lessons from a Hospital-Based Violence Intervention Program
Antwan Nedd, Lead Victim Services Navigator, Yale New Haven Hospital
Cecilio Vega, Lead Victim Services Outreach Worker, Yale New Haven Hospital
James Dodington, Medical Director for Injury and Violence Prevention Programs, Yale New Haven Hospital
Kathleen O’Neill, Doctoral Candidate, Yale University
Mary Bernstein, Speaker, University of Connecticut

Conducting research alongside service provision for victims of violence can be fraught with difficulties and misunderstandings that arise from competing priorities. In marginalized communities, particularly communities of color, there is a history of exploitation under the guise of medical research within the United States. The damage from this history is very much present in the conduct of research today. Minorities, particularly Black and Latinx Americans, are underrepresented in medical research which has health consequences for generalizability of medical advances to these populations. There is also a scarcity of research that is designed and particularly relevant to underrepresented minorities. Partnerships between community programs and medical researchers under the principles of community-based participatory research (CBPR) can help to bridge this gap and create research that is equitably conducted and meaningful to marginalized communities. In this workshop, we will discuss our experience implementing research while providing services to survivors of gun violence in a hospital-based violence intervention program (HVIP). We will discuss two projects, first a qualitative project conducted with our community-based violence intervention program (CTVIP) and second, an ongoing research project being conducted in tandem with the enrollment of HVIP clients to test the efficacy of a mental health intervention in a randomized controlled trial design. In this lecture/panel-style workshop, we will discuss the challenges as well as the synergies for clients in blending a research and service mission for our HVIP. The topics that will be covered in this workshop include: Conducting research in marginalized populations; Community-based participatory research; Description of our experience with a randomized controlled trial; Challenges and benefits from our experiences; Early results of the study. Finally, the workshop will end with a panel Q&A with our research and service team.
Connecticut's Level I trauma centers treat the most severely injured victims of violence. In the state's capital city, St. Francis Hospital and Medical Center and Hartford Hospital treated nearly 2,000 violently injured patients in their emergency departments (ED) in 2018, while in New Haven, Yale New Haven Hospital's ED staff treated an additional 1,350 victims of violent injury. Hundreds of these patients also require inpatient admission, surgical intervention, and/or complex rehabilitation. Importantly, several studies have estimated that up to 41% of violently injured patients are revictimized within a 5-year period. Components of Hospital-based Violence Intervention Programs (HVIPs) have been established in Hartford and New Haven for more than a decade, however, there has not been strong collaboration across sites until recently. Given the dearth of literature supporting the various implementation methods and outcome measures of HVIPs in the United States, multi-site evaluation is a promising approach to building a rigorous evidence base for these vital interventions. Connecticut's recent collaborative efforts have built a multidisciplinary coalition of HVIP stakeholders ranging from state legislators to healthcare workers and academic researchers. A key feature of this collaborative is its intention to improve the evaluation practices of the state's HVIPs, with a core focus on multi center data collection. Our local collaborative established a Research & Evaluation Work Group, a concept adopted from the HAVI and which aligns with their objectives. Although this group is relatively new, its work has attracted exciting opportunities that may have otherwise been out of reach for any one partner. This session will highlight the necessity of violence intervention research and the importance of building cross-sector research capacity at the local level. The process in which this work group was formed, its current practices, and goals for the future will be discussed by the panel. Participants will learn how they can apply Connecticut's model to the unique partnerships and circumstances of their own communities.

2:30PM - 3:45PM      HEALING SPACE
2:30PM - 3:45PM      1:1 NETWORKING
2:30PM-3:45PM        SOCIAL LOUNGE
3:45PM - 4:00PM      TRANSITION
4:00PM - 4:05PM      WILLIS YOUNG AWARD
    Masika Gadson, Violence Intervention Advocate, Violence Intervention Advocacy Program at Boston Medical Center
4:05PM - 4:15PM      CLOSING REMARKS
4:30PM-6:30PM        HAVI MEMBERSHIP MEETING - CLOSED SESSION
6:30PM-9:00PM        VIRTUAL HAPPY HOUR
OCTOBER 1, 2020

12:00PM-1:30PM     MORNING PLENARY

ADDRESSING COVID-19, POLICING AND RACIAL EQUITY IN OUR CITIES
Fatimah Loren Dreier, Moderator, Executive Director of The Health Alliance for Violence Intervention
Anthony D. Smith, Executive Director, Cities United
Dr. Tracie Keesee, Co-Founder and Senior Vice President of Social Justice Initiatives, Center for Policing Equity
Sasha Cotton, Director of Office of Violence Prevention, City of Minneapolis
Farji Shaheer, Violence Intervention Specialist, Next Step

The senseless murders of George Floyd, Breonna Taylor, Ahmaud Arbury, and countless others are heartbreaking reminders of the deep-seated racism, state-sponsored violence, and broader structural violence in America. The magnitude of this trauma not only presents itself today, but has burdened each generation since the founding of this nation. We are living in unprecedented times: our country faces both the enduring impact of COVID-19 and historic calls to end structural violence and racism. The HAVI is fundamentally grounded in the belief that to address cycles of interpersonal violence, it is our duty to address its root causes. As violence intervention and prevention programs, our movement is being called upon to name and address issues of trauma. In this session, we invite our panelists an opportunity to discuss both local and national challenges and opportunities to address interpersonal and structural violence.

1:30PM-1:45PM     TRANSITION

1:45PM - 3:00PM     BREAKOUT SESSION 3: WORKSHOPS

Operational Protocols Development (Professionalizing & Certifying the Outreach Intervention Specialist)
Aqeela Sherrills, Executive Director, Newark Community Street Team
Aquil Basheer, Executive Director, BUILD Program & PCITI International

The workshop will equip its participants with the tools and strategies they need to be successful negotiators, problem-solvers, high-risk responders, mentors and violence intercession specialists. We will touch upon a combination of in classroom didactic instructional and scenario driven role playing/behavior modeling exercises. We will illustrate & deliver operational protocol, behavior standards, and templates of instruction to professional establish the benchmark for professional certification. Additional local & national blueprints we've developed will be provided.
**Making Safety a Priority: Community Violence and Suicidal Ideation**

*Allison Gendreau, Violence Prevention Specialist, CHOP Violence Intervention Program*

*Jacqueline Kendrick, Violence Prevention Supervisor, CHOP Violence Intervention Program*

*Sean Snyder, Mental Health Therapist, CHOP Violence Intervention Program*

The Children's Hospital of Philadelphia Violence Intervention Program (CHOP VIP) provides trauma-informed, intensive case management, trauma therapy, and advocacy to youth after a violent injury. VIP Case Managers work with families, schools, police, behavioral health and medical providers to help young victims of violence safely navigate their environment, enhance their opportunities for success, and prevent future violence. As violence in Philadelphia intensifies, the needs of our families are increasingly complex and our youth feel unsafe in their schools and communities. Moreover, a majority of our youth report trauma symptoms, and an average of six previous adverse childhood experiences. Due to the lack of safety and increased complexity, we have noted a significant increase in suicidal ideation amongst our youth. We will discuss our efforts to respond to this observed increase in suicidal ideation by implementing evidence-based screening tools to identify youth experiencing suicidal ideation. We will introduce the Columbia Suicide Severity Rating Scale (CSSRS) and provide tools for safety planning with youth experiencing community violence and suicidal ideation. We will demonstrate how to ask and implement these screens using a trauma-informed approach. By using evidence based tools, we can better identify youth at risk of suicide or other self-injurious behavior and promote improved access to mental health care. The purpose of this workshop is to increase awareness around the intersection of violence and suicidal ideation. We will provide evidence-based tools to screen for suicidal ideation for youth impacted by trauma with emphasis placed on using a trauma-informed and trauma-responsive approach. We will also provide recommendations for developing safety plans.

**DC Saves Lives: A Medicaid Managed Care approach to provide a community based violence reduction intervention**

*Charlayne Hayling-Williams, Executive Director, Community Wellness Ventures*

*Yavar Moghimi, Chief Psychiatric Medical Officer, AmeriHealth Caritas DC*

This workshop will present a case study on how a Medicaid Managed Care Organization, AmeriHealth Caritas DC, launched a violence reduction intervention, in partnership with a community-based organization, Community Wellness Ventures. This intervention will highlight how to use health information exchange data to create a population health approach to violent sentinel events. Intervening early after an ER visit or hospitalization has led to positive outcomes, including connecting those impacted by violence to behavioral health, social services, housing, care coordination, and violence mediation.
A Tale of Two Coalitions: Movement Building in the Modern Age
Andrew Woods, Executive Director, Hartford Communities That Care
Elizabeth Banach, Executive Director, Marylanders to Prevent Gun Violence
James Dodington, Medical Director for Injury and Violence Prevention Programs, Yale New Haven Hospital
Kyle Fischer, Policy Director, The HAVI

Advocacy for victims of violence is difficult. Boys and men of color are stigmatized, often seen as "deserving" of their injuries. Centuries of structural racism raise additional barriers not experienced by other patients. In the public arena, highly paid lobbyists simply do not exist to support this advocacy. Despite these challenges, communities are rising to the moment. Broad coalitions in several states have come together to advocate for evidence-based solutions to end community violence. This session will highlight the work performed in two states in particular: Connecticut and Maryland. In Connecticut, organized by Andrew Woods of Hartford Communities that Care, a wide coalition of community organizations, health care workers, hospitals and legislators began convening regularly. Although the work is ongoing, it sets the stage for comprehensive reforms and additional funding for a variety of systematic reforms. These reforms range from new funding streams to expanding programming to research. In Maryland, led by Elizabeth Banach of Marylanders to Prevent Gun Violence, a coalition was formed to support a legislative effort to bolster the state's Violence Intervention and Prevention Fund. The coalition continued and adapted after pandemic COVID-19 caused the state's General Assembly to adjourn early- the first time since the Civil War. Despite this, the coalition continued and shifted efforts to advocate for frontline violence prevention workers and funding opportunities during the pandemic. This session will highlight the importance of movement building to promote evidence-based community violence prevention efforts. In bringing together the two state coalitions, it will allow participants to compare and contrast the two groups’ approaches as they might relate to their local environment. Additionally, the unique timing of the work with the onset of COVID-19 will provide specific recommendations for continuing advocacy efforts despite widespread shutdowns and physical distancing measures.

Violence in a Pandemic, how and why we knew what to expect. Exploring trends in shootings, stabbings, homicides, and domestic violence during the peak of the pandemic.
Erin Walton, Program Manager, R Adams Cowley Shock Trauma Violence Prevention Program

When it became clear how significantly we would be impacted by the COVID-19 pandemic as a nation, the fate of so many people's lives and jobs became uncertain. However, in Violence Prevention, we knew exactly what to expect. In this workshop we will explore the historical, cultural, and structural factors that served as warnings for what to expect in preparing for this pandemic to affect our clients and their communities.
Assault-Injured Pediatric Patients’ Engagement with Violence Intervention Services and Healing Practices After Emergency Department Presentation
Arturo Zinny, Program Director, Healing Hurt People, Center for Nonviolence and Social Justice, Drexel University
Daria White, Research Associate, Center for Nonviolence and Social Justice, Drexel University
Raqib Robinson, Engagement Specialist/Community Health Worker Peer, Healing Hurt People, Center for Nonviolence and Social Justice, Drexel University

Healing Hurt People (HHP) is a hospital and community-linked violence intervention program (VIP) serving young people exposed to interpersonal violence. HHP, which is part of Drexel University's Center for Nonviolence and Social Justice, provides trauma-focused therapy, case management, and peer support to its participants and their families. HHP's child program is housed at St. Christopher's Hospital for Children (SCHC), the point of contact with violently injured youth and their families. HHP incorporates an assertive outreach component lead by an Engagement Specialist (ES) with similar lived experiences than the children we serve. This component includes visiting patients while in the hospital (i.e., emergency department, trauma unit,) and follow-up phone or community visit for those discharged before the HHP team could meet them. The goals of the outreach phase are to introduce HHP services, assess the patient's acute needs, and provide brief psychoeducation of common trauma reactions. HHP staff instill hope by offering trauma-sensitive and culturally competent services to these high-risk patients who are typically unaware of the existence of mental health, and social services, despite their multiple needs. A service delivery database analysis was conducted of (1) HHP staff's bedside visits, office visits, home/community-based engagement, and phone outreach with assault-injured pediatric patients presenting to SCHC for medical treatment in 2019; and (2) baseline PTSD and depression symptoms via Child PTSD Symptom Scale for DSM-5 (CPSS-5) and Short Mood and Feelings Questionnaire (SMFQ) clinical scales, respectively among pediatric HHP participants. Database search yielded N=278 assault-injured youth who presented to SCHC in 2019 for medical treatment of their injuries. In this time, HHP staff engaged with 21 patients at bedside, engaged with 36 patients at SCHC or another HHP affiliated site post-discharge, engaged with 52 patients in a home/community based setting, and provided phone support to 188 patients/families. Among the N=32 patients who consented to participate in HHP and completed a baseline assessment of trauma symptoms in 2019, the mean CPSS-5 score was 30.7, with 84% of participants' CPSS-5 scores affirming clinically significant traumatic stress, and 47% of participants screening positive for probable PTSD. Participants' mean SMFQ score was 8.5, with 50% of participants' scores indicating high risk for depression. In conclusion, children in Philadelphia are presenting to hospitals with assault injuries as well as high trauma symptomatology at alarming rates. HHP ensures access to services for children and families in need of behavioral health care in the immediate aftermath of the violent event. HHP's innovative approach includes outreach by an ES and baseline assessment of mental health needs by a licensed mental health therapist. HHP is currently evaluating the program's engagement outcomes among children served and will share lessons learned during this presentation.

Prioritizing Violence Prevention: Integrating Medical-Legal Partnership into Hospital-based Violence Intervention
Erin Hall, Medical Director- Community Violence Intervention Program, MedStar Washington Hospital Center
Millie Sheppard, Program Manager- Community Violence Intervention Center, MedStar Washington Hospital Center

This session will discuss how the medical-legal partnership (MLP) model can be integrated into hospital-based violence intervention programs (HVIPs) to address the unmet legal needs of and reduce reinjury among young men of color who are survivors of violence. The MLP model embeds lawyers into healthcare settings to help address the civil legal needs of vulnerable populations and improve health outcomes. The HVIP model approaches survivors of violence during the critical sensitive period of hospitalization, identifies risk factors for future reinjury, and uses intensive case management to address those risk factors. Despite these two frameworks’ common goals of improving access to health and justice, there is no existing literature or evidence of efforts to
integrate the MLP and HVIP models. Data from our own HVIP demonstrate that 81% of our participants have at least one unmet legal need in the areas of housing, employment, and income stability. This is statistically higher than the proportion of unmet legal needs found in a non-violently injured trauma population. In this session, we will report on our preliminary findings from a 3-year study of participants in our HVIP and explain our vision of how lawyers could partner with doctors through a trauma focused MLP-HVIP. This integration will enable at-risk participants to obtain access to simultaneous healthcare, case management, and legal services and help prevent future violence.

**Foundations of a Sustainable HVIP**
Cathy Motamed, Director of Training and Technical Assistance, The HAVI
Joe Kim, Senior Manager of Training and Technical Assistance, The HAVI

**Two Pandemics, One Struggle: Voices From The Frontlines**
Masika Gadson, Violence Intervention Advocate, Violence Intervention Advocacy Program at Boston Medical Center

**New Research in The Field**

**Shook Ones: The Biopsychosocial Model, Patient Centered Outcomes Research (PCOR) and Traumatic Stress among Young Black Male Survivors of Non-Fatal Firearm Violence**
Joseph Richardson, Professor, University of Maryland

**Background:** Despite the disproportionate number of low-income young Black male survivors of violent injury, the study of traumatic stress among this vulnerable population has not been widely researched. To our knowledge, there is only one qualitative study that has assessed traumatic stress among violently injured young Black men (Rich and Grey 2005). Treating violence, specifically gun violence as a biopsychosocial disease among low-income young Black male survivors of gun violence present opportunities for the medical community to treat the biological, psychological and sociological aspects of this disease, particularly the traumatic stress associated with violent victimization (Hargarten et al 2018).

**Methods/Approach:** This paper uses the biopsychosocial model, patient centered outcomes research (PCOR), and a longitudinal ethnographic research methodology (i.e., semi-structured in-depth interviews, focus groups and digital storytelling) to qualitatively describe traumatic stress among young Black male survivors of nonfatal firearm violent injury treated at an urban Level II urban trauma center in Maryland.

**Results:** The findings suggest that young Black male survivors of firearm-related violence express traumatic stress in their own language and in ways that are not necessarily captured in the DSM-V.

**Conclusion:** The biopsychosocial model is an important framework for understanding gun violence as a disease particularly the psychological factors associated with gun violence among this population. A patient centered outcomes research (PCOR) approach empowers violently injured young Black men to engage in research on trauma as cultural experts offering nuanced insights on their needs to achieve positive mental health outcomes.

**Significance and Contributions to Violence Intervention and Prevention Science:** The findings may be instructive for (HVIPs) as they develop and implement culturally tailored cognitive behavioral therapy models to treat traumatic stress among this population.
Assessing Gaps in Care for Violence Victims
Irshad Altheimer, Associate Professor of Criminal Justice, Rochester Institute of Technology/Center for Public Safety Initiatives

The objective of this study is to examine gaps in care for violence victims in Rochester, NY. We utilize customer journey mapping to interview violence victims and understand gaps in care from the perspective of the victims. Findings suggest that street outreach plays an important role in helping violence victims, but most victims receive limited support upon discharge from the hospital. The findings point to the need to reexamine support systems established for violence victims. Particular emphasis should be given to the barriers to victim services that undermine efforts to provision of support for violence victims.

Medical Education To Support Trauma-Informed Acute Care of Patients With Violence-Related Injury
Bonnie Hawkins, Pediatric Resident, Yale School of Medicine/Children’s National

Background Patients with violence-related injuries are at risk for repeat injury and have a high rate of mental health and social needs. To address this, acute care providers must engage and refer patients to intervention services such as hospital-based violence intervention programs (HVIPs). This pilot study aimed to demonstrate feasibility of community-engaged trauma-informed-care training for emergency medicine and surgical residents focused on this patient population. It also aimed to better understand current trauma-informed practices of residents to inform research and medical education efforts.

Methods We developed community-engaged trauma-informed care training with a local community violence prevention nonprofit and an HVIP. We piloted five sessions with 13 emergency medicine and surgical residents with at least 1 year of residency experience. Each participant attended one session. We conducted simulation-primed small group qualitative interviews during each session. Data was analyzed using grounded theory principles.

Results: 1) Residents perceive their role as managing medical/surgical concerns and seek others to build trust and manage psychosocial and legal concerns, 2) Residents had a high level of knowledge of ED stressors and de-escalation strategies, 3) Residents perceived that patient distrust can negatively impact their ability to provide care, and 4) Residents perceive that law enforcement can negatively impact care and are sometimes uncertain about how to interact with law enforcement.

Conclusions Community-engaged trauma-informed care training for emergency medicine and surgical residents is feasible. It should focus on medico-legal uncertainty, structural causes of distrust, and addressing post-discharge non-physical health needs.

Significance and Contributions to Violence Intervention & Prevention Science This improved understanding of provider perception of barriers to trauma informed approaches for this population will facilitate development of medical education to improve care of patients with violence-related injuries
3:15PM - 3:20PM    RASHAW SCOTT YOUTH AWARD  
                    Gregory Hampton, Teens on Target, Youth ALIVE!

3:20PM - 3:30PM    CLOSING REMARKS

3:30PM - 4:15PM    HEALING SPACE

3:30PM - 4:15PM    ACTIVITY ROOM #1

3:30PM - 4:15PM    ACTIVITY ROOM #2

3:30PM - 4:15PM    ACTIVITY ROOM #3

3:30PM - 4:15PM    ACTIVITY ROOM #4

3:30PM - 4:15PM    SOCIAL LOUNGE #1

3:30PM - 4:15PM    SOCIAL LOUNGE #2

3:30PM - 4:15PM    SOCIAL LOUNGE #3

3:30PM - 4:15PM    SOCIAL LOUNGE #4

3:30PM - 4:15PM    1:1 NETWORKING

4:15PM             CONFERENCE DAY 2 ADJOURNS